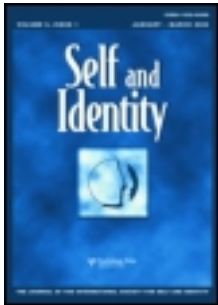


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Publisher: Psychology Press

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Self and Identity

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/psai20>

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Available online: 14 Feb 2012

To cite this article: Kristin D. Neff & S. Natasha Beretvas (2012): The Role of Self-compassion in Romantic Relationships, *Self and Identity*, DOI:10.1080/15298868.2011.639548

To link to this article: <http://dx.doi.org/10.1080/15298868.2011.639548>



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The Role of Self-compassion in Romantic Relationships

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Self-compassion (SC) involves being kind to oneself when confronting personal inadequacies or situational difficulties, framing the imperfection of life in terms of common humanity, and being mindful of negative emotions so that one neither suppresses nor ruminates on them. The current study explored whether being self-compassionate is linked to healthier romantic relationship behavior, such as being more caring and supportive rather than controlling or verbally aggressive with partners. A total of 104 couples participated in the study, with self-reported SC levels being associated with partner reports of relationship behavior. Results indicated that self-compassionate individuals displayed more positive relationship behavior than those who lacked SC. SC was also a stronger predictor of positive relationship behavior than trait self-esteem (SE) or attachment style. Finally, partners were able to accurately report on each other's SC levels, suggesting that SC is an observable trait.

Keywords: Attachment style; Relationships; Self-compassion; Self-esteem.

Psychologists have long been interested in how people's thoughts and feelings about themselves impact functioning within interpersonal relationships. It has been argued that internal working models that portray the self as worthy and accepted play an important role in the ability to maintain healthy, satisfying romantic relationships (Collins & Read, 1990; Hazan & Shaver, 1987; Mikulincer & Shaver, 2003). In contrast, self-critical individuals have been found to be more distrustful, dissatisfied and to have greater difficulties being intimate with romantic partners (Blatt & Zuroff, 1992; Lynch, Robins, & Morse, 2001).

While this might imply that a positive self-concept leads to better relationship functioning, trait self-esteem (SE) appears to be a relatively weak predictor of relationship health (Baumeister, Campbell, Krueger, & Vohs, 2003; Campbell & Baumeister, 2004; Cramer, 2003), and some research suggests that the pursuit of SE may actually have negative relationship consequences (Crocker & Park, 2004). For instance, individuals may become angry, aggressive, jealous and defensive when their SE is threatened by partners, reactions that are at the root of many relationship problems (Baumeister, Smart, & Boden, 1996; Beach, Tesser, Mendolia, & Anderson, 1996; Twenge & Campbell, 2003; White & Mullen, 1989). When SE comes in the form of narcissism, moreover, it can be associated with selfishness and game-playing in romantic relationships (Campbell & Foster, 2002; Campbell, Foster,

Received 14 March 2011; accepted 17 October 2011; first published online 16 February 2012

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& Finkel, 2002). The need for high SE may lead to increased self-focus and self-absorption, making it more difficult to act in a caring and giving manner towards one's relationship partner (Leary, 2002). The need for SE also appears to impact the motives underlying care giving in romantic relationships, with egoistic motivations negatively predicting responsive care giving and positively predicting controlling care giving (Feeny & Collins, 2003).

The fact that SE does not seem to be clearly associated with strong, healthy relationships is perhaps puzzling, given the popular notion that you need to love yourself before you can truly love others (Branden, 1994). It also contradicts person-centered (Rogers, 1961) and rational-emotive (Ellis, 1973) therapeutic approaches that argue greater self-acceptance results in more satisfying and intimate romantic relationships. However, the idea that self-love is related to love for others depends on a particular type of unconditional, stable, and interdependent self-acceptance that is not necessarily reflected by high SE (Campbell & Baumeister, 2004). In fact, some forms of SE have been shown to be highly conditional and unstable, and are predicated on feelings of separation and superiority over others rather than interconnection (Crocker & Park, 2004). Unconditional, non-egoistic self-acceptance is actually more in line with self-compassion than SE, suggesting that self-compassion may be a better candidate for predicting healthy relationship interactions.

Self-compassion

Neff (2003b) has defined self-compassion (SC) as consisting of three main components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. First, SC involves being kind, caring, and understanding towards oneself when feelings of suffering are present—suffering that stems either from uncontrollable life events or from personal flaws and failings. This self-kindness stands in contrast to a self-critical approach in which one judges or blames oneself for general life difficulties, and instead involves actively soothing and comforting oneself in times of distress (Gilbert, Baldwin, Irons, Baccus, & Palmer, 2006). What helps distinguish SC from mere self-acceptance, moreover, is that compassion entails recognition of the shared human experience. Rather than focusing on one's separate, individual self, compassion involves recognizing that all humans fail and make mistakes, that all life experiences are necessarily flawed and imperfect. Rather than feeling cut off and isolated from others when things go wrong, SC actually facilitates feelings of connection to others in times of failure or difficulty (Neff, 2003a; Neff, Kirkpatrick, & Rude, 2007). Finally, SC entails a balanced, "mindful" response to suffering that neither suppresses difficult emotions nor ruminates on them (Tirch, 2010). Rather than running away with the storyline of one's problems and shortcomings in an overly dramatic fashion, SC involves maintaining balanced awareness of painful life experiences, acknowledging them just as they are in the present moment.

Studies suggest that SC is strongly related to psychological well-being. People with higher levels of SC report lower levels of depression, anxiety, neurotic perfectionism, rumination, and thought suppression than those lacking the trait (Neff, 2003a; Neff, Kirkpatrick et al., 2007; Neff, Pisitsungkagarn, & Hsieh, 2008; Neff, Rude, & Kirkpatrick, 2007; Van Dam, Sheppard, Forsyth, & Earleywine, 2011). Self-compassionate people also report more happiness, optimism, life satisfaction, and intrinsic motivation, as well as greater levels of emotional

intelligence, coping skills, wisdom, and resilience than those who harshly judge themselves (Neff, 2003a; Neff, Hsieh, & Dejitthirat, 2005; Neff, Kirkpatrick et al., 2007; Neff, Rude et al., 2007).

Research indicates that SC differs from SE in important ways. SC is associated with less anxiety and self-consciousness than SE when considering personal weaknesses (Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, Kirkpatrick et al., 2007), and is linked with more stable and less contingent feelings of self-worth (Neff & Vonk, 2009). SC is associated with less social comparison, public self-consciousness, anger, self-righteousness, and ego-defensiveness when receiving unflattering personal feedback than SE, as well as taking more personal responsibility for past misdeeds (Leary et al., 2007; Neff & Vonk, 2009). Moreover, while trait SE evidences a substantial overlap with narcissism, SC has not been found to be associated with narcissism (Neff, 2003a; Neff & Vonk, 2009). Thus, SC appears to entail many of the benefits of high SE with fewer of the drawbacks associated with SE pursuit.

Although an increasing number of researchers have been examining the impact of SC on individual functioning (see Neff, 2009, for a review), little research has examined the role of SC in the context of interpersonal relationships. In one study, Crocker and Canevello (2008) found that self-compassionate individuals tend to have more compassionate goals in their friendships, meaning they tend to provide social support and encourage interpersonal trust with friends. Similarly, a study by Yarnell and Neff (in press) found that people who were high in SC were more likely to resolve relationship conflicts with romantic partners using compromise solutions that balanced the needs of self and other. They were also less likely to experience turmoil and more likely to be authentic when resolving conflicts, suggesting that the constructive relationship behavior of self-compassionate individuals may yield personal as well as interpersonal benefits. Clearly, however, more research needs to be done to understand how SC is linked to functioning in interpersonal relationships.

There are several reasons why SC should facilitate healthy interpersonal relationships. First, the emotional resilience and equilibrium provided by SC should allow for more constructive responses to relationship conflicts and problems, thereby enhancing psychological health within relationships. Because SC is an interdependent mode of being, moreover, it is likely that self-compassionate individuals are better able to balance needs for autonomy and connectedness in their relationships—an important key to healthy and productive relationship interactions (e.g., Deci & Ryan, 2000; Guisinger & Blatt, 1994; Rankin-Esquer, Burnett, Baucom & Epstein, 1997).

Because self-compassionate individuals can to a large extent meet their own needs for comfort, kindness, and belonging, they should be more able to grant their partners more freedom in their relationships without being overly controlling. At the same time, the open-hearted, connected stance of SC should facilitate the display of caring actions toward relationship partners. Compassionate acceptance of the imperfect human experience should also soften defensive tendencies, allowing for greater mutual acceptance within romantic relationships.

One factor that may be linked to how compassionate people are to themselves is how secure they feel in their romantic relationships. Secure attachment involves feeling safe, supported, loved, and accepted by relationship partners (Mikulincer & Shaver, 2003), and is associated with positive views of oneself and one's relationship that balance autonomy and intimacy concerns (Collins & Read, 1990; Feeney & Noller, 1990; Hazan & Shaver, 1987). Thus, secure attachment in relationships should theoretically give people more ability to accept themselves, feel more

interconnected, and be more emotionally resilient in times of distress (i.e., to be more self-compassionate).

It has been proposed that there are three different types of insecure attachment: preoccupied, fearful and dismissive (Bartholomew & Horowitz, 1991). Preoccupied attachment involves self-doubt and emotional overreactions, fearful attachment involves negative self-views and reduced feelings of intimacy with relationship partners, while dismissive attachment involves defensive self-views that are positive towards the self even though they are negative towards partners (Pietromonaco & Barrett, 2000). Insecure attachment should be negatively associated with SC, given that it entails self-centeredness and emotional dysfunction.

A previous study with adolescents found that a secure attachment style was linked to greater SC, while the preoccupied and fearful attachment styles were linked to less SC (Neff & McGehee, 2010). The association between SC and dismissive attachment was not significant, a finding that was interpreted with reference to the fact that the dismissive style is often accompanied by a lack of self-knowledge that might also impact the accurate reporting of SC levels. Of course, the attachment style of adolescents is largely dependent on the quality of relationships with parents (Allen & Land, 1999). Among older adults, attachment styles tend to be more powerfully impacted by relationships with romantic partners (Mikulincer & Shaver, 2003). Thus, it is not yet known whether SC relates to attachment in the same way among adult couples, and this was a question addressed by the current study.

Another interesting question concerns whether or not people are aware of how self-compassionate their partners actually are. Self-criticism is typically expressed within internal dialogues, and it is possible that feelings of inadequacy and self-judgment are not outwardly expressed to relationship partners. Similarly, the feelings of kindness, common humanity and mindfulness entailed within SC may not be expressed in easily observed behaviors. For this reason, we might expect that most people do not have a clear sense of their partner's level of SC. On the other hand, people often speak their feelings aloud when around close others (e.g., "I'm so stupid," "Oh well, I'm only human"), meaning that harsh or supportive self-talk is not necessarily hidden from view. Even beyond the external expression of internal dialogues, romantic partners may have an especially good vantage point in terms of noticing whether their partners act in a self-compassionate manner. Do they take a break when needed or drive themselves on mercilessly? Do they get lost in melodrama when difficult situations occur or handle them with equanimity? For this reason, romantic partners might be very aware of how self-compassionate their partners are. This question is potentially important, because relationship partners may be in the best position to help their companions recognize and change maladaptive self-attitudes. To date, however, no research has examined this issue.

Current Study Hypotheses

The current study examined the role of SC in the context of adult romantic relationships. Both partners in the relationship were included in the study.

First, we hypothesized that greater SC would be linked to greater relational well-being, given the emotional resilience provided by SC. Well-being was examined in terms of feelings of self-worth, positive affect, authenticity and voice (the ability to express opinions) experienced with one's partner.

Next, we hypothesized that SC would be associated with more productive actions towards relationship partners. In particular, we expected SC to be associated with

relationships that were more caring, intimate, accepting, and supportive of partners' autonomy. We also hypothesized that SC would predict fewer destructive relationship behaviors. Specifically, we expected SC to be linked with lower levels of controlling, detached, hostile, dominant and verbally aggressive behaviors towards partners. Moreover, because we expected self-compassionate people to engage in beneficial relationship behaviors, we also expected a positive association between SC and relationship satisfaction by both partners.

Because SC and SE were expected to differ in terms of their respective impact on relationship interactions and relationship satisfaction, we included SE as a variable in this study. We hypothesized that SC would evidence a stronger association with constructive relationship behavior and partners' relationship satisfaction than trait SE, given that high SE does not necessarily lead to healthier relationship interactions (Campbell & Baumeister, 2004; Cramer, 2003).

In addition, the current study explored the link between attachment style and SC. We hypothesized that a secure attachment style would be linked to greater SC, as was found previously with adolescents (Neff & McGehee, 2010). We also expected that the preoccupied and fearful attachment styles would be negatively linked to SC, given that the qualities of SC run counter to those associated with insecure attachment. Our expectations about whether or not the dismissive style of attachment would be linked to SC were less clear. Adolescents with a dismissive style may lack the self-knowledge necessary to have accurate insight into how compassionately they typically respond to themselves. This may be less of an issue with older adults, however, who have presumably had more time to gain insight into their own habitual behavior. Thus, no specific hypotheses were advanced on this point.

Because we expected SC to be associated with secure attachment, and because secure attachment has been associated with more constructive relationship interactions (Collins & Read, 1990; Feeney & Noller, 1990; Hazan & Shaver, 1987; Kirkpatrick & Hazan, 1994), we also wanted to determine if SC would predict positive relationship behavior when controlling for attachment style. We expected SC to make a significant contribution over and above attachment security, given the emotional resilience provided by SC.

Finally, we asked participants to estimate their partner's level of SC, so that self-reports and partner reports could be compared. In other words, is my self-reported level of SC consistent with my partner's estimation of my SC level? This was done in order to provide insight into the question of whether our compassionate or critical internal dialogues are readily perceived by relationship partners. It also helped to provide a validity check in terms of the objective accuracy of self-reported SC levels. Because this issue has not yet been examined previously, this was considered an exploratory question.

Method

Participants

Couples were recruited via announcements in local area newspapers in a large southwestern city. The ads offered two free movie tickets in return for completing an on-line survey. Ads stipulated that the study was looking for committed romantic partners who had been in a relationship for a year or more, and that both partners

must complete a survey in order to participate in the study. Surveys were completed by 255 participants. However, 47 participants had partners who did not complete the survey, and these were dropped from the study. The final sample, therefore, was comprised of 104 couples ($N=208$), all of whom were heterosexual. Relationship length ranged from 1 to 18 years (M_{length} 3.8 years), with 39% of couples married, 41% co-habiting, and 21% living separately. Sixty percent of participants had children. The age of participants ranged from 18–44 years old (M_{age} 26.9 years). The ethnic composition of the sample was as follows: 82% White, 6% Hispanic, 5% Black, 2% Asian, and 5% mixed/other. The vast majority of participants (97%) had some college education.

Measures

Self-compassion. Participants were given the 26-item Self-Compassion Scale (SCS; Neff, 2003a), which includes the 5-item Self-Kindness subscale (e.g., “I try to be understanding and patient toward aspects of my personality I don’t like”), the 5-item Self-Judgment subscale (e.g., “I’m disapproving and judgmental about my own flaws and inadequacies”), the 4-item Common Humanity subscale (e.g., “I try to see my failings as part of the human condition”), the 4-item Isolation subscale (e.g., “When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world”), the 4-item Mindfulness subscale (e.g., “When something painful happens I try to take a balanced view of the situation”), and the 4-item Over-Identification subscale (e.g., “When I’m feeling down I tend to obsess and fixate on everything that’s wrong”). Responses are given on a 5-point scale from “*Almost Never*” to “*Almost Always*.” Mean scores on the six subscales are then averaged (after reverse-coding negative items) to create an overall SC score. Research (Neff, 2003a) indicates the SCS has an appropriate factor structure, and that a single factor of “self-compassion” can explain the inter-correlations among the six facets. The scale also demonstrates concurrent validity (e.g., correlates with social connectedness), convergent validity (e.g., correlates with therapist ratings), discriminate validity (e.g., no correlation with social desirability), and test–retest reliability ($\alpha = .93$; Neff, 2003a; Neff, Kirkpatrick, et al., 2007). The internal consistency reliability obtained for the SCS in the current study was $\alpha = .92$.

Perception of partner’s self-compassion. Participants filled out a partner version of the Self-Compassion Scale with regards to how they thought their partners treated themselves. Items on the scale were virtually identical to those on the original scale but changed to reflect perceptions of partners’ self-attitudes (e.g., “My partner tries to be understanding and patient towards those aspects of his/her personality that he/she doesn’t like” or “My partner is disapproving and judgmental about his/her own flaws and inadequacies”). The internal consistency reliability obtained for this scale in the current study was $\alpha = .95$.

Self-esteem. Participants received the 10-item Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965), the most commonly used measure of global SE. Responses were given on a 4-point scale (internal reliability was $\alpha = .88$).

Relational well-being. The scale used to assess relational well-being was adapted from instruments used in previous research by Harter and colleagues (e.g., Harter, Waters, & Whitesell, 1998; Neff & Harter, 2003). The scale assesses overall levels of

relational well-being when with one's partner in terms of self-worth, positive affect, authenticity, and voice (the ability to express opinions) in the relationship. Participants were given 12 items (e.g., "Some people are pleased with themselves when they are with their partner," "Some people feel pretty cheerful when they are with their partner," "Some people are able to be their real self with their partner," "Some people are able to say what is on their mind with their partner"). Each item was scored on a 4-point scale ranging from 1 (*Not at all true for me*) to 4 (*Really true for me*). Internal consistency reliability obtained for the relational well-being scale in the current study was $\alpha = .83$.

Care and control. Caring versus controlling relationship behavior was measured by the Intimate Bond Measure (IBM; Wilhelm & Parker, 1988). This measure assesses reports of partners' behavior toward the self, and is composed of 24 questions rated on a scale from 1 (*Not at all like him/her*) to 4 (*Very much like him/her*), and includes two subscales (12 items each). The Care dimension reflects affection, warmth, and consideration (e.g., my partner is "is affectionate toward me"; "is gentle and kind to me"). The Control dimension reflects dominance and criticism (e.g., my partner "wants to change me in big ways"; "tends to control everything I do"). Internal consistency reliability was $\alpha = .92$ for the care dimension and $\alpha = .90$ for the control dimension.

Autonomy and relatedness. Various dimensions of autonomy and relatedness displayed by partners were assessed with the Autonomy and Relatedness Inventory (ARI; Hall & Kiernan, 1992; Schaefer & Edgerton, 1982). This 24-item measure is rated on a scale from 1 (*Not at all like him/her*) to 5 (*Very much like him/her*) and includes six subscales (4 items each). Subscales assess the extent to which partners are perceived to display positive relationship behaviors such as Relatedness (e.g., "Talks over his/her problems with me"), Acceptance (e.g., "Respects my opinions"), and Autonomy (e.g., "Gives me as much freedom as I want"), or else negative relationship behaviors such as Detachment (e.g., "Doesn't think about me very much"), Hostile non-acceptance (e.g., "Is always trying to change me"), and Dominance (e.g., "Expects me to do everything his/her way"). Internal consistency reliability was $\alpha = .63$ for Relatedness, $\alpha = .75$ for Acceptance, $\alpha = .77$ for Autonomy, $\alpha = .60$ for Detachment, $\alpha = .75$ for Hostile non-acceptance, and $\alpha = .71$ for Dominance.

Verbal aggression. The degree to which partners were perceived to be verbally aggressive in the relationship was measured with the Conflict Tactics Scale (Straus & Gelles, 1990). The measure asks individuals to report how often their partners have engaged in certain actions during conflict situations over the past year, such as "Yelled and/or insulted" or "Stomped out of the room." Response options ranged from 0 = "Never," 1 = "Once that year," 2 = "Two or three times," 3 = "Often, but less than once a month," 4 = "About once a month," to 5 = "More than once a month." Internal consistency reliability for the measure was $\alpha = .69$.

Relationship satisfaction. The level of satisfaction with one's relationship was assessed by the commonly used Relationship Assessment Scale (RAS; Hendrick, Dicke, & Hendrick, 1998). The RAS has seven items on a 5-point Likert scale (e.g., "In general, how satisfied are you with your relationship?") Internal consistency reliability for the RAS was $\alpha = .80$.

The level of satisfaction with one's relationship was assessed by the commonly used Relationship Assessment Scale (RAS; Hendrick, Dicke, & Hendrick, 1998). The RAS has seven items on a 5-point Likert scale (e.g., "In general, how satisfied are you with your relationship?") Internal consistency reliability for the RAS was $\alpha = .80$.

Attachment style. The Relationship Questionnaire (RQ; Bartholomew & Horowitz, 1991) is a commonly used self-report measure of attachment that is designed to assess four distinct attachment styles: Secure, Preoccupied, Fearful, and Dismissive. Respondents are given four short paragraphs describing each attachment style, then are asked to rate how each description corresponds to their general relational style on a 7-point Likert scale from 1 (*Not at all like me*) to 7 (*Very much like me*). The RQ has demonstrated test-retest reliability over 8-month and 4-year periods (Kirkpatrick & Hazan, 1994; Sharfe & Bartholomew, 1994). Griffen and Bartholomew (1994) found evidence for construct, discriminate, and convergent validity of the RQ in three separate studies.

Analyses

The dataset consists of responses from both partners in the heterosexual dyad. Thus, multilevel analyses were conducted that modeled the inherent dependence resulting from the nesting of partners within couples. The multilevel model for dyadic data suggested by Barnett, Brennan, Raudenbush, and Marshall (1993) was employed here, in part because it allows gender differences to be taken into account. A very general parameterization of the models that were explored will be given because the same models were used for various outcomes and predictors.¹

At level 1, the observed outcome score of each partner was modeled as a function of the person's true score and measurement error:

$$Y_{ij} = \beta_{F0j}Female_{ij} + \beta_{M0j}Male_{ij} + e_{ij} \quad (1)$$

where Y_{ij} represents the outcome score for person i in couple j , e_{ij} represents the residual interpretable as the measurement error, $Female_{ij}$ and $Male_{ij}$ are dummy coded variables identifying whether person i was the female or male in couple j , and the β_{k0} can be interpreted as the true score for the relevant partner k in the couple. Variability across couples in these true scores can be modeled at level two:

$$\begin{cases} \beta_{F0j} = \gamma_{F00} + u_{F0j} \\ \beta_{M0j} = \gamma_{M00} + u_{M0j} \end{cases} \quad (2)$$

where the intercept, γ_{F00} , is the average true score for females, the other intercept term, γ_{M00} , is the average true score for males, and the us represent the partner-specific residual assumed bivariate normally distributed. It is possible to test the difference in the genders' average outcome score (i.e., testing the null hypothesis that $\gamma_{F00} = \gamma_{M00} = \gamma_{00}$). This can be accomplished in a number of ways. In this study, the

¹For more information about the models employed, please contact the second author (tasha.beretvas@mail.utexas.edu).

change in the deviance statistics for a model with unique versus constrained intercepts was tested. A statistically significant ($p < .05$) drop in the deviance indicated that the intercepts differed significantly while a non-significant drop supported constraining the average outcome score to be equal across the genders.

If substantial variability is identified in the genders' scores then the model in Equations 1 and 2 can be expanded to include predictors that might explain some of the variability in the outcome. For example Equation 1 could be modified to become:

$$\begin{cases} \beta_{F0j} = \gamma_{F00} + \gamma_{F10}X_j + u_{F0j} \\ \beta_{M0j} = \gamma_{M00} + \gamma_{M10}W_j + u_{M0j} \end{cases} \quad (3)$$

where the true score for the woman in couple j , β_{F0j} , is modeled as a function of her score on variable X , and the true score for the male in couple j , β_{M0j} , on the relevant outcome is modeled as a function of his score on variable W . Equations 1 and 3 could alternatively be represented as a single equation:

$$Y_{ij} = (\gamma_{F00} + \gamma_{F10}X_j + u_{F0j})Female_{ij} + (\gamma_{M00} + \gamma_{M10}W_j + u_{M0j})Male_{ij} + e_{ij} \quad (4)$$

As an example, the scenario could be that the outcome score, Y , is females' relationship health, and X_j represents the female's score on SC and W_j represents the SC score of the male in couple j . If this were the case, then Equation 4 models that females' relationship health is related to their SC (X) and similarly males' relationship health scores are related to males' SC scores. However, the predictor does not have to represent the same sex's score. For example, X and W could instead represent the male's and female's SC scores, respectively. And, obviously, the same variable could be used such that $X = W$.

It is possible to test the equivalence of the relationship between X and the female's outcome score and the relationship between W and the male's outcome score (i.e., that $\gamma_{F10} = \gamma_{M10} = \gamma_{10}$; see Equation 3). Using the example above, this would be testing the hypothesis that the relationship between females' SC and female's relationship health is the same as the corresponding relationship for males. There are several ways that this test can be conducted. In the current study, a model was estimated in which the γ_{F10} and γ_{M10} coefficients (representing the relationships between X_j and β_{F0j} and between W_j and β_{M0j} in Equation 3) were freely estimated. A second model was also estimated in which the two coefficients were constrained to be equal. The two models' deviance statistics were then tested. A statistically significant ($p < .05$) drop in the deviance from the unconstrained to the constrained model supported a difference in the γ_{F10} and γ_{M10} coefficients. A non-significant drop in the deviance indicated that the γ_{F10} and γ_{M10} could be assumed equal.

The models explained above were used to explore the relationship between measures of oneself and one's partner and several outcomes. For each combination of outcome and predictors investigated in the current study, the following sequence of four models was estimated:

1. Baseline model with unconstrained females' and males' intercepts (see Equations 1 and 2);
2. Baseline model with females' and males' intercepts constrained equal ($\gamma_{F00} = \gamma_{M00} = \gamma_{00}$);

3. Conditional model including predictors X and W (see Equations 1 and 3 or 4) with unconstrained coefficients; and
4. Conditional model including predictors X and W with constrained coefficients ($\gamma_{F10} = \gamma_{M10} = \gamma_{10}$).

A statistically significant ($p < .05$) change in the deviance statistic for models 1 and 2 meant that unique intercepts were modeled for males and females in models 3 and 4. If, on the other hand, a non-significant change was detected in the deviance for model 1 versus model 2, then the intercept for females was constrained to be equal to that of males in models 3 and 4. If the deviance statistic for model 3 was not significantly lower than that of model 4, then the less parameterized model (here, model 4) was supported.

Across the various sets of outcomes and predictors investigated in the current study, evidence was found for the equivalence of the X and W coefficients (γ_{F10} and γ_{M10} , respectively). For example, when testing the hypothesis that the relationship between females' SC and female's relationship health was the same as the corresponding relationship for males, we found that the drop in the deviance from the unconstrained to the constrained model was not significant. Thus, results are only provided for models in which the coefficients for X and for W (see Equation 4) were constrained to be equal. HLM software and full information maximum likelihood estimation was used to estimate each model.

Results

Table 1 presents means and standard deviations for males and females for all study measures. Mean SC scores were just slightly above the midpoint of the Self-Compassion Scale, a typical finding in research with Western participants (e.g., Neff & McGehee, 2010; Neff et al., 2008). Mean SC scores as reported by oneself and as perceived by one's partner were also very similar. Results indicate that most participants had a high level of relationship satisfaction (4.45 out of a possible score of 5.0).

We first examined whether there were significant sex differences in study variables (see Table 1). Women reported significantly lower levels of SC than men, a finding which is consistent with prior research (e.g., Neff, 2003a; Neff & Vonk, 2009). There were no sex differences in levels of trait SE, although women reported significantly higher levels of relational well-being than men. Men and women differed significantly on all measures of relationship behavior except for Relatedness and Verbal aggression, with females being described by their partners as displaying less positive and more negative relationship behavior than males. There were no significant gender differences in levels of relationship satisfaction, however. Men were significantly more likely to indicate having a dismissive attachment style than women. Note that there was also a significant positive correlation between men and women's level of self-reported SC within the relationship ($r = .27, p < .01$).

As hypothesized, SC was significantly and positively related to one's own level of relational well-being, with greater SC linked to higher levels of well-being ($\gamma_{10} = 0.15, p < .05$).

Table 2 contains the coefficient and *SE* estimates for analyses involving SC and perceived behaviors and attitudes (i.e., partner reports of one's own relationship behaviors and attitudes). The relationship between SC scores and perceived behaviors could be assumed (and thus was modeled as) equivalent across genders

TABLE 1 Descriptive Statistics for All Study Variables, Sorted by Sex

	Males		Females		Total	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Self-compassion*	3.26	0.63	3.10	0.56	3.18*	0.60
Perceived self-compassion [†]	3.24	0.77	3.06	0.64	3.15	0.71
Self-esteem	3.33	0.53	3.28	0.44	3.30	0.48
Relational well-being*	3.64	0.35	3.74	0.31	3.69	0.33
Perceived relationship behavior (based on partners' perceptions of the self)						
Care*	4.54	0.50	4.36	0.59	4.45	0.55
Relatedness*	4.39	0.60	4.25	0.63	4.32	0.62
Acceptance	4.39	0.55	4.09	0.63	4.24	0.61
Autonomy*	4.26	0.54	3.69	0.79	3.98	0.73
Control*	1.77	0.55	2.34	0.69	2.05	0.69
Detachment*	1.39	0.47	1.56	0.57	1.48	0.53
Hostile non-acceptance*	1.59	0.61	2.00	0.72	1.79	0.69
Dominance*	1.64	0.65	2.20	0.76	1.92	0.76
Verbal aggression	2.05	0.91	2.08	0.86	2.07	0.88
Relationship satisfaction	4.42	0.53	4.48	0.58	4.45	0.56
Attachment style						
Secure	4.48	1.70	4.31	1.74	4.39	1.71
Preoccupied	2.71	1.46	2.89	1.58	2.80	1.52
Fearful	2.74	1.73	2.96	1.88	2.85	1.80
Dismissive*	3.81	1.82	3.26	1.88	3.53	1.87

Notes: *Genders differed significantly at $p \leq .05$; [†] $p < .10$.

TABLE 2 Multilevel Model Coefficient (and *SEs*) Estimates for Models of Self-compassion Predicting Perceived Relationship Behaviors

	Intercept	SC	
	Males	Females	
Care	4.36 (0.06)	4.53 (0.05)	0.19* (0.07)
Relatedness	4.32 (0.05)	4.32 (0.05)	0.24* (0.10)
Acceptance	4.11 (0.06)	4.41 (0.05)	0.20* (0.07)
Autonomy	3.68 (0.07)	4.24 (0.05)	0.34* (0.09)
Control	2.34 (0.07)	1.78 (0.05)	-0.26* (0.07)
Detachment	1.60 (0.05)	1.37 (0.04)	-0.23* (0.07)
Dominance	2.21 (0.07)	1.66 (0.06)	-0.38* (0.10)
Verbal aggression	2.09 (0.07)	2.09 (0.07)	-0.46* (0.12)

Notes: * $p < .05$. SC = Self-compassion. All coefficients were constrained equal across genders. SC was grand-mean centered and so the intercept for a gender represented the predicted outcome for someone with the average SC score of the relevant gender.

for all outcomes. The coefficients representing the intercepts and the relationship between SC and each outcome were significant, and the direction of the relationship between SC and each outcome was as expected. The link was significantly positive for Care, Relatedness, Acceptance, and Autonomy, supporting the hypothesis that higher levels of SC would be associated with more positive perceptions of one's own behaviors and attitudes by relationship partners. The link was significantly negative for Control, Detachment, Dominance and Verbal aggression, supporting the hypothesis that higher levels of SC would be associated with less negative perceptions of the one's own behaviors and attitudes. It should be noted that there was not a significant amount of variability ($p > .05$) in Hostile non-acceptance scores across females or males, and thus no predictors were added to the intercepts-only model.

As expected, self-reported SC levels were significantly related to partners' relationship satisfaction ($\gamma_{20} = 0.24, p < .05$).

Next, analyses examined level of SC versus SE as predictors of perceived relationship behavior. First, it should be noted that SC and SE were significantly related ($\gamma_{10} = 0.877, p < .05$), consistent with past research (Neff, 2003a; Neff & Vonk, 2009). Table 3 displays results indicating the degree to which SC and SE predict relationship behavior when their shared variance was partialled out. It was found that SC levels were still significantly and positively associated with partner perceptions of more caring, accepting and autonomy-granting behavior and negatively associated with perceptions of detached, domineering, and verbally aggressive behavior. SC was also significantly and positively associated with partners' level of relationship satisfaction ($\gamma_{20} = 0.20, p < .05$). In contrast, SE was not significantly related to partner reports of relationship behavior for any of the variables examined in this study, nor to partners' level of relationship satisfaction ($\gamma_{20} = -0.08, p > .05$).

Because the SC levels of each partner were significantly related, we decided to examine whether or not SC at the couple level would be related to overall relationship quality at the couple level. To create a couple-level index of SC we combined the self-reported SC scores of each partner. To determine overall relationship quality, we averaged the z -scores of each partner's self-reported relational well-being and relationship satisfaction scores. It was found that

TABLE 3 Multilevel Model Coefficient (and *SEs*) Estimates for Self-compassion and Self-esteem as Predictors of Perceived Relationship Behaviors

Outcome	SC	SE
Care	.18* (0.07)	.03 (0.08)
Relatedness	.15 (0.11)	.18 (0.09)
Acceptance	.17* (0.07)	.06 (0.08)
Autonomy	.34* (0.09)	-.01 (0.09)
Control	-0.15 (0.12)	-.21 (0.20)
Detachment	-.19* (0.08)	-.07 (0.08)
Dominance	-.42* (0.11)	.09 (0.10)
Verbal aggression	-.56* (0.14)	.21 (0.14)

Notes: * $p < .05$. SC = self-compassion; SE = self-esteem. All coefficients were constrained equal across genders.

overall couple SC was significantly related to overall relationship quality ($r = .46$, $p < .001$).

The next series of models explored the association between SC and the four attachment styles. The relationship between each of the four attachment measures and SC did not differ significantly across the genders and thus analyses were constrained equal across genders. Model coefficients were found to be significantly positive for the secure attachment style ($\gamma_{10} = 0.15$, $p < .05$), and significantly negative for the preoccupied ($\gamma_{10} = -0.08$) and fearful ($\gamma_{10} = -0.08$) attachment styles ($ps < .05$). The relationship between SC and the dismissive style was not found to be statistically significant ($\gamma_{10} = -0.02$, $p > .05$).

We also examined whether SC would predict positive and negative relationship interactions over and above that attributable to attachment security. It was found that SC still predicted relationship behavior when controlling for attachment style (see Table 4), with the exception of dominance behavior. It was also found that SC significantly predicted partners' relationship satisfaction when controlling for attachment style ($\gamma_{10} = 0.13$, $p < .05$). Note that attachment style was not a significant predictor of any relationship outcomes once associations with SC were taken into account.

Finally, models were estimated that explored the association between SC levels as reported by oneself and SC levels as perceived by one's partner. It was found that the two were significantly and positively related ($\gamma_{10} = 0.70$, $p < .05$), suggesting that people had relatively accurate perceptions of partners' levels of SC.

Discussion

The results of this study suggest that SC is associated with healthier romantic relationships. As expected, SC was linked with greater relational well-being in terms of feeling worthy, being happy, feeling authentic and being able to express opinions in one's romantic relationship. This finding suggests that the sense of care, connectedness, and resilience provided by SC is not only associated with greater emotional well-being more generally (Neff, 2009), but also greater well-being within the context of interpersonal relationships (Yarnell & Neff, in press).

TABLE 4 Multilevel Model Coefficient (and *SEs*) Estimates for Self-compassion and Attachment as Predictors of Perceived Relationship Behaviors

Outcome	Attachment type				
	SC	Secure	Preoccupied	Fearful	Dismissive
Care	.26* (0.05)	.002 (0.03)	-.03 (0.02)	-.005 (0.02)	-.007 (0.02)
Relatedness	.22* (0.07)	.02 (0.03)	-.03 (0.03)	.001 (0.03)	.02 (0.02)
Acceptance	.20* (0.05)	.04 (0.03)	-.01 (0.03)	.02 (0.03)	-.02 (0.02)
Autonomy	.27* (0.07)	.05 (0.03)	-.005 (0.03)	.03 (0.03)	-.02 (0.03)
Control	-.34* (0.08)	-.02 (0.03)	.02 (0.03)	.02 (0.03)	.01 (0.03)
Detachment	-.20* (0.05)	.03 (0.02)	-.01 (0.02)	.01 (0.02)	.01 (0.02)
Dominance	-.025 (0.014)	.002 (0.01)	-.01 (0.01)	.02 (0.01)	-.004 (0.01)
Verbal aggression	-.56* (0.09)	.003 (0.04)	.04 (0.04)	.04 (0.04)	.01 (0.04)

Notes: * $p < .05$. SC = self-compassion. All coefficients were constrained equal across genders.

Results also indicated that the degree to which people are kind to themselves is associated with how kind they are to relationship partners, as assessed by partners' perceptions of their behavior. To the extent that they were high in SC, people were described by partners as being significantly more caring (i.e., affectionate, warm, and considerate). Self-compassionate individuals were also described as displaying higher levels of relatedness with partners, suggesting that the open-hearted stance of SC is linked to intimacy with others. People who were more compassionate to themselves were described as being significantly more accepting of their partners, as well as granting them more autonomy. Because self-compassionate people accept themselves as imperfect human beings, they may be more inclined to accept their partner's limitations. Similarly, given that self-compassionate individuals are kind and caring toward themselves, they may be more inclined to give partners the freedom they want to make themselves happy. This would be consistent with prior findings that self-compassionate people are more likely to compromise in times of relationship conflict, considering the needs of both self and other (Yarnell & Neff, in press).

In contrast, individuals with lower levels of SC were described by partners as being significantly more detached in the relationship. Being self-critical, feeling isolated, and ruminating on negative self-related emotions may lead to a type of self-absorption that blocks intimacy and connection in relationships. Similarly, those who lacked SC were described as being significantly more controlling and domineering with partners, meaning they were less likely to accept their partners or allow them to do things their own way. This may be due to the fact that when people are hard on themselves, they also tend to be harder on relationship partners (Gilbert & Miles, 2000; Mongrain, Vettese, Shuster, & Kendal, 1998; Zuroff & Duncan, 1999). This interpretation is supported by the finding that people who lacked SC were described as being significantly more verbally aggressive towards their partners. Because those who lack SC are more likely to be fixated on their negative emotions (Neff, 2003a; Raes, 2010), they may tend to be over-reactive when angry or in conflict with their partners.

Results indicated that individuals with self-compassionate partners were significantly more likely to report being satisfied with their relationship, which is perhaps unsurprising given that self-compassionate partners were perceived as displaying more positive behaviors in the relationship. Relationship satisfaction does not occur in a vacuum, but is closely tied up with partners' actions and behaviors towards the self. Moreover, the degree to which partners display negative emotions has been found to be a consistent predictor of relationship dissatisfaction (Donnellan, Assad, Robins, & Conger, 2007; Dyrenforth, Kashy, Donnellan, & Lucas, 2010). Thus, the self-judgments, feelings of isolation, and ruminative mindsets of people lacking in SC may also be directly contributing to their partner's lessened relationship satisfaction.

In terms of distinctions between SC and SE as they relate to relationship behavior (i.e., when considering the impact of each simultaneously), SC was significantly linked to partner reports of more caring and autonomy-granting interactions, as well as less detachment, domineering behavior, and verbal aggression. SC was also significantly associated with partners' relationship satisfaction. In contrast, SE was *not* significantly related to reports of positive or negative relationship behavior, nor was it significantly related to partners' relationship satisfaction.

Taken as a whole, results suggest that having higher SE is not necessarily associated with more caring or functional behavior in relationships, while SC is. Many relationship conflicts stem from one's pride being hurt, or from ego-defensiveness,

and the focus on self-worth inherent in the pursuit of high SE may make it more difficult to focus on nurturing one's relationship partner (Leary, 2002). On the other hand, being compassionate toward oneself may enhance one's ability to be kind, accepting, and intimate with one's partner. When people don't rely on relationship partners to meet all their needs for love and acceptance, but can instead meet some of their own needs, they may have more emotional resources to give to their partners.

We decided to examine SC at the dyadic level by combining each partner's self-reported level of SC, and found that overall levels of SC were significantly associated with overall relationship quality (as determined by couples' mean relational well-being and relationship satisfaction scores). This finding implies that the self-compassionate attitudes of individual relationship partners might interact in a way that influences relationship functioning. For instance, if one partner displays SC when a relationship conflict or problem arises, the other partner might take a similarly self-compassionate stance, meaning that conflicts would be less likely to spiral out of control through a process of mutual blame and ego-defensiveness. Because self-compassionate individuals accept the fact that they are flawed and imperfect, and have also been found to accept responsibility for their mistakes (Leary et al., 2007), they may be more likely to apologize when stepping out of line so that relationship conflicts are more easily repaired (Baumeister, Stillwell, & Heatherton, 1995; Ohbuchi, Kameda, & Agarie, 1989). More research will be needed to examine this issue, however.

In terms of the link between attachment style and SC, findings indicated that secure attachment was associated with higher SC levels, preoccupied and fearful attachment were associated with lower levels of SC, and dismissive attachment was unrelated to SC. These findings duplicate those found with adolescents and young adults (Neff & McGehee, 2010), suggesting a similar link between SC and attachment across the lifespan. People who are securely attached may be better able to relate to themselves in a caring and compassionate manner than those who are insecurely attached. It is unclear why dismissive attachment is unrelated to SC, but the possibility that individuals with a dismissive style often lack self-insight could play a role in their inability to report on internal emotional states accurately.

It should be noted that the causal association between attachment and SC is unclear, and may in fact be bi-directional. In prior research, adolescents who reported having less critical mothers and more functional families were found to have greater SC (Neff & McGehee, 2010). Thus, it may be that secure attachment in the early years helps to foster compassionate attitudes toward oneself later on. At the same time, insecurely attached individuals can change their attachment schemas to be more secure if they receive the love, caring and support they need (Mikulincer & Shaver, 2003). It may be that this validation and support comes not only from relationship partners, but also from oneself. This, having more SC in adulthood may help to foster secure attachment in relationships. This issue should be examined in future research.

Still, SC was found to be significantly related to more positive and less negative behavior toward relationship partners even when controlling for attachment style, suggesting that the constructive actions of self-compassionate individuals are not solely attributable to secure attachment. Similarly, SC predicted the relationship satisfaction of one's partner when controlling for attachment. Interestingly, even though attachment style has been found to be an important predictor of relationship functioning (Collins & Read, 1990; Feeney & Noller, 1990; Hazan & Shaver, 1987;

Kirkpatrick & Hazan, 1994), in this study attachment did not significantly predict any relationship outcomes after the role of SC was taken into account. In future research it would be useful to investigate whether SC mediates the link between secure attachment and healthy romantic relationships, which would imply that SC is a key mechanism by which attachment security leads to beneficial relationship interactions.

Although not a specific goal of this study, it was found that there was significant correlation between the SC level of one's self and one's partner. It is interesting to consider the underlying reasons for this association. It could be that people with similar values in terms of how they relate to themselves are more likely to choose each other for romantic partners. Conversely, it may be that after some time spent in a relationship together, each partner's habitual way of relating to him- or herself is influenced by the other's. This question of directionality will need to be answered in future research.

Finally, this study examined whether individuals' perception of their partners' level of SC matched their partners' self-reported SC levels. A robust association was found between self-reports and partner perceptions. This suggests two things. First, the corroboration of partners' perceptions helps to validate the Self-Compassion Scale (Neff, 2003a) as an accurate measure of SC. Moreover, it suggests that self-compassionate behaviors, or the lack thereof, are easily observed by partners with whom one is intimate. If so, perhaps relationship partners are in the best position to help each other learn to be more self-compassionate.

Limitations

There were several limitations of this study that should be taken into account when evaluating the findings. First, the data collected in this study were based on self-report and did not include any observations of behavior. In order to more fully understand the role of SC in relationship functioning, data concerning concrete behaviors (e.g., frequency and duration of conflicts; the language used by couples when interacting) should be gathered. Two of the self-report measures used in this study—detachment and relatedness—also had relatively low internal consistency reliabilities. Thus, findings concerning these two variables should be interpreted with caution.

Moreover, the analyses conducted for this study were correlational, which cannot provide information regarding causality. While it may be the case the higher pre-existing levels of SC enhance relationship functioning, it may be that harmonious and close relationships enhance the ability to be self-compassionate. One way to examine this question in future research would be to teach couples how to be more self-compassionate in order to determine if this yields more beneficial relationship interactions.

Implications

Given the robust link between SC and healthy interpersonal relationship functioning found in this study, and the lack of significant findings between SE and relationship behavior, it may be that therapists who counsel couples on their relationship difficulties would do well to encourage their clients to have greater SC, rather than greater SE. Fortunately, there are now programs in place that have been found to enhance SC.

Therapeutic approaches that rely on mindfulness, like Kabat-Zinn's Mindfulness-Based Stress Reduction (MBSR) program (Kabat-Zinn, 1991), may be one effective way for people to develop SC. Mindfulness teaches people to notice the difficult thoughts and emotions that arise in present-moment awareness, so that they can be experienced with kindness, acceptance, and non-judgment. MBSR courses are commonly taught by therapists and other health professionals to help people deal with stress, depression, and other forms of mental suffering. Research has demonstrated that participation in MBSR programs significantly increases SC levels (Shapiro, Astin, Bishop, & Cordova, 2005; Shapiro, Brown, & Biegel, 2007), and that SC is one of the mechanisms by which mindfulness interventions improve well-being (Baer, 2010; Birnie, Speca, & Carlson, 2010). Mindfulness interventions have been developed that specifically focus on romantic relationships, moreover, such as Mindfulness-Based Relationship Enhancement (Carson, Carson, Gil, & Baucom, 2004), and it may be that such programs offer an effective way to increase SC within couples.

There are also newly developed approaches that focus on teaching SC skills more explicitly. Paul Gilbert (2009), for instance, has created a group-based therapy intervention called "Compassionate Mind Training" (CMT) that is designed to help people develop SC, especially when their more habitual form of self-to-self relating involves self-attack. In a pilot study of CMT involving hospital day patients experiencing intense shame and self-criticism, significant decreases in depression, self-attacking, shame, and feelings of inferiority were reported after participation in the CMT program (Gilbert & Procter, 2006). Even relatively brief interventions based on the CMT model have been found to enhance mental and physical health (Kelly, Zuroff, Foa, & Gilbert, 2009; Kelly, Zuroff, & Shapira, 2009).

Similarly, the first author has developed a training program called Mindful Self-Compassion (MSC; Neff & Germer, 2011) in conjunction with Chris Germer (2009). The program focuses on how to use SC to deal with difficult emotions, using different meditations, homework assignments, and experiential exercises. The program appears promising so far, and we are now in the midst of collecting data on the effectiveness of MSC as a tool for increasing SC. Once SC interventions become more established, they can hopefully be adapted to meet the needs of couples experiencing relationship difficulties.

SC honors the fact that all human beings have both strengths and weaknesses, rather than trying to manipulate self-images so that they are more positive. It acknowledges the reality that we are imperfect human being who experience suffering, and are therefore worthy of compassion. Results of this study suggest that a self-compassionate stance may spill over into romantic relationships, allowing people to be more accepting, caring and intimate with their partners.

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