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Shihan Qin
Self-Compassion Paradox: A
Theoretical Exploration of Many
Compassionate People Who Lack
Self-Compassion

ABSTRACT

It seems a common belief that a person cannot have genuine compassion for other people until he can have compassion for himself. However, it seems a pervasive phenomenon that when encountering difficult situations (e.g. failure and fatal disease), many people do not give themselves the compassion they would give to other people in the same situations. This theoretical study aims at supporting my hypothesis that people without self-compassion can still have compassion for others. Relevant evolutionary and neurobiological theories and object relations theories are used to explore this phenomenon. I also apply these two theories to a case study of a client at my interning organization, which seems to provide further validation of my hypothesis. A critique of this study and suggestions for future research are included in the discussion chapter.

**SELF-COMPASSION PARADOX: A THEORETICAL EXPLORATION OF MANY
COMPASSIONATE PEOPLE WHO LACK SELF-COMPASSION**

A study based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work

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2014

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Mom and dad, your love makes it possible for me to fulfill my dream.

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CHAPTER I

Introduction

¹The phenomenon addressed in my research is that many people, when encountering difficult situations (such as failure and fatal disease), do not give themselves the compassion they would give, in the same situations, to other people, especially those they care about. In other words, these people do not have self-compassion. It seems to me that many people, including serious thinkers, have a misconception regarding my phenomenon -- they believe erroneously that it does not exist, and that compassion for others could not possibly come from anyone who lacks self-compassion. My research aims at proving my thesis argument, which is that people without self-compassion can still have compassion for others.

Research has shown that having self-compassion brings with it many significant benefits (Breines & Chen, 2012; Neff, 2007; Neff, 2009; Werner et al., 2012), and that self-compassion is a skill that can be learned (Germer & Neff, 2013). Fortunately there already exist effective programs to teach it (Germer, 2009; Gilbert & Procter, 2006; Neff & Germer, 2013). Research has also shown, however, that many people remain very critical of themselves all their lives (Gilbert & Procter, 2006; Pauley & McPherson, 2010). Now that there already exist many effective programs to teach self-compassion, the question arises: why is it difficult for many self-critical people to even try to learn self-compassion, not mention to have self-compassion consistently? I have been unable to find any published

¹ For convenience, I use the masculine pronouns in the course of my thesis to cover people in general, without meaning any disrespect to women.

study that directly addresses this question. My research may solve this puzzle so that people can get some relief from self-blame and may benefit from self-compassion.

The focal phenomenon strikes me as being devastating to compassionate people who lack self-compassion, and also heartbreaking to their loved ones, that they would have kindness and compassion except for themselves. My research might help social workers better understand this prevalent phenomenon and assist them in developing treatments for people with this problem or related problems such as anxiety, low self-esteem and depression, helping such troubled people to recognize its benefits and to practice self-compassion until it becomes natural. People who would be interested in my research include those concerned with their own emotional well-being, from those who suffer anxiety, depression and low self-esteem, to those who wish to improve their quality of life in general and those who help other people heal and grow from mental health professionals to community leaders, from parents to teachers. I hope that my research would draw the education system's attention, and would help it develop more effective ways to help children. My research might also help anyone who cares for children to communicate with them in ways that can optimize their development and emotional well-being. In a word, my research may help reduce the profound misery suffered by individuals and families afflicted with the inability to feel self-compassion and bring them some peace and harmony.

The two theories I use to examine the focal phenomenon are relevant evolutionary and neurobiological theories, and object relations theories.

The evolutionary and neurobiological theories can illuminate why people have evolved to have compassion and self-blame, two types of adaptive instinct. Neurobiological

findings can shed light on why feeling compassion for others can make a person feel “good” physiologically. These theories can support my thesis statement that it is possible for one to feel compassion for others, even without self-compassion.

I believe that one of the main reasons for my phenomenon is the severe and often crippling effects experienced by adults who have suffered from abuse as children by primary caregivers. Object relations theories are also closely related to my belief. According to Berzoff et al. (2011), “Object relations theory pays particular attention to the earliest experiences and defenses (p.155).” Goldstein (2011) maintained that,

Object relations theories describe the process by which the infant takes in (internalizes) the outside world, thereby acquiring basic perceptions of and attitudes toward the self and others that become structuralized within the person.

Goldstein (2011) also claimed that,

Fairbairn argued that it was the inability of external objects to provide for the infant’s needs, and the frustrations that the child experiences in significantly early relationships, that thwart development.

Now that I want to study how childhood abuse by primary caregivers can contribute to my phenomenon, object relations theories thus seem closely related. These two theories can help us explore the focal phenomenon and my thesis argument, and allow me to provide a biopsychosocial analysis of the focal phenomenon.

This theoretical thesis contains five chapters. The first chapter is the introduction. The second includes conceptualization and methodology, where I discuss major concepts from each theory and my methods of analyzing the focal phenomenon. The third introduces

the phenomenon in detail. In the fourth chapter, I present relevant evolutionary and neurobiological theories and findings. I introduce object relations theories in the fifth chapter. The last chapter offers a discussion, which applies each of the two theories to my phenomenon and a case study, and critique on my research. The last chapter also includes my speculations of the focal phenomenon, along with suggestions for future study.

I now turn to chapter two to address conceptualization and methodology of this thesis, which includes its major concepts, methods of analyzing the focal phenomenon and identify methodological weaknesses.

CHAPTER II

Conceptualization and Methodology

In this chapter, I am going to discuss the major concepts of the two theories that I use and how I plan to use them to examine the focal phenomenon, as well as some strengths and limitations of my methodology.

In this research, primary caregivers refer to people who, on a daily basis, consistently take on most of the childcare responsibilities from a child's early years on. They can be a child's parents, grandparents, older siblings, or other guardians. I focus on all forms of abuse against the child, from birth up until age twelve. I take it as self-evident that all forms of childhood abuse have negative effects on a person's psyche, including, among other effects, low self-esteem, shame, self-blame, and the resultant inability to feel self-compassion. In this paper, I use primary caregivers and parents interchangeably.

Compassion refers to such an emotion one feels when witnessing other people's suffering that the witness feels moved by others' suffering, understands their suffering, deeply feels for them and subsequently feels an instinctual motivation to alleviate their suffering (Haidt, 2003; Lazarus, 1991). Besides, Neff (2008) defined self-compassion as having three components: 1) being kind and understanding to oneself instead of being self-critical or self-judgmental, when facing difficulties, failures or inadequacies; 2) recognizing that everyone is imperfect, instead of thinking that "I" were the only person who

suffers; and 3) holding one's painful thoughts and feelings in a way that they are neither suppressed nor exaggerated.

Self-compassion can provide various benefits. Studies have shown that self-compassion can provide positive psychological strengths, like the ability to feel happy, to have emotional intelligence, optimism, curiosity and social connectedness, as well as decreased anxiety, self-criticism, depression and fear of failure (Neff, 2007; Neff, 2009; Werner et al, 2012). Self-compassionate people tend to admit and deal with mistakes, modify ineffective behavior and take on challenges. They do not characteristically berate themselves when failing (Neff, 2009). Self-compassion can motivate people to learn and grow (Breines & Chen, 2012), and helps people maintain their self-worth.

Research has provided methods of teaching people how to cultivate and practice self-compassion. Germer (2009) offered a wealth of easy exercises to help develop such skills. Gilbert and Procter (2006) created a systematic training program to teach self-critical people how to have self-compassion. Neff and Germer (2013) developed Mindful Self-Compassion (MSC), a program that teaches self-compassion skills to the general population.

Research has also shown, however, that many self-critical people remain so all their lives (Gilbert & Procter, 2006; Pauley & McPherson, 2010). Why is it difficult for these people to learn self-compassion? Why is my phenomenon prevalent? Studies on these questions are for the most part lacking, which inspired me to conduct my research.

The two theories that I use to examine the phenomenon are relevant evolutionary and neurobiological theories and the object relations theories. In the evolutionary and

neurological theories, the main components that I use are the humans' instinctual need for social connection, the evolutionary value of compassion and self-criticism, the physiology of compassion and relevant emotions. As for the object relations theories, the major components that I use to explore the focal phenomenon are a few defense mechanisms, Klein's two developmental positions, and concepts of True and False self. Of course, the sub-components are multiple, and will be looked at in the course of this paper. In this paper, I use the following concepts interchangeably: object-representations and images of the object; self-representation and self-image; parents and primary caregivers.

There are a few strengths of my research. In addition to providing theoretical analyses, I use my own personal interactions with my clients to examine my findings. In this way, I can be sure that the information I obtain does not get manipulated, or distorted, for the purposes of approving somebody else's theory. The limitations of my research are that with such a small number of samples, I cannot possibly provide scientific evaluations to determine the validity of my findings; my case studies are probably not representative for the focal phenomenon. What's more, I see some biases and limitations in myself. I am young and inexperienced, and not always sure that what I have perceived is what was said or meant. A further difficulty for me is that my English, while improving, is not always sufficient to understand all I should about the two theories.

Using the theories and methods mentioned above, I intend to take a close look at the complications, varieties and variations inherent in the focal phenomenon. These considerations, and some others, will comprise the next chapter.

CHAPTER III

Phenomenology

In this chapter, I introduce the focal phenomenon. The phenomenon is that many people when encountering difficult situations do not give themselves the compassion they would give, in the same situations, to people they care about. In other words, these people who are easily and naturally capable of feeling compassion for other people, including family members, friends and even strangers, are incapable of feeling compassion for themselves. I have looked into relevant studies, and have considered my own experience of various case studies that I have encountered. My research excludes those people who pretend to be compassionate towards others, and those socially sophisticated people who pretend to undermine themselves and forgive when in reality they do not. Only those who sincerely feel compassion for others and not for themselves are the focus of my study.

Many people seem to have a misconception of my phenomenon. They believe mistakenly that a person cannot have genuine compassion for other people until he could have self-compassion. Rubin and Rubin (1975) presented their theory that a person's hatred of himself would negate the possibility of his feeling compassion for other people. Here are two more examples:

If one is cruel to himself, how can we expect him to be compassionate with others?

– Hasdai, Ben ha-Melekh, ve-Ha-Nazer

Be gentle first with yourself if you wish to be gentle with others. -- Lama Yeshe

However, from my experience, personal and professional, I am convinced that my

phenomenon is ubiquitous. I have seen this phenomenon all my life in myself, my family, friends and acquaintances. I see that my parents manifest it, as does my best friend in Beijing, as well as many Smith classmates whom I have questioned about it. During my internship at a Partial Hospitalization Program (PHP), I saw it every day, everywhere, among the clients and the staff.

Amazingly, this phenomenon, so common and fundamental, has not caught much attention from researchers, so far as I know. Here and there, it is recognized when researchers study other topics, but it has rarely been studied as a topic worthy of central consideration. Studies on troubled people who have low self-esteem, negative self-image, self-criticism, feelings of shame and worthlessness, and self-hate, all of which impede one's self-compassion, are described often in books and articles (Rubin & Rubin, 1975; Gilbert & Andrews, 1998; Baisden et al., 1982; Brown, 2006; Pinto-Gouveia et al., 2013; Campos et al., 2013; Gilbert et al., 2012; Clark & Coker, 2009). What I fail to find is why such people often feel compassion for others. It has been frustrating for me searching for a forest of relevant information about this phenomenon and finding only a few shrubs. These studies, which grant the reality that I have found, are very reassuring to me. Germer and Neff (2013) described the intense self-criticism that many people feel when they are in difficult situations. Such people tend to denounce themselves, but would be unlikely to criticize a stranger (Germer & Neff, 2013; Neff and Vonk, 2009; Neff, 2003b). It is not unusual to encounter very kind and compassionate people who often beat themselves up and that most people reported they were kinder to others than to themselves (Neff, 2003a). Tami Simon, the founder of *Sounds True* (a publisher), said in her *Self-Acceptance Project* that it was often

much easier for many people to feel compassion and forgiveness toward others than toward themselves. In one interview from this Project, Kristin Neff mentioned that many people were loving, supportive and encouraging with their children, but were very critical of themselves. In another interview from this Project, Brene Brown advised people to direct their compassionate feelings toward other people to themselves as a way to cultivate self-compassion, suggesting that generally it was much easier to have compassion for others than to have self-compassion.

At this point, I want to introduce the case of Joanne, who was one of my clients at PHP. She was a white American woman in her late 50s, divorced with two children, a son and a daughter, both in their late 20s. She had been working as a clerk in a grocery store for six years. She was diagnosed with Major Depression and Generalized Anxiety Disorder. In her childhood, her alcoholic father had been emotionally and physically abusive to her, and to her mother and siblings, but at times in group sessions, Joanne blamed herself for her father's abuse: "My father had to work extremely hard to support the whole family...I always knew it's my fault that dad got angry. If I had been a better kid, dad wouldn't have gotten so angry...Sometimes, I made dad so angry that my mom and sisters had to be beaten as well..."

She described her mother as "a good-hearted woman...a sad, obedient housewife." Joanne appeared to be a caring, amiable person, and a loving, responsible and selfless mother. She was well liked by staff and other clients at PHP, and she seemed to be very fond of the people she worked with, including her employer.

The only person against whom she was cold was herself, as far as I know. One day, Joanne forgot her eyeglasses. She shouted, "I'm so stupid! Totally useless!" At another time, she confided in one group therapy session that her parents, especially her father, made her feel "it's either perfect or nothing . . . I guess maybe that's why I have unrealistically high expectations for myself . . . I wouldn't hurt a butterfly, but I'm very hard on myself." Besides, she seemed to have double standards -- she felt she had to take care of other people, but she did not expect them to "burden" themselves to do things for her. Once she revealed in a group session that she did not want to take care of others all the time and felt guilty for feeling this way.

Joanne: Sometimes, it's exhausting and overwhelming to take care of other people . . .

But I have to. What can you do when someone comes to you for help? Say "no"?

No, I can't do that. I just can't say no!

Me: What about your own needs? How can you help other people when you need time and energy to take care of yourself?

Joanne: My needs? That's a good question . . . You mean, take care of my own needs first? No, no, no. That would be very selfish! Honestly, hmmm hmmm (nervous laughter), I feel guilty about feeling not want to help other people. I'm terrible!

Me: What about times when you go to someone for help but he can't help you right away? What would you think of that person?

Joanne: Oh, of course, I understand. People are busy and they have a lot to do. I shouldn't burden them.

Me: So would you think they are selfish?

Joanne: Of course not! They are just busy. They just can't. What am I supposed to do? To make them kill themselves to help me? No, no, they aren't selfish. I understand. I shouldn't burden other people.

Me: But why would you push yourself to help others when you can't?

Joanne: Oh, that's different! I should always help other people.

Following are some portions of her dialogue with me and another client.

Me: You are such a nice person, but not to yourself.

Joanne: I'm always a caregiver. Taking care of other people makes me feel good about myself.

Me: I wonder why you don't have compassion for yourself?

Joanne: I don't deserve it . . .

. . .

Joanne: Thank God! My children aren't like me. I'm such a loser!

Another client: I don't think you are a loser.

Joanne: That's because you don't know me well enough.

. . .

Joanne: Having compassion from other people would show that I'm weak. I don't want to look vulnerable.

Me: So when you are compassionate for other people, are you trying to make them look weak?

Joanne: Of course not!

Me: So why would other people's compassion for you make you feel weak about yourself?

Joanne: Well . . . that's different . . . I don't know . . . My father always told us to be strong . . . "Don't let other people think you are a whining baby!" Those are his words. I can still remember them vividly . . .

Over and over again in group sessions, I heard most clients insulting themselves while other times they would cry out to other clients things like, "No, no, no, you are not fair to yourself!" and such things as, "It hurts me to hear you put yourself down so bad. You're really a good person, really good."

In the following chapter, I will look at how evolutionary and neurobiological theories might illuminate the focal phenomenon and the case of Joanne.

CHAPTER IV

Evolutionary and Neurobiological Theories

In this chapter, I use evolutionary and neurobiological perspectives to support my hypothesis that it is possible for people without self-compassion to still have compassion for other people.

The Evolutionary Perspective

In this section, I will use evolutionary theories to discuss how compassion for others and self-criticism, two crucial emotional instincts, can help humans to meet our instinctual desire of belonging and connecting with others.

Introduction of evolution and natural selection: Conventional evolutionary biology theory maintains that living creatures adapt to their environment, and that species develop, over time, desirable characteristics or traits that best help them survive and reproduce in their environment through the process of natural selection (Darwin, 1959). Natural selection has significantly influenced the study of human behavior (including, presumably, human emotion), primarily in evolutionary psychology, which emphasizes that human behavior emerges as a by-product of adaptive or survival mechanisms in the brain and mind (Oakley et al., 2012). The need to belong and connect with other people is a fundamental human motivation (Baumeister & Leary, 1995). I argue that human emotions have been evolved into human instincts that can best help us survive and thrive.

Humans are social creatures. This fact can be understood from the evolutionary perspective -- belonging to groups and connecting with others can best help humans survive and thrive; therefore, over time, humans have evolved to have the instinctual desire to belong and connect. Now, I am going to summarize the vital benefits people can get from group life and social connections.

Vital benefits of group life and social connections: Group life is vital in meeting humans' needs, both survival and emotional. In the early stage of human evolution, humans needed to live in groups in order to conduct survival tasks, such as maintaining defenses, fighting against enemies and disasters, hunting large or dangerous animals and building shelters and tools (Rofe, 1984). People in a group could help each other, for example, by sharing resources, knowledge and skills, and by taking care of each other's family members. Besides, it is more likely for people to find mates when they are connected with other people.

Moreover, adults who formed and maintained long-term relationships would be more likely to raise offspring till they (offspring) reach maturity and reproduce (Shaver et al., 1988). As for emotional needs, connecting with groups can provide survival benefits, thereby providing people with psychological security and comfort. It is the same situation in the modern world, where people need social connections to get things done and feel emotionally well.

Besides, the process of natural selection must have kept those infants who were born with the instinct to attach to their (mostly) adult caregivers. Only those infants and children who desired and managed to stay with their adult caregivers got to survive, whereas the rest died out, who had no capacity of bonding with their caregivers, or resisted staying with them

(their caregivers) and thus left them. Therefore, from the evolutionary point of view, human infants and children have inherited their ancestors' instinctual desire to bond with their caregivers. In other words, it is infants' and children's instinct to trust their adult caregivers 100% and stay with them (their caregivers) by all means, including blaming themselves when caregivers fail to meet their (children's) needs. This would shed light on how childhood abuse impedes a person's development of self-compassion, which will be discussed in later chapters.

It seems valid that human's instinct to form and maintain interpersonal connections would provide both survival and reproductive benefits (Ainsworth, 1989; Axelrod & Hamilton, 1981; Barash, 1977; Bowlby, 1969; Buss, 1990, 1991; Hogan et al., 1985; Moreland, 1987). In this line of thought, today's human beings are the offspring of those who had the instinct and abilities to cooperate with other people, and to form and maintain social bonds, so they could survive and reproduce. Today's humans have inherited from their ancestors' adaptive traits, including the instinct to connect with others and to belong to groups. In a word, humans evolved to have the instinctual desire to belong and connect with others.

Emotions' evolutionary value: Emotions can be understood as desirable, adaptive characteristics that help humans to meet their instincts of belonging. It is likely that various human internal mechanisms have resulted from evolution's natural selection; these mechanisms help individuals belong to social groups and maintain long-term relationships. Goetz et al. (2010) presumed that these mechanisms would include the affective mechanism that could make humans have an instinctual tendency to feel distress when lacking of social

connections; they further claimed that certain mechanism could make people tend to resist the dissolution of social connections. Goetz et al. (2010) also suggested that we humans have evolved to have the affective mechanism that could make us happy when connected with other people.

Like any other adaptive traits, emotions emerged and evolved to serve functions that can help humans survive and thrive, to connect with others and to belong to groups (Ekman, 1992; Keltner & Buswell, 1997; Nesse & Ellsworth, 2009). There are various types of emotions. For the purpose of this paper, I will focus on only two types: pro-social emotions and self-critical emotions. Generally speaking, pro-social emotions can help people to be accepted by social groups, whereas self-critical emotions can stop people from being rejected by their communities.

The evolutionary value of pro-social emotions: From the group's perspective, pro-social emotions would guide and motivate people to facilitate interactions within the larger social context, maximize individuals' pro-social behavior and maintain the social order (Haidt, 2003). From the individual's perspective, pro-social emotions can help humans to be accepted by their social communities, and can make people feel good about themselves. Healthy people, both women and men, tend to get a sense of pleasure, self-worth and competence from being kind, helpful and generous toward others (Oakley et al., 2012). The ability to empathize with others contributes to humans' sense of belonging (Baumeister & Leary, 1995).

Compassion: Compassion is one of the pro-social emotions. As I mentioned earlier, compassion refers to such an emotion one feels when witnessing other people's suffering that

the witness feels moved by others' suffering, understands their suffering, deeply feels for them and subsequently feels an instinctual motivation to alleviate their suffering (Haidt, 2003; Lazarus, 1991).

What is the evolutionary value of compassion? Darwin (1871) asserted that compassion ("sympathy" in his words) evolved to be an affective instinct; since compassion might have contributed significantly to humans' survival and well-being, those groups of individuals who had compassion flourished best and raised the greatest number of offspring. Compassion helps individuals to initiate and maintain caring relationships (Kim et al., 2009). Compassion also facilitates cooperation between and among members of a species to gain evolutionary advantage, and to protect the weak and those who suffer (Goetz et al., 2010).

Goetz et al. (2010) claimed that compassion generally served three functions: it had emerged as a desirable trait that facilitated supportive relations between non-kin, compassionate individuals were preferred mates, and it had evolved as part of the caregiving response to vulnerable offspring. Next, I will elaborate on these functions.

Three evolutionary functions of compassion: Now that after tens of thousands years of evolution today's humans have inherited and still maintain compassion, what is the evolutionary value of compassion? Some scholars (Frank, 1988; Keltner, 2009; Sober & Wilson, 1998) claimed that compassion, a distinct affective trait that helps humans survive and thrive, had emerged and had been maintained for three reasons: 1). Compassion could help people to form and predict cooperative relationships with non-kin; 2). Compassion was a desirable emotion or quality for individuals to win mates and thus reproduce. 3). Compassion was crucial for people to raise their young offspring.

The first evolutionary function that compassion serves is helping people to form cooperative connections with non-kin (Axelrod, 1984; Frank, 1988; Nesse, 2007).

Compassion works with other emotions, such as affinity, appreciation, anger and shame, to facilitate individuals without kinships to initiate and maintain mutually beneficial behavior and relationships (Trivers, 1971; Gintis, 2000; Nesse, 1990). In other words, compassion has evolved to be an affective state and trait to motivate altruism in mutually beneficial relationships and supportive environments among people without kinships.

This aspect of evolutionary perspective suggests that people like (and thus tend to seek) mutually beneficial relationships with compassionate individuals who are non-kin (Goetz et al., 2010). Jensen- Campbell et al. (2002) found out that adolescents high in self-reported agreeableness, which strongly predicted compassionate characteristics (Shiota et al., 2006), were more accepted by peers and had more friends than adolescents low in agreeableness.

In addition, gene– culture coevolution theories imply that compassion (and other pro-social instincts and behavior) evolves to motivate altruism in the context of cultural norms and values that cherish or reward altruistic behavior, and demean or punish selfish act (Henrich, 2004; Henrich et al., 2006; Richerson & Boyd, 2005). These theories suggest that compassion can serve as an internal reward and motivation for people to follow cooperative norms (Gintis, 2003). Maybe this can explain why having compassion for others can make one feel good about himself.

The second evolutionary argument for the emergence of compassion is that compassion is a desirable quality in the process of mate selection (Buss & Kenrick, 1998;

Miller, 2007). Darwin (1871) has given us evident benefits regarding reproducing with compassionate individuals, who tend to be compassionate when others are struggling and thereby more likely to provide care and resources to others and offspring, and to form supportive communities so crucial to the survival of all community members. Buss et al. (1990) find out that in many cultures, kindness is the highest ranked quality considered by participants when assessing potential intimate partner. Sensitivity to others' needs, which is generated by compassion, is a desirable quality of potential romantic partners (Reis et al., 2004). Shiota et al. (2006) show that the attribute of being compassionate correlates strongly with a secure attachment style, which predicts healthful parenting styles that contribute significantly to the wellbeing of offspring. In sum, these findings convey that both men and women desire more compassionate mates, thereby over time increasing the compassionate traits within the gene pool. This indicates that, after tens of thousands of years of evolution, compassion has become human instinct.

The third aspect of the evolutionary argument is that compassion is part of the physiological caregiving system, which is designed to help humans raise vulnerable, dependent offspring to reach the age of reproductive maturity and thus to help genes to be more likely replicated. Human offspring are born more prematurely and more dependent than the offspring of any other mammals, so they require tremendous care in order to reach the age of independence and reproductive maturity (Bowlby, 1969; Hrdy, 2000; Mikulincer & Shaver, 2003). This pressure to take care of young offspring leads to many human adaptive instincts: powerful physiological reactions to infants' distress vocalizations and other cues (Berry & McArthur, 1986; Bowlby, 1969); behavior related to attachment between

the caregiver and offspring (Bell, 2001; Bowlby, 1969); oxytocin and endorphins that are generated in both the caregiver and offspring when the caregiver is giving soothing touch and calming tone of voice (Hertenstein, 2002); and compassion, which helps caregiver tune into the dependent offspring's needs. Darwin (1959) argued that humans had evolved to have the instinctual tendency to feel compassion (or sympathy, in his words) for dependent offspring in times of need or distress would have directly increased the chances of offspring surviving and eventually becoming reproductive mature.

The evolutionary value of self-critical emotions: As discussed above, desire for social connections is human instinct, because social connections make it possible for humans to survive and thrive. In other words, the lack of social connection is against human nature, thereby causing distress to people. Oakley et al. (2012) maintain that social exclusion, including anticipated social exclusion, is painful, and therefore humans make tremendous efforts to fit in and ensure their belonging to groups. Therefore, humans have evolved to have self-critical emotions (e.g. shame and guilt) to protect us from losing social connections, by making us examine our thoughts, feelings, impulses and behavior.

Shame, guilt and self-criticism: Brown (2007) defines shame as the intensely painful feeling a person experiences when believing that he is flawed and therefore unworthy of love or belonging. In contrast, she (Brown, 2007) defines guilt as the psychological discomfort one feels when he has done things that are against his values. Therefore, according to Brown, shame is toward a person's sense of self and it reflects humans' fear of disconnection with other people, whereas guilt is toward one's behavior. The differences between shame

and guilt, for example, can be demonstrated as the differences between “I am bad” and “I did something bad” (Brown et al., 2011).

Brown et al. (2011) conclude from their research that shame can be understood as a psycho-social-cultural construct, which cannot be considered exclusively psychological, social or cultural. The psychological component of shame is associated with one’s emotions, thoughts and behavior. The social component relates to the way a person experiences shame in the context of interpersonal relationships. The cultural component reflects the powerful influence of cultural expectations on people – shame and fear of shame that are resulted from not meeting cultural expectations.

Shame and its evolutionary value: Since shame usually presents in the form of self-criticism, I use shame and self-criticism interchangeably in this paper. Self-criticism is humans’ instinctual reaction to our own suffering. Why so?

Shame and guilt can help people examine their behavior, thoughts and feelings, thereby helping them form and maintain connections with others. McLaren (2010) claims that shame and guilt arise when a person’s boundary and integrity have been broken by something he has done that is wrong or that he has been convinced is wrong. She (McLaren, 2010) further explains that guilt and shame are crucial because they help a person monitor his behavior, thoughts and feelings, thereby ensuring that his behavior are socially acceptable, decent and honorable; or guilt and shame can guide him to correct his mistakes. Without these two emotions, one will be haunted by his inappropriate behavior, compulsions and addictions, thereby losing any relational skills or social connections (McLaren, 2010).

Brene Brown points out in an interview (from the Self-Acceptance Project with the publisher

Sounds True) that shame, usually presenting in the form of self-criticism, helps us fit in the communities that we care about, and therefore, shame serves our desire to be connected with other people. She (Brown) further claims that, without shame, humans would not have the capacity for empathy or connection, because we would behave improperly and thus lose social connections. Baumeister and Leary (1995) suggest that many episodes of guilt can be understood as humans' natural responses to disturbances or threats to interpersonal connections. Therefore, I can conclude that shame, guilt and self-criticism are human instincts.

The evolutionary perspective tells us that, emotions, such as compassion and shame, are essentially affective adaptations that help humans survive and thrive by, for example, initiating and maintaining interpersonal relations and meaningful connections, helping people to act in socially acceptable ways, and guiding people to correct their mistakes (Oakley et al., 2012). Evolutionary theories inform me to maintain that it is human instinct to be both compassionate for others and critical of ourselves. Evolutionary theories support my hypothesis that people without self-compassion (or self-critical people) can still have compassion for other people.

In the next section, I will discuss, from the neurobiological perspective, why compassion for others can make people feel "good". I will also present how neurobiological findings show the differences between compassion and other similar emotions. Neurobiological findings can also shed light on why compassionate people sometimes have no compassion for those who suffer.

The Neurobiological Perspective

In this section, I will use neurobiology to support my thesis statement that it is possible for people without self-compassion to have compassion for others.

Neurobiological studies have shed light on how compassion for others can make a person feel “good”, which can support my thesis statement by suggesting that it is possible for one to feel compassion for others, whether he has self-compassion or not. Neuroscience also illuminates the differences between compassion and other similar emotions. Besides, Neurobiological findings can help us understand the appraisal processes one always goes through before generating compassion for those who suffer, which may explain why compassionate people sometimes have no compassion for sufferers (Goetz et al., 2010).

Compassion: As I mentioned earlier, compassion refers to such an emotion one feels when witnessing other people’s suffering that the witness feels moved by others’ suffering, understands their suffering, deeply feels for them and subsequently feels an instinctual motivation to alleviate their suffering (Haidt, 2003; Lazarus, 1991). Many PHP clients reported that being compassionate toward others could make them feel “good”. So what is the biological basis underneath this?

How compassion can make people feel “good”: Panksepp et al. (1985) point out that opioids mediate both humans’ tendency to form social connections and the difficult emotions (e.g. sadness, anxiety) people feel when losing social bonds; social connections stimulate opioid production, whereas social loss impedes it. Therefore, according to Panksepp et al. (1985), humans’ tendency to seek and form social connections is caused by not only the

actual benefits of having social connections (e.g. sharing resources and fighting against enemies) but also physiological influence.

There is another factor that can contribute to people's "good" feelings when having compassion for others. Neuroimaging findings can illuminate the neural mechanism underlying these "good" feelings -- intrinsic reward feelings may occur as a result of experiencing compassion for other people (Sprecher & Fehr, 2006)." Research suggests that being compassionate toward other people can modulate the activities of the brain region -- the fronto-midbrain-ventral striatum/septal region network— that is known to be implicated in the prosocial motivation (e.g. to approach, help and sooth others who suffer) and the accompanied rewarding feelings (Delgado, 2007; McClure et al., 2004; Batson et al., 1983; Eisenberg et al., 1989; Haidt, 2003). In addition, researchers have found that both pleasant and unpleasant facial expressions can activate the reward processing areas of the brain when people are experiencing compassion (Phan et al. 2002; Kim et al., 2009). This finding suggests that compassion for others can activate the neural regions of reward, whether this compassionate person can receive benefits from others or not; hence, Kim et al. (2009) conclude that inner happiness may depend on one's compassionate attitude rather than on the external benefits. Therefore, I speculate that feeling compassion for others can bring about humans' intrinsic reward, thereby making people feel good.

The differences between compassion and other similar emotions: It might be confusing for many people to differentiate compassion from similar and relevant emotions, such as empathy, distress, sadness, love, sympathy and pity. In this section, I will show the

differences between compassion and each of these emotions, through the lens of neurobiology.

Empathy: Empathy can be defined as the human capacity to understand and share another person's emotions without confusing them with one's own emotional state (Klimecki & Singer, 2013). The mirror neuron system is one of the physiological foundations for empathy. This system helps people create internal simulations of much of other people's behavior, emotions, thoughts and sensations that they observe (Klimecki & Singer, 2013). This system also makes the observer have the brain activity similar to the brain activity of the person who is being observed, as if the observer is actually having those behavior (Oakley et al., 2012).

Empathy and compassion are different. Hein and Singer (2008) claim that empathy does not necessarily lead to a pro-social motivation, whereas compassion motivates people to approach and help others. Although one must empathize with other people before experiencing compassion for them, empathy can be used malevolently (Hein & Singer, 2008). For instance, one can use empathy to find other people's weakness in order to hurt them, which is the opposite of being compassionate toward them.

Distress: Study shows that empathy can give rise to two opposite consequences, compassion and distress (Klimecki & Singer, 2013). Klimecki and Singer (2013) claim that when one experiences compassion for others, he feels the natural urge to help them. In contrast, distress refers to the emotional state one feels when his empathic experience that is triggered by others' suffering becomes overwhelming to him (Klimecki & Singer, 2013). Distress often leads to withdrawal behavior that is motivated by one's desire to protect

himself from other people's difficult emotions (Klimecki & Singer, 2013). Although a distressed person, when witnessing others' struggles, can make an effort to reduce their suffering, his seemingly altruistic behavior are actually his way to reduce his own discomfort that is caused by this empathic experience (Klimecki & Singer, 2013). Compassion is distinct from distress -- the former is other-oriented whereas the latter is self-oriented; to be specific, compassion activates one's concern for other people and promotes a desire and actions to reduce others' suffering, whereas distress motivates one's focus on himself and promotes a desire to reduce his own suffering (Batson, 1991; Batson et al., 1987; Eisenberg & Miller, 1987).

Sadness: Sadness is an emotional response to loss (Goetz et al., 2010). McLaren (2010) points out the importance of sadness (p.295), "Sadness helps you slow down, feel your losses, and release that which needs to be released -- ... behavior or ideas that take you away from your authentic self... Sadness also has an important biological healing component: tears cleanse your eyes and sinuses and release toxins (and excess tension) from your body."

Sadness and compassion are different. The experience of compassion is associated with the lowered heart rate and vagal activity, whereas the experience of sadness is associated with the heightened sympathetic autonomic arousal (Goetz et al., 2010). Besides, the expressions of sadness often elicit compassion from other people. In addition, Shaver et al. (1987) finds out that, generally, an individual's own loss makes him sad, but other people's loss makes him feel compassion.

Love: Love has many forms (Fehr & Russell, 1991), but maternal love and romantic love, the two closest forms of love to compassion, are very different from compassion (Goetz

et al., 2010). These two forms of love focus on affection, the motivation to be physically and emotionally close, and the appreciation of the other, promoting positive attachments to offspring or romantic partners, respectively (Goetz et al., 2010). Besides, Goetz et al. (2010) claim that compassion usually arises after one witnesses others' negative events, whereas love generally emerges after one experiences positive events with other people. In addition, previous study has shown that compassion and love are conveyed in different facial, postural, and tactile actions (Goetz et al., 2010).

Therefore, love and compassion are different. So this research is irrelevant about studying whether one can truly love other people before he can love himself.

Sympathy and pity: Compassion is different from sympathy or pity. Eisenberg et al. (1994) define sympathy as an emotional reaction to other people's misfortunes that involves feelings of concern and sorrow for those people. A person who feels sympathy for unfortunate people does not necessarily want to relieve their pain, whereas a person who feels compassion for others has the natural urge to alleviate their pain. Goetz et al. (2010) define pity as the emotion one feels when having sympathy for those to whom he considers himself superior.

The opposite phenomenon: What about times when compassionate people do not have compassion for those who suffer? It is also not unusual to see incidents that are the opposite of my focal phenomenon. In their studies, Klimecki and Singer (2013) found out that, in certain situations, some stimuli that brought about participants' empathic responses failed to elicit their compassion; in fact, these stimuli evoked the opposite -- *schadenfreude* -- the joy of witnessing other people's miseries.

Compassion arises conditionally. People always go through certain appraisal processes before generating compassion for those in pain. I will talk about these compassion appraisal processes from both the evolutionary perspective and the neurobiological perspective.

The appraisal processes of compassion -- the evolutionary perspective: Generally speaking, before generating compassion for those who suffer, one has to appraise two things: whether those people are worthy of compassion, and whether he himself is emotionally capable of feeling compassion for them (Goetz et al., 2010).

Sufferers' deservingness of compassion: Based on the assumption that altruistic people can choose the recipient of their compassion (Frank, 1988; Hamilton, 1964; Henrich, 2004; Trivers, 1971), evolutionary analysts maintain that deservingness of compassion is essential to the compassion appraisal processes that aim at determining whether a sufferer deserves compassion (Goetz et al., 2010). Aristotle argued that deserved suffering would lead to blame and reproach, whereas undeserved suffering would elicit compassion (Nussbaum, 1996, 2001). From the evolutionary perspective, altruistic individuals must be selective and interact with other pro-social individuals in order to benefit from mutual cooperation and avoid being exploited by selfish individuals (Goetz et al., 2010).

Next, I will introduce a few factors that often help compassionate people decide whether a sufferer deserves compassion or not: 1). The sufferer's controllability and responsibility, 2). The sufferer's characters, and 3). the closeness between the compassionate and the suffering.

The appraisal of controllability is a crucial indicator in determining whether a sufferer deserves compassion (Smith & Ellsworth, 1985). Goetz et al. (2010) conclude from a study that people generally tend to feel compassion toward those who suffer from miseries that are out of human control (e.g. born-blindness and experience of childhood abuse). Another indicator of compassion deservingness is the extent to which one is responsible for his suffering. If the sufferer were considered as responsible for his misfortunes (e.g. being lazy or violent), he would be unlikely to win compassion from other people (Weiner et al., 1988).

Sufferers' characters are key factors in the deservingness appraisal processes (Feather, 2006; Weiner, 1985). Suffering people's positive reputation, warmth and trustworthiness generally indicate good characters, and thereby these sufferers are often likely to elicit others' compassion (Fiske et al., 2006; Axelrod & Hamilton, 1981; Trivers, 1971).

People tend to help, and presumably feel compassion for, those to whom they are genetically related (Burnstein et al., 1994; Cialdini et al., 1997; Cheng et al., 2010; Xu et al., 2009); the closer the kinship is, the more likely one would feel compassion for (Hamilton, 1964). People also tend to have compassion for those who are emotionally close (Korchmaros & Kenny, 2001). Besides, people are more likely to feel compassion for those who are similar to themselves in areas such as values, behavior, preferences and physical or psychological characteristics (Eisenberg & Miller, 1987).

The emotional coping abilities of the compassionate people: The appraisal of one's own emotional coping abilities is a key factor in generating his compassion for other people (Goetz et al., 2010). It would be more likely for a person to feel compassion for others when he feels capable of emotionally coping with those people's misfortunes (Eisenberg et

al., 1994; Gross, 1998). In contrast, the appraisal of low emotional coping ability would activate one's distress, sadness or even fear when witnessing others' suffering (Hoffman, 1981; Roseman et al., 1990). In sum, a person's ability to emotionally cope with the distressing situation at hand is positively related to generating compassion and negatively related to generating distress (Mikulincer et al., 2001; Mikulincer & Shaver, 2003; Mikulincer et al., 2005).

The appraisal processes of compassion -- the neurobiological perspective:

Combining their conceptual analysis of compassion and neurobiological studies of regions of the brain, Goetz et al. (2010) suggest that feeling compassion toward others involves the following processes: recognizing another person's suffering expressions (temporal parietal cortex), mirroring the person's emotional experience (interior frontal cortex, insula, temporal pole), evaluating whether this person deserves his miseries (midventral mPFC), coping with empathic distress (dorsal mPFC/interior frontal cortex), feeling tenderness or warmth toward this sufferer (periaqueductal gray, substantia nigra, and ventral tegmental area) and feeling motivation to approach the sufferer (heightened left hemisphere).

CHAPTER V

Object Relations Theories

In this chapter, I discuss, through the lens of object relations theories, how childhood abuse by primary caregivers would lead to my phenomenon. I will also use object relations theories to support my hypothesis that it is possible for people without self-compassion to still have compassion for other people.

Overview of Object Relations Theories and Their Major Concepts

Object relations theories explore the processes by which people come to experience themselves as separate and independent from others, while at the same time needing connections with others (Berzoff et al., 2011). One of the most basic ideas of object relations theories is that human beings have a primary, absolute need for attachment (Berzoff et al., 2011). Object relations theories focus on how individuals internalize (take in) actual, external interactions that they have with other people, and on the significant influence these internalized relationships have on these individuals (Berzoff et al., 2011). Berzoff et al. (2011) maintain that, “Object relations theory is based on the belief that all people have within them an internal, often unconscious world of relationships that is different and in many ways more powerful and compelling than what is going on in their external world of interactions with “real” and present people (p.118-119).” One’s internal world consists of mental representations of the self and of others, representations formed by experiences, memories and ideas with the external, real world (Berzoff et al., 2011). Meanwhile, these

internal representations have an “enduring existence (Berzoff et al., 2011, p.131).” A person’s internal representations of object experiences from the past can color or shape present relationships in his inner world. As Berzoff et al. (2011) put it, “These representations are not observable and may not reflect the actual situation, but they are the content of the internal world and the building blocks from which relationships with the self and with others are ultimately formed (p.131).”

Goldstein (2001) talked about human development through the lens of object relations theory (p.8), “Early infant-caretaker interactions lead to the person internalizing basic attitudes toward the self and others, characteristic relational patterns, and a repertoire of defenses and internal capacities. Important developmental processes involve attachment, separation-individuation, early object loss, experiences with frustrating or bad objects, and the move from dependence to independence.” Hence, it seems plausible that childhood abuse by primary caregivers would have a profound, enduring impact on a person’s self-image, representations of others and his sense of human relationships in general in the world.

Now I will introduce some background of object relations theories. Goldstein (2001) says that “Like Freud, Klein emphasized the power of the instincts, particularly the aggressive drive, but unlike him, she argued that the goal of life was relationships with others (objects) rather than instinctual gratification (p.31).” Goldstein (2001) also talks about Fairbairn, whose theories are vastly different from Freud’s, “Arguing that human beings possess a primary drive toward relating to others, Fairbairn totally rejected Freud’s concept of an innate aggressive drive and instead argued that the frustration of not feeling loved or

lovable, or that one's love is welcome and valued, results in aggressive impulses. ...

Fairbairn envisioned the ego as a holistic and intact structure that possessed its own energy and potentialities and that was directed at object-seeking rather than pleasure-seeking (P. 34).”

Next I am going to introduce some major concepts of object relations theories.

Concepts

In object relations theories, an “object” refers to a person or a thing “outside of the self that the self perceives, experiences, desires, fears, rejects or takes in (Berzoff et al., 2011, p.120).” Objects refer mostly to people, real or internalized, including their qualities and contributions to the relationships with the self (Berzoff et al., 2011), although, as Berzoff et al. (2011) put it, “other things such as music, art, the weather, or even medications can become objects when they are deeply and symbolically connected to powerful object experiences in the inner world (, p.120).”

The term object relations refers to not only “real” relationships with others, but also the internalized relationships. Greenberg and Mitchell (1983) maintained that, “people react to and interact with not only an actual other but also an internal other, a psychic representation of a person which in itself has the power to influence both the individual's affective states and his overt behavioral reactions (p.10)- Goldstein (2011).”

Self-hate is another important concept in this paper. I use the definitions of self-hate in Rubin and Rubin (1975), “We engage in self-hate when we hate any aspect of ourselves and whenever we have feelings of self-contempt generally. ... The [self-hating] process ranges from and includes mild feelings of discontent to contempt, disgust and abhorrence.

It goes on to include sabotaging decisions, moves and activities against one's actual self and ultimately, suicide. ... Any distortion of self, either in degradation or idealization, must be viewed as rejection of actual self and is therefore self-hating. Thus, exaggerated opinions as to one's abilities are self-hating. Minimizing and ignoring one's abilities are no more, no less, self-hating. ... Any thought, feeling or action based on any combination of false beliefs, which in any direct or indirect way detracts from, depletes, denigrates or hurts that which is real and actual about oneself, must be considered as part of the self-hating process (p.9-10)."

Now I am going to introduce the defense mechanisms evolved in this paper. They are internalization (including introjection and identification), idealization, reaction formation, moral defense, projection and projective identification. Defenses, whatever forms they take, are all essentially used to help people to ward off unwanted feelings, wishes or impulses that have arisen in unconsciousness.

Berzoff et al. (2011) contend that, "Central to object relations theory is the belief that human beings are ... constantly taking in [internalizing] from the world outside ourselves messages, ideas, attitudes, feelings, whole people, parts of people, and good and bad experiences (p.141)." Two main forms of internalizations are introjection and identification. Introjection refers to the processes of internalizing parts of the object or the whole relationship with the object (Berzoff et al., 2011). We introject both good and bad object experiences and people's internal world is filled with both (Berzoff et al., 2011). Identification refers to the process in which what is taken in is a valued part of the object (Berzoff et al., 2011). Another important defense is idealization, which is used to push uncomfortable or even painful feelings into unconsciousness, such as disappointment,

sadness and anger (Berzoff et al., 2011). Reaction formation is another helpful defense in understanding my phenomenon. Berzoff et al. (2011) explain that, “This defense transforms an unacceptable wish into an acceptable one. ... When individuals employ reaction formation, ... the wishes of which they are consciously aware are the exact opposites of the wishes they actually [unconsciously] want to fulfill. ... [Thus] expressed love can conceal hatred, expressed mercy can conceal cruelty (p.81).” Besides, Fairbairn talked about moral defense. He believed that “the child’s response to a frustrating environment is a moral defense, in which he or she represses his or her perceptions of the parents as bad, continues to view the objects in the external world as good, sees himself or herself as bad, and constructs a world of inner bad objects to which the child remains related and over which the child retains the illusion of control [thereby getting a sense of security] (Goldstein, 2001, p.60).” In addition, projection refers to the defense in which people get rid of unwanted feelings (parts of the self) and place them in other people, thereby disavowing those parts or feelings of the self (Berzoff et al., 2011). Moreover, when a person (the projector) is engaged in projective identification, he unconsciously projects certain uncomfortable feelings onto an object (another person, the recipient) so then the object begins to feel what has been projected and thus behaves accordingly (Berzoff et al., 2011).

Melanie Klein’s two developmental positions are also important for my research. Klein contributed her understanding about the development of the internal world. She talked about two developmental, internal “positions”: paranoid-schizoid position and the depressive position. Each describes an internal state of object relations, a way of perceiving the world that happens early in life but can be present throughout the life span (Berzoff et al.,

2011). Paranoid-schizoid position reflects the earliest way of being. The name of the position sounds pathological, but it is meant to capture a normal developmental stage when the daily life is experienced by infants as terrifying moments filled with pieces, surprises, happiness and terror. Every infant has to go through this position because he is so little, vulnerable and dependent, and does not have the capacity to understand the world, thereby feeling unsafe at times, no matter how well loved and protected he is (Berzoff et al., 2011). Berzoff et al. (2011) point out that an infant's primary anxiety at this position is that frightening parts of objects "will get inside the self, overwhelm it, and even annihilate it (p.132)." Berzoff et al. (2011) also mention that, "Klein named objects as they are experienced in the paranoid-schizoid position 'part objects' in order to capture the fragmented way the world looks when a person is, or feels, too little to perceive the whole (p.132)."

According to Klein, the depressive position, the more advanced position, starts "when the toddler begins to have enough experience to realize that the good person who feeds him and nuzzles him and keeps him warm and the bad person who sometimes puts him down harshly or keeps him waiting for his food or his diaper change are one and the same. Perhaps even more upsetting is that the person [the toddler], the self [the toddler himself], who loves [the object, the parent] is also the person who hates [the object] (Berzoff et al., 2011, p.133)." At this developmental position, toddlers start to see that both the self and others (objects) have both "good" and "bad" qualities and that no one is all "good" or all "bad." Similarly, this position is normal and reflects healthy development, but its name indicates the depressing reality that people have to understand -- the self and objects are

complicated and contain both “good” or “bad” qualities, a reality that can be difficult to comprehend for even mature adults (Berzoff et al., 2011).

The True self, the False self, “good-enough” and “holding environment” are also helpful in understanding my phenomenon. Object relations theorists have recognized the significance of parental attunement to a child’s genuine, unique needs and qualities in order to help him achieve optimal development. Guntrip (1973, p.181) claimed that, “When a baby is born, he contains a core of uniqueness that has never existed before. The parents’ responsibility is not to mold, shape, pattern, or condition him, but to support him in such a way that his precious hidden uniqueness shall be able to emerge and guide his whole development (Goldstein, 2001, p.38).” Similarly, Winnicott used the concept “holding environment” to reflect his idea that it is crucial for the child’s healthy growth that his primary caregiver is able to “adapt to and respond to a child’s needs in personal and unique ways (Goldstein, 2001, p.75).” Berzoff et al. (2011) explain that, “By holding environment, Winnicott did not mean only the literal holding, but the capacity of the mother to create the world in such a way for the baby that she feels held, safe, and protected from the dangers without and protected as well from the danger of emotions within (p.127).” Winnicott further qualified his ideas by saying that “the mother [primary caregivers] does not have to be perfect for healthy development to occur. She just has to be ‘good enough,’ and the most important quality the good-enough mother possesses is a capacity for attunement to the baby’s changing developmental needs (Berzoff et al., 2011, p.127).” Goldstein (2001) maintain that, “Important features of this holding environment are the mother’s sensitivity to the infant [child], her ability to avoid too much deprivation or impingement on the infant, her

skill in allowing the infant to feel that she is under the infant's control, and her consistency and reliability despite inevitable failures (p.76).” In a good-enough mother's holding environment, from Winnicott's view, a child's True self would be able to emerge and grow. Goldstein (2001) pointed out that, “According to Winnicott, the True self represents an individual's core potentialities and develops when there is good-enough mothering. He thought that maternal failure, particularly in the form of impingements on the child, as might be reflected in overly strict expectations, leads the child to create a False self that adapts to the mother and the surrounding environment at the expense of the True self. As the False self, which is a façade aimed at pleasing others, becomes more rigid, it becomes split off and the person becomes alienated from his or her True self, which remains hidden (p.77).”

Winnicott “believed that attachment needs to be flexible and genuine enough to nurture the True Self, which is the repository of individuality and uniqueness. In relationships characterized by genuine attachment, the separate individuality of both people is seen, respected and encouraged to flourish. But if the child's striving for separateness is thwarted, the holding environment can become a prison. ... A True Self cannot emerge if the child feels she must be attuned to the needs of others in the family system and a certain way in order to be recognized and acknowledged. What happens instead is that the child may develop a False Self, one that seeks to suppress individuality and molds itself to the needs of others. This False Self, trying hard to be responsive and to take care of others, ultimately becomes overly compliant. Uniqueness, vibrancy, idiosyncrasy, difference are all submerged. In this debilitating, constricting process, ... the True Self is lost (Berzoff et al., 2011, p.130).”

In the next chapter, the discussion chapter, I will apply object relations theories to the case of Joanne.

CHAPTER VI

Discussion

Summary of key points of each theory

Evolutionary and Neurobiological Theories: From the viewpoint of evolutionary theories, both compassion and self-criticism are essentially adaptive instincts that can help humans to meet their instinctual desire of belonging and connecting with others in order to survive and thrive. To be specific, compassion for others can help a person to be accepted by social groups, and self-criticism can help a person examine and correct inappropriate emotions and behavior, which can prevent him from being rejected by his communities. In a word, humans instinctually tend to be both compassionate for others and critical of themselves.

From the neurobiological perspective, feeling compassion for others can make a person feel “good” physiologically. In other words, it is possible for one to feel compassion for others, whether he has self-compassion or not. Besides, neurobiological findings can illuminate the appraisal processes a person always goes through before generating compassion for those who suffer, which may explain why compassionate people sometimes have no compassion for sufferers.

In sum, evolutionary and neurobiological theories support my hypothesis that people without self-compassion (or self-critical people) can still have compassion for other people.

Objection Relations Theories: Object relations theories claim that every person has within him an internal, often unconscious, world full of mental representations of the self and of others, representations formed by experiences, memories and ideas with the external, real world (Berzoff et al., 2011). A person's internal representations of the self and of objects from the past can color present relationships in his inner world. Goldstein (2001) talked about human development through the lens of object relations theory (p.8), "Early infant-caretaker interactions lead to the person internalizing basic attitudes toward the self and others, characteristic relational patterns, and a repertoire of defenses and internal capacities." Hence, it seems plausible that childhood abuse by primary caregivers would have a profound, enduring impact on a person's self-image, representations of others, and his sense of human relationships in general in the world.

In my application of object relations theories, my discussion is based on the assumption that people can have compassion for those toward whom they have a positive regard. Therefore, people can have self-compassion only if they have a positive self-image, and I infer that people in my phenomenon probably have both negative self-images and positive object-representations of other people. I use object relations theories to analyze how childhood abuse by primary caregivers may contribute to these compassionate people's self-hate and their high regard for others who suffer in similar ways.

In Chapter four, I discuss how people's use of some defense mechanisms may lead to their self-hate (thus their lack of self-compassion) while keeping their positive regard for other people (thus compassion for others). These defenses are internalization (including introjection and identification), idealization, reaction formation, moral defense, projection

and projective identification. Klein's two developmental positions can also illuminate these compassionate people's self-hate and positive object-representations. Besides, infants are born with the instinct to trust their primary caregivers 100% (Goldstein, 2001) and would thereby blame themselves when having upsetting experiences with their parents. In addition, the concepts of True and False self can also illuminate my phenomenon.

In a word, object relations theories support my hypothesis that it is possible that people without self-compassion (or self-critical people) have compassion for other people.

Ideas the two theories share: Discussions from earlier chapters tell me that the evolutionary, neurobiological theories and object relations theory share the following ideas. Both theories claim that humans are social creatures who have the instinct and absolute need to form and maintain relationships with other people. Additionally, both theories maintain that it is infants' and children's instinct to trust their adult caregivers 100% and stay with them (their caregivers) by all means, including blaming themselves when hurt by their caregivers. From the evolutionary perspective, "children who desired to stay together with adults (and who would resist being left alone) would be more likely to survive until their reproductive years than other children because they would be more likely to receive care and food as well as protection (Goetz et al., 2010)." Object relations theories argue that children idealize their parents and takes in their (parents') opinions, attitudes and behavior without question (Goldstein, 2001), so they can get a sense of security, even though at the expense of blaming themselves when frustrated by their parents.

The Case of Joanne

Next I am going to apply both the evolutionary, neurobiological theories and object relations theories to the case of Joanne, the PHP client whom I described earlier.

Application of Evolutionary/Neurobiological theories: Joanne seemed to be nice to every one (e.g. her children, colleagues, other PHP clients etc.), but not to herself. Perhaps her “double standards” simply are a manifestation of human instinct that humans evolved to have the tendency to be both compassionate for others and critical of themselves. Her compassion and self-criticism could be viewed as affective adaptations that helped her form and maintain positive social relationships. She was compassionate and caring, which helped her be well liked at work and at PHP. She was able to raise her children and keep her job, which perhaps partially resulted from her self-criticism so that she could minimize her inappropriate impulses and behavior and motivate her to correct her mistakes. It was likely that self-criticism played an important role in helping her be a responsible person both at work and at home.

From the neurobiological perspective, feeling compassion for others can make a person feel “good” physiologically. Joanne said, “*taking care of other people makes me feel good about myself*”, which can be understood as the result of the activation of the reward processing areas of the brain when people are experiencing compassion (Phan et al. 2002; Kim et al., 2009).

Application of Object Relations Theories: My research is based on the assumption that people generally tend to have compassion for those whom they appreciate and admire; in other words, in the language of object relations theories, a person has compassion only for

people (objects) whose images (object-representations) are positive in this person's internal world. Therefore, positive object-representations are necessary for a person to generate compassion for these objects. By the same token, a positive self-representation is necessary for a person to have self-compassion. Now that these compassionate people in my phenomenon do not have compassion for themselves, I can predict that these people have both negative self-representations (self-images) and positive object-representations for others who have similar struggles. Therefore, the key to decode my phenomenon would be to discover how these compassionate people form these internal self-representations and object-representations. For the purpose of this thesis, I use object relations theories to analyze how childhood abuse by primary caregivers may contribute to these compassionate people's self-hate and their high regard for others who suffer in similar ways.

Many object relations theorists have agreed on the idea that early relationships with primary caregivers have an enduring, significant impact on children's perceptions of others and of the self (object-representations and self-representations). Berzoff et al. (2011) maintain that, "The fullness and quality of a person's inner world is greatly influenced by the quality of early relationships (p.126)." "Infants begin to form images of themselves (self-representations) and others (object-representations) by taking in experiences with those close to them [primary caregivers]." Goldstein (2001) claims that, "Early infant-caretaker interactions lead to the person internalizing basic attitudes toward the self and others, characteristic relational patterns, and a repertoire of defenses and internal capacities (p.8)." "Once formed [commonly during childhood], self- and object-representations are fundamental internal structures that affect the ways in which individuals view themselves and

others.” Berzoff et al. (2011) provided “powerful evidence of the object relations view that later self-esteem is constructed by earlier relational experiences (p.386).”

So how may childhood abuse by primary caregivers lead a person to have both negative self-representation and positive object-representations for others who share similar struggles? People’s use of various defenses can help answer this question. Next, I will apply these defenses to the case of Joanne: introjection, identification, moral defense, projection, idealization, reaction formation, and projective identification.

Berzoff et al. (2011) said that, “In introjection, what is taken in from outside objects and object experiences becomes part of the person’s self-representation. ... Introjection can help us [especially children] master our experiences with painful and disappointing objects in our lives in order to be able to bear the anguish that the people we love and depend on can also at times be experienced as hateful to us. The “badness” of the object [parent] is “taken in” [and thereby becomes part of the self’s self-representation, meaning that the bad feelings stirred up by the object make the self [child] believe that he himself [child] causes these bad feelings and therefore he believes “I am bad”], in an attempt to control [and make sense of] the overwhelming situation, in an attempt not to feel so powerless and to preserve the positive image of the needed other (p.142).” Joanne was a childhood abuse survivor. In her childhood, her alcoholic father had been emotionally and physically abusive to her, and to her mother and siblings. It is likely that in childhood she introjected the “badness” of her father and of her overwhelming life situations so that the “badness” became part of her sense of self, thereby gaining a sense of security by preserving a positive object-representation of her father. This can help explain why Joanne blamed herself for the abuse and justified her

father's abusive behavior, suggesting that she had both negative self-representations and positive object-representations of her father.

Berzoff et al. (2011) claimed that, "In identification, selective and valued parts of [the object] are internalized but remain unconscious. In Freud's view, the taking in of parental rules through the process of identification results in the formation of the superego (p.142)." This can help understand why Joanne and some compassionate PHP clients failed to have self-compassion. Their parents all seemed strict and critical of them (PHP clients) when they (PHP clients) were little. These clients might have identified with their parents' behavior and values: 1. These clients might have identified with their parents' high standards toward them (PHP clients) when they were little, so they (PHP clients) gradually became critical of themselves. Joanne once confided in a group therapy session that her parents, especially her father, made her feel "it's either perfect or nothing . . . I guess maybe that's why I have unrealistically high expectations for myself". Joanne seemed to have identified her critical parents' high standards for her so later on she became critical of herself. Thus, her self-image was self-hating (e.g. "I'm stupid. . . useless..."). 2. Some PHP clients revealed that they had learned from their parents that it was socially desirable to be compassionate for the suffering and that it was "selfish" to be kind to one self.

Another defense people may use to maintain both negative self-representations and positive object-representations is moral defense. Goldstein (2001) said "Fairbairn focused on the results of severe environmental frustration and explained how children deal with the presence of 'bad' external objects [parents] taking on the burden of being bad themselves rather than seeing the parents as bad. This 'moral defense' allows them some hope and a

sense of outer security at the price of inner insecurity [self-hatred]... since it is better to be a sinner in a world ruled by God [where at least there will be hope of redemption and love] than to live in a world ruled by the devil [where there would be no hope, rescue or salvation] (p.34)." It would feel safer to believe that "I'm the only person who is bad in the world and can do harm, and other people are good" than to feel "other people around can hurt me any time." So this might result in Joanne's negative sense of self and positive object-representations of other people.

Joanne might use the defense of projection to strengthen both her negative self-representation and positive object-representations for those who have similar struggles. Unconsciously, Joanne might know that she had many good qualities. But her self-image was so negative that knowing that she had good qualities could be anxiety provoking because knowing she was good could shift her negative sense of self. Thus she might have unconsciously projected some of her positive, but unwanted, self-regard (e.g. kind, smart, responsible) onto other people. Now that some of her "goodness" was projected onto others, Joanne would thus perceive the recipients of her projection as more positive than they actually were, and perceive herself as more negative than she truly was.

The use of idealization might also help Joanne reinforce both her negative self-image and her positive object-representations of her abusive parents. The little Joanne might have idealized her parents in order to justify their abusive behavior, thereby pushing her painful feelings of being abused into unconsciousness. Thus, she could tolerate their abuse and could still perceive them as "good parents" in order to feel safe living with them.

Joanne's expressed compassion could result from her defense of reaction formation. She sometimes complained about "taking care of other people all the time." What happened might be, when first seeing some suffering people, Joanne might have unconsciously experienced aggression toward them, because she considered them weak, needy and distressing. But then she immediately felt guilty for her lack of mercy. In order to ward off this anxiety, she unconsciously generated the opposite – compassion-- for them. Her compassion concealed her initial unconscious negative judgment toward those suffering people.

When someone (the projector) is engaged in projective identification, he unconsciously projects certain uncomfortable feelings onto an object (another person, the recipient) so then the object began to feel what has been projected and thus behaves accordingly. So after that the projector can identify those projected feelings with the object (Berzoff et al., 2011; Goldstein, 2001). T. H. Ogden proposes that one may use projective identification to distance himself from an unwanted part of himself, but he does not want to lose that part completely, so he keeps that unwanted part alive in the object (the recipient), maybe to study this part from the object (Berzoff et al., 2011). This defense can shed light on my phenomenon. Joanne felt compassion for others perhaps because, although consciously she hated herself and believed that she deserved suffering, she unconsciously had compassion for herself – after all, she knew how painful it was to go through her miseries. She longed for understanding, forgiveness and relief. But her self-hatred was so intense that it was almost impossible for her to feel self-compassion. Unconsciously, she projected her self-compassion (which felt uncomfortable) onto others. However, she unconsciously did

not want to completely lose her self-compassion because unconsciously she longed for it, which could give her comfort, forgiveness and relief. So being compassionate toward those who had similar struggles might be her way to try to sooth her own deep, unconscious longing. Joanne might have unconsciously felt a strong connection with those suffering people, which was the same struggle they all shared. Her compassion for them might be motivated by her unconscious wish to relieve her own pain. To Joanne, those people were cared for and understood, making her feel, unconsciously, that (part of) herself was cared for and understood because of her connection with them—it is as if she felt “I have part of you, so now that you are comforted by my compassion, meaning the part we share is feeling better, thus part of me is also feeling my self-compassion.”

In addition, Klein’s two developmental positions can also illuminate my phenomenon. Berzoff et al. (2011) said, “Klein named objects as they are experienced in the paranoid-schizoid position ‘part objects’ in order to capture the fragmented way the world looks when a person [mostly an infant] is, or feels, too little to perceive the whole (p.132).” Berzoff et al. (2011, p.132) claimed that “The main anxiety of this paranoid-schizoid position is that persecutory parts of objects will get inside the self, overwhelm it, and even annihilate it.” The introjection of such fear results in a very negative self-representation in the infant’s internal world. The seed of a person’s self-hatred is thereby planted.

Berzoff et al. (2011) also talked about the second developmental position: “She [Klein] saw the depressive position starting when the toddler begins to have enough experience to realize that the good person who feeds him and nuzzles him and keeps him warm and the bad person who sometimes puts him down harshly or keeps him waiting for his food or his diaper

change are one and the same. Perhaps even more upsetting is that the person, the self, who loves is also the person who hates. The loss that comes from this developmental step of seeing both others and the self as complex and multifaceted is basically a loss of innocence, a loss of the belief in the possibility of perfection (p.132).”

After reaching the depressive position, children have new ways to feed their self-hatred. Children would take in the upsetting aspects of their parents, thereby perceiving their parents as “dangers monsters”; in children’s internal worlds, such images of their parents can also be strengthened by their projection of their own aggressive wishes toward the parents, since the parents are frustrating at times. The images of the parents become very frightening, and children introject such powerful, destructive images of the parents, thereby compounding children’s negative self-image. Meanwhile, since children have already had the capacity of knowing that the upsetting parents are the same people who love and rear them, they thus feel immense guilt for wishing to harm their parents, which further strengthens their self-hatred.

As I said earlier, both paranoid-schizoid position and depressive position are natural and suggest normal, healthy development. Therefore, although both positions could cause children to have very negative self-images, those well-loved children have chances to reduce their self-hatred, as Goldstein (2001) explained, “The child’s taking in of more loving, accepting, three-dimensional, and human relationships with others may result in a tempering of the strict and relentless aspects of the ego ideal and the superego (p.59).” The superego thereby becomes less rigid and punitive. However, as for children who are continually exposed to abusive primary caregivers, they have so little loving experiences with their

parents that their internalized ego ideals remain primitive and unrealistically high.

Goldstein (2001) added, “Internalized images that are highly idealized and perfectionistic in their demands and harsh and punitive when one does not live up to them continue to dominate the developing child’s inner world (p.59).” Thus, abused children continue their self-hatred till adulthood and beyond.

Unfortunately, children have more ways to feed their self-hatred. Children are born with the instinct to trust their primary caregivers 100% and would thereby blame themselves when having upsetting experiences with their parents. As Goldstein (2001) put it, “Initially, the child builds up highly idealized views of the parents and takes in their standards without question (p.58).” Children need to feel that their parents are perfect so they can merge with these idealized objects (the parents) in order to feel safe, and would generally blame themselves even when in reality their parents are at fault. Goldstein (2001) explained that, “At an early phase of development, infants begin to feel at one with their idealized and omnipotent loved objects, so much so that their self- and object-representations become merged—that is, they are unable to distinguish psychically between themselves and those they love. At this time, good (rewarding) internal images of the self and others are separated from bad (frustrating) self- and object-images. Because of the tendency to merge with the object, the self also feels good when the self experiences loving feelings toward the object. Self-esteem results from positive or libidinally charged feelings that are originally experienced toward others but that become directed at the self-representations. Conversely, when the self is angry at the object, the self feels bad and fears punishment. Jacobson explained that loss of self-esteem arises when there is so much anger at the object that loving

feelings are eclipsed and, through the process of identification, anger is then turned against the self (p.71).” Therefore, now the self becomes both the judge and the criminal.

Goldstein (2001) maintained that, “According to Jacobson, early object loss or intense feelings of anger at or disappointment in loved ones results in vulnerability to depression [self-hatred] in later life. When traumatic experiences occur, aggression toward the object (parent) overtakes feelings of love. Consequently, the person is deprived of the ability to merge with the gratifying and all-powerful idealized image of the object and instead, devalues the object. The merger between the self- and object-images results in the self being denigrated as well, and the person feels worthless (p.71).” Moreover, the child feels guilty about hating their parents, causing him to feel worse about himself, “I’m bad. I don’t deserve anyone’s compassion, certainly not mine. I should be punished.” As Berzoff et al. (2011) put it, “when children experience a lack of parental understanding and empathy, it diminishes a child’s self-esteem. This then leads to angry feelings toward the parent(s), accompanied by guilt, which further lowers self-esteem . . . Disappointment and fury at the person who was emotionally depriving are then experienced as disappointment and fury at the self (p.384)”.

Guntrip, an object relations theorist, can inform us on why it can be difficult for people to give up their negative self-images. Berzoff et al. (2011) claim that “Guntrip believed that the core of psychological distress is simply elementary fear, however much it gets transformed into guilt: fear carrying with it the feeling of weakness and inability to cope with life (p.136).” Guntrip also believed that “people would rather think of themselves as filled with mighty instincts [instinctual drives] than face the greater universal truth of being

tiny and vulnerable in a powerful and mysterious universe (Berzoff, p.136-p.137).” From his viewpoint, I infer that maybe unconsciously people feel they “have to” believe that they are bad and possess powerfully harmful instincts, thereby getting a sense of control and thus a sense of security. According to Guntrip, it is better to feel bad but powerful than to feel good but vulnerable.

The concepts of True self and False self can illuminate the case of Joanne and my phenomenon. Berzoff et al. (2011) contend that, “The highly individuated True Self will not emerge when the environment fails to be genuinely attuned to the child’s uniqueness (p.130).” This may help understand why many PHP clients attributed their lack of self-compassion to their habits of taking care of their family members. They said they were always and had been used to taking care of other people so that it became “natural” to show compassion for others, and it became “natural” for them to ignore their own needs or to have compassion for themselves. Perhaps, they had grown up in environments where they, as children, had to adapt to other people’s needs and their primary caregivers failed to tune into their genuine needs, so that only their False self got accepted and developed. They are never used to valuing their own needs, which can contribute to their feelings of self-worthlessness, and meanwhile these people are used to taking care of others’ needs, which makes it natural for them to have compassion for others.

Joanne said “*I’m always a caregiver. Taking care of other people makes me feel good about myself.*” To her, taking care of others seemed always necessary. This can be the result of her False self that she grew up feeling obligated to tune into others’ needs. A childhood without a good-enough holding environment had led the young Joanne to create a

False self that adapted to her parents and the surrounding environment at the expense of her True self. A False self leads to a person's conscious and unconscious self-hate (Rubin & Rubin, 1975).

Besides, Joanne's "good" feelings associated with being a caregiver could come from the introjection of her positive experiences when she was accepted and appreciated by others (especially by her parents when she was little), which might contribute to her sense of self-worth. It seemed to me that her sense of self-worth relied mostly on her contribution for others, as if she would not be a worthy person if she stopped taking care of other people. Her False self seemed to result in her double standards: she felt she had to take care of other people, but she did not expect them to "burden" themselves to do things for her. She felt guilty for being exhausted taking care of others and felt "selfish" for putting her own legitimate needs before others'.

The Integration of the two theories: Neurobiological theories maintain that compassion appraisals include some judgment of fairness or justice (Goetz et al., 2010). Object Relations theories concern possible reasons why people can have positive object-representations or negative self-images, or both. In other words, Object Relations theories suggest some ways how people form their judgment of fairness or justice.

Summary of Explanations for Focal Phenomenon

1. Evolutionary theories inform us that it is a human instinct to have compassion when seeing others suffering so they can connect with others. It is also a human instinct to be critical of themselves when humans are suffering so they can improve themselves in order to be accepted by their communities.

2. Object Relations theories inform us that childhood abuse by primary caregivers would contribute significantly to a child's self-hatred. They can also illuminate how a compassionate person forms his positive object-representations and negative self-images, thereby having compassion for others but not for himself.

3. I have come up with a few reasons why people have self-hatred, which may help understand my phenomenon. A person's relationship to himself and to others: To himself, he believes he's a hateful, flawed person who's ugly in his heart, whereas others are better. By the same token, he believes he's superior to others. If he's worse than others, he feels he deserves to be punished. If he's better than others, he should do better so he should be punished for not doing better. Both scenarios come from unrealistic perceptions of reality. "So", the person would think, "no matter whether others are better or worse than I am, they should be forgiven. ... I'm no good, so I have to work extra hard to overcome my deficiencies, so I have unrealistic high standards for myself. I can be good enough only when I can achieve much more than other people."

Some people are critical of themselves because they believe criticism is a great motivation for accomplishments. So to these people, being kind to others is like to stop other people from succeeding. These people feel bad about themselves for having these selfish thoughts, further feeding their self-hatred, and care for others because they feel guilty (reaction formation).

For a person who hates himself and has a terrible sense of self for most of his life, it can be frightening for him to be good and successful because a positive self-image can overwhelm him by shaking his sense of himself, his sense of others and his sense of life. It

can be scary for a person to surpass his parents, especially when his parents are critical, because he may feel that would betray his gods by being better than they are. He may unconsciously believe that the only way to connect with his gods (his parents) is to obey his gods' opinion, which is that he's not good enough. Therefore, self-hate becomes his way to connect with his gods, on whom he totally depends. So knowing he is good can mean, to him, that he has lost his connection with his parents, who mean everything to the child who still lives in his adult body. Besides, after being put down by his parents for all his life, it would be overwhelming for him to succeed. Success would mean that the parents were always wrong with their negative opinions toward him, and that he could have never suffered from his life-long self-hate if his parents had had the correct (positive) opinions toward him. It can be overwhelming for him to know that his life-long, self-sabotaging self-hatred has in fact been an illusion. How can it be easy for anyone to swallow the fact that "I've been miserable all my life for hating myself for nothing"?

One reason for my phenomenon may be that self-blame is less work. It's easier to blame oneself than to actually work hard to solve the problem. Besides, self-blame can make a person feel good about himself because he knows that he is not only the "criminal", but also the "judge" who has good sense of what is good and what is bad. By blaming oneself, a person may feel that he is smart and knows how to solve the problem; the solution would be "if I were better, the problem would be solved (by me)." They believe they are unable to resolve the problem, so in their opinion, the only solution is to blame themselves. This way, they can feel something good about themselves by telling themselves that "at least

I have good sense and high standards because I know I'm a piece of garbage.” These people may take pride in their self-knowledge, thereby further strengthening their self-hate.

Children are taught to be good but they are not perfect, so children feel they are not good enough. Children are taught to be good (e.g. non-judgmental, friendly, kind, successful, independent), but they are not saints-- they naturally have some badness in them (e.g. making fun of others); or they are not able to be good yet (e.g. they are not able to sit still in chairs, to pay attention all the time in class or to put their toys away). So they blame themselves and believe they are not good enough.

In the Christian religion, Jesus said not to judge. But it's natural for children to make judgments. So children think maybe there's something wrong with them. In China, every child learns the story of a little boy who gives other children the bigger and better pears and keeps for himself only the worst one. This little boy is praised for being generous and selfless, and he is considered as the role model for other children. Everybody in China thinks this is a great thing for a child, but I wonder. Maybe he feels he has to give up better pears because he wants to be a good boy, but he does want them and he resents not having a good pear for himself. This resentment, in turn, makes him feel ashamed. It is impossible to feel ashamed and have compassion for oneself at the same time. Maybe he thinks he's not worthy of a bigger pear.

The compassionate person shows compassion for suffering people. This might reflect his unconscious wish to try to make himself have self-compassion. His efforts to persuade others to have compassions for themselves may indicate his own unconscious wish

to make himself have self-compassion. It is common that people advise others to do things that they believe they themselves should do.

4. Of course, there are other theories that can explain my phenomenon. K. Neff in the Self-Acceptance project maintains that humans try to have a sense of control or safety by blaming themselves when terrible things that are out of human control happen.

Two Types of Compassion: I categorize various kinds of compassion that I have discussed into two types: genuine compassion and reactive compassion. Genuine compassion refers to compassion expressed by people who, consciously and unconsciously, have true positive regards toward those who suffer. Genuine compassion is essentially altruistic. Examples can be compassion that is generated through projection or projective identification. In contrast, reactive compassion refers to the kinds of compassion that is motivated by the compassionate people's own needs. Although this type of compassion is sincere, it is generated to meet the compassionate person's "selfish" needs. Examples of reactive compassion may be compassion that is generated by people who use reaction formation, or people with low self-esteem and thus (unconsciously) use compassion as a way to form connections with others. The expressed compassion is a way of a person, who often has low self-esteem, to meet his own needs for social connections. As I have discussed earlier, humans have the instinctual needs for social connections, which are vital for humans to survive and thrive, both physically and psychologically. In order to meet these needs, one would have to form and maintain positive relationships with other people. So when seeing other people suffering, one may naturally show compassion to them, thereby giving these people an impression that he is kind and understanding. Thus, his expressed

compassion can help him form connections with others, which essentially helping meet his own needs for connections. This can prove that people with low self-esteem, thereby without self-compassion, can be very likely to have compassion for others, maybe more likely than people with high self-esteem, because these fortunate people do not have to use compassion to please others. In addition, as I mentioned earlier, this thesis excludes situations when people consciously use social skills to show compassion for others.

In reality, these different kinds of compassion can be shown in all sorts of combination.

Critique of My Thesis

Although my focus in this thesis seems to target parents' inappropriate or abusive parenting behavior, it is quite possible that I overly blame parents. Maybe when they were little, these compassionate people's parents were actually not harsh. The "damage" might be caused by both the child and his parents. As Berzoff et al. (2011) put it

in the psychological realm, there are individual variations in what happens to what is taken in emotionally. ... Ten people being criticized or being given a hug will similarly react in ten different ways depending on what psychological strengths, vulnerabilities, past experiences, and social and cultural influences have made them unique (p.121).

Besides, the child's use of introjection may exaggerate parents' frustrating behavior.

Berzoff et al. (2011) pointed out that, "With introjection, the power and influence of the real external object [or world] diminishes because it is now controlled in fantasy within the self (p.143)." Goldstein (2001) claimed that, "Because relationships with external real objects

are experienced subjectively and maybe affected by fantasy, it is possible that a developing child's self- and object-representations do not actually reflect the objective situation (p.55)."

Thus, a frustrating interaction with a parent may make him look more scary than he is in reality. What's more

Klein described the development of a harsh superego that forms very early and results from the child's introjection of powerful and destructive, angry and sometimes guilt-provoking images of the parents, which are influenced by the projection of the child's own sadistic fantasies and impulses (Berzoff et al., 2011).

A person's psyche is not only affected by his personal experiences with individuals in his life; social and cultural factors can also profoundly influence a person's internal world.

According to Berzoff et al. (2011), "Oppression, prejudice, hatred, discrimination, being looked down on – all these messages get inside the internal world just as powerfully as interactions with immediate family members (p.121)." I have to also consider that many parents probably have done their best to take care of their children, given their own limitations and circumstances. I should not ignore the adaptive nature of their seemingly "negative" parenting behavior. As Berzoff et al. (2011) put it, "Primary responsibility for raising children cannot be simply equated with primary responsibility for harming children (p.155)."

Another limitation is that I possibly have missed important studies that might challenge my ideas.

Suggestions for Future Studies

Empirical studies (qualitative or quantitative) on this focal phenomenon would be useful to evaluate the validity of my study.

Conclusions

Evolutionary, neurobiological theories and object relations theories seem to support my hypothesis, which is that people without self-compassion can still have compassion for others. Meanwhile, neurobiological findings also shed light on why compassionate people sometimes have no compassion for those who suffer. Compassion arises conditionally. People always go through certain appraisal processes before generating compassion for those in pain. I have talked about these compassion appraisal processes from both the evolutionary perspective and the neurobiological perspective. Besides, love and compassion are different. So my research cannot determine definitively whether one can truly love other people before he can love himself.

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