

SELF-COMPASSION FOR PAIN: SAFETY AND HEALING



Christopher Germer, PhD

WHAT'S *SELF*-COMPASSION?

“Treating ourselves with the same kindness and understanding as we would treat a dear friend when things go wrong.”



THREE COMPONENTS OF SELF-COMPASSION



Kristin Neff, 2003

NEUROPHYSIOLOGICAL CHANGE PROCESSES

- *Lower sympathetic arousal* (reduced salivary alpha-amylase and interleukin-6). **Less fear.**
- *Increased parasympathetic activity* - greater vagally-mediated heart-rate variability (self-soothing). **More safety.**
- **vmPFC** (active during information processing and decision-making) and **dIPFC** (active while switching attention and response inhibition) appear to be associated with self-compassionate responding. **Better executive control of emotion.**

PSYCHOLOGICAL CHANGE PROCESSES

- **Emotion regulation** - the ability to “attend to, appraise, and modulate the intensity and duration of emotional states” (Gross & Muñoz, 1995). Self-compassion enhances emotion regulation.
- **Secure attachment** – self-compassion mediates the relationship between insecure attachment and emotional distress (Mackintosh et al., 2018). Enhances trust and security in relationships.
- **Reduces shame** – self-compassionate people experience less shame. Compassion focused therapy reduced shame and symptoms of chronic pain (Håkansson et al., 2015)

FOUR ARROWS OF CHRONIC PAIN



- The *sensory* pain
- The *physical* reaction to pain, esp. muscle tension
- The *mental* reaction to pain, esp. worry and catastrophizing
- The *social* reaction to pain, esp. shame for not being the person I was or failure to perform my social roles

Self-compassion especially addresses the social stigma and shame associated with chronic pain

SELF-COMPASSION BREAK FOR PAIN



ADDITIONAL RESOURCES

Center for Mindful Self-Compassion

www.centerformsc.org

Chris Germer

www.mindfulselfcompassion.org

Kristin Neff

www.self-compassion.org