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You have passion, but do you have self-compassion? Harmonious passion, obsessive passion, and responses to passion-related failure



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ABSTRACT

When people fail at a passion in their lives, how do they respond? We conducted two studies with undergraduates to test whether self-compassionate responding and being fearful of engaging in self-compassion following failure depended on whether the passion was relatively harmonious or obsessive (Vallerand, 2015). In Study 1 (n=349), we found support for a model whereby fear of self-compassion was positively predicted by obsessive passion and negatively predicted by harmonious passion. Fear of self-compassion, in turn, predicted lower levels of self-compassion. We extended these findings in Study 2 (n=82) by testing the causal relationship between obsessive passion and fear of self-compassion using a mindset induction procedure. We found that participants in an obsessively passionate mindset reported greater levels of fear of self-compassion compared to those in a control condition. Self-compassion is known to produce adaptive responses to failure (Neff, 2009). The present findings suggest that people with a predominant obsessive passion are more likely to avoid treating themselves with kindness and compassion when faced with failure, a tendency that likely contributes to the known maladaptive outcomes that are characteristic of an obsessive passion in times of adversity.

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1. Introduction

People often fail while engaging in their passions. Actors forget lines, musicians stumble on solos, cooks burn soufflés, writers receive rejection letters, and athletes literally and figuratively drop the ball. One way that people can respond in these types of situations is to be compassionate towards themselves; that is, they can treat themselves with kindness, maintain a balanced perspective, and see the failure as something that most people experience (Neff, 2003b). But some people are reluctant, even afraid, to respond in this way when they fail at a passion (e.g., Neff, 2003a). To some, responding with self-compassion could be a sign of weakness that means that they are giving up, making excuses, being self-indulgent, or that they do not care about failing in the first place. The aim of this research was to study people's tendencies to be self-compassionate and fearful of engaging in self-compassion when they fail at a passion in their lives and, relying on the dualistic model of passion (Vallerand, 2015), to determine if these responses were influenced by the *type* of passion one has for an activity.

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1.1. Self-compassion

Self-compassion derives from the Buddhist principle that compassion is an essential and adaptive response to one's own suffering and the suffering of others (Neff, 2003a). Research in psychology has started to focus on self-compassion as a coping resource and has conceptualized it as consisting of three interrelated components (Neff, 2003b). First, self-kindness involves being kind and understanding towards oneself instead of responding with harsh self-criticism and judgment. Second, common humanity means recognizing that others also face difficult times, rather than feeling alone or isolated in one's experiences. Finally, mindfulness involves maintaining a balanced perspective with one's thoughts and emotions instead of over-identifying and becoming excessively preoccupied with them. While these three elements are conceptually distinct, they combine and interact to create a self-compassionate mindset (Neff, 2003b; Neff, 2009).

Research conducted over the past decade has found overwhelming support for the adaptive benefits of being compassionate towards one-self following failure (Neff, 2009). Self-compassion has been linked with many positive outcomes including decreased rumination, self-criticism, and concern over mistakes (Mosewich, Crocker, Kowalski, & DeLongis, 2013), fewer negative emotions in response to distressing situations (Leary, Tate, Adams, Allen, & Hancock, 2007), lower levels of shame and fewer symptoms of depression (Johnson & O'Brien, 2013),

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dampened psychobiological responses to stress (Arch et al., 2014), and higher levels of overall well-being and satisfaction in life (Ferguson, Kowalski, Mack, & Sabiston, 2015; Neely, Schallert, Mohammed, Roberts, & Chen, 2009; Neff, 2003a; Neff, Kirkpatrick, & Rude, 2007). Not only does self-compassion predict multiple forms of well-being, but research also suggests that being self-compassionate can lead to enhanced self-improvement motivation. A series of experiments reported by Breines and Chen (2012) found that self-compassion led to viewing one's personal weaknesses as more changeable, having a stronger desire to make amends for past transgressions, devoting more time towards improving one's performance on a test, and engaging in the improvement-focused act of upward social comparison. Others have supported these results by finding that self-compassion is associated with greater levels of initiative to develop as a person (Neff, Rude, & Kirkpatrick, 2007), and with the adoption of mastery-oriented goals (Neff, Hseih, & Dejitthirat, 2005). Overall, the research to date suggests that engaging in self-compassion leads to enhanced well-being while also increasing motivation to improve.

Despite all the benefits that come with self-compassion, many people are reluctant to treat themselves with compassion and give themselves a break following instances of failure. In fact, as part of the initial pilot testing of the items for the Self-compassion Scale, many focus group participants reported that too much self-compassion would lead to "letting yourself get away with anything" (Neff, 2003a, p. 226). Other researchers have found that many people report being afraid or reluctant to engage in self-compassion. For example, many young women athletes report that self-criticism is necessary for optimal performance and that being self-compassionate can lead to mediocrity, passivity, and complacency in sport (Ferguson, Kowalski, Mack, & Sabiston, 2014; Sutherland et al., 2014). Similar beliefs have been reported by older women, many of whom believe that selfcompassion towards their physical appearance makes it more difficult to be physically and socially active and fear that it could obstruct their efforts to defend against the aging process (Bennett, Hurd Clarke, Kowalski, & Crocker, 2016). Gilbert and Procter (2006) also reported that mental health patients participating in a compassionate mind training program often felt fearful of being self-compassionate because it would be a sign of weakness and would mean that they were letting their guards down (see also Gilbert, McEwan, Matos, & Rivis, 2011; Lawrence & Lee, 2014). Findings such as these explain why the selfcompassion literature has taken steps to acknowledge, and refute, the common belief that self-compassion leads to passivity (e.g., Neff, 2003b, p. 87) and self-indulgence (e.g., Neff, Rude, & Kirkpatrick, 2007, p. 913).

Although it appears quite common to report being fearful of engaging in self-compassion, it is unclear who might be more prone to experiencing this fear. Our aim in this research was to study this question in the context of passionate pursuits; that is, to study the extent to which people were self-compassionate or fearful of engaging in self-compassion following instances of failure in a passion. Relying on the dualistic model of passion (Vallerand, 2015), we predicted that levels of self-compassion and fear of self-compassion would depend on whether one has a more harmonious or obsessive relationship with their passion.

1.2. Dualistic model of passion

The dualistic model of passion (Vallerand, 2015; Vallerand et al., 2003) treats passion as a motivational construct and defines it as a strong inclination towards a specific activity that a person enjoys, values, incorporates in one's identity, and spends a significant amount of time and energy doing. A key component of this model is the existence of two types of passion. The first type, *harmonious passion*, emerges when an activity is freely incorporated into one's identity and the person engages in the activity with a sense of volition and purposefulness. With harmonious passion, the

activity does not conflict with other life domains and is congruent with one's personal values. The second type, obsessive passion, involves feeling pressured to pursue an activity and emerges when an activity is performed because of external or internal contingencies connected with it. With obsessive passion, the person feels compelled to engage in an activity, and often does so at the expense of other life domains. In line with the dualistic model, research conducted across various age groups, genders, cultures, and activity domains has found that harmonious passion generally predicts adaptive outcomes while pursuing a passion, while obsessive passion is typically unrelated to adaptive outcomes, and can at times predict maladaptive outcomes (for reviews see Vallerand, 2010, 2015).

Although research has yet to explore the relationship between harmonious and obsessive passion types and self-compassion, there are theoretical connections between these constructs. The autonomous functioning characteristic of harmonious passion should allow people with high levels of harmonious passion to perceive ongoing experiences, including experiences involving failure, with openness and with a desire to interpret them accurately (Hodgins & Knee, 2002; Vallerand, 2010). This openness to experience likely facilitates selfcompassionate thoughts, feelings, and behavior by allowing one to adopt a mindful approach oriented towards interpreting instances of failure without distortion, defensiveness, or criticism (Hodgins & Knee, 2002). Research conducted in various contexts has found that harmonious passion predicts an open and mindful approach towards activity engagement. For instance, harmonious passion predicts greater experiences of flow and concentration during activity engagement (Philippe, Vallerand, Andrianarisoa, & Brunel, 2009; Vallerand et al., 2003, Study 1), higher levels of trait mindfulness (Verner-Filion, Lafrenière, & Vallerand, 2013), and even better accuracy in affective forecasting (Verner-Filion, Lafrenière, & Vallerand, 2012). In contrast, obsessive passion is associated with ego-invested self-structures, meaning that ongoing experiences are interpreted with the goal of maintaining one's self-worth instead of perceiving the world accurately (Vallerand, 2010). This controlled orientation towards activity engagement likely prevents people with high levels of obsessive passion from being self-compassionate following failure by promoting a defensive mode of functioning that results in becoming preoccupied and overidentified with one's emotions and with experiences that pose a threat to the self (Hodgins & Knee, 2002). In line with this reasoning, research has found that obsessive passion predicts ruminating about a passion (Philippe, Vallerand, Andrianarisoa, et al., 2009), negative emotions and distress when prevented from engaging in a passion (Schellenberg, Bailis, & Crocker, 2013; Stoeber, Harvey, Ward, & Childs, 2011), and aggressive behavior when facing passion-related obstacles (Donahue, Rip, & Vallerand, 2009; Philippe, Vallerand, Richer, Vallières, & Bergeron, 2009).

In addition to predicting lower levels of self-compassion, it is likely that obsessive passion also predicts being fearful of engaging in self-compassion. Passions occupy more dominant, overpowering roles in the identities of people to the extent that they are obsessive about them (Vallerand, 2015). This leads to self-relevant outcomes, such as life satisfaction and state self-esteem, becoming contingent on performance in a passion (Lafrenière, St-Louis, Vallerand, & Donahue, 2012; Mageau, Carpentier, & Vallerand, 2011). There is therefore a lot at risk when pursuing an activity with high levels of obsessive passion. With the stakes so high, people with high levels of obsessive passion might be wary of any behavior, such as self-compassion, which they believe could put themselves at risk of becoming mediocre or complacent in their passion (Ferguson et al., 2014; Sutherland et al., 2014), making them less likely to attain their goals (Bennett et al., 2016). This mode of functioning would be in accordance with previous research finding that obsessive passion predicts being fearful of failure in achievement settings (Bélanger, Lafrenière, Vallerand, & Kruglanski, 2013a; Vallerand et al., 2008).

1.3. Present research

Our aim in this research was to determine if harmonious and obsessive passion types predicted self-compassion and being fearful of self-compassion following instances of failure. We had the following hypotheses: (a) harmonious passion would be positively associated with self-compassion, (b) obsessive passion would be negatively associated with self-compassion, (c) obsessive passion would predict being fearful of self-compassion, and (d) fear of self-compassion would mediate the negative association between obsessive passion and self-compassion. In addition to self-compassion and fear of selfcompassion, we explored if passion types predicted other responses to failure such as self-pity and self-hatred. We tested these hypotheses in two studies with undergraduates from a large Canadian university. In Study 1, participants reported levels of harmonious and obsessive passion for a specific activity and then reported how often they engage in self-compassion or are fearful of self-compassion following instances of failure in their passion. Study 2 adopted an experimental approach and focused specifically on the relationship between obsessive passion and fear of self-compassion. Participants in this study wrote essays designed to activate particular passion mindsets towards their favorite activities and then reported recent passion-related failures and the extent to which they were fearful of engaging in self-compassion. This passion mindset manipulation allowed us to test the causal relationship between obsessive passion and fear of self-compassion. Both studies received approval from our institutional research ethics board prior to data collection.

2. Study 1

2.1. Method

2.1.1. Participants and procedure

Participants were 349 undergraduates (264 females, 84 males, 1 unspecified) who participated in exchange for course credit ($M_{\rm age} = 19.33$, $SD_{\rm age} = 3.74$). The most commonly reported ethnic backgrounds of the participants included white/European (44%), Filipino (22%) and South Asian (9%).² One participant had a large amount of missing data and was excluded from all analyses.

Students were recruited for an online study about people's favorite activities. The first page of the survey presented a consent form and required students to provide informed consent before answering any questions. If the students agreed to participate, they were linked to the survey that contained all the measures in a fixed order and assessed demographic information (age, ethnicity, sex). The final page of the survey debriefed the participants of the purpose and hypotheses of the study. Descriptive statistics and internal consistencies are displayed in Table 1.

2.1.2. Measures

2.1.2.1. Passion. Passion was measured with the Passion Scale (Vallerand, 2010). The Passion Scale is a 16-item questionnaire consisting of three subscales measuring harmonious passion (6 items; e.g., "This activity is in harmony with the other activities in my life"), obsessive passion (6 items; e.g., "I have difficulties controlling my urge to do my activity"), and the passion criteria (4 items; e.g., "I spend a lot of time doing this activity"). Items were presented in a Likert format, ranging from 1 (not agree at all) to 7 (very strongly agree). Previous research has obtained evidence in support of the validity and reliability of responses from the Passion Scale (e.g., Marsh et al., 2013; Vallerand, 2015). Items from the harmonious and obsessive passion subscales were averaged to create overall harmonious and obsessive passion scores. Participants

were asked to report their favorite activity and to answer the questions while thinking of that activity. On average, participants reported spending 11.96 h per week (SD=14.45 h) engaging in their favorite activity (median =8 h, mode =5 h).

2.1.2.2. Self-compassion. Participants completed the 26-item Self-Compassion Scale (SCS; Neff, 2003a) which asked them to rank how often they typically behave in a particular manner on a scale ranging from 1 (almost never) to 5 (almost always). The SCS consists of six subscales: self-kindness (e.g., "I try to be loving towards myself when I'm feeling emotional pain"), self-judgment (e.g., "I'm disapproving and judgmental about my own flaws and inadequacies"), common humanity (e.g., "When things are going badly for me, I see the difficulties as part of life that everyone goes through"), isolation (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 (e.g., "When something upsets me I try to keep my emotions in balance"), and over-identification (e.g., "When I'm feeling down I tend to obsess and fixate on everything that's wrong"). Neff (2003a) provided initial evidence for the validity and reliability of SCS responses. Subscale scores were computed by averaging items from each subscale, and total selfcompassion scores were computed by reverse scoring items from the self-judgment, isolation, and over-identification subscales and then averaging all the items from the SCS. The following instructions were given to participants so that they would answer the items while thinking of their favorite activity: "Difficulties and setbacks will sometimes occur in all activities, even in our favorite ones. For each item, indicate how often you behave in a stated manner when difficulties or setbacks occur while engaging in your favorite activity (as stated above). Please read each statement carefully before answering."

2.1.2.3. Fear of self-compassion. Participants completed the 15-item Fear of Self-Compassion Scale (FSCS; Gilbert et al., 2011) which asks participants to rate their agreement with statements on a scale from 0 (don't agree at all) to 4 (completely agree; e.g., "I feel that I don't deserve to be kind and forgiving to myself"). FSCS scores were computed by averaging all the items from the scale. Once again, participants were instructed to answer the questions while thinking of their experiences engaging in their favorite activity. Gilbert et al. (2011) reported adequate psychometric properties of the FSCS as part of initial scale development.

2.1.2.4. Other responses to difficulties and setbacks. Participants completed two additional measures that assessed other types of selfcritical responses to failure in a passion. First, participants completed the 6-item Self-Pity Scale (Stöber, 2003), where they were asked to indicate how they typically act when they feel upset by something or somebody while engaging in their favorite activity (e.g., "I feel a little sorry for myself). Each item was rated on a scale from 0 (not at all) to 4 (very likely). Finally, participants completed the Forms of Self-Criticising/Attacking and Self-Reassurance Scale (FSCRS; Gilbert, Clarke, Hempel, Miles, & Irons, 2004). The 22-item FSCRS asks respondents to indicate how they typically behave when things go wrong for them on a scale from 0 (not at all like me) to 4 (extremely like me). The FSCRS consists of three subscales: inadequate self (e.g., "I am easily disappointed with myself"), hated self (e.g., "I have a sense of disgust with myself"), and reassure self (e.g., "I am able to remind myself of positive things about myself"). Items from each subscale were averaged to create subscale scores. Participants answered the questions while thinking of how they act when things go wrong for them while engaging in their favorite activity. Evidence has been obtained in support of the reliability and validity of scores from both the Self-Pity Scale (Stöber, 2003) and FSCRS (Gilbert et al., 2004; Gilbert et al., 2011).

 $^{^{2}}$ Controlling for ethnic background did not affect the results from Studies 1 and 2 in any statistically meaningful way.

Table 1Study 1: Descriptive statistics, correlations, and partial correlations.

		М	SD	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	HP	4.93	1.24	0.87		0.29	0.24	0.17	0.27	-0.13	-0.20	-0.19	-0.25	0.32	-0.16	-0.21	-0.20
2	OP	3.04	1.38	0.14	0.84	-0.21	0.08	0.06	-0.02	0.28	0.28	0.33	0.34	-0.12	0.28	0.29	0.25
3	Total SC	3.00	0.58	0.26	-0.16	0.89											
4	Self-kindness	3.03	0.80	0.25	0.11	0.71	0.82										
5	Common humanity	3.23	0.88	0.18	0.08	0.50	0.60	0.80									
6	Mindfulness	3.33	0.78	0.27	0.02	0.68	0.72	0.64	0.78								
7	Self-judgment	3.24	0.84	-0.08	0.27	-0.74	-0.24	0.02	-0.19	0.79							
8	Isolation	3.15	0.97	-0.15	0.25	-0.70	-0.19	0.04	-0.14	0.72	0.80						
9	Over-identification	3.16	0.89	-0.14	0.31	-0.71	-0.17	0.03	-0.16	0.76	0.73	0.76					
10	Fear of SC	1.20	0.85	-0.20	0.30	-0.48	-0.19	-0.06	-0.18	0.52	0.50	0.44	0.94				
11	Reassure self	2.48	0.82	0.30	-0.07	0.55	0.55	0.36	0.46	-0.31	-0.29	-0.26	-0.30	0.88			
12	Inadequate self	1.88	0.92	-0.12	0.26	-0.63	-0.23	-0.05	-0.19	0.69	0.66	0.65	0.62	-0.21	0.90		
13	Hated self	0.74	0.89	-0.17	0.26	-0.38	-0.09	-0.01	-0.12	0.44	0.44	0.40	0.58	-0.28	0.60	0.87	
14	Self-pity	1.70	1.13	-0.16	0.22	-0.50	-0.16	-0.02	-0.22	0.52	0.56	0.48	0.46	-0.22	0.62	0.47	0.91

Note. Partial correlations between each form of passion (while controlling for the other) and the study variables are reported above the diagonal, bivariate correlations are reported below the diagonal, and Cronbach's alpha values are reported on the diagonal. If $r \ge |0.11|$, p < 0.05; if $r \ge |0.14|$, p < 0.01. HP = harmonious passion. OP = obsessive passion. SC = self-compassion. N = 348.

2.1.3. Data analysis

We tested our proposed model using structural equation modeling. All analyses were conducted using Mplus 7.11 with robust maximum likelihood estimation (MLR) to account for potential multivariate nonnormality of the data, and full information maximum likelihood to manage missing data (participants were prompted, but not required, to answer any unanswered items at the end of each page of the survey; as a result, only 0.05% of data were missing). We interpreted multiple fit indices as sources of evidence of model fit (Marsh, Martin, & Jackson, 2010). Root mean square error of approximation (RMSEA) values of < 0.05 are typically interpreted as representing good model fit, while values <0.08 are interpreted as representing reasonable fit. Values > 0.90 and 0.95 for the Tucker-Lewis index (TLI) and the comparative fit index (CFI) are typically interpreted as representing acceptable and excellent fit, respectively. A non-significant MLR chi-square statistic $(MLR\chi^2)$ indicates an acceptable model, but this statistic is likely to be significant in large samples.

Latent variables were represented by item parcels in order to minimize the variances of each item and also to allow for parsimonious representations of the latent variables (Little, Rhemtulla, Gibson, & Schoemann, 2013). We further followed recommendations of Little et al. (2013) by specifying three parcelled indicators for each latent variable. Items representing harmonious and obsessive passion were parcelled using a balancing approach whereby the items with the highest loadings were paired with the items with weakest loadings. A balancing approach was also used to parcel items representing fear of self-compassion. In creating the parcels, we progressed in a serpentine pattern by grouping the item with the highest loading with the first parcel, the item with the second highest loading with the second parcel, the third and fourth highest with the third parcel, the fifth highest with the second parcel, the sixth and seventh with the first parcel, and so on for all 15 items. Finally, the self-compassion latent variable was modelled to reflect Neff's (2003b, 2009) conceptualization of self-compassion as being comprised of three bipolar dimensions: self-kindness versus selfjudgment, common humanity versus isolation, and mindfulness versus over-identification. Items of the self-judgment, isolation, and overidentification subscales were reverse scored and aggregated with the opposing subscale in order to create three indicators of self-compassion (self-kindness, common humanity, and mindfulness).

2.2. Results

Descriptive statistics, correlations, and partial correlations between each passion type and the dependent measures while controlling for the other passion type are displayed in Table 1.³ In line with our

hypotheses, partial correlations revealed that responses to passion-related failures can be distinguished by passion type. Harmonious passion was positively associated with self-compassion and self-reassurance, and negatively associated with fear of self-compassion and self-inadequacy, hatred and pity. However, obsessive passion was negatively related to self-compassion and self-reassurance, but positively associated with fear of self-compassion and self-inadequacy, hatred, and pity. These relationships remained virtually identical when sex was included as an additional control variable.

Prior to testing a structural model that depicted relationships between passion types, fear of self-compassion, and self-compassion, we tested a measurement model with all four latent constructs correlated with one another. The following fit indices were obtained for the measurement model: RMSEA = 0.061, 90% CI [0.046, 0.076], CFI = 0.974, TLI = 0.964, MLR χ^2 = 110.154 (df = 48), p < 0.001, scaling correction factor = 1.0744. We interpreted these fit indices as being adequate, and proceeded to test the structural model that specified paths between harmonious and obsessive passion and selfcompassion, and indirect paths via fear of self-compassion. Both the structural and measurement models specified the same number of paths among the factors, and therefore yielded identical fit indices (Kline, 2011). Fig. 1 displays the structural model, and mediational analyses are presented in Table 2. Total effects revealed strong relationships between self-compassion and harmonious ($\beta = 0.334$, p < 0.001, 95% CI [0.222, 0.445]) and obsessive passion ($\beta = -0.244$, p < 0.001, 95% CI [-0.369, -0.118]). However, these relationships were mediated by fear of self-compassion for both harmonious passion ($\beta = 0.123$, p < 0.001, 95% CI [0.064, 0.181]) and obsessive passion ($\beta = -0.177$, p < 0.001, 95% CI [-0.237, -0.117]). The mediating effect was particularly pronounced with obsessive passion, as the direct relationship between obsessive passion and self-compassion no longer reached statistical significance when fear of self-compassion was accounted for in the model ($\beta = -0.067$, p = 0.348, 95% CI [-0.207, 0.074]). Although fear of self-compassion mediated the relationship between harmonious passion and self-compassion, the direct effect remained significant ($\beta = 0.211$, p < 0.001, 95% CI [0.094, 0.328]).

2.3. Brief discussion

The results of Study 1 provide support for our hypotheses regarding the relationships between harmonious passion, obsessive passion, and

³ For this analysis, subscales were computed while ignoring missing values.

⁴ Data from the self-hatred subscale were positively skewed, but a non-parametric alternative (Spearman's rho) resulted in partial correlations that were similar in strength and direction.

 $^{^{5}\,}$ These path coefficients did not change in any meaningful way when sex was added as an additional predictor in the model.

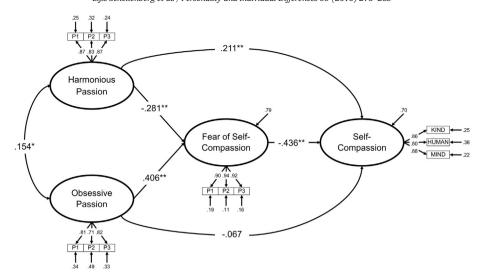


Fig. 1. Structural model depicting relationships between passion types, fear of self-compassion, and self-compassion. Parcels representing self-kindness (KIND), common humanity (HUMAN), and mindfulness (MIND) were used as indicators of self-compassion, while item parcels (P1-P3) were used to represent all other latent variables. All parameters are standardized and estimated using robust maximum likelihood. * $p \le 0.05$. ** $p \le 0.01$.

responses to the self following instances of failure. When controlling for obsessive passion, harmonious passion positively predicted being compassionate towards the self and negatively predicted more self-critical responses such as feelings of inadequacy, self-hatred and self-pity. On the other hand, when controlling for harmonious passion, obsessive passion positively predicted these self-critical responses and negatively predicted self-compassion. We also found support for a model whereby fear of self-compassion mediated the relationship between both passion types and self-compassion. These results build on previous research showing that both passion types predict distinct self-related processes (e.g., Mageau et al., 2011) by finding that the extent to which one is self-compassionate or self-critical following failure depends on the extent to which one is harmoniously or obsessively passionate towards an activity.

A key finding from Study 1 was that fear of self-compassion fully mediated the relationship between obsessive passion and self-compassion. This suggests that being obsessive towards a passion causes people to be particularly reluctant or wary of treating themselves with compassion during difficult times, leading to lower levels of self-compassionate behavior. However, although strong support was obtained for a model specifying the causal order of these processes, the observational design of Study 1 does not allow for causal conclusions. The aim of Study 2 was to begin to obtain evidence for the causal relationship between these processes by focusing on the relationship between obsessive passion and fear of self-compassion (Preacher, 2015; Spencer, Zanna, & Fong, 2005). Specifically, we tested the causal effect of obsessive passion on fear of self-compassion by using an experimental procedure that has been recently developed to activate distinct mindsets towards a passion (Bélanger, Lafrenière, Vallerand, & Kruglanski, 2013b; Vallerand, 2015).

3. Study 2

3.1. Method

3.1.1. Participants and procedure

University students were invited to participate in an online survey about their favorite activities in exchange for course credit. The survey was open to all students registered in Introductory Psychology and could be completed wherever they had access to the internet. A number of participants needed to be excluded from analysis because they did not follow the study instructions (n = 15), or because they had been randomly assigned to a control condition which involved writing an essay about an activity that was intended to be unrelated to their passion ("borrowing a book from the library), but had reported a favorite activity related to this activity ("reading"; n = 6). An additional 21 male participants were excluded because their responses to the manipulation-check item followed a pattern that was in reverse to the experimental conditions (the limited number of males did not allow for enough power to statistically test these mean differences). The final sample included 82 female students ($M_{\rm age} = 19.57$, $SD_{\rm age} =$ 4.65). Most participants (66%) identified as having a white/European ethnic background, followed by Filipino (13%) and South Asian (7%). The survey included a consent form and required students to provide informed consent before participating.

3.1.1.1. Obsessive passion mindset manipulation. The first page of the online survey asked participants to identify a favorite activity that they liked, that was important to them, and in which they spent a significant amount of time and energy. Participants were then asked to write a brief essay and were randomly assigned to follow one of

Table 2Study 1: Standardized estimates of total, direct, and indirect effects with 95% bias-corrected bootstrapped confidence intervals.

	Total effect		Direct effect		Indirect effect		
	β	95% CI	β	95% CI	β	95% CI	
$HP \rightarrow fear of SC \rightarrow SC$	0.334**	[0.222, 0.445]	0.211**	[0.094, 0.328]	0.123**	[0.064, 0.181]	
$OP \rightarrow fear \ of \ SC \rightarrow SC$	-0.244**	[-0.369, -0.118]	-0.067	[-0.207, 0.074]	-0.177**	[-0.237, -0.117]	

Note. Bootstrapped confidence intervals were estimated using maximum likelihood. HP = harmonious passion. OP = obsessive passion. SC = self-compassion.

^{*} *p* < 0.05.

^{**} p < 0.01.

two sets of instructions (Bélanger et al., 2013b, Study 3; Vallerand, 2015). Participants assigned to the *obsessive passion condition* were asked to write an essay about a time when they had difficulties controlling their urge to do their favorite activity and felt that this activity was the only thing that really turned them on. Those assigned to the *control condition* were asked to write an essay about a time when they had to borrow a book from the library. Participants in both conditions were instructed to write for about 5 min and include as much details as they could to relive the experience.⁶

3.1.1.2. Fear of self-compassion exercise. Next, participants wrote essays describing a recent time when they were engaging in their favorite activity, as reported on the first page of the survey, and experienced a negative event that involved failure, rejection, or humiliation that made them feel badly about themselves (Breines & Chen, 2013; Leary et al., 2007). Participants were instructed to write for approximately 3 min. After completing the essay, participants reported how long ago this event occurred (by selecting one of the following options: in the past week, past month, past year, past 2–3 years, or over 3 years ago), and rated how upsetting the event was and how badly they felt about themselves because of the event (both were rated on 5-point scales ranging from *not at all* to *extremely*). Participants then completed the 15-item FSCS (Gilbert et al., 2011) while thinking of how they felt at the moment (M = 1.03; SD = 0.75; $\alpha = 0.92$).

3.1.1.3. Manipulation check. In the last section of the survey, participants answered one item from the Passion Scale (Vallerand et al., 2003) that served as a check of the efficacy of the obsessive passion mindset manipulation: "I have the impression that my favorite activity controls me" (see Bélanger et al., 2013b, Study 4). Participants answered the question on a scale from 1 (not agree at all) to 7 (very strongly agree), and did so while thinking of how they felt at the moment.

3.2. Results

3.2.1. Manipulation check

To determine the efficacy of the obsessive passion mindset manipulation, momentary ratings of obsessive passion were compared between participants randomly assigned to the obsessive passion and control conditions. Visual inspection of boxplots identified two outliers that were removed prior to analysis. In line with our directional hypothesis, the results revealed that those in the obsessive passion condition (M = 3.46, SD = 1.53) reported stronger levels of momentary obsessive passion compared to those in the control condition (M = 2.39, SD = 1.48), t (57) = 2.713, p = 0.005 (one-tailed), d = 0.712. This suggests that the obsessive passion mindset manipulation effectively activated an obsessive mindset towards one's favorite activity.

3.2.2. Main analysis

The main analysis involved testing the directional hypothesis that those in the obsessive passion condition would report higher levels of fear of self-compassion compared to those in the control condition. In line with this hypothesis, fear of self-compassion was higher in the obsessive passion condition (M = 1.20, SD = 0.88) compared to the control condition (M = 0.88, SD = 0.59), t (41.72) = 1.57, p = 0.062 (one-tailed), d = 0.412. Participants in both groups did not differ in

their ratings of how badly they felt as a result of the event, how upset they were following the event, how long ago the event occurred, or in the number of words written in both essays (all *ps* > 0.25, two-tailed).

3.3. Brief discussion

In Study 2, participants randomly assigned to write an essay about a time when they felt obsessed towards their passion reported greater levels of fear of self-compassion compared to participants randomly assigned to a control group. The size of this effect can be classified as medium (Cohen, 1988), which is notable given the brief nature of the experimental manipulation. These results build on the result of Study 1 by providing evidence of a causal relationship between obsessive passion and fear of self-compassion, an important link in the proposed causal chain between obsessive passion, fear of self-compassion, and self-compassion (Spencer et al., 2005). Importantly, the two experimental groups were no different in how badly and upset they felt about a past passion-related failure, how long ago this failure occurred, or how many words they wrote in both essays.

4. General discussion

Our aim in this research was to test the relationship between harmonious and obsessive passion types and self-compassionate responding following failure in one's passion. We hypothesized that harmonious and obsessive passion would positively and negatively predict selfcompassionate responding, respectively. We also expected that obsessive passion would predict being fearful of self-compassion, which would mediate the relationship between obsessive passion and self-compassion. The results from two studies supported these hypotheses. In Study 1, we conducted an observational study and obtained support for a model in which self-compassion was positively predicted by harmonious passion and negatively predicted by obsessive passion. We also found evidence that fear of self-compassion partially mediated the relationship between harmonious passion and selfcompassion and fully mediated the relationship between obsessive passion and self-compassion. In Study 2, participants randomly assigned to engage in a writing task designed to activate an obsessive passion mindset responded with greater levels of fear of selfcompassion compared to those in a control condition. Study 2 therefore obtained evidence in favor of the causal effect of obsessive passion on fear of self-compassion. These results have implications for the passion and self-compassion literatures.

4.1. A tale of two passions

Over a decade of research has revealed that the intra- and interpersonal outcomes experienced by passionate people depends on the extent to which their passions are harmonious or obsessive (Vallerand, 2010, 2015; for a recent meta-analysis, see Curran, Hill, Appleton, Vallerand, & Standage, 2015). Harmonious passion is generally considered a more adaptive form of passion and predicts more favorable outcomes such as greater levels of positive affect, wellbeing, concentration, and flow while pursuing a passion (Curran et al., 2015; Vallerand, 2010, 2015). This research adds self-compassion to the list of adaptive processes that are associated with a harmonious mode of functioning. By adopting a non-defensive approach and being open to ongoing experiences in one's passion (Hodgins & Knee, 2002; Vallerand, 2010), people with strong levels of harmonious passion are better able to respond to failures by treating themselves with kindness, recognizing that failures are part of the shared human experience, and by maintaining a mindful and balanced perspective. Self-compassion research has demonstrated that responding with care and kindness towards the self during difficult times leads to enhanced emotional well-being while also promoting self-improvement motivation (Breines & Chen, 2012; Neff, 2009). Self-compassion is therefore a

 $^{^6}$ On an exploratory basis, an additional group of students (n=57) was randomly assigned to a third condition that was designed to activate a harmoniously passionate mindset (e.g., Bélanger et al., 2013b). However, responses to a manipulation-check item revealed that this manipulation was not effective at inducing harmonious passion, making results from this condition difficult to interpret. For this reason, we opted to exclude the exploratory harmonious passion condition from the analysis.

Levene's Test of Equality of Variances indicated that homogeneity of variances could not be assumed. Means were compared assuming unequal variances, and Cohen's d was computed using a denominator that assumed unequal variances (Maxwell & Delaney, 2004, p. 166, eq. 42).

powerful resource that likely contributes to many of the adaptive outcomes linked with harmonious passion. Future research is needed to test the mediating role of self-compassion in the relationship between harmonious passion and these outcomes.

Obsessive passion tells a much different story. Not only does obsessive passion predict higher levels of self-criticism and lower levels of self-compassion following instances of failure, but an obsessive mode of functioning also predicts being fearful of engaging in self-compassion. There is a lot at stake with an obsessive passion (e.g., Lafrenière et al., 2012), meaning that people with strong levels of obsessive passion may be fearful of engaging in responses that they believe lead to complacency and reduced performance (e.g., Ferguson et al., 2014). In turn, this fear of self-compassion leads to lower levels of self-compassion following failure at a time when, conceptually, such a resource should be especially helpful.

Obsessive passion is generally considered a less desirable form of passion because it predicts maladaptive outcomes such as negative affect, rumination, anxiety, and aggression (Curran et al., 2015; Vallerand, 2010, 2015). Self-compassion could play a role in the connection between obsessive passion and these maladaptive outcomes. Obsessive passion could launch a chain of processes by leading to higher levels of fear of self-compassion, which in turn leads to lower levels of self-compassion and, subsequently, less adaptive outcomes such as anxiety and rumination. This process treats selfcompassion as a mediator in the connection between obsessive passion and maladaptive outcomes. Evidence in favor of this causal sequence was obtained in the present research using structural equation modeling (Study 1) and by finding experimental evidence of a causal relationship between obsessive passion and fear of self-compassion (Study 2). Further research is needed to test this proposed chain of events by testing models that incorporate outcome variables that are likely predicted by self-compassion, and by adopting experimental designs that test the causal relationships between other links in this causal chain including the relationship between fear of selfcompassion and self-compassion, and between self-compassion and outcomes (Spencer et al., 2005).

4.2. Who has (fear of) self-compassion?

Although a great deal is known about the benefits of responding with self-compassion, less is known about the variables that predict self-compassionate behavior (Neff, 2009). Researchers have found that self-compassion is positively associated with the big five personality traits of extroversion, agreeableness and conscientiousness, and negatively associated with neuroticism (Neff, Rude, & Kirkpatrick, 2007). Other researchers studying predictors of self-compassion in adolescents and young adults found that self-compassion was positively predicted by maternal support, family functioning and secure attachment style, and negatively predicted by preoccupied and fearful attachment styles (Neff & McGehee, 2010). Evidence also exists that those who give support to others are more likely to be compassionate towards themselves (Breines & Chen, 2013). Even less is known about the types of people who are fearful of engaging in self-compassion. Gilbert et al. (2011) found evidence from two samples that fear of self-compassion was positively related with anxious attachment styles and depression, and negatively associated with one's ability to get close to others. The present research contributes to this literature by identifying motivational constructs that predict higher (harmonious passion) and lower (obsessive passion) levels of self-compassion, and also higher (obsessive passion) and lower (harmonious passion) levels of fear of selfcompassion when one fails at a passion.

Determining the predictors of self-compassion has the potential to inform therapeutic interventions that are designed to increase self-compassion. Self-compassion is a coping response that can be acquired through training and practice (e.g., Barnard & Curry, 2011; Mosewich et al., 2013), and people with strong levels of obsessive passion may

profit from interventions that encourage them to treat their failures with kindness and compassion. However, it is common for people to be resistant to change in clinical (Chamberlain, Patterson, Reid, Kavanagh, & Forgatch, 1984; Newman, 1994) and non-clinical settings (e.g., Brehm, 1966). More specifically, people who complete self-compassion therapeutic programs often report being fearful of abandoning self-criticism and embracing self-compassion (Gilbert & Procter, 2006; Lawrence & Lee, 2014). The current research suggests that people with high levels of obsessive passion will likely be reluctant to fully embrace interventions that are designed to promote self-compassion. This may require therapists and practitioners working with highly obsessive individuals to integrate methods into self-compassion interventions that can counteract client resistance and enhance motivation to change (Lawrence & Lee, 2014; Newman, 1994).

4.3. Limitations

This research has several limitations that should be acknowledged. First, the cross-sectional design of Study 1 does not allow for causal inferences. Although evidence for the causal effect of obsessive passion on fear of self-compassion was obtained in Study 2, research is needed to obtain causal evidence for the other links in the proposed model (Spencer et al., 2005). Longitudinal research is also needed to replicate the hypothesized model tested in Study 1, given some potential biases that can emerge when testing cross-sectional mediation models (Maxwell & Cole, 2007). This research also did not expose participants to a failure, but instead asked them to report typical levels of selfcompassion and fear of self-compassion while engaging in their favorite activity (Study 1) and momentary levels of fear of self-compassion after recalling a passion-related negative event (Study 2). An important next step in this research is to determine if passion types predict differing levels of self-compassion and fear of self-compassion following experimentally-induced failures and negative events (e.g., Breines & Chen, 2013, Experiment 2; Leary et al., 2007, Study 3). Also, only females were included in Study 2 because the experimental manipulation did not appear to affect the male participants in the expected direction. Although we did not have sufficient statistical power to test this effect, researchers opting to use this passion mindset manipulation should consider including a sufficient number of male and female participants to test for potential sex differences. Finally, this research relied exclusively on self-report, and research using behavioral assessments of self-compassion, such as assessing the extent to which participants comfort themselves using self-compassionate statements following failure (Breines & Chen, 2013, Experiment 3), would reinforce the findings of the current research.

4.4. Conclusions

Self-compassion is an adaptive response to failure that enhances psychological well-being while promoting motivation for self-improvement (Neff, 2009). But are people likely to engage in self-compassion when they fail at a passion in their lives? We found that the answer depends on one's predominant passion type. Harmonious passion predicts greater use of self-compassion and lower levels of fear of self-compassion following failure, while obsessive passion predicts lower levels of self-compassion and greater levels of fear of self-compassion. While people with high levels of harmonious passion towards an activity are likely benefitting from engaging in self-compassion in times of adversity, people with high levels of obsessive passion are likely putting themselves at risk of experiencing distress in difficult times by being fearful of treating themselves with kindness and compassion.

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