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Resisting self-compassion: Why are some people opposed to being kind to themselves?

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ABSTRACT

Although self-compassion is associated with positive emotions, resilience, and well-being, some people resist recommendations to treat themselves with kindness and compassion. This study investigated how people's personal values and evaluations of self-compassionate behaviors relate to their level of self-compassion. After completing measures of trait self-compassion and values, participants rated how they would view themselves after behaving in a self-compassionate and self-critical way. Overall, participants associated self-compassion with positive attributes that connote emotional well-being, yet only those who were low in trait self-compassion associated self-compassionate responding with negative attributes that involve low motivation, self-indulgence, low conscientiousness, and poor performance. Participants' endorsement of basic values was not meaningfully related to their evaluations of self-compassionate vs. self-critical behaviors or to self-compassion scores. We propose that self-compassion might operate as an instrumental value insofar as those high vs. low in self-compassion differ in their beliefs about whether self-compassion affects performance-related outcomes positively or negatively.

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Although people sometimes behave in ways that are self-serving, self-indulgent, and hedonistic, they are also often quite hard on themselves, creating personal distress by thinking about themselves in unnecessarily critical, harsh, and unkind ways. Following failure, humiliation, rejection, and other negative experiences, people often compound the negative emotions produced by the initial event by chastising and denigrating themselves, and imagining the worst possible consequences of the event. Ironically, people sometimes treat themselves far worse than they would treat other people who experience similar circumstances.

People differ in their tendency to blame, criticize, and castigate themselves. People who are low in self-esteem (Tennen & Herzberger, 1987), depressed (Gladstone & Kaslow, 1995;

McGrath et al., 2012), or perfectionistic (Dunkley, Zuroff, & Blankstein, 2003) are particularly inclined to be self-critical. On the other hand, people who are resilient (Whelton & Greenberg, 2005), optimistic (Scheier, Carver, & Bridges, 1994), or high in positive affectivity (Mongrain & Zuroff, 1995) are less likely to treat themselves in these ways, reacting instead with self-directed understanding and kindness when negative events occur.

Self-compassion, a construct that has been recently introduced to scientific psychology, involves adopting a kind and compassionate stance toward oneself. Just as people respond to others who are suffering in ways that are intended to alleviate their distress, people can respond to themselves—both in terms of private self-talk and overt actions—in ways that reduce their negative emotions and enhance well-being. Neff (2003a) defined self-compassion as follows:

being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience. (p. 224)

Self-compassion is composed of three interrelated components: Self-kindness, common humanity, and mindfulness. Being kind to oneself involves showing care and concern for oneself just as one might show care and concern to a friend who is suffering. The component of common humanity incorporates the perspective that suffering is a part of life and every person experiences suffering. This recognition of others' suffering leads to a reduction in feelings of isolation. The final component, mindfulness, leads to awareness and acceptance of one's emotions and difficulties without becoming consumed by them. Although distinct components, Neff (2003a) suggests that these three components work together to produce a self-compassionate mindset.

People who score high in trait self-compassion (HSCs) are characterized by indicators of emotional well-being such as greater positive affect, higher life satisfaction, lower depression and anxiety, and more equanimous reactions to negative events (Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, 2003b; Neff, Hsieh, & Dejjitrat, 2005; Neff, Kirkpatrick, & Rude, 2007; Terry, Leary, & Mehta, 2013; Van Dam, Sheppard, Forsyth, & Earleywine, 2011). Further, findings from meta-analyses conclude that self-compassion is negatively related to psychopathology (MacBeth & Gumley, 2012) and positively related to psychological well-being (Zessin, Dickhauser, & Garbade, 2015). Trait self-compassion also correlates positively with optimism, wisdom, initiative, curiosity, and agreeableness (Neff, Rude, & Kirkpatrick, 2007), and is associated with indices of successful aging and life satisfaction among older people (Allen, Goldwasser, & Leary, 2012; Allen & Leary, 2013), better coping among people who are living with HIV (Brion, Leary, & Drabkin, 2014), less interferences from hot flashes among women experiencing menopause (Brown, Bryant, Brown, Bei, & Judd, 2014), more health-promoting behaviors in both healthy and chronically ill populations (Sirois, Kitner, & Hirsch, 2015; Terry, Leary, Mehta, & Henderson, 2013), and less eating disorder pathology among women with higher body mass index (Kelly, Vimalakanthan, & Miller, 2014). Although the literature does well to specify *who* behaves self-compassionately, it offers less insight as to *why* this is the case. We set out to test the viability of two explanations: (1) that those high and low in trait self-compassion (LSCs) have different beliefs and expectations about the personal emotional and motivational outcomes that result from self-compassionate vs. self-critical behavior, and (2) that differences in individuals' personal values underlie tendencies to treat themselves kindly or critically when things go badly.

Beliefs about self-compassionate behavior

Despite the fact that self-compassion is associated with an array of positive psychological and social outcomes (see Neff, 2009), some people resist the idea that behaving in self-compassionate ways is beneficial. People sometimes express the view that self-compassion is self-indulgent, undermines personal responsibility for one's problems, and interferes with motivation and success—concerns that may lead some people to believe that being compassionate toward themselves is not in their best interests (Gilbert, McEwan, Matos, & Ravis, 2011; Gilbert & Procter, 2006). In fact, some people advocate being particularly hard on oneself, agreeing with motivational speaker, Zig Ziglar, who asserted that “When you are tough on yourself, life is going to be infinitely easier on you.” However, people do not typically view compassion toward others in negative terms or advocate berating other people for their shortcomings, so why would anyone oppose the suggestion that they should be kinder and less critical toward themselves?

People may resist being self-compassionate, or alternatively favor a critical self-approach, for a variety of interrelated reasons stemming from the fact that they fundamentally misunderstand what being self-compassionate involves. For example, they may mistakenly associate self-compassion with being self-centered or selfish (Neff, 2003b) or worry that adopting a self-compassionate focus will lead to narcissism as well as disregard for other people. In contrast, the common humanity aspect of self-compassion should encourage people to see themselves as more connected to others. Neff and Vonk (2009) found that self-compassion was not positively related to narcissism, unlike self-esteem, which had a positive relationship. Furthermore, people may resist self-compassion because they believe that it will lead them toward an undesired future self, such as being a lazy, unproductive, or unsuccessful person. People's undesired or feared selves, which reflect a projection of what they do not want to become in the future (Carver, Lawrence, & Scheier, 1999; Markus & Nurius, 1986; Ogilvie, 1987), constitute strong avoidance goals, often predicting behavior, motivation, and emotions more strongly than their ideal selves (Carver et al., 1999; Hoyle & Sherrill, 2006). Those who resist expressing kindness and compassion toward themselves tend to endorse sentiments such as “I fear that if I develop compassion for myself, I will become someone I do not want to be” and “I fear that ... my standards will drop” (Gilbert et al., 2011). To the extent that people associate being kind to themselves with undesired personal characteristics and outcomes—such as laziness, self-indulgence, or ineffectiveness—people may treat themselves in a harsh, critical way.

Relatedly, people might resist self-compassion because they assume that self-compassion undermines motivation and performance. Some individuals may believe that being hard on themselves motivates them to work hard, do well, and behave appropriately, and that self-compassion undermines motivation, goal-directed behaviors, and eventual success. Research on this possibility is mixed. On one hand, research suggests that taking an accepting and compassionate approach to one's failures and mistakes may increase motivation, possibly because the prospect of trying and failing is not as threatening (Breines & Chen, 2012; Neff et al., 2005) or because lower self-blame and negative emotion may make self-regulation easier (Terry & Leary, 2011). Being self-compassionate can also reduce the negative affect people experience when they encounter obstacles toward goal progress (Hope, Koestner, & Milyavskaya, 2014). However, one study showed that higher self-compassion was associated with lower motivation among

men who were low in conscientiousness (Baker & McNulty, 2011). Whether self-compassion actually promotes or undermines motivation, people may avoid self-compassion because they believe it will undermine their motivation and interfere with success.

Valuation of self-compassionate behavior

Values are concerned with the extent to which people prefer both particular end states (*terminal values*, e.g., pleasure, accomplishments) and particular means of achieving them (*instrumental values*, e.g., being loving, ambitious). In contrast to attitudes, which are object- and context-specific, values are broad, enduring, context-transcendent standards that, among other things, guide goal setting, behavior, and self-evaluation. Individual differences in values, then, reflect differences in people's beliefs about what is worth pursuing and how it ought to be pursued (see Rokeach, 1973).

People might resist self-compassion because it violates their personal values or belief systems. For example, for people who value stoicism (enduring hardship without complaint), self-compassion might be regarded as a sign of weakness, inability to handle setbacks, or self-indulgence. Similarly, people who value personal accountability might view self-compassion as a way to shirk one's responsibilities. On the other hand, some people might assign instrumental value to self-compassion, seeing it as an effective way to pursue other important goals such as success or inner peace.

The current research

This study was designed to investigate two questions. First, we examined people's inferences about consequences of behaving in a self-compassionate vs. self-critical manner to test whether people who are generally low vs. high in trait self-compassion regard themselves differently when they imagine either scenario. We expected that people would view certain aspects of self-compassion positively and others negatively, but that imagining treating themselves compassionately would inspire less favorable self-evaluations among low trait self-compassionate people. For example, we reasoned that low self-compassionate people might see themselves as lazy if they imagined treating themselves kindly, reflecting negative character and lack of motivation. Although we expected that people's evaluations would reflect character and motivation, as well as self-judgment and others' judgments, we remained open to whatever patterns emerged instead of making predictions about the precise dimensions on which high- and low-trait self-compassionate people might differ.

Second, we explored connections between people's values and their attitudes toward self-compassion. Specifically, people who value outcomes such as accomplishment, ambition, success, responsibility, or social recognition might resist being self-compassionate because they view self-compassion as antithetical to these values (cf. Gilbert et al., 2011). On the other hand, people who prize inner harmony or forgiveness may view self-compassion as an important expression of these values. Self-compassion may reflect a strategy some people adopt in a specific circumstance: An "if ... then" signature (i.e., *if things go badly, then be self-compassionate/critical*, Mischel & Shoda, 1995). We used the Rokeach Values Survey for this purpose because it includes both terminal values regarding desired outcomes and instrumental values regarding ways to achieve those outcomes and, thus, covers a broader and more nuanced array of values that may reflect high and low self-compassionate people's

motivational signatures than, for example, Schwartz's (1992) measure. Comparison of the item content of the two measures convinced us that the Rokeach measure was more suitable for our purposes because it includes ways of attaining one's desired terminal values. Therefore, Rokeach's values could relate to beliefs about self-compassion in two ways—that a self-compassionate mindset is a desired state to pursue in terms of well-being (a terminal value akin to happiness or inner harmony) and/or a beneficial (or detrimental) strategy for achieving other desired goals (an instrumental value akin to being cheerful or forgiving). For example, some people might believe that treating themselves kindly when things go badly will promote self-respect, whereas others might presume that the opposite is true.

Method

Participants

One-hundred and sixty-one adults (61 men, 100 women) ranging in age from 17 to 34 ($M = 22.8$, $SD = 4.16$) were recruited from a psychology department subject pool (these participants received required experimental participation credit) and a campus-wide graduate student event in which people participated as part of a volunteer service activity. All participants were enrolled at a university in the Southeastern U.S.

Measures

Self-compassion

Trait self-compassion was measured with the Self-Compassion Scale (SCS; Neff, 2003b), a 26-item self-report scale. The scale measures the three components of self-compassion with positive and negative items for each. Self-kindness (10 items) is measured with items such as "I try to be loving towards myself when I'm feeling emotional pain" and reverse-coded items such as "I'm disapproving and judgmental about my own flaws and inadequacies." Example common humanity statements (eight items) include "When things are going badly for me, I see the difficulties as part of life that everyone goes through" and reversed items such as "When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world." Mindfulness statements (eight items) include "When something upsets me, I try to keep my emotions in balance" and reversed items such as "When I'm feeling down I tend to obsess and fixate on everything that's wrong." Participants responded to each item using a five-point scale (1 = *almost never*, 5 = *almost always*), summed within each of the three subscales (after reverse-scoring), and then averaged across subscales to create a single self-compassion score where higher scores reflected greater trait self-compassion.

Values

Values were measured with Rokeach's (1973) Value Survey, which asks participants to rate how important each of 18 terminal values and 18 instrumental values is to them. On the survey, each value is named and described in a short phrase. The terminal values, which reflect desirable end-states, were: A comfortable life (a prosperous life), an exciting life (a stimulating, active life), a sense of accomplishment (lasting contribution), a world at peace (free of war and conflict), a world of beauty (beauty of nature and the arts), equality (brotherhood, equal opportunity for all), family security (taking care of loved ones), freedom

(independence, free choice), happiness (contentedness), inner harmony (freedom from inner conflict), mature love (sexual and spiritual intimacy), national security (protection from attack), pleasure (an enjoyable, leisurely life), salvation (saved, eternal life), self-respect (self-esteem), social recognition (respect, admiration), true friendship (close companionship), and wisdom (a mature understanding of life).

The instrumental values, which involve preferred modes of behavior or ways to achieve the terminal values, were: Ambitious (hard-working, aspiring), broadminded (open-minded), capable (competent, effective), cheerful (lighthearted, joyful), clean (neat, tidy), courageous (standing up for your beliefs), forgiving (willing to pardon others), helpful (working for the welfare of others), honest (sincere, truthful), imaginative (daring, creative), independent (self-reliant, self-sufficient), intellectual (intelligent, reflective), logical (consistent, rational), loving (affectionate, tender), obedient (dutiful, respectful), polite (courteous, well-mannered), responsible (dependable, reliable), and self-controlled (restrained, self-disciplined). Although researchers have assessed values on this measure using both ranking and rating response formats, Thompson, Levitov, and Miederhoff (1982) showed that ratings are more valid indicators when the strength of particular values across people (as opposed to ipsative, intraindividual assessments of values) is of interest. Thus, participants were instructed to rate how important each of the 36 values was to them on a 7-point scale (1 = *not at all important to me*, 4 = *moderately important to me*, 7 = *extremely important to me*).

Procedure

After completing the SCS and Rokeach's (1973) Value Survey, participants completed a task that was designed to assess how they would evaluate themselves after reacting in a self-compassionate vs. self-critical way. They were told that when people receive unfavorable feedback or negative events occur in their lives, individuals respond in different ways. They were instructed to read a paragraph and imagine what it would be like if they thought, felt, and behaved in the way that the paragraph described. Half of the participants first imagined responding in a self-compassionate manner:

When things go badly, you treat yourself in a warm and caring way. After a failure, rejection, or loss, you tell yourself that setbacks are part of life and try not to be too hard on yourself. You try not to dwell on your failures and misbehaviors because you believe that forgiving yourself and moving on is the best strategy for dealing with failure. You think that being kind and compassionate with yourself, no matter what happens, is always in your best interest.

The other half first imagined responding in a self-critical fashion:

When things go badly, you treat yourself in a cold and critical way. After a failure, rejection, or loss, you tell yourself that setbacks can be avoided and try not to go too easy on yourself. You dwell on your failures and misbehaviors because you believe that forgiving yourself and moving on is the wrong strategy for dealing with failure. You think that being tough and critical with yourself, no matter what happens, is always in your best interest.

After each visualization, participants rated how they would perceive themselves on 18 bipolar adjectives: Confident–insecure, lazy–industrious, a success–a failure, anxious–relaxed, unhappy–happy, responsible–irresponsible, self-centered–other-oriented, pleasant/nice–unpleasant/mean, arrogant–modest, careful–careless, judgmental–nonjudgmental, competent–incompetent, low self-esteem–high self-esteem, weak–strong, admirable–shameful, ambitious–nonambitious, competitive–cooperative, and self-indulgent–self-denying.

Participants rated themselves on seven-point bipolar scales that ranged from -3 to $+3$, with the endpoints labeled “very” (for example, “very confident” vs. “very insecure”) and the zero midpoint labeled “neither.” They also answered two questions about the prompts: “How easy or difficult was it to imagine yourself in the situation as it was described” ($1 = \text{very easy}$; $5 = \text{very difficult}$) and “To what extent did the situation you imagined describe how you generally approach negative events?” ($1 = \text{not at all descriptive of me}$; $5 = \text{very much descriptive of me}$). After imagining responding either self-compassionately or self-critically and rating themselves, participants then read the other description and completed the self-ratings a second time.

Results

Cronbach's alpha coefficient for the SCS was .91 ($M = 3.03$, $SD = .59$). Participants' ratings of the prompts indicated that the self-compassionate and self-critical situations were equally easy/difficult to imagine (M 's = 2.95 and 2.82 for the self-compassionate and self-critical conditions, respectively), $t(160) = .84$, $p = .405$. To ensure that the self-compassionate and self-critical conditions reflected how HSCs vs. LSCs might respond, correlations were calculated between trait self-compassion and ratings of the degree to which the situations reflected how participants generally approach negative events. Correlations between trait self-compassion and answers to this question were .61 in the self-compassionate condition and $-.50$ in the self-critical condition, p 's $< .001$, thus corroborating the accuracy of our descriptions. Preliminary analyses revealed no main effects or interactions involving the order in which participants visualized responding self-compassionately vs. self-critically ($.12 < p$'s $< .41$), so order was not included in the final analyses. Gender did not moderate any main effects or interactions with self-compassion or alter any patterns of significant findings in our analyses, so it was excluded from the models we present here. Correlations among self-ratings in self-compassionate and self-critical evaluations are presented in Table 1.

Self-evaluations in response to self-compassionate and self-critical reactions

Our first analysis examined how participants viewed themselves after responding self-compassionately or self-critically, and whether individual differences in self-compassion moderated these expectations. A multivariate general linear model procedure¹ tested the effects of self-compassionate vs. self-critical scenarios (a within-subjects factor), trait self-compassion scores, and their interaction on the 18 self-ratings (a within subjects factor). The analysis revealed a significant multivariate main effect of compassionate vs. critical scenario, $mF(1, 152) = 72.34$, $p < .001$, and a multivariate scenario by trait self-compassion by self-rating interaction, $mF(17, 136) = 2.24$, $p = .006$. These significant multivariate tests were followed by univariate analyses of the individual dependent variables. Using this multivariate procedure allows for interpreting which evaluations of self-compassionate and self-critical behavior were shared by participants generally, and which evaluations depended upon participants' trait levels of self-compassion. Full results for the main effects and interactions on each rating are presented in Tables 2 and 3. For ease of interpretation, we first summarize only the main effects that were not qualified by interactions with participants' trait self-compassion scores (in the section labeled unqualified main effects) before moving on to the interaction effects in the next section (moderating effects of trait self-compassion).



Table 1. Correlations among self-evaluation characteristics in self-compassionate and self-critical scenarios.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Confident-insecure	–	–.29**	.41**	–.33**	–.46**	.34**	–.13	.33**	.01	.17*	–.22**	.39**	–.64**	–.39**	.41**	.31**	–.03	.06
2. Lazy-industrious	–.20*	–	–.58**	–.08	.22**	–.61**	.27**	–.07	.18*	–.56**	.00	–.60**	.29**	.57**	–.50**	–.66**	–.35**	.34**
3. A success-a failure	.69**	–.25**	–	–.07	–.38**	.51**	–.19*	.24**	–.04	.43**	–.04	.61**	–.42**	–.55**	.57**	.61**	.20*	–.07
4. Anxious-relaxed	–.27**	–.20*	–.14	–	.63**	.10	.16*	–.23**	.14	.30**	.52**	.09	.46**	.12	–.12	.22**	.46**	–.26**
5. Unhappy-happy	–.56**	.01	–.53**	.54**	–	–.22**	.31**	–.35**	.15	–.02	.46**	–.23**	.57**	.35**	–.31**	–.09	.21**	–.15
6. Responsible-irresponsible	.43**	–.44**	.47**	.09	–.32**	–	–.14	.23**	–.12	.64**	.05	.55**	–.26**	–.47**	.50**	.61**	.37**	–.17*
7. Self-centered-other-oriented	.04	–.08	.05	.09	.14	.07	–	.00	.36**	–.03	.30**	–.17*	.25**	.33**	–.26**	–.13	.12	.30**
8. Pleasant, nice-unpleasant, mean	.37**	–.01	.33**	–.27**	–.57**	.30**	–.16*	–	–.15	.14	–.21**	.12	–.23**	–.12	.16*	.10	–.09	.14
9. Arrogant-modest	.05	–.01	.06	.09	.16*	.05	.33**	–.33**	–	–.09	.20*	–.03	.06	.19*	–.16*	–.09	.08	.14
10. Careful-careless	.22**	–.39**	.35**	.19*	–.22**	.55**	.03	.33**	–.12	–	.12	.58**	–.14	–.48**	.41**	.60**	.36**	–.22**
11. Judgmental-non-judgmental	–.15	–.06	–.09	.26**	.27**	.00	.25**	–.20*	.20*	.12	–	.03	.38**	.05	–.21**	.17*	.44**	–.12
12. Competent-incompetent	.43**	–.27**	.61**	.03	–.36**	.52**	.17*	.39**	.04	.49**	.13	–	–.38**	–.67**	.59**	.68**	.41**	–.13
13. Low self-esteem-high self-esteem	–.66**	.12	–.60**	.34**	.60**	–.33**	–.08	–.41**	.06	–.21**	.174*	–.42**	–	.52**	–.43**	–.26**	.08	–.08
14. Weak-strong	–.46**	.27**	–.54**	.06	.39**	–.40**	.01	–.31**	–.03	–.26**	.01	–.54**	.60**	–	–.63**	–.62**	–.28**	.16*
15. Admirable-shameful	.49**	–.21**	.57**	–.07	–.45**	.50**	–.11	.51**	–.03	.40**	–.07	.56**	–.51**	–.64**	–	.64**	.17*	.03
16. Ambitious-non-ambitious	.22**	–.53**	.32**	.27**	–.10	.57**	.12	.29**	.05	.48**	.13	.52**	–.12	–.39**	.43**	–	.52**	–.12
17. Competitive-cooperative	.11	–.48**	.16*	.33**	.08	.39**	.16*	.05	.14	.29**	.22**	.32**	.06	–.25**	.21**	.70**	–	–.14
18. Self-indulgent-self-denying	.29**	.04	.18*	–.21**	–.12	.07	.12	.06	.27**	.01	–.08	.10	–.20*	–.05	.12	.01	.07	–

* $p < .05$; ** $p < .01$.

Note. Correlations for evaluations in the self-compassionate and self-critical scenarios are displayed in the top and bottom panels, respectively.

Table 2. Self-evaluations in response to self-compassionate and self-critical scenarios.

Self-rating	Scenarios		<i>F</i> (1160)	<i>p</i>	<i>eta</i> ²
	Self-compassionate	Self-critical			
Lazy-industrious	.0	1.1	33.90	<.001	.18
Self-indulgent-self-denying	-.9	.3	39.96	<.001	.20
Confident-insecure	-1.3	.8	112.87	<.001	.41
A success-a failure	-.5	.6	31.06	<.001	.16
Pleasant/nice-unpleasant/mean	-1.5	.5	221.12	<.001	.58
Admirable-shameful	-.8	.1	19.87	<.001	.11
Anxious-relaxed	1.2	-1.6	235.64	<.001	.60
Self-centered-other-centered	-.3	-.7	4.07	.045	.03
Arrogant-modest	.7	-.2	39.67	<.001	.20
Judgmental-nonjudgmental	.9	-1.3	182.85	<.001	.53
Unhappy-happy	1.4	-1.4	257.93	<.001	.62
Competitive-cooperative	.6	-1.6	160.41	<.001	.50
Weak-strong	.6	-.1	9.21	<.001	.06
Low self-esteem-high self-esteem	1.3	-.9	133.31	<.001	.45
Responsible-irresponsible	-.3	-.8	7.79	.006	.05
Ambitious-nonambitious	-.1	-1.4	37.17	<.001	.19
Careful-careless	-.3	-.9	11.03	<.001	.06
Competent-incompetent	-.4	-.5	.19	.668	.00

Note. Self-ratings were on a seven-point bipolar scale that ranged from -3 to 3. The first of each pair of bipolar terms in Table 2 was scored -3, and the second was scored +3, with a rating of 0 indicating "neither." Thus, a mean less than .00 reflects higher ratings on the first left-hand term, and a mean greater than .00 reflects higher ratings on the right-hand term.

Table 3. Condition by trait self-compassion interactions.

Self-rating	Scenario by trait self-compassion interaction			Simple slopes: Self-compassionate scenario			Simple slopes: Self-critical scenario		
	<i>F</i>	<i>p</i>	<i>eta</i> ²	<i>B</i>	<i>t</i>	<i>p</i>	<i>B</i>	<i>t</i>	<i>p</i>
Lazy-industrious	6.44	.01	.04	.55	2.61	.01	-.24	-1.15	.25
A Success-a Failure	8.64	.004	.05	-.61	-.03	.003	.26	1.07	.29
Ambitious-nonambitious	5.02	.03	.03	-.42	-1.78	.08	.26	1.28	.20
Arrogant-modest	6.31	.013	.04	.39	2.34	.02	-.20	-1.27	.21
Careful-careless	4.20	.04	.03	-.34	-1.71	.09	.16	.85	.40
Competitive-cooperative	6.17	.01	.04	-.42	-2.01	.05	.21	1.32	.19
Responsible-irresponsible	12.42	.001	.07	-.60	-2.80	.01	.43	2.06	.04
Weak-strong	6.24	.01	.04	.37	1.78	.07	-.48	-1.99	.05
Confident-Insecure	.98	.33	.01	-.19	-.96	.34	.28	1.13	.26
Competent-incompetent	3.52	.06	.02	-.16	-.79	.43	.38	1.71	.09
Anxious-relaxed	1.70	.19	.01	-.14	-.67	.51	.16	.89	.38
Unhappy-happy	1.78	.18	.01	.29	1.57	.12	-.16	-.80	.42
Self-centered-other-centered	1.52	.22	.01	.33	1.81	.07	.04	.23	.82
Pleasant-Unpleasant/	.96	.33	.01	-.01	-.04	.97	.25	1.52	.13
Judgmental-nonjudgmental	2.86	.09	.02	-.29	-.54	.13	.15	.81	.42
Low s-esteem-high s-esteem	.04	.85	.00	.08	.39	.70	-.09	-.42	.68
Admirable-shameful	2.32	.13	.01	-.15	-.76	.45	.31	1.55	.12
Self-indulgent-self-denying	1.65	.20	.01	.16	.87	.39	-.18	-.75	.45

Note: Self-ratings were on a seven-point bipolar scale that ranged from -3 to 3. The first of each pair of bipolar terms in Table 3 was scored -3, and the second term was scored +3.

Unqualified main effects

Analyses of variance were conducted on each of the 18 self-ratings with compassionate and critical scenarios as a within-subjects factor (Table 2). Although participants reported that they would see themselves as more self-indulgent if they were to behave self-compassionately compared to self-critically, they also indicated that self-compassionate behavior would result in their feeling more confident, more pleasant/nice, and more admirable than if they were to behave

self-critically. Furthermore, when participants imagined being self-compassionate they viewed themselves as more relaxed, more nonjudgmental, happier, and as having higher self-esteem. In sum, participants scoring high in trait self-compassion as well as those scoring low in trait self-compassion agreed that self-compassionate behavior is more conducive to personal well-being than is self-critical behavior. However, several of the other significant main effects presented in Table 2 were qualified by interactions with trait self-compassion, which we describe next.

Moderating effects of trait self-compassion

Supporting our hypothesis that differences in beliefs about the implications of self-compassionate behavior might differ as a function of individual differences in trait self-compassion, univariate scenario by trait self-compassion interactions were obtained on 8 of the 18 self-ratings. For ease of presentation, we grouped effects in Table 3 according to the pattern of interactions; estimated means for responses to the self-compassionate scenario for high- and low-trait self-compassionate participants are shown in Figure 1.

The first six effects in Table 3 reflect significant interactions for ratings of: (1) lazy–industrious, (2) success–failure, (3) ambitious–nonambitious, (4) arrogant–modest, (5) careful–careless, and (6) competitive–cooperative. The form of each interaction can be discerned by comparing the regression coefficients (B 's) for the simple slope of trait self-compassion separately for the self-compassionate and self-critical conditions (shown in the middle and right panels of Table 3). For these six interactions, the signs of the B 's show that the relationships between trait self-compassion and self-ratings were in opposite directions in the two conditions. Furthermore, the simple slopes for trait self-compassion were significant when participants imagined reacting self-compassionately, but not significant when participants imagined reacting self-critically. Overall, after imagining reacting self-compassionately, LSCs indicated that they would rate themselves as less industrious, successful, ambitious, modest, careful, and competitive than did HSCs, indicating that LSCs viewed self-compassionate behaviors more negatively than HSCs on these dimensions.

The other two significant interactions were on self-ratings of responsible–irresponsible and weak–strong. As seen in Table 3, when imagining reacting self-compassionately, LSCs rated themselves as significantly more weak and irresponsible than did HSCs. The right-hand column shows that the pattern was reversed when participants imagined reacting self-critically. In other words, when imagining themselves being self-critical, LSCs rated themselves as stronger ($\hat{Y} = .19$) and more responsible ($\hat{Y} = -1.09$) than did HSCs ($\hat{Y}_{\text{weak-strong}} = -.40$, $\hat{Y}_{\text{responsible-irresponsible}} = -.57$).

Considering these patterns together, HSCs consistently rated themselves more positively on eight dimensions than did LSCs when they visualized acting self-compassionately (or, conversely, LSCs rated themselves more negatively when they visualized being self-compassionate). The two significant effects in the self-critical condition showed that HSCs rated themselves more negatively than did LSCs on dimensions associated with responsibility and strength. Clearly, behaving self-compassionately and self-critically has different connotations for people who are high vs. low in trait self-compassion.

Self-compassion and values

Having established that people evaluate themselves differently when they contemplate behaving in self-compassionate vs. self-critical ways and that people who differ in trait

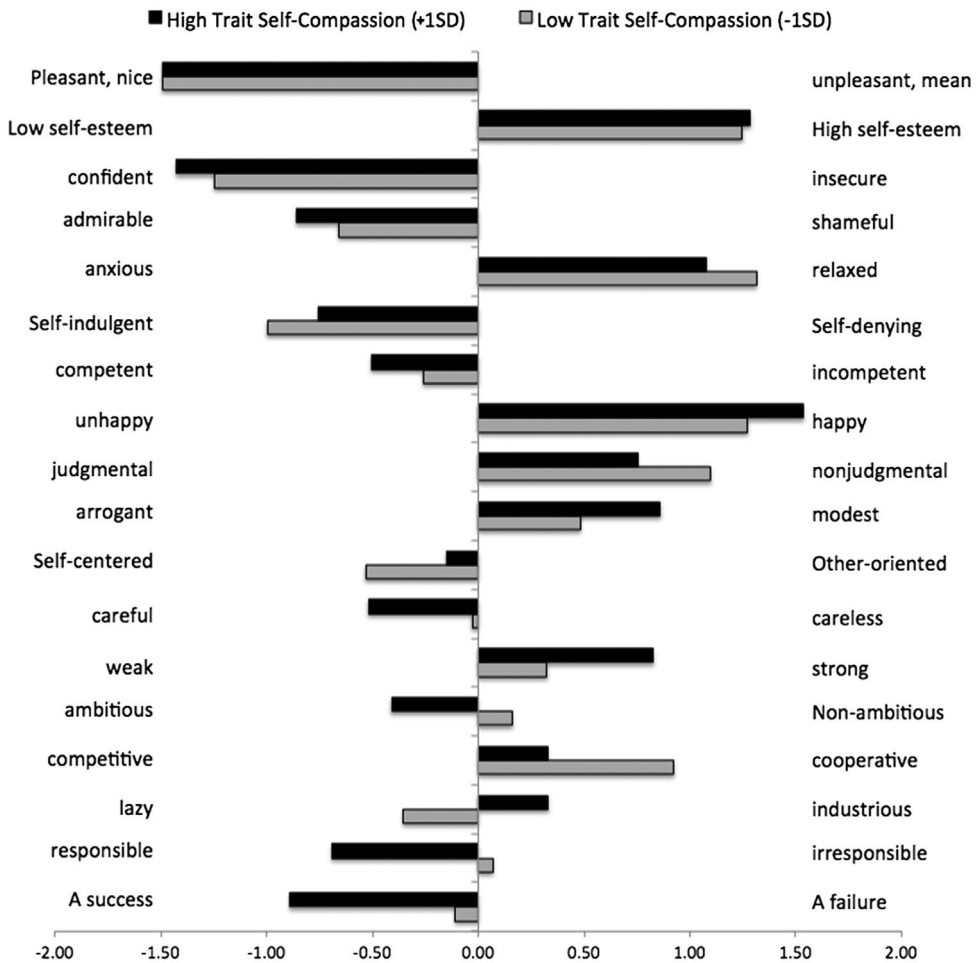


Figure 1. Estimated means for self-evaluations in response to self-compassionate scenario as a function of trait self-compassion.

self-compassion draw different inferences about themselves from self-compassionate and self-critical behaviors, we examined whether these differences were related to participants' basic values. Although we had hoped to factor analyze the values to reduce them to a smaller number of factors, research suggests that the items do not possess a stable, interpretable latent structure (Braithwaite & Law, 1985; Feather, 1988; Johnston, 1995), and our own preliminary factor analyses did not yield an interpretable factor structure for either set of values. The fact that 20 of the 36 values had initial communalities less than .40 suggests that the items do not share adequate common variance to yield a satisfactory factor analysis. Indeed, Rokeach (1973) initially selected the items to reflect relatively independent values, and he would probably not have expected a clear latent structure. In lieu of using factors, we examined the individual values while employing an alpha-level of .01 because of the number of correlations being tested.

Correlations with self-compassion

Participants' trait self-compassion scores correlated weakly with only two of the 18 terminal values—family security ($r = .19$), and self-respect ($r = .25$)—and only two of the 18 instrumental values—cheerful ($r = .22$) and forgiving ($r = .23$)— p 's $< .01$. Thus, self-compassion was not strongly related to the endorsement of particular values. And, although one could argue that a cheerful and forgiving nature is more consistent with self-compassionate than self-critical orientations, family security and self-respect do not appear to be values that would be any more likely than others on Rokeach's list to encourage or discourage people from being self-compassionate. In other words, both self-compassion and self-criticism could arguably serve these values.

Values and beliefs about self-compassionate reactions

To explore our question further, we examined how the 36 values related to participants' ratings of how they would view themselves after responding compassionately or critically toward themselves. To simplify presentation of the analyses, we subtracted participants' self-ratings after responding self-critically from their self-ratings after responding self-compassionately. Thus, higher scores indicated higher self-ratings in the self-compassion than self-critical condition, and a difference score of .00 indicated that participants would view themselves identically whether they responded critically or compassionately.

To examine whether terminal and instrumental values moderated how participants responded to imagining themselves reacting self-compassionately vs. self-critically, correlations were calculated between each of the 36 values and each self-rating difference score, using an alpha-level of .001 because of the large number of correlations. (A Bonferroni's adjustment would set alpha at .00008, which would cause the probability of Type II error to be unacceptably high.) This analytic strategy creates a very liberal set of tests, but it does not matter substantively because only 7 of 648 correlations (18 self-ratings \times 36 values) were significant at the .001 level. Although some correlations were consistent with what one might expect (for example, participants who valued "self-respect" rated themselves more positively on two attributes when they imagined responding self-compassionately), we could discern no general pattern in the correlations that made broad conceptual sense. For example, three of the seven significant correlations between the values and self-compassion involved the value that people place on "national security," which has no obvious connection to differences between self-compassion and self-criticism. Even when a more liberal alpha-level of .01 was used, only 26 of the 648 effects were significant and no clear pattern was obvious. Given that the relationships with Rokeach's values were both sparse and weak, we conclude that trait self-compassion is not associated with these fundamental values in important ways.

Discussion

This study was designed to gain insight into why some people resist the idea that they should treat themselves with compassion when they experience negative events. After all, people who score high in trait self-compassion are not only happier, less anxious, and less distressed, but their approach to difficult circumstances helps them behave more effectively when times are bad (Allen & Leary, 2010; Leary et al., 2007; Neff et al., 2007). Yet, some people seem to resist taking a mindful approach to their emotions and treating themselves with kindness and compassion (Gilbert et al., 2011; Shapiro, Carlson, Astin, & Freedman, 2006).²

Our results indicate that people share the belief that self-compassionate responses to negative events are associated with greater well-being (e.g., confidence, happiness, higher self-esteem), but that people differ in the extent to which they believe what researchers have demonstrated to be true—that self-compassionate behavior is an *effective* strategy for fostering performance related outcomes when things go badly. Specifically, LSCs saw themselves as less motivated and conscientious when they imagined behaving self-compassionately (e.g., less industrious, ambitious, responsible), whereas HSCs did not share this view that treating themselves kindly would handicap characteristics related to performance. Notably, LSCs' and HSCs' self-evaluations prompted by the self-critical scenario were generally similar, suggesting that LSCs do not see a great deal of added value in beating themselves up when things go badly, *per se*. Instead, they appear not to have faith in the benefits of treating themselves kindly.

Although LSCs did not anticipate positive outcomes from self-critical behavior they did tend to perceive self-criticism as a sign of strength and responsibility. We suspect that this assumption could be based on the belief that negative emotions and self-criticism help to keep people's behavior in line and that people who do not castigate themselves and feel badly will not be motivated to behave as they should. Within limits, this assumption is certainly correct, and a great deal of theory and research points to the self-regulatory functions of negative emotions and self-evaluations (e.g., Carver & Scheier, 1999; Higgins, 1987). Yet, the question is *how badly* people need to feel in order to self-regulate properly and whether self-criticism is as beneficial as many people assume. We suspect that people who are high in self-compassion may sometimes appraise their performance or behavior negatively but without derogating themselves as individuals (Terry & Leary, 2011). They might also believe that the amount of self-criticism needed to maintain desired behavior is less than people who resist self-compassion assume. The fact that the negative self-evaluations associated with being self-compassionate primarily involved performance-related outcomes suggests that people may be less resistant to being self-compassionate in response to uncontrollable tragedies, losses, and disappointments than to negative events for which they believe they were responsible.

Thus, HSCs and LSCs seem to make different assumptions about the usefulness of different strategies for coping with negative events, which might explain why some people resist self-compassion (Allen & Leary, 2010). After all, if someone thinks that self-kindness will ultimately reduce the likelihood of success or that self-criticism shows good character (strength and responsibility), their fears of negative outcomes might outweigh the psychological benefits of engaging in self-compassionate behavior. Treating oneself kindly or critically when things go wrong appears to be an optional strategy that some people value more than others.

Could self-compassion be an instrumental value?

We had hypothesized that differences in how people evaluate themselves when being self-compassionate may partly reflect their values. Using one of the most comprehensive and widely studied sets of basic values (Rokeach, 1973), we examined the relationships between trait self-compassion and 36 values, as well as relationships between participants' values and how they imagined they would rate themselves after behaving in self-compassionate or self-critical ways. Weak correlations with trait self-compassion were obtained on four of the

36 values—family security, self-respect, cheerful, and forgiving. Although the latter three values make conceptual sense, the correlations were quite small, suggesting that trait self-compassion is not strongly related to the endorsement of basic values posited by Rokeach (1973). Nor were values related in a strong or coherent fashion to how participants rated themselves after imagining self-compassionate and self-compassionate reactions.

The results disconfirm our expectation that trait self-compassion is related strongly to people's values and, in retrospect, that hypothesis may have been ill-founded. In fact, self-compassion might be ideally conceptualized as a distinct instrumental value not included in Rokeach's original survey. The primary difference between people who do and do not feel comfortable being self-compassionate may lie not with their terminal values but rather with how they believe their values can best be realized. For example, we had hypothesized that people who valued ambition, accomplishment, and success might hesitate to treat themselves compassionately from fear that they would lose their incentive to do well. But people who are low vs. high in self-compassion may not differ in the degree to which they value attainment but in whether they believe that they are more likely to succeed if they react to failures and setbacks with self-kindness vs. with self-criticism. In a sense, self-compassion might operate much like an instrumental value that people uphold in pursuit of their goals. In principle, it is a self-focused analog to forgiveness, which appears on Rokeach's original list as an other-focused instrumental value. Research disentangling personality traits and values suggests that a concept can function as both a stable personality trait as well as a value that motivates behavior (Parks-Leduc, Feldman, & Bardi, 2015). Indeed, someone may be motivated to be self-compassionate and be a naturally self-compassionate person. However, it is also possible to value self-compassion while lacking a natural inclination toward self-compassion. In fact, most self-compassion interventions are designed to provide self-compassion training to people who value self-compassion, but who do not naturally respond to negative events in a self-compassionate way (Neff & Germer, 2013). Research is needed to investigate this conceptualization of self-compassion as an instrumental value. Rokeach developed his values survey so that each value on the list was independent from the others. Therefore, if self-compassion is an instrumental value in its own right, it might not show strong correlations with the other values that Rokeach identified, which is precisely what we found. This conclusion might be different had we used a different values measure, such as Schwartz' values survey (1992). Our data suggest that the extent to which LSCs and HSCs differ in their beliefs about the effects of self-compassion on their motivation and performance might be driven by strategic adoption or avoidance of this strategy in service of their other valued goals.

Limitations and future directions

The current study focused exclusively on self-evaluations following self-compassionate and self-critical behavior, but people's perceptions or expectations of others' evaluations might also influence some people's resistance to self-compassion (Allen, Barton, & Stevenson, 2015). In fact, Gilbert et al. (2011) suggested that for people who have not received adequate care and affection from important others in the past, self-compassion could cause feelings of vulnerability and threat. Indeed, the benefits of treating oneself kindly may be overshadowed if it brings disdain from others. People are implicitly aware of this implication, and our results are consistent with this idea. For example, people who believe they would be lazy or

irresponsible if they behaved self-compassionately could be justifiably concerned about other people evaluating them similarly. Because people's self-evaluations depend heavily on how they believe others perceive them (Leary, Tambor, Terdal, & Downs, 1995), people's expectations of others' evaluations of them if they behaved self-compassionately or self-critically should be similar to those we found for their self-evaluations.

Likewise, investigation of the degree to which beliefs and values associated with trait self-compassion apply to compassion for others will be an interesting avenue to pursue. Although our interest was in resistance to self-compassion, it might be worth considering whether beliefs associated with self-compassionate orientations function similar to those underlying compassion for others. Several researchers have addressed the relationship between self-compassion and compassion, finding somewhat inconsistent results. For example, one study found that participants LSC show compassion and non-judgment toward similar others (Leary et al., 2007) suggesting that self-compassion and compassion are not directly related. However, other theorists posit that developing care and concern for oneself results in increased care and concern for others (Figley, 2002; Gustin & Wagner, 2013). Many caregivers experience compassion fatigue or burnout, yet learning how to be more self-compassionate in those situations may sustain compassion for a longer period of time. At a correlational level, trait self-compassion is positively associated with compassion for humanity and empathic concern in adult samples, but not in college samples (Neff & Pommier, 2013). These contradictory findings show that we still do not understand how self-compassion and compassion are related, and research might benefit from untangling these constructs by investigating beliefs and values underlying compassion for others.

Our findings must be interpreted with a few caveats in mind. First, although we suspect that our results reflect that people gravitate toward being low vs. high in self-compassion because of how they evaluate themselves when they treat themselves critically and compassionately, we are limited in our ability to conclude with certainty that this is the case. It is also possible that this pattern of results could reflect a tendency for people to view themselves positively when they behave consistently with how they perceive themselves (i.e., as self-compassionate or self-critical). Although it is possible that both explanations coexist, research should address this limitation of our correlational design. In addition, self-esteem was not measured in this study, so we do not know if the effects would hold or even increase after controlling for self-esteem.

Second, because ways of relating to oneself vary across cultures, our findings may be limited in their generalizability outside of the U.S. Indeed, research shows that value structures differ cross-culturally (see, for example, Rokeach, 2008), and one study showed differences in self-compassion scores and their relation to people's self-construal across the U.S., Thailand, and Taiwan (Neff, Pisitsungkagarn, & Hsieh, 2008). Investigating how value and belief systems relate to self-compassionate orientations outside the U.S. is a fruitful avenue for research, particularly with regard to how people perceive self-compassion as an instrumental means to valued goals.

Third, the scenarios and responses were written specifically for this study and have not been validated elsewhere. The scenarios were written broadly to apply to any instance in which things might go badly. Although previous research focused primarily on contexts in which self-compassion is beneficial, unconditional self-compassion might not be universally adaptive. Research is needed to determine the boundary conditions of self-compassion's benefits across different types of situations (e.g., when at fault vs. a victim or in times of loss

or disappointments), the costs (or potential benefits) of self-critical approaches in these situations, and whether beliefs associated with self-compassionate behavior vary accordingly. Further, the self-compassionate and self-critical responses were written as exemplars of the thought patterns we would expect from self-compassionate and self-critical people. The self-compassionate statement was written to highlight all three components of self-compassion; however, the self-kindness component was emphasized more than the others, leaving open the possibility that the self-compassionate response was primarily a self-kindness response. Future research might benefit from isolating the subscale components of self-compassion (self-kindness, common humanity, and mindfulness) to investigate their relation to the dimensions participants evaluated in the current research. Relatedly, research might use multi-item measures of a few key characteristics rather than the large set of 18 single items we used to reduce the likelihood of measurement error.

Implications for intervention

The goal of this research was to explore why people might resist self-compassion, despite its benefits. These findings have implications for the development and delivery of interventions designed to increase self-compassionate behavior among those who resist it. One question is whether people who resist self-compassion do so because of a skills deficit or because of instrumental resistance. Our data suggest that the latter is certainly tenable—that people who do not treat themselves kindly when things go badly do so because they expect negative outcomes to be associated with that behavior, even if it does make them feel better. It is important, then, that researchers and practitioners administering self-compassion interventions address this misguided belief in addition to teaching people ways to be more self-compassionate.³

Existing self-compassion interventions are multifaceted, focusing on educating participants about what self-compassion is and is not, teaching self-kindness and mindfulness techniques, and applying self-compassionate responses to difficult situations such as negative emotions and challenging relationships (see Neff & Germer, 2013; Smeets, Neff, Alberts, & Peters, 2014). For example, various short, skills-focused self-compassion inductions have been successful by asking participants to reflect on a failure, weakness, or fault with kindness and compassion. These inductions result in decreased negative emotion, increased acceptance of personal responsibility, and increased motivation (Breines & Chen, 2012; Leary et al., 2007). Another intervention focuses on teaching participants how to motivate themselves in a self-compassionate rather than self-critical way, perhaps to emphasize that self-compassion can be related to goal achievement (Smeets et al., 2014). This educational element of the intervention focuses on changing people's perceptions of what self-compassion is as well as its value. Our results lend support to the continued development and implementation of interventions that focus not just on skills, but also on people's instrumental resistance to self-compassionate strategies that could ultimately benefit them.

Conclusion

Although research has demonstrated how self-compassion relates to an array of emotions, reactions to difficult circumstances, and personality variables, we know very little about *why* some people are more self-compassionate than others (see Gilbert et al., 2011; Neff & Vonk,

2009). The present study shows that part of the answer may lie in how people view self-compassionate vs. self-critical behavior and in their assumptions about which reaction to life's difficulties is most beneficial for their emotional well-being, performance, and outcomes. Many interesting questions remain regarding the developmental, experiential, and cognitive underpinnings of individual differences in self-compassion.

Notes

1. Multivariate tests are denoted by *mF*.
2. The present study was conducted before Gilbert et al. (2011) published their measure of fear of self-compassion, which would have been a nice addition to this research.
3. It is possible that in addition to instrumental resistance to self-compassion, some people do not behave self-compassionately because they lack the necessary skills to do so.

Disclosure statement

No potential conflict of interest was reported by the authors.

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