Column: Teaching self-compassion is essential to adolescents' mental health

A young teen patient, eyes averted, clutching a cell phone, sits in my office. It's a scheduled annual exam, and the patient reports some ailments — fatigue, anxiety and poor sleep. As my eyes meet the parent's gaze, I register pain, frustration and desperation. The patient's symptoms are not new, and there may have been calls back and forth with my triage nurses. Perhaps the patient has been given a list of therapists, but a common refrain is that the calls go unreturned. Or there are no available appointments. Or the provider does not accept their insurance.

This clinical situation is not uncommon for me as a pediatrician. Young people are contending with mental health issues while the system remains ill-equipped to meet their needs; this is not news. Annual visits — intended for anticipatory guidance, routine health maintenance conversations and immunizations — are becoming increasingly eclipsed by attention to mental health concerns. Among these are anxiety, depression, disordered or restricted eating, ADHD, substance use and self-injurious behaviors. Poor quality of sleep and general fatigue are particularly common, too. The social isolation and uncertainty during the early pandemic years augmented the already escalating mental health crisis among our youth.

Generally, those in my profession rely on committed and capable licensed mental health professionals, including psychiatrists, therapists and school counselors, to investigate and direct therapeutic treatments. Yet, because these issues are pervasive and the reservoir of mental health professionals is inadequate to meet demand, pediatricians are being called on to manage the conversations, prescribe medications and bridge the gap. It's not that I don't delve into this area of medicine as I explore the more traditional facets of pediatric medicine. Rather, it simply feels impossible to do so meaningfully in the brief amount of time I have with the patient and their family.

To offer guidance to families, I turned to recent research on the "psychology of happiness" and its foundations in neuroscience. Here, in the land of language about dopamine hits and automatic negative neural circuits, I have explored the science of how one's well-being is influenced by our adverse childhood experiences, our exposures to trauma, our inner chatter and our genetics. One theme emerges loud and clear: Treating ourselves with compassion and kindness improves our mental health. While patients and physicians may think of the inner drill sergeant as motivating and holding us accountable to our goals and ambitions, this universal default toward critical self-talk is associated with increased anxiety, depression and isolation.

Introducing the skills and practice of self-compassion has become a rote part of my patient visits as time allows. I hope these skills, if learned and practiced early, may help inoculate against the onset of more severe symptoms of anxiety and depression. If I have the opportunity for a

“teachable moment,” I share the science of kindness to ourselves as it relates to our productivity and overall well-being. Psychologist and author Rachel Turow, in conversation with Yale psychology professor Laurie Santos, summed it up nicely when she described negative inner dialogue as “the smoking of mental health.” She means that, like the effects of cigarette smoking, which may have an insidious onset, it quickly becomes an established, automatic habit with deleterious health effects that is hard to kick.

As with most issues relating to early childhood, children will learn skills through modeling their caregivers, so most of these suggestions are intended for caregivers.

1. Awareness. Notice the language you use with yourself internally. Once you tune in to the sound waves of scolding, name calling or bullying yourself, you are more likely to recognize when a child does it. Children and adults alike may exclaim, outwardly or inwardly, “I’m so dumb” or “Ugh” in exasperation with oneself following a gaffe. Or they may have thoughts of “I should have” and “Why didn’t I just …” If there is opportunity for reflection in these moments, take time to point out how a child may be treating him or herself. (“It sounds like you are being hard on yourself,” for example.)
2. Model desired behaviors. In challenging moments of frustration or disappointment, narrate your self-compassion for children to hear. Instead of tensing up, cursing or reacting, try taking a deep breath and acknowledging, even out loud, “This is a really hard moment for me, so I need to pause …” Psychologist Kristin Neff describes a self-compassion break as an opportunity to acknowledge the suffering and relate it to a world beyond the individual while being kind to oneself.
3. Breathing, kindly. Attention to our breath is a common starting place for teaching about mindfulness. With a self-compassion twist, we narrate an inhalation and exhalation by adding a tender name or comforting phrase. In her book “The Self-Talk Workout,” Rachel Turow suggests saying, “Inhale, friend. Exhale, friend.” Research by psychologist Ethan Kross and his colleagues supports the notion of emotional regulation when silently referring to oneself in the third person, however silly it may feel.
4. Practice, practice, practice. The skills of self-compassion are learned and acquired through repetition. The benefits come after repeated practice and thereby creating new pathways.

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