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Chapter

Self-Compassion and Personal Resources in Workers during the Pandemic: A Multidisciplinary View

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Abstract

This chapter focuses on the importance of workers' personal resources during difficult times, such as the pandemic period. In particular, the role of self-compassion in the work context is examined as an important resource for maintaining psycho-physical well-being. Further attention will be given to the impact of self-compassion on neuroscience research and possible organizational interventions to develop and/or support self-compassion in workers.

Keywords: self-compassion, COVID-19, occupational health, interventions, neuroscience

1. Introduction

The recent pandemic has led to an unprecedented situation in terms of public health management, serious impact on the global economy, and also drastic changes in people's lifestyles. The effects on the psycho-physical health of the population have been widely documented internationally. The quality of the sleep-wake cycle has deteriorated [1], depression and anxiety have increased [2], as have symptoms of post-traumatic stress disorder (PTSD) [3]. As a result of the global pandemic, the world of work has changed and tried to adapt to the new scenario. Remote work became a useful tool to keep companies running, but also had an impact on workers' personal lives. The required constant availability, the difficult detachment from work and also the experience of social isolation [4, 5], indeed affected their mental health [6].

In a challenging context like that of the recent COVID-19 pandemic, it is essential to count on resources that can counterbalance negative consequences. These resources can be social, organizational, or—as we'll see in more detail in this chapter—of personal nature. First, we will deepen the theoretical frameworks that deal with personal

resources and we'll show the evidence of the research with respect to the importance of maintaining and developing personal resources in workers. Second, we will look at a particular resource that has recently become the subject of occupational research, namely, self-compassion. Finally, we will address how self-compassion can be fostered in the work context and explore what types of interventions are most effective.

2. Personal resources in the work context

The reality of work has changed fundamentally in recent decades with new forms of contracts, demands for greater flexibility, and the introduction of information technology. Therefore, in order to understand these new work environments, it is essential to use lenses that allow an adequate reading of the relevant work-related factors. This is precisely the direction of the job demands-resources (JD-R) theory, proposed by Bakker and Demerouti [7] which has been widely validated by scientific evidence in the occupational field. This theoretical framework holds that each job has specific demands and resources that characterize it. Job demands deal with those aspects of work that require physical and/or psychological effort; whereas work resources are linked to those aspects of work that are functional for the achievement of professional goals, stimulate personal development and growth, and balance the negative effects of job demands [7]. Resources, in particular, can also be of a personal nature, other than work. The issue of resources and their importance in maintaining individual well-being is tackled by Hobfoll, who developed the conservation of resources (COR) theory [8, 9]. The COR theory states that individuals are inclined to protect their own resources (personal, social, and material) and acquire new ones [10]. According to the author, there are four basic principles that define this theory. The first principle holds that the loss of resources has a far greater and more rapid impact on the individual than their acquisition. This seems to have an evolutionary basis: even small losses can threaten survival from an evolutionary perspective. The second principle states that people must invest their resources to prevent the loss of resources, to recover from the loss of resources, and to increase resources. The third principle argues that in situations where the loss of resources is high, the gain of resources is more significant. The last principle states that when people consume their resources, they become defensive, aggressive, and irrational in order to preserve their self [11]. From this theoretical framework, it follows that people with more resources are less vulnerable to the loss of resources and are more able to obtain them in any case; since the loss of resources has a greater impact than the gain of resources and stress increases when resource loss occurs, individuals and organizations are in a loss spiral; finally, since the process of gaining resources has less impact and is slower, the spiral of gaining resources can develop slowly [11]. This framework states that resources can mitigate the relationship between demands (threats) and negative outcomes, which is consistent with the assumptions of the JD-R theory [12].

In accordance with the COR theory, personal resources are helpful because they can protect individuals from stressful events [9]. The role of personal resources in maintaining workers' well-being has been studied in various contexts, such as academia [13], education [14, 15], social work [16], health care [17–19], and mental health [20, 21]. Among the personal resources that have been most studied in the occupational context is optimism, i.e., a positive attitude toward life [22]. Optimists feel confident about meeting life's challenges and are more likely to maintain a balanced perspective during difficult times [23]. Research has shown that optimism is

positively associated with work happiness [24], engagement [25], performance [26, 27], and job satisfaction [24, 28, 29], and negatively associated with occupational stress [30] and burnout [17, 18, 31]. The role of optimism in protecting against exhaustion has also been noted in recent studies related to work in the pandemic context [32, 33]. Another personal resource that has recently become of interest in the occupational context is humor, i.e., a lighthearted attitude toward ideas or life events [34]. Humor can be a useful coping strategy to relieve stress [35], and it can also facilitate communication when it would be too risky to be direct [36]. Relying on humor in situations of intense traumatic and emotional impact has been shown to be a functional coping strategy to maintain individuals' well-being among funeral professionals [37], emergency personnel [38], and body handlers [39]. In a meta-analysis on humor in the workplace, this personal resource was found to be positively associated with group cohesion, satisfaction, and job performance, while negatively associated with stress, burnout, and work withdrawal [40]. Humor was also found to be an important factor in balancing perceived stress and exhaustion during the COVID-19 pandemic [32, 41, 42].

There are many personal resources that are studied in the work context (e.g., social support, resilience, self-efficacy, and to name a few), but one particular resource has attracted research interest in recent years, namely, self-compassion, an attitude of kindness toward oneself when experiencing difficult moments.

3. Self-compassion: a recent interest for an ancient practice

The practice of self-compassion, which originated in Eastern culture, began to attract the interest of the West about twenty years ago. This practice is deeply rooted in the Buddhist tradition and has undergone some changes over the centuries. Originally—according to textual sources from the 5th to 3rd century BC—, this meditation process aimed at awakening compassion as a “radiation in all directions” [43]. The focus was thus on subjective experience, not toward a specific object. It was only in later times that the meditation practice became focused on individuals. In the *Sarvāstivāda* and *Theravāda* exegesis, as explained by Anālayo and Dhammānā [43], the suggested meditation pattern was to direct compassion first to a friend, then, progressively, to a neutral person, to a hostile or “difficult” person, and finally to all beings. In the *Theravāda* text, a reference to “oneself” also appears in the description of *mettā* [43], namely, a meditation aimed at cultivating loving-kindness [44]. The authors believe that the practice of *mettā* first directed toward oneself is due to a mistranslation of a Pāli word [43]: since meditation is considered a radiation, the practitioner should have achieved a certain level of self-acceptance to overcome aversion and ill will, therefore there is no need to direct *mettā* toward oneself. The distinction between compassion for oneself and for other people arises “accidentally,” so to speak. Buddhist modernism, influenced by the *Theravāda* model, is much evident the importance to cultivate compassion toward oneself. Therefore, compassion to ourselves is considered the first step to a wider feeling of compassion to others [45, 46].

In Western society, compassion is often equated with the concept of empathy. When a person empathizes with another person, it means that he or she is experiencing the other person's emotional state, or in other words, that he or she is *feeling into* the other person's experience [47, 48]. Instead, an individual experiences the feeling of compassion when he or she sees the suffering of another person and desires to help in order to soothe that suffering [49]. In other words, there is a *feeling with* in the nature of compassion [48].

When we speak of self-compassion, as we have seen, we are referring to the practice of compassion directed toward ourselves. In recent years, Kristin Neff [50, 51] has begun to study self-compassion in order to explore what this concept entails and what kind of relationship exists between it and psychological functioning. According to the researcher, the construct of self-compassion is defined by three dimensions: self-kindness, common humanity, and mindfulness [50]. Self-kindness means showing gentleness and understanding toward ourselves instead of harshness and disapproval. Feeling connected to the world when we have experiences—especially unpleasant ones—is part of common humanity, namely, seeing our feelings as part of the human experience and not isolated. The third characteristic that qualifies self-compassion is being present to our feelings and thoughts—even the unwelcome ones—without identifying with them [50]. These three aspects, although different, can influence and reinforce each other. The detachment that mindfulness requires can promote self-kindness and reduce self-criticism in favor of self-understanding. In addition, because mindfulness leads to a more balanced perspective, it can help individuals feel more connected to the world rather than isolated from it. Self-kindness and common humanity can also promote mindfulness. When we are gentler with ourselves, we are more likely to accept ourselves and therefore less likely to be touched by negative emotions: these conditions can make it easier for us to consciously notice what we are experiencing without avoiding our feelings. Similarly, recognizing that pain and suffering are everyday human experiences helps to rebalance our perspective and to be mindful of our thoughts and feelings without identifying with them [50].

In defining the construct of self-compassion, it is also important to highlight from which concepts it differs. For example, research has shown a remarkable correlation between self-compassion and self-esteem [52, 53]. This correlation is likely due to the fact that both are positive self-attitudes [54]. The study by Leary et al. [52] showed that self-compassion—not self-esteem—was associated with a more positive evaluation of others and lower negative affect when receiving unpleasant feedback. Moreover, important differences emerged between the two constructs when compared to the attribution of negative events. People with high self-esteem tended to relate negative outcomes less to themselves, whereas people with high self-compassion tended to do the opposite. This result shows that people with high self-esteem may also have a selfish attitude to make themselves feel better, while people with high self-compassion are able to be gentle with themselves and also take personal responsibility [52].

Gilbert and Irons [55], instead, on the other hand, attribute the difference between self-compassion and self-esteem to the different physiological systems with which they are associated. According to the authors, self-compassion deactivates “the threat system,”—related to feeling insecure and defensive—and activates “the self-soothing system”—related to feeling safe. In brief, both self-compassion and self-esteem are associated with well-being, but while the first is useful to feel safe and secure, the latter makes individuals feel superior and self-confident. Thus, given the downsides of high of self-esteem, it would be useful to consider self-compassion as “a healthy attitude toward oneself,” as Neff [50] suggests, in part because it is an easier resource to acquire.

Another concept from which self-compassion should be distinguished is self-pity. When people feel self-pity, they are absorbed in their troubles, feeling isolated from the rest of the world: they are the only ones who suffer. Self-pity is associated with egocentrism because people feel separate from others and overemphasize their

painful feelings. Self-compassionate people, on the other hand, see their experiences in relation to others and do not over-identify with them, so they have the mental space to give kindness to themselves [50, 53].

Having defined what self-compassion is, we can address its relationship to the well-being of the individual. Indeed, several studies have shown the importance of this personal resource at different stages of the lifespan. Parents with self-compassion are better able to cope with shame and guilt, which are common in difficult parenting situations [56], and also with stress [57], improving their personal well-being. Adolescents who practice self-compassion show less perceived stress, fewer ruminative thoughts, and fewer depression symptoms, but higher positive affect and overall life satisfaction [58, 59]. In young adults—particularly students—self-compassion has been found to be associated with physical and psychological well-being [60, 61], psychological flexibility [62], and lower negative affect [63]. Research has also shown that self-compassion is associated with subjective well-being in older adults [64], even in elders with poor physical health [65].

As research widely demonstrates that self-compassion is a key concept in maintaining individual well-being [66], scientific interest has also increased in the occupational field to determine whether this personal resource can help workers cope with daily job demands. The role of self-compassion has been studied in various professions, such as health care [67, 68], education [69], social work [70, 71], mental health [72, 73], and construction [74]. In general, studies have shown that self-compassion is associated with lower levels of exhaustion—the core component of burnout—[68, 75–79] and higher job satisfaction [68, 78, 80]. Moreover, proactive coping is a promising research topic in the field of self-compassion. For example, it has been suggested that people with greater self-compassion approach life more proactively, which has implications for how people prepare for and cope with negative events [81].

Research on leadership has also found that self-compassionate leaders are perceived as more competent and politer [82].

The importance of self-compassion as a functional strategy has also been noted in challenging events, such as the recent COVID-19 pandemic. Cultivating self-compassion has been shown to be an important resource for protecting workers' mental health [32, 83, 84], mitigating feelings of loneliness in the workplace [85], and promoting occupational quality of life [86].

4. Neurobiological basis of self-compassion: preliminary findings

There is a lack of understanding of the structural and functional neural basis of self-compassion, despite its importance as a protective factor. Neural underpinnings of dispositional self-compassion have never been studied, but similar constructs have been studied in voxel-based morphometry studies [53]. Indeed, not only positive attitudes like self-compassion and self-esteem are highly correlated [50], but self-compassion is closely related to compassion as a more general concept [53].

This suggests that voxel-based morphometry studies of self-esteem and compassion could shed light on self-compassion's neural correlates. The anterior cingulate cortex (ACC), right dorsolateral prefrontal cortex (DLPFC), insula, and right temporo-parietal junction (TPJ) show greater gray matter volume when self-esteem and compassion are elevated [87–89]. Emotion regulation or empathic processes were thought to be associated with these regions [87, 88]. Moreover, according to Guan et al. [90], self-compassion is negatively correlated with gray matter volume

in the left DLPFC, largely because self-judgment is reduced. The DLPFC has been previously associated with executive control [91, 92] and emotion regulation [93].

The identification of neural regions supporting dispositional self-compassion may also inform hypotheses about regions whose morphology can be associated with this trait via functional magnetic resonance imaging (fMRI). Several fMRI studies have found that dispositional self-compassion or self-kindness is associated with activation in the DLPFC, dorsal ACC, and posterior cingulate cortex (PCC)/precuneus, regions [94–96] believed to be involved in emotion regulation and self-referential processing [92, 97]. Studies suggest that self-compassion may depend on resources associated with the theory of mind and empathy (such as the insula and TPJ) as well as those responsible for emotion regulation and self-referential processing (such as the DLPFC, ACC, PCC, and Precuneus).

Researchers have therefore found dispositional self-compassion is associated with brain structure in areas that regulate emotion, process self-referential information, and process emotions, indicating possible cognitive and neural mechanisms that underlie self-compassion and shedding new light on how self-compassion works and how it contributes to health.

5. Interventions in the work context

Although research on self-compassion in the organizational field is quite recent, there are several studies in the literature that have allowed the construct to be outlined in this area as well.

According to a recent work by Dodson and Heng [98], the antecedents of self-compassion in the workplace are due to both individual and contextual characteristics. Regarding individual factors, some personality traits such as emotional intelligence [99] and attachment style [100] have been identified; some demographic characteristics also seem to be related to the level of self-compassion in workers, such as having more years of experience [101] and being men [102]. The work environment can also affect workers' self-compassion. For example, workload may be a barrier to the practice of self-compassion because it reduces the time available to engage in self-care strategies [103]. On the other hand, organizational support appears to be an element that facilitates the practice of self-compassion: working with supportive and compassionate colleagues helps workers engage more in self-compassion [103, 104].

The practice of self-compassion has been shown to have positive effects on the work environment. The greatest benefits are related to the psycho-physical workers' well-being: lower depression [74], lower exhaustion [68, 75–79], better self-reported physical health [105], and better sleep quality [106]. Among workers in close contact with suffering, self-compassion was also associated with lower compassion fatigue and greater compassion satisfaction [107].

Scientific evidence has amply demonstrated the importance of this personal resource for employee well-being. So how can self-compassion be developed and/or promoted in work environments? Although the use of interventions to enhance workers' personal resources is a relatively new trend [108], a number of training programs can already be identified that have produced effective results. Among the most widely tested interventions, even in work contexts, is Joh Kabat-Zinn's Mindfulness-Based Stress Reduction (MBSR) [109, 110]. The intervention was developed to reduce suffering in patients with chronic pain and consists of an 8-week program that includes both group work sessions and homework. The program consists of focusing attention

on the here-and-now—that is, paying attention to the body’s sensations, to emotions, thoughts, sounds, and breath—and taking distance from self-judgments and rumination. A recent systematic review considered more than 20 studies reporting the use of this methodology in work contexts [77]. Results show that this type of intervention benefits workers’ well-being, particularly through lower levels of exhaustion, stress, depression, and anxiety, as well as increases in mindfulness, personal accomplishment, sleep quality, relaxation, and self-compassion [77].

Another widely used program, inspired by MBSR, is the Mindful Self-Compassion (MSC), developed by Neff and Germer [111]. It also consists of an 8-week commitment that includes learning both formal (sitting meditation) and informal (in daily life) practices of self-compassion. Compared to MBSR, this program is more focused on self-compassion and only secondarily on mindfulness [111]. While MBSR is systematic mindfulness training [112] and both MBSR and MSC programs focus on how to approach suffering with a mindful, non-overidentified attitude, MSC considers the experiencer rather than the experience. MSC emphasizes how to respond to personal suffering with kindness, acceptance, and caring during meditations but also in daily life by practicing “self-compassion in action” [113]. Results from samples of workers showed that after participating in the program, levels of self-compassion and mindfulness increased [107].

The approach proposed by Paul Gilbert should also be mentioned. The Compassionate Mind Training (CMT) was originally developed to help individuals with high levels of shame and self-criticism. The course lasts 8 weeks and is focused on developing compassion for oneself. The main practices and exercises for attaining mindfulness are focusing on the calming rhythm of breathing and the use of compassionate imagery. Six modules are provided, ranging from exploring the concept of compassion, to understanding how emotions work and how to manage them, to dealing with self-criticism through self-compassion [114]. Several studies have shown what benefits the adoption of this program can bring to the workers involved: less burnout, depression, anxiety, intrusion and avoidance symptoms, and self-criticism, higher professional life satisfaction, and self-compassion [78, 115–118].

Despite (i) the lack of comparability between studies due to differences in content, modes of implementation, and quality [98, 119–121], and (ii) fewer studies that explicitly focused on self-compassion as a primary outcome it has been recorded change in baseline self-compassion scores following compassion- or mindfulness-based interventions, raising the possibility that organizations can help employees improve their self-compassion skills.

6. Conclusions

Focusing on the role of personal resources is a very important issue for maintaining the well-being of workers, especially in a challenging period such as the COVID-19 pandemic. In order to support employees’ psycho-physical health, improve their job performance and consequently increase productivity, employers can promote interventions aimed at developing and improving personal resources. Among these resources, self-compassion can be considered an adaptive strategy for well-being and positive psychological functioning, especially in stressful and demanding situations (i.e., assuming a role in the coping process) [81]. This type of improvement strategy/ intervention aims to promote a culture of self-care in the work environment, i.e., a set of professional practices to promote personal well-being [122–124].

Conflict of interest

The authors declare no conflict of interest.

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