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The Importance of Flexible Relational Boundaries: The Role of Connectedness in Self-Compassion and Compassion for Others

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ABSTRACT. Self-compassion and compassion for others have largely been studied independently. However, when studied as separate but related constructs, clear self-other differences emerge. Although intrapersonal and interpersonal differences are perhaps best explained through personality theory, specifically Blatt's (2008) 2 polarities model, limited research has specifically examined the impact personality organization has on the capacity to extend compassion to oneself and others. The present study examined how personality organization according to 2-polarities model of personality is related to and impacts self-compassion and compassion for others. Participants ($N = 226$) completed a series of self-report questionnaires online to assess personality organization and compassion competencies. Results yielded 2 predictive models of compassion. Efficacy (+), self-criticism (-), and connectedness (-) predicted self-compassion ($R^2 = .47, p < .001$). Efficacy (+), self-criticism (-), and connectedness (+) predicted compassion for others ($R^2 = .36, p < .001$). Model disparities elucidate key differences between the constructs, specifically that healthy and flexible relational boundaries are essential for self-compassion, while feelings of security and stability within personal relationships are more important for showing others compassion. Understanding how differences in personality proclivities relate to the nuances in self-compassion and compassion for others may aid therapeutic intervention targeting compassion capacities.

Keywords: connectedness, relatedness, self-compassion, compassion for others

Individuals vary greatly in their capacity to have compassion for themselves and others. These variations are in part attributable to what helps or gets in the way of showing oneself and others compassion. For example, harsh self-judgement, attributing suffering to personal failings, and overidentification with one's pain all hinder self-compassion in the face of suffering (Neff, 2003). Although empirical literature concerning compassion continues to grow, self-compassion and compassion for others have largely been conceptualized and studied independently, hindering an examination of the relationship between the two constructs. Gilbert and colleagues (2017) have remedied this issue by creating a theory that includes both self-compassion and

compassion for others and highlights the need to explore self-other differences that exist between the phenomena.

Blatt's (2008) two-polarities model of personality provides a theoretical framework from which to examine the self-other differences that exist between self-compassion and compassion for others. The two-polarities model describes the lifelong dialectical synergistic interaction between developing and maintaining a positive identity (i.e., issues of self-definition) and reciprocal, stable relationships with others (i.e., issues of relatedness) as core processes in personality development and organization (Luyten & Blatt, 2013). In other words, Blatt and colleagues suggested that developing a coherent sense of self supports the maturation and

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development of mutually beneficial relationships, which reciprocally facilitates the development of an increasingly integrated sense of self. However, disruptions in the synergistic relationship between self-definition and relatedness can impede healthy personality development (Luyten & Blatt, 2013).

Although some studies have utilized personality measures (e.g., the Big Five) when examining constructs related to positive psychology, mental health, and subjective well-being (Barnes & Mongrain, 2019), no studies have explored the relationship between self-other models of personality organization, self-compassion, and compassion for others. Furthermore, none to our knowledge have yet explored the impact of self-definition and relatedness processes on compassion capabilities. With the aim of resolving this deficit, the present study examined the relationship between self-definition and relatedness and the ability to be self-compassionate and compassionate to others.

Two-Polarities Model of Personality: Self-Definition and Relatedness

An exploration of the self-other differences that exist between self-compassion and compassion for others is best achieved through first examining the intrapersonal and interpersonal differences described by Blatt's two-polarities model of personality. Two-polarities theory postulates that the dialectic interaction between self-definition and relatedness are integral components of personality development throughout the lifespan (Blatt, 2008). *Self-definition* involves establishing an individuated, generally positive self-identity. *Relatedness* involves establishing intimate, stable, mutually beneficial relationships with others. According to the two-polarities model, healthy personality development occurs as individuals repeatedly overcome issues related to the self to increase autonomy and issues concerned with relatedness to form more mature relationships (Luyten & Blatt, 2013). Similar self-other personality dimensions (e.g., autonomy and sociotropy, attachment avoidance and attachment anxiety) have been found across cognitive, attachment, and self-determination theories as well (Beck et al., 1983; Bowlby, 1980; Ryan & Deci, 2000). Because the development of an autonomous self cultivates increasingly mature relationships with others, and healthy attachments with others facilitates an increasingly mature and integrated self, a balanced interaction between each dimension is necessary for the maturation of adaptive personality organization and healthy

psychological development (Blatt, 2008; Mongrain & Zuroff, 1995). Furthermore, a severe imbalance or overconcern with identity formation to the detriment of connecting with others, and vice versa, halts developmentally appropriate maturation in the polar task and disrupts personality development (Blatt & Luyten, 2009; Luyten & Blatt, 2011).

Through the examination of shared common dynamics, conflicts, defenses, and vulnerabilities, the two-polarities model identifies self-critical and dependent personality organizations resulting from exaggerated concerns with self-identity or interpersonal relationships, respectively (Blatt & Luyten, 2009; Blatt & Maroudas, 1992). According to Blatt (2008), individuals who are overly concerned with issues of the self, often involving independence or autonomy, control, self-worth, and identity, have an *introjective* or *self-critical* personality organization. Individuals who are excessively concerned with interpersonal issues, typically involving love, attachment, and trust, have an *anacitic* or *dependent* personality organization. Due to the synergistic nature of the polarities, excessive preoccupation with one developmental task inherently halts developmentally appropriate maturation in the other, increasing vulnerability to psychopathology (Besser & Priel, 2005; Blatt, 2008; Blatt & Luyten, 2009). For example, self-critical personality organization has been consistently associated with pathology (e.g., depression, negative affect; Besser & Priel, 2005; Mongrain & Zuroff, 1995; Thompson & Zuroff, 2004). However, there seems to be both adaptive and maladaptive expressions of dependency: *neediness* and *connectedness* (Blatt et al., 1995; Rude & Burnham, 1995; Shahar, 2015). Neediness indicates an indiscriminate overconcern with abandonment and separation that is associated with depression, whereas connectedness indicates the adaptive concern one feels about specific relationship issues that is associated with psychological well-being (Blatt et al., 1995).

Although maladaptive personality organizations primarily describe individuals within clinical populations experiencing extreme disruption in tasks of self-individuation and interpersonal relating, self-criticism and neediness also refer to less extreme personality disruptions within nonclinical populations. Individuals with self-critical personality proclivities tend to exhibit assertiveness, high personal standards, needs for recognition, criticism toward the self and others, and perfectionism (Blatt, 2008; Lingardi et al., 2017). Contrastingly, needy personality proclivities

are more often associated with concerns regarding separation and abandonment, affection-seeking, submissiveness, introjected aggression, and a lack of boundaries between self and other (Kopala-Sibley et al., 2013; Rude & Burnham, 1995). Because examining the shared cognitive, affective, and relational styles typical of both adaptive and maladaptive personality organizations is critical for predicting developmental difficulties and informing strategies for therapeutic change (Lingiardi et al., 2017; Mongrain & Zuroff, 1995), examining self-definition and relatedness in relation to compassion competence may aid compassion-based therapeutic intervention.

Self-Compassion and Compassion for Others

Compassion might best be understood as involving two separate but related components of self-compassion and compassion for others. Developed from a Buddhist psychological perspective, Neff (2003) defined *self-compassion* as a kind, mindful, and connected approach to one's own suffering rather than over-identification with or harsh judgment of one's pain. Self-compassion is considered a protective factor to mental health vulnerabilities (e.g., self-criticism, depression) and is associated with psychological well-being (Kaurin et al., 2018; Leary et al., 2007; Neff, 2011; Shapira & Mongrain, 2010; Trompetter et al., 2017). Although an abundance of research has firmly established the conceptualization of self-compassion, there is less consensus on how best to conceptualize and study prosocial compassion, or compassion for others (Goetz & Simon-Thomas, 2017). Goetz and Simon-Thomas differentiated compassion for others from related concepts such as sympathy, empathy, and altruism, and defined compassion for others as both an intrapersonal and interpersonal response involving attending to and perspective-taking of another person's suffering (2017). Further, this study agrees that compassion for others seems to require a nonjudgmental, open approach to another individual's distress rather than reacting with fear, disdain, or discomfort to another's negative emotions (Strauss et al., 2016). Consequently, feelings of personal distress may hinder one's ability to engage with and act compassionately toward others (Gilbert et al., 2011).

Commonalities exist between the constructs, and some findings have supported a connection between self-compassion and compassion for others (e.g., Lindsay & Creswell, 2014; Neff & Pommier, 2013). For example,

highly self-compassionate individuals reported being equally caring toward themselves and others whereas those with low self-compassion reported treating others kinder than themselves (Hermanto & Zuroff, 2016). However, other findings have not substantiated a significant relationship between self-compassion and compassion for others (López et al., 2018; Neff, 2003). Gilbert and colleagues (2017), taking a more Western psychological approach to compassion than Neff's Buddhist approach, maintained that differences in attention, motivation, and behavior between self-compassion and compassion for others warrants identifying each as separate but related constructs. It may be that self-compassion and compassion for others are related in that they involve similar aspects of engagement with and motivated action to resolve suffering, but differ in terms of the central aspects of each construct. For example, a sense of common humanity and mindfulness are central aspects of self-compassion, whereas affective and cognitive empathy are considered essential to prosocial behaviors such as compassion for others (Marshall et al., 2019; Neff, 2003; Neff & Pommier, 2013). Further, the ability to effectively shift focus between the self and others when necessary seems to account for differing emotional, motivational, and behavioral outcomes associated with self-compassion and compassion for others (Lown, 2016). Moreover, the emphasis on intrapersonal and interpersonal experiences within both constructs warrants examining self-compassion and compassion for others through the lens of two-polarities personality theory.

Compassion and Two-Polarities Theory

Recently, Gilbert and colleagues (2017) have explored compassion as a two-part process involving the motivation to engage with and relieve suffering, and have created a tripartite construct that examines self-compassion, compassion for others, and compassion from. There is reason to believe that a dialectical relationship incorporating both the intrapersonal and interpersonal aspects of personality development might relate to this tripartite conceptualization of compassion through a similar self-other framework (i.e., self-compassion and compassion from others are self-oriented constructs, whereas compassion for others is an other-oriented construct).

A number of studies seem to support such a connection between personality development and compassion. Social mentality theorists Hermanto

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and Zuroff (2016) proposed that compassionate capacities are derived from internal working representations shaped by early life experiences with caregivers. These internal working representations, associated with personality development and organization (Kernberg, 2007), influence social outcomes such as one's proclivity to react helpfully or defensively in response to someone else's suffering (Davis, 2017). Similar to social mentality theory, two-polarities theory postulates that establishing an autonomous self cultivates compassionate acts toward disadvantaged groups (Blatt, 2008). Extensive findings that self-compassion is highly associated with well-being (Barnard & Curry, 2011; Gilbert et al., 2017; Neff, 2011; Neff & McGehee, 2010; Neff et al., 2007; Trompetter et al., 2017) may also suggest a critical connection between personality and compassion.

Few studies have assessed both personality organization, self-compassion, and compassion for others concurrently. Both Thurackal and colleagues (2016) and Neff and colleagues (2007) examined the relationship between personality and self-compassion using trait models of personality (i.e., Five Factor Inventory and Big Five Inventory). Further, Shapira & Mongrain (2010) utilized Blatt's two-polarities measure to assess the impact of personality organization on the effectiveness of self-compassion and optimism interventions. Although no studies to our knowledge have examined the relationship between personality and compassion for others, Hermanto and Zuroff (2016) examined the impact of care-seeking and care-giving social mentalities on self-compassion and self-reassurance. Moreover, no research to our knowledge has examined the relationship between personality organization as understood by two-polarities theory and Gilbert and colleagues' (2017) tripartite measure of compassion. With the goal of filling this gap, our study examined the relationships between adaptive and maladaptive personality organization as defined by two-polarities theory, and self-compassion and compassion for others as defined by Gilbert and colleagues (2017). Based on prior findings, we expected self-compassion and compassion for others to be positively correlated with adaptive personality organization (i.e., efficacy and connectedness) and negatively correlated with maladaptive personality organization (i.e., self-criticism and neediness). In addition, we hypothesized that adaptive personality organization would predict self-compassion and compassion for others.

Method

Participants

The study consisted of 226 participants (54.4% women, 42.9% men, 2.7% transgender). Participant age range was 18 to 78 ($M = 31.01$, $SD = 11.19$). The sample was primarily of European American background (67.3%), followed by Asian (9.3%), African American (8.8%), Hispanic (7.5%), Mixed Race (5.3%), Middle Eastern (1.3%), and Other (0.4%).

Measures

Self-Compassion and Compassion for Others

Self-compassion and compassion for others were assessed using the 39-item Compassionate Engagement and Action Scales (CEA-S; Gilbert et al., 2017). The CEA-S measures self-compassion, the compassion people experience for others, and the compassion people experience from others. This study examined only the Self-Compassion and Compassion to Others subscales because these measured the constructs that related directly to the aims of the study. An example of an item from the Self-Compassion subscale is, "I am motivated to engage and work with my distress when it arises." An example of an item from the Compassion to Others subscale is, "I am motivated to engage and work with other peoples' distress when it arises." Participants rate each statement according to how frequently it occurs on a 10-point Likert-type scale from 1 (*never*) to 10 (*always*). In the present study, internal consistency for self-compassion ($\alpha = .88$) and compassion to others ($\alpha = .91$) was acceptable.

Self-Definition and Relatedness

Adaptive and maladaptive self-definition and relatedness were assessed using the Depressive Experiences Questionnaire (DEQ; Blatt et al., 1976). The DEQ is a 66-item measure of personality assessing variables of self-criticism, dependency, and efficacy. Adaptive and maladaptive variables of self-definition are termed efficacy and self-criticism, respectively. Efficacy assesses inner strength, self-confidence, and sense of personal resilience (e.g., "I have many inner resources [abilities, strengths]"; Besser & Priel, 2005). Self-criticism assesses a preoccupation with feelings of guilt, insecurity, failure, and self-blame, and involves ambivalent feelings about the self and others as well as a critical approach to oneself (e.g., "I often find that I don't live up to my own standards or ideals"; Besser & Priel, 2005; Blatt et al., 1976). Variable scores are calculated using

a factor-weighted scoring system in which all 66 items contribute to the scoring of each factor. DEQ items are rated on a 7-point Likert-type scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), with higher scores indicating higher levels of each factor.

Because previous research has identified the presence of both adaptive and maladaptive aspects of Blatt's original dependency factor, subscales of neediness and connectedness were created to examine these aspects independently (Blatt et al., 1995; Rude & Burnham, 1995). Connectedness refers to the concern one feels about specific relationship issues and signifies psychological well-being (e.g., "After a fight with a friend, I must make amends as soon as possible"; Besser & Priel, 2005; Blatt et al., 1995; Kopala-Sibley et al., 2016; Rude & Burnham, 1995). Neediness refers to generalized excessive preoccupation with abandonment and separation and is associated with maladaptive outcomes (e.g., "I become frightened when I feel alone"; Besser & Priel, 2005; Blatt et al., 1995; Rude & Burnham, 1995).

In the present study, internal consistency for the DEQ ($\alpha = .85$) was reliable. We found strong internal consistency for Self-Criticism ($\alpha = .86$), Efficacy ($\alpha = .73$), Connectedness ($\alpha = .78$), and Neediness ($\alpha = .70$) subscales.

Procedure

This study was approved by the Rollins College Institutional Review Board, and all participants signed informed consent before taking part in the study. Data was collected as part of a larger study. The sample was recruited and compensated through the online recruitment platform Prolific Academic. Inclusion criteria involved participants who were at least 18 years old, maintained current residency in the United States, and had a minimum approval rating of 95% on Prolific Academic. Participants completed self-report questionnaires through Qualtrics, an online survey website. Questionnaires were counterbalanced and attention checks were included in order to ensure data reliability and accuracy. Participants who failed at least one of the two attention checks or completed the questionnaire exceptionally fast (i.e., three standard deviations below the mean) were excluded from sample analysis ($n = 3$). Each participant was compensated according to their completion time ($M = 23.88$, $SD = 9.57$), approximately \$6.50 per hour, as was ethically recommended.

Results

Descriptive data can be found in Table 1. Pearson correlations were calculated to discern the relationship between personality organization and compassion (see Table 1). Correlational analysis revealed a significant positive zero order correlation between self-compassion and efficacy and significant negative zero order correlations between self-compassion, self-criticism, and neediness. No correlation was found between self-compassion and connectedness. Significant positive zero order correlations were found between compassion to others, efficacy, and connectedness. No correlation was found between compassion to others, self-criticism, and neediness.

Multiple regression analysis was utilized to examine the ability of adaptive and maladaptive personality organization to predict self-compassion and compassion to others. Multiple regression analysis identified suppressor variables within both models.¹ Connectedness acted as a suppressor variable within the model of self-compassion, and self-criticism acted as a suppressor variable within the model of compassion to others. Multicollinearity, a potential threat to the validity of suppressor variables, was assessed and determined not to influence the statistical analyses. Scatterplot assessment established no curvilinear relationship between self-compassion and connectedness, or compassion to others and self-criticism. In multiple regression, two models were examined (see Table 2). Efficacy, self-criticism,

TABLE 1

Descriptive Statistics and Intercorrelations of Self-Criticism, Efficacy, Connectedness, Neediness, Self-Compassion, and Compassion to Others

Measure	1	2	3	4	5	6
1. Self-crit						
2. Efficacy	.04					
3. Connect	.37**	.45**				
4. Neediness	.53**	-.17*	.53**			
5. CEAS_Self	-.46**	.45**	-.12	-.39**		
6. CEAS_ToO	-.10	.49**	.44**	.04	.34**	
<i>M</i>	.30	-.62	-.52	.21	63.30	71.94
<i>SD</i>	1.17	1.08	1.06	0.88	15.42	14.75

Note. Self-crit = DEQ self-criticism factor; Efficacy = DEQ efficacy factor; Connect = DEQ connectedness factor; Neediness = DEQ neediness factor; CEAS_Self = Compassion Engagement and Action Scale Self-compassion; CEAS_ToO = Compassion Engagement and Action Scale Compassion to others.

* $p < 0.05$. ** $p < 0.01$.

¹ For more information on suppressor variables, see Lancaster, 1999 and Thompson & Levine, 1997.

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connectedness, and neediness factors were included in Model 1 as predictors of self-compassion. The model was significant, $R^2 = .47$, $F(4, 221) = 48.61$, $p < .001$, with efficacy ($\beta = .61$, $p < .001$), self-criticism ($\beta = -.42$, $p < .001$), and connectedness ($\beta = -.29$, $p < .001$) significantly predicting self-compassion. Neediness was not a significant predictor of self-compassion ($\beta = .09$, $p = .232$). The model explains 45.8% of the variance in self-compassion (Adjusted $R = .46$). Efficacy, self-criticism, connectedness, and neediness factors were included in Model 2 as predictors of compassion to others. The model was significant, $R^2 = .36$, $F(4, 221) = 30.76$, $p < .001$, with efficacy ($\beta = .36$, $p < .001$), self-criticism ($\beta = -.27$, $p < .001$), and connectedness ($\beta = .34$, $p < .001$) significantly predicting compassion to others. Neediness was not a significant predictor of compassion to others ($\beta = .07$, $p = .407$). The model explains 34.6% of the variance in compassion to others (Adjusted $R^2 = .35$).

Discussion

This study explored the relationship between adaptive and maladaptive personality organization, self-compassion, and compassion for others. We expected that self-compassion and compassion for others would be positively correlated with adaptive personality organization (i.e., efficacy and connectedness) and negatively correlated with maladaptive personality organization (i.e., self-criticism and neediness). We also expected adaptive personality organization would predict self-compassion and compassion for others.

First, our finding that connectedness was not associated with self-compassion initially suggests that self-compassion requires a lack of connection within one's relationships with others. However,

this would contradict prior findings that healthy intrapersonal experiences necessitate engagement within healthy relationships (Blatt, 2008). Rather, we expect that self-compassionate individuals are more likely able to establish boundaries within their relationships thereby allowing for efficient attending to their own suffering when necessary. Moreover, successful management and minimization of negative impacts from relationship conflict is needed for self-attending and self-soothing. Others have similarly found that the ability to shift focus between the self and others accounts for differences between self-compassion and compassion for others (e.g., Lown, 2016). Therefore, it seems that self-compassion entails enough separation from others that one is not overly connected and dependent on external reassurance for self-cohesion, as is typical of needy individuals.

Second, our finding that lower levels of self-criticism and higher levels of efficacious self-regard predicted greater compassion for others suggests that a generally stable sense of self-identity and self-worth contribute to one's ability to show others compassion. Prior research corroborates this finding, as insecure attachment style, self-coldness, and inadequacy are associated with a fear of being compassionate to others (Gilbert et al., 2011). Additionally, our finding that lower levels of self-criticism predicted higher compassion for others supports previous findings that overly self-critical individuals may hold a judgmental view of others and therefore behave with disdain and avoidance rather than compassion when encountering distressed others (Mikulincer et al., 2005). Therefore, compassion for others might require both the presence of inner strength and the absence of harsh self-criticism. Moreover, our finding that higher levels of connectedness predicted greater compassion for others indicates that feelings of interpersonal connectedness significantly impact the capacity to have compassion for others. It seems that individuals with stable, loving interpersonal relationships are more likely to intentionally attend to others' suffering than are individuals that are preoccupied with abandonment. Relationship security and healthy interpersonal connections have been linked with greater empathic and compassionate capabilities as well as adaptive interpersonal behavior (Kopala-Sibley et al., 2013; Mikulincer et al., 2005). In other words, the presence of both a stable, generally positive sense of self as well as stable, caring interpersonal relationships appear to support intentional attending

TABLE 2

Summary of Multiple Regression Analysis Coefficients for Self-Compassion and Compassion to Others

Variable	Model 1			Model 2		
	<i>B</i>	<i>SEB</i>	β	<i>B</i>	<i>SEB</i>	β
Efficacy	8.75	0.94	.61**	4.98	0.99	.36**
Self-criticism	-5.54	0.77	-.42**	-3.46	0.82	-.27**
Connectedness	-4.21	1.10	-.29**	4.73	1.16	.34**
Neediness	1.59	1.33	.09	1.17	1.41	.07
R^2		0.47			0.36	
<i>F</i>		48.61**			30.76**	

Note. Model 1 = Self-compassion; Model 2 = Compassion to others.

** $p < .001$.

and helpful emotional and behavioral reactions to relieve suffering in others.

Most noteworthy are the differences between predictive models of self-compassion and compassion for others. As feelings of connectedness contribute negatively to the prediction of self-compassion and positively to the prediction of compassion for others, there may be reason to believe conceptual distinctions based on an individual's level of relatedness exist between self-compassion and compassion for others. These findings challenge previous conceptualizations of self-compassion as a unitary construct that encompasses both kindness toward self and others (Neff, 2003). However, theoretical differences existing between Neff's conceptualization of self-compassion, and Gilbert and colleagues' (2017) conceptualization of self-compassion and compassion for others as separate constructs, may reflect broader cultural differences between Eastern and Western societies as to the value of independence versus interdependence. Our findings seem to show that compassion directed inward requires healthy relational boundaries, which corroborates findings that a sense of common humanity and mindfulness are central aspects to self-compassion (Neff, 2003; Neff & Pommier, 2013). However, compassion directed toward others is more likely dependent on how secure people feel within their relationships, which is consistent with findings that attachment security is associated with compassion and caregiving behaviors (Mikulincer et al., 2005). Furthermore, our findings support two-polarities theory that a balance between tasks of self-definition and relatedness is necessary to maintain adaptive personality development and organization (Blatt, 2008). These clear distinctions in modeled relationships found between self-compassion and connectedness, and compassion for others and connectedness, not only support previous research that self-compassion is a separate albeit related construct from compassion for others but also explains how these constructs differ. In other words, concern for others is the main differentiator between self-compassion and compassion for others. Clearly, as suggested by prior studies (Lown, 2016), it is important to consider self and other distinctions when examining prosocial tendencies.

Because our study was the first to compare efficacy, self-criticism, connectedness, and neediness with a holistic measure of compassion, further research is needed to determine the impact of personality organization on compassion. The chosen correlational research design precludes

assumptions of causality, so future studies might utilize experimental methodology when examining compassion. This study's participant inclusion criteria (e.g., English speaking and U.S. sample) limited cultural diversity, so future research should examine how the impact of personality organization on self-compassion and compassion for others might vary within different cultures. Continued examination of the relationship between personality organization and compassion factors may aid compassion-based therapeutic intervention (Jain & Fonagy, 2018). Hopefully, continued research on those factors that support and hinder compassion will inform strategies that help all individuals show themselves and others more compassion.

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