

introduction

Life is tough. Despite our best intentions, things go wrong, sometimes *very* wrong. Ninety percent of us get married, full of hope and optimism, yet 40% of marriages end in divorce. We struggle to meet the demands of daily life, only to find ourselves needing care for stress-related problems like high blood pressure, anxiety, depression, alcoholism, or a weakened immune system.

How do we typically react when things fall apart? More often than not, we feel ashamed and become self-critical: “What’s wrong with me?” “Why can’t I cope?” “Why me?” Perhaps we go on a mission to fix ourselves, adding insult to injury. Sometimes we go after others. Rather than giving ourselves a break, we seem to find the path of greatest resistance.

Yet no matter how hard we try to avoid emotional pain, it follows us everywhere. Difficult emotions—shame, anger, loneliness, fear, despair, confusion—arrive like clockwork at our door. They come when things don’t go according to our expectations, when we’re separated from loved ones, and as a part of ordinary sickness, old age, and death. It’s just not possible to avoid feeling bad.

But we *can* learn to deal with misery and distress in a new, healthier way. Instead of greeting difficult emotions by fighting hard against them, we can *bear witness to our own pain and respond with kind-*

ness and understanding. That's self-compassion—taking care of ourselves just as we'd treat someone we love dearly. If you're used to beating yourself up during periods of sadness or loneliness, if you hide from the world when you make a mistake, or if you obsess over how you could have prevented the mistake to begin with, self-compassion may seem like a radical idea. But why should you deny yourself the same tenderness and warmth you extend to others who are suffering?

When we fight emotional pain, we get trapped in it. Difficult emotions become *destructive* and break down the mind, body, and spirit. Feelings get stuck—frozen in time—and we get stuck in them. The happiness we long for in relationships seems to elude us. Satisfaction at work lies just beyond our reach. We drag ourselves through the day, arguing with our physical aches and pains. Usually we're not aware just how many of these trials have their root in how we *relate* to the inevitable discomfort of life.

Change comes naturally when we open ourselves to emotional pain with uncommon kindness. Instead of blaming, criticizing, and trying to fix ourselves (or someone else, or the whole world) when things go wrong and we feel bad, we can start with self-acceptance. Compassion first! This simple shift can make a tremendous difference in your life.

Imagine that your partner just criticized you for yelling at your daughter. This hurts your feelings and leads to an argument. Perhaps you felt misunderstood, disrespected, unloved, or unlovable? Maybe you didn't use the right words to describe how you felt, but more likely your partner was being too angry or defensive to hear what you had to say. Now imagine that you took a deep breath and said the following to yourself *before* the argument: "More than anything, I want to be a good parent. It's so painful to me when I yell at my child. I love my daughter more than anything in the world, but sometimes I just lose it. I'm only human, I guess. May I learn to forgive myself for my mistakes, and may we find a way to live together in peace." Can you feel the difference?

A moment of self-compassion like this can change your entire day. A string of such moments can change the course of your life.

Freeing yourself from the trap of destructive thoughts and emotions through self-compassion can boost your self-esteem from the inside out, reduce depression and anxiety, and even help you stick to your diet.

And the benefits aren't just personal. Self-compassion is the foundation of compassion for others. The Dalai Lama said, "[Compassion] is the state of wishing that the object of our compassion be free of suffering. . . . Yourself first, and then in a more advanced way the aspiration will embrace others." It makes sense, doesn't it, that we won't be able to empathize with others if we can't tolerate the same feelings—despair, fear, failure, shame—occurring within ourselves? And how can we pay the slightest attention to others when we're absorbed in our own internal struggles? When our problems become workable again, we can extend kindness to others, which can only help improve relationships and enhance our overall contentment and satisfaction with life.

Self-compassion is really the most natural thing in the world. Think about it for a minute. If you cut your finger, you'll want to clean it, bandage it, and help it heal. That's innate self-compassion. But where does self-compassion go when our *emotional* well-being is at stake? What's effective for survival against a saber-tooth tiger doesn't seem to work in emotional life. We instinctively go to battle against unpleasant emotions as if they were external foes, and fighting them inside only makes matters worse. Resist anxiety and it can turn into full-blown panic. Suppress grief and chronic depression may develop. Struggling to fall asleep can keep you awake all night long.

When we're caught up in our pain, we also go to war against *ourselves*. The body protects itself against danger through fight, flight, or freeze (staying frozen in place), but when we're challenged emotionally, these reactions become an unholy trinity of self-criticism, self-isolation, and self-absorption. A healing alternative is to cultivate a new relationship to ourselves described by research psychologist Kristin Neff as self-kindness, a sense of connection with the rest of humanity, and balanced awareness. That's self-compassion.

In this book you'll discover how to bring self-compassion to

your emotional life when you need it most—when you’re dying of shame, when you grind your teeth in rage or fear, or when you’re too fragile to face yet another family gathering. Self-compassion is giving yourself the love you need by boosting your innate wish to be happy and free from suffering.

Dealing with emotional pain without making it worse is the essence of Buddhist psychology. The ideas in this book draw from that tradition, particularly those concepts and practices that have been validated by modern science. What you’ll read is essentially old wine in new bottles—ancient insights in modern psychological idiom. You don’t have to believe in anything to make the practices work for you—you can be a Christian, a Jew, a Muslim, a scientist, or a skeptic. The best approach is to be open-minded, experimental, and flexible.

Clinical scientists discovered meditation in the 1970s, and it’s now one of the most thoroughly researched of all psychotherapy methods. Over the past 15 years, research has focused primarily on *mindfulness*, or “awareness of present experience, with acceptance.” Mindfulness is considered an underlying factor in effective psychotherapy and emotional healing in general. When therapy goes well, patients (or clients) develop an accepting attitude toward whatever they’re experiencing in the therapy room—fear, anger, sadness, joy, relief, boredom, love—and this benevolent attitude gets transferred to daily life. A special bonus of mindfulness is that it can be practiced at home in the form of meditation.

Mindfulness tends to focus on the *experience* of a person, usually a sensation, thought, or feeling. But what do we do when the *experiencer* is overcome with emotion, perhaps with shame or self-doubt? When that happens, we don’t just *feel* bad—we feel we *are* bad. We can become so rattled that it’s hard to pay attention to anything at all. What do we do when we’re alone in the middle of the night, twisting the sheets around us in bed, sleep medication isn’t working, and therapy is a week away? Mostly we need a good friend with a compassionate heart. If one isn’t immediately available, we can still give kindness to ourselves—self-compassion.

I encountered self-compassion from two directions, one profes-

sional and one personal. I've practiced psychotherapy for 30 years with patients ranging from the worried well to those overwhelmed by anxiety, depression, or trauma. I also worked in a public hospital with people suffering from chronic and terminal illnesses. Over the years, I've witnessed the power of compassion, how it opens the heart like a flower, revealing and healing hidden sorrow. After therapy, however, some patients feel like they're walking into a void with the voice of the therapist trailing far behind. I wondered, "What can people do *between* sessions to feel less vulnerable and alone?" Sometimes I asked myself, "Is there any way to make the therapy experience rub off more quickly—to make it *portable*?" Self-compassion seems to hold that promise for many people.

Personally, I was raised by a devout Christian mother and a father who spent 9 years in India during early adulthood, mostly interned by the British during World War II because he was a German citizen. There my father met a mountaineer, Heinrich Harer, who later escaped the internment camp and traveled across the Himalayan mountains to Tibet to become the 14th Dalai Lama's English tutor. As a child, my mother read me magical tales of India, so it seemed natural to go there myself after I graduated from college. From 1976 to 1977, I traveled the length and breadth of India, visiting saints, sages, and shamans, and I learned Buddhist meditation in a cave in Sri Lanka. Thus began a lifelong interest in meditation and over a dozen return trips to India.

I currently practice meditation in the insight meditation tradition found in the American centers established by Sharon Salzberg, Joseph Goldstein, and Jack Kornfield. Those rich and nuanced teachings inform this entire book, and any unwarranted deviation from them is my responsibility alone. I also owe an immeasurable debt of gratitude to my colleagues at the Institute for Meditation and Psychotherapy, with whom I've been in monthly conversation for almost 25 years, and to Jon Kabat-Zinn, who introduced the Buddhist practice of mindfulness and compassion into modern health care. My other teachers are my patients, who have generously offered their life stories to give substance to the concepts and practices that follow. They made this a labor of love. Their names and

other details have been changed to ensure confidentiality, and some clinical vignettes are composites of a few individuals.

This book is divided into three parts, and the chapters build on one another. Part I, *Discovering Self-Compassion*, shows you how to develop mindfulness and describes precisely what we mean and don't mean by self-compassion. Part II, *Practicing Loving-Kindness*, gives in-depth instruction in one particular self-compassion practice—loving-kindness meditation—to serve as a foundation for a compassionate way of life. Part III, *Customizing Self-Compassion*, offers tips for adjusting the practice to your particular personality and circumstances and shows you how to achieve maximum benefit from the practice. Finally, in the appendices, you'll find additional self-compassion exercises and resources for further reading and more intensive practice.

This book will not be a lot of work. The hard work is actually behind you—fighting and resisting difficult feelings, blaming yourself for them and their causes. You'll actually learn to work *less*. It's an "un-self-help book." Instead of beginning with the notion that something about you is broken and needs to be fixed, I hope to show you how to respond to emotional pain in a new, more compassionate, and loving way. I recommend you try the exercises for 30 days and see how it goes. You might notice yourself feeling lighter and happier, but that will simply be a by-product of accepting yourself just as you are.

Part I

discovering self-compassion

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being kind to yourself

The suffering itself is not so bad; it's the resentment against suffering that is the real pain.

—ALLEN GINSBERG, *poet*

“I’m afraid of what you’re about to tell me, ’cause it probably won’t work!” Michelle blurted out, fully expecting to be disappointed by what I had to say. Michelle had just finished telling me about her years of struggle with shyness, and I was taking a deep breath.

Michelle struck me as an exceptionally bright and conscientious person. She had read many books on overcoming shyness and tried therapy four times. She didn’t want to be let down again. She’d recently received an MBA from a prestigious university and gotten a job as a consultant to large firms in the area. The main problem for Michelle was blushing. She believed it signaled to others that she wasn’t competent and that they shouldn’t trust what she had to say. The more she worried about blushing, the more she actually blushed in front of others. Her new job was an important career opportunity, and Michelle didn’t want to blow it.

I assured Michelle that she was right: whatever I suggested *wouldn’t* work. That’s not because she was a lost cause—far from it—but rather because all well-intentioned strategies are destined to fail. It’s not the fault of the techniques, nor is it the fault of the

person who wants to feel better. The problem lies in our motivation and in a misunderstanding of how the mind works.

As Michelle knew only too well from her years of struggle, a lot of what we do to *not* feel bad is likely to make us feel worse. It's like that thought experiment: "Try not to think about pink elephants—the kind that are *very* large and *very* pink." Once an idea is planted in our minds, it's strengthened every time we try not to think about it. Sigmund Freud summed up the problem by saying there's "no negation" in the unconscious mind. Similarly, whatever we throw at our distress to make it go away—relaxation techniques, blocking our thoughts, positive affirmations—will ultimately disappoint, and we'll have no choice but to set off to find another option to feel better.

While we were discussing these matters, Michelle began to weep gently. I wasn't sure whether she was feeling *more* disheartened or in some way the truth of her experience was being articulated. She told me that even her prayers were going unanswered. We talked about two types of prayers: the kind where we want God to make bad things go away and the kind where we surrender—"Let go and let God." Michelle said it had never occurred to her to surrender her troubles to God. That wasn't her style.

Gradually we came around to what could be done for Michelle that might actually decrease her anxiety and blushing—not deep breathing, not pinching herself, not drinking cold water, not pretending to be unflappable. Since Michelle wasn't the kind of person to relax her efforts, she needed to find something entirely different. Michelle recognized that her anxiety decreased the *more* she accepted it, and it *increased* the *less* she accepted it. Hence, it made sense to Michelle to dedicate herself to a life of *accepting* anxiety and the fact that she was simply an anxious person. Our therapy was to be measured not by how often she blushed, but by how accepting she was of her blushing. That was a radical new idea for Michelle. She left our first session elated, if a bit perplexed.

She sent me an e-mail during the following week, happily announcing that "it worked." Since we hadn't discussed any new

practices, I wasn't sure what Michelle meant. Later I learned that she had begun saying to herself "just scared, just scared" whenever she noticed she was anxious. Labeling her fear seemed to take Michelle's mind off how flushed her face felt, and she was able to chat briefly with colleagues in the lunchroom without incident, for example. She was relieved to feel more like "a scared person getting lunch" than like a "weak, overly sensitive, ridiculous person who didn't know what she was talking about." I marveled at how Michelle had taken the concept of "acceptance" and invented a useful technique in such a short time.

At our next meeting, however, Michelle was discouraged again. Her forays into the lunchroom once again became a battle against the blush. Her original wish to "stop looking anxious" reasserted itself. Acceptance had begun to "work" for Michelle, but she'd let go of her newfound commitment to cultivate acceptance. She mistakenly believed she'd found a clever bypass to her problem.

Unfortunately, we can't trick ourselves. There was a part of Michelle that was saying, "I'm practicing acceptance *in order to* reduce anxiety." But that's not acceptance. Within modern psychology, *acceptance* means to embrace whatever arises within us, moment to moment, just as it is. Sometimes it's a feeling we like; sometimes it's a bad feeling. We naturally want to continue the good feelings and stop the bad ones, but setting out with that goal doesn't work. The only answer to our problems is to first *have* our problems, fully and completely, whatever they may be. Michelle was hoping to skip that part.

This story has a happy ending, which was reached slowly over the course of 2 years. Michelle discovered how to live in accord with her sensitive nervous system. Relapses reliably occurred when Michelle tried *not* to blush, but she hardly blushed at all when she was ready to let blushing take its course. As Michelle made her peace with blushing, she found she could apply the same principles to other stress symptoms that inevitably arose during her day—tension in her chest, headaches, heart palpitations—and her life became much easier.

This is a book about how we can benefit by *turning toward our emotional pain*. That's a tall order. Any thinking person is likely to ask, "Why would I want to do *that*?" In this chapter, you'll see why it's often the best thing to do. The rest of the book will show you how to accomplish this improbable task. First you'll learn how to bring mindful awareness to what's bothering you. Then you'll discover how to bring kindness to *yourself*, especially when you're feeling really bad. That combination—mindfulness and self-compassion—can transform even the worst times of our lives.

TURNING TOWARD THE PAIN

From the moment of our birth, we're on a quest for happiness. It may take no more than mother's milk to satisfy us in the first days of our lives, but our needs and desires multiply as we age. By adulthood, most of us don't expect to be happy unless we have a nice family, a good job, excellent health, lots of money, and the love and admiration of others.

But pain still strikes even under the best of circumstances. Billionaire Howard Hughes found himself desperate and alone at the moment of his death. And our circumstances inevitably change; one person's marriage may fall apart, another may have a child with a developmental disability, and yet another may lose everything in a flood. People differ from one another in the *amount* of suffering they endure over a lifetime, or in the *type* of suffering, but none of us gets off without any. Pain and suffering are common threads that unite all of humanity.

Pain creates a conflict between the way things are and how we'd like them to be and that makes our lives feel *unsatisfactory*. The more we wish our lives were different, the worse we feel. For example, if a car accident lands someone in a wheelchair for life, the first year is usually the toughest. As we learn to adapt, we typically return to our former level of happiness. We can measure our happiness by the gap between what we want and how things are.

The Hedonic Treadmill

In 1971, Philip Brickman and Donald Campbell proposed that we're on a pleasure-seeking treadmill, vainly trying to achieve happiness by seeking what's just around the corner—a better relationship, an easier job, a nicer car. The problem is that our nervous systems quickly adapt to anything familiar. Once you get a nice new car, how long do you enjoy it before thinking about renovating your home? Studies show that most lottery winners are ultimately no happier than nonwinners, and paraplegics usually become as content as people who can walk. For better or worse, we adapt to both good and bad life events. This general adaptation theory has held up empirically for decades, with some recent modifications that you will read about in Chapter 5.

When we're on the hedonic treadmill for too long, though, it can lead to exhaustion and disease. In his immensely entertaining and informative book on the causes and consequences of stress, *Why Zebras Don't Get Ulcers*, Robert Sapolsky describes how animals are perfectly adapted to respond to physical crises. Consider a zebra running from a lion that wants to rip out its stomach; when the danger passes, the zebra goes back to grazing peacefully. But what do humans do? We anticipate danger lurking around the corner. Sapolsky asks, "How many hippos worry about whether Social Security is going to last as long as they will, or what they are going to say on a first date?" Our bodies react to *psychological* threats the same way they react to physical threats, and a sense of constant danger raises our overall stress level and the risk of heart disease, immune dysfunction, depression, colitis, chronic pain, memory impairment, sexual problems, and much more.

The exact mechanism by which psychological stress leads to disease is unclear, but preliminary evidence shows that it may be related to your telomeres—DNA-protein complexes at the ends of chromosomes. Cells age—they stop dividing—when they lose their telomeric DNA. Life stress has been shown to shorten the telomeres in the immune system, and fewer immune cells can lead to disease and shorten your lifespan.

Most of us believe that our happiness depends on the *external* circumstances of our lives. Therefore, we spend our lives on a treadmill, continually arranging to have pleasure and avoid pain. When we experience pleasure, we *grasp* for more of it. When we experience pain, we *avoid* it. Both of these reactions are instinctive, but they're not successful strategies for emotional well-being. The problem with pleasure seeking is that the pleasure will end at some point and we'll become disappointed: we fall out of love, our bellies become full, our friends go home. The problem with avoiding pain is that it's just not possible to do, and it often gets worse with our increased efforts to try. For example, eating to reduce stress can cause obesity, and working excessively to overcome low self-esteem can land you in the grave.

It's possible to be completely controlled by the instinct to seek pleasure and avoid pain. I know a man, Stewart, who took great pleasure in drinking alcohol when he was younger. He started drinking when he was 14 years old. By the time Stewart was 20, he routinely drank a case of beer (24 cans) per night. One evening he had a panic attack while he was drunk, and it so frightened him that he never drank again. Beer, the source of so much pleasure, had become terrifying overnight because he associated it with his panic attack. Stewart then stopped going anywhere or doing anything that could possibly trigger a panic attack, including other things he used to enjoy, such as driving his truck around town and going to baseball games. First the pleasure of alcohol dominated his life, then the fear of a panic attack did. Stewart was a hostage to these short-term states of mind: pleasure and pain.

A new approach is to change our *relationship* to pain and pleasure. We can step back and learn to be calm in the midst of pain; we can let pleasure naturally come and go. That's serenity. We can even learn to *embrace* pain as well as pleasure, and every nuance in between, thereby living each moment to the fullest. That's joy. Learning how to spend some time with pain is essential to achieving personal happiness. It may sound paradoxical, but in order to be happy we must embrace *unhappiness*.

Embracing Misery in Marriage

For 14 years, psychologist John Gottman and colleagues at the University of Washington tracked 650 couples to discover what made marriages successful. He says he's able to predict with 91% accuracy which couples will end up in divorce. They're the ones who practice criticism, defensiveness, contempt, and stonewalling, the "Four Horsemen of the Apocalypse." Gottman also observed that 69% of marital disputes are never resolved, especially arguments about core personality issues and values. Since couples don't resolve most of their personal differences, successful couples somehow learn to accept them. Happy couples "know each other intimately and they are well versed in each other's likes, dislikes, personality quirks, hopes and dreams."

Psychologists Andrew Christensen and Neil Jacobson developed an acceptance-based couple therapy: integrative couple therapy. This approach uses behavior therapy to address problems that *can* be changed and "acceptance" for problems that can't change. Acceptance means embracing problems as a path to intimacy and relinquishing the need to change one's partner. In a randomized, controlled study of 6 months of weekly couple therapy, two-thirds of couples that were chronically distressed before treatment remained significantly improved 2 years later.

WHAT WE RESIST PERSISTS

There's a simple formula that captures our instinctive response to pain:

$$\text{Pain} \times \text{Resistance} = \text{Suffering}$$

"Pain" refers to unavoidable discomfort that comes into our lives, such as an accident, an illness, or the death of someone we love. "Resistance" refers to any effort to ward off pain, such as tensing the

body or ruminating about how to make pain go away. “Suffering” is what results when we resist pain. Suffering is the physical and emotional tension that we *add* to our pain, layer upon layer.

In this formula, how we relate to pain determines how much we’ll suffer. As our resistance to pain is reduced to zero, so is our suffering. Pain times zero equals zero. Hard to believe? The pain of life is there, but we don’t unnecessarily elaborate on it. We don’t carry it with us everywhere we go.

An example of suffering is spending hours and hours thinking about how we should have sold our stocks before the market collapsed or worrying that we might get sick before a big upcoming event. Some amount of reflection is necessary to anticipate and prevent problems, but we often get stuck regretting the past or worrying about the future.

Pain is inevitable; suffering is optional. It seems that the more intense our emotional pain is, the more we suffer by obsessing, blaming ourselves, and feeling defective. The good news is that since most of the pain in our lives is really suffering—the result of fighting

The Benefit of Worry

Why can’t we seem to stop worrying? Tom Borkovec at the Pennsylvania State University asked 45 students who were afraid of public speaking to imagine a scary scene 10 times. “Imagine you are about to present an important speech to a large audience. . . . As you stand there, you can feel your heart pounding fast . . .” Before doing that, Borkovec had three different groups engage in relaxed, neutral, or worrisome thinking. Then, while they imagined the scary scene, he measured the students’ heart rate. Surprisingly, the group of students who were instructed to worry beforehand had *no increase in heart rate* compared to those who didn’t. This means that worrying actually stopped the body from being aroused by fear, which unconsciously encourages us to worry more. Unfortunately, those participants who worried in advance actually *felt more afraid* while actively visualizing a scary situation, even though the heart rate didn’t increase.

the experience of pain—we can actually *do* something about it. Let's take a look at four common problems—lower back pain, insomnia, anxiety about public speaking, and relational conflict—and start to consider how they can be alleviated by acceptance and letting go.

Chronic Back Pain

Chronic back pain is a debilitating ailment. Unfortunately, it's very common in the United States, affecting at least five million people at any given time: 60–70% of Americans get lower back pain sometime in their lives. Surprisingly, two-thirds of people *without* chronic back pain have the same structural back problems as those who experience pain. So what's going on in the bodies and minds of those suffering from chronic pain? Resistance. Let's consider the case of Mira.

Mira is a 49-year-old yoga enthusiast with a successful business career. She is not the kind of person you'd expect to have back pain, except that she pursues all her activities with uncommon zeal. During a particularly strenuous yoga session, Mira felt a twinge while doing a forward bend. She then felt her sciatic nerve tingle right down to her calves. Almost any position except standing straight up or lying flat gave her back pain. An MRI (magnetic resonance imaging) diagnosed her with a herniated disk, a painful condition where the bones of the spine squeeze the disk out against a nerve.

Mira stopped doing yoga and saw a physical therapist who taught her to lift objects in such a way that her back stayed straight and didn't give her any pain. But over time, her back hurt more and more. She was also deeply unhappy that she couldn't exercise vigorously, her primary way of relieving work stress. She envisioned a lifetime without mountain climbing, bicycle riding, or yoga. Mira also blamed herself for causing her disk to herniate in the first place. The combination of worry, self-criticism, mounting tension from inactivity, and increasing back pain convinced Mira to turn to surgery.

Prior to her operation, Mira did some research and learned that the long-term success rate of back surgery for herniated disks was no better than having no surgery at all. She also read Ronald Siegel's book *Back Sense*, which explains that for most sufferers the most

valuable treatment for a herniated disk is to reduce anxiety about the pain and resume normal activities as soon as possible. That meant lifting objects in roughly the same manner as always so that the back muscles don't atrophy from inactivity. Mira found out that persistent muscle tension, not structural abnormalities, causes most chronic back pain. And muscle tension increases both when the muscles are not used and when we worry. On top of this, worry amplifies pain signals, further adding to our experience of pain.

Mira took these messages to heart. She got massage therapy for her sore muscles, used a heating pad every evening, and began exercising in moderation. Her anxiety decreased as her pain subsided, and her back pain diminished by 50% in less than 2 weeks.

Most people who suffer from chronic back pain will say that Mira was just lucky, an exception. Actually, she's the rule. Ironically the prevalence of chronic back pain is lowest in developing countries, where people do *more* backbreaking work than in industrialized countries. An injury is usually the trigger for a back problem, but injury isn't what *sustained* Mira's back pain. Her resistance to the pain, especially fearing that she wouldn't be able to continue her vigorous lifestyle, pulled Mira deeper and deeper down into

Job Dissatisfaction Predicts Chronic Low Back Pain

Low back pain is one of the most common and costly reasons for workplace disability. Psychosocial factors seem to predict disability more than physical problems. In a study by Rebecca Williams and colleagues, 82 men between 18 and 52 years old with back pain for 6 to 10 weeks were assessed to see if job satisfaction predicts pain, psychological distress, and/or disability. Six months later, workers who were *satisfied* with their jobs had less pain and disability from back pain, and there was a tendency toward less psychological distress. Social status and the type of work did not affect the results of this study. These findings suggest that when employment is a source of satisfaction, people are likely to continue working *despite* low back pain. They resume normal behavior.

her health crisis. Acceptance of physical pain, and working *with* it, returned Mira to her normal life.

Insomnia

Most of us have suffered from insomnia at some point in our lives. Up to half of the adult population in the United States reports having insomnia in any given year. The physical causes are numerous and include trying to sleep beside a snoring partner, consuming caffeine before bedtime, napping too often, exercising too little, taking medications like cold tablets, and having sleep apnea. Regardless of the causes, many of us find we make matters worse by trying too hard to fall asleep. How does this happen?

Try to remember the last time you had an important meeting scheduled early the next morning and you found yourself lying awake late into the night. Perhaps it was a job interview, or perhaps you had to make a presentation at work. As you lay there, you couldn't stop thinking that every hour of wakefulness would be translated into a more distracted and sluggish mind. You became increasingly annoyed with yourself with each passing hour, perhaps concluding that you had entirely lost the ability to sleep normally. And every time you looked at the clock, you felt an annoying surge of adrenaline in your chest or the pit of your stomach.

The source of this problem is that the nervous system moves into "fight-or-flight" mode when you battle to fall asleep. It's a vicious cycle: trying to sleep stresses the body into wakefulness. We need to break the cycle by abandoning the fight. There are a number of ways that people try to accomplish this:

1. Remember how well you actually function on less sleep; most people do. This may soften the feeling of urgency.
2. Notice that lying peacefully in bed is a form of valuable rest in itself, whether or not you fall asleep.
3. Remember that the body will demand sleep when it really needs it, which isn't in this moment.

4. Dedicate 30 minutes to being fully awake, which might be enough time for the mind to shut off and begin to sleep.
5. Reinforce your intention to accept sleeplessness by emphatically saying “I don’t care!” whenever you discover that you’re still awake.
6. Count your breaths.

However, as any insomniac will tell you, even these tricks don’t work much of the time. Why? Because you can’t fool the mind—it knows that you’re doing these things to fall asleep. There’s a big difference, for example, between “counting your breaths” and “counting your breaths *to fall asleep.*” At a subtle level, when your agenda is to fall asleep, you can’t help getting upset with yourself when you realize you’re still awake. Every passing hour makes you feel more desperate and confused. To solve the problem, your *relationship* to sleeplessness has to shift. Once you begin to truly, genuinely *accept* not sleeping, your body will finally get a chance to rest.

Fear of Public Speaking

Jerry Seinfeld quipped, “According to most studies, people’s number-one fear is public speaking. Number two is death. Death is number two. Does that sound right? This means to the average person, if you go to a funeral, you’re better off in the casket than doing the eulogy.”

Fear of public speaking is indeed very common—at least a third of us feel that our anxiety is “excessive” when we’re in front of an audience. One out of 10 people find it has interfered markedly in their work. I’ve also struggled with public-speaking anxiety. Here’s what happens to me.

If I have an important speech scheduled, I can feel tension in my abdomen—a little surge of adrenaline, a little muscular contraction—whenever I think about it. This predictable annoyance happens especially when I’m planning to speak on a new topic and I haven’t prepared what I’m going to say yet. I imagine myself clearing my

Suppress It!

The young Dostoyevsky is said to have challenged his brother to *not* think of a white bear, leaving him puzzled and confused. In 1987, Daniel Wegner and colleagues asked students to do the same thought suppression task for 5 minutes, ringing a bell each time they thought of a white bear as they simultaneously verbalized whatever came to their minds. Thereafter, this group was asked to *intentionally* think of a white bear and perform the same tasks. (A comparison group was asked to think of a white bear for the entire 10 minutes.) Not only was the first group, the suppression group, unable to suppress the thought of white bears during the first 5 minutes, but this group also thought of white bears even *more* during the second 5-minute period than the group that never suppressed. This classic study shows that suppression creates the very preoccupation that it's directed against. Clinical researchers speculate that a similar process may underlie psychological disorders such as posttraumatic stress, depression, and obsessive-compulsive disorder—the thoughts we push away come back to haunt us.

In another study, this time on *emotional* suppression, researchers at Florida State University asked students not to cringe while watching a slaughterhouse movie and not to laugh during a Jay Leno comedy clip. They were then asked to complete a difficult finger-tracing task. The attempt to control emotional reactions to the films made blood glucose levels decrease, and students with lower glucose levels gave up earlier on the finger-tracing task. When the same participants were given sugary drinks to reverse glucose depletion, they persisted longer with the task. Emotional suppression seems to reduce will-power, and lowered glucose may be one reason for it.

These two studies help to explain why trying to resist a chocolate cookie is such a difficult, and often unsuccessful, task.

throat too many times, fumbling for words, making jokes no one laughs at, and watching the audience's distress on my behalf. Maybe someone in the audience, trying to be helpful, yells out something like "Take a breath!" (That scenario actually happened to me.)

Behind my fear is the desire to be liked: to appear intelligent and charming and not to bore the audience. I have the false notion that if everyone in the audience approved of me, I'd be truly content. But there's another reason to give public speeches: to communicate something of value to others. One strategy I've used to overcome public-speaking anxiety is to reorient myself toward the actual message I wish to deliver. For example, if the subject is brain science, I'll commit myself to delivering a few useful points about brain science before the speech is over. Taking the focus away from "me" seems to help.

Regrettably, this technique is only a partial solution if I harbor an underlying wish not to look nervous in front of an audience. Joseph Goldstein, a meditation teacher, says "Life occurs at the tip of motivation." What am I trying to achieve while speaking? Not looking nervous? If so, there will be a small monitor in my head that asks, "Are you nervous? . . . Are you nervous *now*?" That nagging question evokes the very anxiety I'm trying to suppress, and once I'm anxious I become anxious about being anxious.

The only lasting solution to public-speaking anxiety is simply to be anxious. We must stop shielding ourselves from anxiety—be willing to tremble and speak at the same time. My anxiety doesn't last very long if I do that. Even far in advance of a public talk, my willingness to be anxious stops the whole negative feedback loop.

Relationship Conflict

Relationships go through good times and bad as the tide of connection ebbs and flows. If we want a feeling of connection—feeling seen and heard, resonating, "on the same page"—and it isn't forthcoming, we feel pain. All couples have painful periods, sometimes for extended periods of time:

Suzanne and Michael were going through "cold hell." *Cold hell* is a state in which couples feel resentful and suspicious of each other and communicate in chilly, carefully modulated tones. Some couples can go on like this for years, frozen on the brink of divorce.

After 5 months of unsuccessful therapy, meeting every other

week, Suzanne decided it was time to file for divorce. It seemed obvious to her that Michael would never change—that he would not work less than 65 hours a week or take care of himself (he was 50 pounds overweight and smoked). Even more distressing to Suzanne was the fact that Michael was making no effort to enjoy their marriage; they seldom went out and had not taken a vacation in 2½ years. Suzanne felt lonely and rejected. Michael felt unappreciated for working so hard to take care of his family.

Suzanne's move toward divorce was the turning point—it gave them “the gift of desperation.” For the first time, Michael seemed willing to explore just how painful his life had become. During one session, when they were discussing a heavy snowstorm in the Denver area, Michael mentioned that his 64-year-old father had just missed his first day of work in 20 years. I asked Michael what that meant to him. His eyes welling up with tears, Michael said he wished his father had enjoyed his life more. I wondered aloud if Michael had ever wished the same thing for himself. “I’m scared,” he replied. “I’m scared of what would happen if I stopped working all the time. I’m even scared to stop worrying about the business—scared that I might be overlooking something important that would make my whole business crumble before my eyes.”

With that, a light went on for Suzanne. “Is that why you ignore me and the kids and even ignore your own body?” she asked him. Michael just nodded, his tears flowing freely now. “Oh my God,” Suzanne said. “I thought it was me—that I wasn’t good enough, that I’m just too much trouble for you. We’re both anxious—just in different ways. You’re scared about your business and I’m scared about our marriage. I live in fear of our marriage crumbling *every single day* while you’re at work.” The frozen feeling of disconnection that had separated Michael and Suzanne for years had begun to thaw.

From the beginning of our sessions, Michael had been aware of his workaholism. He even realized that he was ignoring his family just as he had been ignored by his own father. But Michael felt helpless to reverse the intergenerational transmission of suffering. That began to change when he felt the pain of the impending divorce. Michael accepted how unhappy his life had become, and he expe-

rienced a spark of compassion, first for his father and then for himself.

Suzanne often complained that Michael paid insufficient attention to their two kids. But behind her complaints was a wish—not unfamiliar to mothers of young children—that Michael would pay attention to her first when he came home from work, and later play with the kids. Suzanne was ashamed of this desire; she thought it was selfish and indicated that she was a bad mother. But when she could see it as a natural expression of her wish to connect with her husband, she was able to make her request more openly and confidently. Michael, in turn, found it much easier to respond to these requests.

A little self-acceptance and self-compassion allowed both Suzanne and Michael to begin to transform their difficult emotions. In relationships, behind strong feelings like shame and anger is often a big “I MISS YOU!” It simply feels unnatural and painful not to feel connected with our loved ones.

Despite the obvious differences between public-speaking anxiety, back pain, insomnia, and relational conflict, they usually share a common ingredient: resistance to discomfort. Fighting what we’re uneasy about only makes things worse. The more we can accept the anxiety, physical discomfort, sleeplessness, and pain of disconnection—and the self-doubt that goes along with it—the better off we’ll be.

You can surely recognize the same dynamic in your own life. How successful is your diet if you’re overly strict and self-critical about it? What happens when you argue with your teenage daughter about her new boyfriend? Where does your anger go when you suppress it? A colleague of mine quipped, “When you resist something, it goes to the basement and lifts weights!”

At the severe end of the spectrum, trying not to feel ashamed by attacking others, verbally or physically, can destroy relationships and even lives. Drinking to reduce anxiety or block out traumatic memories can take away everything you have or ever wanted to have. Cutting one’s own skin to get relief from emotional pain

solves nothing. The challenge is to turn toward our difficulties with nonjudgmental awareness and compassion. This book was written to start you down that more fruitful path.

FINDING THE MIDDLE WAY

It's asking a lot to open yourself to discomfort. When I made the decision to allow myself to tremble in front of an audience, I had to think through what that actually meant. Not just *think* about it, actually *shudder* through the scene: people laughing at me, telling one another about my poor performance, turning away in embarrassed dismay. Only then could I see that my life would go on if I were a dud as a speaker. It was a kind of exposure therapy—getting used to it in my imagination; fortunately or unfortunately, I had some actual experience to go on.

Some people can simply jump in and embrace their emotional distress. Others take a more gradual path. Hurling themselves into those turbulent waters works for some people, but the willingness to do so is no indication of personal virtue—especially if you can't swim. You must feel safe and competent before taking that first step toward pain.

Most of us worry about what could happen if we opened up to emotional pain. Depressed people may fear they'll be overwhelmed and unable to function. Those with anxiety worry that it will set them back, giving them yet another vivid instance of anxiety to remember. People with a trauma background expect scary memories to break through and haunt them during the day. Those in difficult marriages may worry that they'll have to take action on their relationships if they allow themselves to feel how bad things have become. These are all real possibilities for which we should be prepared.

The purpose of this book is to teach you the knowledge and the skills to face suffering from a position of strength. What this book cannot teach is *intuition* about whether it's safe for you, at any particular moment, to turn toward pain. You have to decide that

for yourself. We're all sensitive beings, even if we don't show it. We have fragile nervous systems. Learn to use your intuition to distinguish between "safety" and "discomfort." Feeling vulnerable or uncomfortable doesn't necessarily mean you're unsafe; "hurt" does not necessarily mean "harm." It's important to know the difference if you want to live your life to its fullest.

We usually tolerate all manner of difficulties to lead a meaningful life. For example, if having children is important to you, you'll probably risk the pain of childbirth to pursue your dream. Wisdom is the quality of knowing the short- and long-term consequences of our actions and choosing the path of greatest long-term benefit. Sticking to our deepest commitments and values, despite the obstacles, is wise because it yields long-term happiness.

It's best to seek a "middle way" between facing and avoiding your difficulties. You might feel fragile one day and unable to meet your challenges. If so, perhaps they can wait. Imagine you're on a ski vacation. Some days you may want to attempt double-diamond slopes, and other days you may just want to sip hot chocolate in the lodge. If you try a steep slope when you're not prepared, you may crash. If you stick to the bunny slopes, you won't enjoy the thrill of mastery. Given the choice, attempt new challenges only when you're good and ready. But don't give up either.

Some people wonder how antidepressant and anti-anxiety medications fit into this picture. Aren't they just forms of avoidance, delaying or burying emotional challenges? That may be so in some cases, but generally speaking our problems are unworkable when we're overwhelmed with fear, sadness, or disorganized thinking. Avoidance is good if it helps us regain perspective. Medication can bring emotional suffering down to a manageable level. Some people may eventually be able to reduce their medication using self-regulation strategies such as those described in this book.

The mind has its own natural ways of avoiding distress. These are our "defense mechanisms," such as "denial," "projection," and "splitting." *Splitting*, for example, refers to the mind's tendency to see things as black or white when we're under threat: "He's all good;

she's all bad." It comforts us to think that way. *Denial* is the refusal to accept something that causes anxiety, such as a partner being an alcoholic or having an affair. *Projection* is when we shift our unacceptable feelings and impulses onto another person to feel better about ourselves, such as "He's a racist" or "She's just jealous."

Defense mechanisms are essential for a balanced emotional life, so we don't want to strip them away willy-nilly. For example, it may be wise to stay in denial about a partner's affair until you're ready to deal with it. Becoming overwhelmed and unable to function in daily life serves no useful end. Also, some transitory emotional pain *does* go away if we block it out of our minds—and if it never returns, so much the better. We just don't want our psychological defenses to control us or complicate our lives.

Stepping on the hedonic treadmill of seeking pleasure and avoiding pain may *sometimes* be a good thing too. For example, if you don't pursue what you like, how can you ever be happy? Who else will satisfy your needs for you, in the short or long term, or even *know* what it takes to make you happy? For most adults, the days are long gone when other people can anticipate our needs better than we can. We need to take responsibility for our own happiness, and pleasure points the way. Hopefully, however, we'll choose longer term pleasures, such as the joy we feel from maintaining a healthy body, enriching the mind, and being helpful to others.

It's critical to know when the instinctive habits of seeking pleasure and avoiding pain are causing us more trouble than they're worth. Usually when we engage in these activities, stress is not far behind. We suffer when we don't get what we want, when we lose what we had, and when we get what we did *not* want. The ability to see things as they are, with acceptance, gets us through.

STAGES OF ACCEPTANCE

The process of turning toward discomfort occurs in stages; there's a progressive softening, or nonresistance, in the face of suffering.

After an initial bout of aversion, we start the process with curiosity about the problem and, if all goes well, end with a full embrace of whatever is occurring in our lives. The process is usually slow and natural. It makes no sense to advance to the next stage until you're entirely comfortable with where you are at the moment. The stages are:

1. *Aversion*—resistance, avoidance, rumination
2. *Curiosity*—turning toward discomfort with interest
3. *Tolerance*—safely enduring
4. *Allowing*—letting feelings come and go
5. *Friendship*—embracing, seeing hidden value

Our first, instinctive reaction to uncomfortable feelings is always *aversion*. For example, we avert our gaze when we see something unpleasant. Aversion can also take the form of mental entanglement or rumination—trying to figure out how to remove the feeling. After a while, when aversion doesn't work, we enter stage 2: *curiosity*. “What is that feeling?” “When does it happen?” “What does it mean?” When we know what we're dealing with, and if the pain doesn't go away, we may enter stage 3: *tolerance*. Tolerance means “enduring” emotional pain, but we're still resisting it and wishing it would go away. As our resistance erodes, we enter the fourth stage—*allowing*—letting difficult feelings come and go on their own. Finally, as our lives adapt and deepen, we may find ourselves in the *friendship* stage, where we actually see hidden value in our predicament. The story of a dear friend of mine, Brenda, helps illustrate what it's like to move through these stages.

Brenda and her husband, Doug, had two children. Their son, Zach, 3 years younger than his sister, was born with a congenital heart defect. When Brenda's family traveled to far-off places like Australia and Hawaii, Zach sometimes had a heart attack. He was a joyful, energetic boy despite his heart condition and the medications he was taking, but at 9 years old he died in his sleep. That was 19 years ago.

Stage 1: Aversion

The loss of a young child is an unspeakable agony. Although Brenda and Doug knew that Zach might not live long, nothing could prepare them for this. It was an “emotional tsunami.” At the funeral, Brenda’s nervous system was so overwrought that she lost her peripheral vision. She took to her bed after sitting shiva for 7 days, the Jewish custom of mourning. On rare occasions when she went out to the grocery store, Brenda felt like a foreigner, observing in a detached manner how people quibbled on the checkout line when they couldn’t find their favorite type of pasta. Brenda was hiding deep within herself.

Stage 2: Curiosity

At some point, the thought occurred to Brenda, “If I just gave up, I could die.” That seemed like a relief, but then she was seized with terror: “What about my daughter? What would she do? I can either succumb to my misery or make a choice.” Brenda was gradually waking up to her predicament. “Feeling bad can be dangerous,” she observed.

Stage 3: Tolerance

After 2 weeks, Brenda chose to get out of bed. “I made a choice to live for my daughter.” As a child, Brenda had been her own mother’s caregiver, so she certainly didn’t want to burden her daughter by being incapacitated with grief. “I have to be a mother. Life is for the living,” Brenda told herself. She explained to me later on, “The only salve for the misery was to help other people.”

Stage 4: Allowing

Brenda describes herself as an “intellectual sort of person” who solves problems by thinking them through—“If your approach isn’t working, try a new one”—but she was completely unprepared for

this level of sadness. She and Doug kept their grief contained at a safe level by going to Zach's grave no more than twice a year and by occasionally taking out Zach's belongings and looking at them. "Did you know that the smell of his bathrobe goes away after 5 months?" The couple began allowing in more of the pain as they cried together during these "visits."

Psychologically, Brenda kept a loving relationship alive with Zach. She didn't want to let that go, nor did she need to. Brenda found that whenever she felt grief, she felt close to Zach. She also felt close when she had a wave of gratitude for having known Zach. Brenda was in psychotherapy at the time, so she asked her therapist, "Is it okay to have a living relationship with a dead person?" Her therapist replied, "Why not? Grief and gratitude are forms of love." Brenda was trusting her intuition to stay in a healthy relationship with Zach.

Stage 5: Friendship

When I met Brenda 17 years after Zach died, she said to me, "The pain of Zach's death has connected me to all mothers since the beginning of time who have lost children." Two years later, she was on a meditation retreat in which the teacher invited the students to "get in touch with their suffering." Brenda heard an inner voice that said, "I don't do that!" Then the teacher said, "If you can't be fully present with the difficult moments, chances are you won't be present with the best moments of your life either." At that moment, Brenda realized she'd been holding on to grief and "Maybe I don't need that anymore?" Without having spoken a word of this to her now 32-year-old daughter, 1 week later she received a call from her daughter asking for a referral to a counselor to speak about her brother's death. Not only was Brenda learning to befriend her own pain, but perhaps it invisibly prompted her daughter to do the same. Brenda told me, "It has taken me all this time to realize I can love fully without hurting."

This story illustrates what it's like to gradually soften our resistance to unbearable emotional pain. The stages don't necessarily

occur in linear order; some days we drop back, and some days we leap forward. The deeper the sorrow, the longer it takes to pass through the stages of acceptance. Trying to rush the process is not helpful though, as it's a sure sign that we're trying to push away pain rather than cultivate acceptance. This book is designed to show you how to cultivate acceptance, especially *self*-acceptance, one day at a time.

FROM ACCEPTANCE TO SELF-COMPASSION

The mental health field is discovering the importance of accepting emotional pain. Ordinarily, when a person comes to therapy saying "I'm stressed out," the therapist tries to help him or her reduce the stress, perhaps by teaching relaxation skills. Therapists are very obliging that way. Sometimes they try to change distorted thinking that seems to make a person depressed (for example, "I'm stupid," or "I'll always be abandoned in the end"). These strategies fit into the category of "Tell me the problem and we'll fix it." In essence, therapists and clients unwittingly join forces, trying to uproot negative experience.

These approaches have met with reasonable success. Recent research indicates, however, that the healing mechanisms behind successful therapy are not what we thought they were: it's the process of establishing a new *relationship* with our thoughts and feelings, rather than directly challenging them, that makes the difference. This new relationship is less avoidant, less entangled, more accepting, more compassionate, and more aware. Leaning into our problems with open eyes and an open heart—with awareness and compassion—is the process by which we get emotional relief.

What's Acceptance?

As discussed earlier, "acceptance" covers a range of experiences, including curiosity, tolerance, willingness, and friendship. The opposite of acceptance is resistance. Whereas resistance creates suffering, acceptance alleviates it.

Acceptance doesn't mean tolerating bad behavior. It's opening emotionally to what's happening within us *in the present moment*. If you're in a painful relationship, acceptance doesn't mean you're saying "yes" to the entire relationship. Rather, it means acknowledging "This hurts!" I've seen many people make changes in their lives—relationships, eating habits, jobs—when they're in contact with how bad a situation or behavior makes them feel. Acceptance is not resignation or stagnation; change naturally follows acceptance.

But we need to know *what* we're accepting. Without awareness, we can become overly accommodating in our acceptance, like voting for a political candidate about whom we know very little. Blind acceptance can also devolve into sentimentality—sugarcoating reality. These are not examples of acceptance at all and will eventually lead to more suffering. I use "acceptance" in this book to refer to a conscious choice to experience our sensations, feelings, and thoughts *just as they are*, moment to moment.



"Jack and I have learned to accept each other's idiosyncrasies, like my passion for cashew brittle, and his going out every night and not coming home until dawn."

What's Self-Compassion?

Self-compassion is a form of acceptance. Whereas acceptance usually refers to what's happening to us—accepting a feeling or a thought—self-compassion is acceptance of the *person* to whom it's happening. It's acceptance of ourselves while we're in pain.

Both acceptance and self-compassion seem to happen more easily after we've given up the struggle to feel better. This is known in Alcoholics Anonymous as the “gift of desperation.” When everything you've tried has failed, you'll probably be more receptive to acceptance and self-compassion. Although you may still *want* to feel better, you doubt that anything will help you anymore. Your faith is nearly gone; the mind has exhausted its possibilities.

This is an opportunity to move from mental work to heart work. Self-compassion has a distinctly nonintellectual and noneffortful feel to it. If we can find ourselves in the midst of suffering and acknowledge the depth of our struggle, the heart begins to soften automatically. We stop trying to feel better and instead discover sympathy for ourselves. We start caring for ourselves *because* we're suffering.

There's an important distinction between “care” and “cure.” Cure is what we try to do when we have some way to fix a problem. Care is what we can still do when all efforts at curing have failed. It's like attending to a dying person; we let go of the struggle and tenderly join in the experience of dying. In *emotional* life, the sooner we stop struggling to fix things, the better. Paradoxically, then, care leads to cure.

Compassion comes from the Latin roots *com* (with) and *pati* (suffer), or to “suffer with.” When we offer genuine compassion, we join a person in his or her suffering. Being compassionate means that we recognize when someone is in pain, we abandon our fear of or resistance to it, and a natural feeling of love and kindness flows toward the suffering individual. The experience of compassion is complete abandonment of the inclination to resist emotional discomfort. It's *full* acceptance: of the person, of the pain, and of our own reactions to the pain.

Self-compassion is simply giving the same kindness to ourselves

that we would give to others. As noted in the Introduction, it's a small shift in the direction of our attention that can make all the difference in our lives, both when we're in intense pain and as we negotiate the travails of daily life. We all have an instinct for self-compassion, perhaps forgotten or suppressed, that's even stronger than the instinct to resist suffering. Fortunately, self-compassion can be cultivated by anyone.

LET IT BE EASY

If these ideas seem remote or confusing, please don't be put off. When you practice them, they'll make more sense. The following chapters will lead you step by step until you can experience self-compassion whenever you need it.

Chapters 2 and 3 will introduce *mindfulness*, or how to recognize what's going on inside you, moment to moment, with kindly awareness. Most of us are too caught up in the details of our lives even to be aware when we're suffering. We need to locate the problem—the thorn in the heart—before we can implement a solution. Chapter 2 will show you how to become more aware of your body, safely and compassionately, and Chapter 3 will expand that awareness to the world of emotions. Then, starting in Chapter 4, you'll learn how to cultivate *self-compassion*.

Don't expect to do a lot of work. A patient of mine once said about self-compassion, "It's not about *fighting*, so it's not as difficult as I thought it would be." You might, however, occasionally catch yourself practicing an exercise with grim determination. That's to be expected—old habits die hard. Try to recognize when you're straining and see if you can do the same thing more enjoyably. We're not trying to add anything to our lives; we're subtracting. It's about giving up the tension we unconsciously impose on ourselves to control or manipulate our experience.

The *principles* of mindfulness and self-compassion are at least as important as the techniques you're about to learn. The rationale behind the techniques has to be clear. For example, if you feel an

exercise isn't working, maybe you're practicing "self-improvement" rather than "self-acceptance." You need to know the difference. Once you've thoroughly understood the meaning of mindfulness and self-compassion, you can modify the exercises given in this book to fit any situation you encounter.

Finally, if you ever find yourself doubting that you can become more self-compassionate, stop and bring a little kindness to yourself in that very moment. You'll be practicing the essence of what this book has to offer.

TRY THIS: Waiting on Yourself

We usually attend to *others*—what they're feeling, saying, and doing. It's rare that we wait on ourselves with equal care and consideration. Let's try that now. This exercise takes only 5 minutes. You can't do it wrong.

Choose a quiet place, sit comfortably, close your eyes, and notice what it feels like to be in your body. Just be with the physical sensations in your body as they come and go, without choosing to pay attention to any particular one. If it's a pleasant one, feel it and let it go. If it's an unpleasant one, also feel it and let it go. Perhaps you feel warmth in your hands, pressure on the seat, tingling in the forehead? Notice those sensations as a mother would gaze at a newborn baby, wondering what it's feeling. Just notice whatever arises, one sensation after another. Take your time.

After 5 minutes, gently open your eyes.
