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Self-Compassion and Reactions to Unpleasant Self-Relevant Events: The Implications of Treating Oneself Kindly

Mark R. Leary and Eleanor B. Tate
Duke University

Claire E. Adams
Louisiana State University

Ashley Batts Allen
Duke University

Jessica Hancock
Wake Forest University

Five studies investigated the cognitive and emotional processes by which self-compassionate people deal with unpleasant life events. In the various studies, participants reported on negative events in their daily lives, responded to hypothetical scenarios, reacted to interpersonal feedback, rated their or others' videotaped performances in an awkward situation, and reflected on negative personal experiences. Results from Study 1 showed that self-compassion predicted emotional and cognitive reactions to negative events in everyday life, and Study 2 found that self-compassion buffered people against negative self-feelings when imagining distressing social events. In Study 3, self-compassion moderated negative emotions after receiving ambivalent feedback, particularly for participants who were low in self-esteem. Study 4 found that low-self-compassionate people undervalued their videotaped performances relative to observers. Study 5 experimentally induced a self-compassionate perspective and found that self-compassion leads people to acknowledge their role in negative events without feeling overwhelmed with negative emotions. In general, these studies suggest that self-compassion attenuates people's reactions to negative events in ways that are distinct from and, in some cases, more beneficial than self-esteem.

Keywords: self-compassion, self-evaluation, self-esteem, self-criticism, coping

Psychologists have been interested for many years in factors that promote coping, resilience, and subjective well-being (Bonanno, 2004; Diener, Lucas, & Oishi, 2002; Ryan & Deci, 2000; Ryff & Singer, 2002). Some people roll with life's punches, facing failures, losses, and problems with equanimity, whereas others react maladaptively to unpleasant situations or, worse, exacerbate their distress by ruminating excessively about life's calamities, castigating themselves for their shortcomings, and catastrophizing about their problems (Leary, 2004).

Neff (2003a, 2003b) recently identified a previously unstudied construct that may play an important role in how people deal with life's problems—self-compassion. According to Neff (2003a), self-compassion involves "being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward

one's inadequacies and failures, and recognizing that one's experience is part of the common human experience" (p. 224). Presumably, a person high in self-compassion sees his or her problems, weaknesses, and shortcomings accurately, yet reacts with kindness and compassion rather than with self-criticism and harshness. Thus, self-compassion may buffer people against negative events and engender positive self-feelings when life goes badly.

The process by which self-compassion protects people against stressful events is presumably different from that of its more familiar cousin, self-esteem. Whereas self-esteem is associated with positive feelings about oneself and believing that one is valued by others (Leary & MacDonald, 2003), self-compassion is an orientation to care for oneself. Not surprisingly, self-compassionate people tend to have high self-esteem (Neff, 2003b), presumably because reacting kindly rather than critically toward oneself promotes positive self-feelings. However, the positive self-feelings that characterize self-compassionate people do not appear to involve the hubris, narcissism, or self-enhancing illusions that characterize many people who possess high self-esteem. Whereas standard measures of trait self-esteem (e.g., Berger, 1952; Rosenberg, 1965) correlate positively with scores on the Narcissistic Personality Inventory (Raskin & Hall, 1979), self-compassion does not (Neff, 2003b). Furthermore, low self-compassion accounts for a sizable portion of unique variance in depression and anxiety, even with trait self-esteem partialed out, suggesting that

self-compassion contributes to well-being in ways that are distinct from those of trait self-esteem.

In addition to showing that self-compassion correlates with psychological well-being, researchers have begun to examine the moderating effects of self-compassion on people's reactions to negative events. Neff, Hsieh, and Dejitterat (2005) examined the relationship between self-compassion and reactions to academic failure. Among students who received an unsatisfactory midterm grade, self-compassion correlated positively with the emotion-focused coping strategies of acceptance and positive reinterpretation/growth and negatively with a focus on negative emotions and avoidance-oriented coping. Furthermore, self-compassion was positively associated with mastery orientation (being motivated by curiosity and the desire to develop one's skills) but negatively associated with performance orientation (the motivation to defend or enhance one's self-worth). These studies showed that self-compassion moderates reactions to real and potential failure, possibly by reducing the aversiveness of events that threaten self-esteem.

These early findings suggest that self-compassion holds promise as an important and interesting construct that facilitates resilience and coping, but with only a few previous studies on the topic, many key questions have not been addressed. The five studies reported in the present article were designed to examine four overlapping issues regarding the nature of self-compassion. The first was to document that people low versus high in self-compassion respond to negative events as Neff's (2003a, 2003b) conceptualization predicts. Previous research on self-compassion has relied primarily on correlational designs, highlighting the need for both experience-sampling and experimental studies. Thus, we used paradigms in which participants reported on unpleasant events in their everyday lives (see Study 1), responded to standardized hypothetical scenarios (see Study 2), reacted to unpleasant interpersonal feedback in a laboratory experiment (see Study 3), and performed an awkward and mildly embarrassing task (see Study 4). Second, we examined the thoughts of low- and high-self-compassionate individuals in these studies to understand the cognitions that underlie a self-compassionate response to negative events (see Studies 1, 2, 4, and 5). Understanding how self-compassionate people think about themselves and their difficulties may point the way to promoting self-compassion among those who tend to treat themselves less kindly. Third, given the high correlation between self-compassion and self-esteem (Neff, 2003b), we examined the unique contributions of both measured and manipulated self-compassion and self-esteem to people's reactions (see Studies 2, 3, and 5). Finally, to date, self-compassion has been studied only as a traitlike, dispositional variable, raising the question of whether it is possible to induce a transitory state of self-compassion. In Study 5, we experimentally induced a self-compassionate mindset to examine its effects, compare the effects of state self-compassion with those of trait self-compassion, and examine differences in the effects of inducing self-compassion versus self-esteem.

Study 1

With the exception of Neff et al. (2005), self-compassion has not been studied in the context of people's reactions to real-life events. Thus, although researchers know that self-compassion correlates with self-report measures of emotion, life satisfaction, and well-being (Neff, 2003b; Neff et al., 2005; Neff, Kirkpatrick, & Rude, in press), they do not know much about how it relates to reactions to everyday events. In Study 1, we examined this issue by asking participants to report on the worst thing that happened to them on four occasions over a 20-day period. Because the worst things that happen to people on a daily basis are typically rather mundane and inconsequential, we were able to examine how self-compassion plays out in the context of the minor hassles, annoyances, inconveniences, and problems that people regularly face.

Many of the problems that people confront on a daily basis are clearly their own fault, arising from their own intended or unintended actions. Others, of course, are not their fault, being caused by other people or events beyond their control. Neff's (2003a) conceptualization of self-compassion suggests that self-compassion should be equally effective in buffering people against negative events regardless of whether the event was their fault, and we examined whether self-compassion moderates people's reactions differently as a function of whether they perceive a negative event to be their fault.

Method

Participants

Participants were 59 male and 58 female undergraduate students, ages 17–21, from introductory psychology classes who participated to earn credit toward a course research participation requirement.

Procedure

Mass testing. All participants completed the Self-Compassion Scale (Neff, 2003b) in mass testing at the beginning of the semester. The Self-Compassion Scale consists of 26 items that assess the three dimensions that Neff (2003b) identified as components of self-compassion: self-kindness (being kind and understanding toward oneself rather than harshly self-critical), common humanity (viewing one's negative experiences as a normal part of the human condition), and mindful acceptance (holding painful thoughts and feelings in mindful awareness rather than overidentifying with them). Neff (2003b) reported a Cronbach's alpha coefficient of .92.

Introductory session. Participants reported in groups of about 20 for an introductory half-hour session in which the researcher explained that the study was investigating how people react to events that occur in their everyday lives. Participants were told that, during the coming 3 weeks, they would receive four e-mail messages instructing them to access a Web site where they would complete a questionnaire about events that had occurred during the previous 4 days.

Web-based questionnaire. Every fifth day after the introductory session, participants received an e-mail message providing a hyperlink Internet address that allowed them to access the Web-based questionnaire. When they accessed the Web site, they were instructed to recall either the worst thing that had happened to them during the previous 4 days that was their fault (fault condition) or the worst thing that had happened to them during the previous 4 days that was not their fault (no-fault condition). Over the course of the study, all participants were asked to report on two

events that were their fault and on two events that were not their fault, with the order of conditions counterbalanced across participants.

After entering their student identification number, students recorded the date then described in two sentences or fewer the worst thing that had happened during the past 4 days (that was or was not their fault). The instructions noted that "the worst thing that happened during the past four days may have been quite bad or it could have been very minor." After describing the event, participants indicated whether the event primarily involved (a) work or school; (b) my family; (c) my friends or social life; (d) athletics, recreation, or leisure; (e) my physical health; (f) a romantic relationship; or (g) other. They indicated when the event occurred as well as who was affected by it (only me, other people but not me, other people and me).

Participants then rated how "bad" the event was, the degree to which they were responsible for the event, the degree to which other people were responsible for the event, and "in the big scheme of things, how important was this event to you?" Ratings were made on a 6-point scale, where 1 = not at all, 2 = slightly, 3 = somewhat, 4 = moderately, 5 = very, and 6 = extremely. Participants also rated how they felt in the situation using 20 affect-relevant terms that were selected to assess sadness (*sad*, *dejected*, *down*, *depressed*), anxiety (*nervous*, *worried*, *anxious*, *fearful*), anger (*irritated*, *angry*, *hostile*, *mad*), and self-conscious emotions (*embarrassed*, *humiliated*, *guilty*, *ashamed*).

Participants rated the degree to which they reacted in each of several ways, also on 6-point scales. Some of these reactions were hypothesized to relate to self-compassion: (a) "I tried to be kind to myself," (b) "I tried to make myself feel better," (c) "I kept the situation in perspective," and (d) "I was really hard on myself." Other reactions were assumed to be independent of self-compassion (e.g., "I expressed my emotions to let off steam," "I took steps to fix the problem in a positive way or I made plans to do so," "I wanted to spend time alone," "I sought out the company of others," "I gave myself time to come to terms with it," "I tried to understand my emotions").

Participants then indicated the extent to which they had thought each of several thoughts about the event (1 = I did not think this thought at all, 2 = I thought this once, 3 = I thought this a few times, 4 = I thought this several times, 5 = I kept thinking this thought): (a) I've had a really bad day—I need to do something nice for myself; (b) I seem to have bigger problems than most people do; (c) In comparison to other people, my life is really screwed up; (d) Why do these things always happen to me?; (e) This isn't any worse than what lots of other people go through; (f) I'm a loser. Finally, participants rated how well they thought they handled the situation on a 6-point scale ranging from 1 (*very poorly*) to 6 (*very well*) and the overall quality of the day on which they experienced the negative event on a 6-point scale ranging from 1 (*very bad*) to 6 (*very good*).

Results

Preliminary Analyses

Cronbach's alpha coefficient on our sample was .91, and the mean of the self-compassion scores was 18.9 (SD = 3.80). To begin, we examined whether self-compassion was related to the

kinds of events that participants reported. Analyses of the categories of events that participants described revealed no relationship between self-compassion and event category for any of the four measurement periods (all $ps > .05$). Overall, most of the reported events involved work or school (38.6%), friends or social life (24.1%), physical health (11.4%), and romantic relationships (8.5%). Similarly, self-compassion scores were unrelated to whether the negative event affected only the participant (54.9%), only other people (2.0%), or both the participant and other people (43.1%; $ps > .05$).

Perhaps most important, self-compassion was unrelated to answers to the questions "How bad was the thing that happened?" ($M = 3.3$) and "In the big scheme of things, how important was this event to you?" ($M = 2.9$; $ps > .05$). Overall, participants who scored low versus high in self-compassion reported events of similar types and degrees of seriousness and importance. Thus, any differences in thoughts and feelings are not likely to be because of the fact that low- versus high-self-compassionate participants experienced or reported different kinds of events.

Hierarchical Linear Modeling

Data were analyzed using random coefficient modeling, specifically hierarchical linear modeling (HLM; Bryk, Raudenbush, & Congdon, 1998). Participants' ratings of the negative events were analyzed using the following (within-person) Level 1 model:

$$y_{ij} = \beta_{0j} + \beta_1(\text{fault/no fault}) + r_{ij} \qquad (1)$$

In these models, y_{ij} was a rating for a particular event (subscripted i) for each participant (subscripted j), β_{0j} was a random coefficient (an intercept) representing the mean of y across all four events for a particular participant, β_1 was a random coefficient (a slope) representing the effects of fault versus no-fault instructions on y, and r_{ij} represented within-person residual or error. Thus, this model estimated within-person ratings as a function of fault/no-fault instructions.

Relationships between self-compassion and ratings of events were analyzed using the following (between-person) Level 2 models:

$$\beta_{0j} = \gamma_{00} + \gamma_{01}(\text{self-compassion}) + u_0 \qquad (2)$$

$$\beta_{1j} = \gamma_{10} + \gamma_{11}(\text{self-compassion}) + u_1 \qquad (3)$$

At Level 2, β_{0j} were coefficients from the Level 1 model (i.e., the intercept from each participant's model), γ_{00} represented the grand mean of these coefficients, γ_{01} represented the effects of self-compassion scores, and u_0 represented error. Likewise, β_{1j} were coefficients from the Level 1 model (i.e., the slope of each participant's model), γ_{10} represented the grand mean of these coefficients, γ_{11} represented the effects of self-compassion scores, and u_1 represented error.

Manipulation check on fault/no-fault instructions. Before examining the relationship between self-compassion and the outcome measures, it was important to ensure that participants properly reported events that were and were not their fault as instructed. HLM conducted on answers to the question "To what extent were you responsible for causing this event?" revealed a strong effect of instructions ($\gamma_{10} = 3.56$), $t(432) = 37.38$, $p < .001$. Participants instructed to describe events that were their fault ($M = 5.1$)

indicated that they were more responsible for the event than those instructed to describe events that were not their fault ($M = 1.5$). Conversely, participants instructed to describe events that were their fault indicated that other people were less responsible for the event ($M = 2.1$) than those instructed to describe events that were not their fault ($M = 3.6$, $\gamma_{10} = -1.48$), $t(432) = -8.87$, $p < .001$.

Further support for the efficacy of the instructions is provided by the fact that the fault/no-fault instructions were related to how hard participants indicated they were on themselves after the event ($Ms = 2.3$ vs. 1.5, $\gamma_{10} = 0.81$), $t(432) = 6.30$, $p < .001$; the degree to which participants took steps to fix the problem ($Ms = 3.2$ vs. 2.7, $\gamma_{10} = 0.45$), $t(432) = 3.13$, $p < .002$; and feelings of both self-conscious emotions ($Ms = 7.2$ vs. 5.4, $\gamma_{10} = 1.96$), $t(432) = 7.16$, $p < .001$, and low self-esteem ($Ms = 9.2$ vs. 5.5, $\gamma_{10} = 3.95$), $t(432) = 13.04$, $p < .001$. Given that people who are at fault for a negative event would be expected to be hard on themselves, try to fix the problem, experience self-conscious emotions (such as embarrassment or guilt), and have lower state self-esteem, these patterns provide additional evidence that participants followed instructions in reporting the proper type of events as instructed.

Self-compassion. As predicted, self-compassion was positively related to ratings of the items "I tried to be kind to myself" and "I tried to make myself feel better" and negatively related to ratings on "I was really hard on myself." (See Table 1.) In addition, participants high in self-compassion reported that they kept the situation more in perspective. In contrast, self-compassion was not related to reactions that had no conceptual relationship to self-compassion—trying to take one's mind off the problem, expressing emotions, trying to fix the problem, seeking out other people's company, or taking time to come to terms with the problem (see Table 1). Thus, self-compassion was related, as expected, to par-

ticular reactions that involved treating oneself kindly or reacting with equanimity but not to general reactions or coping tactics.

As predicted, self-compassion was consistently associated with having fewer negative, pessimistic, and self-critical thoughts. As seen in Table 1, the HLM analyses showed that self-compassion was inversely related to believing that one has bigger problems in life than most other people, wondering why "these things always happen to me," thinking that one's life is more "screwed up" than other people's, and having the thought "I'm a loser." In contrast, self-compassion was positively associated with thinking that the negative event was not worse than what many other people experience and unrelated to thinking "everyone has a bad day now and then."

As expected, self-compassion was negatively related to negative feelings, specifically, anxiety, sadness, and self-conscious emotions (see Table 1). The effect for anger, however, was not significant. Self-compassion was also positively related to participants' ratings of how well they handled the difficult situation ($\gamma_{01} = 3.60$), $t(107) = 37.38$, $p < .001$. Finally, high self-compassion was associated with rating the day on which the negative event happened more positively ($\gamma_{01} = 0.07$), $t(107) = 2.35$, $p < .02$. This finding is particularly interesting given that self-compassion was unrelated to ratings of the event itself, suggesting that negative events taint people's overall judgments of their days more if they are low rather than high in self-compassion.

Moderating Effects of Self-Compassion on Reactions to Fault and No-Fault Events

Self-compassion moderated participants' reactions to events that were versus were not their fault on only three items. First, an effect

Table 1
Hierarchical Linear Modeling Results for Self-Compassion in Study 1

Variable	γ_{01}	t	p
Reaction			
I tried to be kind to myself.	.05	1.90	.057
I tried to make myself feel better.	.07	2.01	.044
I was really hard on myself.	−.06	−2.85	.005
I kept the situation in perspective.	.06	2.30	.020
I tried to do things to take my mind off the problem.	.01	−0.19	.85
I expressed my emotions to let off steam.	−.03	−0.91	.36
I took steps to fix the problem or made plans to do so.	.03	0.73	.47
I sought out the company of others.	.03	1.06	.29
I gave myself time to come to terms with it.	.01	0.19	.85
Thought			
I seem to have bigger problems than most people do.	−.06	−2.88	.005
I'm a loser.	−.02	−2.09	.037
This isn't any worse than what lots of other people go through.	.05	2.34	.019
Why do these things always happen to me?	−.07	−3.20	.002
In comparison to other people, my life is really screwed up.	−.05	−2.69	.007
Everyone has a bad day now and then.	−.03	−1.00	.32
Emotion			
Anxiety	−.22	−2.18	.036
Self-conscious emotions	−.11	−1.96	.050
Sadness	−.15	−1.72	.083

was obtained on ratings of the item "I tried to be kind to myself" ($\gamma_{11} = 0.07$), $t(107) = 2.99$, $p < .003$. Calculation of conditional regression equations revealed that self-compassion was positively related to being kind to oneself for events that were one's own fault ($B_1 = .12$, $p < .001$) but not for events that were not one's fault ($B_1 = .04$, *ns*). On the item "I tried to understand my emotions," self-compassion scores predicted trying to understand one's emotions when the event in question was one's fault ($B_1 = .08$, $p < .01$) but not when it was not one's fault ($B_1 = .02$, *ns*). Finally, ratings of self-conscious emotions (e.g., embarrassment, shame, humiliation) were not moderated by self-compassion when events were the participants' fault ($B_1 = .02$, *ns*), but self-compassion was inversely related to such emotions in the case of no-fault events ($B_1 = -.10$, $p < .05$).

Discussion

Self-compassion was consistently related to participants' reactions to the worst events that happened to them in theoretically meaningful ways. In strong support of the Self-Compassion Scale's validity, self-compassionate participants more strongly indicated that they tried to be kind to themselves and make themselves feel better and less strongly indicated that they were hard on themselves following negative events.

Many of the relationships between self-compassion and participants' thoughts emerged on items that are conceptually related to the "common humanity" aspect of self-compassion—the recognition that problems are a normal part of life and that one's own difficulties are generally no worse than other people's problems. For example, self-compassion was inversely related to thinking that one has bigger problems than other people and that one's own life is more screwed up than other people's but positively related to believing that the negative event was not any worse than what other people experience.

Given these differences in the reported content of participants' thoughts, it is not surprising that self-compassion also predicted equanimity in the aftermath of the worst things that happened to people. Self-compassion was associated with keeping the situation in perspective, not endorsing the notion that one is a "loser," lower negative emotions, and later feeling that one handled the situation better. As expected from Neff's (2003a) conceptualization, self-compassion did not generally moderate reactions to events differently that participants perceived were and were not their fault. Only three items revealed such an effect. Self-compassion was positively related to greater efforts to be kind to oneself and to understand one's emotions after events that participants reported were their fault and inversely related to self-conscious emotions after events that were not their fault.

Study 2

Although we saw no evidence in Study 1 that low- and high-self-compassionate participants reported different kinds of negative events, the possibility remains that low- and high-self-compassionate participants reacted differently to the events they reported because they experienced, remembered, or reported different kinds of events. To control for this possibility, we asked participants in Study 2 to respond to a common set of scenarios. Although using scenarios sacrifices realism, it allowed us to ex-

amine differences in how low- and high-self-compassionate people react to a common set of situations.

The second purpose of Study 2 was to compare the effects of self-compassion with those of trait self-esteem and narcissism. People who treat themselves in an understanding, kind, and compassionate manner should feel better about themselves than those who are more self-critical and, thus, should score higher in self-esteem. Indeed, previous research shows that self-compassion correlates moderately with self-esteem (Neff, 2003b). However, self-compassion should involve more than positive self-evaluations or high self-esteem per se, reflecting a kinder and gentler approach to problematic situations, and we should find that self-compassion relates to various psychological outcomes in a fashion distinct from self-esteem. Along these lines, Neff (2003b) showed that, even with self-esteem scores partialed out, self-compassion accounted for unique variance in depression, anxiety, and other variables. Our goal was to extend her findings by exploring whether self-compassion moderates emotions, thoughts, and behavioral inclinations to specific events differently than self-esteem. Furthermore, because measures of self-esteem tend to correlate with narcissism (Baumeister, Smart, & Boden, 1996; Neff, 2003b; Neff, Kirkpatrick, Rude, & Dejitterat, 2004), we thought it important to extend Neff's (2003b) finding that self-compassion was unrelated to narcissism by showing that the two constructs bear distinct relationships to people's reactions to particular situations.

Overall, we expected to find that self-compassion, unlike self-esteem or narcissism, would be related to lower negative emotions, more equanimous thoughts, and less reactivity in response to the negative scenario events. Whereas self-compassion was predicted to be associated with more balanced reactions to difficult situations (Neff, 2003b), previous research has shown that people who are high in trait self-esteem or narcissism sometimes react strongly to events that threaten their ego or sense of control (Baumeister, Campbell, Krueger, & Vohs, 2003; Baumeister et al., 1996; Heatherton & Vohs, 2000).

Method

Participants

Participants were 123 students (70 men, 53 women, ages 18–22) from the psychology department subject pool who received required experimental participation credit in a course.

Measures

Self-compassion. The Self-Compassion Scale (Neff, 2003b), described earlier, was administered.

Self-esteem. Participants completed Rosenberg's (1965) Self-Esteem Inventory, the most widely used measure of trait self-esteem. This scale has good interitem reliability ($\alpha > .85$) and strong evidence of validity (see Blascovich & Tomaka, 1991).

Narcissism. The 40-item Narcissistic Personality Inventory (Raskin & Hall, 1979) assesses seven components of narcissism: authority, exhibitionism, superiority, vanity, self-sufficiency, entitlement, and exploitativeness. It has high internal consistency ($\alpha = .83$) and acceptable validity (Raskin & Terry, 1988) and has been used in hundreds of studies.

Scenarios. Participants read three hypothetical scenarios involving (a) getting a poor grade on an important test, (b) being

responsible for losing an athletic competition for their team, and (c) forgetting their part while performing on stage, causing a musical or dramatic performance to grind to an embarrassing halt. Participants were asked to imagine themselves in each situation as vividly as possible and then answer questions about each one.

First, participants were asked "How good or bad would you feel about what happened?" (1 = extremely bad, 12 = extremely good). They then rated the degree to which they would experience 20 feelings that were selected to assess five emotions: sadness (*sad*, *dejected*, *down*, *depressed*), anxiety (*nervous*, *tense*, *worried*, *anxious*), anger (*angry*, *irritated*, *mad*, *hostile*), embarrassment (*embarrassed*, *humiliated*, *disgraced*, *ashamed*), and feelings of incompetence (*incompetent*, *worthless*, *stupid*, *self-conscious*). Ratings were made on 7-point scales (1 = not at all, 4 = moderately, 7 = extremely).

Participants were then asked to indicate how likely they would be to react in seven ways if they found themselves in the situation described (1 = not at all, 2 = slightly, 3 = moderately, 4 = very, 5 = extremely): (a) remain relatively calm and unflustered, (b) overreact, (c) experience strong emotions but not get carried away with them, (d) have no emotional reaction whatsoever, (e) take the situation in stride, (f) leave the situation quickly in order to deal with my emotions, and (g) replay the situation in my mind for a long time afterwards.

Finally, participants rated how likely they would be to think each of seven thoughts (1 = not at all, 2 = slightly, 3 = moderately, 4 = very, 5 = extremely): (a) This is awful! (b) Everybody goofs up now and then, (c) In the long run, this really doesn't matter, (d) I am such a loser, (e) I wish I could die, (f) This is sort of funny, and (g) I should have expected this would happen.

Procedure

Participants completed the Self-Compassion Scale (Neff, 2003b), Self-Esteem Inventory (Rosenberg, 1965), and Narcissistic Personality Inventory (Raskin & Hall, 1979) during a mass testing session. Several weeks later, they returned in small groups to respond to the scenarios.

Results

Internal reliabilities were acceptable for self-compassion (α = .73), self-esteem (α = .87), and narcissism (α = .82). The mean self-compassion score was 18.2 (SD = 3.47), the mean self-esteem score was 39.7 (SD = 6.62), and the mean for narcissism was 57.2 (SD = 6.34). The correlations among self-compassion, self-esteem, and narcissism were similar to those obtained by Neff (2003b): self-compassion with self-esteem, r = .58; self-compassion with narcissism, r = .18; and self-esteem with narcissism, r = .37 (all ps < .05). When both self-esteem and narcissism were entered as predictors of self-compassion in a multiple regression analysis, self-esteem remained a significant predictor (sr^2 = .55, p < .001), but narcissism did not (sr^2 = −.03, p > .60).

The same two-stage strategy was used in all analyses. First, Pearson correlations were calculated separately between self-compassion, self-esteem, and narcissism on one hand, and the outcome variables on the other. Then, a simultaneous multiple regression analysis was conducted in which self-compassion, self-

esteem, and narcissism were entered and their semipartial correlations with the outcome variables examined.

The five emotion scales (sadness, anxiety, anger, embarrassment, negative self-feelings) each possessed acceptable reliability (αs > .75), so items within each scale were summed. Principal-axis factor analyses conducted on these five emotion scores separately for each scenario revealed a single factor on which all five scales loaded greater than .40. In light of this, the five emotion scales were summed to create a single negative affect score for each scenario. Table 2 presents both zero-order and semipartial correlations between self-compassion, self-esteem, and narcissism and reactions to the three scenarios. Inspection of the boldface semipartial correlations in Table 2 reveals that self-compassion accounted for significantly more unique variance in negative affect than self-esteem or narcissism. Whereas self-compassion accounted for unique variance in emotion on all three scenarios, self-esteem did not account for unique variance on any scenario, and narcissism accounted for unique variance on only one.

A principal-axis factor analysis was performed on participants' reports of what they would think in each of the situations. This analysis revealed four factors that accounted for 63.5% of the variance and reflected catastrophizing (e.g., "This is awful"), personalizing (e.g., "I am such a loser"; "I wish I could die"), equanimity (e.g., "Everybody goofs up now and then"; "In the long run, this doesn't really matter"), and humor (e.g., "This is sort of funny"). Items loading highly on each factor were summed (reliabilities for multi-item scales ranged from .67 to .79). As seen in the third column of Table 2, only self-compassion predicted unique variance in catastrophizing (one scenario), personalizing (all three scenarios), and equanimity (all three scenarios). In contrast, self-esteem predicted no unique variance in any of the thoughts, and narcissism predicted only humor (one scenario).

Ratings of the seven behavioral reactions (e.g., I would remain relatively calm and unflustered; I would overreact) were highly correlated, with interitem reliabilities in excess of .70 for all three scenarios. Thus, we reverse scored highly reactive statements and summed the seven reactions to create an index of behavioral equanimity. As seen in Table 2, self-compassion uniquely predicted behavioral equanimity for all three scenarios. In contrast, narcissism predicted equanimity in only one scenario, and self-esteem predicted equanimity in none.

Discussion

Self-compassion displayed distinct patterns of associations with most measures, patterns that mirrored those obtained in reactions to real events in Study 1. Self-compassion uniquely predicted emotional reactions to all three scenarios as well as thoughts that reflected less catastrophizing, less personalizing, and greater equanimity. Self-compassion was also associated with less extreme behavioral inclinations in response to the imagined events.

As noted, we should not be surprised that people who treat themselves with understanding and kindness feel better about themselves than people who treat themselves critically and harshly, and, as expected, the correlation between self-compassion and self-esteem was high, replicating Neff (2003b). Even so, self-compassion related to measures of emotional, cognitive, and behavioral reactivity independently of self-esteem, and when self-compassion and self-esteem were entered simultaneously into the

Table 2
Comparative Effects of Self-Compassion, Self-Esteem, and Narcissism in Study 2

Variable	Failed important test			Lost game for team			Forgot part on stage		
	S-comp	S-est	Narciss	S-comp	S-est	Narciss	S-comp	S-est	Narciss
Total negative affect	−.34**	−.28**	−.18*	−.34**	−.32**	−.15*	−.32**	−.32**	−.28**
	−.23**	−.06	−.09	**−.19***	−.12	−.04	**−.17***	−.10	**−.18***
Thought									
Catastrophizing	−.25**	−.14	.06	−.19*	−.09	−.03	−.18	−.08	−.07
	−.20*	−.04	.11	−.17	.03	.00	−.16	.04	−.05
Personalizing	−.42**	−.33**	−.18*	−.45**	−.34**	−.17	−.36**	−.24**	−.23**
	−.28**	.08	−.08	**−.31****	−.08	−.05	**−.27****	.02	−.16
Equanimity	.46**	.23**	.09	.38**	.27**	.17	.36**	.30**	.26**
	.40**	−.05	.03	**.28****	.03	.09	**.23****	.06	.16
Humorous	.11	.07	.17*	.22**	.19	.23*	.13	.12	.18*
	.09	−.04	.16	.15	.01	**.18***	.08	.00	.15
Behavioral equanimity	.40**	.30**	.20*	.43***	.31**	.19**	.35**	.22**	.33**
	.28**	.05	.10	.31**	.04	.11	**.28****	−.07	**.28****

Note. The upper number in each cell is the Pearson correlation. The lower number is the semipartial correlation with the influence of the other two predictors removed. Significant semipartial correlations are presented in boldface type. S-comp = self-compassion; S-est = self-esteem; Narciss = narcissism.
* $p < .05$. ** $p < .01$.

regression analyses, self-compassion accounted for unique variance in the outcome variables, whereas self-esteem did not. More important, had we measured only self-esteem, we would have undoubtedly concluded that all of these effects were because of self-esteem, unaware that self-compassion may be the important factor at work. These data raise the possibility that many concomitants of trait self-esteem identified in previous research may be a function of self-compassion rather than self-esteem. We return later to a general discussion of similarities and differences between self-compassion and self-esteem.

Study 3

Thus far, we have seen that self-compassion predicts people's reactions to both real-life events (see Study 1) and hypothetical situations involving failure, loss, and humiliation (see Study 2). We extended the findings of the first two studies in Study 3 by examining low- and high-self-compassionate people's reactions to an actual unpleasant interpersonal event, one in which they received ambivalent feedback from another individual.

Being negatively evaluated or rejected by other people is an inherently aversive experience, resulting in negative emotions (such as hurt feelings, sadness, and anger), diminished self-esteem, and a loss of perceived control (Leary, Koch, & Hechenbleikner, 2001; Williams & Zadro, 2005), and even ambivalent or neutral evaluations from other people can be quite distressing (Leary, Haupt, Strausser, & Chokel, 1998). Both the conceptualization of self-compassion (Neff, 2003a) and our previous findings suggest that self-compassion may buffer people against some of the distress that interpersonal ambivalence induces. People who treat themselves kindly after receiving less positive reactions from others than they desire, recognize the universality of rejection in the human experience, and hold their emotions in mindful awareness should find such episodes less distressing than those who are low in self-compassion. They should also have less negative reactions toward those who do not evaluate them as they desire. In

Study 3, participants disclosed information about themselves to another individual and then received either positive or neutral feedback. Then, participants' emotional reactions and judgments of the other person were assessed.

In light of the high correlation between self-compassion and trait self-esteem, we were interested in examining whether self-compassion and self-esteem differentially moderate reactions to feedback. The results from Neff (2003b) and Study 2 suggested that self-compassion has distinct effects from self-esteem, but we thought it was important to document that self-compassion and self-esteem moderate people's reactions to an actual event in different ways. Furthermore, we were interested in examining the possibility that self-compassion may moderate the relationship between trait self-esteem and reactions to interpersonal feedback. Previous research suggests that people with low self-esteem are more reactive to the self-relevant implications of negative feedback than people with high self-esteem, whose positive self-views and beliefs about their social acceptability help to buffer them against negative evaluations (Campbell & Lavallee, 1993). If so, then one may expect that being high in self-compassion would provide a greater benefit to people who are low versus high in self-esteem because a self-compassionate orientation may allow low-self-esteem people to maintain equanimity in the face of unflattering evaluations.

Method

Participants

Sixty-six undergraduate psychology students (36 men and 30 women, ages 18–22) completed the Self-Compassion Scale (Neff, 2003b) and the Self-Esteem Inventory (Rosenberg, 1965) in a mass testing session. The mean self-compassion score was 19.5 (SD = 3.48), and the mean self-esteem score was 39.8 (SD = 6.02).

Procedure

When participants arrived for the experiment several weeks later, they were told that the study was investigating one-way video interactions. They were led to believe that they would introduce themselves on a video link that projected into another room, where another participant (the "observer") would ostensibly watch and provide feedback about their introduction.

Video introduction. Participants were told to talk about themselves while facing a video camera for 3 min. To facilitate their introduction, they were given a list of topics used in previous research using a similar paradigm (B. Pontari, personal communication, September 24, 2004)—the participant's hometown, major, likes and dislikes about college, hobbies, interests, future plans, things in life that are personally important, and miscellaneous information. Participants were told to continue talking until the researcher returned. The researcher turned on the video camera, which appeared to be connected by cables to the adjacent room, and left. After 3 min, the researcher returned, turned off the video camera, and asked the participants to complete a questionnaire about their introduction.

Feedback manipulation. The researcher left again and returned with an envelope ostensibly containing feedback from the observer who had watched the participant's introduction. This feedback consisted of the observer's ratings on six bipolar scales (*socially unskilled–socially skilled, unfriendly–friendly, unlikable–likable, cold–warm, unintelligent–intelligent,* and *immature–mature*), each of which was given on a 7-point scale (with 7 being the most positive rating). Participants who were randomly assigned to the positive-feedback condition received ratings of 5s, 6s, and 7s, whereas participants in the neutral feedback condition received ratings of 3s, 4s, and 5s.

Neutral feedback was used rather than negative feedback to minimize participants' discomfort and because people typically view neutral feedback as negative (Leary et al., 1998). Pilot testing confirmed that the neutral feedback was viewed significantly more negatively than the positive feedback. In a pilot study, 12 participants were given either the positive- or the neutral feedback sheet and rated the extent to which they would feel happy, angry, and good about themselves if they received these ratings from another person. Participants indicated that the neutral feedback would make them feel less happy (*M*s = 3.3 vs. 9.3), more angry (*M*s = 7.7 vs. 3.5), and worse about themselves (*M*s = 4.2 vs. 10.0) than the positive feedback (all *p*s < .001).

Final questionnaire. After viewing the feedback, participants completed a questionnaire that assessed reactions to the feedback, state self-esteem, attributions for the feedback, and ratings of the observer. First, participants rated the degree to which the feedback was positive or negative (1 = very negative; 12 = very positive), the extent to which their introduction gave the observer an accurate understanding of them (1 = not at all; 12 = extremely), and how much they thought the observer liked them (1 = not at all; 12 = extremely).

Participants then rated themselves on 5-point emotion scales that were designed to assess happiness (*happy, cheerful, delighted, pleased*), sadness (*down, depressed, sad, dejected*), anger (*irritated, annoyed, mad, angry*), and anxiety (*anxious, tense, uneasy, nervous*) ranging from 1 (*not at all*) to 5 (*extremely*). Next, participants rated the degree to which six factors may have caused

the observer's reactions to them: (a) what I said about myself, (b) the other person's mood, (c) the other person's tendency to be an accepting versus a rejecting person, (d) my own social skill and verbal ability, (e) my personality, and (f) the other person did not get an accurate impression of what I am really like. Ratings were made on 12-point scales with five equally spaced scale labels (*not a reason, a small reason, a moderate reason, a big reason, the main reason*). Finally, participants rated the degree to which they thought they would like the observer (1 = not at all; 12 = extremely). Participants were thoroughly debriefed about the procedure of the study. They were assured that they were not actually observed and that the feedback they received had been created for the experiment in advance.

Results

Data were analyzed with a series of three-step hierarchical multiple regression analyses. Main effects of self-compassion (zero centered), trait self-esteem (zero centered), and feedback condition (dummy coded—0, 1) were entered on Step 1, followed by the three two-way interactions on Step 2 and the three-way interaction on Step 3. Significant interactions were decomposed by testing simple slopes (Aiken & West, 1991), although we present predicted condition means to facilitate descriptions of feedback main effects. Data were examined for adherence to assumptions of normality, homoscedasticity, and outliers.

Feedback Manipulation Check

A main effect of condition on ratings of the feedback showed that the feedback manipulation was successful. Participants who received positive feedback rated the other person's impressions as significantly more positive (*M* = 9.9, *SD* = 0.99) than those who received neutral feedback (*M* = 5.3, *SD* = 0.97), $t(65) = 18.67$, $sr^2 = .85$, $p < .001$. In addition, participants in the positive-feedback condition indicated that the observer liked them more (positive condition *M* = 7.8, *SD* = 1.48; neutral condition *M* = 4.3, *SD* = 1.32), $t(65) = 10.40$, $sr^2 = .62$, $p < .001$.

Self-compassion moderated participants' ratings of the feedback, however. The Feedback × Self-Compassion interaction, $t(65) = -1.99$, $sr^2 = .01$, $p = .05$, showed that participants high in self-compassion rated the neutral feedback as more positive than participants low in self-compassion ($b = .12$), $t(65) = 2.26$, $p = .03$. However, self-compassion was not related to ratings of the positive feedback ($b = -.02$), $t(65) = -0.41$, $p = .68$. More important, both low- and high-self-compassion participants perceived the neutral feedback as more negative than the positive feedback ($p < .01$).

Reactions to the Feedback

A main effect of feedback, $t(64) = 6.36$, $sr^2 = .39$, $p < .001$, as well as a three-way interaction of feedback, self-compassion, and self-esteem, $t(64) = 2.29$, $sr^2 = .05$, $p = .03$, were obtained on answers to the question "To what extent did your introduction give the other person an accurate understanding of who you are as a person?" For participants low in self-esteem, the Feedback × Self-Compassion simple interaction showed that higher self-compassion was associated with lower accuracy ratings of neutral

feedback but higher accuracy ratings of positive feedback (see Figure 1). Put differently, participants who were low in both self-compassion and self-esteem essentially accepted the neutral feedback, but participants who were low in self-esteem but high in self-compassion questioned it. In contrast, in the positive-feedback condition, the highest accuracy ratings were made by participants with low self-esteem and high self-compassion. Together, these two patterns suggest that participants with low self-esteem cut themselves more slack—in terms of accepting the validity of positive feedback and recognizing that neutral feedback may not be accurate—when they were high in self-compassion.

Emotional Reactions

The emotion measures had adequate internal consistency: anger, $\alpha = .80$; anxiety, $\alpha = .89$; sadness, $\alpha = .89$. A factor analysis conducted on the emotion scores revealed a single factor (eigenvalue $= 2.10$) that accounted for 69.6% of the variance, so the three scores were summed to create a measure of negative affect ($\alpha = .78$). This analysis revealed a main effect of self-compassion (but not self-esteem), $t(65) = -3.02$, $sr^2 = .10$, $p = .01$, and a Self-Compassion $\times$ Self-Esteem interaction, $t(64) = 2.52$, $sr^2 = .09$, $p = .01$, that were qualified by a significant interaction of Feedback $\times$ Self-Compassion $\times$ Self-Esteem, $t(63) = 2.09$, $sr^2 = .05$, $p = .04$. As seen in Figure 2, among participants who received positive feedback, the Self-Compassion $\times$ Self-Esteem simple interaction was not significant ($p > .20$). However, in the neutral feedback condition, a strong simple interaction emerged. The greatest negative affect was reported by participants who scored low in both self-compassion and self-esteem. However, negative affect was lower with increasing self-compassion. As a result, the lowest negative affect was expressed by participants with low self-esteem and high self-compassion.

Attributions for Feedback

Self-compassion was also related to participants' attributions for the other person's evaluations. A Feedback $\times$ Self-Compassion Condition interaction was obtained for the degree to which participants attributed the feedback they received to their own personality, $t(65) = -2.14$, $sr^2 = .05$, $p = .04$. As seen in Figure 3a, participants who were low in self-compassion gave quite different ratings for positive versus neutral feedback, whereas the ratings for
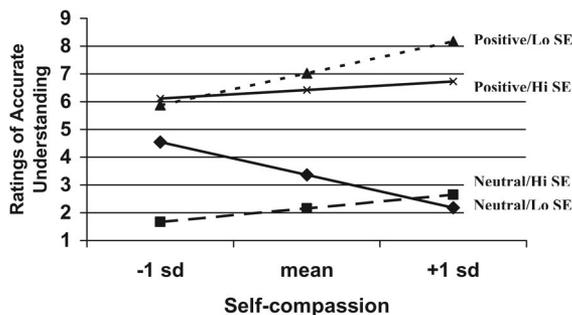

Figure 2. Negative affect. Solid xs = neutral/high (Hi) self-esteem (SE); solid triangles = positive/high (Hi) SE; solid squares = positive/low (Lo) SE; solid squares = neutral/low SE.

participants high in self-compassion were more similar. Ratings on this item were significantly different between positive and neutral conditions at 1 standard deviation below the self-compassion mean ($B = 2.69$), $t(65) = 3.45$, $p = .001$, but not at 1 standard deviation above the self-compassion mean ($p > .20$). Participants low in self-compassion were the most likely to make what appeared to be defensive attributions, indicating that positive feedback, but not negative feedback, was caused by their own personality.

A significant Feedback $\times$ Self-Esteem interaction was also obtained for this item, but the pattern was precisely opposite to that of the Self-Compassion $\times$ Feedback effect just described, $t(65) = 2.39$, $sr^2 = .07$, $p = .02$. Specifically, participants high in self-esteem indicated that positive feedback reflected their personality more and that neutral feedback reflected their personality less (see

(a)

(b)

Figure 3. Attributions to "My personality" for (a) self-compassion and (b) self-esteem. Solid squares = positive feedback; solid diamonds = neutral feedback.

Figure 1. Accuracy of other person's understanding. Solid triangles = positive/low (Lo) self-esteem (SE); solid xs = positive/high (Hi) SE; solid squares = neutral/high SE; solid diamonds = neutral/low SE.
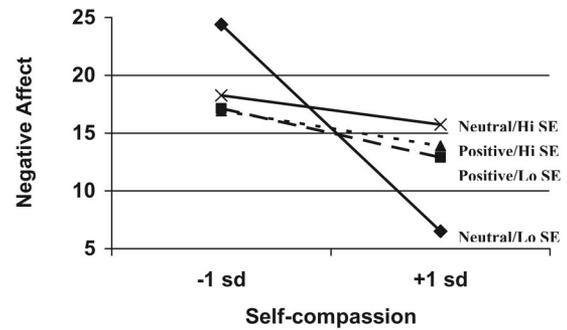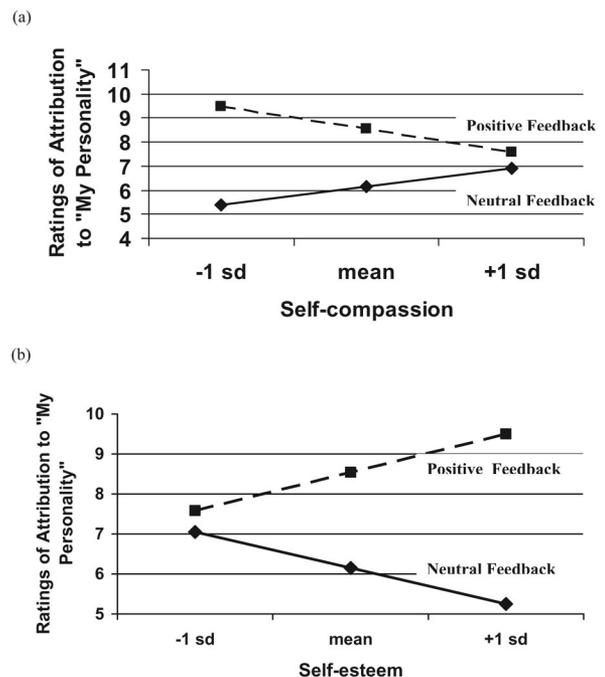
Figure 3b). Ratings on this item were significantly different between positive- and neutral feedback conditions at 1 standard deviation above the self-esteem mean ($B = 1.66$), $t(65) = 2.13$, $p = .04$, but not at 1 standard deviation below the mean of self-esteem ($p > .20$).

Main effects of both self-compassion and self-esteem emerged for the extent to which participants attributed the other person's evaluation to what they said about themselves in their video introduction, but the effects were in opposite directions. Self-esteem was inversely related to attributions to what they said about themselves, $t(65) = -2.12$, $sr^2 = .06$, $p = .04$, whereas self-compassion was positively related to these attributions, $t(65) = 1.71$, $sr^2 = .04$, $p = .09$. No significant effects were obtained on the other attribution items.

Ratings of the Observer

Participants who received positive feedback understandably indicated that they liked the observer more ($M = 8.2$, $SD = 1.24$) than participants who received neutral feedback ($M = 5.3$, $SD = 2.03$), $t(65) = 7.44$, $sr^2 = .45$, $p < .001$. In addition, participants high in self-compassion indicated that they liked the observer more than those lower in self-compassion, $t(65) = 2.13$, $sr^2 = .04$, $p = .04$, and a marginal Self-Compassion × Feedback Condition interaction suggests that this effect was stronger in the neutral feedback condition, $t(65) = -1.70$, $sr^2 = .002$, $p < .10$. Tests of simple slopes revealed that self-compassion was associated with greater liking for the observer in the neutral ($B = .28$), $t(64) = 3.39$, $p = .001$, but not positive-feedback condition ($B = .04$), $t(64) = 0.56$, $p = .58$. Furthermore, the relationship between feedback and ratings of liking was strongest for participants low in self-compassion ($B = 3.80$), $t(64) = 7.07$, $p < .001$. When rating how much they liked the observer, participants higher in self-compassion seem to have been less influenced by the rater's evaluation of them than participants lower in self-compassion.

Discussion

Self-compassion was related to participants' perceptions of the feedback, attributions, emotional reactions, and ratings of other people. Not surprisingly, self-compassion moderated reactions primarily to the neutral feedback. Furthermore, participants low in self-compassion reacted more differently to neutral than to positive evaluations than participants high in self-compassion. For example, participants low in self-compassion attributed positive feedback more to themselves but neutral feedback less to themselves, but people high in self-compassion reacted more similarly to positive and neutral feedback. These patterns suggest not only that self-compassion buffers people against the psychological impact of negative events but also that it more generally attenuates reactions to both positive and negative events. This effect may occur because two of the three components of self-compassion—common humanity and mindful acceptance—have implications for how people respond to good fortune as well as to bad. Recognizing that success, like failure, is experienced by everyone, people who are high in self-compassion may be less affected by it. Similarly, maintaining a degree of mindful psychological distance from one's emotions may temper emotional reactions to success, interpersonal acceptance, and other positive events.

This study provided further evidence for the discriminant validity of self-compassion vis-à-vis trait self-esteem, as different patterns were obtained for self-compassion and self-esteem. Self-compassion, but not self-esteem, was associated with lower negative affect, and high self-esteem was associated with stronger differential reactions to positive versus neutral feedback. Whereas participants higher in self-esteem were less likely to attribute neutral feedback to themselves than those lower in self-esteem, self-compassion was associated with indicating that feedback was caused by one's own personality. As suggested earlier, high self-esteem may be associated with defensive reactions to neutral feedback, whereas high self-compassion is not. Rather than denying that they may have caused negative life outcomes, self-compassionate people may assume some level of personal responsibility. However, even when assuming personal responsibility for negative events, self-compassionate people do not seem to ruminate about possible negative implications, as evidenced by lower negative affect.

In addition, in some cases, self-compassion moderated reactions to feedback differently, depending on whether participants were high or low in self-esteem. Participants who were low in both self-esteem and self-compassion had the most negative reactions to the neutral feedback, but high self-compassion attenuated these effects. Among participants with low self-esteem who received neutral feedback, those with higher self-compassion were less upset and more accepting of the feedback. Among participants with low self-esteem, higher levels of self-compassion were also associated with lower negative affect. Self-compassion may be beneficial when coping with negative interpersonal events, and a self-compassionate mindset may be particularly important for people with low self-esteem.

Study 4

The first three studies showed clearly that self-compassionate people react with greater equanimity to difficult situations than people who are lower in self-compassion. Neff's (2003b) conceptualization of self-compassion suggests that these effects arise from differences in how low- versus high-self-compassion individuals think about negative events with respect to self-kindness, mindfulness, and common humanity. Specifically, self-compassionate people are assumed to be able to maintain emotional equanimity while seeing themselves accurately (without either self-enhancing or self-deprecating) because they compassionately recognize their own imperfect humanity.

However, at least two other explanations may be offered. First, self-compassionate people may treat themselves well because they are more competent than people low in self-compassion (either more capable in general or with respect to solving problems that arise). Thus, they may react less strongly to negative events because they know that they are good at dealing with whatever happens. If individual differences in self-compassion spring from real behavioral differences rather than (or in addition to) private self-attitudes, then we should find that high-self-compassion individuals are rated more positively than low-self-compassion individuals by outside observers. However, finding that high-self-compassion participants rate themselves more positively than observers do would suggest that self-compassion lies in the mind of the individual rather than in his or her objective actions and that

self-compassionate people display a self-enhancing bias similar to that shown by people who are high in self-esteem (Robins & Beer, 2001).

A second possibility is that people who score high in self-compassion have a generalized positive orientation toward everyone. Thus, self-compassion may reflect a broad, positive interpersonal orientation that happens to include the individual him- or herself. If people high in self-compassion are globally positive rather than specifically compassionate toward themselves, then we should find that they rate others more positively than people low in self-compassion do.

To test these two explanations, participants were videotaped while performing an awkward and mildly embarrassing task. Then each videotape was rated either by the participant him- or herself or by another participant. In this way, we were able to compare the thoughts and feelings of low- and high-self-compassion individuals while evaluating themselves versus other people. Finding that participants high in self-compassion are judged more positively by observers than participants low in self-compassion would suggest that self-compassionate people react with greater equanimity because they are better able to handle difficult situations that arise. However, if observers rate low- and high-self-compassion participants similarly, then it would seem that self-compassion does not emerge from actual behavioral differences. Furthermore, finding that self-compassionate participants rate other people's performances more positively than low-self-compassionate participants do would suggest that self-compassion may involve a broad positive, optimistic, or compassionate orientation rather than a specific positive self-focused attitude.

In addition to testing differences in how low- and high-self-compassion people rate themselves versus others, in Study 4, we also examined participants' emotional comfort in a potentially awkward and embarrassing situation. As noted, emotional equanimity is considered a primary feature of self-compassion, so assessing emotional upset or calm in a real situation provides an additional test of Neff's (2003b) conceptualization of self-compassion.

Method

Participants

Participants were 48 male and 54 female participants, ages 18–21, from the introductory psychology subject pool who received required experimental participation credit for their course.

Procedure

Participants completed the Self-Compassion Scale (Neff, 2003b) in a mass testing session ($M = 19.7$, $SD = 3.01$, $\alpha = .78$). Several weeks later, participants were tested individually by one of three female researchers. The researcher seated the participant at a desk in a lab room and explained that the participant would be videotaped while performing a task and then would watch and evaluate either his or her own videotaped performance or the videotape made by a previous participant. The informed consent form asked for the participant's permission to show his or her videotape to other participants if needed.

The researcher started a video camera, situated 6 feet (1.83 m) from the participant, as well as an audiotape containing the instructions and left the room. The audiotape instructed the participant to look into the camera and make up a children's story that began "Once upon a time, there was a little bear. . . . " After a minute had passed, the researcher returned and randomly assigned the participant to watch either the videotape he or she had just made or a videotape made previously by another participant of his or her own gender. One third of the participants ($n = 34$) rated their own videotape. The other two thirds of the participants also rated one of these 34 videotapes, subject to the constraint that each tape was rated by both a low- and a high-self-compassion individual (based on a median split, $Mdn = 19$) of the same gender as the person who recorded the tape. Thus, over the course of the study, each of the 34 target videotapes was rated three times—by the participant who had made the tape, by a low-self-compassionate participant, and by a high-self-compassionate participant.

First, participants rated how they (if rating their own tape) or the other person (if rating another participant's tape) appeared on the videotape on nine adjectives—*awkward*, *competent*, *confident*, *attractive*, *nervous*, *foolish*, *creative*, *likable*, and *reasonable*. Ratings were made on 7-point scales with three scale labels (1 = not at all, 4 = moderately, 7 = extremely). Participants also rated how they felt while watching the videotape on eight emotions—*relaxed*, *embarrassed*, *happy*, *irritable*, *sad*, *nervous*, *proud*, and *peaceful*—on 7-point scales (1 = not at all, 4 = moderately, 7 = extremely). Finally, they provided their overall evaluation of their own or the other person's story on a 12-point scale with five equally spaced labels (*very bad*, *somewhat bad*, *neither bad nor good*, *somewhat good*, and *very good*) and rated how good or bad they felt while watching the videotape (1 = very bad, 12 = very good). After completing the final questionnaire, participants were debriefed and dismissed.

Results

Because each of the 34 targets' videotapes was rated three times—by the participant him- or herself, by a low-self-compassionate participant, and by a high self-compassionate participant—analyses were conducted in a manner that accounted for the nonindependence of the data. Repeated measures multiple regression analyses were conducted using targets' self-compassion scores, rater type (self, low-self-compassion other, high-self-compassion other), and their interaction as predictors. In this analysis, self-compassion was treated as a continuous between-subjects predictor (zero centered), and rater was treated as a categorical within-subjects predictor with three levels (dummy coded). This analysis was conducted using the general linear model procedure on SPSS and is equivalent to a between-within regression analysis that treated rater as a within-subjects factor (Pedhazur, 1997). Significant interactions were decomposed via tests of simple slopes.

Ratings of Performance on the Task

A multiple regression analysis performed on participants' ratings of the story revealed a significant Self-Compassion × Rater interaction, $F(2, 124) = 2.27$, $p < .05$. As can be seen in Figure 4, tests of simple slopes revealed that target self-compassion was

related to ratings of the story when participants rated themselves ($B = 0.34$), $t(33) = 2.32$, $p < .03$, but was unrelated to ratings made by either low- or high-self-compassionate observers ($ps > .40$). In addition, differences between self-ratings and observer ratings emerged only when targets were low in self-compassion. Given that other low- and high-self-compassionate raters detected no difference in the quality of the stories told by low- and high-self-compassion targets, it seems that low-self-compassion targets rated their own performance unduly harshly.

The internal reliability of the ratings of the target (e.g., awkward, competent, confident) was high (Cronbach's $\alpha > .70$), so we summed the nine items to create an overall evaluation of the target (after reverse scoring negatively valenced items). Analyses revealed a significant two-way interaction that was virtually identical to that obtained on ratings of the story, $F(4, 124) = 2.62$, $p < .04$, $sr^2 = .09$. As with ratings of the story (see Figure 4), tests of simple slopes revealed that self-compassion was unrelated to either low- or high-self-compassion observers' evaluations of the target ($ps > .85$). However, when targets rated themselves, self-compassion was related to the positivity of these self-ratings ($B = 0.17$), $t(33) = 2.69$, $p < .01$.

Emotional Reactions

Separate measures of positive and negative emotion were calculated by summing the relevant emotion ratings. Analysis of the sum of the four positive emotions (relaxed, happy, proud, peaceful; all $\alpha s > .70$) revealed a two-way Self-Compassion × Rater interaction, $F(1, 31) = 3.70$, $p < .06$. As seen in Figure 5, target self-compassion was related to positive emotions only when participants watched themselves ($B = .18$), $t(33) = 2.43$, $p < .05$. Effects for low- and high-self-compassion observers were not significant ($ps > .80$). Analysis of the sum of the negative emotions (embarrassed, irritable, sad, nervous; all $\alpha s > .70$) revealed only a main effect of target self-compassion, showing that self-compassion was inversely related to negative emotion, $F(1, 31) = 7.12$, $p < .01$, $sr^2 = .18$. This finding suggests that raters felt greater negative affect watching low-self-compassion targets, possibly because low-self-compassion targets subtly communicated their own discomfort to the raters.

Participants' overall ratings of how good versus bad they felt while watching the videotape revealed a significant Target Self-Compassion × Rater interaction, $F(2, 60) = 3.18$, $p < .05$, $sr^2 = .09$. When participants watched themselves, their self-compassion
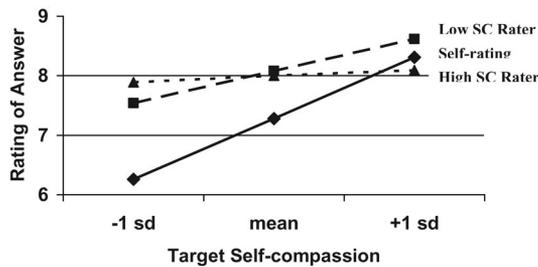

Figure 4. Rating of story. Solid squares = low-self-compassion (SC) rater; solid diamonds = self-rating; solid triangles = high-self-compassion rater.
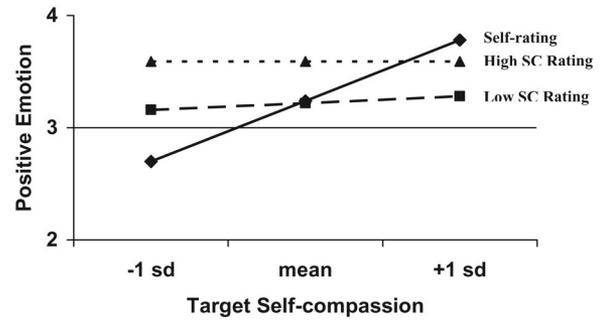

Figure 5. Positive emotion. Solid diamonds = self-rating; solid triangles = high-self-compassion (SC) rater; solid squares = low-self-compassion rater.

scores were positively related to how good they felt ($B = .36$), $t(33) = 2.58$, $p < .02$. However, when participants rated another individual, target self-compassion scores did not predict ratings for either low- or high-self-compassionate individuals ($Bs = -.07$ and $.04$, $ps > .50$).

Discussion

The results of Study 4 provide five general conclusions about the nature of self-compassion. First, as expected, participants' reactions to their own videotaped performances differed as a function of self-compassion. Participants who were low in self-compassion evaluated their answers less favorably and rated their personal characteristics (as observed on the videotape) less positively. They also felt worse while watching the tape compared with participants who were high in self-compassion.

Second, these effects were primarily attributed to the fact that low-self-compassionate participants undervalued their performances relative to observers. Whereas self-compassionate participants' ratings were similar to observers' ratings, low-self-compassionate participants rated themselves significantly less positively than the observers did. This pattern is notably different than that obtained in previous studies of trait self-esteem, which generally show that high self-esteem is associated with inflated evaluations of one's performance and characteristics relative to observers' ratings (Robins & Beer, 2001). In contrast to the self-enhancing tendencies of people who are high in self-esteem, those who are high in self-compassion appear to judge themselves as others do.

Third, the differences in low- versus high-self-compassionate participants' self-evaluations and emotional reactions did not appear to be based on real differences in their performances. Although low-self-compassionate targets rated their performances less positively than high-self-compassionate targets did, observers did not judge low- and high-self-compassionate targets differently. This pattern suggests that the highly self-compassionate participants had more accurate perceptions of themselves than less self-compassionate participants, although the possibility exists that less self-compassionate participants were aware of negative aspects of their behavior or characteristics that were not obvious to observers.

Fourth, we saw no evidence to suggest that self-compassion predicted participants' ratings of other people. Low- and high-self-compassion observers did not differ in their evaluations of targets'

answers or personal characteristics. This finding does not bear on the issue of whether self-compassionate people treat others more compassionately (see Neff, 2003a; Salzberg, 1997) but does suggest that they do not make generally more positive evaluations of others.

Finally, the results showed that self-compassion predicted positive affect when participants watched their own videotape but not when they watched others' tapes. This finding supports Neff's (2003b) hypothesis that self-compassion is related to equanimity in unpleasant, stressful, and awkward situations. It also provides additional evidence that self-compassion is distinct from more general feelings of compassion toward others.

Study 5

The first four studies documented a number of psychological concomitants of trait self-compassion and showed that self-compassion bears a distinctly different relationship to thought, behavior, and emotion than do self-esteem and narcissism. In light of the findings from the four previous studies, the purpose of Study 5 was threefold. First, Study 5 was designed to examine how self-compassion moderates people's reactions to remembered life events. Studies 1, 3, and 4 documented the relationship between self-compassion and contemporaneous reactions to immediate events, and Study 2 examined how low- versus high-self-compassionate individuals respond to hypothetical situations. In Study 5, participants recalled a previous failure, rejection, or loss that made them feel badly about themselves and answered questions about it.

The second purpose of Study 5 was to determine whether a self-compassionate perspective could be experimentally induced. To induce self-compassion, some participants responded in writing to prompts that were designed to lead them to think about the negative event in ways that tapped into the three components of self-compassion identified by Neff (2003a)—self-kindness, common humanity, and mindful acceptance.

Third, Study 5 compared the effects of this self-compassion induction with a self-esteem induction. Studies 2 and 3 showed that, at the trait level, self-compassion and self-esteem have distinct relationships to various outcomes. The question examined here was whether transitory inductions of state self-compassion versus state self-esteem would reveal similar differences. Thus, whereas some participants responded in writing to self-compassion prompts, others responded to prompts that were designed to protect or bolster their self-esteem—reminding them of their positive characteristics, leading them to explain the negative event in a way that lowered their personal responsibility for it, and asking them to explain why the event does not reflect on them personally. These three prompts were based on research dealing with the tactics that people use to protect their self-esteem, such as self-affirmation, self-serving attributions, and egotistical reframing (see Blaine & Crocker, 1993; Greenwald, 1980; Steele, 1988; Taylor & Brown, 1988), as well as interventions designed to raise people's self-esteem in clinical settings (see Mruk, 1995). A writing-only condition was also included in the design to control for the possibility that merely writing about negative events in a self-disclosing manner may reduce negative emotions (Pennebaker, Colder, & Sharp, 1990). We predicted not only that participants scoring low versus high in trait self-compassion would react differently to the

remembered event (with self-compassionate people responding more positively) but also that the induction of state self-compassion would attenuate negative reactions to the event compared with the self-esteem induction and control conditions.

Method

Participants

Participants were 54 male and 61 female undergraduate students, ages 17–22, from the psychology subject pool. They received required experimental participation credit for their participation. Experimental sessions were conducted by one of three female researchers.

Procedure

At the beginning of the semester, participants completed the Self-Compassion Scale (Neff, 2003b) and Rosenberg Self-Esteem Inventory (Rosenberg, 1965), described earlier. Several weeks later, participants reported for the experiment, where they were tested individually. Initial instructions stated that participants would write about a negative event from their past and answer questions about it. After signing an informed consent form, participants were asked to ". . . think about a negative event that you experienced in high school or college that made you feel badly about yourself—something that involved failure, humiliation, or rejection."

Participants were asked to describe the event and then provide details regarding what led up to the event, who was present, precisely what happened, and how they felt and behaved at the time. After writing about the event, participants were randomly assigned to one of four experimental conditions (a) self-compassion induction ($n = 29$), (b) self-esteem induction ($n = 31$), (c) writing control ($n = 28$), or (d) true control ($n = 27$).

Self-compassion induction. Participants in the self-compassion condition responded to three prompts that were designed to lead them to think about the event in a self-compassionate manner (see Neff, 2003a). The first prompt, designed to focus on the common humanity element of self-compassion, asked participants to list ways in which other people also experience similar events. The second prompt asked participants to write a paragraph expressing understanding, kindness, and concern to themselves in the same way that they might express concern to a friend who had undergone the experience, thereby focusing on the self-kindness component of self-compassion. To induce a mindful perspective on the event, the third prompt instructed participants to describe their feelings about the event in an objective and unemotional fashion.

Self-esteem induction. Participants in the self-esteem condition responded to three prompts geared toward leading them to feel good about themselves. The first item prompted them to "write down your positive characteristics—indications that you are competent and valuable." The second prompt asked participants to write a paragraph explaining how what had happened was not entirely their fault and to interpret the event in a way that made them feel better about themselves. The third prompt instructed them to describe "why the event does not really indicate anything about the kind of person you are."

Writing control condition. The writing control condition was included to control for the fact that merely writing about negative events can change how people feel. The instructions were modeled after those used in previous studies on the effects of self-disclosure on emotion (Pennebaker et al., 1990). Participants were instructed to "really let go" and explore their deepest emotions as they wrote about the event.

Control condition. After describing the negative event and their feelings at the time, participants in the control condition completed the dependent measures.

Dependent measures. After completing one of the four conditions, participants rated how they felt on 16 items that were selected to assess four emotions: happiness (*happy, cheerful, delighted, pleased*), sadness (*down, depressed, sad, dejected*), anger (*irritated, annoyed, mad, angry*), and anxiety (*anxious, tense, uneasy, nervous*). Participants rated themselves on each adjective on a 7-point scale ranging from 1 (*not at all*) to 7 (*extremely*).

Participants then rated the degree to which the event they described was caused by (a) other people, (b) something they did, (c) bad luck, and (d) the kind of person they are (their personality, abilities, attitudes, character, and so on); they also indicated how much the event was their fault. Each question was answered on a 12-point scale with five scale labels (*not at all, slightly, moderately, very, completely*). Participants also rated the event they described on a 12-point scale ranging from 1 (*very good*) to 12 (*very bad*), and, to directly assess the effect of the manipulation on perceptions of common humanity, participants answered the question, "Overall, how similar to or different from most other people are you?" ranging from 1 (*very different*) to 12 (*very similar*).

Results

Trait self-compassion scores ($M = 18.46$, $SD = 3.51$) and trait self-esteem scores ($M = 39.92$, $SD = 6.20$) were obtained for each participant. Cronbach's alpha coefficient revealed acceptable reliability for both the Self-Compassion Scale ($\alpha = .81$) and the Self-Esteem Scale ($\alpha = .87$). As before, self-compassion correlated with trait self-esteem ($r = .56$, $p < .01$). To eliminate the confounding effects of trait self-esteem, the effects of trait self-esteem were partialed out on all analyses. Specifically, we conducted hierarchical multiple regression analyses in which trait self-esteem was entered on Step 1, followed by experimental condition (dummy coded via three dummy variables), self-compassion (zero centered), and the Condition × Self-Compassion interaction.

Because participants chose their own negative event, the possibility exists that the events chosen by low- versus high-self-compassion participants differed in some systematic way. However, analyses revealed no effects of self-compassion, the experimental manipulation, or their interaction on ratings of how "bad" the event was ($ps > .20$).

Emotions

The four items measuring each emotion were summed to provide measures of anger ($\alpha = .92$), sadness ($\alpha = .90$), anxiety ($\alpha = .84$), and happiness ($\alpha = .86$). Because a principal-axis factor analysis revealed that these four scores formed a single factor, these four emotion measures were summed (after reverse scoring

happiness). After partialing out trait self-esteem (which accounted for 7.7% of the variance), the regression analysis revealed only a main effect of the experimental manipulation on this variable, $F(3, 110) = 2.77$, $p < .05$, $sr^2 = .065$. Post hoc tests revealed that participants in the self-compassion condition ($M = 46.5$) reported significantly lower negative affect than participants in the self-esteem ($M = 54.0$), disclosure ($M = 53.5$), or control ($M = 58.6$) conditions ($ps < .05$), which did not differ from each other.

Attributions and Ratings

Only a main effect of the experimental manipulation was obtained on how much participants thought that the negative event was caused by the kind of person they were, $F(3, 110) = 3.11$, $p < .05$, $sr^2 = .08$. Participants in the self-compassion condition ($M = 6.9$) thought that the negative event was caused more by the kind of person they were than participants in the self-esteem ($M = 4.4$), self-disclosure ($M = 5.8$), and control conditions ($M = 5.5$; $ps < .05$), which did not differ significantly from each other ($ps > .05$). Neither experimental condition nor trait self-compassion were related to participants' ratings of how much the event was caused by other people, by something they did, or by bad luck, or on ratings of how much the event was their fault.

A main effect of condition was obtained on participants' ratings of how similar to most other people they were, $F(3, 110) = 3.17$, $p < .05$, $sr^2 = .08$, that was qualified by a significant Condition × Trait Self-Compassion interaction, $F(3, 106) = 2.77$, $p < .05$, $sr^2 = .07$. The main effect showed that participants in the self-compassion condition ($M = 7.8$) thought that they were significantly more similar to other people than participants in the self-disclosure ($M = 6.0$) or control conditions ($M = 6.7$; $ps < .05$). The Condition × Self-Compassion interaction is shown in Figure 6. Tests of simple slopes revealed that the regression line for the self-compassion condition significantly differed from zero ($B = -0.34$), $t(106) = 2.01$, $p < .05$, whereas the slopes for the self-esteem, writing, and control conditions did not. The pattern suggests that the self-compassion induction markedly increased perceptions of similarity for participants who were low in trait self-compassion.
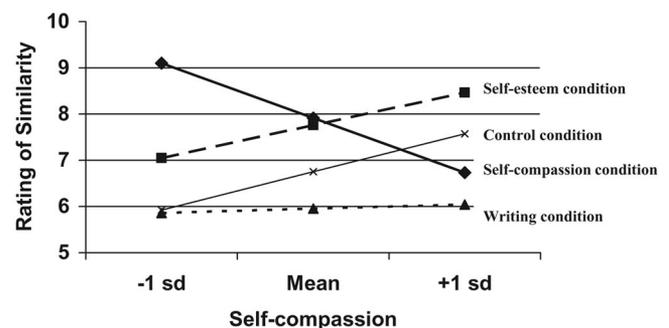

Figure 6. Rating of similarity to others. The regression line for the self-compassion induction significantly differs from zero, but the slopes for the self-esteem, writing, and control conditions do not. Solid squares = self-esteem condition; xs = control condition; solid diamonds = self-compassion condition; solid triangles = writing condition.

Discussion

In Study 5, we successfully induced state self-compassion by leading participants to think about personally relevant events in terms of self-kindness, common humanity, and mindful acceptance (Neff, 2003a, 2003b). Participants in the self-compassion condition reported lower negative affect than those in any other condition. They also indicated that the event was more likely to be caused by the kind of person they were than participants in other conditions.

The latter finding is intriguing in that the self-compassion condition led participants to report less negative affect even as they acknowledged that their personal characteristics played a larger role in causing the negative event in the first place. To follow up on this finding, we calculated within-cell correlations between personal attributions and the emotion composite for each experimental condition. In the control condition, attributing the event to "the kind of person you are" correlated positively with negative emotions ($r = .18$, $p < .05$), but in the self-compassion condition, the correlation between taking responsibility and negative emotion was virtually zero ($r = -.03$). Although only suggestive, these findings indicate that inducing self-compassion may decouple the relationship between taking responsibility and experiencing negative affect. The self-compassion induction allowed participants to acknowledge that they were the kind of people who made mistakes, yet they did not feel badly about something that is a common experience. As a result, they were less defensive and distressed, as shown by the lower ratings of negative emotions. This pattern may alleviate the concern that self-compassion could lead to complacency or shirking of responsibility (Neff, 2003a). Apparently, self-compassion does not undermine people's willingness to accept responsibility for their actions and, in fact, may promote it. This possibility deserves future research attention.

For participants who were low in self-compassion, the self-compassion induction increased perceptions of similarity to other people. However, people who were high in self-compassion were not affected by the self-compassion induction on this measure. Thus, the self-compassion induction seemed to be particularly effective (especially in increasing perceptions of common humanity) for people who were lower in self-compassion.

As expected, the self-compassion and self-esteem manipulations had different effects on participants' reactions. As noted, participants in the self-compassion induction condition expressed lower negative emotions than those in the self-esteem induction condition, and they also believed that they were more similar to other people. Finally, as noted, participants in the self-compassion condition rated their character or personality as playing a greater role in the negative event than participants in the self-esteem condition.

Given the multifaceted nature of the experimental manipulation, we cannot with any certainty identify the key element that created these differences. However, one possibility may involve the fact that the self-compassion and self-esteem conditions differed in the degree to which they encouraged participants to focus on themselves. Whereas the self-esteem condition focused participants on their positive characteristics and on thinking about why the negative event did not reflect on them, the self-compassion condition implicitly led participants to accept the negative event but then to counteract its negative effects via self-kindness, common humanity, and mindful acceptance. Even though the prompts in the self-esteem condition may have affirmed participants' positive self-images, they nonetheless kept the participants focused on themselves instead of widening their perspective to include other people, which may explain why the self-esteem induction did not yield the same benefits as self-compassion.

General Discussion

These five studies show that self-compassion is an important construct that moderates reactions to distressing situations involving failure, rejection, embarrassment, and other negative events. Self-compassion was associated with lower negative emotions in the face of real, remembered, and imagined events and with patterns of thoughts that generally facilitate people's ability to cope with negative events. Particularly interesting was the willingness of self-compassionate people to accept responsibility for their role in negative events. Participants high in self-compassion were more likely to believe that their own personality resulted in receiving a mediocre evaluation (see Study 3) and to attribute the cause of negative events to the kind of person they are (see Study 5). Even so, they were less likely to ruminate about unpleasant evaluations (see Study 3) or experience negative affect when confronted with their mistakes (see Study 5). Together, these findings suggest that self-compassionate people more readily accept undesirable aspects of their character and behavior than people low in self-compassion without obsessing about them, becoming defensive, or feeling badly.

Clearly, self-compassion buffers people against the impact of negative events, but why? The present studies suggest three possible processes that may underlie differences between low- and high-self-compassion individuals. First, Study 4 showed not only that highly self-compassionate people judged themselves less harshly than those low in self-compassion but also that their self-evaluations and emotional reactions were based more on their actual performance (as assessed by observers) than those of less self-compassionate people, who judged their performances more unfavorably than observers did. These results suggest that self-compassionate people may be more accurate in their self-evaluations, possibly because their self-judgments are less tainted by either catastrophizing self-criticism, on one hand, or defensive self-enhancement, on the other. Additional research is needed to examine this hypothesis directly.

Second, the results suggest that self-compassionate people's self-evaluations may not depend as strongly on their outcomes as those of less self-compassionate people, presumably because they respond in a kind and accepting manner toward themselves whether things go well or badly. In contrast, people low in self-compassion may feel good about themselves primarily when life treats them well, for example, after they have succeeded or received positive feedback. If high self-compassion is associated with lower reactivity to external events, then we should find that the self-esteem of highly self-compassionate individuals is more stable over situations and time. Given that stable self-esteem is associated with more adaptive responses to failure and rejection than unstable self-esteem (Greenier et al., 1999; Kernis, Cornell, Sun, Berry, & Harlow, 1993), the question may be raised whether the benefits of stable self-esteem stem from stability per se or from the fact that people with stable self-esteem tend to be high in self-compassion.

Third, people high in self-compassion appear to cognize about negative events in ways that reduce their impact. The present studies showed that self-compassionate participants had more self-relevant thoughts that reflected self-kindness, common humanity, and mindful acceptance.

Self-Compassion Versus Self-Esteem

As noted earlier, self-compassionate people should feel better about themselves than low self-compassionates do, yet the high correlation between self-compassion and trait self-esteem raises questions regarding the discriminant validity of these constructs (Neff, 2003a; Neff et al., 2004, 2005). The present research provided additional evidence that self-compassion is related to thoughts, feelings, and behavior differently than self-esteem. Self-compassion, but not self-esteem, was uniquely related to lower negative affect and, in Study 3, self-compassion, but not self-esteem, was related to more favorable ratings of other people and lower negative affect after receiving unflattering feedback.

Self-compassion and self-esteem were also differentially related to the degree to which participants attributed negative outcomes to themselves. Participants high in self-esteem tended to attribute unflattering evaluations and negative events less to themselves than people low in self-esteem. In contrast, people high in self-compassion did the opposite, attributing unfavorable events more to their own personality. Thus, one difference between self-compassion and self-esteem might involve defensiveness. When people high in self-esteem encounter negative life events, they sometimes engage in self-serving biases (e.g., downward social comparisons, egotistical attributions), presumably because such reactions help to make them feel better about themselves (Blaine & Crocker, 1993; Taylor & Brown, 1988). In contrast, self-compassionate people may assume personal responsibility while simultaneously being kind to themselves.

Both of these tactics can help people to avoid negative self-feelings, but self-compassion may have an advantage that self-enhancement does not. As many theorists have noted, people often maintain positive self-feelings through self-serving illusions (Blaine & Crocker, 1993; Leary, 2004; Murray, Holmes, & Griffin, 1996; Taylor & Brown, 1988). However, such illusions are often maintained tenuously, girded by a certain degree of self-deception and in spite of other people's unflattering judgments. Not only do self-serving illusions compromise people's ability to see themselves and other people accurately (Leary, 2004, 2007), but they are sometimes impossible to sustain in the face of incontrovertible evidence of one's shortcomings. In contrast, a self-compassionate orientation requires no illusions or defensiveness but rather involves a clear perception of one's characteristics, both good and bad. Given that it may be more beneficial to recognize rather than deny one's shortcomings, while remaining kind and understanding toward oneself, self-compassion may foster accurate perceptions and, thus, more effective behavior.

Recently, Gilbert (2005; Gilbert & Irons, 2005) has contrasted self-compassion and self-esteem with reference to their relationships to biopsychosocial systems that mediate reactions to threat. He suggested that self-compassion deactivates the "threat system" (associated with insecurity and defensiveness) and activates the "self-soothing system" (associated with feelings of safety), whereas self-esteem is associated with evaluations of one's rela-

tive superiority and social rank. Thus, self-compassion promotes emotional regulation, but self-esteem does not. Our studies do not address whether two fundamentally different systems are involved in self-compassion versus self-esteem, but the findings are consistent with the idea that self-compassion and self-esteem have quite different effects.

A few findings from the present studies show that self-compassion is particularly beneficial for people who are low in self-esteem, suggesting that people who treat themselves compassionately in spite of unflattering self-evaluations fare as well, if not better, than those with high self-esteem. This pattern may emerge from the fact that it may be better to have nondefensive (i.e., self-compassionate) low self-esteem than defensive high self-esteem. This consideration raises the possibility that self-compassion may help to distinguish people with true or authentic self-esteem from those with defensive self-esteem (Schneider & Turkat, 1975). People high in both self-compassion and self-esteem might be more likely to have "optimal" self-esteem that is characterized, among other things, by stable feelings of self-worth that do not fluctuate greatly over time (Kernis, 2003). As a result, people with optimal self-esteem are less defensive and do not need to improve their self-feelings through downward social comparison and other self-enhancing tactics.

Perhaps the most striking finding vis-à-vis the comparison of self-compassion and self-esteem was that self-compassion rather than self-esteem accounted for more of the unique variance in outcomes that are typically regarded as correlates of self-esteem. A great deal of previous research has shown that trait self-esteem predicts almost all negative emotions, including anxiety, depression, embarrassment, and hurt feelings (Baumeister et al., 2003; Leary, Schreindorfer, & Haupt, 1995). However, the fact that simultaneous regression analyses showed that these relationships were more clearly associated with self-compassion than with self-esteem raises the possibility that what are widely regarded as self-esteem effects may, in fact, be better explained in terms of self-compassion. Clearly, this possibility warrants a great deal of research attention.

Avenues for Future Research

Although the present studies provide glimpses of the thoughts that are associated with a self-compassionate perspective, additional research is needed to describe the cognitions and self-evaluations of self-compassionate people more fully. For example, it is unclear from our studies whether people who are high in self-compassion engage in self-evaluation less than people who are low in self-compassion or whether they self-evaluate just as frequently but maintain a reasonably positive self-view by accepting themselves in spite of their shortcomings (see Chamberlain & Haaga, 2001a, 2001b).

Although self-compassion appears to have certain benefits, future research should explore the possibility that it may also have drawbacks. For example, it is important to consider whether self-compassionate people are sometimes complacent or lazy, forgiving themselves for their mistakes and not taking action to prevent future ones. Previous research has suggested that this is not the case, showing that self-compassion is not related to the stringency of people's personal standards and that students high in self-compassion were more likely to react to academic failure by

viewing it as a chance for growth, acceptance, and positive reinterpretation (Neff et al., 2005). Self-compassion correlated negatively with denial or mental disengagement, indicating a mindset of confronting current negative outcomes rather than avoiding them. In line with this finding, Studies 3 and 5 revealed that self-compassionate people took responsibility for their actions. Even so, an interesting question for future research is precisely why self-compassion does not lead to indifference or complacency.

Third, although Study 5 was not designed to help participants with a particular personal problem, the results suggest that fostering a self-compassion mindset may be beneficial in clinical settings with clients who are excessively self-critical. Indeed, researchers have begun to explore the psychotherapeutic benefits of self-compassion (Gilbert & Irons, 2005) as well as examine the role of self-compassion in the effectiveness of other treatments, such as mindfulness-based stress reduction (Shapiro, Astin, Bishop, & Cordova, 2005). Rather than focusing on changing clients' self-evaluations, as many cognitive–behavioral approaches do, self-compassion changes people's relationships to their self-evaluations. In clinical settings, clients with low self-esteem may be better served by interventions that foster self-compassion rather than self-esteem. If clients learn to feel better about themselves but continue to castigate themselves when they fail or make mistakes, then they will remain unable to cope nondefensively with their difficulties. And, perhaps most importantly, it should be easier to teach people with low self-esteem to be self-compassionate than to raise their self-esteem (Swann, 1997). Although clinical psychologists have begun to explore the clinical benefits of training people to be self-compassionate (Gilbert & Irons, 2005; Marlatt, 2002; Wiser & Telch, 1999), a great deal of research is needed on the basic processes involved in self-compassion.

Finally, future research should examine how self-compassionate people respond to serious real-life events. The situations that participants confronted in our studies were relatively mild in comparison to many of the hardships people encounter in daily life. Our research shows that being self-compassionate helps people deal with real and imagined negative events, but the question remains of the degree to which treating oneself kindly buffers people against the impact of severe challenges in everyday life.

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