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SELF-COMPASSION AND SELF-CONSTRUAL IN THE UNITED STATES, THAILAND, AND TAIWAN

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Self-compassion is a self-attitude construct derived from Buddhist psychology (Neff, 2003a). It entails being kind rather than harshly critical toward oneself, perceiving one's experiences as part of the larger human experience, and holding painful feelings in mindful awareness. Given that self-compassion is an Asian construct, this study compares self-compassion levels in the United States, Thailand, and Taiwan. Results indicate that self-compassion is highest in Thailand and lowest in Taiwan, with the United States falling in between. Interdependence is linked to self-compassion in Thailand only, whereas independence is linked to self-compassion in Taiwan and the United States. Results suggest that self-compassion levels in these societies are linked to specific cultural features rather than general East–West differences. However, self-compassion is significantly associated with well-being in all three cultures.

Keywords: self-compassion; self-attitudes; cultural differences; self-criticism; self-construal

Since the time of William James and Sigmund Freud, psychologists have been interested in exploring Eastern philosophical concepts from a Western scientific perspective. Recently, there has been increased interest in mindfulness, a central construct in Buddhist psychology (Bishop et al., 2004), and there are a variety of interventions and counseling techniques that teach Westerners how to be mindful (Baer, 2003; Grossman, Niemann, Schmidt, & Walach, 2004; Kabat-Zinn, 1982; Segal, Williams, & Teasdale, 2002). A related construct garnering attention lately is self-compassion (Gilbert & Irons, 2005; Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, 2003a, 2003b, 2004), which involves holding painful emotions in mindful awareness while feelings of care and kindness are extended to the self. An interesting question is whether individuals in Asian societies tend to have more self-compassion than those in the West, given that the construct of self-compassion is Asian in origin. The current study explores this question, examining self-compassion and well-being in the United States, Thailand, and Taiwan.

SELF-COMPASSION

Drawing on various Buddhist writings from the Theravada tradition (Bennett-Goleman, 2001; Brach, 2003; Kornfield, 1993; Salzberg, 1997), Neff (2003b) has defined *self-compassion* as a multifaceted construct entailing three main components: self-kindness

versus self-judgment, common humanity versus isolation, and mindfulness versus overidentification. If individuals are compassionate to themselves while confronting their own experiences of suffering, inadequacy, or failure, they offer themselves warmth and understanding rather than being coldly indifferent or berating themselves with self-criticism. To qualify as compassion, moreover, rather than mere self-love, people recognize that being imperfect, making mistakes, and encountering difficulties are part of the shared human experience; something that we all go through rather than being something that happens to "me" alone—an isolated, separate self. Self-compassion also requires taking a balanced approach to one's negative emotions so that painful feelings are neither suppressed nor exaggerated but are instead seen just as they are in the present moment. One cannot be compassionate about feelings that are repressed and unacknowledged. At the same time, when one becomes carried away by these feelings to the point that all perspective is lost (e.g., overidentification), self-compassion quickly turns into self-pity.

Research with Western samples indicates that individuals who are compassionate to themselves experience greater psychological health and resilience than those who lack self-compassion. For example, self-compassion is positively associated with life satisfaction, positive relations with others, wisdom, personal growth, happiness, and adaptive coping with failure, while being negatively associated with depression, anxiety, thought suppression, and perfectionism (Neff, 2003a; Neff, Hsieh, & Dejithirat, 2005; Neff, Kirkpatrick, & Rude, 2007). Practicing Buddhists have also been shown to have higher levels of self-compassion than college undergraduates do (Neff, 2003a). There is some evidence that women have less self-compassion than men, though research has not been entirely consistent on this point.

Self-compassion offers an appealing alternative to the more problematic construct of self-esteem (Neff, 2003b), which is sometimes linked to self-centeredness, distorted self-perceptions, downward social comparisons, and aggression under conditions of ego threat (Baumeister, Campbell, Krueger, & Vohs, 2003; Crocker & Park, 2004). Global self-esteem and self-compassion are intercorrelated, as should be expected, given that harsh self-judgment leads one to feel bad about oneself, whereas self-kindness leads to positive feelings about oneself. However, research suggests that self-compassion is a stronger predictor of healthy self-related processes than self-esteem and that it avoids many of its pitfalls (Leary et al., 2007; Neff & Vonk, in press).

SELF-COMPASSION AND CULTURE

One might expect that because the construct of self-compassion stems from Buddhist psychology and because Buddhism is an Asian tradition, there would be more exposure to and adoption of the practice of self-compassion in Asian cultures than in Western cultures. Moreover, as Markus and Kitayama's (1991) well-known theory proposes, people in Asian collectivistic cultures are said to have an interdependent self-concept that emphasizes concerns with interpersonal connectedness, caring for others, and social conformity, whereas people in Western individualistic cultures are said to have an independent self-concept that emphasizes concerns with autonomy, meeting of personal needs, and individual uniqueness. Because self-compassion entails recognition of common humanity and interconnectedness, it might be assumed that self-compassion is more prevalent in cultures that emphasize an interdependent rather than an independent sense of self. The story is more complicated than this, however.

Kitayama and colleagues in fact use self-construal theory to support the proposition that in interdependent cultures such as Japan, people are more self-critical than in the West (Kitayama & Markus, 2000; Kitayama, Markus, Matsumoto, & Norasakkunkit, 1997).[1] For instance, Kitayama and Uchida (2003) claim that "explicit self-criticism is often an integral part of densely knit, emotionally interdependent or communal social relations . . . . Although these interdependent or communal forms of social relations exist in all cultures, they are assumed to be more prevalent in Asian cultural contexts" (p. 6). It is argued that self-criticism is adaptive for those with an interdependent self-construal, because awareness of personal shortcomings aids self-improvement efforts needed to function harmoniously with others (e.g., Heine, 2003; Heine et al., 2001; Kitayama et al., 1997). If so, self-compassion levels might be lower among Asians than among Westerners, given that self-criticism is a key trait among those who lack self-compassion.

These seemingly contradictory expectations highlight the multifaceted meaning of interdependence in self-construal theory (Kagitcibasi, 2005) and therefore the difficulties of understanding how self-construals relate to self-compassion. To the extent that interdependence taps into feelings of human interconnectedness, for instance, it might promote feelings of self-compassion. To the extent that it reflects concerns with social conformity and harsh self-regulatory tactics, however, it might hinder self-compassion. Similar issues exist with regard to independent self-construals. On one hand, independence involves care and concern for the self (Singelis, 1994), which may increase self-compassion. On the other hand, it may connote feelings of separation or isolation, thus undermining self-compassion.

Another potential limitation of the self-construal model (which the authors of the model are careful to point out — Markus, Mullally & Kitayama, 1997) is that it can lead to over-generalizations about Western and Eastern cultures (Killen & Wainryb, 2000; Matsumoto, Grissom, & Dinnel, 2001). Clearly, there are unique and specific aspects of particular societies that must be taken into account when considering the impact of culture on psychological processes. Differing religious beliefs and cultural worldviews are likely to mean that various Asian cultures convey different messages about how one should treat oneself. Variation in parenting practices is also likely to have an impact. Researchers have suggested that individuals develop cognitive schemata for self-to-self relating based on prior interactions with caregivers, so that experiences with parents who are accepting or critical are internalized and expressed as self-compassion or self-judgment (Baldwin & Sinclair, 1996; Gilbert & Irons, 2005).

Two Asian cultures that convey very different messages about how to treat oneself are that of Thailand and Taiwan. In the South-East Asian country of Thailand, lifestyles and attitudes are heavily influenced by Buddhism (Limanonda, 1995). Approximately 95% of Thais are Buddhists, and the type of Buddhism practiced in Thailand (Theravada Buddhism) is the closest to original Buddhist teachings. These teachings propose that suffering is an inevitable part of the human experience, that every condition is in flux and will eventually change, and that an individual's behavior stems from the coming together of multiple conditions and does not necessarily reflect an enduring personality (Tiyavanich, 2003; Weisz et al., 1988). Compassion for self and others is central to a Buddhist worldview, as suffering, failure, and imperfection are seen as a natural part of life. This view is apparent in the Thai word *khon* (human), which can function as a verb as well as a noun. When used as a verb, *khon* has a meaning of "mixing," implying a state that juxtaposes both positive and negative elements. Thai culture also emphasizes the idea that it is okay to make mistakes, as these may provide an opportunity for improvement. This is suggested in the commonly used expression of *Pid Pen Kru*, or "errors are teachers." Thai parents are

influenced by Buddhism in their approach to child rearing (Tulananda & Roopnarine, 2001; Weisz et al., 1988). For example, the widespread notion of *krengchai*—the extreme reluctance to disturb a person's personal equilibrium by direct criticism, challenge, or confrontation—means that parents are often gentle in their reprimands of children (Limanonda, 1995). Parents are also relatively accepting of children's behavior (Suvannathat, 1979), tending to assume that the behavior is temporary and will change for the better (Weisz et al., 1988). Thus, Thai culture appears to encourage a compassionate and accepting view of oneself and one's shortcomings.

The East Asian culture of Taiwan, on the other hand, is strongly influenced by the philosophy of Confucianism (Zhang, 2003). Confucian values stress the importance of good conduct, proper social relations, humility, and self-improvement to maintain group harmony. According to Confucius, an orderly and peaceful society requires that every person should attempt to be a *chun-tzu* (perfect gentleman), by leading a virtuous life, being humble, and constantly looking after one's conduct. Individuals are encouraged to become aware of their faults through self-examination so they can correct themselves. Confucianism emphasizes the importance of shame as a means of self-development (DeVos, 1998), an emphasis that is reflected in Taiwanese parenting practices (Fung, 1999; Tamis-LeMonda, Wang, Koutsouvanou, & Albright, 2002). In their in-depth study of Taiwanese families, Fung and Chen (2001) found that Taiwanese parents explicitly or implicitly used shame to morally socialize their children. From an early age, when children were seen to misbehave, parents regularly provoked feelings of shame with the threat of ostracism and abandonment. Parents often used phrases such as "*Diudiu lian*" ("Shame on you") or "*Ni can bu cankui*" ("Aren't you ashamed of yourself") when children transgressed. They also frequently judged and criticized their children as a means to correct their behavior. Thus, Taiwanese culture may work against the development of self-compassion by emphasizing shame, judgment, and threatened isolation as a means of self-improvement. (Note that although some Taiwanese are Buddhists, the type of Buddhism generally followed in Taiwan is distinct from the Theravada tradition prevalent in Thailand. Reflecting Chinese historical influences, Taiwanese Buddhism tends to emphasize ancestor and god/goddess worship more than the traditional teachings of the Buddha [Jones, 1999].)

It would be misleading to generalize the Taiwanese self-critical orientation to all interdependent cultures, or even to Asian cultures in particular, given that opposite cultural trends appear to be evident in Thailand. We would argue that particular philosophical and cultural backgrounds need to be taken into account to understand predominant forms of self-to-self relating within specific societies.

The current study explored these issues by examining self-compassion levels in the United States, Thailand, and Taiwan. We hypothesized that the highest levels of self-compassion would be found in Thailand and the lowest levels in Taiwan for the reasons stated above. We thought that the United States would probably fall in between these two positions. Self-criticism is not emphasized in American culture, and in fact, strong tendencies toward self-enhancement are displayed by many Americans (Solomon, Greenberg, & Pyszczynski, 1991). American mothers are also wary of harshly criticizing children out of fear of harming their self-esteem (Miller, Wang, Sandel, & Cho, 2002). On the other hand, the "stiff upper lip" attitude that is a part of an Anglo-American heritage may inhibit the tendency to give oneself compassion when suffering (Sommers & Satel, 2005). We thought this ambivalence would be likely to result in moderate levels of self-compassion among Americans.

In addition to examining cultural differences in overall self-compassion levels, this study looked for potential differences in the six specific components of self-compassion: self-kindness, self-judgment, common humanity, isolation, mindfulness, and overidentification. It is possible that culture affects various components of self-compassion differently. For instance, Kitayama and Karasawa (1997) found that in the East Asian culture of Japan, individuals tend to have positive feelings of themselves while they are self-critical. This suggests that although the Taiwanese may display higher levels of self-judgment than other groups do, they may not necessarily display lower levels of self-kindness.

To ensure that any observed differences in scores were not merely an artifact of how people tend to answer questionnaires in each culture—at the high or low end of the scale (Brown & Kobayashi, 2003)—we also examined cross-cultural differences in self-esteem. Because self-esteem is a largely American construct that has become deeply integrated into American folk psychology (Baumeister et al., 2003), it was expected that self-esteem levels would be higher in the United States than in Thailand and Taiwan.

This current study examined self-construals to determine the link between independence, interdependence, and self-compassion within each cultural context. Firm hypotheses were not advanced about expected findings, given the ambiguity of the theoretical links between these constructs discussed previously, and this aspect of the research was considered exploratory. We also examined whether self-compassion would be associated with psychological well-being in Thailand and Taiwan, as has been established in the United States (Neff, 2003a; Neff et al., 2005; Neff, Kirkpatrick, et al., 2007). Heine, Lehman, Markus, and Kitayama (1999) argue that self-criticism is not a psychological problem for individuals living in interdependent cultures. Still, it is likely that when self-criticism is harsh and combined with feelings of isolation and overidentification, a lack of self-compassion may still be problematic. Thus, it was expected that self-compassion would be associated with psychological well-being for individuals in all three cultures.

METHOD

PARTICIPANTS

The study was conducted with 181 American undergraduates (64 males and 117 females, mean age = 21.4 years), 223 Thai undergraduates (122 males and 101 females, mean age = 19.8 years), and 164 Taiwanese undergraduates (45 males and 119 females, mean age = 20.5 years). The religious makeup of each group was as follows: Americans were 76% Christian, 5% Jewish, 2% Buddhist, 8% Other, and 9% of no religion; Thais were 98% Buddhist and 2% Other; Taiwanese were 26% Buddhist, 13% Taoist, 5% Christian, 3% Other, and 52% of no religion. (Confucianism is considered a philosophy rather than a religion, which likely explains the large number of Taiwanese indicating they had no religious affiliation.) Asian Americans were not included in the American sample to avoid possible confounds in cross-cultural comparisons. All students were drawn from major universities in large metropolitan areas and were given course credit in exchange for participating in the study.

MEASURES

All instruments administered to the Thai and Taiwanese samples were translated following guidelines given by Brislin and colleagues (Brislin, 1970; Wallace & Brislin,

1973). The systematic approach to translation was selected for its assurance of construct equivalence rather than verbatim equivalence between the original and target languages. The instruments were translated into Thai and Taiwanese by fully bilingual native speakers. These versions were then blindly back-translated into English by different bilingual individuals. Results were examined and translations adjusted to ensure the equivalence of meanings. Individuals from Thailand and Taiwan were also consulted to ensure the clarity of directions on how to complete the measures.

Self-compassion. Participants were given the 26-item Self-Compassion Scale (SCS; Neff, 2003a), which includes six subscales: Self-Kindness (5 items; e.g., "I try to be understanding and patient towards those aspects of my personality I don't like"), Self-Judgment (5 items; e.g., "I'm disapproving and judgmental about my own flaws and inadequacies"), Common Humanity (4 items; e.g., "I try to see my failings as part of the human condition"), Isolation (4 items; e.g., "When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world"), Mindfulness (4 items; e.g., "When something painful happens I try to take a balanced view of the situation"), and Overidentification (4 items; e.g., "When I'm feeling down I tend to obsess and fixate on everything that's wrong."). Responses are given on a 5-point scale from *almost never* to *almost always*. Potential items for the SCS were generated through pilot testing (using an American sample), then selected based on their reliability and factor loadings on intended subscale scores (Neff, 2003a). Confirmatory factor analyses determined that a single higher order factor of self-compassion could explain the intercorrelations among the six subscales (Non-Normed Fit Index = .90, Comparative Fit Index [CFI] = .92). Thus, in addition to looking at the six components of self-compassion separately, one can examine an individual's overall level of self-compassion by reverse-scoring the three negative subscales (Self-Judgment, Isolation, Overidentification) and taking an overall mean. Research indicates that the SCS demonstrates concurrent validity (e.g., correlates with social connectedness), convergent validity (SCS scores are significantly correlated with therapist ratings of self-compassion), discriminate validity (e.g., no correlation with social desirability or narcissism), and that the SCS has excellent test–retest reliability (Neff, 2003a; Neff, Kirkpatrick, et al., 2007).

In the current study, internal reliability of the overall self-compassion score in all three cultures was good (see Table 1 for all scale reliabilities). Reliabilities for the subscales were somewhat lower for Thailand and Taiwan, but still adequate. We conducted confirmatory factor analyses to examine whether or not a six-factor model (representing the six subscales of the SCS) would fit the data adequately well in all three cultures. (Note that the confirmatory factor analysis model included all 26 items for the United States, but 1 item was dropped for Thailand and 2 items were dropped for Taiwan, as they did not appear to be loading properly on their intended subscales.) Maximum likelihood estimation was used to estimate all models. Based on Browne and Cudeck's (1993) guideline, wherein Root Mean Square Error of Approximation (RMSEA) values less than 0.05 are indicative of close fit and values in the range of 0.05 to 0.08 are indicative of fair fit, results revealed an adequate fit of the hypothesized model to the data from the United States, $\chi^2(284) = 543.1$, $p < .001$, CFI = .90, RMSEA = .07; Taiwan, $\chi^2(237) = 379.2$, $p < .001$, CFI = .87, RMSEA = .06; and Thailand, $\chi^2(260) = 466.7$, $p < .001$, CFI = .88, RMSEA = .06.

Means, Standard Deviations, and Reliability Alphas for Study Measures in Thailand, the United States, and Taiwan

Measures	Thailand			United States			Taiwan		
	M	SD	α	M	SD	α	M	SD	α
Self-compassion (total)	3.41$_a$	.48	.86	3.14$_b$	.68	.95	2.92$_c$	.48	.86
Self-kindness	3.48$_a$	.68	.72	3.10$_b$	.78	.86	3.22$_b$	.59	.68
Self-judgment	2.55$_a$	.70	.70	2.97$_b$	.83	.86	3.22$_c$	.64	.68
Common humanity	3.24	.67	.60	3.19	.78	.79	3.22	.69	.69
Isolation	2.59$_a$	.79	.74	2.84$_b$	.84	.77	3.34$_c$	.81	.74
Mindfulness	3.53$_a$	.62	.66	3.32$_b$	.79	.80	3.42	.64	.65
Overidentification	2.65$_a$	.82	.75	2.99$_b$	.92	.81	3.79$_c$	.86	.70
Self-esteem	2.95$_a$	.47	.83	3.31$_b$	.50	.87	2.86$_a$	.36	.78
Self-construal									
Independent	3.52$_a$	.46	.66	3.55$_a$	.50	.66	3.35$_b$	.45	.62
Interdependent	3.78$_a$	.49	.77	3.46$_b$	.46	.62	3.73$_a$	.43	.69
Depression	1.99$_a$	.38	.78	2.25$_b$	.56	.85	2.08$_a$	.37	.81
Life satisfaction	3.33$_a$	.65	.70	3.60$_b$	.80	.83	2.69$_c$	.66	.81

Note: Different subscripts (when examining results for different cultural groups) indicate that means between groups differed significantly at $p \le .05$.

Self-esteem. Participants received the 10-item Rosenberg Self-Esteem Scale (Rosenberg, 1965), the most commonly used measure of global self-esteem. Although developed in the United States, the scale has shown cross-cultural validity in a variety of nations, including Taiwan (Cheng, 2005; Lu & Wu, 1998) and Thailand (Srisaeng, 2003).

Self-construal. Singelis's (1994) 24-item Self-Construal Scale was developed using multiethnic samples in Hawaii and is one of the most commonly used measures of independent and interdependent self-construal across cultures. Participants rated how much they agreed with 12 statements in the Independence subscale (e.g., "My personal identity independent of others is very important to me," "Being able to take care of myself is a primary concern for me") and 12 statements in the Interdependence subscale (e.g., "It is important for me to respect decisions made by the group," "It is important for me to maintain harmony within my group"), on a scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Ratings on each subscale were then averaged. Although reliabilities for this measure were relatively modest, they are in keeping with what is typically found using this scale, including reliabilities obtained in initial scale validation research (Singelis, 1994). This scale has been shown to be psychometrically valid in Thailand (Polyorat & Alden, 2005) and Taiwan (Hsu, 2002).

Depression. Depression was assessed with the 20-item Zung (1965) Self-Rating Depression Scale. The instrument, rated along a 4-point scale, has been shown to effectively differentiate between clinically depressed and control samples. Although developed in the United States, translated versions of the scale have been used effectively with Asian populations in Hong Kong, Singapore, and Taiwan (Y. J. Chen & Narsavage, 2006; Lee et al., 1994; Ward, Leong, & Low, 2004), showing good reliability and also convergent validity with other depression scales.
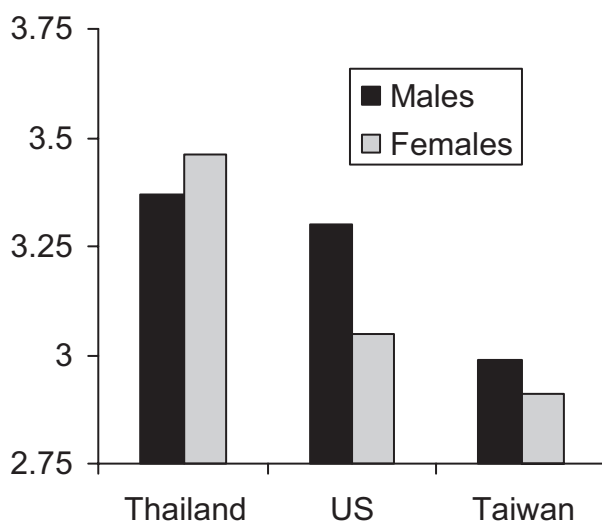
Figure 1:   Self-Compassion Scale Total Scores Among Men and Women in Thailand, the United States, and Taiwan

Life satisfaction. Participants received the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985), a well-known five-item measure of global life satisfaction. This scale was developed in the United States, but it is commonly used in cross-cultural research and has been shown to be psychometrically valid in Taiwan (Cheng, 2005) and Thailand (Dejitthirat, 2004).

RESULTS

First, we determined if self-compassion levels differed by religious orientation within Taiwan or the United States (we did not examine Thailand, given its lack of religious variance). We found that religious orientation was not a significant predictor of self-compassion levels in either Taiwan or the United States: $F(4, 157) = 0.13$, $p = .97$ and $F(4, 171) = 0.35$, $p = .95$, respectively. Therefore, participants were collapsed across religion within cultures.

We then compared self-compassion levels across the three cultures. As expected, Thais had the highest scores on the SCS, followed by Americans, followed by Taiwanese (see Table 1). A 3 (culture) $\times$ 2 (sex) ANOVA found a main effect of culture on self-compassion, $F(2, 562) = 31.87$, $p < .001$, $\text{eta}^2 = .10$. Post hoc tests indicated that all cultural groups differed significantly from each other (Scheffé tests were used for all post hoc analyses in this study, with significance levels set at $p \leq .05$). Although there was no main effect of sex, a significant sex by culture interaction was found: $F(2, 562) = 4.44$, $p \leq .01$, $\text{eta}^2 = .02$. Figure 1 presents self-compassion levels by sex and culture. Follow-up tests indicated that although American women had significantly lower levels of self-compassion than American men did, $F(1, 179) = 5.64$, $p < .05$, $\text{eta}^2 = .03$, no significant sex differences were found within the other two cultural groups.

We also examined group differences for the subscales of the SCS (using one-way ANOVAs) to determine which components of self-compassion differed by culture. (Because sex differences were not a focus of this study, sex interactions were not examined to simplify

analyses.) It was found that self-kindness levels differed by culture, $F(2, 566) = 15.99$, $p < .001$, $eta^2 = .05$, with post hoc tests indicating that Thais reported significantly more self-kindness than both Americans and Taiwanese, who did not differ significantly from each other. There were also group differences in self-judgment, $F(2, 566) = 43.11$, $p < .001$, $eta^2 = .13$, with post hoc tests indicating that the Taiwanese have significantly higher levels of self-judgment than Americans do, who were significantly more self-judgmental than Thais. No cross-cultural differences were found for common humanity: $F(2, 566) = 0.28$, $p = .80$. A cultural difference was found for isolation, $F(2, 566) = 40.64$, $p < .001$, $eta^2 = .13$, with post hoc tests indicating that the Taiwanese reported significantly higher levels of isolation than the Americans, who reported significantly more isolation than the Thais. Cultural differences were also found for mindfulness, $F(2, 566) = 4.45$, $p \leq .01$, $eta^2 = .02$, with post hoc tests indicating that the Thais reported significantly higher levels of mindfulness than the Americans did. Finally, there were cross-cultural differences in overidentification, $F(2, 566) = 84.22$, $p < .001$, $eta^2 = .23$, with post hoc tests indicating that the Taiwanese were significantly more overidentified than the Americans were, who were significantly more overidentified than the Thais were.

Next, self-esteem levels were examined across cultures, to ensure that cross-cultural differences were specific to the self-compassion construct (see Table 1). In contrast to self-compassion levels, American participants displayed the highest level of self-esteem, followed by Thai, then Taiwanese participants (see Table 1). A 3 (culture) × 2 (sex) ANOVA found a main effect of culture on self-esteem, $F(2, 562) = 41.96$, $p < .001$, $eta^2 = .13$, with post hoc tests indicating that Americans had higher levels of self-esteem than Thai and Taiwanese participants, who did not significantly differ from each other. There was no main effect of sex; nor were there any interaction effects. Although patterns of cross-cultural differences in self-compassion and self-esteem diverged, the two variables were correlated to almost exactly the same degree in each culture (Thailand: $r = .57$; United States: $r = .57$; Taiwan: $r = .56$, all ps $< .001$).

Independent and interdependent self-construals were then examined across cultures (see Table 1). For independent self-construals, a 3 (culture) × 2 (sex) ANOVA found a main effect of culture, $F(2, 562) = 5.39$, $p < .001$, $eta^2 = .02$. Post hoc tests indicated that Taiwanese had significantly lower levels of independent self-construal than Thais and Americans did, who did not differ from each other. There was also a main effect of sex, $F(1, 562) = 5.11$, $p < .05$, $eta^2 = .01$, with women reporting lower levels of independent self-construal ($M = 3.44$, $SD = .47$) than men ($M = 3.55$, $SD = .48$). There was not a significant interaction of culture and sex. A 3 (culture) × 2 (sex) ANOVA also found a main effect of culture for interdependent self-construals, $F(2, 562) = 26.09$, $p < .001$, $eta^2 = .09$. Post hoc tests indicated that Americans had significantly lower levels of interdependent self-construal than Thai and Taiwanese participants did, who did not significantly differ from each other. There were no significant sex or interaction effects.

To determine if group differences in self-compassion could be explained by differences in self-construal, a 3 (culture) × 2 (sex) ANCOVA was used to examine self-compassion differences while controlling for both independent and interdependent self-construals. Results remained unchanged from those reported above: a 3 (culture) × 2 (sex) ANCOVA found a main effect of culture on self-compassion, $F(2, 560) = 28.64$, $p < .001$, $eta^2 = .09$, and a significant sex by culture interaction was found, $F(2, 560) = 4.38$, $p < .05$, $eta^2 = .02$. We also examined whether self-construal differences explained cross-cultural differences in the six components of self-compassion. Findings for self-kindness, self-judgment, common humanity, isolation, mindfulness, and overidentification remained unchanged when controlling for self-construal.

TABLE 2
Standardized Regression Coefficients for Self-Construal Predicting SCS
Total Score and Subscale Scores in Thailand, the United States, and Taiwan
(After Controlling for Sex in Step 1)

	Self-Compassion Score	Self-Kindness	Self-Judgment	Common Humanity	Isolation	Mindfulness	Over-identification
Thailand							
Independence	.05	.03	.03	−.01	.03	.14	−.11
Interdependence	.30**	.23**	−.21*	.18*	−.27**	.18*	−.14
ΔF	13.86**	7.25**	4.25*	3.37*	7.66**	10.11**	5.83**
ΔR^2	.11	.06	.04	.03	.07	.08	.05
United States							
Independence	.21**	.19**	−.11	.28**	−.16*	.20**	−.11
Interdependence	.03	.01	.03	.08	−.02	.11	.02
ΔF	4.45**	3.48*	1.20	8.87**	2.41†	5.28**	1.16
ΔR^2	.05	.04	.01	.09	.03	.06	.01
Taiwan							
Independence	.21**	.21**	.09	.22**	−.17*	.27**	−.08
Interdependence	−.05	.16*	.25**	.09	.20*	.21**	.15†
ΔF	3.20*	7.73**	7.11**	5.57**	4.16*	14.90**	1.79
ΔR^2	.04	.09	.08	.07	.05	.15	.02

Note: Sex is coded 0 = *males* and 1 = *females*. SCS = Self-Compassion Scale.
†*p* < .10. *p ≤ .05. **p ≤ .01.

We examined the link between self-construal and self-compassion in each culture using regression equations (see Table 2). Interdependent self-construal significantly predicted self-compassion in Thailand only. In contrast, independent self-construal significantly predicted self-compassion in the United States and Taiwan. Additional regressions were performed for each sample to determine if there were significant interactions between sex and self-construal, and none was found. We next examined the link between self-construal and the six subscales of the SCS (see Table 2). In Thailand, interdependence was significantly associated with increased self-kindness, common humanity, and mindfulness, as well as reduced self-judgment and isolation. In the United States, independence was significantly associated with increased self-kindness, common humanity, and mindfulness, as well as reduced levels of isolation. Results for Taiwan were more complicated. Both independence and interdependence were associated with increased self-kindness and mindfulness. Interdependence was associated with increased self-judgment and overidentification but also increased common humanity. Also, independence was negatively associated with isolation, whereas interdependence was positively associated with isolation.

Finally, we looked at psychological well-being in each culture. Mean levels of depression and life satisfaction in each culture are presented in Table 1. A 3 (culture) × 2 (sex) ANOVA found a main effect of culture on depression, $F(2, 562) = 8.96$, $p < .001$, eta^2 = .07, with post hoc tests indicating that Americans had higher levels of depression than Thai and Taiwanese participants, who did not significantly differ from each other. There was also a main effect of sex, $F(2, 562) = 8.96$, $p < .001$, eta^2 = .07, which indicated that women tended to be more depressed than men (a common finding in the literature; Nolen-Hoeksema, 1998). There was no interaction of gender and culture. A 3 (culture) × 2 (sex) ANOVA found a main effect of culture on life satisfaction, $F(2, 560) = 30.81$, $p < .001$,

TABLE 3
Partial Correlations (Controlling for Sex) of the SCS
Total Score and Subscale Scores with Depression and
Life Satisfaction in Thailand, the United States, and Taiwan

	Self-Compassion Score	Self-Kindness	Self-Judgment	Common Humanity	Isolation	Mindfulness	Over-identification
Thailand							
Depression	−.53**	−.24$_a$**	.46**	−.08$_a$	.54**	−.34**	.44**
Life satisfaction	.22$_a$**	.11$_a$	−.10	.18**	−.18$_a$**	.16$_a$*	−.15$_a$**
United States							
Depression	−.54**	−.43$_b$**	.53**	−.31$_b$**	.52**	−.38**	.49**
Life satisfaction	.38**	.31$_b$**	−.27**	.25**	−.39$_b$**	.35$_b$**	−.28**
Taiwan							
Depression	−.61**	−.40**	.43**	−.24**	.51**	−.42**	.49**
Life satisfaction	.46$_b$**	.36$_b$**	−.23**	.32**	−.39$_b$**	.30**	−.31$_b$**

Note: Different subscripts (when examining results for different cultural groups) indicate that correlations with well-being (either depression or life satisfaction) differed significantly across cultures at $p \leq .05$, two-tailed. SCS = Self-Compassion Scale.
*$p < .05$. **$p < .01$.

$eta^2 = .17$, with post hoc tests indicating that Americans had higher levels of life satisfaction than Thai participants did, who experienced more life satisfaction than Taiwanese participants (all groups differed significantly from each other). There was no main effect of gender or any interaction.

We used partial correlations (controlling for sex) to examine the link between self-compassion, depression, and life satisfaction in each culture (see Table 3). Self-compassion was significantly associated with well-being in all three cultures, including in Taiwan, where self-compassion levels were the lowest. We also computed partial correlations for well-being and the six subscales of the SCS. All six subscales were significantly linked with depression or life satisfaction in all three cultures (though in Thailand, common humanity was not significantly associated with depression, and self-kindness and self-judgment were not significantly linked to life satisfaction). We next compared these correlations across cultures (using Fisher's Z tests) to determine if the link between self-compassion and well-being differed across groups. Links between self-compassion and depression were similar across cultures. However, self-compassion and its components were generally a weaker predictor of life satisfaction in Thailand than in the United States and Taiwan. There were no significant differences in the association between self-compassion and depression or life satisfaction when comparing the United States and Taiwan.

DISCUSSION

As we had predicted, overall levels of self-compassion were found to be highest in Thailand and lowest in Taiwan, with the United States falling in between. This general pattern also emerged when looking at the various components of self-compassion. Thais scored significantly lower on self-judgment, isolation, and overidentification than Americans, who scored significantly lower on these dimensions than the Taiwanese did. In addition, Thais had significantly higher levels of self-kindness than Americans and Taiwanese, who did not differ from each other. Thais also reported higher levels of mindfulness than

Americans. These results suggest that the lack of self-compassion displayed by Taiwanese is primarily due to high levels of negative self-relevant emotions—judging oneself harshly, feeling alone in one's failures, and running away with negative feelings (though self-kindness was also less prevalent among Taiwanese than Thais). Although the Confucian emphasis on self-improvement is intended to be constructive, it appears that a harshly self-critical mind-set, when combined with the practice of shaming children and threatening ostracism if they fail, leads to a problematic form of negative self-to-self relating in Taiwan. In contrast, the compassionate stance of Theravada Buddhism appears to translate into higher levels of self-compassion for Thais, so that failures and inadequacies are approached with kindness, rather than with isolating, exaggerated negativity.[2]

The mixed messages of American culture seem to result in self-compassion levels that are neither high nor low. Although the competitive and hard-driving ethos of the society may lead to a more negative self-stance than found in more relaxed Thai culture, this self-negativity does not occur to the same extent as found in Taiwan. It may be that Americans' negative self-relevant emotions are somewhat attenuated by the need for positive self-regard that has been well established in the U.S. culture (Taylor & Brown, 1988). It is interesting, however, that this tendency toward self-enhancement does not appear to trans-late into especially high levels of self-kindness among Americans. Gilbert and Irons (2005) make a distinction between self-esteem and self-compassion, which may help to clarify this seeming inconsistency. They argue that the positive self-emotions of self-esteem stem from an evaluation of superiority or inferiority that helps to establish social rank, which differs both psychologically and physiologically from the self-soothing qualities of self-compassion (the latter being more relevant to the establishment of intimacy and effective affect regulation). Self-enhancement is likely to be more relevant to the buttressing of self-esteem than to the establishment of self-warmth and self-care.

Findings indicated that there were no cross-cultural differences in feelings of common humanity. Although one might have expected more feelings of common humanity among collectivistic Thais and Taiwanese than among individualistic Americans, common humanity was felt to a similar degree in all three cultural settings. It should be remem-bered, however, that the individualistic principle of universal human rights is founded on the recognition of shared humanity, which may help explain the lack of cultural differ-ences. These interpretations are speculative, of course, and more research is needed for their confirmation.

Also, there are concerns relating to the use of self-report scales to assess cross-cultural dif-ferences. Some scholars note potential confounds when comparing Likert-type scale scores across cultural groups (e.g., Heine, Lehman, Peng, & Greenholtz, 2002). For example, prob-lems can stem from variation in moderacy response styles (C. Chen, Lee, & Stevenson, 1995), which occur when different groups cluster their responses at different points (low, middle, or high) along a Likert-type scale. A measure of self-esteem was included in this study to help ensure this was not occurring, as self-esteem was hypothesized to display a different cross-cultural pattern than self-compassion. As expected, and in contrast to self-compassion, Americans reported significantly higher levels of self-esteem than Thai or Taiwanese participants, who did not differ from each other. This was true, even though self-compassion and self-esteem displayed almost exactly the same degree of intercorrelation in each culture. Thus, findings suggest that cultural emphases in the United States, Thailand, and Taiwan affect self-compassion levels specifically and that our results are not merely a product of moderacy response styles (or of positive self-views more generally).

Another potential confound when using Likert-type scales may stem from the reference-group effect (Heine et al., 2002), meaning that scale respondents tend to compare the extremity of their own behavior to similar others in their reference group. For example, a Chinese man who is 6 feet tall might respond that he is "very tall," whereas an American man of the same height might respond that he is "moderately tall." Thus, individuals from groups where a trait is prevalent tend to report lower values on Likert-type scales than those from groups where the trait is less common. If anything, however, this suggests that the self-compassion scores of Thais and the self-esteem scores of Americans should have been lowered by the reference-group effect. The fact that Thais reported the highest levels of self-compassion while Americans reported the highest levels of self-esteem thus helps to buttress rather than undermine confidence in the current findings.

It should be noted that a significant sex by culture interaction was found indicating that women had less self-compassion than men in the United States, although sex differences were not apparent among Thai or Taiwanese participants. These results are in keeping with past research indicating that American women have less self-compassion than men (Neff, 2003a; Neff et al., 2005). This gender difference has been interpreted in light of the fact that women tend to have a more ruminative coping style than men (Nolen-Hoeksema, Larson, & Grayson, 1999). It is unclear why this gender difference appears to be specific to American culture, however, and more research is needed to determine what accounts for this pattern.

As expected, it was found that cross-cultural differences in self-compassion remained the same, even when controlling for levels of independent and interdependent self-construal in each culture. In fact, participants from Thailand and Taiwan had very similar levels of interdependent self-construal—both significantly higher than those found among Americans—yet Taiwanese had lower levels of self-compassion than Thais. The same pattern of results held true when examining the six components of self-compassion separately, including self-judgment. Although research by Kitayama and Heine (e.g., Heine et al., 2001; Kitayama et al., 1997; Kitayama & Uchida, 2003) indicates that the Japanese tend to be highly self-critical, this orientation does not appear to be attributable to a general Asian tendency toward interdependence. In Thailand, interdependence does not lead to harsh self-criticism as a means to keep oneself in line but rather to lessened self-judgment and heightened feelings of self-compassion overall.

This interpretation is supported by the finding that in Thailand, interdependent self-construals were positively associated with self-compassion, whereas independent self-construals predicted self-compassion in Taiwan and the United States only. Although it is difficult to know exactly why this was the case, one reason may be that the meaning of interdependence and independence itself varies between cultural contexts. Interdependence involves being deeply embedded in a particular social system. If that system promotes the value of self-compassion, as it does in Thailand, then being more interdependent within that system should increase self-compassion. If the culture does not actively promote self-compassion, however, which appears to be the case in the United States and Taiwan, being independent of the prevailing cultural ethos may facilitate the type of self-understanding and self-care required to be compassionate toward oneself.

We also examined links between self-construal and the six components of self-compassion. In Thailand, interdependence was generally associated with an increase in the positive components of self-compassion and a decrease in its negative components, and independence was not linked to any aspect of self-compassion. In the United States, independence was generally associated with an increase in the positive components of self-compassion and a

decrease in its negative components, and interdependence was not linked to any aspect of self-compassion. Results were more complicated in Taiwan. Increased levels of both independence and interdependence were associated with increased self-kindness and mindfulness. Thus, it appears that self-assertion may enhance self-care and mindful equanimity for Taiwanese but that focusing on group connectedness does the same. Interdependence was also significantly associated with increased self-judgment, supporting models (e.g., Heine, 2003, 2005; Kitayama et al., 1997) claiming that interdependence leads to more negative self-evaluations in Asian cultures (though not for Thailand). Interdependence was also significantly linked to increased feelings of common humanity for Taiwanese, a finding that is fairly intuitive. Perhaps more surprising was that independence had a significant negative association with feelings of isolation for Taiwanese, whereas interdependence had a significant positive association with isolation. These findings may be related to Taiwanese socialization practices that use threats of social ostracism as a means of preventing misbehavior. If close-knit relations with family members tend to evoke feelings of potential isolation when considering one's failures and shortcomings, then ironically, a more interdependent stance in relation to others may increase feelings of isolation in such situations.

Overall, findings suggest that researchers who use Markus and Kitayama's self-construal model should be cautious when explaining research findings with reference to independent versus interdependent self-construals in general. Instead, it may be more appropriate to consider the particular meanings that independence and interdependence have in specific cultural contexts, remembering that the outcomes of each type of self-construal may differ according to the particular cultural norms that one is connected to or independent of.

This study also examined the link between self-compassion and well-being. First, it should be noted that there were cross-cultural differences in depression and life satisfaction. Americans reported significantly more depression and life satisfaction than Thais or Taiwanese did, a finding consistent with past research (Diener & Suh, 1999; Weissman et al., 1996). Our hypothesis that self-compassion would be linked to well-being in all three cultures was supported: Self-compassion was significantly associated with less depression and greater life satisfaction in Thailand, the United States, and Taiwan, as were most of the subcomponents of self-compassion. There were a few cross-cultural differences in findings, however. Generally, self-compassion (both overall levels and its subcomponents) was less strongly associated with life satisfaction in Thailand than elsewhere. Perhaps because most Thais are generally self-compassionate, variations in self-compassion are less strongly predictive of quality of life, which may be more affected by factors such as income (Diener & Suh, 1999). There were no cross-cultural differences in the link between overall self-compassion levels and depression, with large correlations (–.53 to –.61) being found in all three cultures, and there were few cross-cultural differences when examining the six components of self-compassion and depression. This may be because the types of behaviors indicative of a lack of self-compassion often overlap with depressive symptoms. Thus, the strong link between self-compassion and depression across cultures helps provide evidence for the cross-cultural validity of the SCS.

It should be highlighted that although Taiwanese participants reported the lowest levels of self-compassion, the link between self-compassion and well-being in Taiwan was quite robust. Thus, even though self-negativity may be widespread and even encouraged in Taiwan, this stance is associated with poor mental health. Taiwanese tradition holds that self-criticism is a productive motivating force and that a lack of self-criticism amounts to self-indulgence (a belief shared by many Americans; Neff, 2003a, 2003b). For instance, the Pedigree (and Familial Instructions) of the Zhou Clan states, "When a person does not

know shame, his/her conscience would vanish. For such a person, parents would have no way to discipline; teachers and friends would have no way to advise. Without the will to strive upward, how could one improve?" (quoted in Fung, 1999, p. 180). This belief may not be fully accurate, however.

We would argue that when there is excessive shame and harsh self-criticism, ego-protective functions may act to screen inadequacies from self-awareness (Horney, 1950; Reich, 1949). Without self-awareness, weaknesses can remain unobserved and unchallenged. In contrast, self-compassion provides the emotional safety needed to see the self clearly without fear of self-condemnation, allowing one to more effectively change harmful patterns of behavior. In line with this proposition, Neff, Rude, and Kirkpatrick (2007) found that self-compassion was significantly linked to personal growth and the initiative to make productive changes among Americans. Future research is needed to determine if this same association holds true among Asians. Still, current findings suggest that the Taiwanese tendency to engage in harsh self-criticism as a means of self-improvement comes at a psychological cost.[3]

To summarize, the current study found that self-compassion levels differed across cultures: Thais had the most self-compassion and Taiwanese the least, even though Thailand and Taiwan are both collectivistic cultures. Self-compassion levels in the United States fell in between these two positions. Cross-cultural differences were not explained by differences in independent versus interdependent self-construal, and self-construal had a different pattern of association with self-compassion in each cultural context. In many ways, self-compassion can be seen to integrate concerns with self and other in a manner that transcends individualistic or collectivistic orientations. Self-compassion does not meet the need for positive self-feelings by separating oneself from others or by making downward social comparisons (as may occur with self-esteem), but rather by incorporating an appreciation of shared humanity into self-attitudes and treating oneself as others deserve to be treated. Thus, self-compassion is consistent with the view that autonomy and connectedness may be mutually supportive rather than bipolar opposites (Guisinger & Blatt, 1994; Ryan, 1991). Although results indicate that cultures differentially emphasize self-compassion, they also suggest that self-compassion may have universally beneficial implications for psychological well-being.

NOTES

1. There is debate in the literature about the extent to which Asians are in fact self-critical. Some scholars have argued that there is a universal motive for self-enhancement (e.g., Sedikides, Gaertner, & Toguchi, 2003), even if the types of traits that are enhanced vary according to individualistic or collectivistic cultural norms. For example, it is proposed that when Japanese people criticize themselves, they may actually be self-enhancing on culturally valued traits such as modesty, thus providing a subtle self-esteem boost (Brown & Kobayashi, 2003). Other scholars such as Heine (2003, 2005) have argued that although East Asians do self-enhance in some contexts, they generally do so to a lesser extent and less consistently than Americans do.

2. It should be noted that self-criticism is not exactly the same as self-judgment. Asian self-criticism is typically defined as attending to negative self-relevant information (Heine et al., 2001; Kitayama et al., 1997), which does not automatically imply harsh self-condemnation but may instead represent self-improvement motives. The nature of self-criticism may be affected by entity versus incremental views of the self (Heine, 2005). Those who see the self as a constantly changing, interactive process may see specific shortcomings as less diagnostic of the self overall, so their self-criticisms may be less damning and more constructive. In contrast, seeing the self as a consistent, stable entity may lead to more global self-condemnation when considering failings. The Buddhist doctrines of no-self prevalent in Thailand might allow for more gentle and constructive self-criticism than

elsewhere. However, the Taiwanese are also said to have an incremental view of the self (Heine, 2005), and they displayed high levels of harsh self-judgment. Additional research is needed to directly examine these issues.

3. Constructive self-criticism given in a kind manner is less likely to be detrimental to well-being than harsh self-judgment (Kurman, Yoshihara-Tanaka, & Elkoshi, 2003), and it may be that claims regarding the beneficial nature of self-criticism for interdependent selves (e.g, Kitayama et al., 1997) should be applied to constructive self-criticism only.

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