Self-compassion
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CHAPTER 4

Compassion for others and for oneself:
levels, correlates and relationship with
psychological wellbeing

Angélica López, Robbert Sanderman, Adelita V. Ranchor, Maya J. Schroevers

Submitted for publication
Abstract
Compassion for others and self-compassion are assumed to be closely related concepts. Yet, as they have been mostly studied separately, little is known about their relationship and to what extent they differ or resemble each other with respect to their correlates. This cross-sectional study aimed to gain knowledge on their mean levels, interrelationship, and relationships to demographic factors and psychological wellbeing. A community sample of 328 adults completed a series of standardized self-report questionnaires to assess compassion for others, self-compassion, as well as depressive symptoms, negative affect, and positive affect. Analyses included t-tests, ANOVAs and correlations. Results showed that self-reported mean levels of compassion for others were significantly higher than those of self-compassion. Compassion for others and self-compassion were not significantly related. Compassion for others was higher in women than in men and in low educated individuals compared to higher educated individuals. In contrast, self-compassion was lower in low educated individuals. Self-compassion was found to be more strongly related to both negative and positive indicators of affect, than compassion for others. Together, our findings show that among community adults, people report experiencing more compassion for others than for the self, whereas self-compassion showed to be more beneficial for psychological wellbeing.
Compassion for others and self-compassion

Abstract
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Introduction
The interest on the benefits of compassion for others and self-compassion has grown rapidly during the last decade. Although these two concepts are assumed to be closely related, research examining their association is notoriously scarce. In an attempt to increase the understanding of the relationship between compassion for others and self-compassion, this study explored their mean levels, association, and relationships to socio-demographic factors and psychological wellbeing, in a sample from the community.

There is compelling evidence suggesting that compassion for others is a distinct emotion rooted in evolution (Goetz, Keltner & Simon-Thomas, 2010). According to this approach, compassion for others is the emotion that arises when witnessing another’s suffering and that subsequently motivates a desire to help. The triggering of compassion may be shaped by three appraisals: (1) the relevance of the person who is suffering to the self (i.e., emotional closeness and genetically relatedness), (2) the appraisals of low controllability and responsibility on the part of the sufferer, signalling that he/she deserves help, and (3) the self-capacity of coping with the situation and of offering effective help. Compassion for others can then be understood as a state or as a trait (Goetz et al., 2010). The state consists in the discrete emotional display of compassion, a brief and context-related experience triggered by a clear cause. Compassion as a trait involves the tendency to experience compassion and generate related responses across different situations, that is, a general style of emotional response that is transversal to time and context. A different approach conceptualizes compassion for others as an attitude containing feelings, cognitions and behaviors, characterized by caring and concern, and orientated towards supporting, helping and understanding others, particularly when the other is perceived to be suffering or in need (Sprecher, 2005).

Self-compassion has been defined similar to compassion for others, as the capacity to feel concern with the pain and suffering of oneself and the wish to relieve this pain (van den Brink & Koster, 2012). In fact, some conceptualizations do not distinguish self-compassion from compassion for others, suggesting that they involve openness to the suffering of the self and others, the desire to relieve it, and cognitions/behaviors that aim to nurture, look after, and soothe (Gilbert, 2010). On the other hand, some researchers define compassion for the self somewhat differently than compassion for others. Neff (2003a) defined self-compassion as treating oneself with kindness and understanding when facing suffering, seeing one’s failures as part of the human condition and having a balanced awareness of painful
thoughts and emotions. Also, it has been proposed that self-compassion encompasses understanding, acceptance and forgiveness for the self (McKay & Fanning, 2000). Overall, these different conceptualizations seem to have in common the notion that compassion is a reaction to the suffering of others and the self, characterized by a caring response.

There is fMRI evidence showing that self-compassion engages similar brain regions as expressing compassion towards others (Longe et al., 2010; Lutz, Brefczynski-Lewis, Johnstone, & Davidson, 2008), supporting the view of compassion for others and for the self as closely related, comparable processes. Despite this presumably relatedness, there is a considerable lack of research that compares these two concepts. One study found small positive associations between compassion for others and self-compassion in community adults and meditators, with a somewhat stronger association for the meditators’ group (Neff & Pommier, 2012). In a series of four experiments in undergraduate student samples, another study demonstrated that activating support-giving schemas increased levels of self-compassion, suggesting that a way to cultivate compassion for the self can be by giving compassion to others (Breines & Chen, 2013).

Compassion for others and self-compassion have proved to be beneficial for individuals’ psychological wellbeing. The association of compassion for others with wellbeing has being hardly examined by survey methods and evidence of their association comes primarily from task or intervention studies. For instance, after a brief compassion training in a sample of healthy adults, participants’ experiences of positive affectivity were higher compared to a control condition, even in response to witnessing others in distress (Klimecki, Leiberg, Lamm, & Singer, 2012). In addition, community adults that performed a daily compassionate action towards others in a one-week task study, showed increases in self-reported happiness at the end of the week, compared to a control condition (Mongrain, Chin, & Shapira, 2011). In contrast, there is a large number of cross-sectional studies using survey methods to demonstrate the relationship between self-compassion and psychological wellbeing. According to a review, higher levels of self-reported self-compassion are associated with reduced stress, anxiety, and depressive symptoms (MacBeth & Gumley 2012). Self-compassion has also shown to be related with improvements in self-reported indicators of positive affectivity, such as greater happiness, optimism, positive affect, and life satisfaction (Neff, Rude, & Kirkpatrick, 2007; Neff, 2003b).

So far, the limited number of studies examining compassion for others together with self-compassion, suggests that they involve similar brain regions (Longe et al.,
2010) and that those individuals who are more compassionate towards others could be more compassionate towards themselves (Neff & Pommier, 2012; Breines & Chen, 2013). However, there is still a limited understanding on how much these two concepts are similar or different from each other; specifically, descriptive data is missing. This cross-sectional study aims to give insight into the mean levels of compassion for others and the self in adults from the general population, their association, and whether they vary among different socio-demographic groups. Because both compassion for others and self-compassion have been related to psychological wellbeing, we also explored their associations to depressive symptoms, negative affect, and positive affect.

**Method**

**Sample and procedure**
Data was collected as part of a follow-up assessment of a larger study on mindfulness, self-compassion, and quality of life. The study was conducted among a community-based sample selected from the register offices of five middle size cities in the Netherlands. The follow-up assessment was made in two waves (hereby following the same procedure of the baseline assessment). This study focuses on data collected in the second wave in which 450 individuals were approached. A questionnaire package was sent to the participants’ home addresses with a return envelope, so they could return the questionnaire without any cost. Data was obtained from 328 participants (73%). The socio-demographic characteristics of the sample are presented in Table 1. We compared the sample of this study with the others included in the follow-up sample and found that the two samples did not significantly differ in age, gender, marital status, education, working status or presence of physical disease, and either in levels of depressive symptoms, negative affect or positive affect.

**Measures**

*Compassion for others*
Compassion for others was assessed with the compassion subscale of the Dispositional Positive Emotions Scale (DPES-comp; Shiota, Keltner, & John, 2006). This 5-item subscale assesses the tendency to feel compassion towards people in general using a seven-point likert scale, with 1 indicating strongly disagree and 7 indicating strongly agree (e.g., ‘When I see someone hurt or in need, I feel a powerful urge to take care of them’). Total scores can range from 5 to 35, with
higher scores indicating greater levels of compassion for others. The DPES-comp has demonstrated a good internal consistency and adequate validity (Shiota et al., 2006). In this study, the DPES-comp had good internal consistency (α = .84).

Self-compassion
Self-compassion was measured with the 12 positive items of the Self-Compassion Scale (Neff 2003b). We focused on the SCS’s positive items because we were interested in assessing the positive experience of self-compassion and not its opposite form, i.e., being harsh and critical towards oneself, evaluated by the SCS’s negative items. Recent research has recommended the validity and use of these positive items as a measure of self-compassion (López et al., 2015; Muris, Otgaar & Petrocchi, 2016). These items assess self-kindness, a mindful approach to negative thoughts or emotions, and a sense that suffering is common to all human beings (e.g., ‘I’m kind to myself when I’m experiencing suffering’). The items can be rated on a five-point likert scale ranging from 1 (almost never) to 5 (almost always). Total scores can range from 12 to 60 with higher scores indicating greater self-compassion. The SCS’s positive items have demonstrated a good internal consistency and adequate validity (Costa et al., 2015). In this study, the SCS’s positive items had good internal consistency (α = .87).

Depressive symptoms
Depressive symptoms were assessed with the Center of Epidemiologic Studies Depression Scale (CES-D; Bouma, Ranchor, Sanderman, & Van Sonderen, 1995; Radloff, 1977). The CES-D is a 20-item self-report instrument designed to measure current levels of depressive symptomatology in the general population (e.g., ‘I felt depressed’). On a four-point likert scale, participants specified the frequency by which each symptom was experienced during the last week (0 indicating rarely or none of the time and 3 indicating most of the time). After reversing the positively formulated items, a total score can be calculated based on all 20 items. Total scores can range from 0 to 60, with higher scores indicating more depressive symptoms. In this study, the scale showed good internal consistency (α = .91).
Negative and positive affect
Negative and positive affect were measured with the 20-item Positive and Negative Affect Schedule (PANAS; Peeters et al., 1999; Watson, Clark & Tellegen, 1988). This instrument is divided into two 10-item scales that assess subjective distress and unpleasant engagement (i.e., negative affect) and feelings of activeness, enthusiasm and alertness (i.e., positive affect). Participants were asked to rate the extent to which they experienced each particular emotion during the last week using a five-point likert scale (1 indicating very slightly or not at all and 5 indicating very much). Higher scores in the two scales indicate more negative and positive affect. In this study, the PANAS demonstrated high internal consistency for the negative affect ($\alpha = .88$) and positive affect ($\alpha = .88$) scales.

Data analyses
Statistical analyses were conducted in SPSS, 20.0. Paired samples t-tests was used to examine differences in levels of compassion for others and self-compassion. We first converted the total scores of compassion for others and self-compassion into a 1-100 range in order to make them comparable. The association between compassion for others and self-compassion was tested with Pearson correlation. Next, to examine whether the levels of compassion for others and for oneself varied according demographic factors (i.e., age, gender, marital status, education, working status and presence of physical disease), several t-tests and ANOVAs were performed testing for differences in the total scores of compassion for others and self-compassion. For these analyses, the variable marital status was dichotomized into married/cohabitating and others, and the variable working status was categorized into employed, retired and others, in order to have comparable groups in size. Lastly, correlation analyses were conducted to explore the relationships between compassion for others and self-compassion with depressive symptoms, negative affect and positive affect. The means ($SD$) of all study variables are presented in Table 1.
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Results
Levels and association of compassion for others and self-compassion
The mean level of compassion for others was significantly higher than the one of self-compassion \((t(326) = -22.11, p < .001)\), \(M_{\text{compassion}} = 77.12 (SD = 14.26)\), \(M_{\text{self-compassion}} = 51.80 (SD = 15.84)\). Compassion for others and self-compassion were weakly, not significantly related \(r = .10, p = .071\).

Compassion for others and self-compassion among different demographic groups

Compassion for others
Women reported higher levels of compassion for others than men \((t(326) = -2.21, p = .028)\). In addition, we also found higher levels of compassion for others in low educated individuals, compared to middle and high educated individuals \((F(2, 324) = 4.90, p = .008)\). Age was weakly positively correlated with compassion for others \((p < .05)\) (Table 2).

Self-compassion
Low educated individuals reported lower levels of self-compassion than middle and high educated individuals, and middle educated individuals reported lower levels of self-compassion than high educated individuals \((F(2, 323) = 12.34, p < .001)\) (Table 2).

Associations of compassion for others and self-compassion with psychological wellbeing
Compassion for others was not significantly related to depressive symptoms neither to negative nor positive affect (Table 3). Self-compassion had significant, weak to moderate, negative associations with depressive symptoms and negative affect, and a significant moderate positive association with positive affect \((p < .001)\) (Table 3).
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Table 1
Participants’ socio-demographic characteristics and means (SD) of all study variables

<table>
<thead>
<tr>
<th>Study sample (N = 328)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age in years (SD)</td>
</tr>
<tr>
<td>Gender (% female)</td>
</tr>
<tr>
<td>Marital status (%)</td>
</tr>
<tr>
<td>Married /cohabiting</td>
</tr>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Widowowed</td>
</tr>
<tr>
<td>Divorced</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Education (%)</td>
</tr>
<tr>
<td>Low</td>
</tr>
<tr>
<td>Middle</td>
</tr>
<tr>
<td>High</td>
</tr>
<tr>
<td>Working status (%)</td>
</tr>
<tr>
<td>Employed</td>
</tr>
<tr>
<td>Retired</td>
</tr>
<tr>
<td>Housework</td>
</tr>
<tr>
<td>Volunteer</td>
</tr>
<tr>
<td>Disability</td>
</tr>
<tr>
<td>Others</td>
</tr>
<tr>
<td>Presence of physical disease</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>One</td>
</tr>
<tr>
<td>Two or more</td>
</tr>
<tr>
<td>Mean of study variables (SD)</td>
</tr>
<tr>
<td>Compassion for others</td>
</tr>
<tr>
<td>Self-compass</td>
</tr>
<tr>
<td>Depressive symptoms</td>
</tr>
<tr>
<td>Negative affect</td>
</tr>
<tr>
<td>Positive affect</td>
</tr>
</tbody>
</table>
Table 2
*Means (SD) of compassion for others and self-compassion for different socio-demographic groups*

<table>
<thead>
<tr>
<th></th>
<th>Self-compassion</th>
<th>Compassion for others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>-.022</td>
<td>.116*</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>52.70 (15.28)</td>
<td>78.75 (14.60)</td>
</tr>
<tr>
<td>Men</td>
<td>50.71 (16.48)</td>
<td>75.11 (13.60)</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married/cohabiting</td>
<td>52.31 (15.27)</td>
<td>77.78 (14.29)</td>
</tr>
<tr>
<td>Others</td>
<td>49.83 (17.97)</td>
<td>74.63 (14.11)</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>43.98 (15.84) b**</td>
<td>82.44 (13.30) c**</td>
</tr>
<tr>
<td>Middle</td>
<td>51.40 (15.96)</td>
<td>76.04 (13.87)</td>
</tr>
<tr>
<td>High</td>
<td>56.60 (13.77)</td>
<td>76.03 (14.92)</td>
</tr>
<tr>
<td>Working status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed</td>
<td>51.87 (14.67)</td>
<td>75.72 (15.14)</td>
</tr>
<tr>
<td>Retired</td>
<td>49.68 (15.67)</td>
<td>77.27 (13.36)</td>
</tr>
<tr>
<td>Others</td>
<td>53.58 (17.75)</td>
<td>79.30 (13.50)</td>
</tr>
<tr>
<td>Presence of physical disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>52.98 (16.01)</td>
<td>75.21 (13.11)</td>
</tr>
<tr>
<td>One</td>
<td>51.84 (15.16)</td>
<td>77.13 (16.50)</td>
</tr>
<tr>
<td>Two or more</td>
<td>50.78 (16.38)</td>
<td>78.94 (13.68)</td>
</tr>
</tbody>
</table>

All mean (SD) scores presented in this table are converted to 1-100 range to allow easier comparisons; a significant differences in compassion for others between women and men; b significant differences in self-compassion between low educated and middle/high educated, and between middle educated and high educated; c significant differences in compassion for others between low educated and middle/high educated.

**p < .01, *p < .05

Table 3
*Correlations of compassion for others and self-compassion with measures of psychological wellbeing*

<table>
<thead>
<tr>
<th></th>
<th>Depressive symptoms</th>
<th>Negative affect</th>
<th>Positive affect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion for others</td>
<td>-.001</td>
<td>-.050</td>
<td>.072</td>
</tr>
<tr>
<td>Self-compassion</td>
<td>-.322***</td>
<td>-.185***</td>
<td>.331***</td>
</tr>
</tbody>
</table>

***p < .001
Discussion

This study aimed to explore the mean levels of compassion for others and self-compassion in the general population and whether they vary according to different socio-demographic characteristics. In addition, we explored how compassion for others and self-compassion relate to indicators of psychological wellbeing. Results showed that self-reported levels of compassion for others were higher than self-reported levels of self-compassion. Women and lower educated individuals reported to be more compassionate for others than their counterparts. Lower educated individuals reported less self-compassion than higher educated persons. Self-compassion was associated with lower levels of negative affectivity and higher levels of positive affectivity, while compassion for others was not significantly related to affect.

A key finding was the self-reported higher levels of compassion for others than for the self. The mean level of compassion for others observed in our study is similar to those reported in previous studies among undergraduate samples (Oveis, Horberg & Keltner, 2010; Stellar et al., 2012). Also, the mean level of self-compassion observed in our study is similar to those in previous studies among community samples (Costa, Marôco, Pinto-Gouveia, Ferreira, & Castilho, 2015; Körner et al., 2015). The relatively high levels of compassion for others is in line with the notion that it is a distinct emotion that denotes important evolutionary purposes (Goetz et al., 2010). Specifically, it has been suggested that compassion for others evolved as part of a caregiving response to vulnerable offspring, that it promotes cooperative relations between nonkin and that compassionate mates are preferred (Goetz et al., 2010). The relatively low levels of individuals’ self-compassion might be explained by an inherent difficulty of expressing compassion towards oneself (Gilbert, McEwan, Matos, & Rivis, 2011). In a qualitative study, individuals with depression recognized that self-compassion could be meaningful and helpful, though they stated that being self-compassionate would be difficult because the concept itself felt challenging (Pauley & McPherson, 2010). This might also be the case for non-depressed individuals. Gilbert et al. (2011) argued that individuals, especially those with low affectionate backgrounds or those who are highly self-critical, can experience a fear to be self-compassionate and as a consequence, have difficulties in developing self-compassion. An alternative explanation for our findings might be that it is socially desirable to report compassion for others, and this is less so for reporting compassion for oneself. As mentioned before, evidence suggests that compassion for others is a desirable trait for mate selection (Buss et al., 1990; Eastwick & Finkel,
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aspects of the Self-Compassion Scale, which focuses on self-criticism, over-
that in these studies, gender differences were mainly accounted for by the negative
2013; Neff & Beretvas, 2013; Neff & Vonk, 2009; Neff, 2003b). It should be noted
increase in positive emotions if they were to perform specific helping acts), and
participants were asked to rate the degree in which they would experience an
more cooperative relationships as a strategy to deal with external threats (i.e., tend-
that lower-class individuals, who often live in more threatening environments, are
was mediated by the perception of distress in others, supporting their hypothesis
more aware and reactive to others’ emotions or negative situations, and initiate
Complementarily, during less threatening situations, self-compassion can have a
positive affect can be due to a positive affective response in the face of personal
against the increase of self-judging responses. The influence of self-compassion on
self-compassion might relate to lower levels of depressive symptoms by protecting
2012; Neff, 2003b; Neff et al., 2007). Dundas and colleagues (2015) suggested that
authors showed that this association between social class and compassion for others
and-befriend response strategy). On the other hand, self-compassion was found to
more cooperative relationships as a strategy to deal with external threats (i.e., tend-
that it is possible to be compassionate towards others but not to the self, or
alternative, to be self-compassionate but don’t have compassion towards others.
More in-depth research, including qualitative studies, is needed to clarify people’s
experiences with both concepts and their association.

When comparing the levels of compassion for others and for oneself among
different demographic groups, results showed that women reported higher
compassion for others compared to men. Past literature has observed this same
gender difference in self-reported levels of compassion for others in undergraduate
students, community adults and meditators (Neff & Pommier, 2012; Stellar et al.,
2012). Sprecher, Ferh, & Zimmerman (2007) found that women, at a greater degree
than men, expect enhanced positive mood as a result of compassionate acts (the
participants were asked to rate the degree in which they would experience an
increase in positive emotions if they were to perform specific helping acts), and
theorized that it can be due to differences in social role experiences. In line with this,
Eagly and Crowley’s (1986) social role theory of helping, suggests that gender roles
encourage males to perform heroic actions, while females to be nurturing and caring
which relates more to the experience of compassion for others.

In contrast, we found no gender differences in levels of self-compassion, which is
in line with research in undergraduates, community adults and meditators (Neff &
Pommier, 2012). Others, however, have found lower levels of self-compassion in
women compared to men, as measured by the SCS total score (Johnson & O’Brien,
2013; Neff & Beretvas, 2013; Neff & Vonk, 2009; Neff, 2003b). It should be noted
that in these studies, gender differences were mainly accounted for by the negative
aspects of the Self-Compassion Scale, which focuses on self-criticism, over-
identification and isolation (Neff, 2003b). It seems that when focusing on the positive
experience of self-compassion (i.e., being mindful, self-kind and connected to
common humanity), there are no significant gender differences in levels of self-
compassion.
Low educated individuals reported higher levels of compassion for others, but lower levels of self-compassion, compared to their counterparts. For compassion for others, our results are in line with those of a series of three studies in undergraduates samples, showing that lower-class individuals reported greater compassion for others during laboratory inductions and real social interactions, compared to upper-class individuals (social class was assessed with a compound measurement of education, income and perceived class) (Stellar et al., 2012). The authors showed that this association between social class and compassion for others was mediated by the perception of distress in others, supporting their hypothesis that lower-class individuals, who often live in more threatening environments, are more aware and reactive to others’ emotions or negative situations, and initiate more cooperative relationships as a strategy to deal with external threats (i.e., tend-and-befriend response strategy). On the other hand, self-compassion was found to be lower in lower educated individuals. We are not aware of literature reporting levels of self-compassion according to participants’ education or social class. Since a considerable amount of studies on self-compassion have been performed among undergraduate students, there are limited possibilities to explore the association between education and self-compassion. More research is needed in order to clarify whether and how education influences levels of self-compassion.

Regarding psychological wellbeing, self-compassion was related to both negative and positive affective states, in line with previous research (MacBeth & Gumley, 2012; Neff, 2003b; Neff et al., 2007). Dundas and colleagues (2015) suggested that self-compassion might relate to lower levels of depressive symptoms by protecting against the increase of self-judging responses. The influence of self-compassion on positive affect can be due to a positive affective response in the face of personal distress, e.g., experiencing warmth, understanding, and reassurance (Neff, 2003a). Complementarily, during less threatening situations, self-compassion can have a resilient effect by promoting healthy behaviors aimed to maintain wellbeing (e.g., good eating habits, work-rest balance) (Neff, 2003a). It should be noted that most previous research assessed self-compassion by combining positive self-compassion and its opposite, being harsh and cold towards oneself, into one overall score of self-compassion. In our study we focused specifically on positive self-compassion. The fact that we also found significant associations of self-compassion with depressive symptoms and negative affect, as well as with positive affect, strengthens the idea that self-compassion has benefits for psychological wellbeing, independent of aspects more related to self-coldness.
In contrast, compassion for others did not appear to be significantly related to levels of depressive symptoms, negative affect, nor positive affect. Partly in line with our results, two previous studies found that after one week of performing daily compassionate acts towards others (Mongrain et al., 2011) and after a compassion-based 9 weeks intervention (Jazaieri et al., 2014), community adults did not report greater decreases of depressive symptoms compared to a control group; though, these studies did find higher increases of happiness in the experimental groups. More research is needed to increase our understanding of how compassion for others relates to psychological wellbeing.

The community sample with equivalent gender distributions and broad age range increases the generalizability of our results. Though, some limitations should be considered when interpreting our findings. Our study is cross-sectional and therefore conclusions regarding causality of (self-)compassion on negative and positive indicators of psychological wellbeing cannot be drawn. Another limitation is the dropout of participants between the baseline and follow-up study. Low response rates are not uncommon for mail surveys (Van Horn, Green & Martinussen, 2008) and it is possible that the topic of the study (i.e., self-compassion, mindfulness, and quality of life) may have reduced the participation considering that responders were a large group from the general population not particularly motivated or interested in this topic. Furthermore, the length of the questionnaire package (about 30 minutes to fill in) may have contributed to the reduction on the response rate. Although the follow-up sample (N = 734) did not significantly differ from the non-respondent sample (N = 1002) in age or gender distributions, we did find that higher educated people and individuals married or with a partner were more likely to participate in the follow-up.

This is one of the first studies exploring the association between compassion for others and self-compassion. Overall, our results suggest that community adults report higher levels of compassion for others than self-compassion. In addition, our results suggest that levels of compassion for others can vary according to gender and education, with women and low educated individuals reporting more compassion for others than their counterparts. In contrast, it seems that lower educated individuals have less self-compassion than higher educated persons. Finally, our results showed that self-compassion is more strongly related to psychological wellbeing than compassion for others. Future research can build up on these findings to enlarge the understanding of how compassion for others and self-compassion relate and differ from each other.
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CHAPTER 5

The predictive value of self-compassion for depressive symptoms over time and the moderating effect of stress

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Submitted for publication