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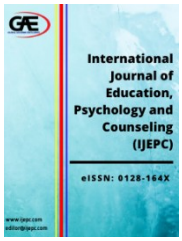

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DISRUPTING SELF-SABOTAGE THROUGH SELF-COMPASSION: AN INTEGRATIVE COUNSELING FRAMEWORK FOR MALADAPTIVE BEHAVIORAL CYCLES

Liley Afzani Saidi[1*], Nur Haffiza Rahaman[1], Wan Sue Emi Yusnita Wan Yusof[1] , Siti Nurhafizah Saleeza Ramlee[1] , Rayyan Cheong Tiang Ming Abdullah[1]

[1] Department of Management, Universiti Pertahanan Nasional Malaysia (UPNM)
Email: liley.afzani@upnm.edu.my
Email: nurhaffiza@upnm.edu.my
Email: wansuemi@upnm.edu.my
Email: saleeza@upnm.edu.my
Email: rayyanming@upnm.edu.my
[*] Corresponding Author

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Abstract:

Self-sabotage represents a recurring and self-defeating behavioral cycle that impairs personal, emotional, and goal-oriented functioning. Despite extensive reliance on cognitive-behavioral techniques to address its symptoms, these approaches often fail to resolve the deeper emotional roots—particularly shame, self-criticism, and emotional dysregulation. This conceptual paper introduces a theoretically integrated counseling framework in which self-compassion functions as a core mechanism for disrupting maladaptive behavioral cycles. Synthesizing elements from Compassion-Focused Therapy (CFT), Cognitive Behavioral Theory (CBT), and Self-Determination Theory (SDT), the framework posits that self-sabotaging behaviors are maintained through the dynamic interaction of negative self-appraisal, emotional threat responses, and thwarted psychological needs. In response, self-compassion defined through mindfulness, self-kindness, and the recognition of shared human fallibility offers a corrective emotional and motivational process. This approach enables clients to regulate internal shame, challenge harsh inner narratives, and re-engage with personally meaningful values and goals. Specific interventions such as compassionate reframing, values clarification, and mindfulness training are positioned as therapeutic tools to promote emotional safety, psychological flexibility, and long-term behavioral change. The discussion critically examines the strengths of this model, including its compatibility with trauma-informed practice and its capacity to bridge cognitive and affective interventions. Potential challenges such as client

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resistance to self-compassion and cultural misinterpretations are also addressed. Ultimately, this paper highlights the transformative role of self-compassion in counselling and calls for its empirical validation in clinical settings where self-sabotage is prevalent.

Keywords:

Self-Compassion, Self-Sabotage, Counselling, Maladaptive Behavioural

Introduction

Self-sabotage is conceptualized as a maladaptive behavioral tendency involving conscious or unconscious acts that impede an individual's pursuit of meaningful personal or professional objectives (Sappington & Weisman, 2005). Rather than being mere manifestations of poor motivation, these patterns are often rooted in early life experiences marked by emotional invalidation, unresolved attachment disruptions, and chronic internalized criticism (Shaw, 2023). Over time, such formative experiences may solidify into enduring negative self-beliefs, leading individuals to unconsciously engage in self-defeating behaviors such as procrastination, over commitment, self-blame, perfectionism, or avoidance (Peel & Caltabiano, 2020). Although these behaviors can provide immediate emotional relief, they typically entrench long-term psychological distress, perpetuating a cycle of stagnation. Within counseling contexts, clients rarely recognize these behaviors as self-sabotage; instead, they are often perceived as lack of discipline or repeated failure, which inadvertently reinforces a negative self-concept.

From a theoretical perspective, self-sabotaging behavior is closely intertwined with internal dynamics, particularly the influence of the "inner critic" a pervasive and punitive internal voice that invalidates success and magnifies perceived inadequacies (Sappington & Weisman, 2005). This harsh internal dialogue often develops from conditional experiences of worth, in which individuals learn to equate self-value with achievement and external approval (Sertel & Tanriögen, 2019). As such, the roots of self-sabotage extend beyond behavior and into the cognitive-emotional domain, demanding therapeutic interventions that can simultaneously address affective dysregulation and maladaptive belief systems (Desmond, 2016). In this context, self-compassion has emerged as a potent and restorative construct. Defined by Neff (2003) as encompassing self-kindness, mindfulness, and common humanity, self-compassion allows individuals to relate to themselves with empathy during moments of suffering or failure. When integrated into the counseling process, self-compassion acts as a counterweight to shame, fear, and internal hostility, helping to reconstruct the client's inner narrative in a way that fosters psychological safety and adaptive functioning. Emotionally, it enhances resilience and reduces rigidity; behaviorally, it disrupts negative reinforcement loops by replacing avoidance with intentional, self-affirming action. Ultimately, self-compassion creates a therapeutic pathway toward sustainable growth, enabling individuals to transcend destructive cycles and cultivate healthier, more values-aligned patterns of living.

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The Concept of Self- Compassion, Self-Sabotage and Maladaptive Behavioural Cycles

Self-Compassion

Self-compassion is a foundational psychological construct that reflects an individual's ability to extend understanding, kindness, and acceptance toward oneself in the face of failure, suffering, or personal inadequacy (Conversano et al., 2020). According to Neff (2003), self-compassion is not merely about having high self-esteem, but about relating to oneself with emotional warmth, particularly during moments of distress. It is composed of three interconnected elements: self-kindness, which refers to being gentle and supportive rather than harshly critical; common humanity, the recognition that imperfection and struggle are part of the shared human experience; and mindfulness, the ability to observe painful thoughts and feelings with balanced awareness rather than over-identification (Germer & Neff, 2013; Sahdra et al., 2023; Wilson et al., 2019). These components work synergistically to create an internal environment of emotional safety, which can buffer individuals against the harmful effects of shame, self-judgment, and psychological rigidity. In psychological terms, self-compassion is associated with healthier emotion regulation, reduced psychopathology, and enhanced psychological flexibility (Abdollahi et al., 2021; Germer & Neff, 2013; Tran et al., 2024). Research has shown that individuals with higher levels of self-compassion tend to experience lower levels of anxiety, depression, and stress, while also demonstrating increased life satisfaction, motivation, and resilience (Tran et al., 2022).

This is because self-compassion helps individual's process difficult emotions in adaptive ways rather than suppressing or avoiding them. From the perspective of affective neuroscience and attachment theory, self-compassion activates the parasympathetic nervous system and promotes soothing emotional responses similar to the effect of receiving compassionate care from a trusted figure in childhood. As such, cultivating self-compassion can be viewed as developing a secure internal attachment, which serves as a protective factor against emotional dysregulation and negative self-perceptions (Miyagawa & Taniguchi, 2020). In counseling settings, self-compassion is a powerful therapeutic focus that can be cultivated through deliberate interventions. Techniques such as compassion-focused imagery, guided mindfulness, journaling, and restructuring self-critical thoughts are often used to foster a more caring inner dialogue. Counselors can also model self-compassion in their interactions with clients, providing a corrective emotional experience that helps clients internalize new ways of relating to themselves. Importantly, self-compassion does not promote complacency or excuse harmful behaviors it encourages responsibility with kindness, enabling clients to acknowledge mistakes without falling into cycles of shame or self-sabotage. As a result, self-compassion enhances therapeutic outcomes by increasing emotional resilience, reducing avoidance, and empowering clients to engage more fully in the process of behavioral and cognitive change.

Self- Sabotage

Self-sabotage is a psychological pattern in which individuals engage in behaviors, thoughts, or emotional responses that actively obstruct their own success, progress, or well-being. These behaviors may appear irrational or counterproductive, but they often serve a deeper emotional purpose—usually as a protective mechanism to avoid perceived failure, rejection, or vulnerability. From a cognitive standpoint, self-sabotage is driven by deeply rooted beliefs about unworthiness or fear of inadequacy. Common forms include procrastination, self-criticism, perfectionism, overcommitting, or abandoning goals prematurely. These patterns may develop early in life as adaptive strategies to manage inconsistent caregiving, harsh

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criticism, or traumatic experiences. However, as individuals mature, such strategies become maladaptive, preventing growth and reinforcing cycles of self-defeat.

In psychological theory, self-sabotaging behaviors are often explained through the lens of maladaptive core beliefs, negative reinforcement loops, and learned helplessness (S. Cox, 2017; Mendez-Miller et al., 2022). Cognitive-behavioral models suggest that self-sabotage stems from distorted thinking patterns such as catastrophizing, black-and-white thinking, or internalized negative self-talk (Sansone et al., 2012). These beliefs, when unchallenged, lead to behaviors that confirm and reinforce them, thus forming a self-fulfilling prophecy. From a behavioral perspective, self-sabotage may be maintained by short-term emotional relief such as avoiding a challenging task to reduce anxiety which inadvertently strengthens avoidance as a coping strategy (Thompson, 2018). Over time, repeated failures caused by self-sabotaging actions reduce self-efficacy, intensify self-blame, and create a fixed mindset, especially among individuals with unresolved emotional wounds or trauma histories.

In the context of counseling, self-sabotage presents a significant challenge as clients may be unaware of their role in perpetuating their difficulties. They may attribute setbacks to external circumstances while simultaneously struggling with internal conflict, shame, or low self-trust. Counselors must navigate these defenses gently, helping clients uncover the function and origin of their sabotaging patterns. This requires a therapeutic approach that goes beyond surface-level behavior modification, focusing instead on emotional awareness, value clarification, and cognitive restructuring (Lega & Johnson, 2012). Interventions should empower clients to recognize their internal barriers, shift from punitive self-judgment to self-understanding, and develop adaptive coping strategies that align with their goals (Clark, 2010; Ezy Maulany et al., 2023). Addressing self-sabotage effectively requires creating emotional safety within the counseling relationship and fostering a compassionate space for self-reflection and transformation.

Maladaptive Behavioural Cycles

Maladaptive behavioral cycles refer to recurrent patterns of behavior that, while initially serving as coping mechanisms, ultimately undermine psychological well-being and personal development (Pietkiewicz et al., 2018; Rek et al., 2023). Within the context of self-sabotage, these cycles are typically characterized by avoidant or self-defeating behaviorsm such as procrastination, excessive self-criticism, or self-handicapping that are triggered by underlying emotional vulnerabilities, including fear of failure, shame, or low self-worth (Dero et al., 2023; Oloidi et al., 2022). From a psychological standpoint, such cycles often emerge as a response to perceived threats to the self. For instance, individuals who anticipate failure or rejection may engage in avoidance as a protective mechanism. However, this avoidance reinforces feelings of inadequacy and perpetuates a self-fulfilling prophecy. Over time, the repetition of these behaviors forms entrenched cognitive-emotional patterns that are difficult to disrupt without intentional intervention. Theoretical perspectives such as cognitive-behavioral theory and attachment theory offer insight into the origins and maintenance of these maladaptive patterns. Cognitive-behavioral models emphasize the role of distorted thinking and learned helplessness, suggesting that repeated negative self-appraisals fuel the cycle of self-sabotage (Boden et al., 2012; Gutterswijk et al., 2023).

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Attachment-based frameworks, on the other hand, highlight the role of early relational experiences in shaping internal working models of the self, often predisposing individuals to chronic self-doubt and relational withdrawal. Crucially, these cycles are not merely behavioral but also deeply affective, involving persistent emotional dysregulation and heightened sensitivity to self-evaluative threats. Without adequate intervention, such cycles may escalate into more severe psychological conditions, including anxiety disorders, depression, and identity diffusion. Recognizing the recursive nature of maladaptive behavioral cycles is therefore essential in developing effective counseling interventions. By addressing both the cognitive distortions and the underlying emotional drivers, counselors can assist clients in replacing self-sabotaging patterns with adaptive, self-compassionate responses that promote long-term resilience and psychological growth (Harland et al., 2002; Siemionow, 2020).

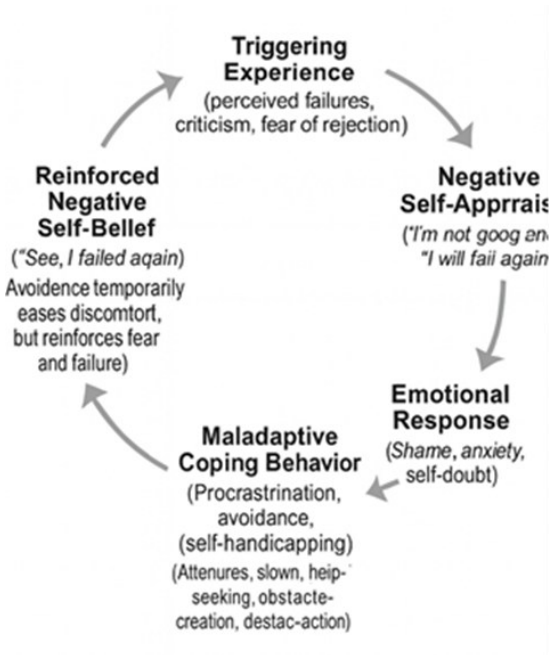

Figure 1: Maladaptive Behavioural Cycles

Breaking this cycle requires interventions that not only address the observable behaviors but also target the underlying cognitive distortions and emotional triggers. By fostering self-compassion, individuals can begin to reinterpret triggering experiences with greater emotional balance and reduce harsh self-criticism. This shift in internal dialogue can weaken the power of negative self-appraisals and, in turn, reduce the emotional distress that drives avoidance behaviors. Consequently, the cycle is disrupted, allowing for the development of adaptive coping strategies that promote resilience, motivation, and psychological well-being. The diagram thus serves as a conceptual foundation for designing counseling interventions aimed at long-term behavioral change.

A Tri-Theoretical Integration: CFT, CBT, and SDT as the Conceptual Foundation for Self-Compassionate Counselling

This article adopts a conceptual synthesis approach to explore the intersection between self-compassion and self-sabotage, particularly focusing on how self-compassion-based counseling interventions can disrupt maladaptive behavioral cycles. Instead of empirical data, the analysis

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is structured around an integration of established psychological theories and current literature from the fields of clinical psychology, counseling, and cognitive science. At the foundation of this framework is Compassion-Focused Therapy (CFT), developed by Gilbert (2009), which emphasizes the regulation of shame and self-criticism through the cultivation of self-kindness and emotional safeness. CFT asserts that many maladaptive behaviors, including self-sabotage, stem from an overactive threat protection system, often accompanied by internalized harsh criticism. In this regard, self-compassion operates not merely as an emotional stance, but as a transformative regulatory mechanism that soothes the affective triggers which fuel destructive cycles.

Complementing this, Cognitive Behavioral Theory (CBT) provides a structural lens for understanding how cognitive distortions such as negative automatic thoughts and catastrophic beliefs initiate and maintain self-defeating behaviors (B. J. Cox, 1996; Reynolds, 2000). CBT posits that individuals prone to self-sabotage engage in maladaptive thought patterns that reinforce avoidance and emotional withdrawal (Hicks et al., 2005; Jungquist et al., 2010; Sil & Kashikar-Zuck, 2013). These patterns are key targets in intervention, particularly through reappraisal and reframing strategies. However, a growing body of research suggests that traditional CBT, while effective in cognitive restructuring, may lack sufficient emotional warmth to fully address shame-based responses. Here, integrating self-compassion practices into CBT enhances its efficacy by addressing both the cognitive and affective dimensions of self-sabotaging behavior. In addition, Self-Determination Theory (SDT), formulated by Deci and Ryan (1985), contributes a motivational perspective to the conceptual framework. SDT emphasizes the importance of autonomy, competence, and relatedness in fostering intrinsic motivation and psychological well-being (Evans et al., 2024; Gagné & Deci, 2005). Self-sabotage often emerges when these needs are thwarted when an individual feels incompetent, lacks agency, or is disconnected from supportive relationships. Self-compassion can restore these needs by promoting internal validation, emotional resilience, and secure attachment, thereby realigning motivational drivers toward adaptive goals.

This framework also incorporates a process-based understanding of maladaptive behavioral cycles, such as the one illustrated in the diagram previously. These cycles are not random, but systematic often initiated by external or internal triggers, mediated by emotional dysregulation, and sustained through learned avoidance. By mapping these cycles conceptually, the article identifies specific intervention points where counselors can introduce compassion-based techniques to rewire habitual responses. Critically, this integrative framework does not position self-compassion as a panacea. Instead, it is viewed as a context-sensitive construct that must be tailored to individual client profiles, cultural backgrounds, and therapeutic readiness. Not all individuals may respond positively to compassion-based work initially, particularly those with complex trauma histories. Therefore, a trauma-informed lens must guide its application, ensuring that interventions respect psychological safety and pacing. Ultimately, this conceptual foundation invites the development of nuanced counseling strategies that move beyond behavior correction to the deeper emotional restoration of the self. The application of this model holds significant potential for both clinical innovation and the advancement of humanistic counseling paradigms.

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Disruption through Self-Compassion-Based Interventions

The maladaptive cycle of self-sabotage is often sustained by a combination of emotional dysregulation, distorted cognitions, and unfulfilled psychological needs (Mitchell, 2022). To effectively interrupt this cycle, interventions must address not only the behavioral symptoms but also the deeper emotional and motivational underpinnings. This section outlines how self-compassion-based interventions offer a powerful, integrative means of disrupting self-sabotaging behavior and fostering long-term psychological resilience. Self-compassion, as conceptualized by Neff (2003), comprises three key components: mindfulness, self-kindness, and common humanity. These elements provide an emotional foundation that counteracts self-criticism, shame, and disconnection—core factors in the perpetuation of self-sabotage. When applied intentionally in counseling settings, self-compassion can reduce emotional reactivity, increase distress tolerance, and foster greater internal safety and motivation.

One critical strategy is the cultivation of mindfulness, which involves observing thoughts and emotions in a non-judgmental and accepting manner (Creswell, 2017). This technique helps clients develop awareness of their self-sabotaging patterns as they occur, creating space between stimulus and reaction. Mindfulness facilitates emotional regulation and helps individuals disengage from automatic cycles of avoidance and procrastination (Arendt et al., 2019; Sulosaari et al., 2022). Self-kindness serves as an antidote to the harsh inner critic that often drives self-sabotage. Through compassionate self-talk and affirming practices, clients can begin to relate to themselves with empathy rather than blame. This shift in internal dialogue supports cognitive restructuring and opens the possibility for more adaptive behavioral responses, aligning closely with principles from both Compassion-Focused Therapy (CFT) and Cognitive Behavioral Therapy (CBT). As discussed by Saidi et al. (2023), ethical and professional competencies particularly those rooted in empathy and reflective awareness are foundational in empowering clients to navigate inner conflicts and foster sustainable psychological growth.

Compassionate reframing builds on these practices by guiding individuals to reinterpret negative self-beliefs through a lens of understanding and acceptance (Sirois et al., 2015). Rather than denying failure or inadequacy, clients are encouraged to acknowledge these experiences while recognizing their universality and impermanence. This reframe reduces shame and increases cognitive flexibility. Lastly, values clarification informed by Self-Determination Theory (SDT) helps individuals reconnect with their intrinsic motivations (Xia et al., 2022). Many self-sabotaging behaviors arise from a disconnection between actions and personal values (Fimiani et al., 2024). By identifying and affirming meaningful goals, clients can cultivate a stronger sense of autonomy and purpose, thereby increasing psychological commitment to change (Sahdra et al., 2023). Together, these interventions form a cohesive framework for change. They do not merely suppress self-sabotaging behaviors but rather replace them with compassionate, intentional, and value-driven action. Applied consistently, these techniques offer a path toward healing and behavioral transformation, anchoring self-growth in emotional safety and internal motivation.

Conclusion

This conceptual framework highlights a multidimensional pathway for understanding and intervening in self-sabotaging behavior through the integration of self-compassion into counseling practice. Drawing from Compassion-Focused Therapy (CFT), Cognitive Behavioral Theory (CBT), and Self-Determination Theory (SDT), the model underscores the

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cyclical nature of self-sabotage and offers clear intervention points that address the emotional, cognitive, and motivational dimensions of the client's experience.A core strength of this framework lies in its integration of multiple therapeutic domains. While CBT effectively targets cognitive distortions and maladaptive thinking, it often falls short in addressing the emotional distress that underlies persistent self-criticism and avoidance. The inclusion of self-compassion techniques, grounded in CFT, enables counselors to cultivate emotional safety and reduce internalized shame, which are often precursors to sabotage behaviors. Furthermore, the SDT component enriches the model by revealing how deeply unmet psychological needs particularly autonomy and competence can erode intrinsic motivation and perpetuate self-defeating cycles.

From a practical standpoint, the self-compassion-based interventions described in this model such as mindfulness, compassionate reframing, and values clarification represent accessible, flexible tools that can be adapted across diverse counseling contexts. These strategies empower clients to develop healthier internal narratives and foster self-supportive behaviors that align with long-term goals. Such approaches are especially beneficial in working with individuals who exhibit chronic procrastination, perfectionism, or identity-based self-doubt. However, the application of these techniques is not without challenges. One key issue is client readiness and resistance. For individuals with complex trauma or deeply entrenched self-criticism, introducing self-compassion may initially evoke discomfort or emotional withdrawal. In such cases, counselors must establish a trauma-informed therapeutic alliance and ensure that the pace of intervention matches the client's emotional capacity.

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