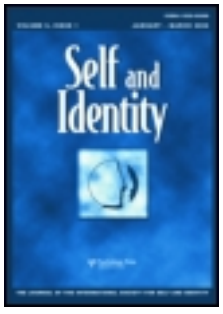

Self and Identity
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/psai20

The Relationship between Self-compassion and Other-focused Concern among College Undergraduates, Community Adults, and Practicing Meditators

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Available online: 02 Apr 2012

To cite this article: Kristin D. Neff & Elizabeth Pommier (2012): The Relationship between Self-compassion and Other-focused Concern among College Undergraduates, Community Adults, and Practicing Meditators, Self and Identity, DOI:10.1080/15298868.2011.649546

To link to this article: http://dx.doi.org/10.1080/15298868.2011.649546

Self and Identity, 2012, 1–17, i*First* article
http://www.psypress.com/sai
ISSN: 1529-8868 print/1529-8876 online
http://dx.doi.org/10.1080/15298868.2011.649546

Psychology Press
Taylor & Francis Group

The Relationship between Self-compassion and Other-focused Concern among College Undergraduates, Community Adults, and Practicing Meditators

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The present study examined the link between self-compassion and concern for the well-being of others. Other-focused concern variables included compassion for humanity, empathetic concern, perspective taking, personal distress, altruism and forgiveness. Participants included 384 college undergraduates, 400 community adults, and 172 practicing meditators. Among all participant groups, higher levels of self-compassion were significantly linked to more perspective taking, less personal distress, and greater forgiveness. Self-compassion was linked to compassion for humanity, empathetic concern, and altruism among community adults and meditators but not college undergraduates. The strength of the association between self-compassion and other-focused concern also varied according to participant group and gender. The strongest links tended to be found among meditators, while women tended to show weaker associations than men.

Keywords: Self-compassion; Empathy; Compassion; Altruism; Forgiveness; Prosocial behavior.

In Western culture, compassion has mainly been understood in terms of concern for the suffering of others (Goetz, Keltner, & Simon-Thomas, 2010). As defined by Webster's online dictionary, compassion is "the humane quality of understanding the suffering of others and wanting to do something about it." In many Buddhist traditions, however, it is considered equally important to offer compassion to the self (Brach, 2003; Feldman, 2005; Salzberg, 2005). To give compassion to others but not the self, in fact, is seen drawing artificial distinctions between self and others that misrepresent our essential interconnectedness (Hahn, 1997). From this point of view self-compassion is simply compassion directed inward.

Drawing on the writings of various Buddhist teachers (Goldstein & Kornfield, 1987; Kornfield, 1993; Salzberg 1997), Neff (2003b) defines self-compassion as consisting of three main elements: self-kindness versus harsh self-judgment, a sense of common humanity versus feelings of isolation, and mindfulness versus over identification with painful thoughts and emotions. These components combine and mutually interact to create a self-compassionate frame of mind. Compassion can be extended towards the self when suffering occurs through no fault of one's own—when the external circumstances of life are simply painful or difficult to bear. Self-

Received 5 November 2010; accepted 7 November 2011; first published online 29 March 2012
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compassion is equally relevant, however, when suffering stems from one's own mistakes, failures, or personal inadequacies.

Self-kindness refers to the tendency to be caring and understanding with oneself rather than being harshly critical or judgmental. When noticing some disliked aspect of one's personality, for example, the flaw is treated gently, and the emotional tone of language used towards the self is benevolent and supportive. Rather than attacking and berating oneself for being inadequate, the self is offered warmth and unconditional acceptance (even though a particular aspect of one's behavior may be identified as problematic and in need of change). Similarly, when life circumstances are difficult and painful, instead of being wholly absorbed in the effort to control or solve the problem, self-compassionate people turn inward to offer themselves soothing and comfort. Self-compassion involves being moved by one's own distress so that the desire to heal and ameliorate suffering is experienced.

The sense of common humanity central to self-compassion involves recognizing that all humans are imperfect, that all people fail and make mistakes. Self-compassion connects one's own flawed condition to the shared human condition, so that features of the self are considered from a broad, inclusive perspective. In the same way, life difficulties are framed in light of the shared human experience, so that one feels connected to others in the midst of personal struggle. Often, however, people feel isolated and cut off from others when considering their personal flaws, as if the failing were an aberration not shared by the rest of human-kind. Similarly, people often fall into the trap of believing they are the only ones having a hard time when they experience difficult life circumstances, and feel a sense of isolation and separation from other people who are presumably leading "normal" happy lives.

Mindfulness, the third component of self-compassion, involves being aware of present moment experience in a clear and balanced manner so that one neither ignores nor ruminates on disliked aspects of oneself or one's life (Brown & Ryan, 2003). First, it is necessary to recognize that one is suffering in order to be able to extend compassion towards the self. While it might seem that personal suffering is blindingly obvious, many people actually don't pause to acknowledge their own pain when they are busy judging themselves or coping with life's challenges. Mindfulness involves a sort of stepping out of oneself, taking a meta-perspective on one's own experience so that it can be considered with greater objectivity. Mindfulness also prevents being swept up in and carried away by the storyline of one's own pain, a process that Neff (2003b) has term "over-identification." When caught up in this manner, one tends to ruminate and obsessively fixate on negative self-relevant thoughts and emotions, so that the mental space needed to be aware and self-compassionate is constricted.

A growing body of research suggests that self-compassion is strongly associated with psychological health. One of the most consistent findings in the literature is that greater self-compassion is linked to less anxiety and depression (e.g., Kelly, Zuroff, & Shapira, 2009; Neff, 2003a; Neff, Kirkpatrick, & Rude, 2007; Pauley & McPherson, 2010). There may be physiological reasons underlying this association. Rockcliff, Gilbert, McEwan, Lightman, & Glover (2008) found that giving individuals an exercise designed to increase feelings of self-compassion was associated with reduced levels of the stress hormone cortisol. It also appeared to increase heart-rate variability, which is associated with a greater ability to self-soothe when stressed (Porges, 2007). Self-compassionate people have been found to ruminate less than those who lack self-compassion, are less perfectionistic (Neff, 2003a), and tend to experience fewer negative emotions such as irritability, hostility or distress (Neff,

Rude, & Kirkpatrick, 2007). At the same time, they are less likely to suppress unwanted thoughts and emotions and are more willing to acknowledge their negative emotions as valid and important (Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, 2003a; Neff, Hseih, & Dejitthirat, 2005). Research indicates that self-compassion is associated with better emotional coping skills (Neff et al., 2005), greater ability to repair negative emotional states (Neely, Schallert, Mohammed, Roberts, & Chen, 2009), and to positive states of being more generally (Hollis-Walker & Colosimo, 2011; Neff, 2003a; Neff, Pisitsungkagarn, & Hseih, 2008; Neff, Rude et al., 2007; Shapira, & Mongrain, 2010).

While the personal benefits of self-compassion are well established, there has been less research that has examined whether self-compassion benefits others. From the perspective of Buddhist psychology, building the capacity to hold suffering in compassionate awareness facilitates the ability to extend compassion to multiple targets—the self, others, and all sentient beings (Hofmann, Grossman, & Hinton, 2011; Salzberg 1997). In fact, there is some evidence that self-compassion is linked to kind and supportive behavior in close interpersonal relationships. In a study of heterosexual couples (Neff & Beretvas, in press), for instance, self-compassionate individuals were described by their partners as more emotionally connected, accepting and autonomy-supporting while being less detached, controlling, and aggressive than those lacking self-compassion. In addition, Crocker and Canevello (2008) found that individuals who scored high in self-compassion tended to have more compassionate goals in close relationships (as assessed by self-reports and by reports given by relationship partners), meaning they tended to provide social support and encourage interpersonal trust with partners.

There is also some evidence that intentionally cultivating self-compassion stimulates parts of the brain associated with compassion more generally. Using fMRI technology, Longe et al. (2009) found that instructing individuals to be more self-compassionate was associated with neuronal activity similar to what occurs when feelings of empathy for others are evoked. This research would suggest that the tendency to respond to suffering with caring concern is a general process applied to both oneself and others, so that self-compassion and other-focused concern go hand in hand.

At the same time, when asked a question about whether they tended to be kinder to themselves or others in general, self-compassionate individuals reported being equally kind to themselves as others, while people low in self-compassion said they tended to be kinder to others than themselves (Neff, 2003a). It may be that those who lack self-compassion are just as concerned with the well-being of others as those who score high in self-compassion, even though they tend to be harder on themselves. Of course, understanding the association between self-compassion and other-focused concern is somewhat complicated by the fact that other-focused concern can be conceptualized in different ways.

Researchers often use the terms sympathy, empathy and compassion interchangeably when referring to concern for the suffering of others, and there is no consensus in the field as to how to define or distinguish these terms (Black, 2004; Goetz et al., 2010; Wispé, 1986). For instance, Eisenberg (1989) defines ''sympathy'' as an affective response that consists of feeling sorrow or concern for the distress of another. Davis (1983) calls this type of emotional response ''empathetic concern,'' and distinguishes it from the cognitive process of perspective taking when confronting another's suffering. Perspective taking involves ''stepping into another's shoes'' so that one has deeper understanding of and resonance with his or her point

of view (Selman, 1980). Empathetic concern can also be distinguished from personal distress, which is a self-absorbed negative reaction to another's pain (Hoffman, 2000). Davis (1980) developed the widely used "Interpersonal Reactivity Index" to separately measure empathetic concern, perspective taking, and personal distress.

There is no one commonly used measure of "compassion" itself, although the most well known is probably Sprecher and Fehr's (2005) Compassionate Love Scale. These researchers define compassionate love as "an attitude toward other(s), either close others or strangers or all of humanity; containing feelings, cognitions, and behaviors that are focused on caring, concern, tenderness, and an orientation toward supporting, helping, and understanding the other(s), particularly when the other(s) is (are) perceived to be suffering or in need" (p. 630). What is unique about this perspective is the recognition that concern is not just felt for in-group members, but is also felt for unknown others simply because they are fellow humans.

Yet another way of thinking about other-focused concern is in terms of altruism—defined as a voluntary, intentional behavior benefiting another that is not performed for self-interested purposes (Batson, 1991). Other-focused concern can also manifest as forgiveness for others: the process of letting go of resentment, indignation or anger as a result of a perceived offense or transgression by another, and ceasing to demand punishment for the misdeed (Enright, Freedman, & Rique, 1998; McCullough & Witvliet, 2002).

Research has not yet examined whether there is an association between self-compassion and any of these constructs—compassion for humanity, empathetic concern, perspective taking, personal distress, altruism, or forgiveness. One of the goals of this study, therefore, was to establish whether or not such a link exists. We expected that self-compassion would be significantly associated with the general tendency to forgive others for their transgressions, since both require recognizing that human beings are imperfect and therefore worthy of acceptance and understanding. Also, forgiveness of one's own transgressions (a concept overlapping with self-compassion) has been linked to forgiveness of others' transgressions (Thompson et al., 2005). Similarly, because self-compassion involves turning compassion inward, taking a compassionate perspective toward oneself in the same way that compassion is typically offered to others, we expected that people with higher levels of self-compassion would also evidence greater perspective-taking capacities. Moreover, because self-compassion has been associated with better emotional coping skills (Neely et al., 2009; Neff et al., 2005), we expected that self-compassionate individuals would be less likely to experience personal distress when confronting the suffering of others. We were more tentative about whether or not self-compassion would be associated with compassion for humanity, empathetic concern, or altruism. Given the mixed evidence that self-compassionate people are more supportive of others within close relationships, but that those who lack self-compassion still report being kind to others in general, no predictions were made.

Given that research on the association between self-compassion and other-focused concern is so new, we thought it important to examine this issue in different populations. Young adults in college, for instance, are still forming their identities and may not have the life experiences necessary to fully understand the interrelated nature of their own and others' suffering (Grotevant & Cooper, 1985; Marcia, 1994). Older adults from the larger community who are in the full swing of life, on the other hand, may evidence a stronger association between concern for self and others due to their greater experience and interpersonal knowledge.

Similarly, individuals who practice Buddhist meditation may show a stronger link between self-compassion and other-focused concern given that the meditation practices tend to cultivate compassion for self and others simultaneously. Finally, there may be gender differences in the link between self-compassion and other-focused concern. Given that women have sometimes been found to be less self-compassionate than men (Neff, 2003a; Neff & McGehee, 2010; Neff & Vonk, 2009), yet also tend to be more sympathetic to others than men (Eisenberg & Lennon, 1983), it may be that women show a greater discrepancy between how they treat themselves and others than men do, attenuating the link between self-compassion and other-focused concern.

Because concern for the well-being of others is culturally valued trait, this study controlled for socially desirable responding in analyses.

Method

Participants

Participants were drawn from three distinct populations: college undergraduates ($N = 384$; $M_{age} = 20.92$, $SD = 1.31$); older adults drawn from the wider community ($N = 400$; $M_{age} = 33.27$, $SD = 12.69$); and individuals practicing Buddhist meditation ($N = 172$; $M_{age} = 47.49$, $SD = 12.04$).

The *college undergraduates* (''Undergrads'') were recruited from an educational-psychology subject pool at a large Southwestern university, and they received course credit for their participation. The undergraduate sample was 34% male and 66% female. In terms of ethnic background, 68% self-identified as Caucasian, 18% Asian American, 8% Hispanic, and 6% Other.

The *older adults* sampled nationally from the larger community (''Community Adults'') were recruited through Mechanical Turk (MT), and were paid 50 cents for completing the study (see Buhrmester, Kwang, & Gosling, 2011, for supporting evidence of validity at low payment levels). MT is an online participant recruitment site that allows for rapid sampling within a large and diverse participant pool drawn from the general public. MT has been found to be much more nationally representative of the general population than college samples (see Buhrmester et al., 2011, for further discussion on the properties of this type of sample). The Community Adult sample was 34% male and 66% female. In terms of ethnic background, 79% self-identified as Caucasian, 8% Asian American, 5% African American, 4% Hispanic, and 3% Other. In terms of occupation, 37% held various white-collar positions (business, legal services, management, education), 22% did not have paid work (unemployed, retired, stay-at-home parent), 21% were students, 7% were in labor and service, 7% arts and entertainment, 3% healthcare/counseling, and 3% other.

Practitioners of Buddhist meditation (''Meditators'') were recruited by e-mail. We sent a message describing the study to individuals affiliated with Seattle Insight Meditation Society, Spirit Rock, the Insight Meditation Society, and other similar groups. Participants were told that $5.00 per participant (for the first 100 participants) would be donated to a scholarship fund for an Austin area meditation retreat center. Although all participants reported having a meditation practice, not all participants identified as Buddhist. While 53% identified as Buddhist, 26% identified as having no religious affiliation, 12% identified as Christian, 6% as Other, 3% as Jewish. The sample was 28% male and 72% female. The ethnic breakdown was 86% Caucasian, 3% Asian American, 1% Hispanic, 4% Foreign, 6% Other. In

terms of occupation, 42% held various white-collar positions (business, legal services, management, education), 27% were in healthcare/counseling, 11% did not have paid work (unemployed, retired, stay-at-home parent), 8% were students, 7% were in healthcare, 7% arts and entertainment, and 5% other. Participants reported a wide range in meditation experience from beginner to advanced (20 or more years of meditation practice). The average meditation practice for the sample was six years.

Procedure

All participants, sampled as described above, were provided with a link to an online data-collection site, Survey Monkey, to complete the study.

Measures

Self-compassion. Participants were given the 26-item Self-Compassion Scale (SCS; Neff, 2003a), which assesses the positive and negative aspects of the three main components of self-compassion to create an overall self-compassion score. The negative aspects of each component are reverse-coded. Self-kindness (e.g., "I try to be understanding and patient toward aspects of my personality I don't like") versus Self-judgment (reverse-coded; e.g., "I'm disapproving and judgmental about my own flaws and inadequacies"); Common humanity (e.g., "I try to see my failings as part of the human condition") versus Isolation (reverse-coded; 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"); and Mindfulness (e.g., "When something painful happens I try to take a balanced view of the situation") versus Over-identification (reverse-coded; e.g., "When I'm feeling down I tend to obsess and fixate on everything that's wrong."). Research (Neff, 2003a) indicates the SCS has an appropriate factor structure, and that a single higher order factor of "self-compassion" explains the strong intercorrelations among the subscales. Responses are given on a 5-point scale from "*Almost never*" to "*Almost always*." Mean scores on the subscales are then averaged (after reverse-coding negative items) to create an overall self-compassion score. The scale demonstrates 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). Reliability of the scale in this study was high: $\alpha = .93$.

Compassion for humanity. Participants were given a short version of the Compassionate Love Scale for Humanity (CLS) otherwise known as the Santa Clara Brief Compassion Scale (Hwang, Plante, & Lackey, 2008). The 21-item scale on which the brief scale is based was originally developed by Sprecher and Fehr (2005). Hwang et al. (2008) created the short version reducing the scale to five items. An example from a compassion for humanity item is: "When I hear about someone (a stranger) going through a difficult time, I feel a great deal of compassion for him or her." The correlation between the original and the brief version is .96. Responses were given on a 5-point scale from "*Not at all true for me*" to "*Very true for me*." (Note that this scale typically uses a 7-point response scale, but we changed this to a 5-point scale to be consistent with other study measures.) Reliability of the scale in this study was good: $\alpha = .88$.

Empathetic concern, perspective-taking, personal distress. The Interpersonal Reactivity Index (IRI) developed by Davis (1980) was used to measure perspective

taking (7 items), empathic concern (7 items), and personal distress (7 items). (The IRI also measures "fantasy," but this subscale was not included as it was not relevant to the current study.) A sample perspective-taking item is: "I sometimes find it difficult to see things from the other guy's point of view." A sample empathetic concern item is: "I often have tender, concerned feelings for people less fortunate than me." A sample personal distress item is: "I sometimes feel helpless when I am in the middle of a very emotional situation." Responses were given on a 5-point scale from "*Not well*" to "*Very well*" according to how the statement described the participant. The scale has been found to be reliable in past research (Davis, 1980) and reliabilities for the scales in the current study were adequate to good: Empathetic concern, $\alpha = .93$; Perspective taking, $\alpha = .81$; and Personal distress, $\alpha = .79$.

Altruism. Participants completed the Rushton Altruism Scale (Rushton, Chrisjohn, & Fekken, 1981), which is 20-item measure of how often prosocial behaviors are performed towards others. Examples include: "I have given directions to a stranger" or "I have donated blood." Responses are given on a 5-point scale from "*Never*" to "*Very often*." The scale has been shown to be reliable and psychometrically valid (Krueger, Hicks, & McGue, 2001). The reliability for the scale in this study was good: $\alpha = .87$.

Forgiveness. Forgiveness was measured using the Heartland Forgiveness Scale (HFS; Thompson et al., 2005). The HFS includes a 6-item subscale that assesses forgiveness of others with items such as: "With time I am understanding of others who have hurt me" or "I continue to punish a person who has done something that I think is wrong" (reverse-coded).

Responses are given on a 5-point scale from "*Almost always false*" to "*Almost always true*." (Note that this scale typically uses a 7-point response scale, but we changed this to a 5-point scale to be consistent with the other study measures.) The scale has been shown to have good internal consistency and test–retest reliability (Macaskill, 2007). The reliability for the scale in this study was adequate: $\alpha = .80$.

Social desirability. The commonly used Marlowe–Crowne Social Desirability Scale – Short Form (Strahan & Gerbasi, 1972) was given to assess socially desirable responding. It consists of 10 items (e.g., "There have been occasions when I felt like smashing things") and has been found to have good psychometric properties (Fischer & Fick, 1993). Participants indicate whether each item is true or false of them, and the number of socially desirable responses can range from zero to ten. The reliability for the scale in this study was marginally adequate: $\alpha = .67$.

Results

Table 1 presents the means and standard deviation scores for outcome measures sorted by participant group (Undergrads, Community Adults, or Meditators) and gender (collapsed across participant group). First, note that Levine tests found that variances were unequal between participant groups for all variables except self-compassion, with the most variance typically being reported in the community sample. We therefore accounted for this lack of homoscedasticity in our analyses of between-group differences (variances were not unequal between gender groups). To determine if there were mean differences in variable scores either by participant group or gender, we conducted a two-way (Group × Gender) multivariate analysis of

variance (MANOVA). Results indicated a significant main effect of Group, $F(14, 1848) = 21.13$, $p < .001$, and of Gender, $F(7, 923) = 12.93$, $p < .001$, but no significant interaction term between Group and Gender, $F(14, 1848) = 1.04$, $p = .41$. No further Group × Gender interactions were therefore examined. Follow-up one-way ANOVAs and post hoc Dunnett T3 tests (commonly used when variances are unequal) revealed that Meditators reported significantly higher levels of self-compassion, compassion for humanity, empathetic concern, perspective taking, altruism, and forgiveness, as well as significantly lower levels of personal distress, than both Undergrads and Community Adults (all ps $< .05$). Community Adults also reported significantly higher levels of empathetic concern and perspective taking, as well as significantly lower levels of personal distress, than Undergrads. Follow-up ANOVAs were next used to examine gender differences (collapsed across group). Results indicated that women had significantly higher levels of compassion for humanity, empathetic concern, perspective taking, personal distress, and forgiveness than men (all ps $< .05$). Men and women did not significantly differ in terms of self-compassion or altruism, however.

Because the differences observed in study variables may have been partly due to age differences between the three groups, we correlated age with the other study variables (controlling for social desirability) for the sample as a whole. Age correlated significantly with all study variables (ps $< .001$): self-compassion ($r = .25$); compassion for humanity ($r = .20$); empathetic concern ($r = .29$); perspective taking ($r = .22$); personal distress ($r = .31$); altruism ($r = .30$); and forgiveness ($r = .13$). To determine if years of meditation experience predicted outcomes for the Meditator sample, we correlated years of practice (controlling for age and social desirability) with the other study variables. Years of practice significantly predicted self-compassion ($r = .33$), compassion for humanity ($r = .21$), and perspective taking ($r = .21$) only.

Table 2 presents partial correlations (controlling for social desirability) between self-compassion and other study outcomes. The pattern of associations differed depending upon participant group and gender. Results indicate that among Undergrads, self-compassion was *not* significantly associated with compassion for humanity, empathetic concern, or altruism, although it was significantly associated with perspective taking, personal distress, and forgiveness. For the Community Adults and Meditators however, self-compassion was significantly associated with all of the other-focused variables: compassion for humanity, empathetic concern, perspective taking, personal distress, altruism, and forgiveness.

We next analyzed whether the strength of the correlations between self-compassion and other variables differed by participant group using the Fisher r-to-z transformation (see Table 2). It was found that the link between self-compassion and compassion for humanity was significantly stronger for Community Adults and Meditators than for Undergrads, and that the association was also marginally stronger for Meditators than for Community Adults. The correlation between self-compassion and empathetic concern was also significantly stronger for Community Adults and Meditators than for Undergrads. The association between self-compassion and perspective taking was significantly stronger for Meditators than for Undergrads or Community Adults, who did not differ from each other. Self-compassion had a significantly stronger negative association with personal distress among Community Adults than Undergrads (neither group differed significantly from Meditators.) Self-compassion had a significantly stronger correlation with altruism among Community Adults and Meditators than Undergrads. Finally, the

TABLE 1 Means and Standard Deviations for Study Variables, Sorted by Participant Group and by Gender (Collapsed across Group)

	Undergrads M(*SD*)	Community M(*SD*)	Meditators M(*SD*)	Males M(*SD*)	Females *M*(*SD*)
Self-compassion	3.01^{a} (0.58)	2.95^{a} (0.61)	3.58^{c} (0.57)	3.13 (0.59)	3.07 (0.65)
Compassion for humanity	3.22^{a} (0.81)	3.31^{a} (0.99)	3.99^{c} (0.64)	3.12^{1} (0.94)	3.53^{2} (0.87)
Empathetic concern	3.62^{a} (0.59)	3.82^{b} (0.80)	4.30^{c} (0.54)	3.57^{1} (0.74)	3.95^{2} (0.67)
Perspective taking	3.33^{a} (0.61)	3.57^{b} (0.76)	4.09^{c} (0.64)	3.44^{1} (0.75)	3.64^{2} (0.71)
Personal distress	2.69^{a} (0.58)	2.56^{b} (0.82)	2.07^{c} (0.70)	2.35^{1} (0.71)	2.60^{2} (0.75)
Altruism	2.82^{a} (0.60)	2.81^{a} (0.63)	3.32^{c} (0.46)	2.92 (0.63)	2.90 (0.62)
Forgiveness	3.30^{a} (0.96)	3.31^{a} (0.83)	3.99^{c} (0.73)	3.26^{1} (0.96)	3.51^{2} (0.87)

Notes: ^{a,b,c}Different alphabetical superscripts indicate that means differed significantly between participant groups at $p \leq .05$. $^{1, 2}$ Different numeric superscripts (when examining gender differences collapsed across groups) indicate that means differed significantly by gender at $p \leq .05$.

TABLE 2 Partial Correlations (Controlling for Social Desirability) between Self-compassion and Other-focused Concern Variables, Sorted by Participant Group and by Gender (Collapsed across Group)

	Undergrads	Community	Meditators	Males	Females
Compassion for humanity	.00[a]	.15*[b]	.28*[c]	.29*[1]	.18*[2]
Empathetic concern	.01[a]	.15*[b]	.26*[b]	.31*[1]	.17*[2]
Perspective taking	.30*[a]	.31*[a]	.44*[b]	.42*	.39*
Personal distress	−.22*[a]	−.41*[b]	−.32*	−.44*[1]	−.35*[2]
Altruism	.03[a]	.24*[b]	.17*[b]	.22*	.25*
Forgiveness	.28*[a]	.33*[a]	.51*[b]	.42*	.43*

Notes: [a,b,c]Different alphabetical superscripts indicate that correlations differed significantly between participant groups at $p \leq .05$. [1,2]Different numeric superscripts (when examining gender differences collapsed across groups) indicate that correlations differed significantly by gender at $p \leq .05$. If superscripts are in parentheses, difference was marginally significant at $p \leq .07$. *$p < .05$.

link between self-compassion and forgiveness was significantly stronger for Meditators than for Undergrads or Community Adults.

When analyzing data by gender (collapsed across group), both men and women evidenced a significant association between self-compassion and all six other-focused concern variables (see Table 2). However, females evidenced a significantly weaker association between self-compassion and compassion for humanity than males did, and the same pattern was found for empathetic concern. The negative link between self-compassion and personal distress was also marginally weaker among females than males.

Discussion

This study found that self-compassion is significantly associated with other-focused concern, but that the nature of the association differs according to life experience and gender. Before discussing these associations, however, it is worth considering group differences in scores for the various constructs examined in this study. Note that the community adult sample displayed significantly larger variance in scores for most of the study outcome variables. This may be because the group was more diverse—not sharing a common, unifying pursuit such as attending the same college or practicing the same type of meditation—as did the other two groups.

Practitioners of Buddhist meditation reported significantly higher levels of self-compassion, compassion for humanity, empathetic concern, perspective taking, altruism, forgiveness, and less personal distress when confronting others' suffering than community adults or undergraduates. This suggests that habitually entering a meditative state focused on interconnectedness and the acceptance of moment-to-moment experience (Germer, 2009) is associated with a greater ability to be kind and understanding to both self and others. This interpretation is supported by the finding that years of meditation practice significantly predicted levels of self-compassion, compassion for humanity, and perspective taking in the meditator sample. It is also consistent with prior research, which has found that training in various forms of Buddhist meditation increases self-compassion, compassion for others, and empathy

(Hutcherson, Seppala, & Gross, 2008; Shapiro, Astin, Bishop, & Cordova, 2005; Shapiro, Brown, & Biegel, 2007; Shapiro & Izett, 2008).

Development may also play a role in the degree to which people are concerned with the suffering of self and others. Age was found to significantly predict higher levels of self-compassion, compassion for humanity, empathetic concern, perspective taking, altruism, forgiveness, and less personal distress for the sample as a whole. This suggests that concern for oneself and others emerges through the course of development, perhaps as a result of greater emotional maturity and increasing understanding and recognition of the common human condition. This interpretation is supported by the finding that community adults reported higher levels of empathetic concern, perspective taking and less personal distress than undergraduates, results which are in line with other findings that egocentrism gradually starts to decline and empathy to increase in the early adult years (Eisenberg, Cumberland, Guthrie, Murphy, & Shepard, 2005; Elkind, 1967; Richter & Kunzmann, 2011; Selman, 1980).

The self-compassion levels of community adults were no higher than those of undergraduates, however, nor did community adults display higher levels of levels of compassion for humanity, altruism, or forgiveness. These findings are somewhat perplexing, given that age was significantly linked to higher levels of these constructs. Clearly, age is not the only factor distinguishing college undergraduates from the community adults sampled in this study. Perhaps there were employment-related pressures experienced by community adults that counterbalanced the increased age of this population. For example, follow-up analyses found that people under the age of 25 in the Community Adult sample (only 52% of whom were students) had lower self-compassion scores ($M = 2.79$) than college undergraduates ($M = 3.01$). More research will be needed to help understand the differences that were—and were not—found between undergraduates and community adults in this study.

Results indicated that there were gender differences in other-focused concern. Interestingly, men and women did not report significantly different levels of self-compassion. While some past studies have found a small self-compassion difference favoring men (e.g., Neff, 2003a; Neff & McGehee, 2010; Neff & Vonk, 2009), others have found no difference (e.g., Neff, Kirkpatrick et al., 2007; Neff, Rude et al., 2007). Current findings suggest that gender differences in self-compassion (at least as measured by self-report) are not stable or consistent, but vary from sample to sample. In contrast, there were clear gender differences found in terms of other-focused concern. In line with previous meta-analyses of gender difference in empathy and related constructs (see Eisenberg & Lennon, 1983), women reported significantly higher levels of compassion for humanity, empathetic concern, perspective taking and forgiveness than men did. Women also reported more personal distress when confronting others' suffering, a finding that may seem puzzling given that personal distress is an egocentric reaction that runs counter to other-focused concern. The finding is consistent with prior studies (Eisenberg, Fabes, Schaller, & Miller, 1989; Eisenberg et al., 1988), however, and has been interpreted as stemming from women's greater sensitivity to the suffering of others in general.

The main purpose of this study was to examine the association between self-compassion and other-focused concern. Does being more compassionate toward oneself go along with being more compassionate toward others? The general pattern of results suggests that self-compassion *is* associated with other-focused concern, although the strength of this association depends on one's stage in life, meditation experience, and gender. Among adults from the wider community and practicing meditators, higher levels of self-compassion were significantly linked to greater

compassion for humanity, empathetic concern for others, perspective taking, altruism, forgiveness, and less personal distress when considering the suffering of others. Among college undergraduates, however, while self-compassion was significantly linked to perspective taking, forgiveness, and less personal distress, self-compassion was *not* significantly associated with compassion, empathy or altruism. First we'll discuss the associations that were consistent for all participants, and then discuss the differing pattern displayed by undergraduates.

Regardless of participant group, self-compassion was significantly linked to perspective-taking skills. Self-compassion involves mentally stepping outside of oneself to consider the shared human experience and offer oneself kindness, and findings suggest that general perspective-taking capacities may be involved when confronting the experiences of both self and others. Self-compassionate individuals were also significantly less likely to experience personal distress when relating to others' pain than those who lacked self-compassion. Self-compassion involves the tendency to soothe oneself in times of distress without being carried away with negative reactivity (Neff, 2003b). This may help self-compassionate people deal with others' suffering with greater emotional balance, although the directionality of influence is unclear. It's also possible that a more general factor of emotional resilience helps people to be more self-compassionate and also less distressed by the suffering of others (Mikulincer, Shaver, Gillath, & Nitzberg, 2005). Further research will be needed to examine this issue.

In addition, self-compassion was significantly associated with forgiveness of others. Forgiving others requires understanding the vast web of causes and conditions that lead people to act as they do. It recognizes that try as they may, people sometimes do wrong (Worthington et al., 2005). In the same way, self-compassion recognizes that for an intricate and interconnected set of reasons, we often fail and make the wrong decisions (Neff, 2003b). The ability to forgive and accept one's flawed humanity, therefore, appears to be linked to the ability to forgive and accept others' transgressions.

As stated earlier, there were group differences found in the association between self-compassion and other-focused concern in terms of compassion for humanity, empathetic concern, and altruism. Community adults and meditators evidenced a significant association of self-compassion with compassion for humanity, empathetic concern and altruism, but these associations were not significant for undergraduates. While the reasons for the lack of association for younger adults is unclear, it is in keeping with an earlier finding using a college sample (Neff, 2003a) that individuals who were high in self-compassion reported being equally kind to themselves and others, but that people low in self-compassion reported being kinder to others than themselves. To further explore this issue, we calculated the level of empathetic concern reported by college undergraduates with low (bottom quartile) or high (top quartile) self-compassion scores. (Because responses to all study measures were given on 5-point scales they can be loosely compared.) Those who lacked self-compassion ($M = 2.27$) reported a much higher level of empathetic concern for others ($M = 3.72$), while those with high levels of self-compassion ($M = 3.75$) reported almost exactly the same level of empathetic concern for others ($M = 3.76$). This suggests that for young adults in college, the discrepancy between the amount of care shown to self and others attenuates the link between self-compassion and other-focused concern.

Because young adults in college are still forming their identities and understandings of intimate relationships, they are unlikely to have the same in-depth knowledge of themselves or others that comes with greater age and experience

(Grotevant & Cooper, 1985; Marcia, 1994). Young adults also struggle with recognizing the shared aspects of their life experience, often overestimating their distinctiveness from others (Lapsley, FitzGerald, Rice, & Jackson, 1989). Thus, young adults' schemas for why they are deserving of care and why others are deserving of care may be poorly integrated, so that their treatment of themselves and others is relatively unrelated. As individuals learn more about suffering and the causes of suffering with development, however, they may come to form a more unified understanding of compassion that generalizes to human beings more broadly, the self included. This may help explain why self-compassion was linked to compassion, empathetic concern and altruism for community adults and meditators but not for undergraduates.

Results indicated that there were significant group differences in the *strength* of the association between self-compassion and other constructs. For instance, there was a stronger link between self-compassion and compassion for humanity, perspective taking and forgiveness for meditators than for community adults and undergraduates. As mentioned before, many Buddhist meditation practices intentionally cultivate compassion for both self and others, and aim to recognize that all beings suffer and want release from suffering (see Hofmann et al., 2011, for a review). Such practices have been found to increase feelings of social connectedness (Hutcherson et al., 2008), and may play a role in the increased association between self-compassion and other-focused responding found in meditators.

There were also gender differences found in the strength of association between self-compassion and other-focused responding. Both men and women evidenced a significant association between self-compassion and other-focused concern when examined as a whole (i.e., collapsed across group.) However, women evidenced a weaker association between self-compassion and compassion for humanity, empathetic concern, and personal distress than men did. Given that women tended to display higher levels of other-focused concern than men, while at the same time not displaying higher levels of self-compassion than men, this suggests that the discrepancy between how one treats oneself and others is higher for women. While the reasons for these findings are unclear, it may have something to do with how women see themselves. In their extensive review of the literature on sex differences in empathy and related constructs, Eisenberg and Lennon (1983) found that sex differences were most consistently found when self-report measures of empathy were given, but were much less consistent when physiological measures of were used. The authors suggest that because sex-role socialization in Western culture idealizes the caring, nurturing, self-sacrificing woman, there are self-presentational pressures that may bias how women respond to self-report measures (even when controlling for social desirability). Because self-compassion is not a stereotypical aspect of the female role, women may be less invested in seeing themselves as self-compassionate and more invested in seeing themselves as caring toward others. More research will need to be done on this issue, preferably using physiological measures of compassion in addition to self-report measures (Goetz et al., 2010).

Limitations

Because the research on the association between self-compassion and other-focused concern is so new, there were necessarily gaps in the current study that will need to be filled by future studies. As mentioned, this study relied on subjective self-report measures, and it will be important to determine if more objective physiological

measures such fMRIs, oxytocin assays, etc., confirm findings. There is some evidence (Longe et al., 2009) that increasing self-compassion increases insula activity (associated with empathy), and more research along these lines would help buttress the current findings. Further, informant reports from individuals who know the participant well (e.g., significant others, family, close friends, etc.) might also be used to support findings. It should be noted, however, that in a recent study of romantic couples (Neff & Beretvas, in press), individual and partner reports of self-compassion strongly correlated, suggesting that self-reported self-compassion expresses itself in observable behaviors and subjective reports are relatively reliable. Because self-compassion is not necessarily a culturally valued trait, moreover, it may be less subject to social-desirability bias than reports of other-focused concern.

Similarly, although this study did include practitioners of Buddhist meditation, these participants were still Westerners raised in a Western cultural context. It may be that findings would be different in non-Western cultural contexts, and that factors of individualism and collectivism also play a role in the link between self-compassion and other-focused concern (Neff et al., 2008). This study examined populations that differed by age and interpreted findings in terms of possible developmental differences. However, longitudinal research will be needed to directly determine if the link between self-compassion and other-focused responding changes over the life course. A potential confound also exists in the current study because different participant groups were compensated in different ways. Undergraduates received course credit, community adults received a small payment, and meditators did not receive direct compensation, but instead their participation went towards a scholarship fund. It is possible that these different forms of compensation impacted the types of participants that were recruited, and this issue should be examined directly in future studies.

Finally, the directionality of the association between study variables is unclear, given the correlational design of the research. An interesting direction for future research would be to use experimental designs, such as mood inductions that temporarily enhanced feelings compassion for self or others, to see which had a stronger effect in terms of enhancing the corollary construct. Similarly, interventions designed to raise self-compassion or compassion for others (e.g., Germer, 2009; Gilbert & Procter, 2006; Kyabgon, 2007) could be studied.

Conclusion

Overall, this study suggests that self-compassion and compassion for others tend to go hand in hand for people of various ages and life experiences in terms of perspective taking, forgiveness, and less personal distress when confronting the suffering of others. The association between self-compassion and compassion for humanity, empathetic concern, and altruism may be a later developmental achievement that is strengthened by Buddhist meditation practice, but which is attenuated by gender socialization. These findings add to the existent literature on the beneficial corollaries of self-compassion, suggesting that it is not only linked to personal well-being, but is also linked to concern for the well-being of others.

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