



Relationship between self-compassion and Compassion for others

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Abstract- Self-compassion and compassion for others are the concepts of positive psychology that are studied extensively in the past decade. However, little is known about their association with each other. Compassion is an affective response of sorrow when suffering is perceived and requires genuine desire to relieve the suffering. Self-compassion is the extension of compassion towards oneself in difficult times. The study aims to find association between self-compassion and compassion for others and to explore the differences in compassion for others based on gender and age. Neff's Self-compassion-short form and compassion for others, scales were used. A sample consisted of 222 participants. Pearson correlation and t-tests were computed. The results presented a significant correlation between self-compassion and compassion for others while no significant differences were found among participants in their compassion for others based on gender and age. Limitation of the study and suggestions for further research are discussed.

Key words: self-compassion, compassion for others, association.

I. INTRODUCTION

As interest in the topics of positive psychology has grown rapidly in the last decade and thus self-compassion and compassion for others are the concepts which are not less important. Generally, the concepts are considered as closely associated, empirical research falls short to provide strong ground for the association especially the descriptive data. Compassion is defined as an affective response that occurs when one perceives suffering of someone and requires genuine desire to help (Goetz et al., 2011). It is an emotion that is critically oriented towards others. Goetz et al., (2011) reported that compassion is related with feelings of sadness, tenderness and warmth. All these emotions are involved in promoting caretaking and soothing of the victim, in short term (Batson et al., 1987; Zahn-Waxler et al., 1983), and in the longer run, it is found to be positively associated with cooperation, bonding and intimacy with others (Valdesolo & Desteno, 2011; Oveis et al., 2010; Reis et al., 2004; Gintis, 2000; Nesse, 1990; Frank, 1988). Compassion is conceptualized as a mental capacity that empowers all positive states of mind to their maximum potential, once they are cultivated and strengthened (Makransky, 2012). There is a strong evidence which suggests that compassion for others has its roots in evolution. Specifically, it is considered a derivative of a part of nurturing behavior directed towards vulnerable offspring (Keltner & Haidt, 2001; Berry & McArthur, 1986; Bowlby, 1969). It also plays a role in the promotion of cooperative relationships among non-kin (Frank, 1988; Trivers, 1971; Keltner, 2009). Research studies have also revealed that mates which are compassionate are preferred over the non-compassionate mates (Miller, 2007; Buss & Kenrick, 1998; Buss et al., 1990). Thus, in-line with this perspective, it is the emotion which arises when one witnesses suffering of another person and then eventually reinforces a desire to lend a helping hand to the individual in need, is termed as compassion for others. Compassion for others could also be conceptualized both, as a trait and as a state as well (Goetz et al. 2011). As a state, compassion involves a temporary and situational emotional display of compassion. In a state this display of compassion is activated by a distinct purpose. Whereas, the trait includes the propensity to feel compassion in a variety of contexts, that is, an emotional reaction which is generally, not bounded by time and situation (Goetz, 2011). Research has found that compassion for others is positively associated with well-being (Klimecki et al. 2012) and happiness (Mongrain et al. 2011).

Self-compassion is a positive and kind attitude towards oneself when life strikes hard. It is to respond with kindness and openness in situations when we face our shortcomings, rather than whipping ourself and being judgmental about ourself. It is the extension of compassion towards our own self when we suffer, through no fault of our own--when life is painful and heavy to bear. It is of no less importance even when

we are facing adversity due to our own faults and shortcomings (Neff, Pommier; 2013). Self-compassion has three key components, which are identified by Kristen Neff (2003a). these components include 'Common Humanity, Self-Kindness and mindfulness' i-e in hard situations, self-kindness encompasses a warm and kind attitude towards oneself rather than being ignorant and harsh towards oneself with self-criticism. Common humanity considers the realization that sufferings and failures are elements of the common human experience while mindfulness involves observing the negative emotions with openness, taking a balanced approach in such a way that the feelings are neither suppressed nor overly heightened.

Instead of mercilessly judging and criticizing our own self, self-compassion is treating yourself as a good friend. Self-compassion helps us cope more successfully by enabling us to balance our emotions in stressful situation (Brown & Ryan, 2003). Self-compassion reduces the cognitive intensities of negative events by perceiving the sufferings and pain of one's life as a normal experience of being human, realizing and accepting negative events as a part of our lives. It is negatively associated with depression, rumination (Illyas& Aslam, 2018), anxiety, criticism towards one 'self, Suppressing one's thoughts and neurotic perfectionism (McGehee& Neff, 2010). Numerous researches have revealed that optimism, positive affect, wisdom and happiness is positively associated with self-compassion (Lopez et al., 2018; Neff&McGehee, 2010). Correlational studies show that life satisfaction is positively associated with self-compassion. (Ying Yang et al., 2016; Seligowski et al., 2014; Wei et al., 2011; Van Dam et al., 2011; Neelay et al., 2009). And this positive correlation has been demonstrated across cultures such as America, Thai and Chinese. (Neff et al., 2008, Yang et al., 2016) as well as Indonesia (Anggraeni&Kurniawan, 2012).

Although the benefits of Self-compassion are well-known, whether self-compassion benefit others, little is known about it. fMRI reports had shown that self-compassion activates same brain parts as compassion that is oriented towards other beings (Lutz et al. 2008; Longe et al. 2010). One of the studies on compassion was conducted among community adults and meditators. The research reported small positive associations between compassion for others and self-compassion among community adults and meditators. The research revealed a considerably stronger correlation in the group of meditators when compared to community adults (Neff and Pommier, 2013). Likewise, it was discovered in a series of experiments, that activation of schemas related to support-giving leads to an increase in self-compassion (Breines and Chen, 2013). Another study conducted on student midwives. The research reported that high score of self-judgment, one of the sub-scale of self-compassion scale is associated with an attitude that is less compassionate towards both themselves and others (Beaumont et al.; 2015).

From literature review, it was found that no study was conducted on Pakistani population in this regard except the one which was conducted on married individuals. The research indicated significant relationship between the variables of self-compassion and dyadic adjustment (Bibi et al., 2017).

As there is insufficient knowledge regarding the relationship between Self-compassion and compassion for others in Pakistani population. Thus, there is a need to conduct a study in this regard to add to the related knowledge.

Objectives;

The current study was designed to fulfil the objectives mentioned below;

- To find out the relationship between Self-compassion and compassion for others.
- To explore gender differences in compassion for others
- To explore the differences in compassion for others among adolescents and adults.

Hypotheses;

- There will be a positive association between self-compassion and compassion for others.
- Females will score high on compassion for others than male.
- Adults will report high compassion for others than adolescents.

II. RESEARCH METHODOLOGY

Research design;

The study aimed to find out association between self-compassion and compassion for others and the group differences on compassion for others. Therefore, it was a correlational study as well as cross-sectional, employing a survey method for data collection.

Sample;

To recruit the participants for the study, Convenient sampling technique was used. 222 individuals from general population participated in the study. Sample consists of 118 males (53.2%) and 104 females (46.8%). The age of the subjects ranged from 13 to 66 years ($M = 22.05$, $SD = 6.77$). The details of demographic characteristics of the participants are presented in table 1.

Measures

Self-Compassion Scale-Short Form (SCS-SF).

Short form of self-compassion scale (SCS-SF) developed by Dr. Kristin Neff (2003), comprised of 6 subscales. Each subscale consists of 2 items. The subscales include Mindfulness (3, 7), Over-Identified (1, 9), Common Humanity (5, 10), Isolation (4, 8), Self-Kindness (2, 6) and Self-Judgment (11, 12). Each of the item in the scale is rated on 5-point scale with options for response ranging from almost never (1) to almost always (5). Previous studies have reported good Cronbach's alpha (α) of the scale, such that $\alpha = .93$ (Wasylikiw et al., 2012), $\alpha = .90$ (Neff & McGehee, 2010), and $\alpha = .86$ (Neff, 2003). In the current study, we have calculated the value of internal consistency (α) = .58 for the short form of self-compassion scale.

Compassion for Others

Compassion for others scale (Pommier, 2011) was used to measure the compassion for others. The scale is a 5 point likert scale, where the value of 1 indicates 'almost never' and 5 indicates 'almost always'. (for example, if I see someone going through a difficult time, I try to be caring towards that person). It has 6 subscales with a total of 24 items i-e, the subscale of Kindness consists of item no. 6,8,16 & 24, Indifference comprised of item no. 2,12,14 & 18, sub-scale of common humanity entails item no. 11,15, 17 & 20, Separation sub-scale include item no. 3,5,10 & 22, Mindfulness subscale contains item no. 4, 9, 13 & 21 and Disengagement sub-scale consists of item no. 1,7, 19 & 23. Compassion for others scale has illustrated a good Co efficient of $\alpha = .90$ (Pommier, 2011). In the present study, it has demonstrated an internal consistency of $\alpha = .77$.

Demographic Sheet

This instrument was designed by the researcher to know about the demographic information of the research subjects. It included questions concerning the participant's Name (optional), Age, Gender, Qualification, department, Educational or job institute, designation and also the participants are asked for their consent signature in this section.

Procedure

The subjects were reached out in the morning hours during their free time, i-e., when they can spare time to participate in the study. The nature and purpose of the study was briefly discussed with the participants. It was made clear to the subjects that participation in the research is solely on voluntary basis and that they could withdraw their participation in the study whenever they want so. The subjects were briefed about the purpose of the study which was to better understand the relationship between how we typically react to ourselves in difficult times and how we respond to others when they are suffering. The participants were assured that their information would be used only for the research purpose and their confidentiality would be maintained. The participants were asked to fill the questionnaires. All participants signed their name on Demographic sheet, indicating their willingness to participate in the study. The respondents were given directions and explanations. All of the respondent's questions were answered right away. Participant were also given the option of receiving a copy of research report, if they wish so, by providing them with the email address of the researcher. At the end, all those who took part in the research was thanked for their time.

Data Analysis;

IBM SPSS Statistics was used to calculate descriptive statistics, mean differences and correlation of variables to test the research hypothesis. In this research both the variables i-e scores of SCS-SF and Scores of Self-compassion for others apply normal distribution, thus a parametric test of Pearson product moment correlation co-efficient was run on the data. An independent sample t-test was also used.

III. RESULTS

A total of 222 participants were enlisted for the current study (Table 1). The mean age of participants assessed was 22, whereas 104(46.8%) were females and 118(53.2%) were males. Details comparing the demographic variables assessed for the participants of the present study are shown in Table 1. Internal consistency, assessed by Cronbach's alpha, was .58 for self-compassion short scale whereas for the compassion for others scale, it was .77 as shown in Table 2. The relationship among the study variables were measured through The Pearson product moment correlation. A significant correlation was found between the scores of 'Self-Compassion scale (short form)' and scale of 'compassion for others', at 0.01 level of significance. See details in Table 3. No significant differences were found in compassion for others on the basis of gender and age group.

Table 1

Sociodemographic characteristics of the participants

	<i>f</i>	%
Gender		
Male	118	53.2
Female	104	46.8
Education		
Under-matric/matriculate	16	7.2
Intermediate	37	16.7
Undergraduate	148	66.7
M. Phil	18	8.1
Ph. D	2	0.9
Missing	1	0.5
Age		
13-19 (adolescents)	88	39.6
Above 19 & onwards	134	60.4

Note: *f*= frequency; %= percentage

Table 1 designates that 53.2% of the sample (N=222) are males, whereas 46.8% are females. The sample comprised of 39.6% adolescents and 60.4% of them were adults of which 7% are matriculate or under-matric, 16.7% belongs to intermediate, 66.7% were undergraduates, 8% and 1% of which were MPhil and PhD scholars respectively. Whereas one of the participants did not mention his or her education level.

Table 2

Reliability analysis of 'Self-Compassion Scale' (short form) and 'Compassion for others' scale (N =222)

Scale	No of Items	Co efficient of alpha
Self-Compassion Scale (short form)	12	.58
Compassion for others Scale	24	.77

Table 2 indicates that short form of Self-Compassion Scale, having Cronbach's alpha (α) .58 and Compassion for others Scale having Cronbach's alpha (α) .77 are reliable to be used for the current data having self-Compassion and Compassion for others as variables.

Table 3*Pearson Product Moment Correlation for 'Self-Compassion' and 'Compassion for others' (N=222)*

Variables	I	II
Self-Compassion	...	
Compassion for others	0.253**	...

** . Correlation is significant at the 0.01 level (1-tailed).

Table 3 illustrates that at 0.01 level of significance (1-tail), self-Compassion is significantly correlated with compassion for others and that the direction of this correlation is positive.

Table 4*t values showing differences between males and female on compassion for others scale*

Variable	males (n= 118)		females (n= 104)		t (220)	P	Cohen's d
	M	S.D.	M	S.D.			
Compassion for others	91.32	10.47	93.06	11.65	-1.175	0.01	0.15

P<0.05

Table 4 presents the mean scores of male and female groups of participants on the scores of Compassionfor others scale. A comparison of both the groups illustrates that differences in compassion for others between males and females is not significant at 0.01 (1-tailed) level of significance.

Table 5*t values showing differences between adolescents and adults on compassion for others scale*

Variable	adolescents (n=88)		adults (n= 134)		t (220)	P	Cohen's d
	M	S.D.	M	S.D.			
Compassion for others	90.70	11.43	93.08	10.73	-1.57	0.01	0.21

P<0.05

Table 5 illustrates the comparison of mean differences between adolescents and adults on the scores of compassion for others scale, which shows that there exist no significant difference between adolescents and adults in compassion for others at 0.01 level (one-tailed) of significance.

IV. DISCUSSION

The aim of the study was to demonstrate a relationship between 'self-Compassion' and 'Compassion for others'. From the results, it is evident that there is a positive correlation between 'self-compassion' and 'compassion for others' among Pakistani population. Thus, the result is in accordance with the proposed research hypothesis which states that self-compassion is positively associated with compassion for others. Therefore, the higher self-compassion of an individual is, the more compassionate the individual will be for others.

This result of the study is inaccordance with the discoveries of the previous studies regarding the relationship between self-compassion and compassion for others i-e a study conducted by Neff and Pommier (2010) concluded that self-compassion and compassion for others are closely associated and went hand in hand. The study also found support from the study conducted by Crocker &Canevello (2008)

which reported self-compassion is associated with more compassionate goals in intimate relationships that is they are more inclined to extend social support to their partners. The study also revealed that compassionate individuals encourage more interpersonal trust with their partners.

The other two hypothesis proposed by the study i-e, females are more compassionate to others than males and that adults are high in compassion for others than adolescents are not supported by the results of the study. Thus, it is concluded that there exists no significant difference among individuals in compassion for others on the basis of age and gender. These findings of the study are not inline with the previously reported studies which concluded that females are more compassionate towards others than male and that older community adults have compassion for others than adolescents. (Lopez et al;2018, Neff &Pommier; 2013). One possible explanation for the surprising results might be the society in which the study was conducted, compassion for others is considered socially a very desirable trait, also all most all the participants belongs to the religion of Islam, the teachings of which places a great emphasize on compassion for others. Therefore, it is practiced alike by all the community members with no significant difference between the males and females, youngsters and elders.

V. LIMITATIONS AND SUGGESTIONS

The large community sample with broad age range and participants belonging to diverse walks of life increases our generalizability, still some limitations of the study should be considered before interpreting its findings. The study was cross-sectional therefore no causal relationship between the self-compassion and compassion for others can concluded. Also the sample was limited to the province of Khyber Pakhtunkhwa only, therefore more studies are needed to be conducted that accounts for the sample from other provinces of the country for the confident generalizability, as there exist rich cultural differences between the people of Pakistan and their cultural practices may effecttheir scores on the variables of the study.

Also it is observed during the data collection that participants had a lot of difficulty in understanding the contents of the scales, therefore it is suggested for future research that the scales should be translated in local language of the people for more accurate results.

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