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Balancing Self-compassion with Self-advocacy: A New Approach for Persons with Disabilities

Learning to Self-advocate

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Abstract

Self-advocacy and self-compassion are concepts typically not perceived as related or as skills which hold great value when infused. Learning to self-advocate can be a challenging task for many persons with disabilities. Oftentimes people are not afforded access to information on how to self-advocate. As a result, many people must struggle to figure out if, when, and how to self-advocate. In an effort to change this trend, the present article argues that self-compassion connects self-advocacy and empowerment while also reinforcing an underlying message that individuals do not need to be rescued and are not victims of their environments. Self-advocacy is a complex process and information on self-advocacy, self-compassion, and their ability to be infused into a process model of self-advocacy is provided.

Keywords: self-compassion, self-advocacy, counseling, disability, rehabilitation

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Learning to Self-advocate

Introduction

Self-advocacy and *self-compassion*, although discussed throughout the professional literature, are two skills which have not been conceptualized as an integrative approach to learning to become an effective self-advocate. Of the two terms, self-advocacy is probably more well-known throughout the professional literature in relation to the needs of individuals with disabilities. Self-advocacy is where individuals “learn how to advocate on their own behalf rather than letting others advocate for them” (Chan, Brophy, & Fisher, 1981, p. 196). Self-advocacy is a familiar concept to professionals who educate, work with, or counsel individuals with disabilities and has a strong legacy in regards to foundational and legislative movements (Rubin & Roessler, 2008). In fact, the disability rights movement emerged as a part of the historical development of self-advocacy by individuals with disabilities (Hartley, 2012). Furthermore, self-advocacy is recognized as an essential skill for individuals with disabilities to have in an effort to address their needs within the educational system and/or as a part of their adult life (Fabian, 2007; Vash, 1991).

On the other hand, self-compassion is a relatively new concept that has begun to emerge within the psychological profession; yet, it has not been applied or considered as a valuable skill or component related to self-advocacy (Stunzner, 2014). Despite its lack of application, self-compassion is equally compelling in terms of reinforcing an underlying message that individuals do not need to be rescued and are not victims of their environments. Related to the concept of empathy and emotional self-regulation, the notion of self-compassion is deeply complex and is comprised of the ability to: (a) recognize one’s own hurts and difficulties, (b) treat oneself with kindness, love, and compassion while going through challenging events, (c) be less self-critical when life events do not go as planned, and (d) to forgive oneself for not being perfect despite the expectations placed upon him by others (Neff, 2003a, 2011). Specifically, Neff (2012) defines self-compassion as the process of reducing negative thoughts and emotions to resume a more peaceful way of life through kindness, generosity, patience, and love. In essence, self-compassion involves the willingness to be moved by the emotional pain of others and oneself. Importantly, self-compassion is a skill that can be taught – similar to the process of learning self-advocacy – and has demonstrated promising results as a means to reduce negative thoughts, feelings, and reactions to difficult or challenging life events (Neff, 2011). Of additional interest is the fact that individuals with higher levels of self-compassion appear to be more engaged in the decision-making processes and outcomes taking place within their lives when compared to individuals with lower levels of self-compassion (Neff, Hsieh, & Djitterat, 2005). Given what is known, to date, about self-compassion, and its ability to regulate the ways people cope and interpret difficult events (Terry & Leary, 2011), it is a skill which has much applicability to the needs of individuals with disabilities.

The ability to feel and experience self-compassion is very relevant and applicable to the needs of persons with disabilities. Historically, inaccessible physical environments and negative social attitudes culturally devalue and socially restrict the lives of people with disabilities (Baynton, 2001). During the 19th and 20th centuries, U.S. laws, commonly known as the “Ugly Laws,” restricted the public appearance of individuals with physical disabilities because they

were considered offensive and frightening (Schweik, 2009). In response, disability activism has existed for centuries. For instance, since the 18th Century, the Deaf community has campaigned to protect sign as an authentic language, seeking political and economic support for signing schools in Europe and America, including Gallaudet University (Lane, 1984). Further, as early as the 1940s the Blind community rallied to form a political lobby in the United States (Matson, 1990). Countless other disability-specific groups, such as individuals with physical disabilities (Longmore & Goldberger, 2003), cognitive and learning disabilities (Trent, 1994), and psychiatric disabilities (Beers, 1908) have fought long and hard for inclusion in education, employment, and community living.

Despite a long history of disability activism, people with disabilities learning to self-advocate can be a difficult process, and depending on the nature of the attitudes and environmental problem that is being advocated against, self-compassion is critical to respond to negative feelings of isolation and anger (Hardiman, Jackson, & Griffin, 2007; Ratts & Hutchins, 2009). Specifically, the benefit of examining the intersection of self-advocacy and self-compassion is that advocacy focuses on creating environmental change, while compassion focuses on intrapsychic change within the individual. In some cases, environmental change is unsuccessful and it is therefore important to also focus on individual, intrapsychic change. In an effort to remedy and reduce the emotional and mental impact of these negative experiences, self-compassion is a set of skills which may be learned and applied to the process of learning to self-advocate.

The following sections - as they relate to the consideration and infusion of self-compassion as an essential part of learning to self-advocate - are provided to review the foundation of self-advocacy, explore the relevance of self-advocacy to disability, discuss the value of self-compassion in relation to self-advocacy, and to introduce concepts, benefits, and supporting research of self-compassion. Such information is intended to provide a framework for connecting self-compassion to self-advocacy and incorporating self-compassion into the process of learning to self-advocate so that persons with disabilities can learn to how self-advocate and to be kinder, gentler, more accepting and forgiving of themselves (Neff, 2003a; 2011) when they are learning how to identify and ask for what they need as it relates to their disability and when situations do not go as planned.

Understanding and Conceptualizing Self-advocacy

Self-advocacy is essential for individuals with disabilities to achieve the best life possible (Vash, 1991). As a term, self-advocacy was initially used in relation to the needs of individuals with intellectual or cognitive disabilities, and used synonymously with self-determination (Sebag, 2010). Over time, it evolved into a broader construct, meant to encompass the needs of all individuals with disabilities, regardless of age or disability type, self-advocacy is conceptualized as an invaluable life-skill people can learn and further refine to address disability-related situations throughout their life.

Importantly, self-advocacy is a ‘developed ability’ comprised of specific skills which can be learned, formally or informally, through a number of venues (i.e., support groups, IEPs). Some of the specific skills discussed throughout the literature include: (a) having an accurate understanding of one’s disability (Schreiner, 2007), (b) knowing one’s personal strengths, limitations, and abilities (Crethar, Rivera, & Nash, 2008; Doll, Sands, Wehmeyer, & Palmer, 1996), (c) being aware of the services or accommodations needed (Milsom & Hartley, 2005), (d)

understanding the importance of standing up for what one needs in relation to the disability (Test, Aspel, & Everson, 2006), and (e) communicating effectively the services or products needed because of disability (Chan et al., 1981; White, Thompson, & Nary, 1997). Individuals with disabilities who know how to self-advocate can state and negotiate their individualized needs across settings: educational, employment, vocational, medical, and social. Furthermore, having the ability to self-advocate effectively enhances a person's ability to become empowered (Goodley, 2005; Vash, 1991) and to acquire the necessary services or products that will allow one to have full inclusion and participation in life activities.

Barriers in Cultivating Self-advocacy

Knowing how to self-advocate effectively is a skill beneficial to many persons with disabilities (Vash, 1991). Much of the existing research focuses on the necessity of teaching students with disabilities self-advocacy skills, particularly students with learning disabilities or students who are transitioning from high school to adult life (Beart, 2005; Gil, 2007; McCarthy, 2007; Test, Fowler, Wood, Brewer, & Eddy, 2005; Wehmeyer, 1992). Teaching students with disabilities to be effective self-advocates is important, no doubt, but such a focus tends to neglect the inclusion of adults with disabilities who may not have been born with a disability or who did not receive self-advocacy training while in school. Furthermore, research and conceptual models for assisting adults with disabilities in learning how to self-advocate appear to be minimally discussed or absent throughout the literature. In the event self-advocacy is referenced, it is typically presented as a necessary skill without any information pertaining to the process of learning to self-advocate. For these reasons, the authors believe it is important to approach the development of self-advocacy and the existence of barriers from a more inclusive standpoint.

Persons with disabilities are challenged in their pursuit of learning to self-advocate due to a number of potential barriers. Some of the barriers experienced may be very specific, while others may represent a more generalized and global experience. For instance, some may find it difficult to self-advocate because of personally held fears of disclosing information about their disability and by exposing themselves to the possibility of negative reactions (Waller, 2004). Such concerns are valid because it requires people to open themselves up to others and risk not being listened to (Nakashima, Chapin, MacMillan, & Zimmerman, 2004), being labeled or categorized (Beart, 2005), or being told they do not need the requested service or accommodation. Negative experiences such as these can feel personally invalidating, disempowering, and frightening especially if they are equated with rejection (Beart, Hardy, & Buchan, 2004). Furthermore, when outcomes are negative, persons with disabilities who have not yet learned how to effectively handle and process such events run the risk of internalizing such experiences. For instance, it is easy to imagine an individual believing he or she should have been a better self-advocate, when in reality, the person was extremely effective in coping with a challenging and difficult life situation.

Related to these specific barriers are those created, unintentionally, by well-meaning family members and professionals. Often times, parents, teachers, and numerous professionals working with students with disabilities do too much and, inadvertently, deprive them of the opportunities to learn how to self-advocate while in school or in preparation for transitioning to the adulthood (Gil, 2007; McCarthy, 2007; Test et al., 2005). Furthermore, well-intentioned parents and adults may place too much pressure on the outcome of self-advocacy rather than defining and better supporting social and emotional needs during the difficult transition of

becoming effective self-advocates. As a result, many do not learn the associated rules of how to effectively self-advocate, ask for what they need, provide information and support to back up their requests, or how to handle situations that turn out differently than hoped (McCarthy, 2007).

Finally, some persons with disabilities may experience barriers in a more globalized sense. First is the reality that learning to self-advocate is a process, is not necessarily easy, and can be overwhelming (Nakashima et al., 2004). Learning to self-advocate takes time, and people approach the process with different levels of personal insight and understanding of their disability, their needs, and with varying abilities to navigate systems, entities, and agencies. Knowing how to sort out who can and will provide what service can be a challenge, particularly to people who are new to the process of self-advocacy. Second, some persons with disabilities may not perceive themselves to have a disability; therefore, they do not feel there is a need to learn how to self-advocate. As a result, they may pass up earlier opportunities to acquire this skill until something majorly changes within their life that creates an unforeseen event which requires the ability to self-advocate.

Relevance of Self-advocacy to Disability

Self-advocacy has much relevance to the needs of persons with disabilities. During the 1970s disability rights movement, the concept of self-advocacy emerged as a way for individuals with disabilities to “exert maximum control over his/her own life, while developing a positive self-concept and confidence that this control will be continuous and replicable” (Brophy, Chan, & Mar, 1974, p. 41). For instance, Ed Roberts, a founder of the disability rights movement, exerted his right to participate in society and attend college during the 1970s when very few people with disabilities lived independently in the community, let alone attended college (Shapiro, 1993). History tells us that social movements often have emerged when individuals exerted their civil rights within the context of their own lives, and Roberts’ self-advocacy efforts were a catalyst for the disability rights movement (Hartley, 2012; Shapiro, 1993).

Attitudes toward individuals with disabilities have improved; however, people with disabilities are often subject to less humane treatment than people who do not have disabilities (Longmore & Umansky, 2001). Many people encounter attitudinal, employment, learning, medical/professional, societal, and environmental barriers – all of which have the ability to prevent them from participating in life to their fullest extent (Smart, 2009). Barriers, such as these, reflect the need for persons with disabilities to become skilled-advocates. People who are not able to self-advocate, due to their disability, often rely on professionals or family members to assist them. Regardless of who is doing the actual advocating, those involved must understand its necessity and value so that persons with disabilities can achieve the best quality of life possible – one that includes full inclusion and integration.

The process of learning to self-advocate, can help persons with disabilities learn how to (a) effectively deal with their disability; (b) be knowledgeable about accommodations and seek them when they are needed (Walker & Test, 2011); (c) communicate with others about what it is they require for educational, employment, medical, or independent living concerns (Walker & Test, 2011); (d) navigate societal or professional misunderstandings and attitudes; (e) deal with discrimination and stigmatization (Waller, 2004); and (f) make decisions that can benefit them, especially when they experience additional barriers (i.e., denial of an accommodation request). The way in which people learn these skills are likely to vary and evolve over time; however, the

more adept persons with disabilities become, the easier it will be for them to self-advocate across settings and throughout their life-span.

Being a skilled self-advocate holds many benefits for persons with disabilities. Perhaps the most obvious is the fact that it helps people fight discrimination and lack of access to services (Fabian, 2007; Waller, 2004). When people cope with and overcome oppression, through their ability to self-advocate, they learn to be more resilient (Goodley, 2005). Self-advocacy also teaches people to make positive decisions that influence events within their lives and to find their own voice (McCarthy, 2007). An essential component of finding one's voice is knowing how to disclose relevant information about the disability in an attempt to acquire a service or accommodation (Gil, 2007). Other benefits include the opportunity for persons with disabilities to become more confident (Beart et al., 2004; Stalker, 1997), empowered (Gilmartin & Slevin, 2009; Fassett, 2002), active in their decision-making process, and to reconstruct their self-concept (Beart et al., 2004).

Value of Self-compassion: Connecting Self-compassion to Self-advocacy

Despite the benefits that self-advocacy provides, knowing about and learning to self-advocate may not be sufficient by itself. Persons with disabilities who learn how to self-advocate through 'trial-and-error' and their life experiences are often subject to (a) societal rejection, (b) people who tell them they do not need a service or a device or even worse to go someplace else, (c) societal messages, overt and covert, sometimes promote the intonation that "it is not acceptable to speak up and advocate for quality services," or to (d) experiences that convey the message "They are being too sensitive or too difficult"; the possibilities of exposure to negative, hurtful, and discouraging comments are many. Some people may not have a well-developed sense of self when they start the self-advocacy process. As a result, self-advocacy experiences that do not turn out as planned or hoped for may be hurtful and upsetting. When considering all of these factors and possibilities, it is apparent there has to be a better way to help people learn how to self-advocate. One such possibility is teaching people how to be self-compassionate (i.e., kind, patient, tolerant, and forgiving of themselves) while also learning how to be an effective self-advocate.

Self-compassion is a skill which can be taught regardless of a person's starting point (Neff, 2011). People who choose to practice and integrate self-compassion are afforded the opportunity to learn techniques they can use to reduce negative thoughts and emotions, self-regulate their own thoughts and feelings, as well as soothe or calm themselves when they feel upset or uncomfortable (Neff, 2011). People who practice self-compassion reduce their chances of engaging in negative thinking or thought rumination because they are behaving in ways that do not focus solely on themselves and their situation (Dali Lama, 2011), primarily because they cannot simultaneously be selfish and self-focused and loving, tolerant, or compassionate. Furthermore, self-compassion provides people with an opportunity to disengage from self-critical thinking and judgment, both of which can lead to feelings of isolation and separation (Neff, 2011). In addition, self-compassion can help people (a) feel less defensive (Terry & Leary, 2011), (b) be kinder to themselves (Leary, Tate, Adams, Allen, & Hancock, 2007), (c) consider and accept their role in negative events (Leary et al., 2007), (d) practice forgiveness (Stone, 2008), and (e) have a better outlook on life (Neff, 2003a; Neff et al., 2007b).

The study and promotion of self-compassion as a potential healing agent in peoples' lives is possible due to the pioneering work of Neff (2003a; 2003b). Neff and colleagues

(2003a; 2003b; 2005; 2007a; 2007b) have brought the construct of self-compassion to the forefront of research and have begun to help allied-helping professionals understand its value as a skill which can be learned in alleviating negative thoughts and emotions and in promoting positive well-being. Despite this promising research, self-compassion has not yet been applied or considered as a skill to address some of the issues of managing negative thoughts and emotions, by persons with disabilities (Stuntzner, 2014). Therefore, information pertaining to self-compassion is provided in the following sections to help define, understand, and support its value and potential application to the needs of persons with disabilities which may also include learning how to effectively self-advocate.

Defining Self-compassion

Understanding self-compassion so that it can be applied to our lives may be easier for some of us than others. In particular, self-compassion is a valuable skill to possess or practice when times are tough. Often, people are expected, by societal standards, to deal with life as it unfolds and to somehow overcome difficult life events and be resilient. Approaching life from this standpoint may cause people to forget that resilience is about overcoming adversity (Hartley, 2010; 2013), and a part of being human is the common experience of pain, hurt, upset, and setbacks (Stone, 2008). While the specific details of peoples' situations may vary, the feelings pertaining to hurt, pain, and disappointment remain a common thread to which we all can relate. Furthermore, it is because of these common emotional and mental experiences that people have an innate desire to free themselves of their pain and to live more peacefully (Halifax, 2011). People who are able to face and address their pain and hurt through personal kindness, generosity, patience, and love (Briere, 2012; Feldman & Kuyken, 2011; Neff, 2012), also known as self-compassion, improve their chances of reducing their negative thoughts and emotions and resume a more peaceful way of life.

According to Neff (2003a), self-compassion is described as a skill or personal trait that allows people to (a) be kinder to themselves when life events do not go as hoped or intended, (b) to accept themselves as they are - imperfections and all, (c) to understand that all people experience hurt or pain at one time or another throughout life, and (d) to have the ability to experience, confront, and deal with one's pain or hurt without suppressing it. It is through this process of being kinder and more gentle and tolerant with oneself that people are able to calm and soothe their thoughts and feelings. In addition, people are able to see their problems and pain in a more rational manner while not engaging in self-criticism when life does not go well (Leary, et al., 2007). Furthermore, Feldman and Kuyken (2011) indicate that self-compassion helps uncover peoples' negative beliefs which may have been internally absorbed from others or through the experience of continual failure or rejection.

Supporting Research

Empirical research has shown strong support regarding the value and positive effects of self-compassion. As suggested previously, self-compassion is a construct which holds much promise for person with disabilities as well as people going through difficult times. Much of the initial research demonstrates its ability to reduce negative thoughts and feelings and provide support for the ways it is positively associated with better life outcomes. More specifically, self-compassion studies demonstrate its utility in reducing (a) negative emotions such as anxiety and

depression (Leary et al., 2007; Neff, 2003a; Neff et al., 2007a), (b) personal defensiveness and feelings of self-blame (Terry & Leary, 2011), (c) thought rumination (Neff, 2003a; Neff et al., 2007a), (d) self-criticism (Neff, 2003a) and (e) moderating peoples' reactions to negative or distressing events (Leary et al., 2007). Self-compassion has been found to be positively correlated with (a) life satisfaction (Neff, 2003a; Neff et al. 2007a); (b) optimism, happiness, and positive feelings (Neff et al., 2007b); (c) accurate self-appraisals and perspectives (Leary et al., 2007); (d) self-acceptance (Leary et al., 2007; Neff et al., 2007a); and (e) forgiveness (Neff & Pommier, 2012); and is negatively correlated with fear of failure (Leary et al., 2007).

Much of the earlier research has focused on non-clinical samples; however, some studies which may be of relevance to the needs of persons with disabilities are starting to emerge. Of particular relevance are studies conducted among persons with schizophrenia (Eicher, Davis, & Lysaker, 2013), and persons dealing with musculoskeletal pain (Wren et al., 2012). More specifically, Eicher, Davis, and Lysaker (2013) in their study among persons with schizophrenia report that people with high levels of personal insight into their disability, tend to be more self-critical, experience increased social isolation, and be less self-compassionate. However, they stress that self-compassion can be learned and approached from the standpoint of compassion and self-compassion-based therapies which can be used as an essential component of treatment.

Additionally, Wren and colleagues (2012) examined the relationship between self-compassion and adjustment to pain among persons with chronic musculoskeletal pain. Results from this study indicated that people higher in self-compassion reported fewer negative emotions and problems with catastrophizing, as well as higher amounts of positive affect. Overall, these findings show support for self-compassion as a means to help improve adjustment and coping to chronic pain among persons with musculoskeletal conditions.

Connecting Self-compassion to Self-advocacy

Self-compassion is highly relevant to the needs of persons with disabilities and to self-advocacy. As mentioned earlier, persons with disabilities experience numerous societal and attitudinal barriers simply because of their disability (Hartley, 2012). When living with a disability, spoken and unspoken messages are often promoted by society (Stuntzner, 2012). As a part of these societal messages, people are expected to (a) cope with their disability, (b) understand what it is they need because of their disability, (c) address personal and societal barriers, (d) learn to effectively self-advocate, (e) handle situations that do not go as hoped, and (f) be resilient so they can move on with their lives. However, persons with disabilities are not given enough access to services, programs, training, or interventions to help them determine ways they can approach and tackle such expectations. Similarly, they typically are not exposed to approaches such as self-compassion as a means to help them moderate their emotional responses. As a result, some people may become frustrated, upset, or experience negative thoughts and feelings related to the societal injustices they experience (Harley, 2012; Stuntzner, 2012) and are not able to find their way forward.

One approach educators and professionals sometimes use to assist persons with disabilities is self-advocacy. As discussed above, self-advocacy is an essential skill for persons with disabilities to have, particularly given the above mentioned expectations and the specific environments in which self-advocacy is needed (i.e., medical, educational, employment). Yet, persons with disabilities are not informed that successful self-advocacy necessarily means fair and just outcomes will be achieved (McCarthy, 2007). In addition, they are not encouraged to be

patient with themselves or others, while trying to learn how the self-advocate; nor are they taught skills such as a self-compassion to emotionally moderate unpleasant events sometimes experienced as a part of the self-advocacy process.

Self-compassion, when used in conjunction with self-advocacy training, can help persons with disabilities learn to be kinder, more gentle, and accepting of themselves while learning how to self-advocate. Self-compassion may help persons with disabilities learn how to regulate their feelings, monitor their behaviors, reduce negative beliefs, and make well-informed decisions (Neff et al., 2005; Terry & Leary, 2011). Knowing how to incorporate such skills is valuable because the process of learning to self-advocate is often uncomfortable and ambiguous. Some may find that the more they advocate and ask for what they need, the greater the number of barriers and negative attitudes experienced (Stuntzner & Dalton, 2014). Such experiences can cause people to feel disempowered or overwhelmed and perhaps blame others or society for their problems (Firestone, Firestone, & Catlett, 2003). Feelings of anger can cause people to not take further action unless they know how to extend compassion toward themselves and their feelings. Furthermore, it is through the process of being able to apply compassion to one's life that persons with disabilities are afforded the opportunity to use "adverse situations as a means to build inner strength and character" (Dali Lama, 2011, p. 17). Some people may also notice the ways self-compassion can serve as a buffer against stressful events (Leary et al., 2007).

Incorporating Self-compassion into the Process of Learning Self-advocacy

Several models and ideals pertaining to the importance of teaching persons with disabilities how to self-advocate, while in school, exist throughout the literature (Fassett, 2002; Hammer, 2004; Hart & Brehm, 2013; Schreiner, 2005; Sebag, 2010; Test et al., 2005; Walker & Test, 2011). Self-advocacy is recognized as an essential skill given the needs of and specific circumstances encountered by persons with disabilities, but it is often not encouraged or taught (Fiedler & Danneker, 2007; Torgerson, Miner, & Shen, 2004). Furthermore, few models exist to address the self-advocacy needs of adults with disabilities. Given what is known about self-compassion and its value in managing difficult situations, it is the authors' contention that persons with disabilities can benefit from self-compassion skills being infused into the process of self-advocacy. In the following sections, self-advocacy skills relevant to the needs of persons with disabilities are reviewed followed by a proposed self-advocacy model – one that infuses self-compassion into the self-advocacy process. To illustrate the intersection, Figure 1-1 highlights some of the attributes and components of self-compassion and self-advocacy.

Persons with disabilities may learn how to self-advocate using a variety of approaches. The approaches used are likely to vary based on the environment or context in which opportunities are offered. Students with disabilities may have exposure to the experience of learning how to self-advocate as a part of their Individualized Educational Plans (IEP) (Schreiner, 2007) or in an effort to transition from high school to the adult world of work (Gil, 2007). Persons with disabilities may learn about self-advocacy through agency or community-based groups when a specific need has been identified (Gilmartin & Slevin, 2009). Still others, and probably the majority, discover the need for self-advocacy skills based on their experiences of living with a disability. This discovery process occurs when people realize they need a service, an accommodation, or a product to achieve a desired outcome because of their disability. However, by this time, many people have not received information or training on how to

effectively advocate. As a result, persons with disabilities are often unprepared and are confronted with the need of learning how self-advocate, usually on their own.

Specific skills needed for effective self-advocacy are discussed throughout the literature. The precise skills used or recommended may vary based on the self-advocacy model or the intended population (i.e., learning disabilities). Nonetheless, persons with disabilities can help themselves be more independent and achieve a better quality of life if they are afforded opportunities to learn and practice skills essential for self-advocacy.

Being able to self-advocate is a process – it is not one most people just do well, proficiently, or comfortably. Many may discover it gets easier over time and with repetition; therefore having support and sufficient calming strategies such as the ability to practice self-compassion is definitely warranted. Persons with disabilities can enhance their self-advocacy skills by learning about their disability, their needs, and relevant information and skills they can apply to numerous situations. Persons who want to become more proficient at self-advocacy can do this when they are provided with opportunities to

- (a) learn as much information as possible about their disability and the ways it affects their lives (Schreiner, 2007; Walker & Test, 2011);
- (b) identify their personal strengths, weaknesses, coping skills, and level of resiliency (Doll et al., 1996; Fassett, 2002; Test et al., 2005);
- (c) determine which skills have worked well for them in the past and which may be used in relation to self-advocacy;
- (d) generate a list of life areas they have difficulty advocating for themselves (Schreiner, 2007; Sebag, 2010);
- (e) identify personal barriers that hinder them while trying to self-advocate;
- (f) strategize the ways they can enhance their ability to self-advocate;
- (g) learn about professionals, agencies, or services available to provide them with what they need (Schreiner, 2007);
- (h) practice, formally or informally, how to self-advocate (i.e., among friends and family, role play; Fassett, 2002; Hart & Brehm, 2013);
- (g) process their ability to emotionally handle challenging situations such as rejection and confrontation (Hart & Brehm, 2013; Walker & Test, 2011)
- (h) assess and reassess personal progress in learning how to effectively self-advocate (Sebag, 2010); and
- (i) reflect on the acquisition of personal benefits which have been achieved because of learning to self-advocate (Gilmartin & Slevin, 2009).

Every skill presented above may not be necessary for persons learning to self-advocate. Some people may already have mastered certain abilities; therefore, the ones which present them the most difficulty may be of value. Nonetheless, the skills are presented as a learning and discovery process which may occur where each skill builds upon the previous one. Conceptualizing self-advocacy in terms of a process which consists of several skills can help people identify which areas they perform well, as well as, those they do not. The intention of presenting skills as a process helps people understand that learning to self-advocate evolves over time and is not an event - that one or two skills determined relevant, if not performed well, may be the precise barriers preventing them from achieving successful self-advocacy.

While there is much to commend about self-advocacy education, there is a lack of attending to some of the emotional challenges in dealing with disabilities and disability-related experiences. We, the authors' contend that learning the skills of self-compassion as a part of the

self-advocacy process can deepen and improve one's abilities for effective self-advocacy (see Figure 1-1). Learning to self-advocate and to practice self-compassion are processes that typically require conscious awareness and deliberate action. Both of these skill sets can be learned and refined. It is over time and with practice that they become more fluid and automatic. However, learning to develop and use both sets of skills is only the beginning. Persons with disabilities are afforded the opportunity to enhance their ability to self-advocate by infusing self-compassion skills into their process of self-advocacy.

Further Considerations

The challenge for helping professionals may be deciding which process to teach or address first or if they should do it simultaneously – self-advocacy or self-compassion. Due to the fact that self-compassion and self-advocacy are ongoing processes (Germer & Neff, 2013) meaning both require time to learn the associated skills, refine them, apply the skills to their daily lives, assess how well the skills are working, followed by making additional refinements, it is suggested that both be considered as necessary skills to be taught simultaneously (see Figure 1-1). People who want to learn about self-compassion and the skills used to acquire it may do this in many different ways, as there is no right way to learn it (Germer & Neff, 2013). What is of most relevance is for people to be willing and open to the experiences they have and to find which approaches and exercises work best for them.

People wanting to learn more about self-compassion have several venues to choose from. They can read books and literature on the subject (i.e., see Germer, 2009; Neff, 2011), review websites on compassion and self-compassion (i.e., www.self-compassion.org), attend workshops and trainings on self-compassion, practice meditational exercises, and assess their own ability to be self-compassionate. People interested in learning more about self-compassion can refer to Neff's (2009) website: www.self-compassion.org to learn about self-compassion resources, literature, research, training opportunities, and websites pertaining to self-compassion.

Additionally, people may find it helpful to first assess their level of self-compassion and to practice it as is possible through Neff's (2009) website: www.self-compassion.org. Neff (2003b) developed a self-compassion scale for people to use and is accessible online as well as easily scored. This assessment exercise is a fun and an easy way for people to explore their current level or ability to practice self-compassion. People desiring to learn more about self-compassion and its infusion within their daily life may find it helpful to explore their ability to be kind, loving, self-soothing, or self-nurturing particularly when they are experience difficult times (Neff, 2011). Germer and Neff (2013) are currently offering trainings to people and professionals on *Mindfulness Self-compassion Training* (MSC) which will culminate in the availability of a self-compassion intervention in 2015. Stuntzner and Hartley (in press) have developed a resiliency intervention for persons with disabilities where one of the ten modules teaches persons with disabilities how to be compassionate to self and others as a part of their daily lives. Their intervention is slated for release in 2015. Still, others may find it helpful to practice meditation exercises on a more informal basis to help them get in touch with their critical thoughts, hurt feelings, ways they store these thoughts and feelings throughout their body, and to practice self-calming or self-soothing strategies so they are less critical of themselves and are more able to accept themselves just as they are (Germer & Neff, 2013). People needing to better understand the qualities and characteristics of what exactly self-compassion looks like in a person's life may find it helpful to review some of the examples listed

in Figure 1-1. These are the qualities and skills referred to as “Self-compassion Skill Examples (Neff, 2011)” in the right hand column.

Throughout the process of learning to self-advocate, when infused with self-compassion, persons with disabilities come to realize they do not have to be well-skilled in their ability to self-advocate from the start. Rather, all that is required is a desire and a decision to want to learn how to be a good self-advocate. Once they have made the decision, persons with disabilities are able to assess the skills they have, learn new ones, or refine existing skills to meet their needs and specific situations.

When self-compassion is integrated into the process of learning to self-advocate, persons with disabilities do more than identify, practice, and refine their self-advocacy skills – they learn to determine which skills they do well and which ones they do not. Self-advocacy skills deemed as weak or in need additional work are the ones people can also apply the skills of self-compassion to while trying to improve them (see Figure 1-1). Infusing self-compassion skills into the process of learning difficult to perform self-advocacy skills allows persons with disabilities opportunities to manage their emotions and thoughts. Practicing self-compassion at this point in the self-advocacy process provides people with chances to self-soothe or calm their negative thoughts and feelings, especially when advocacy situations do not turn out as planned.

Having the ability to practice self-regulation of their thoughts and emotions while also learning to self-advocate is a new concept and way of looking at the process of learning to self-advocate; however, we, the authors posit with what is currently known from the research about the value and effects of self-compassion that it can be of great value for persons with disabilities. More specifically, we contend that additional research is needed in the area of self-compassion and its role in assisting persons with disabilities to face and effectively deal with the various disability-related experiences they encounter – many of which are unpleasant and challenging. Furthermore, additional research can help professionals better understand how self-compassion may be applied in peoples’ lives so they can be more tolerant, loving, and forgiving of themselves when others (i.e., people, professionals, agencies) are not kind toward them. Being able to draw upon self-compassionate behaviors can serve as a buffer from external negative attitudes and experiences as well as a coping device which may prevent them from internalizing others’ negative reactions or treatment. Furthermore, the better people are able to not be negatively affected by others’ treatment, the more likely they won’t be discouraged or give up on continuing to learn to self-advocate. All of these factors are likely to result in better emotional and mental functioning during the self-advocacy process as demonstrated in Figure 1-1.

Conclusion

Conceptualizing how to best address, teach, or learn self-advocacy skills can feel like a full time job for both persons with disabilities and professionals – let alone the idea of infusing self-compassion into the process of learning to self-advocate. Determining where and how to start this process may appear a bit overwhelming due to the fact that three tasks are involved: (a) addressing the need for self-advocacy skills, (b) learning about self-compassion, and (c) determining how to infuse self-compassion into the self-advocacy process.

While some information and research exists regarding the skills persons with disabilities need to use as a part of the self-advocacy process, few models or approaches are available to illustrate the skills people need throughout their life span when living with a disability (i.e., post K-12 education, adulthood). Additionally, until now, none of those presented throughout the

research discuss the importance of tending to a person's thoughts or emotions or to strategies people may use to calm and self-soothe themselves when faced with challenging situations, or with events that do not turn out as desired (see Figure 1-1).

Because many of the experiences associated with disability and learning to self-advocate may be fraught with negative thoughts and feelings (Hartley, 2012; Stunzner, 2012), the authors' contend that there is an invaluable place for the practice of self-compassion within the self-advocacy process. Having said that, there is much that still needs to be explored and researched regarding the role and impact that self-compassion can have on the lives, coping processes, and learning strategies of persons with disabilities, particularly given the fact that self-compassion and its relationship to persons with disabilities has not been considered (Stunzner, 2014). For all of these reasons, future research on self-compassion and its effect on the lives of persons with disabilities is warranted and sorely needed.

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Figure 1.1 *An Infused Model of Self-compassion and Self-Advocacy*

