From Me to You: Self-Compassion Predicts Acceptance of Own and Others' Imperfections

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Abstract

Self-compassion offers many personal benefits. However, whether and how the benefits of self-compassion may transmit to others remains unclear. Across three studies, we demonstrated that one way in which the benefits of being self-compassionate can spread from the self to others is by increasing acceptance of one's own imperfections, which may, in turn, enhance acceptance of others' imperfections. Specifically, Studies 1 and 2 found that self-compassionate people reported more acceptance of their own flaw, which, in turn, predicted greater acceptance of their romantic partner's and acquaintance's flaws. Study 3 used a dyadic design with romantic couples and found that self-compassion promoted felt acceptance of one's own flaw by both members in the relationship. This occurred by virtue of acceptance of one's own flaw, which, in turn, promoted greater acceptance of each other's flaws. We discuss the implications of these results for future research on self-compassion.

> *"One must be compassionate to one's self before external compassion"*
>
> —Dalai Lama

The vast majority of research on self-compassion has focused on documenting the personal benefits of self-compassion. That is, being self-compassionate is linked to one's own psychological outcomes, including but not limited to enhanced personal well-being (Baer, Lykins, & Peters, 2012; Neely, Schallert, Mohammed, Roberts, & Chen, 2009; Neff, 2011; Neff, Rude, & Kirkpatrick, 2007), positive body image (Adams & Leary, 2007; Liss & Erchull, 2015), better coping and increased resilience (Allen & Leary, 2010; Brion, Leary, & Drabkin, 2014; Sbarra, Smith, & Mehl, 2012; Zhang & Chen, 2016, 2017), and reduced stress responses (Arch et al., 2014; Breines et al., 2015; Breines et al., 2014). Recently, a growing number of researchers have begun to examine the relationship between self-compassion and interpersonal outcomes. For example, self-compassion was associated with more perspective taking, empathetic concern, and altruism in adults and meditators (Neff & Pommier, 2013). Self-compassion predicted a greater desire to correct interpersonal mistakes and problem-solving behaviors among women and highly conscientious men (Baker & McNulty, 2011). Moreover, self-compassion predicted more helping

intentions toward a hypothetical target during an emergency only if the target is at fault (Welp & Brown, 2014). Finally, researchers have shown that self-compassion predicts a greater likelihood among undergraduates to compromise during conflict situations with their parents, best friend, and romantic partner (Yarnell & Neff, 2013). The present research aimed to add to this small but budding literature examining the impact of being self-compassionate on interpersonal outcomes, namely, acceptance of other people.

We propose that being self-compassionate can have benefits for others via the personal benefits it fosters to the self. More specifically, we hypothesized that self-compassion in one person can ultimately promote others to feel their flaws and imperfections are being accepted. As depicted in Figure 1, we reasoned that this occurs by virtue of self-compassion fostering greater acceptance of one's own imperfections, which, in turn, boosts acceptance of others'

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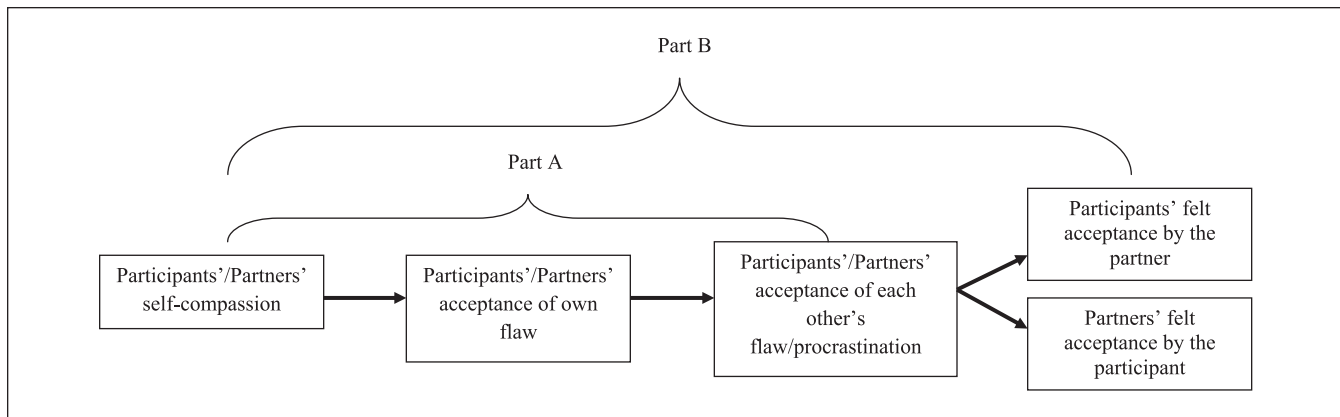Email: jzhang11@memphis.edu

Figure 1. Proposed conceptual relational model depicting the process that we tested across three studies.

imperfections—and this enables other people to feel their imperfections are being accepted.

Self-Compassion, Self-Acceptance, and Other Acceptance

Self-compassion is rooted in sympathy extended toward the self when an individual faces a mistake or failure. According to Neff (2011), self-compassion has three interrelated components: (a) self-kindness, a tendency to apply a caring and tender, rather than judgmental, attitude toward one's personal failures; (b) common humanity, the recognition that it is only "human" to make mistakes and that one's suffering is shared by others; and (c) mindfulness, taking a balanced approach toward one's failure and observing one's pain with an open mind-set.

Acceptance is central to theorizing on self-compassion—indeed, treating the self with compassion entails, in part, taking an accepting stance toward one's shortcomings and imperfections. More specifically, acceptance involves acknowledging that one has a flaw or shortcoming, or that a negative event, such as a failure, has occurred—and embracing it as a part of oneself (Neff, 2003). Empirical support for this exists. For example, self-compassion is positively correlated with the acceptance subscale of the Coping Orientation to Problems Experienced (COPE) inventory (Carver, Scheier, & Weintraub, 1989), a scale that assesses people's tendency to accept that a stressful situation has occurred (Neff, Hsieh, & Dejitterat, 2005). Other work has shown that self-compassion among patients with chronic pain predicted higher acceptance of their medical condition (Costa & Pinto-Gouveia, 2011). In addition, self-compassionate people who have experienced at least one crisis or traumatic life event (e.g., abuse, losing a loved one) reported greater posttraumatic growth, in part, because of enhanced acceptance (Wong & Yeung, 2017). More recently, people who were led to think about a prior regret experience from a self-compassionate perspective, compared with a self-esteem–boosting one, were

more likely to report greater personal improvement, in part, because they accepted their regretted experiences (Zhang & Chen, 2016).

Importantly, acceptance is theoretically distinct from disengagement or avoiding a negative experience altogether. Research supports this as well. For instance, self-compassionate students who were highly dissatisfied with a recent test reported not only greater acceptance and lower denial (i.e., "an attempt to reject the reality of the stressful event") but also lower behavioral disengagement (i.e., "psychological disengagement from the event through daydreaming, sleep, or self-distraction") and lower mental disengagement (i.e., "giving up on the attempt to attain one's goals"; Neff et al., 2005). In other work, participants who were led to treat themselves with compassion about a negative personal event were more willing to admit personal responsibility for the event compared with participants in a self-esteem or neutral condition (Leary, Tate, Adams, Allen, & Hancock, 2007).

In short, mounting evidence indicates that self-compassion leads people to accept their own imperfections and mistakes. Building on this empirical foundation, we reasoned that the propensity to accept the self as imperfect might incline self-compassionate people to accept other people's imperfections, which, in turn, should lead other people to feel that their shortcomings are being accepted. Consistent with our reasoning here, a core component of self-compassion—namely, common humanity—entails viewing flaws and foibles as a shared human experience. In other words, by its very nature, self-compassion encourages people to see themselves as similar to others, thereby laying the groundwork for accepting others' imperfections just as one accepts one's own inadequacies.

Although there is no evidence that bears directly on our central hypothesis, various theories and lines of research do suggest that one's own psychological experiences can affect the psychological experiences of others. For instance, self-acceptance is highly related to individuals' ability to accept others (Berger, 1952; Sheerer, 1949). Correlational evidence

suggests that individuals who score high on self-acceptance are likely to respond more positively to other's flaws and faults (Shepard, 1979). Evidence from counseling psychology demonstrates that counseling people to self-accept leads to higher acceptance of others at the end of counseling (Rogers, 1949; Sheerer, 1949). Also, people who engage in self-acceptance become more mindful of their own flaws and imperfections, which, consequently, results in higher acceptance of others (Carson & Langer, 2006). The forgiveness triad framework that is often used in counseling psychology argues that self-forgiveness serves as the fundamental basis for forgiving others and, in turn, receiving forgiveness from others (Enright, 1996). Research in the romantic relationships literature also provides evidence broadly consistent with our reasoning. For instance, people who felt appreciated by their romantic partner were more appreciative toward their partner, which, in turn, led the partner to feel more appreciated (Gordon, Impett, Kogan, Oveis, & Keltner, 2012).

Taken together, our conceptual analysis of self-compassion and acceptance, along with the findings we have just reviewed, set the stage for the current investigation. As depicted in Figure 1, we propose that self-compassion fosters greater acceptance of one's own imperfections, which enhances acceptance of others' flaws (Part A). As a result, other people feel that their imperfections are accepted (Part B).

Self-Esteem as an Alternative Hypothesis

Critics have argued that self-compassion is simply a variant of self-esteem because both encourage self-worth (Neff, 2003). This raises the possibility that the hypothesized effects of self-compassion in the current research can be explained by self-esteem. Indeed, considerable research has documented moderate to strong positive correlations between self-esteem and self-compassion (rs $\geq$ .40; Neff, 2003; Neff & Vonk, 2009); however, there are both conceptual and empirical grounds for distinguishing the two. Conceptually, self-esteem involves the evaluation of the self in relation to others, such as when people judge themselves as better than others (Baumeister, Smart, & Boden, 1996; Leary & Baumeister, 2000; Neff, 2011). Self-compassion, however, does not involve judgment of the self or others. Instead, self-compassion creates a sense of self-worth in people because it leads them to genuinely care about their well-being (Neff, 2011).

Empirically speaking, self-esteem—but not self-compassion—is positively associated with narcissism (Neff, 2003; Neff & Vonk, 2009), whereas self-compassion—but not self-esteem—predicts less anxiety after talking about a personal weakness (Neff, Kirkpatrick, & Rude, 2007). Both correlate negatively with rumination and public self-consciousness, but when controlling for each other, only self-compassion remains as a predictor (Neff & Vonk, 2009). Similarly, both predict less negative affect in response to a hypothetical personal failure, but when controlling for each other, only

self-compassion remains as a predictor (Leary et al., 2007). Nonetheless, we assessed self-esteem in our studies to unconfound the shared variance between self-esteem and self-compassion, as well as any effects of self-esteem on our outcome variables.

The Current Research

In Study 1, we examined whether trait self-compassion predicts greater acceptance of one's own flaw and, in turn, increased acceptance of a romantic partner's flaw. Study 2 tested whether the effect of trait self-compassion on acceptance of others' imperfections (i.e., procrastination) is limited to close others (i.e., a romantic partner) or can be generalized to more distant others (i.e., an acquaintance). Finally, Study 3 sought to extend the previous studies by assessing both partners in a romantic relationship. This allowed us to test our full model, depicted in Figure 1, wherein Partner A's self-compassion predicts Partner B's felt acceptance of his or her own flaw as a function of Partner A's reported acceptance of his or her own flaw and reported acceptance of Person B's flaw (and vice versa). Across studies, we controlled for self-esteem as well as various relationship characteristics (e.g., length, relationship satisfaction) to isolate the unique influence of self-compassion. Finally, we conducted a power analysis to estimate an adequate sample size for each study. We determined the need for approximately 100 participants per study to detect a conservative effect size of $r = .20$, which is a typical effect size in social psychology (Richard, Bond, & Stokes-Zoota, 2003), with a p value of .05, and power of .80.

Study 1

Study 1 provided an initial test of Part A in our model (see Figure 1). Specifically, we hypothesized that self-compassion promotes acceptance of one's own flaw, which, in turn, predicts more acceptance of a partner's flaw. We also measured relationship characteristics (i.e., length, relationship satisfaction) and self-esteem to ascertain the unique relations between self-compassion and acceptance of one's own and the other's flaw.

Method

Participants and procedure. One hundred thirty-six undergraduates at a large public university who were currently in a romantic relationship participated in exchange for course credit. We excluded nine people because they did not complete any measures ($n = 2$) or did not complete one or more measures of our focal variables ($n = 7$). Thus, the focal analyses included 127 students ($M_{age} = 22.00$ years, $SD = 4.00$ years, range = 18-40 years; 78% female; 61 Asian Americans, 20 Caucasian Americans, 20 Hispanic Americans, 13 South Asian/Indian Subcontinent Americans, eight multiracial, two African Americans,

one Native American, and two people who did not report their ethnicity).

Participants accessed the study through an online server, provided informed consent, and filled out trait measures of self-compassion and self-esteem. Afterward, they were instructed to describe a flaw or shortcoming that they saw in themselves and then indicated the extent to which they accepted this personal flaw. Next, they were instructed to describe a flaw or shortcoming that they saw in their romantic partner and then indicated the extent to which they accepted their partner's flaw. We counterbalanced the order in which participants were asked to describe and rate their own and their partner's flaw. Then, participants completed items assessing demographics and relationship characteristics. Finally, we debriefed and thanked all participants.

Measures

Trait self-compassion. Participants completed the 12-item Self-Compassion–Short Form (SCS-SF) Scale (Raes, Pommier, Neff, & Van Gucht, 2011) by indicating their agreement (1 = *strongly disagree*, 7 = *strongly agree*) with statements that assess three positive components (self-kindness, common humanity, and mindfulness) and three negative components (self-judgment, isolation, and overidentification) of self-compassion. Consistent with past research (Leary et al., 2007), we reverse-coded ratings on the negative subscales and averaged them with ratings on the positive subscales to create a composite self-compassion score ($M = 4.10$, $SD = 0.90$, $\alpha = .82$).

Trait self-esteem. Participants completed the 10-item Rosenberg (1965) self-esteem inventory, a widely used measure of trait self-esteem, using a 7-point Likert-type scale (1 = *strongly disagree*, 7 = *strongly agree*; $M = 4.40$, $SD = 0.75$, $\alpha = .64$).

Acceptance of own flaw. Using a 7-point Likert-type scale (1 = *strongly disagree*, 7 = *strongly agree*), participants completed the 8-item acceptance subscale from the Kentucky Inventory of Mindfulness Skills (KIMS), adapted to refer to their personal flaw (e.g., "I criticize myself for having this flaw" [reverse scored]; Baer, Smith, & Allen, 2004). We reverse-coded the negative items and formed an overall acceptance measure of participants' feelings of acceptance of their personal flaw ($M = 3.78$, $SD = 1.03$, $\alpha = .79$).

Acceptance of partners' flaw. Participants completed a modified version of the same acceptance scale as above. In this case, we replaced the target of the rating (e.g., myself) with " . . . my partner . . ." For example, "I criticize myself for having this flaw" became "I criticize my partner for having this flaw [reverse scored]." In short, this version of the scale assessed the participants' acceptance of their partners' flaw ($M = 4.37$, $SD = 1.17$, $\alpha = .85$).

Relationship characteristics. Participants indicated the length of their current relationship ($M_{months} = 18.00$, $SD = 25.00$) and completed a standard 5-item relationship satisfaction measure (1 = *strongly disagree*, 7 = *strongly agree*; $M = 5.20$, $SD = 1.30$, $\alpha = .94$; Rusbult, Martz, & Agnew, 1998) that referred to their satisfaction with their current relationship.

Results and Brief Discussion

Two independent sample t tests showed that there were no order effects for acceptance of own flaw, $t(125) = 1.29$, $p = .20$, or acceptance of partners' flaw, $t(125) = 0.31$, $p = .75$.

Correlations and partial correlations. As shown in Table 1, self-compassion and self-esteem were both positively correlated with acceptance of own flaw and acceptance of partners' flaw. Acceptance of both own and partners' flaw were also positively correlated. Next, we examined partial correlations controlling for relationship length, relationship satisfaction, and self-esteem to ascertain the unique relations between self-compassion and the two acceptance variables. As shown in Table 1, the relations of self-compassion with acceptance of both own flaw and partners' flaw remained significant even when relationship length, relationship satisfaction, and self-esteem were partialled out.

Indirect effects. To ascertain whether the results were consistent with the proposition that acceptance of one's own flaw serves an indirect effect in the relationship between self-compassion and acceptance of partners' flaw, we used the bootstrapping procedure for indirect effects recommended by Preacher and Hayes (2008). That is, we tested whether the specific indirect effect was significantly different from zero by constructing 95% confidence intervals (CIs; bias corrected and accelerated) using 10,000 bootstrap samples. If zero is contained in the interval, then the indirect effect is not significant, suggesting the data do not support the proposed indirect effect.

As shown in Figure 2, the direction of both the a and b paths is consistent with the interpretation that self-compassion leads to increased acceptance of own flaw, which, in turn, leads to greater acceptance of partners' flaw. More importantly, the specific indirect effects indicate that acceptance of own flaw, point estimate = .19, 95% CI = [.06, .36], is a significant indirect path. Thus, acceptance of own flaw fully mediated the effect of self-compassion on acceptance of partners' flaw. Finally, to test the robustness of this proposed indirect effect, we examined a reverse causation model with self-compassion as the mediator between acceptance of own flaw and acceptance of partners' flaw. The indirect effect of self-compassion was not significant in this model (point estimate = .05, 95% CI = [–.02, .17]).

In short, Study 1 showed that self-compassionate people reported more acceptance of their own flaw, which, in turn,

Table 1. Zero-Order Correlations: Relationship Characteristics, Self-Compassion, Self-Esteem, Acceptance of Own Flaw, and Acceptance of Partners' Flaw in Study 1.

Variables	1	2	3	4	5	6	7	8
1. Own flaw severity	—							
2. Partners' flaw severity	.16	—						
3. Relationship length	−.15	−.05	—					
4. Relationship satisfaction	−.04	−.21*	.20*	—				
5. Self-compassion	−.39*	−.27*	−.02	−.04	—			
6. Self-esteem	−.34*	−.25*	.10	.13	.55*	—		
7. Acceptance of own flaw	−.31*	−.01	.12	−.10	.45* (.28*)	.36*	—	
8. Acceptance of partners' flaw	−.01	−.25*	.10	.33*	.24* (.19*)	.21*	.35*	—

Note. The correlations inside the parentheses in the self-compassion column are partial correlations controlling for relationship length, relationship satisfaction, flaw severity, and self-esteem. See supplemental material for coding of own flaw severity and partners' flaw severity.
*$p < .05$.
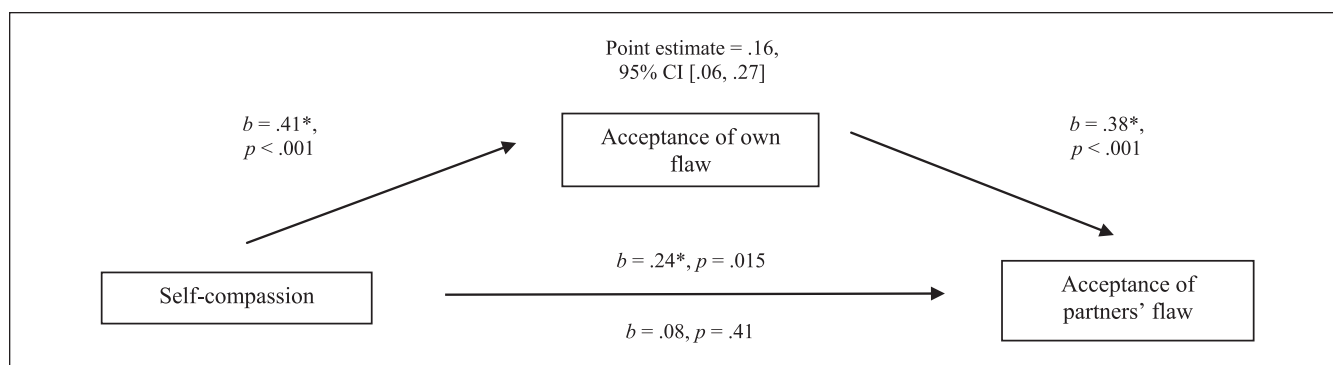
Figure 2. Proposed indirect effect model for Study 1.
Note. Controlling for relationship length, relationship satisfaction, flaw severity, and self-esteem did not alter the results of the model. Unstandardized coefficients reported are from Preacher and Hayes (2008) bootstrapping procedure with 10,000 resamples. CI = confidence interval.
*$p < .05$.

was associated with greater acceptance of their partners' flaw. The links between self-compassion and acceptance of own flaw, as well as self-compassion and acceptance of partners' flaw, were independent of relationship characteristics and self-esteem. A test of the indirect effect yielded results consistent with the possibility that acceptance of own flaw fully explains the relation between self-compassion and greater acceptance of partners' flaw.

Study 2

Study 2 aimed to directly replicate and extend Study 1's results by testing whether self-compassion promotes acceptance of one's own flaw, which, in turn, predicts more acceptance of partners' *and* acquaintances' flaw. To do this, we randomly assigned participants into a romantic partner or an acquaintance condition to explore whether the benefits of self-compassion for acceptance of others' flaws generalize beyond close others. That is, we compared the correlations between self-compassion and acceptance of other's flaw for romantic partner and acquaintances. A difference in the magnitude of the correlations would indicate that self-compassion

differentially affects the acceptance variables. Finally, we recruited an adult sample to generalize our findings from students to community adults.

Method

Participants and procedure. Participants were 463 adults recruited from Amazon's Mechanical Turk (Buhrmester, Kwang, & Gosling, 2011) and given US$0.50 for their participation. We excluded 62 people because they failed two out of three attention checks (e.g., please select "1" for this item; *n* = 9), did not complete any measures, or did not complete one or more measure of our key study variables (*n* = 53). Thus, the focal analyses included 401 participants (*M*_{age} = 34.50, *SD* = 12.00, range = 18-73 years; 46% female; 74% Caucasian Americans).

Participants accessed the study through an online server, provided informed consent, and filled out trait measures of self-compassion and self-esteem. Afterward, they were instructed to describe a flaw or shortcoming that they saw in themselves and then indicated the extent to which they accepted this personal flaw. Next, participants were randomly

assigned to one of two conditions. In the romantic partner condition, participants were instructed to think about their current romantic partner or imagine if they have a romantic partner (if they are not currently in a relationship) while they read a scenario:

> Imagine that you and your romantic partner love the same band and have always wanted to see them play live in concert. You find out that this band will be in town next month and there are limited tickets available. Your romantic partner promises to get tickets for the both of you. The following week, you discover that your partner procrastinated on ordering the tickets and now the concert is sold out.

In the acquaintance condition, participants were asked to think of an acquaintance and were instructed to read a scenario:

> Imagine that you and the acquaintance that you thought of love the same band and have always wanted to see them play live in concert. You find out that this band will be in town next month and there are limited tickets available. Your acquaintance promises to get tickets for the both of you. The following week, you discover that your acquaintance procrastinated on ordering the tickets and now the concert is sold out.

In short, we held constant the content of the scenario (i.e., procrastination), except the scenario in the former condition referred to a romantic partner, whereas the latter scenario referred to an acquaintance.

After reading their assigned scenario, participants indicated the extent to which they accept their romantic partner or acquaintance's procrastination. Then, participants completed items assessing demographics and relationship characteristics. Finally, we debriefed and thanked all participants.

Measures

Trait self-compassion. All participants completed the same 12-item SCS-SF Scale (Raes et al., 2011) used in Study 1 ($M = 4.20$, $SD = 1.10$, $\alpha = .88$).

Trait self-esteem. Participants completed the 10-item Rosenberg (1965) self-esteem inventory as in Study 1 ($M = 4.50$, $SD = 0.83$, $\alpha = .66$).

Acceptance of own flaw. As in Study 1, participants completed an adapted version of the acceptance subscale from the KIMS (Baer et al., 2004). In this study, they also completed the 4-item acceptance subscale from the COPE scale, adapted to refer to the flaw they identified (e.g., "I am accepting of the fact that I have this flaw"; Carver et al., 1989). Participants responded on a 7-point Likert-type scale (1 = *strongly disagree*, 7 = *strongly agree*). We reverse-scored the negative items and combined them with the positive items to form

an overall acceptance measure of participants' acceptance of their personal flaw ($M = 3.80$, $SD = 1.10$, $\alpha = .80$).

Acceptance of partner's and acquaintance's procrastination. Participants completed a modified version of the KIMS acceptance subscale, with the target of each rating referring to the romantic partner or acquaintance instead of the self and references to one's own flaw replaced with references to the partner's (or acquaintance's) procrastination. For example, "I criticize myself for having this flaw" became "I criticize my partner (acquaintance) for having procrastinated" and "I am accepting of the fact that I have this flaw" became "I am accepting of the fact that my partner (acquaintance) procrastinated." In short, the modified versions of the scale assessed participants' acceptance of their romantic partner's procrastination ($M = 4.10$, $SD = 1.00$, $\alpha = .70$) or their acquaintance's procrastination ($M = 4.30$, $SD = 1.10$, $\alpha = .71$).

Relationship characteristics. Participants in the romantic partner condition indicated whether they were currently in a romantic relationship (no = 126, yes = 275), the length of their current relationship ($M_{months} = 69.00$, $SD = 101.00$), and their relationship satisfaction using the same items as in Study 1 ($M = 3.74$, $SD = 2.76$, $\alpha = .96$). Participants who were not currently in a romantic relationship were given a 0 on the relationship length variable, and we treated their relationship satisfaction variables as missing. Participants in the acquaintance condition indicated how long they had known the person ($M_{months} = 43.00$, $SD = 76.00$).

Results and Brief Discussion

Correlations and partial correlations. As shown in Tables 2 and 3, self-compassion was positively correlated with acceptance of own flaw among people in both the romantic partner condition ($r = .56$, $p < .001$) and acquaintance condition ($r = .54$, $p < .001$). Self-compassion was also positively associated with acceptance of partner's procrastination ($r = .20$, $p = .004$; see Table 2) and acceptance of acquaintance's procrastination ($r = .30$, $p < .001$; see Table 3). These two correlations did not significantly differ ($Z = 1.06$, $p = .28$), indicating that self-compassionate people are equally accepting of their romantic partners' and acquaintances' procrastination. Acceptance of own flaw was positively correlated with acceptance of partners' procrastination ($r = .29$, $p < .001$; see Table 2) and acceptance of acquaintances' procrastination ($r = .43$, $p < .001$; see Table 3). These two correlations did not differ significantly ($Z = 1.60$, $p = .11$), indicating that acceptance of own flaw is positively associated with acceptance of the flaws of a romantic partner and acquaintance equally well.

Next, we examined partial correlations to ascertain the unique relations between self-compassion and the two acceptance variables. As shown in Table 2, the relations of self-compassion with acceptance of own flaw and acceptance of

Table 2. Zero-Order Correlations: Relationship Characteristics, Self-Compassion, Self-Esteem, Acceptance of Own Flaw, and Acceptance of Partner's Procrastination in Study 2.

Variables	1	2	3	4	5	6	7
1. Currently in a relationship	—						
2. Relationship length	.46*	—					
3. Relationship satisfaction	—	.03	—				
4. Self-compassion	.05	.18*	.19*	—			
5. Self-esteem	.05	.13	.14	.68*	—		
6. Acceptance of own flaw	.01	.14*	.01	.57* (.34*)	.50*	—	
7. Acceptance of partners' procrastination	.03	.06	.13	.20* (.16*)	.12	.29*	—

Note. Currently in a relationship (no = 1, yes = 2). Participants who were not currently in a relationship were treated as missing for the relationship satisfaction variable. Therefore, there is no correlation between currently in a relationship and relationship satisfaction. The correlations inside the parentheses in the self-compassion column are partial correlations controlling for currently in a relationship, relationship length, and self-esteem.
*$p < .05$.

Table 3. Zero-Order Correlations: Relationship Characteristic, Self-Compassion, Self-Esteem, Acceptance of Own Flaw, and Acceptance of Acquaintance's Procrastination in Study 2.

Variables	1	2	3	4	5
1. Relationship length	—				
2. Self-compassion	.13	—			
3. Self-esteem	.10	.69*	—		
4. Acceptance of own flaw	.02	.54* (.35*)	.46*	—	
5. Acceptance of acquaintances' procrastination	.06	.30* (.31*)	.11	.43*	—

Note. The correlations inside the parentheses in the self-compassion column are partial correlations controlling for relationship length and self-esteem.
*$p < .05$.

partner's procrastination remained significant even when we partialled out current relationship status, relationship length, and self-esteem. In the acquaintance condition, the results showed that the relations of self-compassion with acceptance of own flaw and acceptance of acquaintance's procrastination also remained significant even when relationship length and self-esteem were partialled out (see Table 3).

Indirect effects. To ascertain whether the results were consistent with the proposition that acceptance of one's own flaw serves a mediating role in the relationships between self-compassion and acceptance of partner's and acquaintance's procrastination, we used the bootstrapping procedure for indirect effects recommended by Preacher and Hayes (2008), as in Study 1. Focusing first on the romantic partner condition, the direction of both the a and b paths (see Figure 3) was consistent with the interpretation that self-compassion led to increased acceptance of own flaw, which, in turn, led to greater acceptance of partner's procrastination. More importantly, the specific indirect effects indicate that acceptance of own flaw (point estimate = .13, 95% CI = [.04, .23]) is a significant indirect path. Thus, acceptance of own flaw fully mediated the effect of self-compassion on acceptance of partner's procrastination. Finally, to test the robustness of this proposed indirect effect, we examined a reverse causation model with self-compassion as the mediator between acceptance of own flaw and

acceptance of partner's procrastination, showing that the indirect effect of self-compassion was not significant (point estimate = −.05, 95% CI = [−.04, .11]).

We conducted the same bootstrapping procedure for the proposed indirect effect for the acquaintance condition. As shown in Figure 4, the direction of both the a and b paths is consistent with the interpretation that self-compassion leads to increased acceptance of own flaw, which, in turn, led to increased acceptance of acquaintance's procrastination. More importantly, the specific indirect effects indicate that acceptance of own flaw (point estimate = .20, 95% CI = [.11, .32]) is a significant indirect path. Thus, acceptance of own flaw fully mediated the effect of self-compassion on acceptance of acquaintances' procrastination. Finally, we examined a reverse causation model with self-compassion as the mediator between acceptance of own flaw and acceptance of acquaintance's procrastination, showing that the indirect effect of self-compassion was not significant (point estimate = .05, 95% CI = [−.04, .16]).

In sum, Study 2 showed that self-compassionate people reported more acceptance of their own flaw, which, in turn, predicted greater acceptance of partners' *and* acquaintances' procrastination. The link between self-compassion and acceptance of own flaw, as well as that between self-compassion and acceptance of partners' and acquaintances' procrastination, was independent of
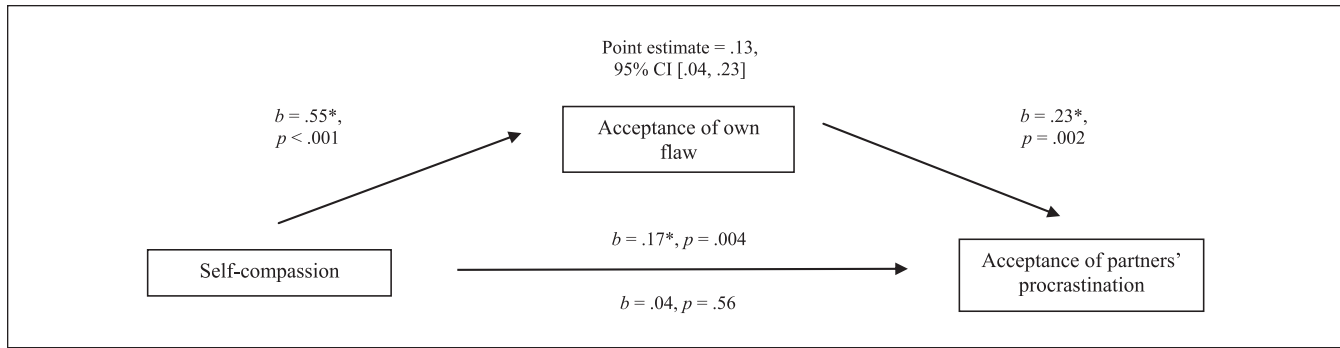
Figure 3. Proposed indirect effect model for the romantic partner condition in Study 2.
Note. Controlling for currently in a relationship, relationship length, relationship satisfaction, and self-esteem did not alter the results of the model. Standardized coefficients reported are from Preacher and Hayes's (2008) bootstrapping procedure with 10,000 resamples. CI = confidence interval.
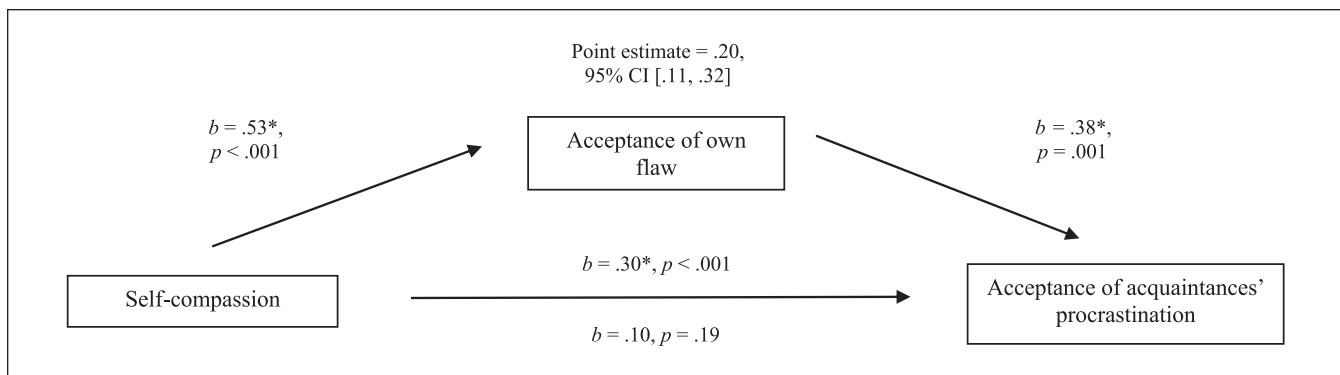*p < .05.

Figure 4. Proposed indirect effect for the acquaintance condition in Study 2.
Note. Controlling for relationship length and self-esteem did not alter the results of the model. Standardized coefficients reported are from Preacher and Hayes' (2008) bootstrapping procedure with 10,000 resamples. CI = confidence interval.
*p < .05.

relationship characteristics and self-esteem. Moreover, a test of the indirect effects in our proposed model revealed results consistent with the notion that acceptance of own flaw explains the relation between self-compassion and increased acceptance of partners' and acquaintances' procrastination. Taken together, Study 2 extended Study 1 by using an adult population and by showing that the effect of self-compassion on acceptance of others' shortcomings extends beyond close others.

Study 3

If self-compassion does indeed promote enhanced acceptance of partners' flaws via increased acceptance of one's own flaws, then the partner should report felt acceptance of their flaw as well as vice versa, as depicted in Part B of Figure 1. The primary objective of Study 3 was to examine this second part of our model. Specifically, in this study, we tested whether self-compassion predicts greater felt acceptance of flaws in both partners in a romantic relationship via

acceptance of their own flaw and acceptance of each other's flaws. To do this, we recruited romantic couples and had both members complete the same procedure as in Study 1.

Method

Participants and procedure. One hundred three couples (or 206 participants) who were currently in a relationship were recruited from the research pool of a large public university. They took part in the study in exchange for course credit. We excluded 14 participants because their romantic partner did not describe a personal flaw. Thus, the focal analyses included both members of 89 heterosexual dating couples (or $N = 178$ participants) from a diverse range of ethnic backgrounds (62 Asian Americans, 48 Caucasian Americans, 34 Hispanic Americans, 22 multiracial, six South Asians, four African Americans, and two people did not report ethnicity). On average, participants were 21 years old ($SD = 1.50$ years, range = 18-28 years) and had been dating for 2 years ($SD = 21$ months, range = 1-120 months).

Participants were told that the study aimed to understand individuals' responses to different aspects of their own personal attributes and their romantic partner's personal attributes. The primary participant accessed the study through an online server on the computer, provided informed consent, completed a measure of self-compassion, and then was instructed to describe a flaw or shortcoming that they saw in themselves. Afterward, participants indicated the extent to which they accepted their personal flaw and whether they perceived that their partner accepted their personal flaw. Then, participants completed items assessing demographics and relationship characteristics and provided their romantic partner's email address.

We then emailed each primary participant's romantic partner and provided them with a link to access the survey so that they could complete the same procedure and measures as the participants. We included the flaw that the primary participant described in the email that we sent to each partner. The partners were instructed to answer the partner acceptance items based on the primary participant's flaw. Last, we emailed the primary participants their corresponding romantic partners' self-described personal flaw and had them indicate the extent to which they accept this flaw of their partners. Finally, we debriefed and thanked both primary participants and their romantic partners.

Measures

Trait self-compassion. Both members of each couple completed the same 12-item SCS-SF Scale used in the previous studies. We reverse-coded ratings on the negative subscales and averaged them with ratings on the positive subscales to create a composite self-compassion score ($M_{participants}$ = 4.00, SD = 0.93, α = .85; $M_{partners}$ = 4.04, SD = 0.82, α = .78).

Trait self-esteem. Both members of each couple completed the same 10-item Rosenberg (1965) self-esteem inventory used in the previous studies ($M_{participants}$ = 4.46, SD = 0.71, α = .89; $M_{partners}$ = 4.47, SD = 0.66, α = .85).

Acceptance of own flaw. Both members of each couple completed the same 12-item acceptance measure used in Study 2. We reverse-scored the negative items and combined them with the positive items to form an overall measure of participants' acceptance of their personal flaw ($M_{participants}$ = 4.03, SD = 0.99, α = .85; $M_{partners}$ = 4.06, SD = 0.96, α = .80).

Acceptance of each other's flaw. Both members of each couple completed a modified version of the same 12-item acceptance scale used in Study 2. In this case, the items always referred to the "flaw" (e.g., "I criticize my partner for having this flaw"; "I am accepting of the fact that my partner has this flaw"). In other words, this modified version of the scale

assessed the primary participants' and the partners' acceptance of each other's flaw ($M_{participants}$ = 4.83, SD = 0.80, α = .72; $M_{partners}$ = 4.85, SD = 0.76, α = .70).

Felt acceptance by the other person. Both members of each couple completed a modified version of the same 12-item acceptance scale as above. In this case, we replaced the first person pronouns (e.g., I) with "My partner . . ." For example, "I criticize myself for having this flaw" became "My partner criticizes me for having this flaw" and "I am accepting of the fact that I have this flaw" became "My partner is accepting of the fact that I have this flaw." In short, this modified version of the scale assessed the extent to which primary participants and their partners felt their personal flaw was accepted by the other person ($M_{participants}$ = 4.62, SD = 0.89, α = .75; $M_{partners}$ = 4.64, SD = 0.78, α = .70).

Relationship satisfaction. Participants completed the same 5-item relationship satisfaction items used in the prior studies ($M_{participants}$ = 5.90, SD = 1.00, α = .92; $M_{partners}$ = 6.10, SD = 0.90, α = .87).

Results and Brief Discussion

Data analytic strategy. Because this study included both members of dating couples, we analyzed the data following the actor–partner interdependence model (APIM; Olsen & Kenny, 2006) by using the IBM SPSS AMOS structural equation modeling software (Arbuckle, 2010). APIM allows us to examine participants' and partners' own effects (i.e., actor effects) as well as their influence on each other (i.e., partner effects). We created double-headed arrows running between participants' and partners' self-compassion and all acceptance variables to account for the nonindependence in the data (see Figure 5). The actor effects are the within-individual associations (participants'/partners' self-compassion and participants'/partners' acceptance of own flaw) shown with single direction arrows. The partner effects are shown with single direction arrows going from participants' variable to partners' variable and vice versa (e.g., participants'/partners' acceptance of the partners'/participants' flaw and felt acceptance by the participant). The unmodeled paths in Figure 5 were nonsignificant, and including the unmodeled paths, as well as self-esteem and relationship satisfaction as covariates, had negligible influences on the results that we discuss below. Consequently, we excluded these paths from the model shown in Figure 5 for the sake of parsimony and visual clarity.

Actor effects for primary participants. The within-individual paths for primary participants showed that self-compassion predicted more acceptance of their own flaw (b = .56, $p <$ .001), which, in turn, was associated with more acceptance of their partners' flaw (b = .33, p = .005), and led to primary participants feeling that their partner accepted their
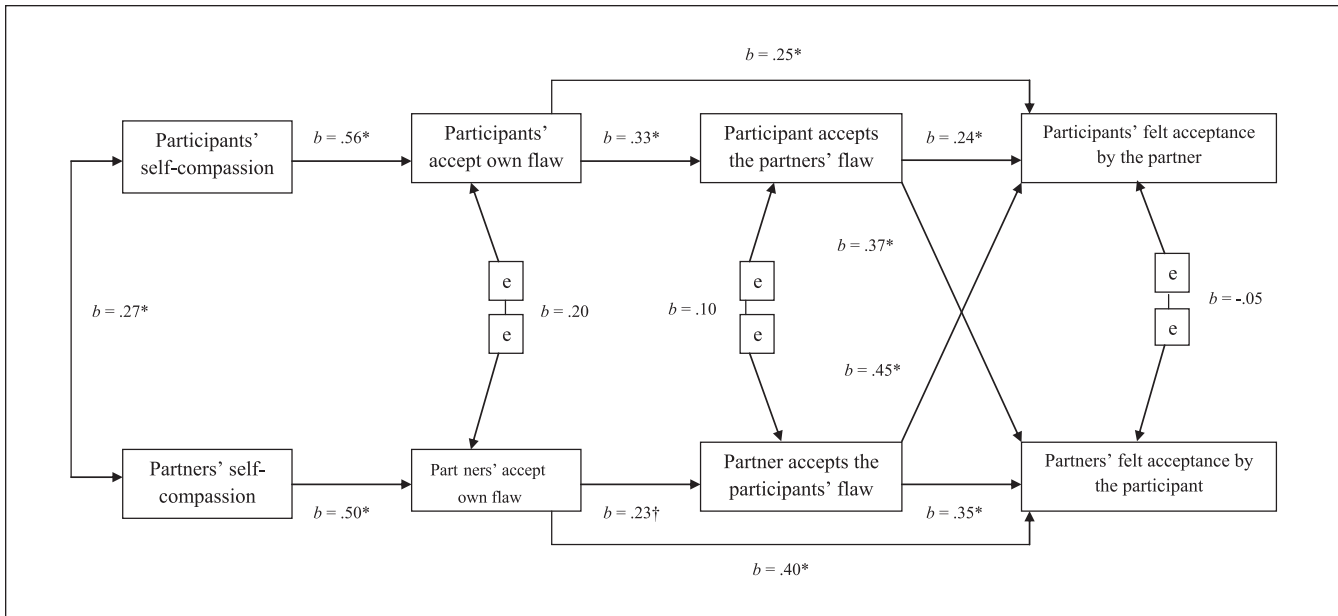
Figure 5. Actor–partner interdependence model in Study 3.

Note. The actor effects are the within-individual associations (participants'/partners' self-compassion and participants'/partners' acceptance of own flaw) shown with single direction arrows. The partner effects are shown with single direction arrows going from participants' variable to partners' variable and vice versa (e.g., participants'/partners' acceptance of the partners'/participants' flaw and felt acceptance by the participant). Actor effects for primary participants are as follows: indirect effect of primary participants' acceptance of their own flaw (point estimate = .16, 95% CI = [.06, .30]) and a serial indirect effect of primary participants' acceptance of their own flaw and acceptance of their partners' flaw (point estimate = .05, 95% CI = [.01, .012]; total effect = .13, 95% CI = [−.07, .33]; direct effect = −.10, 95% CI = [−.33, .12]). Actor effects for the partner are as follows: indirect effect of partners' acceptance of their own flaw (point estimate = .21, 95% CI = [.11, .45]) and a serial indirect effect of partners' acceptance of their own flaw and acceptance of the primary participants' flaw (point estimate = .05, 95% CI = [.01, .12]; total effect = .13, 95% CI = [−.06, .33]; direct effect = −.12, 95% CI = [−.30, .06]). Partner effects are as follows: a significant serial indirect effect of primary participants' acceptance of their own flaw and acceptance of their partners' flaw on the relation between primary participants' self-compassion and partners' feeling that their flaw is accepted by the primary participant (point estimate = .07, 95% CI = [.03, .15]; total effect = .13, 95% CI = [−.04, .31]; direct effect = .04, 95% CI = [−.15, .24]) and a significant serial indirect effect of partners' acceptance of their own flaw and acceptance of the primary participants' flaw on the relation between partners' self-compassion and primary participants' feeling that their flaw is accepted by the partner (point estimate = .07, 95% CI = [.01, .18]; total effect = .09, 95% CI = [−.14, .31]; direct effect = .07, 95% CI = [−.16, .30]). For visual simplicity, indicators and unmodeled paths are not shown. None of the unmodeled paths approached significance (*b*s = −.17-.16, *p*s > .09), with the exception of partner accepts own flaw was associated with participant accepts the partners' flaw (*b* = −.20, *p* = .051). † is *b* = .23, *p* = .052. The results remained unchanged when the unmodeled paths were included. The double-headed arrows running between participants' and partners' variables help account for the nonindependence in the variables between the participants and the partners. CI = confidence interval; *b* is standardized beta; *e* is error term.

flaw (*b* = .24, *p* = .012; see Figure 5). In addition, primary participants' acceptance of their own flaw predicted their own feeling that their partner accepted their flaw (*b* = .25, *p* = .027).

Next, we explored whether primary participants' acceptance of their own flaw and acceptance of their partners' flaw uniquely and serially explained the direct association between primary participants' self-compassion and felt acceptance by the partner. A serial indirect effects model is when each mediator is assumed to affect other mediators causally downstream (Kan, Lichtenstein, Grant, & Janiszewski, 2014; Tsang, Carpenter, Roberts, Frisch, & Carlisle, 2014). We tested the proposed indirect effects using the bootstrapping procedure for single and serial indirect effects in structural equation modeling (Ledermann & Macho, 2009; Montoya & Hayes, 2017; Peugh, DiLillo, & Panuzio, 2013). To test whether the specific indirect effect through the proposed mediator(s) was significantly different

from zero, we constructed 95% CIs (bias corrected and accelerated) using 10,000 bootstrap samples. If zero is contained in the interval, then the indirect effect is not significant, and the potential mediator(s) do(es) not mediate the link between primary participants' self-compassion and their own felt acceptance by their partner (Hayes, 2017; Hayes, Preacher, & Myers, 2011; Taylor, MacKinnon, & Tein, 2008). The results indicated that there was a unique indirect effect of primary participants' acceptance of their own flaw (point estimate = .16, 95% CI = [.06, .30]) and a serial indirect effect of primary participants' acceptance of their own flaw and acceptance of their partners' flaw (point estimate = .05, 95% CI = [.01, .012]; total effect = .13, 95% CI = [−.07, .33]; direct effect = −.10, 95% CI = [−.33, .12]).

Actor effects for the partner. The within-individual paths for the partners of the primary participants showed that self-compassion predicted more acceptance of their own flaw

(b = .50, p < .001), which, in turn, was associated with more acceptance of the primary participant's flaw (b = .23, p = .052), and led to the partners' own feeling that the primary participant accepted their flaw (b = .35, p < .001; see Figure 5). In addition, partners' acceptance of their own flaw predicted their own feeling that the primary participant accepted their flaw (b = .40, p < .001). We used the same bootstrapping procedure discussed above to test for unique and serial indirect effects. The results indicated that there was a unique indirect effect of partners' acceptance of their own flaw (point estimate = .21, 95% CI = [.11, .45]) and a serial indirect effect of partners' acceptance of their own flaw and acceptance of the primary participants' flaw (point estimate = .05, 95% CI = [.01, .12]; total effect = .13, 95% CI = [−.06, .33]; direct effect = −.12, 95% CI = [−.30, .06]).

Partner effects. As shown in Figure 5, primary participants' acceptance of their partners' flaw predicted partners feeling that their flaw is accepted by the primary participant (b = .37, p < .001). Similarly, partners' acceptance of primary participants' flaw predicted primary participants feeling that their flaw is accepted by the partner (b = .45, p < .001). Next, we examined our proposed model of whether self-compassion promoted felt acceptance of one's own flaw by both members in the couple as a function of acceptance of one's own flaw and acceptance of each other's flaw.

We tested this serial indirect effect using the same bootstrapping procedure as discussed above. The results indicated that there was a serial indirect effect of primary participants' acceptance of their own flaw and acceptance of their partners' flaw on the relation between primary participants' self-compassion and partners' feeling that their flaw is accepted by the primary participant (point estimate = .07, 95% CI = [.03, .15]; total effect = .13, 95% CI = [−.04, .31]; direct effect = .04, 95% CI = [−.15, .24]). However, there was a serial indirect effect of partners' acceptance of their own flaw and acceptance of the primary participants' flaw on the relation between partners' self-compassion and primary participants' feeling that their flaw is accepted by the partner (point estimate = .07, 95% CI = [.01, .18]; total effect = .09, 95% CI = [−.14, .31]; direct effect = .07, 95% CI = [−.16, .30]).

In sum, Study 3 substantially extended the prior studies by showing that self-compassion is associated with acceptance of own flaws and acceptance of partners' flaws among both primary participants *and* their partners. Moreover, the data support our proposed model that self-compassion promotes felt acceptance of one's own flaw by both members in a couple as a function of acceptance of one's own flaw and acceptance of each other's flaws.

General Discussion

The present research examined one way that the benefits of self-compassion may extend beyond the self to others. Three studies demonstrated that the benefits of being self-compassionate may influence others via promoting acceptance of one's own flaws, which, in turn, boosts acceptance of others' flaws. Specifically, Studies 1 and 2 found that self-compassionate people reported more acceptance of their own flaw, which, in turn, predicted greater acceptance of their romantic partners' and acquantainces' flaws. Study 3 used a dyadic design with both members of romantic couples, and found that self-compassion promoted felt acceptance of one's own flaw by one's partner for each person in the romantic couple. This occurred by virtue of acceptance of one's own flaw, which, in turn, promoted greater acceptance of one's partner flaw. Finally, the effects of self-compassion on acceptance of own and partners' flaws were independent of self-esteem and relationship characteristics.

Implications and Future Directions

The extant self-compassion literature is permeated with research documenting the personal benefits of self-compassion. The most important contribution of the current research is that we demonstrated the impact of self-compassion on perceptions of *others* and, in turn, potentially on *others* themselves (i.e., felt acceptance). Put another way, self-compassion may promote positive psychological outcomes for others via the personal benefits that come with being compassionate toward the self. In this way, our results expand current and prevailing perspectives on self-compassion as primarily a psychological construct that confers positive personal outcomes. We hope the current findings will stimulate further efforts to examine how self-compassion influences not only one's own outcomes and well-being but also those of others.

The present findings are also novel, in that, they raise the possibility that self-compassion may facilitate interpersonal relations. For instance, in a few existing studies in the romantic relationships domain, researchers have shown that self-compassion predicts greater personal desire to correct interpersonal mistakes and problem-solving behaviors (Baker & McNulty, 2011), as well as greater partner-reported relationship satisfaction (Neff & Beretvas, 2013). Yet, the processes by which self-compassion can facilitate relationships remain unclear. Based on our findings, we speculate that the within-person benefits (i.e., acceptance of own flaw, acceptance of partners' flaw) and between-person benefits (i.e., felt partner accepts own flaw) of self-compassion could engender relationship-building processes that lead to better functioning relationships. For instance, the process of accepting each other's imperfections could produce gratitude and appreciation among partners for each other, which, in turn, may promote more satisfying relationships (Algoe, Gable, & Maisel, 2010; Gordon et al., 2012). In short, it seems entirely possible that self-compassion could be a basis for building strong relationships.

Interestingly, Study 2 results showed that self-compassion predicted acceptance of the flaw of a romantic partner

and an acquaintance to a similar degree. This suggests that the impact of self-compassion on others is not unique to close others and may extend to distant others. This is a novel addition to the literature because we know very little about the benefits of being self-compassionate for people outside of our immediate circle of care (e.g., parents and close friends). However, we should note that we used a relatively trivial (i.e., forgot to purchase a concert ticket), albeit a morally laden (i.e., promised to do so), example of a mistake. It would be interesting to see how self-compassionate people respond to other types of more *serious* imperfections or mistakes that others commit. For instance, it would be interesting to examine how self-compassionate people react to well-established group-based biases, such as in-group favoritism (Brewer, 1979). On one hand, an in-group favoritism prediction is that people are more likely to accept the moral transgressions of people from their in-group (e.g., brother cheating on a test). However, recent research demonstrated that self-compassion, both measured and manipulated, led people to decrease acceptance of their own moral transgressions (Wang, Chen, Poon, Teng, & Jin, 2017). Thus, we may see self-compassionate people to be *less* likely to accept others' moral transgressions, especially if these transgressions are severe and consequential, and even if others are in-group members.

An interesting finding that we observed in Study 3 is that participants' and partners' self-compassion were moderately related. This association between two partners' self-compassion has not been observed in the past and suggests some interesting future research directions. For example, the emotion convergence literature suggests that people's emotional experience converges over time (Anderson, Keltner, & John, 2003) and, as the emotional experience of both partners becomes similar across time, they become more satisfied with their relationship (Gonzaga, Campos, & Bradbury, 2007). This raises the possibility that, perhaps, the cross-sectional correlation we observed could be the result of self-compassion convergence over time in our couples, which, in turn, could translate to positive personal and relationship outcomes.

Contrary to this similarity hypothesis, however, is the complementary hypothesis, which posits that differences in personality profiles between partners lead to better relationship outcomes (e.g., one is high in self-compassion, the other is low in self-compassion). For instance, greater personality similarity at baseline, measured in terms of the Big Five personality trait dimensions, predicted less marital satisfaction 12 years later among a sample of middle-aged married couples (Shiota & Levenson, 2007). Does self-compassion converge across time between two people? Is it similarity or complementary in self-compassion that is more conducive to positive personal and relationship outcomes? Testing such intriguing questions would require a longitudinal design using a sample of dating or married couples.

On another note, it is important to acknowledge that the link between self-compassion and acceptance of others may be grounded in processes or factors other than, or in addition to, the one we focused on in the present studies (i.e., acceptance of one's own flaws). More broadly, the question of what factor(s), whether individual differences or situational cues, promote self-compassion in the short and long term remains to be examined. Attachment styles could be one potential individual difference variable that promotes self-compassion. For example, some correlational studies have shown that attachment anxiety is moderately inversely correlated with self-compassion, whereas attachment avoidance is weakly inversely associated with self-compassion (Raque-Bogdan, Ericson, Jackson, Martin, & Bryan, 2011; Wei, Liao, Ku, & Shaffer, 2011; Zhang & Chen, 2017). Another possible antecedent of (less) self-compassion could be fear of compassion, which refers to the tendency to withdraw from showing compassion to the self and others (Gilbert, McEwan, Matos, & Rivis, 2011). Fear of compassion for the self, from others, and for others are all correlated with less self-compassion (Gilbert et al., 2011). Although beyond the scope of the current article, research that examines these possibilities is warranted.

Limitations

We should note several limitations of the current research. Among them, a cross-sectional mediation approach may not accurately reflect the true nature of the processes (MacKinnon & Fairchild, 2009; Maxwell & Cole, 2007). For instance, our mediation models presumed that self-compassion causes acceptance of own flaw and, in turn, acceptance of partners' flaw, which then led to felt acceptance in the partner over time. Another presumption of cross-sectional mediation is that the mediated effect is stable over time. Future research should improve on these limitations with a longitudinal mediation design that can help determine the temporal order of our variables and the stable relations among the variables across time. In short, the mediators in the present studies were all measured (i.e., not manipulated), leaving open the question of whether acceptance of own flaw caused increased acceptance of partners' flaw. Still, our mediation results provide at least an initial empirical basis for further inquiry into the impact of self-compassion on others.

We also relied on self-report methods to measure self-compassion. The vast majority of extant research on self-compassion and romantic relationships has similarly relied on self-report measures (e.g., Baker & McNulty, 2011; Neff & Beretvas, 2013), but future research would benefit from more diverse methodological approaches. For instance, Sbarra and colleagues (2012) found that objectively coded self-compassion from people who spoke about a recent divorce predicted better adjustment 9 months later. It would be interesting to examine whether romantic couples who naturally narrate their imperfections with more self-compassion would predict more

willingness to accept their own and each other's flaws. Moreover, the current results clearly document a link between self-compassion and self-reported acceptance of own and others' flaws but do not speak to the link between self-compassion and *behavioral* displays of acceptance behaviors, which future research should examine. For example, one might assess whether self-compassion encourages people to talk about others' imperfections with reduced verbal criticism and contempt. These behavioral displays of acceptance, perhaps during a face-to-face discussion of imperfections, may be possible mechanisms that explain the link between one partner's reported acceptance of the other person's flaw and the other person actually feeling that their partner accepts their flaw.

On another note, research on self-compassion and dealing with difficult experiences has often used North American samples, and this is true of the current studies. In light of recent concerns about bias in such samples (i.e., Western, Educated, Industrialized, Rich, Democratic; Henrich, Heine, & Norenzayan, 2010) and evidence that there are cross-cultural differences in levels of self-compassion, it would be useful to conduct a cross-cultural replication of our key findings. For example, Neff, Pisitsungkagarn, and Hsieh (2008) found that people in Taiwan reported significantly lower trait self-compassion scores than people in the United States. Thus, it is possible that people from regions of the world where self-compassion is not particularly endorsed will be less likely to report acceptance of own and others' flaws, although this speculation clearly awaits future research.

Conclusion

Does my self-compassion have consequences for other people? Our results provide a preliminary answer to this question: Yes. Being self-compassionate was associated with greater felt acceptance of one's own imperfections by one's partner for each person in the romantic relationship. The results are consistent with a model wherein self-compassionate people's greater likelihood of accepting their own imperfections promoted, in turn, greater acceptance of others' imperfections. These results expand the self-compassion literature, which has tended to focus on the intrapersonal benefits of treating the self with compassion, toward greater examination of the impact of being self-compassionate on others.

Declaration of Conflicting Interests

Funding

Supplemental Material

Supplemental material is available online with this article.

References

Adams, C. E., & Leary, M. R. (2007). Promoting self-compassionate attitudes toward eating among restrictive and guilty eaters. *Journal of Social & Clinical Psychology*, *26*, 1120-1144.

Algoe, S. B., Gable, S. L., & Maisel, N. C. (2010). It's the little things: Everyday gratitude as a booster shot for romantic relationships. *Personal Relationships*, *17*, 217-233.

Allen, A. B., & Leary, M. R. (2010). Self-compassion, stress, and coping. *Social & Personality Psychology Compass*, *4*, 107-118.

Anderson, C., Keltner, D., & John, O. P. (2003). Emotional convergence between people over time. *Journal of Personality and Social Psychology*, *84*, 1054-1068.

Arbuckle, J. L. (2010). *IBM SPSS Amos 19 user's guide*. Crawfordville, FL: Amos Development Corporation.

Arch, J. J., Brown, K. W., Dean, D. J., Landy, L. N., Brown, K. D., & Laudenslager, M. L. (2014). Self-compassion training modulates alpha-amylase, heart rate variability, and subjective responses to social evaluative threat in women. *Psychoneuroendocrinology*, *42*, 49-58.

Baer, R. A., Lykins, E. L., & Peters, J. R. (2012). Mindfulness and self-compassion as predictors of psychological wellbeing in long-term meditators and matched nonmeditators. *The Journal of Positive Psychology*, *7*, 230-238.

Baer, R. A., Smith, G. T., & Allen, K. B. (2004). Assessment of mindfulness by self-report: The Kentucky Inventory of Mindfulness Skills. *Assessment*, *11*, 191-206.

Baker, L. R., & McNulty, J. K. (2011). Self-compassion and relationship maintenance: The moderating roles of conscientiousness and gender. *Journal of Personality and Social Psychology*, *100*, 853-873.

Baumeister, R. F., Smart, L., & Boden, J. M. (1996). Relation of threatened egotism to violence and aggression: The dark side of high self-esteem. *Psychological Review*, *103*, 5-33.

Berger, E. M. (1952). The relation between expressed acceptance of self and expressed acceptance of others. *The Journal of Abnormal and Social Psychology*, *47*, 778-782.

Breines, J. G., McInnis, C. M., Kuras, Y. I., Thoma, M. V., Gianferante, D., Hanlin, L., . . . Rohleder, N. (2015). Self-compassionate young adults show lower salivary alpha-amylase responses to repeated psychosocial stress. *Self and Identity*, *14*, 390-402.

Breines, J. G., Thoma, M. V., Gianferante, D., Hanlin, L., Chen, X., & Rohleder, N. (2014). Self-compassion as a predictor of interleukin-6 response to acute psychosocial stress. *Brain, Behavior, and Immunity*, *37*, 109-114.

Brewer, M. B. (1979). In-group bias in the minimal intergroup situation: A cognitive-motivational analysis. *Psychological Bulletin*, *86*, 307-324.

Brion, J. M., Leary, M. R., & Drabkin, A. S. (2014). Self-compassion and reactions to serious illness: The case of HIV. *Journal of Health Psychology*, *19*, 218-229.

Buhrmester, M., Kwang, T., & Gosling, S. D. (2011). Amazon's Mechanical Turk: A new source of inexpensive, yet high-quality, data? *Perspectives on Psychological Science*, *6*, 3-5.

Carson, S. H., & Langer, E. J. (2006). Mindfulness and self-acceptance. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, *24*, 29-43.

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, *56*, 267-283.

Costa, J., & Pinto-Gouveia, J. (2011). Acceptance of pain, self-compassion and psychopathology: Using the Chronic Pain Acceptance Questionnaire to identify patients' subgroups. *Clinical Psychology & Psychotherapy*, *18*, 292-302.

Enright, R. D. (1996). Counseling within the forgiveness triad: On forgiving, receiving forgiveness, and self-forgiveness. *Counseling and Values*, *40*, 107-126.

Gilbert, P., McEwan, K., Matos, M., & Rivis, A. (2011). Fears of compassion: Development of three self-report measures. *Psychology and Psychotherapy: Theory, Research and Practice*, *84*, 239-255.

Gonzaga, G. C., Campos, B., & Bradbury, T. (2007). Similarity, convergence, and relationship satisfaction in dating and married couples. *Journal of Personality and Social Psychology*, *93*, 34-48.

Gordon, A. M., Impett, E. A., Kogan, A., Oveis, C., & Keltner, D. (2012). To have and to hold: Gratitude promotes relationship maintenance in intimate bonds. *Journal of Personality and Social Psychology*, *103*, 257-274.

Hayes, A. F. (2017). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. New York, NY: Guilford Press.

Hayes, A. F., Preacher, K. J., & Myers, T. A. (2011). Mediation and the estimation of indirect effects in political communication research. In E. P. Bucy & R. L. Holbert (Eds.), *Sourcebook for political communication research: Methods, measures, and analytical techniques* (Vol. 23, pp. 434-465). New York, NY: Routledge.

Henrich, J., Heine, S. J., & Norenzayan, A. (2010). Most people are not WEIRD. *Nature*, *466*, 29.

Kan, C., Lichtenstein, D. R., Grant, S. J., & Janiszewski, C. (2014). Strengthening the influence of advertised reference prices through information priming. *Journal of Consumer Research*, *40*, 1078-1096.

Leary, M. R., & Baumeister, R. F. (2000). The nature and function of self-esteem: Sociometer theory. In M.P. Zanna (Ed.), In *Advances in experimental social psychology* (Vol. 32, pp. 1-62). Cambridge, MA: Academic Press.

Leary, M. R., Tate, E. B., Adams, C. E., Allen, A. B., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Journal of Personality and Social Psychology*, *92*, 887-904.

Ledermann, T., & Macho, S. (2009). Mediation in dyadic data at the level of the dyads: A structural equation modeling approach. *Journal of Family Psychology*, *23*, 661-670.

Liss, M., & Erchull, M. J. (2015). Not hating what you see: Self-compassion may protect against negative mental health variables connected to self-objectification in college women. *Body Image*, *14*, 5-12.

MacKinnon, D. P., & Fairchild, A. J. (2009). Current directions in mediation analysis. *Current Directions in Psychological Science*, *18*, 16-20.

Maxwell, S. E., & Cole, D. A. (2007). Bias in cross-sectional analyses of longitudinal mediation. *Psychological Methods*, *12*, 23-44.

Montoya, A. K., & Hayes, A. F. (2017). Two-condition within-participant statistical mediation analysis: A path-analytic framework. *Psychological Methods*, *22*, 6-27.

Neely, M. E., Schallert, D. L., Mohammed, S. S., Roberts, R. M., & Chen, Y. J. (2009). Self-kindness when facing stress: The role of self-compassion, goal regulation, and support in college students' well-being. *Motivation and Emotion*, *33*, 88-97.

Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. *Self and Identity*, *2*, 223-250.

Neff, K. D. (2011). Self-compassion, self-esteem, and well-being. *Social & Personality Psychology Compass*, *5*, 1-12.

Neff, K. D., & Beretvas, S. N. (2013). The role of self-compassion in romantic relationships. *Self and Identity*, *12*, 78-98.

Neff, K. D., Hsieh, Y. P., & Dejitterat, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and Identity*, *4*, 263-287.

Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, *41*, 139-154.

Neff, K. D., Pisitsungkagarn, K., & Hsieh, Y. P. (2008). Self-compassion and self-construal in the United States, Thailand, and Taiwan. *Journal of Cross-Cultural Psychology*, *39*, 267-285.

Neff, K. D., & Pommier, E. (2013). The relationship between self-compassion and other-focused concern among college undergraduates, community adults, and practicing meditators. *Self and Identity*, *12*, 160-176.

Neff, K. D., Rude, S. S., & Kirkpatrick, K. L. (2007). An examination of self-compassion in relation to positive psychological functioning and personality traits. *Journal of Research in Personality*, *41*, 908-916.

Neff, K. D., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality*, *77*, 23-50.

Olsen, J. A., & Kenny, D. A. (2006). Structural equation modeling with interchangeable dyads. *Psychological Methods*, *11*, 127-141.

Peugh, J. L., DiLillo, D., & Panuzio, J. (2013). Analyzing mixed-dyadic data using structural equation models. *Structural Equation Modeling: A Multidisciplinary Journal*, *20*, 314-337.

Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods*, *40*, 879-891.

Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the Self-Compassion Scale. *Clinical Psychology & Psychotherapy*, *18*, 250-255.

Raque-Bogdan, T. L., Ericson, S. K., Jackson, J., Martin, H. M., & Bryan, N. A. (2011). Attachment and mental and physical health: Self-compassion and mattering as mediators. *Journal of Counseling Psychology*, *58*, 272-278.

Richard, F. D., Bond, C. F., Jr., & Stokes-Zoota, J. J. (2003). One hundred years of social psychology quantitatively described. *Review of General Psychology*, *7*, 331-363.

Rosenberg, M. (1965). Rosenberg Self-Esteem Scale (RSE). In J. Ciarrochi & L. Bilich (Eds.), In *Acceptance and commitment therapy. Measures package* (Vol. 61).

Rogers, C. R. 1949. A coordinated research in psychotherapy: A non-objective introduction. *Journal of consultation Psychology*, *13*, 149-153.

Rusbult, C. E., Martz, J. M., & Agnew, C. R. (1998). The investment model scale: Measuring commitment level, satisfaction level, quality of alternatives, and investment size. *Personal Relationships*, *5*, 357-387.

Sbarra, D. A., Smith, H. L., & Mehl, M. R. (2012). When leaving your ex, love yourself: Observational ratings of self-compassion predict the course of emotional recovery following marital separation. *Psychological Science*, *23*, 261-269.

Sheerer, E. T. (1949). An analysis of the relationship between acceptance of and respect for self and acceptance of and respect for others in ten counseling cases. *Journal of Consulting Psychology*, *13*, 169-175.

Shepard, L. A. (1979). Self-acceptance: The evaluative component of the self-concept construct. *American Educational Research Journal*, *16*, 139-160.

Shiota, M. N., & Levenson, R. W. (2007). Birds of a feather don't always fly farthest: Similarity in Big Five personality predicts more negative marital satisfaction trajectories in long-term marriages. *Psychology and Aging*, *22*, 666-675.

Taylor, A. B., MacKinnon, D. P., & Tein, J. Y. (2008). Tests of the three-path mediated effect. *Organizational Research Methods*, *11*, 241-269.

Tsang, J. A., Carpenter, T. P., Roberts, J. A., Frisch, M. B., & Carlisle, R. D. (2014). Why are materialists less happy? The role of gratitude and need satisfaction in the relationship between materialism and life satisfaction. *Personality and Individual Differences*, *64*, 62-66.

Wang, X., Chen, Z., Poon, K. T., Teng, F., & Jin, S. (2017). Self-compassion decreases acceptance of own immoral behaviors. *Personality and Individual Differences*, *106*, 329-333.

Wei, M., Liao, K. Y. H., Ku, T. Y., & Shaffer, P. A. (2011). Attachment, self-compassion, empathy, and subjective well-being among college students and community adults. *Journal of Personality*, *79*, 191-221.

Welp, L. R., & Brown, C. M. (2014). Self-compassion, empathy, and helping intentions. *The Journal of Positive Psychology*, *9*, 54-65.

Wong, C. C. Y., & Yeung, N. C. (2017). Self-compassion and posttraumatic growth: Cognitive processes as mediators. *Mindfulness*, *8*, 1078-1087.

Yarnell, L. M., & Neff, K. D. (2013). Self-compassion, interpersonal conflict resolutions, and well-being. *Self and Identity*, *12*, 146-159.

Zhang, J. W., & Chen, S. (2016). Self-compassion promotes personal improvement from regret experiences via acceptance. *Personality and Social Psychology Bulletin*, *42*, 244-258.

Zhang, J. W., & Chen, S. (2017). Self-compassion promotes positive adjustment for people who attribute responsibility of a romantic breakup to themselves. *Self and Identity*, *16*, 732-759