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Self-compassion, empathy, and helping intentions

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The trait of self-compassion has three components: (1) kindness toward oneself when facing pain or failure; (2) perceiving one's experiences as part of a larger human experience rather than feeling isolated; and (3) holding painful thoughts and feelings in balanced awareness. The present research explores if self-compassion predicts willingness to help others and empathy for others in need of help. Study 1 found that self-compassion predicted greater willingness to help a hypothetical person while simultaneously reducing empathy for that person. Study 2 used a more nuanced measure of empathy and found that self-compassion was only related to feeling less personal distress in response to someone else's emergency. In addition, in Study 2, self-compassion only predicted greater helping intentions when the target was at fault for the emergency. Lastly, both self-compassion and empathy were uniquely related to participants' willingness to help an individual in need.

Keywords: self-compassion; empathy; help; altruism

According to the Dalai Lama XIV, 'One must be compassionate to one's self before external compassion' (as cited in Babauta, 2008). Compassion is a virtue that humanity has long sought and psychologists have studied, often in the form of altruism and empathy. However, in the past decade, psychological research has expanded the boundary of compassion to include the self. Since Neff (2003) introduced a scale to measure individual differences in self-compassion, the trait has been found to predict a number of important intrapersonal outcomes, such as well-being (Baer, Lykins, & Peters, 2012), resilience to negative events (Leary, Tate, Adams, Allen, & Hancock, 2007), intrinsic motivation (Magnus, Kowalski, & McHugh, 2010), and self-improvement (Breines & Chen, 2012).

Self-compassion includes how one responds to one's own mistakes and faults, so it follows that it should predict intrapersonal experiences like those just described. However, the self has a powerful influence on perceptions of others (Dunning, 2002), making it likely that self-compassion could also influence how people relate to and treat their fellow humans. Indeed, Baker and McNulty (2011) have recently shown that self-compassion interacts with sex and conscientiousness to predict behaviors that enhance and maintain interpersonal relationships. Similarly, the purpose of the current project is to study whether compassion toward oneself influences empathy and helping intentions toward others.

Self-compassion

According to Neff and colleagues, self-compassion involves three components: 'being kind to oneself in

instances of pain or failure; perceiving one's experience as part of the larger human experience; and holding painful feelings and thoughts in balanced awareness' (Neff, Rude, & Kirkpatrick, 2007, p. 908). These are positive aspects of one's personality; for instance, rather than focusing on one's errors or faults, self-compassionate people understand that blunders are common to all people and that mistakes do not define a person. Because the self is often the anchor to which judgments of others are grounded (Brown, Young, & McConnell, 2009; Dunning, 2002), a compassionate orientation to the self may produce more tenderness toward others as well. To explore this, we studied the relationship between self-compassion, empathy, and helping intentions.

Empathy and helping

The purpose of this research is to test whether self-compassion predicts a prosocial orientation toward other people, as measured by empathy and helping intentions. There has been a great deal of research on both empathy and help in social psychology, as well as a healthy debate on whether empathy predicts altruistic help.

Empathy is a complex suite of psychological processes experienced when people take the perspective of another person. It is often divided into three major components: '(1) an affective response to another person, which often entails sharing that person's emotional state, (2) the cognitive ability to take the perspective of another person, and (3) the ability to regulate emotions' (Decety & Jackson, 2006, p. 54). Generally speaking,

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empathy is the process of comprehending and experiencing another person's affective state (Decety & Jackson, 2006). For this reason, in the present study we defined empathy as participants' emotional response to a hypothetical person in need of help.

According to the empathy-altruism hypothesis, empathy for a person in need produces an altruistic motivation to help that person, in contrast to helping in order to benefit the self (Batson et al., 1988). This theory also proposes that a truly selfless desire to help another person can only occur if the individual feels empathy for that person in need. Thus, altruistic help and empathy are thought to be inherently intertwined. For this reason, we tested whether self-compassion predicts both empathy and helping behavior, and if the relationship between empathy and help operates differently at different levels of self-compassion.

To our knowledge, the only research to date on the relationship between self-compassion and prosociality is a study by Neff and Pommier (2013) that compared undergraduate students, community adults, and meditators. Prosocial behavior, also referred to as altruism, was measured using a self-report scale created by Rushton, Chrisjohn, and Fekken (1981) that assesses the frequency with which participants report engaging in behaviors like helping strangers or giving blood. Self-compassion was positively correlated with self-reported prosocial actions among community adults and meditators, but undergraduate students showed no relationship between altruism and self-compassion. Going beyond prosocial actions, Neff and Pommier also assessed prosocial feelings such as compassion for humanity (Hwang, Plante, & Lackey, 2008), tendency to forgive others (Thompson et al., 2005), and empathy (Davis, 1983). The empathy measure was Davis's (1983) Interpersonal Reactivity Index (IRI), which measures empathic concern for people in general, willingness to take others' perspectives, and personal distress upon seeing people in need. As with self-reported altruistic behavior, community adults and meditators exhibited positive correlations between self-compassion and prosocial feelings as measured by compassion for humanity, forgiveness, empathic concern, and perspective taking (PT). However, self-compassion in this sample predicted less personal distress in reaction to seeing people in need. Of these positive correlations with self-compassion, the only ones to be observed among undergraduate students as well were those for PT and forgiveness. However, personal distress was also negatively correlated with self-compassion among undergraduates. These findings are consistent with an earlier study by Birnie, Speca, and Carlson (2010) that found increases in PT and reductions in personal distress (as measured by the IRI) following a mindfulness-based stress reduction training, which also increased self-compassion.

Our study sought to extend these findings by studying prosocial intentions and empathy toward a specific target in need of help. It may be that people with greater self-compassion have a general sense of benevolence toward both themselves and other people, thus producing correlations between self-compassion and prosociality when both are treated as dispositional variables, as they were in Neff and Pommier (2013; although it should be emphasized that the two variables were not related in undergraduate students). In the current paper, instead of assessing self-reported dispositional altruism, we tested whether self-compassion predicts prosocial intentions (helping intentions) and feelings (empathy) in specific helping situations.

Present research

Given the past research described above (see Neff & Pommier, 2013), we predicted that greater self-compassion would predict greater empathy for others and more willingness to aid a person in need. Self-compassionate individuals are forgiving of their own faults and recognize their experiences as being part of the larger human experience, so it is reasonable to expect that they would be more understanding of another person's difficult situation and therefore more inclined to help. In this paper, we define help and prosocial behavior as providing aid or assistance to another person, without reference to whether that aid is given from selfless motivation (i.e. altruism) or selfish motivation (which is notoriously challenging to determine). We report two studies designed to test whether self-compassion predicts empathy and helping intentions toward a specific target (i.e. a person in need of help).

Although empathy is an important predictor of help, it is not the only one. We manipulated additional factors that sometimes predict helping behavior to test if self-compassion is only related to help under certain circumstances. Although we predicted that self-compassion would increase helping intentions more generally, it is also possible that self-compassion only matters in situations where people are reluctant to help. In other words, perhaps everyone helps when the situation already encourages helping, whereas only people high in self-compassion will help when it does not. Research shows that prosocial helping behavior can vary depending on the target's race and responsibility, with minority or other-race targets and targets who are seen as responsible for their dilemma sometimes eliciting less help (Dovidio & Gaertner, 1981; Gruder, Romer, & Korth, 1978; Kogut, 2011; West, Whitney, & Schnedler, 1975). Based on this research, we predicted that a minority target (our participants were mostly White Americans) and a target who was highly responsible for his dilemma would elicit less empathy and helping intentions than a majority

target and a low-fault target. Our purpose for including these variables is to explore if self-compassion predicts helping intentions overall or only in situations where help is suppressed, such as when there is a high-fault minority target.

To test our hypothesis, we measured participants' level of self-compassion and then exposed them to a story about a man who was stranded with a flat tire. We measured their level of empathy toward the target as well as how much they thought they would help him. In Study 1, we also manipulated the target's race and responsibility for his situation to see if these variables would moderate self-compassion's relationship with empathy and help. In Study 2, we only manipulated the target's responsibility.

Study 1

Method

Participants

A total of 124 adults (62% female) participated. Participants were recruited through Amazon.com's MTurk (see Buhrmester, Kwang, & Gosling, 2011) and were paid 20 cents for their participation. The experiment was described as a study in which participants would 'read and answer questions about a short story.' Participants' mean age was 35.33 (SD = 13.31). All participants were currently residing in the USA and the racial and ethnic composition was 74% Caucasian, 9% African, 5% Latino/Latina, 5% Asian, 1% Native American, and 6% of an ethnicity not previously listed.

Measures

Self-compassion. Self-compassion was measured using the Self-compassion Scale (Neff, 2003). This scale contains 26 items, with statements such as 'When things are going badly for me, I see the difficulties as part of life that everyone goes through.' Participants rated their agreement with each item on a scale of 1 (*almost never*) to 7 (*almost always*). Self-compassion scores were computed by taking the mean of each participant's ratings after reverse-coding necessary items. The psychometric properties of the self-compassion scale have been evaluated by Neff (2003), and the reliability of the scale was strong in this study, $\alpha = 0.95$. Random assignment appeared successful, as self-compassion scores did not significantly differ by target fault, target race, or their interactions ($ps > 0.55$).

Empathy toward the target. As described below, participants read a vignette about a man who was stranded with a flat tire. To measure empathy, participants responded to the following three statements on a scale of 1 (*not at all*) to 7 (*a great deal*): 'How sympathetic do

you feel for [target], given his situation?'; 'How distressed would you feel if you saw [target] on the side of the road while you were driving past him?'; and 'How distressed would you feel if you were in [target]'s position?' The target's name appeared in place of the brackets. The reliability of the scale was acceptable, $\alpha = 0.73$.

Helping intentions. Participants indicated their intention to help the hypothetical target on a scale of 1 (*not likely at all*) to 7 (*extremely likely*). Specifically, they were asked how likely they would be to (1) stop and lend the target their cell phone so he could call for help; (2) stop and loan the target their spare tire; and (3) stop and give the target a ride. The scale was reliable, $\alpha = 0.84$.

Manipulation check. We manipulated the target's responsibility for getting a flat tire. To assess the effectiveness of our manipulation, we asked participants to indicate how responsible they thought the target was for his situation and the extent to which his situation was avoidable on a 1 (*not at all*) to 7 (*a great deal*) scale.

Procedure

After indicating their consent to participate, participants completed the self-compassion scale and were randomly assigned to one of four conditions in a 2 (target fault: high, low) \times 2 (target race: Caucasian, Latino) design. All participants read a short vignette about a man stranded with a flat tire; the details of the story were the same except for information about the target's race and his responsibility for the flat tire.

The vignette for the high-fault condition is displayed below.

Robert, a 25 year old Caucasian male, is driving at 60 miles per hour down a country road and listening to the radio. As he reaches over to the radio to change the station, his car begins to drift. Robert runs over a large pothole and consequently gets a flat tire. Because he lost his cell phone 7 days ago he is unable to call anyone for help. Robert, who does not have a spare tire, remains on the side of the road until a car stops to help him fix his tire.

Participants in the low-fault condition read the following vignette:

Robert, a 25 year old Caucasian male, is driving at 45 miles per hour down a country road. As he winds through a blind turn, he accidentally hits a pothole and consequently receives a flat tire. Because his cell phone was stolen 2 days ago he is unable to call anyone for help. Robert, who is borrowing his sister's car which is without a spare tire, remains on the side of the road until a car stops to help him fix his tire.

Target race was manipulated by varying the target's name and described race. The Caucasian condition is displayed above; in the Latino condition, the target was described as 'Roberto,' a 'Latino male.'

After reading the vignette, participants completed the manipulation check and measures of empathy and helping. Lastly, participants completed a demographics questionnaire after which they read a debriefing statement.

Results

Manipulation check

A one-way ANOVA revealed a significant effect of target fault condition on participants' ratings of how responsible the target was for his situation, $F(1,22) = 13.02$, $p = 0.0004$ (high fault $M = 4.69$, $SD = 1.68$; low fault $M = 3.52$, $SD = 1.95$). Target fault also significantly affected ratings of whether the target's situation was avoidable, $F(1,22) = 18.02$, $p = 0.00004$ (high fault $M = 5.60$, $SD = 1.41$; low fault $M = 4.37$, $SD = 1.79$). Thus, the manipulation of target responsibility was successful.

Empathy

The three empathy measures were averaged to form an empathy index. This index was regressed onto target fault (effects coded: -1 low fault; 1 high fault), target race (effects coded: -1 Caucasian; 1 Latino), and self-compassion (centered) in the first block, all two-way interactions in the second block, and the three-way interaction in the third block.¹ The first block revealed main effects of target fault ($\beta = -0.17$, $b = -0.20$, $t = -1.96$, $p = 0.05$) and self-compassion ($\beta = -0.17$, $b = -0.24$, $t = -1.93$, $p = 0.05$). These reveal that participants felt *less* empathy for the target when the target was high in fault and when participants were high in self-compassion. Target race ($p = 0.45$) and the interactions ($ps > 0.27$) were not significant, although the main effects of target fault and self-compassion remained significant even after controlling for the interaction terms (blocks 2 and 3).

Intention to help

As with empathy, the three helping items were averaged to form a helping intentions index, which was regressed onto target fault, target race, and self-compassion in the first block, all two-way interactions in the second block, and the three-way interaction in the third block. Self-compassion significantly predicted helping intentions in the first block ($\beta = 0.22$, $b = 0.48$, $t = 2.46$, $p = 0.015$) and in all other blocks, such that helping intentions *increased* with higher levels of self-compassion. No other main effects or interactions were significant ($ps > 0.5$).

Empathy and helping intentions

Consistent with past research on prosocial behavior (e.g. Batson et al., 1988), the overall correlation between participants' reported empathy and helping intentions was significant and positive, $r = 0.25$, $p = 0.005$. In other words, participants who felt greater empathy for the target reported more willingness to help him. This is quite interesting given that, as described above, participants with greater levels of self-compassion reported both *less* empathy and *greater* intention to help.

This pattern of results led us to question whether individuals greater in self-compassion may be a rare exception to the typical empathy-altruism connection. To test this possibility, we regressed helping intentions onto self-compassion and empathy (both centered; first block) and their interaction (second block). Both self-compassion ($\beta = 0.27$, $b = 0.59$, $t = 3.14$, $p = 0.002$) and empathy ($\beta = 0.30$, $b = 0.46$, $t = 3.48$, $p = 0.001$) uniquely and positively predicted helping intentions. They did not significantly interact ($p = 0.32$), although both main effects remained significant after controlling for the interaction. The non-significant interaction rejects the possibility that people high in self-compassion are an exception to a positive connection between empathy and altruism. Instead, self-compassion and empathy appear to be important yet independent predictors of helping intentions.

Target blame

Given the curious negative relation between self-compassion and empathy, we explored whether self-compassion predicted how responsible participants believed the target was for his dilemma. Our measure of perceived target responsibility was intended as a manipulation check for the target fault variable, so we tested the relation between self-compassion and perceived responsibility while controlling for the effect of the fault manipulation. To this end, we regressed perceived responsibility onto self-compassion (centered), target fault (effects coded) in the first step and their interaction in the second step. Self-compassion predicted perceived responsibility while controlling for target fault, *partial* $r = 0.18$, $t = 1.97$, $p = 0.049$. Target fault also continued to be a significant predictor of perceived responsibility, *partial* $r = 0.38$, $t = 4.49$, $p = 0.000016$, but the two variables did not interact ($p = 0.59$). To summarize these results, people with higher levels of self-compassion reported more willingness to help the target, yet also reported less empathy and saw him as more responsible for his situation (controlling for the actual responsibility of the target inherent in the manipulation).

Discussion

Interestingly, we found that participants who were high in self-compassion reported greater willingness to help a hypothetical target yet felt less empathy for him and assigned more responsibility to him ('victim blame') at the same time. These relationships were found regardless of the target's race or actual responsibility for his dilemma. Although we expected self-compassionate individuals to have greater helping intentions, we did not expect them to feel less empathy for the target. However, upon reflection, the negative relationship between self-compassion and empathy makes sense given the specific items in our empathy measure and past research by Neff and Pommier (2013) that measured multiple facets of empathy.

Specifically, we measured empathy as feeling sympathy for the target, distress upon seeing the target, and distress if in the target's position. Although these three items had acceptable internal consistency ($\alpha = 0.73$) and a principal components analysis revealed a single factor solution (with an eigenvalue of 1.97, accounting for 66% of the variance and revealing a clear elbow on the Scree plot), the individual items correlated differently with self-compassion and help. Only one item – 'How distressed would you be if you were [target]?' – was significantly correlated with self-compassion, $r = -0.28$, $p = 0.002$. We suspect that if highly self-compassionate participants are not distressed by their own mistakes, then perhaps they do not expect to feel distressed if they were in the target's situation. For people high in self-compassion, lacking empathy, or 'not feeling another person's distress,' may not result from cold-heartedness but from a different appraisal of the situation. Thus, their lack of stress when experiencing a personal setback (e.g. getting a flat tire) is projected when considering the setbacks of others. However, this assumes that most participants were interpreting this item to mean how they personally would feel in that situation, whereas it is possible that some participants responded based on how they thought the target felt (i.e. PT). Another possible explanation for this finding is that participants high in self-compassion are simply less likely to experience negative emotional reactivity. In other words, a stimulus may need to be more intensely negative to meet the person's threshold of emotional reactivity when that person is more self-compassionate.²

Intriguingly, this same item that correlated with self-compassion did not correlate with helping intentions ($r = -0.05$, $p = 0.59$), whereas the remaining two empathy items, sympathy for the target ($r = 0.17$, $p = 0.06$) and distress if they saw him ($r = 0.41$, $p = 0.000002$), predicted helping. Considering this, our scale appears to be capturing multiple types of empathy. Sympathy for the target seems analogous to Batson and colleagues' (1983) concept of empathetic feelings, which they distinguish from feelings of personal distress and which

corresponds to the empathic concern scale of the IRI (Davis, 1983). Similarly, Batson et al.'s 'personal distress' matches our item in which participants report the distress they would feel if they *saw* the target, and both of these are conceptually similar to the personal distress scale of the IRI. The third item (how distressed participants would be if they were the target), which correlates with self-compassion, may be a different concept not captured in previous empathy-altruism research. It is not empathy that takes the form of feelings *for* or *with* the other person, but 'my feelings if I *were* that person.' This is still a form of PT, but the self is used as an anchor (see Ruby & Decety, 2004). We find it interesting that people high in self-compassion see the situation as one that would not evoke distress in themselves, yet they are still very willing to provide help to the target. Recall that self-compassion and empathy were significant yet unique predictors of helping intentions and they did not interact; thus, however self-compassion increased help, it did not do so via changes in empathy in this study. Alternatively, given the brief and confounded nature of our empathy measure, it may be that whether and how self-compassion and empathy influence each other to predict helping intentions depend on the type of empathy. For this reason, in Study 2, we measured multiple forms of empathy using the IRI (Davis, 1983).

Aside from empathy, we also found that participants who were high in self-compassion saw the target as being more responsible for his situation than did participants low in self-compassion. Blaming the victim usually decreases helping (Gruder et al., 1978; Kogut, 2011), yet people high in self-compassion both blamed and helped more. These results also make sense in light of self-compassion theory (Neff, 2003); self-compassionate individuals can accept their own mistakes without harming their sense of self-worth, and so acknowledging that another person has made a mistake may not prevent them from devaluing and rejecting that person. In contrast, for people low in self-compassion, a person who deserves blame may not deserve help. To better explore the relationship between self-compassion and blame, in Study 2 we manipulated only target fault (removing the variable of target race) so we would have more statistical power with which to test a possible moderating role of target fault.

We should also acknowledge that, contrary to prediction, the target's race did not affect helping intentions. Our prediction was based on past research showing that race was an important predictor of help (e.g. Gruder et al., 1978; West et al., 1975), although other researchers have found no effect of race (e.g. Bickman & Kamzan, 1973). The role of intergroup dynamics in prosocial behavior is clearly a nuanced one, and in our particular study it did not seem to systematically influence participants' helping intentions.

To summarize, self-compassion predicted greater helping intentions but was negatively related to empathy. Both self-compassion and empathy explained unique variance in helping intentions without interacting. However, our measure of empathy was somewhat weak. We sought to replicate these findings in Study 2 while using a well-validated and multidimensional measure of empathy. Lastly, the intriguing results of our exploratory analysis of target blame led us to focus on target fault in Study 2. We manipulated target fault in the same manner as in Study 1, but this time it was the only between-subjects variable which we hoped would increase our ability to detect any subtle relationships it has with self-compassion and empathy.

Study 2

Overview

Study 2 was designed to replicate Study 1 with a few important changes. First, we replaced our empathy measure with the more nuanced IRI by Davis (1983), which was modified to refer to feelings toward the target of help. We removed the manipulation of target race because it did not affect results in Study 1. Instead, the target was always a Caucasian male because most of the Study 1 participants were White. Lastly, we added a few items to the manipulation check and helping intentions measure to strengthen them.

Participants

Like Study 1, we used Amazon.com's Mechanical Turk to recruit participants. A total of 121 adults (48% female) participated, with a mean age of 32.66 (SD = 13.49), and they were compensated 20 cents for participating. All participants were currently residing in the USA and the racial and ethnic composition was 65% Caucasian, 13% African, 7% Latino/Latina, 11% Asian, 2% Indian, and 2% declined to answer or were of an ethnicity not previously listed. The experiment was again advertised as a study in which participants would 'read and answer questions about a short story.'

Measures

Self-compassion

Self-compassion was measured with the same scale used in Study 1 ($\alpha = 0.92$). Random assignment appeared successful, as self-compassion scores did not significantly differ by condition, $p = 0.67$.

Empathy

The IRI (Davis, 1983) was designed to measure individual differences in the propensity to feel empathy and related

feelings. Psychometric evaluations have found the IRI to be both reliable and valid (e.g. Carey, Fox, & Spraggins, 1988; Davis, 1980, 1983). The IRI asks participants to indicate how they feel in general, whereas we wanted to measure empathy in a specific situation. Therefore, we modified the IRI to measure participants' reactions to the experimental target, Robert, rather than their interpersonal reactions across situations. For example, the IRI contains the item, 'I often have tender, concerned feelings for people less fortunate than me,' which we changed to, 'I am concerned about Robert.' As another example, the item, 'I sometimes find it difficult to see things from the 'other guy's' point of view,' was changed to, 'I find it difficult to see the situation from Robert's point of view.'

The IRI has four subscales: PT, empathic concern, personal distress, and fantasy. We did not include the fantasy subscale because it assesses the extent to which people psychologically transport themselves into books, movies, and other forms of fiction. Fantasy immersion is not relevant to participants' feelings of empathy toward Robert nor could the subscale be easily modified for that purpose, so it was excluded. Appendix A contains the complete set of modified IRI statements that we used in our study. In addition to removing the fantasy subscale, we excluded four additional items from the IRI that could not be modified to reflect participants' reactions to Robert (e.g. 'If I'm sure I'm right about something, I don't waste much time listening to other people's arguments,' and 'I try to look at everybody's side of a disagreement before I make a decision').

Our final modified IRI measure had 17 items and an overall Cronbach's alpha of 0.82. The reliability of the four subscales was 0.81 for empathic concern, 0.82 for personal distress, and 0.79 for PT. These alphas are comparable to those reported by Davis (1980), which ranged from 0.70 to 0.78 across the subscales and across men and women. We hoped that measuring these more nuanced facets of empathy would clarify the peculiar relation between self-compassion and empathy in Study 1.

Helping intentions

The measure of helping intentions in Study 1 consisted of three items to which participants responded on a seven-point scale. We added two items, 'stop and give Robert your spare tire' and 'drive past Robert' (reverse-scored), although the inclusion of these items only increased the reliability of the measure slightly ($\alpha = 0.85$, compared to 0.84 in Study 1).

Manipulation check

We used the same manipulation check of target fault from Study 1, with the inclusion of one additional item:

‘How different would this situation be if Robert had behaved differently?’

Procedure

Like Study 1, participants began by completing the self-compassion scale and then read the vignette about Robert. We used high- and low-fault vignettes from Study 1 but for the Caucasian target only. The vignette was presented on its own page. Participants then completed the measures of helping intentions, the manipulation check, the modified IRI, and demographic items. They were thanked for their participation, debriefed about the purpose of the study, and received 20 cents as payment.

Results

Manipulation check

The manipulation of target fault significantly affected participants’ responses on all manipulation check items: how responsible Robert was for his situation ($t(119) = 4.09, p = 0.00008$; high fault $M = 4.83, SD = 1.73$; low fault $M = 3.49, SD = 1.88$), the extent to which Robert’s situation was avoidable ($t(118) = 4.24, p = 0.00004$; high fault $M = 5.72, SD = 1.42$; low fault $M = 4.50, SD = 1.71$), and the extent to which changing Robert’s behavior would change the situation ($t(119) = 4.27, p = 0.00004$; high fault $M = 5.67, SD = 1.62$; low fault $M = 4.34, SD = 1.78$).

Empathy

As in Study 1, we regressed empathy onto target fault (effects coded: -1 low fault; 1 high fault) and self-compassion (centered) in the first block and their interaction in the second block. We did this separately for each of the three IRI subscales. For empathic concern, there was a significant main effect of condition, $\beta = -0.24, b = -0.20, t = -2.70, p = 0.008$, such that participants felt more empathic concern for Robert when his fault for the accident was low. There were no other significant predictors ($ps > 0.26$).

For PT, target fault had a marginal effect, $\beta = -0.16, b = -0.15, t = -1.80, p = 0.07$, with participants in the low-fault condition taking Robert’s perspective more than those in the high-fault condition. None of the other variables were significant ($ps > 0.42$).

For personal distress, the only significant predictor was self-compassion, $\beta = -0.34, b = -0.39, t = -3.88, p = 0.0002$, such that participants greater in self-compassion felt less personal distress when reacting to Robert’s situation. For all other variables, $ps > 0.39$.

Other researchers have observed bivariate correlations between self-compassion and the IRI subscales

(Neff & Pommier, 2013), using the original Davis (1983) scale. With our modified IRI measure that assessed reactions to a specific person in need, only the personal distress subscale correlated significantly with self-compassion, $r = -0.33, p < 0.0002$. Empathic concern ($r = 0.11, p = 0.23$) and PT ($r = 0.08, p = 0.39$) were not related to self-compassion.

Intention to help

We regressed helping intentions onto self-compassion and target fault condition in the first block and their interaction in the second block. Neither self-compassion nor condition had a significant effect on helping intentions ($ps > 0.64$), but their interaction did, $\beta = 0.28, b = 0.59, t = 3.05, p = 0.003$. Simple slopes analysis (Preacher, Curran, & Bauer, 2010) revealed that there was a significant positive relation between self-compassion and helping intentions in the high-fault condition, $b = 0.73, SE = 0.30, t = 2.41, p = 0.019$, and a marginally significant negative relation between self-compassion and helping intentions in the low-fault condition, $b = -0.45, SE = 0.24, t = -1.89, p = 0.06$ (see Figure 1). In other words, greater self-compassion was related to greater helping intentions when the target was high in fault for his dilemma, whereas there was a trend for greater self-compassion to predict fewer intentions to help when the target was not responsible for his dilemma.

Empathy and helping intentions

Replicating Study 1 and consistent with other research on the empathy-altruism hypothesis, overall scores on

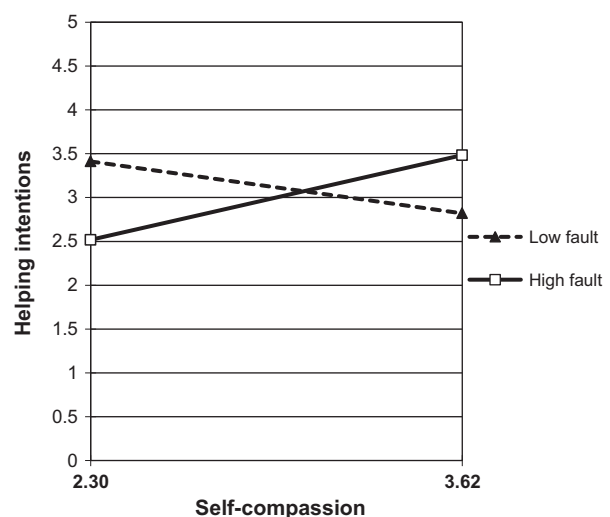


Figure 1. Two-way interaction between self-compassion and target fault condition on helping intentions in Study 2. Self-compassion is plotted ± 1 standard deviation from the original mean.

the IRI were positively correlated with helping intentions across conditions, $r = 0.22$, $p = 0.015$. When evaluating the IRI scales separately, empathic concern, $r = 0.37$, $p < 0.00003$, and PT, $r = 0.25$, $p = 0.006$, were significantly correlated with helping intentions, but personal distress was not, $r = -0.12$, $p = 0.19$.

In Study 1, we found that both self-compassion and empathy were significant yet independent predictors of helping intentions. In contrast to Study 1, in Study 2 we found that self-compassion interacted with target fault instead of having a main effect. Therefore, this time we tested whether the interaction between self-compassion and target fault remained significant after controlling for empathy, and if both variables would again account for unique variance in helping intentions. To do this, we regressed helping intentions on fault condition (effects coded), self-compassion (centered), the interaction between condition and self-compassion, and each of the three IRI scales (empathic concern, PT, and personal distress, all centered). The interaction between condition and self-compassion remained significant even while controlling for the three empathy scales, $\beta = 0.28$, $b = 0.58$, $t = 3.31$, $p = 0.001$. Two of the empathy scales also uniquely predicted helping: empathic concern positively predicted helping, $\beta = 0.43$, $b = 0.73$, $t = 4.28$, $p = 0.00004$, and personal distress negatively predicted helping, $\beta = -0.22$, $b = -0.40$, $t = -2.51$, $p = 0.014$. PT was not related to helping ($p = 0.94$). Note that the relation between these three empathy measures and helping does not correspond perfectly with the bivariate correlations (see the previous paragraph). The pattern remained significant after removing the self-compassion and condition variables, indicating that the different empathy–help relationships observed in the regression is the result of controlling for all of the empathy scales when assessing each of their unique predictive effects on helping.

We can conclude from this analysis that both empathy and the interaction between self-compassion and target fault condition predict unique variance in helping intentions. However, do they interact as well? In Study 1 self-compassion did not interact with our simple measure of empathy to predict helping intentions, but to be thorough we tested whether our improved measure of empathy would serve as a moderator (this time, of the interaction between self-compassion and target fault). We tested for three-way interactions between self-compassion, fault condition, and empathy separately for each of the three empathy scales. The only three-way interaction observed was with PT, $\beta = 0.18$, $b = 0.44$, $t = 2.06$, $p = 0.042$. As Figure 2 shows, when the target was low in fault, participants' helping intentions were not related to their self-compassion or degree of PT. However, when the target was high in fault, participants with greater self-compassion were more willing to help when they also took the target's perspective to a greater extent;

there was little relationship between PT and help for participants lower in self-compassion. Put another way, PT only predicted greater helping intentions among participants with greater self-compassion when the target was high in fault. In fact, participants were most willing to help when they were greater in self-compassion, took the target's perspective, and the target was high in fault. However, we would like to note that the two-way interaction between self-compassion and target fault was still significant after controlling for the three-way interaction ($p = 0.015$), as was the main effect of PT ($p = 0.01$).

Target blame

In Study 1, we found that self-compassion positively predicted perceived target responsibility (our manipulation check) independent of the effect of the fault manipulation. Replicating that finding, when perceived responsibility was regressed onto self-compassion (centered) and fault condition (effects coded) in the first step and their interaction on the second step, condition significantly affected responsibility (replicating the manipulation check analysis), $\beta = 0.43$, $b = 0.67$, $t = 5.20$, $p = 0.000001$, and self-compassion positively predicted responsibility with marginal significance, $\beta = 0.16$, $b = 0.38$, $t = 1.95$, $p = 0.053$. Their interaction was not significant ($p = 0.48$).

Discussion

Study 2 expands upon and clarifies the relationship between self-compassion, empathy, and helping intentions observed in Study 1. Self-compassion interacted with target fault to predict helping intentions, such that self-compassionate people were more willing to help when the target was at fault for his dilemma. When the target was not responsible for his dilemma, highly self-compassionate participants tended to help less. This interaction between self-compassion and fault predicted unique variance in helping intentions after controlling for empathy toward the target, which also uniquely predicted helping. However, one form of empathy, PT, interacted with self-compassion and fault. Specifically, when the target was responsible for his situation, helping intentions increased as self-compassion and perspective-taking also increased. Lastly, despite their greater willingness to help a person responsible for his dilemma, highly self-compassionate people blamed the target more for his situation (controlling for the level of responsibility attributed to him in the experimental description).

General discussion

Past research shows that people high in self-compassion, who show kindness and forgiveness toward themselves,

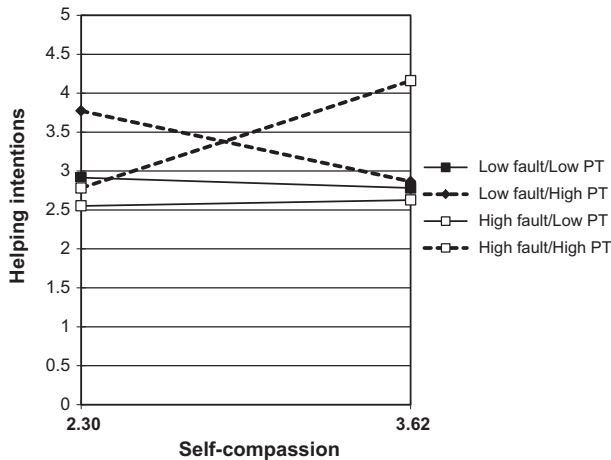


Figure 2. Three-way interaction between self-compassion, PT, and target fault condition on helping intentions in Study 2. Self-compassion and PT are plotted ± 1 standard deviation from the original mean.

experience positive intrapersonal outcomes. But does compassion for oneself predispose an individual to feel kindly toward others? Across two studies, we found that self-compassion was an important predictor of intentions to help a person in need. This contributes to the nascent literature on interpersonal consequences of self-compassion, which is intriguing given that self-compassion is an intrapersonal orientation.

Helping intentions

In Study 1, we found a main effect of self-compassion on helping intentions, whereas Study 2 found that self-compassion was only associated with intention to help a person at fault. Although the variable of target race did not significantly affect helping in Study 1, it is possible that it increased the variance enough to mask the interaction between target fault and self-compassion that was detected in Study 2.

Empathy

In both studies we observed that self-compassion (or its interaction with fault) and empathy predicted unique variance in helping intentions. In addition, in Study 2 we observed a three-way interaction between self-compassion, target fault, and PT, such that greater self-compassion and PT contributed to a stronger intention to help when the target was high in fault. This interaction seems to represent an additive effect of self-compassion and PT on help when the person in need of help is responsible for the situation.

Importantly, participants who were highly self-compassionate were not necessarily more empathetic toward

the target. Specifically, with a more nuanced measure of empathy in Study 2, we observed no significant bivariate correlations between self-compassion and the two other focused forms of empathy measured by the IRI, which are empathic concern and PT. Self-compassion did, however, negatively predict personal distress in reaction to the other person's dilemma. It is interesting to compare these findings to Neff and Pommier (2013) who measured self-compassion and responses to the IRI among college students, community adults, and meditators. They also observed a negative correlation between self-compassion and personal distress in all samples, although self-compassion was positively correlated with perspective-taking in all samples as well as with empathic concern among community adults and meditators. Neff and Pommier used the original IRI, which assesses feelings toward other people in general, whereas we used a modified IRI that assessed feelings toward a specific person in need. We find the negative correlation with personal distress particularly interesting; self-compassionate participants are more emotionally stable during unpleasant or stressful personal events (Leary et al., 2007), and this emotional balance seems to extend to how self-compassionate people react to another person's unpleasant or stressful situation.

Target blame

Interestingly, in both studies, greater self-compassion predicted greater attributions of blame to the target for his dilemma. Blaming a victim for his or her situation is associated with helping that individual less (e.g. Gruder et al., 1978; Kogut, 2011; Murphy-Berman & Berman, 1990), and it is possible that people who want to help must not also perceive the victim as being at fault. Perhaps self-compassionate individuals, who by definition see mistakes as 'part of the human condition,' can both attribute responsibility to a person while still desiring to help him or her, whereas people lower in self-compassion must perceive the target as low in fault in order to feel comfortable helping that person.

This finding is also important because it shows that self-compassionate individuals are not globally positive in their evaluations of other people (see also Baker & McNulty, 2011, for occasional negative interpersonal consequences of self-compassion). If they were, this could raise doubts about whether self-compassion is simply capturing the tendency to be positive to both self and others. Instead, this is preliminary evidence that self-compassion may only be relevant to interpersonal outcomes that are influenced by the person's reaction to other individuals' mistakes. This is an area ripe for future research.

Lastly, we found that self-compassionate individuals blamed the target more for his dilemma, and we believe

that this may be related to greater acceptance of self-blame observed by Leary et al. (2007) following a manipulation of self-compassion. Specifically, they found that a manipulation that increased self-compassion also increased willingness to accept personal responsibility for negative events, and that ‘owning up’ to one’s mistakes did not come at the cost of greater negative emotions. Our research and that by Leary et al. (2007) suggest that self-compassionate individuals can attribute responsibility for an unpleasant event to an individual without forming other negative impressions of that person, and this is true whether that person is themselves or someone else.

Future directions

What we consider to be one of the more intriguing aspects of our results is that self-compassion and empathy both explained unique variance in helping intentions. Research on the bystander effect (e.g. Darley & Latane, 1968) has long shown that the situation is the most powerful determinant of helping. Personal factors, such as empathy, may be important, but even they can be aroused by the situation (as shown by countless manipulations of empathy; e.g. Betancourt, 1990). Self-compassion, as studied here, is a chronic disposition toward oneself, yet it can capture unique variance in helping intentions (although this may take the form of an interaction with other variables, as in Study 2). Whether this translates into actual helping behavior is an open question, but at the very least it suggests that willingness to help can come from the self in addition to the situation.

Given that situational factors greatly constrain actual acts of help (Fischer et al., 2011), it seems probable that a trait like self-compassion will affect help in only some situations. The results of Study 2 suggest that victim blame may be an important moderator. We predict that in situations where victim blame is likely but help is otherwise low-cost, people higher in self-compassion may be more willing to help because they forgive and accept human error (which is a central tenant of self-compassion). If so, to what degree would target blame need to be salient to solicit greater help from self-compassionate individuals? Similarly, could the cost of helping interact with self-compassion to predict whether individuals help? Given the prevalence of ‘just world’ beliefs (Lerner & Miller, 1978), these are interesting questions with practical consequences.

Conclusions

To conclude, the results of this research contribute to the literature on self-compassion, which has thus far focused primarily on intrapersonal outcomes of the trait. Because

the self is used as an anchor in interpersonal judgments and perceptions, it follows that self-compassion may influence interpersonal interactions, such as empathic concern and helping intentions. These studies found that self-compassion has a unique relationship with both empathy and helping as well as with variables such as victim blaming. This is a burgeoning research topic with vast potential for growth in assessing intrapersonal origins of interpersonal dynamics. We hope that our data and discussion can stimulate this new area of research.

Notes

1. For both empathy and helping intentions, we conducted additional regressions including participant sex (effects coded: female -1 , male 1) as a predictor. Sex had a significant main effect on empathy ($\beta = -0.21$, $b = -0.24$, $t = -2.30$, $p = 0.02$) and a marginal effect on helping intentions ($\beta = 0.17$, $b = 0.30$, $t = 1.82$, $p = 0.07$), such that women felt more empathy but reported fewer helping intentions. However, sex did not qualify the effect of self-compassion so it is excluded from the primary analyses.
2. We thank Jane Gillham for this interesting interpretation.

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Appendix

The modified Davis (1983) IRI empathy measure used in Study 2.

- (1) I am concerned about Robert. (EC)
- (2) I find it difficult to see the situation from Robert's point of view. (PT) (-)
- (3) I do not feel sorry for Robert. (EC) (-)
- (4) Robert's situation makes me feel apprehensive and ill-at-ease. (PD)
- (5) I feel protective towards Robert. (EC)
- (6) I feel helpless when considering Robert's situation. (PD)
- (7) I am trying to understand Robert better by imagining how things look from his perspective. (PT)
- (8) I am able to remain calm when imagining Robert's situation. (PD) (-)
- (9) Robert's misfortune does not disturb me a great deal. (EC) (-)
- (10) Robert's tense, emotional situation scares me. (PD)
- (11) I do not feel much pity for Robert. (EC) (-)
- (12) I could deal with Robert's emergency effectively. (PD) (-)
- (13) I feel soft-hearted toward Robert. (EC)
- (14) If I were present during Robert's emergency, I would lose control. (PD)
- (15) I am trying to put myself in Robert's shoes. (PT)
- (16) When I see Robert in this emergency, I go to pieces. (PD)

(17) I try to imagine how I would feel in Robert's place. (PT)

PD = Personal distress scale

PT = Perspective-taking scale

EC = Empathic concern scale

(-) = Reverse-scored item