RESEARCH ARTICLE

Exploring the social side of self-compassion: Relations with empathy and outgroup attitudes

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Abstract

Self-compassion is a disposition involving compassionate attitudes toward the self when facing difficulties. We argued that specific self-compassion components might influence indicators of openness to others, such as empathy and outgroup attitudes. We hypothesized that the component called common humanity versus isolation, involving the acknowledgement that one's sufferings are shared with all the other humans, would be positively related to the other-oriented aspects of empathy, perspective taking and empathic concern, and to improved outgroup attitudes. We also hypothesized that the mindfulness versus over-identification component, i.e., having a balanced view of one's situation avoiding exaggerations, would be associated with lowered personal distress. In three studies, with three independent samples, we regressed empathy and outgroup attitudes on self-compassion components, while controlling for concurrent predictors such as self-construal and attachment styles. Results supported our hypotheses, suggesting that improvements in empathy and outgroup attitudes may be fostered by positive individual dispositions.

The concept of self-compassion has been proposed in psychological research by Neff (2003a), who defined it as a stance that involves being compassionate and caring toward oneself when facing hardships or perceived inadequacies (Neff, Rude, & Kirkpatrick, 2007). Self-compassion is anchored to the general definition of compassion, an emotion that arises in front of the others' pain. Compassion entails a non-judgmental awareness of others' difficulties and the desire to alleviate others' sufferings, recognizing that all humans are fallible (Neff, 2003a; Wispe, 1991). According to Neff (2003a), self-compassion involves "being touched by and open to one's own suffering [...], generating the desire to alleviate one's suffering and to heal oneself with kindness" as well as "offering nonjudgmental understanding to one's pain, inadequacies and failures, so that one's experience is seen as part of the larger human experience" (p. 87).

Notably, the concept of self-compassion mainly originates from contemporary Western conceptualizations of Buddhist teachings and practices (i.e., the "insight" tradition; Brach, 2003; Kornfield, 1993; see Neff, 2016; Salzberg, 1997). Indeed, self-compassion is not explicitly cited in the traditional Buddhist teachings, differently from other concepts investigated by Western psychologists, such as compassion, loving kindness, and mindfulness (Kabat-Zinn, 2003; Wallace & Shapiro, 2006). However, it can be easily derived from these teachings as, in the Buddhist path, compassion is experienced toward "all sentient beings", and the self is included among them (Dalai Lama, 2003).

In Neff's (2003a) conceptualization, self-compassion entails three main components, each represented by a positive and a negative pole, respectively involving compassionate and uncompassionate feelings and behaviors: (i) self-kindness versus self-judgment, (ii) common humanity versus isolation, and (iii) mindfulness versus over-identification. The first component of self-compassion, self-kindness, entails being gentle, supportive, and understanding toward oneself. The self is offered warmth and acceptance, rather than harsh criticism and anger related to one's own inadequacies (Neff, 2003a, 2016). Common humanity refers to the acknowledgment that all people fail, make mistakes, and feel inadequate in some way (Neff & Davidson, 2016), hence allowing individuals to feel less isolated in times of trouble (Neff, 2003a, 2016). Mindfulness, as it is conceived within the self-compassion framework, mainly involves keeping a balanced and clear view of one's situation, without exaggerating and obsessively fixating on negative self-relevant thoughts and emotions (Neff, 2003a; Neff & Davidson, 2016; for a more classical conceptualization, see Bishop et al., 2004; Kabat-Zinn, 2003).

Several similarities may be found between self-compassion and other dispositions, especially regarding the

self-kindness component. Individuals expressing kindness toward themselves might as well feel self-pity, which is a heartfelt sorrow for oneself facing negative experiences, usually accompanied by sadness and a sense of injustice (Stöber, 2003). Interestingly, self-pity is connected to neuroticism, generalized externality beliefs, the propensity to keep anger inside, anger rumination, and ambivalent-worrisome attachment (Stöber, 2003). Likewise, self-compassion could be accompanied by self-indulgence and self-centeredness, two characteristics of people who consider their condition as more important than the others' condition, without recognizing personal flaws or faults (Dambrun & Ricard, 2011). However, previous studies explained that self-compassion should be distant from these self-focused, dysfunctional attitudes, thanks to its mindfulness and common humanity components. If negative events are conceived as part of the common human experience and seen with a balanced awareness, individuals will not focus exclusively on their pain and will not feel envious or angry toward the other people who have not suffered similar problems so far (Allen & Leary, 2010; Barnard & Curry, 2011; Neff et al., 2007). Additionally, the literature pointed out a possible overlap between self-esteem and self-compassion, as both entail self-respect and a positive self-evaluation (Leary, Tate, Adams, Batts Allen, & Hancock, 2007; Neff, 2003a; Neff et al., 2007; Neff & Vonk, 2009). However, self-compassion has been shown to be distinguishable from self-esteem (Neff & Vonk, 2009), but especially from self-esteem potential downsides, that is, narcissism, self-enhancement, and labile self-esteem, respectively portraying an inflated self-view, positive illusions about the self, and fluctuations in self-evaluation (Veneziani, Fuochi, & Voci, 2017).

Across several studies, conducted in different cultural contexts, self-compassion consistently showed to be positively associated with indicators of well-being, such as positive affectivity, satisfaction with life, and psychological well-being, and negatively related to anxiety, depression, and negative affectivity (e.g., Barnard & Curry, 2011; MacBeth & Gumley, 2012; Neff et al., 2007). These findings were consistent with the original claim by Neff (2003a), who theorized that self-compassionate individuals would face the inevitable negative experiences in their life with a supportive attitude toward themselves, without harsh self-condemnation and feelings of isolation.

The Social Correlates of Self-compassion

While the positive association between self-compassion and well-being is well established, less is known about the "social" correlates of a self-compassionate disposition, such as empathy and intergroup attitudes. From a theoretical point of view, self-compassion should favor openness and a positive orientation toward others for at least two reasons. First, self-compassion should not imply self-centeredness (e.g., Neff et al., 2007). Therefore, its focus on compassionate feelings, caring attitude, and non-judgmental understanding, although directed to the self, might also foster compassion, acceptance, and openness toward others (Hoffmann, Grossman, & Hinton, 2011; Neff & Pommier, 2013). Second, self-compassionate people experience failures, weaknesses, and sufferings as part of human nature, and thus perceive all humans (including the self) as worthy of compassion. This feature closely resembles a key aspect of empathy, that is, its power to extend the boundaries of the self to embed other entities, building a shared experience and feelings of communion with all human beings (e.g., Smith, 1993).

Despite the presence of a common ground between the two concepts, as well as the connection between self-compassion and positive other-oriented tendencies, such as relationship maintenance (Baker & McNulty, 2011) and support-giving schemas (Breines & Chen, 2013), from an empirical point of view the link between empathy and self-compassion is not entirely clear. The studies on this topic frequently adopted the distinction among perspective taking, empathic concern, and personal distress (Batson, 2011; Davis, 1980, 1983). Perspective taking consists of the cognitive ability to take the point of view of others, to develop a deeper understanding of their situation, emotions, and thoughts. Empathic concern involves affective responses of compassion, warmth, and concern toward suffering people (Davis, 1983). Both these components are *other*-focused, differently from personal distress, which involves *self*-oriented affective reactions of anxiety and discomfort in front of others' pain (Batson, 2011; Davis, 1980). The results obtained correlating self-compassion with these facets of empathy are quite inconsistent.

Neff and Pommier (2013) found that self-compassion was related to higher levels of perspective taking and empathic concern, and lower scores of personal distress, in a sample of both adults and meditators. However, the positive association between empathic concern and self-compassion was not replicated either in a sample of students (Neff & Pommier, 2013), or among the participants of a Mindfulness Based Stress Reduction (MBSR) program conducted in Canada (Birnie, Speca, & Carlson, 2010). Moreover, in two different samples of adults (Gerber, Tolmacz, & Doron, 2015) and in a sample of nurses (Duarte, Pinto-Gouveia, & Cruz, 2016), self-compassion correlated positively with perspective taking and negatively with personal distress, while it was not associated with empathic concern. Lastly, Welp and Brown (2014; Study 2) found that self-compassion was negatively associated with personal distress, but it was unrelated to perspective taking and empathic concern. Taken together, these results suggest a negative relation between self-compassion and personal distress, while the associations with perspective taking and empathic concern seem to vary somewhat.

In the present article, we try to provide a possible explanation of these inconsistencies by looking in depth at the definition of the components of self-compassion, that is, self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification (Neff, 2003a; Neff & Davidson, 2016). We formulated specific hypotheses on the relations between each component and empathy, considering separately aspects of perspective taking, empathic concern, and personal distress. In this formulation, we also considered outgroup attitudes as a possible correlate of self-compassion. The latter topic, as far as we know, has not been investigated yet in the literature.

The Three Components of Self-compassion and their Relations with Empathy and Outgroup Attitudes

The emphasis of the self-kindness versus self-judgment component of self-compassion is on treating oneself kindly when things go wrong, with a positive and forgiving attitude toward one's self, without indulging in harsh criticism and anger related to one's own inadequacies, shortcomings, or limitations. It is not clear how this stance may relate to empathy and, more broadly, to openness toward others. It is possible that individuals may extend kindness experienced toward the self to other people, but this extension cannot be taken for granted. Indeed, self-serving biases (Forsyth, 2008) might push individuals to forgive themselves for their own shortcomings, without being equally indulgent toward the others.

Common humanity is the tendency to appraise negative experiences as shared by humankind. As Allen and Leary (2010) noted, "to the extent that people recognize and relate to the negative experiences of other individuals, they should realize that their own problems are not unique and also feel a greater sense of connection and empathy vis-à-vis other people" (p. 112). If one's own imperfections and shortcomings are connected to the shared human experience, considered from a broad perspective, a sort of inclusive identity may be activated. Past research has shown how these phenomena relate to increased empathy. Indeed, several studies showed that the recall of a superordinate identity favored the extension of favorable attitudes, empathy, and altruism usually experienced for ingroup members to individuals belonging to other groups (e.g., Dovidio et al., 2004; Wenzel, Mummendey, & Waldzus, 2007). In this perspective, common humanity might activate a superordinate identity where the higher-order entity is the whole of humanity, and categorizing all the individuals as humans might generate more empathetic attitudes toward the others. Consistent with this idea, Greenaway, Quinn, and Louis (2011) showed that "a focus on common humanity as an inclusive superordinate identity" (p. 570) increased forgiveness of perpetrators belonging to the outgroup. Similarly, Wohl and Branscombe (2005) proved that a focus on shared humanity improved attitudes toward the outgroup among members of victimized groups, such as Jewish people and Native Canadians. This may be one of the possible mechanisms linking common humanity versus isolation with empathy in a stronger way compared to the other components of self-compassion. Specifically, we expected that this relationship would emerge with empathic concern and perspective taking, which represent the other-oriented dimensions of empathy, and with other variables assessing openness toward others, such as outgroup attitudes.

The emphasis of the mindfulness versus over-identification dimension of self-compassion is on maintaining thoughts and emotions in balance when facing difficulties, keeping things in perspective, avoiding overreactions. Therefore, we hypothesized that the mindfulness versus over-identification component would be negatively associated with personal distress, as it could nurture the ability to stay calm in front of difficult situations. At the same time, a clear association with empathic concern, perspective taking, and intergroup attitudes was less easy to predict, as the mindfulness versus over-identification component seems rather unrelated to any kind of other-oriented thoughts and feelings.

A Methodological Note

We have to underline that although the three dimensions of self-compassion we relied on are cited in every definition of the construct (since Neff, 2003a; and until Neff, 2016) and are clearly represented in both the 26-item and 12-item versions of the Self-Compassion Scale (SCS; Neff, 2003b; Raes, Pommier, Neff, & Van Gucht, 2011), this tripartition is seldom employed. Indeed, the scale is frequently used by computing its total score, even though the monofactorial structure did not receive clear confirmation in several analyses. Alternative employments involve the computation of six different scores, one for each pole of the three dimensions (e.g., Baer, Lykins, & Peters, 2012), or of two scores, one for positive and one for negative items (e.g., López et al., 2015). Based on this heterogeneity of findings and applications, Neff (2016) concluded that the Self-Compassion Scale might be employed in a flexible way, depending on the research topic. In the present article, we relied on a theory-driven approach, adopting the differentiation that most closely follows the original definition proposed by Neff (2003a, 2003b), that is, a tripartition into self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification (for a similar

employment of the scale, see Campos et al., 2016; Hall, Row, Wuensch, & Godley, 2013). Importantly, this differentiation allowed us to identify constructs that are likely to have different links with indicators of empathy and of openness toward others. Anyway, for the sake of comparison with previous research, we computed also a single total score of self-compassion.

Aims, Hypotheses, and Overview of the Studies

The general aim of this article was to investigate the relation between self-compassion and openness to others, trying to identify the unique contributions of the different components of a self-compassionate disposition on empathy and outgroup attitudes.

First of all, we investigated the relation between self-compassion and empathy, so as to explain the inconsistent results on this association obtained so far in the literature. We expected that the three self-compassion components, self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification, would show specific associations with perspective taking, empathic concern, and personal distress. In particular, based on the description of the specific features of each component and the literature, we hypothesized that:

> *H1*: common humanity *versus* isolation would be the self-compassion component with stronger and more positive relationships to the other-oriented aspects of empathy, that is, perspective taking and empathic concern;

> *H2*: mindfulness *versus* over-identification would be associated with a reduction in personal distress.

These two hypotheses were tested across three studies. In the first two, empathy was considered as a trait, while in the third we assessed state empathy, aroused by the story of a suffering individual belonging to a stigmatized group.

In the third study we also tested, as far as we know for the first time, the association between self-compassion components and intergroup attitudes. Based on the results on common humanity and forgiveness of the outgroup (e.g., Greenaway et al., 2011; Wohl & Branscombe, 2005), we predicted that:

> *H3*: common humanity *versus* isolation would be related to more positive outgroup attitudes.

In all the studies, the effects of the three self-compassion components on empathy and outgroup attitudes were controlled for demographic variables such as gender and age.

In Study 1, we tested H1 and H2 employing the short form of the SCS (Raes et al., 2011) and measures of perspective taking, empathic concern, and personal distress taken from the Interpersonal Reactivity Index (IRI; Davis, 1983).[1] Study 2 is a replication of the previous study, with some important improvements. First, we used the full, 26-item version of the SCS. Second, with the aim of obtaining a more stringent test of our hypotheses, we added independent and interdependent self-construals as controls (Singelis, 1994), because of their relationships with empathy and self-compassion. Indeed, previous studies showed that individuals with a more interdependent self-construal reported more empathic concern for a conversation partner's feelings (Gudykunst et al., 1996), more empathy toward an unknown partner in decision-making situations (Okimoto & Wenzel, 2011), and more other-oriented behaviors and feelings across different situations (Cross, Hardin, & Gercek-Swing, 2011). In a study by Cross, Bacon, and Morris (2000), the empathic concern subscale of the IRI (Davis, 1983) showed a correlation coefficient equal to .33 with Singelis' interdependent self-construal. Moreover, Neff, Pisitsungkagarn, and Hsieh (2008) showed that an interdependent self-construal was linked to self-compassion in Thailand, whereas an independent self-construal was linked to self-compassion in Taiwan and the United States.

In Study 3, we tested our hypotheses adopting a different methodology. After assessing self-compassion through the short version of the SCS, we presented participants with a story of a person in need belonging to a stigmatized group, that is, the homeless. Then, we measured empathic feelings toward the person described in the story (testing H1 and H2) and attitudes toward the category of the homeless (testing H3). In the third study, the effects of self-compassion components were controlled for two important antecedents of empathy and outgroup attitudes, that is, attachment anxiety and avoidance (Mikulincer & Shaver, 2007). In particular, Mikulincer et al. (2001) showed that, besides the effects of a contextual activation of attachment security, attachment anxiety was related to high levels of personal distress and low levels of empathic concern experienced toward a person in need. On the other hand, attachment avoidance was related to low levels of empathic concern. In another study, Burnette, Davis, Green, Worthington, and Bradfield (2009) found that empathic concern was negatively correlated with avoidant attachment –

[1]The IRI includes also a fantasy subscale, measuring the disposition to imagine oneself in the place of characters of movies or books. We did not keep this subscale in any study, for two reasons: first, the literature has not yet clarified whether the fantasy component really taps empathy (Baron-Cohen & Wheelwright, 2004); second, fantasy scarcely converges with other empathy measures (Lawrence, Shaw, Baker, Baron-Cohen, & David, 2004). Consistently, the fantasy subscale is frequently omitted in studies involving the IRI (e.g., Birnie et al., 2010; Lombardo, Barnes, Wheelwright, & Baron-Cohen, 2007; Welp & Brown, 2014).

but not with anxious attachment – as measured by the Experiences in Close Relationships-Revised (ECR-R; Fraley, Waller, & Brennan, 2000).

The three studies were conducted in Italy. Thus, the employed measures were entirely in Italian. When an Italian version of an instrument was not available, a back-translation procedure was adopted to ensure that the original meaning of the items was preserved.

Study 1

The aim of the first study was to provide a first test of our hypotheses on the association between different aspects of empathy and each self-compassion component, controlling for the other self-compassion components, age, and gender. Besides expecting the hypothesized associations (H1 and H2), we predicted also gender differences in dispositional empathy, with women reporting higher empathy scores than men, as already found in the literature (e.g., Baron-Cohen & Wheelwright, 2004). As for age differences, we expected that older individuals would report lower scores in the IRI dimension of perspective taking, as the literature found this age difference in cognitive – but non affective – empathy (Bailey, Henry, & Von Hippel, 2008; Beadle et al., 2012).

Sample

Data were collected from a convenience sample of 156 Italian adults (72 men and 84 women) from the general population, all living in Northern Italy. Mean age was 40.99 years (SD = 14.02; range from 18 to 75). Regarding education, 26% of the sample had a university degree, 51% of the sample had completed high school, while the rest of the sample had only completed primary and secondary school. Concerning occupations, 18% of respondents were students; 13% were manual or office workers; 39% were retailers, employees or teachers in primary schools; 16% were professionals, teachers in secondary schools or academics, while 10% were retired, unemployed or housekeepers (4% did not indicate their occupation). After giving their informed consent, respondents individually filled out a questionnaire including the measures of interest, as well as further scales not considered in this study.

Measures

Self-Compassion. We employed the short form of the Self-Compassion Scale (Raes et al., 2011; Italian items by Veneziani et al., 2017). It is composed of 12 items, two for each positive and negative pole of each component of self-compassion: (i) self-kindness versus self-judgment, (ii) common humanity versus isolation, (iii) mindfulness versus over-identification. Respondents provided their answers on a 5-point Likert-type scale, from 1 (*almost never*) to 5 (*almost always*). We computed both a total score of self-compassion and a score for each of the three bipolar dimensions. Before computing these mean scores, the items assessing aspects of self-judgment, isolation, and over-identification were reverse coded. Cronbach's alphas were .69 for self-kindness versus self-judgment, .72 for mindfulness versus over-identification, .62 for common humanity versus isolation, and .80 for the global self-compassion score. The lower alphas of the self-compassion subdimensions are likely to be due to the reverse-coding of half of the items.

Trait empathy. We employed 19 items (out of the original 21) assessing empathic concern (six items out of seven), perspective taking (seven items), and personal distress (six items out of seven) taken from the IRI (Davis, 1983; Italian version by Albiero, Ingoglia, & Lo Coco, 2006). Sample items of the IRI are: "I sometimes try to understand my friends better by imagining how things look from their perspective" (perspective taking); "I would describe myself as a pretty soft-hearted person" (empathic concern); "In emergency situations, I feel apprehensive and ill-at-ease" (personal distress). We used the translated items reported in Albiero et al. (2006). Respondents provided their answers on a 5-point Likert-type scale, from 1 (*does not describe me well*) to 5 (*describes me very well*). When appropriate, items were recoded, so that higher scores indicated higher levels of the investigated construct. Cronbach's alphas were acceptable (for perspective taking, α = .68; for empathic concern, α = .70; for personal distress, α = .75).

Results

We reported means and standard deviations of each variable, and correlations between constructs in Table 1. The three components of self-compassion were positively intercorrelated (rs ranged from .39 to .52, ps < .001), and presented correlations over .77 with the self-compassion total score. Notably, the total score of self-compassion was not associated with empathic concern, while it was related positively to perspective taking and negatively to personal distress. Of the three self-compassion components, common humanity versus isolation was the only one correlated with all the three IRI subscales. In particular, it was correlated positively with empathic concern and perspective taking, and negatively with personal distress. Finally, a negative correlation emerged between mindfulness versus over-identification and personal distress.

Regression analyses were then performed on empathy indicators, aiming to detect the specific and unique contribution of each self-compassion component while controlling for the other self-compassion dimensions, age, and gender. Therefore, all the three self-compassion subscales' scores, age, and gender were directly

Table 1. Means, standard deviations, and Pearson pairwise correlations of Study 1 variables

Measure	*M*	*SD*	1	2	3	4	5	6
1. Self-compassion total score	3.08	0.59	–					
2. Self-kindness vs. Self-judgment	2.98	0.68	.77***	–				
3. Common humanity vs. Isolation	3.04	0.65	.79***	.39***	–			
4. Mindfulness vs. Over-identification	3.21	0.73	.84***	.45***	.52***	–		
5. Empathic concern	3.84	0.70	.09	−.03	.22**	.04	–	
6. Perspective taking	3.57	0.66	.25**	.09	.29***	.22**	.33***	–
7. Personal distress	2.57	0.71	−.45***	−.27**	−.33***	−.47***	−.07	−.14

Notes: **$p < .01$; ***$p < .001$.

included in the regressions. As reported in Table 2, common humanity versus isolation was the only self-compassion component that was significantly related to empathic concern and perspective taking (H1). On the other hand, personal distress was negatively associated only with mindfulness versus over-identification (H2). These effects were present besides those of gender, with women reporting higher scores of empathic concern and perspective taking, and age, with older participants reporting more personal distress.

Discussion

The findings of Study 1 were fairly consistent with our hypotheses H1 and H2. Considering regressions (Table 2), common humanity versus isolation was the only self-compassion component positively associated with the other-oriented dimensions of empathy, that is, empathic concern and perspective taking, while controlling for the other self-compassion dimensions. Moreover, mindfulness versus over-identification was the only negative predictor of personal distress. Nevertheless, in zero-order correlations (Table 1) both common humanity versus isolation and mindfulness versus over-identification were positively associated with perspective taking, and personal distress was negatively correlated with all the self-compassion components. Part of these effects disappeared in the regressions, thus, when controlling for the overlap between the three self-compassion dimensions. As expected, women reported more perspective taking and empathic concern than men, while age showed only a positive association with personal distress.

We have to acknowledge that this study presents some limitations. First, we employed the short version of the Self-Compassion Scale and 19 out of the 21 items available in the Italian adaptation of the IRI. These choices may have lowered the reliability of our scales, with a consequent loss of precision in the assessment of the investigated constructs. Second, we did not include in the design of our study alternative predictors of empathy, thus limiting the possibility to clearly identify the unique predictive role of self-compassion components. Finally, a replication is needed to increase the generalizability of the obtained findings, as they represent the first attempt to differentiate the predictive roles of the three self-compassion components on empathy dimensions. We tried to overcome these limitations in the next study.

Study 2

The aim of the second study was to replicate and strengthen the findings of Study 1. First, we employed the long version of the SCS, as well as the complete Italian version of the IRI for the assessment of empathic concern, perspective taking, and personal distress. Moreover, we considered as concurrent predictors of empathy additional self-related constructs that proved to be strong correlates of empathy. In particular, we analyzed the effects of self-compassion components on empathy against those of independent and interdependent self-construals (Singelis, 1994).

Table 2. Regression analyses of self-compassion components on trait empathy dimensions (Study 1)

	Perspective taking			Empathic concern			Personal distress		
	$R^2 = .14$***			$R^2 = .14$***			$R^2 = .27$***		
	B	*SE*	β	*B*	*SE*	β	*B*	*SE*	β
Age	−.01	.00	−.14	−.01	.00	−.11	.01	.00	.16*
Gender (=female)	.24	.10	.19*	.38	.11	.27**	.13	.10	.09
Self-kindness vs. Self-judgment	−.01	.09	−.01	−.05	.09	−.05	−.04	.09	−.04
Common humanity vs. Isolation	.27	.09	.27**	.31	.10	.29**	−.17	.09	−.16
Mindfulness vs. Over-identification	.12	.08	.13	−.03	.09	−.03	−.37	.08	−.38***

Notes: For gender: Male = 1, Female = 2.
*$p < .05$; **$p < .01$; ***$p < .001$.

An interdependent self-construal is characterized by the relevance given to relationships and to the group over personal desires and dispositions, while an independent self-construal involves the perception of being separate from relationships and social roles (Markus & Kitayama, 1991). Over the years, this differentiation has been recognized as less strictly tied to one's native culture and as more able to describe any individual and their self-concepts (Yamada & Singelis, 1999). Indeed, independent and interdependent self-construals may coexist within an individual (Singelis, 1994).

Several research findings indicated that an interdependent self-construal is strongly related to empathy (e.g., Cross et al., 2000; Gudykunst et al., 1996; Okimoto & Wenzel, 2011). It is thus important to demonstrate that self-compassion components, and in particular common humanity versus isolation, have a reliable association with other-oriented empathy controlling for the effect of interdependent self-construal. This would confirm the specific effects of self-compassion dimensions on empathy that we found in Study 1. As in Study 1, we expected to confirm our hypotheses (H1 and H2) also in the presence of the control variables, and to observe higher empathy scores in women and lower perspective taking scores in older individuals, as already found in the literature (e.g., Bailey et al., 2008; Baron-Cohen & Wheelwright, 2004).

Sample

Data were collected from a convenience sample of 275 Italian adults (90 men, 184 women; one participant did not indicate gender) from the general population, all living in Northern Italy. Mean age was 34.75 years (SD = 15.16; range from 18 to 81). Respondents were characterized by various levels of education and occupations. Regarding education, 26% of the sample had a university degree, 62% of the sample had completed high school, 10% of the sample had completed only secondary school, and the rest of the sample only primary school. Concerning occupations, 36.6% of respondents were students; 9.9% were manual or office workers; 34.1% were retailers, employees or teachers in primary schools; 9.1% were professionals, teachers in secondary schools or academics, while 10.3% were retired, unemployed, or housekeepers. After giving their informed consent, respondents individually filled out a questionnaire including the measures of interest, as well as further scales not considered in this study.

Measures

Self-Compassion. We used the long version (26 items) of the Self-Compassion Scale (Neff, 2003b; Italian version by Veneziani et al., 2017). The structure of this scale is the same as the short form employed in Study 1: items refer to the three dimensions of self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification.[2] Respondents provided their answers on a 5-point Likert-type scale, from 1 (*almost never*) to 5 (*almost always*). Cronbach's alphas were good for self-kindness versus self-judgment (α = .82) and for mindfulness versus over-identification (α = .78), sufficient for common humanity versus isolation (α = .67), and very high for global self-compassion score (α = .90).

Self-Construals. The participants' *independent* and *interdependent* self-concepts were measured by Singelis' Self-Construal Scale (1994). The scale consists of two subscales, *independence* and *interdependence*, each composed by 15 items (α = .79 for both). Participants had to rate their agreement with each statement on a 7-point Likert-type scale, from 1 (*strongly disagree*) to 7 (*strongly agree*). Higher scores in each subscale indicated higher levels of *independent* or *interdependent* self-construal.

Trait empathy. As in the previous study, we assessed empathy through the Italian version of the IRI (Albiero et al., 2006; Davis, 1983). In this study, we employed all the 21 available items to measure empathic concern (seven items; α = .76), perspective taking (seven items; α = .69), and personal distress (seven items; α = .79).

[2] Although our choice to use the scores of the three self-compassion components is mainly theory-driven, in this study we performed confirmatory factor analyses to test the monofactorial, three-factor, and six-factor structures of the scale. As done in recent literature (e.g., Neff, 2016; Veneziani et al., 2017), the structures were estimated by imposing a bifactor model. Results obtained with Robust Maximum Likelihood estimator (MLR) showed that the monofactorial structure (CFI = .60; TLI = .57; RMSEA = .11; SRMR = .11) performed worse than the six-factor (CFI = .92; TLI = .89; RMSEA = .06; SRMR = .05) and three-factor (CFI = .85; TLI = .81; RMSEA = 0.07; SRMR = .07) structures. The latter, i.e., the one we rely on, appears close to acceptable, while the monofactorial structure is unacceptable. We must point out, however, that the results of these analyses have to be considered as partial, and interpreted with particular caution, due to the relatively scarce sample size (N = 275, with some missing values on the 26 self-compassion items) and the large number of items composing the self-compassion scale. Thus, we managed to conduct a secondary analysis of the data used for the Italian validation of the scale, in which a much larger sample was employed (N = 560; Veneziani et al., 2017). In preliminary analyses conducted to verify the appropriateness of the three-factor structure, which was not tested in the validation paper, modification indices suggested we should allow the error terms of two pairs of items to correlate: items 13 and 18 (common humanity) and items 23 and 26 (self-judgment). The results obtained using MLR estimator confirmed that the monofactorial structure is unacceptable (CFI = .64; TLI = .61; RMSEA = .10; SRMR = .11), while in this case both the six-factor (CFI = .94; TLI = .92; RMSEA = .04; SRMR = .04) and the three-factor (CFI = .91; TLI = .89; RMSEA = .05; SRMR = .05) structures show an acceptable fit to the data. Thus, we can conclude that the three-factor structure has not only a clear theoretical basis, but it is also supported by empirical data.

Results

We reported means and standard deviations of each variable, and correlations between constructs in Table 3. The three components of self-compassion were positively intercorrelated (*r*s ranged from .56 to .67), and presented correlations over .84 with the self-compassion total score. Independent self-construal was weakly related both to the self-compassion total score and to each self-compassion component (*r*s from .15 to .18). On the other hand, no significant relationship emerged between the interdependent self-construal and self-compassion scores. The two different self-concepts were moderately correlated. No statistically significant relation was found between the total score of self-compassion and empathic concern, while a positive, although weak, link emerged between self-compassion, as a whole, and perspective taking. Common humanity versus isolation was associated both with perspective taking and with empathic concern, while self-kindness versus self-judgment and mindfulness versus over-identification were not related to these other-focused empathy dimensions. Personal distress was negatively correlated both to global self-compassion and to each self-compassion component. Finally, the interdependent self-construal was positively linked to perspective taking and empathic concern.

Regression analyses were then performed on empathy indicators, aiming to detect the specific and unique contribution of each self-compassion component while controlling for the other self-compassion components, independent and interdependent self-construals, as well as for age and gender. Therefore, all the three self-compassion subscales' scores, self-construals, age, and gender were directly included in the regressions. Consistent with our hypotheses, and with the findings of Study 1, common humanity versus isolation was the only self-compassion component related to empathic concern and perspective taking (H1), while personal distress was negatively associated with mindfulness versus over-identification only (H2; Table 4). Besides the effects of the self-compassionate disposition, we found that interdependent self-construal was positively associated with empathic concern and perspective taking, that women reported higher scores of empathic concern and perspective taking, and that older participants showed lower scores in perspective taking. Results on gender and age differences were consistent with our predictions. We repeated the same regressions excluding independent and interdependent self-construals, and the results did not change. The results of these additional regressions are reported in the Supporting Information.

Discussion

The findings of the second study fairly replicated the ones obtained in the previous study. In the regressions, common humanity versus isolation was, again, the only self-compassion component positively associated with empathic concern and perspective taking, while mindfulness versus over-identification was confirmed to be the only negative predictor of personal distress. Importantly, these effects were present while a concurrent predictor of empathy, interdependent self-construal, was included in the regression model. Confirming previous research, the interdependent self-construal was positively associated with other-oriented empathy, but this effect did not cancel the predicted positive effect of common humanity versus isolation on empathic concern and perspective taking. Considering zero-order correlations, as in Study 1 personal distress was negatively associated with all the three self-compassion components. Therefore, H2 was verified only once the intercorrelations between the sub-constructs constituting self-compassion were controlled for.

Overall, the two studies reported so far demonstrated that self-compassion components had unique and specific associations with trait empathy, as measured by the IRI. In the last study, we tested our hypotheses considering state empathy and outgroup attitudes, measuring empathic feelings and attitudes toward an individual facing difficulties and belonging to a stigmatized group (the homeless).

Study 3

The aim of this final study was to extend the previous findings, investigating the effects of self-compassion

Table 3. Means, standard deviations, and Pearson pairwise correlations of Study 2 variables

Measure	*M*	*SD*	1	2	3	4	5	6	7	8
1. Self-compassion total score	2.95	0.60	–							
2. Self-kindness vs. Self-judgment	2.83	0.70	.85***	–						
3. Common humanity vs. Isolation	2.99	0.64	.85***	.59***	–					
4. Mindfulness vs. Over-identification	3.03	0.73	.87***	.56***	.67***	–				
5. Independent self-construal	4.62	0.83	.18**	.15*	.17**	.18**	–			
6. Interdependent self-construal	4.51	0.79	.01	.06	.09	−.06	.42***	–		
7. Perspective taking	3.51	0.61	.14*	.08	.20**	.09	.04	.19**	–	
8. Empathic concern	3.85	0.67	.10	.11	.16**	−.00	.06	.22***	.44***	–
9. Personal distress	2.80	0.73	−.40***	−.23***	−.29***	−.49***	−.11	.01	−.06	−.00

Note: *$p < .05$; **$p < .01$; ***$p < .001$.

components on state empathy and outgroup attitudes. To do so, we asked participants to complete the self-compassion scale and then we presented them with the story of a person in need belonging to a stigmatized group, that is, the homeless. We asked respondents to read the story, and then to report the emotions and feelings experienced while reading the story (see Batson, Sager, et al., 1997). Thus, we assessed empathic concern and personal distress conceived as state feelings experienced in relation to a specific person and not, as we did in the previous two studies, as stable individual traits. After reporting empathic feelings, respondents completed a scale of attitudes toward the whole category of the homeless. This allowed us to analyze, as far as we know for the first time, the relation between self-compassion and outgroup attitudes.

To assess more precisely the unique effects of self-compassion components, we included in the research design a concurrent predictor of empathy, as we did in Study 2. Specifically, in this study we considered attachment anxiety and avoidance, as they proved to be important antecedents of empathic feelings and outgroup attitudes (Mikulincer & Shaver, 2007). We expected to confirm our hypotheses (H1, H2, and H3) also in the presence of the control variables, and to observe higher empathy scores in women, consistent with the literature (e.g. Baron-Cohen & Wheelwright, 2004).

Sample

Data were collected from a convenience sample of 146 Italian adults (76 men, 70 women) from the general population, all living in Northern Italy. Mean age was 33.53 years (*SD* = 8.19; range from 20 to 50). Respondents were characterized by various levels of education and occupations. Regarding education, 48% of the sample had a university degree, whereas the rest of the sample only completed high school. Concerning occupations, 33% of respondents were students; 35% were retailers, employees or teachers in primary schools; 32% were professionals, teachers in secondary schools or academics.

After giving their informed consent, respondents individually filled out a questionnaire including the measures of interest and the story of the person in need, as well as further scales not considered in this study. Given the characteristics of the questionnaire, it was completed in a silent and quiet place, in the presence of a research assistant.

Procedure and Materials

In the first part of the questionnaire, respondents completed the scales assessing the self-compassionate disposition and attachment styles. Then, they were asked to read the story of Marco, a 35-year-old homeless man. Afterwards, respondents reported the feelings they experienced while reading the story. Finally, they reported their attitudes toward the whole category of the homeless.

Self-compassion. As in Study 1, self-compassion was assessed through the short form of the Self-Compassion Scale by Raes et al. (2011). Cronbach's alphas were sufficient for the three components (self-kindness versus self-judgment, $\alpha = .64$; common humanity versus isolation, $\alpha = .62$; mindfulness versus over-identification, $\alpha = .70$). The reliability of the global self-compassion scale was good ($\alpha = .77$).

Attachment styles. We assessed attachment anxiety and avoidance through the short version of the ECR (Brennan, Clark, & Shaver, 1998) developed by Wei, Russell, Mallinckrodt, and Vogel (2007). The scale comprises 12 items, six for each attachment style. Participants rated the extent to which each item described their feelings in close relationships (from 1 = *not at all* to 7 = *very much*). Items were taken from the validated Italian version of the ECR (Picardi et al., 2002). After appropriate recoding, Cronbach's alphas of the two subscales were satisfactory (for attachment anxiety, $\alpha = .82$; for attachment avoidance, $\alpha = .68$).

The story of Marco, a homeless man. Participants read the story of Marco, a 35-year-old Italian man who became homeless after losing his job. The

Table 4. Regression analyses of self-compassion components and self-construals on trait empathy dimensions (Study 2)

	Perspective taking			Empathic concern			Personal distress		
	$R^2 = .13^{***}$			$R^2 = .19^{***}$			$R^2 = .26^{***}$		
	B	*SE*	β	*B*	*SE*	β	*B*	*SE*	β
Age	−.01	.00	−.15*	.00	.00	.02	.01	.00	.11
Gender (=female)	.20	.08	.16**	.47	.08	.33***	.08	.09	.05
Self-kindness vs. Self-judgment	−.03	.06	−.04	.09	.07	.09	.06	.07	.05
Common humanity vs. Isolation	.22	.08	.24**	.19	.09	.18*	.03	.09	.03
Mindfulness vs. Over-identification	.03	.07	.04	−.08	.07	−.09	−.54	.08	−.54***
Independent self-construal	−.04	.05	−.05	−.01	.05	−.02	−.03	.05	−.03
Interdependent self-construal	.17	.05	.22**	.17	.05	.20**	−.02	.06	−.03

Notes: For gender: Male = 1, Female = 2.
*$p < .05$; **$p < .01$; ***$p < .001$.

story, narrated in the first person from Marco's point of view, described his poverty, his loneliness, his situation of disadvantage, as well as the fact that he missed his only daughter, who lived with his former wife. In the story, Marco reported his emotions, feelings, and thoughts, so as to create the possibility for the reader to experience empathic reactions and/or personal distress. Part of the content of the story, as well as the choice of the homeless as target group, was inspired by Batson, Sager, et al. (1997, Experiment 2). Unlike Batson, Sager, et al. (1997), however, we did not manipulate the instructions provided to participants before reading the story, nor the responsibility of the victim. In our story, Marco was only partially responsible for his condition: he lost his job because he had an argument with his boss, reacting to several bullying episodes. The full content of the story can be read in the Supporting Information.

Emotional reactions. Participants were presented with 10 emotions and asked to indicate to what extent they experienced each of them while reading the story (from 1 = *not at all* to 7 = *extremely*). The first list included six emotions and feelings "you may have experienced toward Marco and his situation," referred to empathic concern: warmth, sympathy, soft-heartedness, compassion, tenderness, feeling moved. Another short list included four emotions and feelings "you may have experienced in relation to yourself," thus related to personal distress: distressed, upset, troubled, and grieved (Batson, Early, & Salvarani, 1997; for the Italian version, see Voci & Pagotto, 2009). The two scales obtained by collapsing the respective items were highly reliable: for empathic concern, $\alpha = .86$; for personal distress, $\alpha = .90$.

Outgroup attitudes. Finally, we assessed participants' attitudes toward the whole category of the homeless, through six items adapted from Batson, Sager, et al. (1997; Experiment 2). Four items were: "Our society should do more to protect the welfare of homeless people," "Most homeless people just don't want to work," "Most homeless people could get a job and get off the streets if they wanted to," and "Our society does not do enough to help homeless people" (1 = *strongly disagree* to 7 = *strongly agree*). The remaining two were: "Compared with other social problems we face today (e.g., crime, drugs), how would you rate the importance of helping homeless people?" (1 = *not at all important* to 7 = *extremely important*), and "In general, what are your feelings toward homeless people?" (1 = *extremely negative* to 7 = *extremely positive*). The scale was reliable ($\alpha = .72$).

Results

We reported means and standard deviations of each variable, and correlations between constructs in Table 5. The three components of self-compassion were positively intercorrelated (*r*s ranged from .31 to .44, *p*s < .001), and presented correlations over .71 with the self-compassion total score. Attachment anxiety and avoidance were negatively correlated with the self-compassion total score and with each self-compassion component (*r*s from −.16 to −.30), except for the correlation between anxiety and common humanity versus isolation. No statistically significant relation emerged between the total score of self-compassion and empathic concern, which was positively related to common humanity versus isolation. Personal distress was negatively correlated with the total score of self-compassion, as well as with self-kindness versus self-judgment and mindfulness versus over-identification. As regards outgroup attitudes, we observed a positive correlation with the self-compassion total score and, among the components, only with common humanity versus isolation. Finally, attachment anxiety was positively related to personal distress, while attachment avoidance correlated negatively with empathic concern and outgroup attitudes.

In the regression analyses (Table 6), the predictors were the three self-compassion components, attachment anxiety and avoidance, and age and gender. Empathic concern, personal distress, and outgroup attitudes were the dependent variables. Consistent with our hypotheses, common humanity versus isolation was the only self-compassion component that was significantly related to empathic concern (H1) and outgroup attitudes (H3), while personal distress was negatively associated only with mindfulness versus

Table 5. Means, standard deviations, and Pearson pairwise correlations of Study 3 variables

Measure	*M*	*SD*	1	2	3	4	5	6	7	8
1. Self-compassion total score	3.16	0.55	–							
2. Self-kindness vs. Self-judgment	3.13	0.69	.75***	–						
3. Common humanity vs. Isolation	3.13	0.63	.72***	.31***	–					
4. Mindfulness vs. Over-identification	3.22	0.80	.84***	.44***	.42***	–				
5. Attachment anxiety	3.03	0.77	−.28**	−.25**	−.10	−.26**	–			
6. Attachment avoidance	3.04	0.79	−.29***	−.30***	−.23**	−.16	.44***	–		
7. Empathic concern	4.65	1.32	.12	.06	.25**	.00	.07	−.18*	–	
8. Personal distress	3.22	1.59	−.22**	−.18*	−.06	−.26**	.27**	.14	.45***	–
9. Outgroup attitudes	4.77	0.87	.17*	.05	.27**	.09	−.10	−.28***	.52***	.10

Note: *$p < .05$; **$p < .01$; ***$p < .001$.

Table 6. Regression analyses of self-compassion components and attachment on state empathy and outgroup attitudes (Study 3)

	Empathic concern			Personal distress			Outgroup attitudes		
	R^2 = .17**			R^2 = .13**			R^2 = .13**		
	B	*SE*	β	*B*	*SE*	β	*B*	*SE*	β
Age	.02	.01	.13	.02	.02	.13	.01	.01	.06
Gender (=female)	.54	.21	.20*	−.12	.26	−.04	.02	.14	.01
Self-kindness vs. Self-judgment	−.03	.17	−.02	−.13	.21	−.06	−.13	.12	−.10
Common humanity vs. Isolation	.53	.18	.25**	.18	.23	.07	.33	.13	.24**
Mindfulness vs. Over-identification	−.05	.16	−.03	−.40	.20	−.20*	.01	.11	.01
Attachment anxiety	.22	.16	.13	.39	.19	.19*	.01	.11	.01
Attachment avoidance	−.33	.15	−.20*	.02	.19	.01	−.29	.10	−.26**

Notes: For gender: Male = 1, Female = 2.
*p < .05; **p < .01.

over-identification (H2). Besides these associations, attachment avoidance had negative relations with empathic concern and outgroup attitudes, while attachment anxiety was positively linked to personal distress. Finally, women reported higher scores of empathic concern, as expected. We repeated the same regressions excluding the attachment variables, and the results did not change. The results of these additional regressions are reported in the Supporting Information.

Discussion

The findings of the third study replicated and extended the results of the previous studies. Although the methodology was considerably modified, common humanity versus isolation was again the only self-compassion component positively associated with empathic concern. Additionally, it turned out to be the only component positively associated with outgroup attitudes. Moreover, mindfulness versus over-identification was confirmed to be the only negative predictor of personal distress. These effects were present although two important antecedents of empathic feelings and intergroup attitudes, that is, attachment anxiety and avoidance, were considered as concurrent predictors, and were associated with the criterion variables.

General Discussion

The aim of this article was to investigate the relation between self-compassion components and openness toward others. Based on inconsistent literature findings, and relying on the tripartite structure of the construct, we explored the diversified relations of the three components of self-compassion – self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification – with empathy and outgroup attitudes. Following the description of the specific features of each component, we hypothesized that common humanity versus isolation would be the component more associated with higher levels of other-oriented empathy (H1) and positive outgroup attitudes (H3). Furthermore, we predicted that mindfulness versus over-identification would be related to a reduction of personal distress when facing the others' difficulties (H2).

Our hypotheses were supported across three studies, involving three independent samples. Studies 1 and 2 examined the effects of self-compassion components on trait empathy. In Study 3 we adopted a different methodology, presenting participants the story of an outgroup member in need, and asking them to report state empathy in relation to the story, as well as outgroup attitudes. Importantly, the predicted effects held also when concurrent predictors were included. Additionally, our findings remained constant using both the complete Self-Compassion Scale (Study 2) and its short form (Studies 1 and 3).

The first conclusion we can derive from our findings is that common humanity versus isolation is the self-compassion component most related to openness toward others. There are several reasons that can explain this result. This facet specifically involves feelings of closeness and similarity between the self and other individuals, and this could be the ideal ground for empathic feelings and openness toward others. Moreover, the reference to a common human experience may have evoked the presence of a superordinate identity that includes all human beings (e.g. Greenaway et al., 2011), thus limiting the perceived distance between self and others, as well as between ingroups and outgroups (Gaertner & Dovidio, 2000). This would be consistent with the studies involving the construct of Identification with All Humanity (IWAH), conceptualized as the extent to which a person identifies with all humans as a superordinate ingroup (McFarland, Webb, & Brown, 2012). Indeed, these studies showed that IWAH was associated with dispositional empathy (McFarland et al., 2012; Reese, Proch, & Finn, 2015). The presence of this specific mechanism should be tested in further studies, for instance through mediation analyses.

The second conclusion we can draw from our results is that the mindfulness versus over-identification component is specifically related to a reduction in personal

distress when witnessing others' suffering. It is important to underline that the characteristics of this facet, and especially of the corresponding items in the scale, do not correspond to more classical definitions of mindfulness. For instance, according to Kabat-Zinn (2003), mindfulness is the "awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment by moment" (p. 145). In Neff's conceptualization the definition is narrower, as it especially involves the maintenance of emotions, feelings, and thoughts in balance when facing one's own difficulties. Such a limited definition, on the one hand, causes a loss of important aspects of being mindful that could be related to other-oriented empathy (Block-Lerner, Adair, Plumb, Rhatigan, & Orsillo, 2007) and, possibly, to more positive outgroup attitudes (Lueke & Gibson, 2015). On the other hand, it makes this component the perfect antidote to personal distress, which is related to feelings of discomfort and anxiety when observing the plight of the others (Batson, Early, et al., 1997; Davis, 1983).

It is noteworthy that no relevant effect has been found for the self-kindness versus self-judgment dimension, a component that involves the acknowledgment that one's own shortcomings are a natural part of life and should not be criticized, but embraced with warmth and acceptance (Neff & Davidson, 2016). Although Neff (2003a) excluded the possibility of an overlap between self-compassion and self-indulgence or self-pity (see also Breines & Chen, 2012; Neff et al., 2007; Terry & Leary, 2011), some items assessing the self-kindness component may be interpreted as self-indulgence by some respondents (e.g., "I'm tolerant of my own flaws and inadequacies"). Future research may empirically investigate the relation between self-kindness versus self-judgment and self-indulgence, and explain whether a possible positive relation between them is responsible for the lack of effects of this specific component on empathy and outgroup attitudes.

Despite its clear findings, our research presents some limitations. First, all the employed measures are self-report, and thus our results may be affected by social desirability and other common method biases (see Podsakoff, MacKenzie, Lee, & Podsakoff, 2003). Future research may involve implicit measures of attitudes or the observation of actual prosocial behaviors as consequences of a self-compassionate disposition. Second, our studies are correlational, and self-compassion was measured through a scale. It would be useful to induce self-compassionate states, possibly differentiating among the three aspects of the construct, to assess their effects on the dependent variables in an experimental setting (see, e.g., Breines & Chen, 2012). A third limitation concerns the characteristics of our samples. Overall, the three studies involved 577 Italian participants, all from convenience samples. Although the size of the global sample is wide, further research in other countries, and possibly with representative samples, is needed to confirm the obtained findings. Fourth, we acknowledge the lack of a completely clear factorial structure of our main instrument, that is, the Self-Compassion Scale, although the confirmatory factor analyses we conducted, reported in footnote [2], suggest that the three-factor structure we relied on is not only theory-driven, but has also some empirical validity. Lastly, we did not collect data on the fantasy measure of the IRI scale. Future studies might explore how self-compassion facets relate to this empathy dimension.

In conclusion, we underline that our data provide initial evidence that specific components of self-compassion hold consistent positive relations with empathy and outgroup attitudes. Importantly, self-compassion is a skill that can be practiced and improved. Indeed, self-compassion has been shown to be enhanced by interventions like the MBSR (Shapiro, Astin, Bishop, & Cordova, 2005) and the Mindful Self-Compassion Program (Neff & Germer, 2013). This suggests that there may be room for improvement in empathy and outgroup attitudes thanks to the presence of positive individual dispositions.

Overall, we believe that the obtained findings represent a relevant advancement in the understanding of the process through which a self-compassionate disposition may be beneficial not only for the self, but also for other individuals. In this sense, it is possible to go beyond the individualistic stance that sometimes may characterize the pursuit of individual happiness (e.g., Becker & Marecek, 2008; Slife & Richardson, 2008) and extend the beneficial effects of positive individual dispositions to a truly social dimension of well-being.

Conflicts of Interest

The authors confirm they have no conflict of interest to declare. Authors also confirm that this article adheres to ethical guidelines specified in the APA Code of Conduct as well as the authors' national ethics guidelines.

Supporting Information

Additional supporting information may be found in the online version of this article at the publisher's web-site.

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