



The Compassionate Mind: A correlational investigation into the relationship between self-compassion and compassion for others

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ABSTRACT

Self-compassion is associated with many psychological benefits such as lower levels of depression and anxiety, and improved psychological resilience and wellbeing. Compassion for others is also associated with psychological benefits including lower levels of depression and anxiety, as well as increased happiness and self-esteem. The present study used a correlational questionnaire design to investigate the relationship between self-compassion and compassion for others, gender differences in the relationship between self-compassion and compassion for others, and gender differences in levels of self-compassion and compassion for others. Participants completed the Self-Compassion Scale (Neff, 2003a) and the Compassion Scale (Pommier, 2011). The participants were aged 18-74 (N = 200). Contrary to expectations, no significant relationship was found between self-compassion and compassion for others. However, there was a significant interaction between genders for the relationship between self-compassion and compassion for others. The findings also suggest that women have significantly lower levels of self-compassion and significantly higher levels of compassion for others than men. The findings contribute to the developing understanding of self-compassion and compassion for others, and support the development and use of compassion programmes for men and women. The limitations, practical applications, and future research suggestions are discussed.

KEY WORDS:	SELF-COMPASSION	COMPASSION FOR OTHERS	GENDER	CORRELATION	BUDDHIST PSYCHOLOGY
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Introduction

In Western psychology, the Buddhist derived concept of compassion is primarily unknown (Neff, 2003a). Therefore, psychological research focusing on compassion is limited (Neff, 2003b) and has only been of concern for around a decade (Yarnell et al., 2015). The Buddhist conceptualisation of compassion refers to both self-compassion and compassion for others (Neff 2003a). Compassion for others is similar to empathy; an innate sense of others' suffering and a desire to free them from it (Makransky, 2012). Self-compassion is similar to compassion for others, although the suffering is one's own (Neff, 2003a).

Self-compassion is defined as “being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgemental attitude toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience” (Neff, 2003a; pp. 87). Neff (2003a) conceptualises self-compassion as three individual components, each of which have a positive element relating to self-compassionate behaviour and a negative element relating to behaviour opposing self-compassion (Neff, 2003a; Neff, 2016). These components are self-kindness versus self-judgement, common humanity versus isolation, and mindfulness versus over-identification. Neff (2003a) states that each positive element is equally important in alleviating personal suffering and overcoming negative feelings of personal failure. Self-kindness involves kindness and understanding towards oneself rather than being self-judging. Common humanity is an individual's ability to view each of their experiences as part of a shared human experience, as opposed to a unique and isolating one. Mindfulness refers to being consciously aware of ones' own emotions in a non-judgemental approach whilst avoiding becoming over-identified with them.

Previous research has demonstrated the importance of self-compassion and the advantages of being self-compassionate. Neff (2003a) found a negative correlation between self-compassion and depression and anxiety, and proposed that those with higher levels of self-compassion have lower levels of self-criticism, isolation, and over-identification of feeling and thoughts, which are often associated with depression and anxiety. Research has also suggested that there may be lower levels of self-compassion in individuals with depression (Shapira & Mongrain, 2010; Krieger et al., 2013) and post-traumatic stress disorder (Dahm et al., 2015). Self-compassion may also have effective therapeutic application to support the recovery of a range of mental health issues (MacBeth & Gumley, 2012; Neff, 2003a). MacBeth and Gumley (2012) found that self-compassion was important for reducing depression and anxiety, as well as promoting wellbeing and psychological resilience to stress. Additionally, Neff (2003a) states that there may be a positive correlation between self-compassion and life-satisfaction, psychological resilience and wellbeing. Further research has also found a relationship between self-compassion and psychological resilience (Neff & McGehee, 2010), psychological wellbeing (Bluth & Blanton, 2015; Neff & Faso, 2015), less self-criticism (Leary et al., 2007), and increased motivation (Breines & Chen, 2013).

Compassion for others refers to “being open and moved by the suffering of others, so that one desires to ease their suffering” (Neff, 2003a; pp. 224) and “offering

others patience, kindness and non-judgmental understanding, recognizing that all humans are imperfect and make mistakes” (Neff, 2003a; pp. 224). Similarly to self-compassion, Pommier (2011) states that compassion for others has three components. These components each have a positive element associated with compassionate behaviour and a negative element relating to non-compassionate behaviour. The components are kindness versus indifference, common humanity versus separation, and mindfulness versus disengagement. Kindness is defined as being caring and understanding to others, rather than showing indifference towards them. Common humanity refers to an awareness of connection to others, and involves recognising that human experiences are shared so that one does not feel separation from others. Mindfulness involves producing a balance of emotions so that one does not become disengaged from the pain and suffering of others.

Research has found significant benefits of compassion for others. Allen and Knight (2005) state that compassion for others may be linked to decreased social withdrawal, and suggest that compassion for others may be associated with improved social interaction and social bonds. Supporting this, Crocker and Canevello (2008) discovered that compassion for others was related to improved social bonds, fewer feelings of isolation, and lower levels of depression and anxiety. Compassion for others has also been linked to increased happiness (Mongrain et al., 2011; Pommier, 2011), increased self-esteem (Mongrain et al., 2011), and has been proven useful in counselling and therapy (Pommier, 2011). Mongrain (2011) found that those who participated in compassionate acts towards others reported higher levels of wellbeing, happiness and self-esteem. One explanation for this is that compassion for others may create meaning and purpose for an individual (Mongrain et al., 2011), which have also been associated with psychological benefits (Park et al., 2010).

Whilst it has been shown that there are significant benefits to self-compassion and compassion for others, previous research into the relationship between self-compassion and compassion for others is limited (Pommier, 2011). Neff and Beretvas (2013) conducted research into self-compassion and romantic relationships. Those with high levels of self-compassion were found to be significantly more caring and accepting towards their romantic partner, suggesting higher levels of compassion for others. Breines and Chen (2013) found that activating support-giving schemas could allow an individual to increase their level of self-compassion, thus proposing that demonstrating compassion for others may increase an individual’s self-compassion. Additionally, Pommier (2011) states that self-compassion and compassion for others are extremely similar concepts, with the only significant difference being whether the compassion is directed towards the self or others. Neff (2003a) believes that self-compassion is directly linked to compassion for others as self-compassion involves common humanity, a belief that all humans deserve compassion, not just the self. Based on this theory, Neff (2003a) states that having more compassion for oneself may allow an individual to be more compassionate for others. Despite this, some research has found no relationship between self-compassion and compassion for others. Pommier (2011) found that participants scored highly on compassion for others, regardless of whether they had higher or lower self-compassion scores, suggesting there is no significant relationship between self-compassion and compassion for others.

Furthermore, additional research has been conducted into whether there are gender differences in self-compassion. Differences could indicate that one gender may require more self-compassion training than the other (Yarnell et al., 2015). Yarnell et al. (2015) conducted a meta-analysis of gender differences in self-compassion. Male participants were found to have slightly higher levels of self-compassion than female participants, although the difference was non-significant. However, Neff (2003a) found that women had significantly lower total self-compassion scores than men, although the scores of women were only significantly lower for mindfulness, and not for self-kindness or common humanity. This suggests that gender differences are apparent in only certain components of self-compassion. Further research suggests that gender differences in self-compassion may only exist in certain age groups (Neff and McGehee, 2010). Despite these findings, Neff and Pommier (2013) found no significant gender differences in self-compassion.

Similarly, research has been conducted into whether there are gender differences in compassion for others. Research is limited (Pommier, 2011), although from a Buddhist perspective compassion for others relates to empathy (Makransky, 2012), therefore research into gender differences in empathy can be associated with gender differences in compassion for others (Pommier, 2011). Tavakol et al. (2011) conducted research into gender differences in empathy for UK medical students. Female students were found to have significantly higher levels of empathy than male students, suggesting that female students were more compassionate for others. Berg et al. (2011) also measured gender differences in medical students and found that women were significantly more empathetic than men. Additionally, Pommier (2011) conducted research into compassion for others in undergraduate students. The findings indicated that women have significantly more compassion for others than men. However, some research measuring gender differences in compassion for others (Berg et al., 2011; Pommier, 2011; Tavakol et al., 2011) have used student populations, limiting the generalizability of the findings to other populations (Pommier, 2011).

Despite a growing interest in the study of self-compassion and compassion for others (Dahm et al., 2015; Yarnell et al., 2015), there has been little or no research conducted specifically into gender differences in the relationship between self-compassion and compassion for others (Pommier, 2011). Pommier (2011) suggests that gender differences may be apparent in the relationship between self-compassion and compassion for others. This suggestion was made based on findings that indicate that women have higher levels of compassion for others than men (Pommier, 2011), and lower levels of self-compassion than men (Neff, 2003a; Yarnell et al., 2015). Neff and Pommier (2013) found a significant relationship between self-compassion and other-focused concern, where other-focused concern was used as a measure of compassion for others. However, the difference between self-compassion and compassion for others was larger for women than for men, suggesting that the relationship between self-compassion and compassion for others is different for men and women. Neff and Pommier's (2013) findings also indicate that women have higher levels of other-focused concern than men, but not higher levels of self-compassion. This suggests that the difference between how compassionate women are towards themselves and others is more significant than the difference for men.

Previous research has indicated that there could be a significant relationship (Breines & Chen, 2013; Neff & Beretvas, 2013) or a non-significant relationship (Pommier, 2011) between self-compassion and compassion for others. Women have been found to be less self-compassionate than men (Neff, 2003a; Yarnell et al., 2015), and may be more compassionate to others than men (Berg et al., 2011; Pommier, 2011; Tavakol et al., 2011). Finally, research has indicated that the difference between self-compassion and compassion for others may be larger for women than for men (Neff & Pommier, 2013), suggesting there may be gender differences in the relationship between self-compassion and compassion for others. However, little or no previous research has aimed to focus specifically on gender differences in the relationship between self-compassion and compassion for others.

The present study aimed to investigate whether there is a relationship between self-compassion and compassion for others, and whether the interaction in this relationship is different for women and men. The present study also aimed to measure whether there are gender differences in self-compassion and compassion for others.

The first hypothesis was that there would be a significant positive correlation between self-compassion and compassion for others. The second hypothesis was that there would be an interaction between genders for the relationship between self-compassion and compassion for others. The third hypothesis was that women would have significantly lower self-compassion than men. The fourth hypothesis was that women would have significantly higher compassion for others than men.

Method

Design

This quantitative study used a correlational, questionnaire design. A correlational approach was used as a method of measuring the relationship between the variables. Correlational studies have been previously used effectively in research into self-compassion and compassion for others (Neff 2003a; Pommier, 2011; Neff & Pommier, 2013). Correlations are effective for preliminary research into areas where existing research is limited, such as compassion (Yarnell et al., 2015).

Participants

A total of 200 participants were used in this study from an opportunity sample of Facebook users. Previous research has effectively used Facebook to recruit participants (Mongrain et al., 2011). This sample included male (50%) and female (50%) participants. The exclusion criteria used indicated that all participants were required to be at least 18 years old. The participants used were 18-74 years old ($M = 30.72$, $SD = 13.63$).

Measures

Participants were required to have access to the Internet and a Facebook account, as the data was collected through a questionnaire, which was only available on Qualtrics through a link on Facebook. Online questionnaires allow participants to access questionnaires easily and at a time that is convenient to them. Online questionnaires have also previously been used effectively in research investigating self-compassion and compassion for others (Neff & Pommier, 2013). An invitation letter was provided as a public message on Facebook. This informed participants that a study was being conducted which they may wish to take part in. An information sheet was given to participants before the questionnaire to provide an overview of the study. This document explained that the data collected would be anonymous, and informed participants of their right to withdraw at any time during the questionnaire. The information sheet required the participants to give informed consent for their data to be used in this study before they were presented with the questionnaire. Information about the participant's age and gender were also collected. A debrief form provided further information about what the study was investigating. The contact details of the research supervisor were also given for those with questions or concerns about the study. Information about where to find the questionnaires used in the study was also provided in case participants wished to obtain a personal score.

Self-Compassion. The first scale used in the questionnaire was the Self-Compassion Scale (Neff, 2003a). Neff (2003a) created the Self-Compassion Scale (SCS) as a measurement of trait levels of self-compassion relative to Neff's (2003a) definition of self-compassion. The scale is comprised of 26 items, each of which is related to one of the six sub-scale factors: self-kindness, self-judgement, common humanity, isolation, mindfulness and over-identification. The items relating to the negative factors, self-judgement, isolation and over-identification, are reverse-coded. Neff (2016) states that by reverse-coding negative items, participants do not have to negate negatively worded questions, for example answering an item starting '*I am not*' with '*Almost Never*'. The scale is applicable to anyone over the age of fourteen; therefore it was suitable for use with the participants used in the present study. The SCS uses a structured response format in a five-point scale from '*Almost Never*' to '*Almost Always*'. Higher scores indicate higher levels of self-compassion. Neff (2003a) found the Self-Compassion Scale had high internal consistency with a Cronbach's alpha of .92. Neff (2003a) has given permission for the SCS to be used for the purpose of research. The SCS has been used effectively in previous research studies (Dahm et al., 2015; Neff et al., 2007; Welp & Brown, 2014).

Compassion For Others. The second scale used in the questionnaire was the Compassion Scale (Pommier, 2011). Pommier (2011), using Neff's (2003a) definition of compassion, created the Compassion Scale (CS) to measure compassion for others. Similarly to the Self-Compassion Scale, this scale uses 24 items relating to one of six sub-scale factors: kindness, indifference, common humanity, separation, mindfulness and disengagement. The items relating to the negative factors, indifference, separation and disengagement, are reverse-coded. The CS can be used with adults making it suitable for this study. The scale also has a structured response format with a five-point scale identical to that used in the SCS. Higher scores indicate higher levels of compassion for others. Pommier (2011) found a

Cronbach's alpha score of .90 for the Compassion Scale, suggesting high internal consistency. Permission has been given to use this scale for the purpose of research.

Procedure

Participants were found on Facebook by responding to the invitation letter message, which was displayed on multiple public Facebook pages. This message included a link to the questionnaire, which was provided on Qualtrics. Participants were initially given the information sheet and were asked to give consent for their data to be used for the purpose of the study, without which they were unable to complete the questionnaire. Here they were also asked to provide socio-demographic information including their age and gender. They were then asked to complete both the Self-Compassion Scale and the Compassion Scale by indicating how often they behaved in a particular way on a scale from '*Almost Never*' to '*Almost Always*'. Participants were required to answer all questions and could not continue with the questionnaire until all previous questions had been answered. Once they had completed the questionnaire, participants were provided with the debrief form. The data collected was stored privately using SPSS. Participant's data were randomly ordered and each participant given a unique participant number between 1 and 200.

Ethical Considerations

Ethical approval to conduct this research was obtained through Manchester Metropolitan University. The present study adhered to the British Psychological Society's (BPS) Code of Human Research Ethics (2014), Code of Ethics and Conduct (2009), and guidelines for internet-mediated research. The data collected was stored on SPSS in compliance with the Data Protection Act (1998).

Data Analysis

Total self-compassion and compassion for others scores were created for each participant according to the guidelines provided (Neff, 2003a; Pommier, 2011). The total scores for each participant for the Self-Compassion Scale were created by calculating the subscale means for self-kindness, common humanity and mindfulness, and the reversed subscale means for self-judgement, isolation and over-identification, followed by the mean of all six subscales. For the Compassion Scale, the subscale means were calculated for kindness, common humanity and mindfulness, and reverse subscale means for indifference, separation and disengagement, then the mean of all six subscales for each participant.

Kolmogorov-Smirnov tests of normality were conducted to establish whether the data for the Self-Compassion Scale and the Compassion Scale were normally distributed. The data for the Self-Compassion Scale were normally distributed, and the data for the Compassion Scale were not normally distributed. A Mauchly's test of sphericity showed that sphericity could not be assumed therefore Greenhouse-Geisser was used for the two-way repeated measures ANOVA.

Results

Descriptive statistics were created for the Self-Compassion Scale and Compassion Scale scores. Table 1 shows the means and standard deviations for self-compassion and compassion for others scores ($N = 200$).

Table 1
Means and standard deviations of self-compassion and compassion for others in male and female participants

	Female ($N = 100$)		Male ($N = 100$)	
	M	SD	M	SD
Self-Compassion	2.60	.55	2.98	.72
Compassion For Others	4.07	.06	3.73	.06

A Pearson product-moment correlation coefficient was used to measure the relationship between self-compassion and compassion for others. There was no significant correlation found between self-compassion and compassion for others, $r = -.09$, $n = 200$, $p = .189$.

A two-way repeated measures ANOVA was conducted to measure whether there was an interaction between genders for the relationship between self-compassion and compassion for others. There was a significant interaction between genders for the relationship between self-compassion and compassion for others, $F(1, 198) = 35.21$, $p < .001$ (Fig. 1). There was a significant main effect of the relationship between self-compassion and compassion for others $F(1, 198) = 295.09$, $p < .001$. There was a non-significant main effect of gender, $F(1, 198) = .04$, $p = .85$.

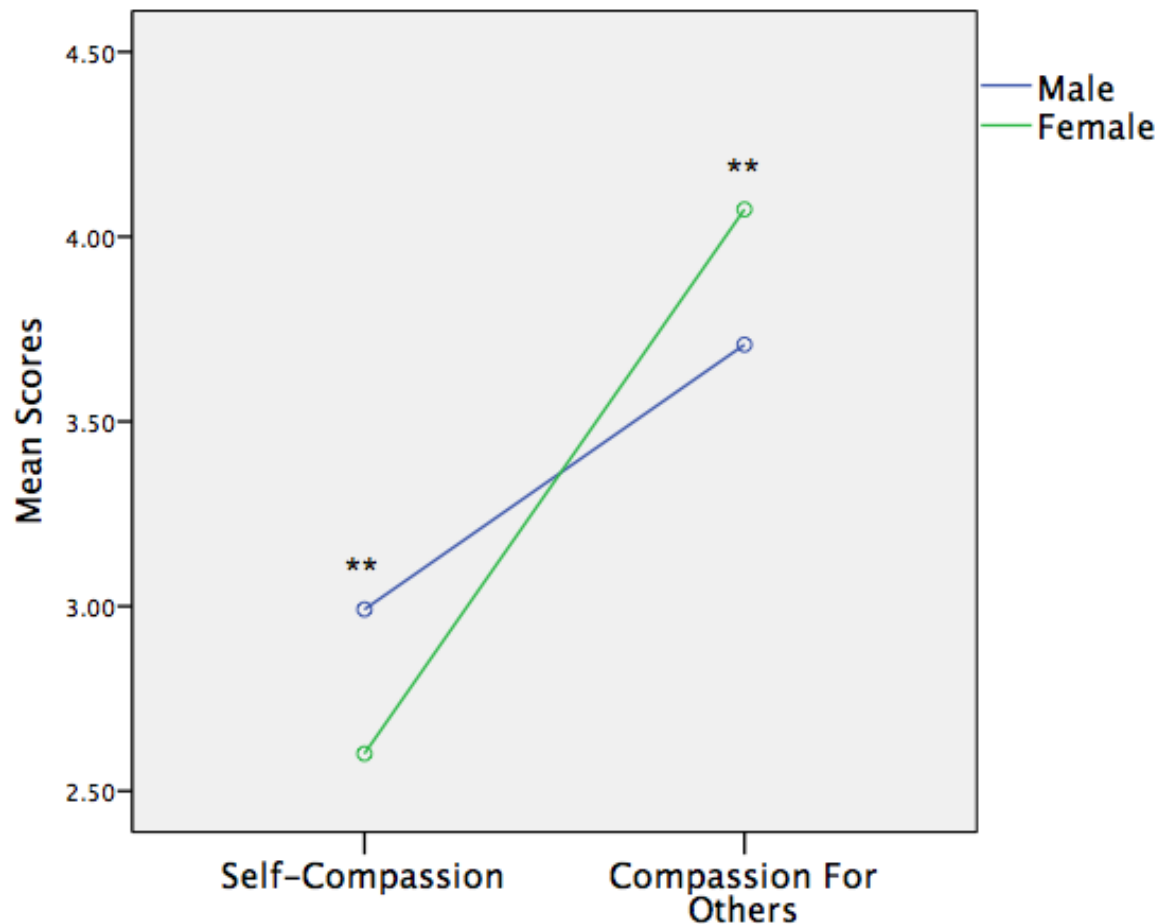


Figure 1. A graph to show the mean scores for the Self-Compassion Scale and the Compassion Scale for male and female participants. ** $p < .001$.

An independent samples t-test was performed to compare self-compassion scores in male and female participants. There was a significant difference between scores for self-compassion in male and female participants, $t(185.48) = 4.29$, $p < .001$. Female participants scored significantly lower on self-compassion than the male participants (Table 1).

An independent samples Mann-Whitney U test was used to compare the scores from the Compassion Scale for male and female participants. There was a significant difference between scores for compassion for others in male and female participants, $U = 6,637$, $n = 200$, $p < .001$. Female participants scored significantly higher (*Mean Rank* = 116.87) on compassion for others than male participants (*Mean Rank* = 84.13).

Discussion

The present study found that there was no significant relationship between self-compassion and compassion for others. There was a significant interaction between genders for the relationship between self-compassion and compassion for others. Additionally, women were found to have significantly lower self-compassion and significantly higher compassion for others than men.

The present study hypothesised that there would be a significant positive correlation between self-compassion and compassion for others, which was shown to be incorrect. This suggests that there is no significant relationship between an individual's level of self-compassion and compassion for others. This result is surprising given that self-compassion and compassion for others are such similar concepts (Neff, 2003a; Pommier, 2011), and that Neff's (2003a) conceptualisation of compassion was used to measure both self-compassion and compassion for others. However, although some components of the Self-Compassion Scale (Neff, 2003a) and the Compassion Scale (Pommier, 2011) represent similar concepts such as common humanity, other components represent different concepts such as self-kindness and kindness for others, which may account for the differences in scores (Pommier, 2011). Although this result does not support that of some previous research (Breines & Chen, 2013; Neff & Beretvas, 2013), it is consistent with other research that has also found no relationship between self-compassion and compassion for others (Pommier, 2011). Pommier's (2011) research specifically measured the relationship between self-compassion and compassion for others, whereas other research has indicated a relationship by measuring self-compassion and concepts that are associated with compassion for others such as caring and accepting attitudes (Neff & Beretvas, 2013) or support-giving schemas (Breines & Chen, 2013). Therefore, it is interesting that the findings from the present study are consistent with that of Pommier's (2011) research. This suggests that whilst there may be a relationship between self-compassion and concepts that are associated with aspects of compassion for others, there is no direct relationship between self-compassion and compassion for others.

Additionally, although gender differences were found in the relationship between self-compassion and compassion for others, both female and male participants overall reported being more compassionate to others than to themselves, supporting previous research (Neff, 2003a; Neff et al., 2008). However, research has found that those from Buddhist populations have been found to value self-compassion and compassion for others equally (Neff & Pommier, 2013), suggesting there are cultural differences in the relationship between self-compassion and compassion for others. Therefore, the relationship between self-compassion and compassion for others may have been stronger if the participants were from populations where self-compassion and compassion for others are valued equally, rather than the participants used in the present study (Pommier, 2011).

The second hypothesis, that stated that there would be an interaction between genders for the relationship between self-compassion and compassion for others, was found to be true. This supports Pommier's (2011) prediction, which was based on the idea that women and men function differently in how compassionate they are to others and themselves. This also supports Neff and Pommier's (2013) statement

that the strength of the relationship between self-compassion and compassion for others may be influenced by gender. The difference between how women treat themselves and how they treat others was found to be greater than the difference for men. Neff and Pommier (2013) suggest that one possible explanation for this is due to the differences in how men and women view themselves. It could be argued that, unlike men, women in Western cultures are socialised to be self-sacrificing and yet nurturing and supportive towards others, so women tend to value compassion for others more than compassion for themselves (Neff & Pommier, 2013).

As predicted in the third hypothesis, women showed significantly lower self-compassion than men. These findings are consistent with the findings from previous research conducted by Neff (2003a). A possible explanation for this may be that women have been found to be more critical of themselves than men (DeVore, 2013), and as stated previously, are often socialised to be self-sacrificing (Neff & Pommier, 2013). Neff and McGehee (2010) found that young adult females reported lower levels of self-compassion than young adult males, however there were no gender differences in self-compassion for adolescents. This suggests that age may be associated with gender differences in self-compassion. The present study measured the self-compassion and compassion for others of adults; therefore it may be that gender differences in self-compassion would not have been apparent if the participants were younger. Whilst the findings from the present study are not applicable to adolescents, they do indicate a significant gender difference in self-compassion for adults.

Finally, as predicted in the fourth hypothesis, women were found to have significantly higher compassion for others than men. This was expected as previous research has indicated that women have more empathy (Berg et al., 2011; Tavakol et al., 2011) and significantly more compassion for others (Pommier, 2011) than men. One explanation for this is that lower levels of compassion for others have been associated with masculine identity (Gilbert et al., 2011). This may be because compassion for others is often confused with submissiveness and weakness, which may threaten masculine ideology (Gilbert et al., 2011). On the other hand, women are socialised to be more nurturing towards others than men, and are taught to value compassion for others as a positive attribute (Neff & Pommier, 2013). Therefore it would be expected that women would have more compassion for others than men.

Practical Application

These findings may contribute to an improved professional understanding of self-compassion and compassion for others. This could support the development and use of compassion programmes, which are used to enhance levels of self-compassion and compassion for others.

Lower levels of self-compassion have been associated with mental health issues including depression (Neff, 2003a; Shapira & Mongrain, 2010; MacBeth & Gumley, 2012; Krieger et al., 2013), anxiety (Neff, 2003a; Macbeth & Gumley, 2012), and post-traumatic stress disorder (Dahm et al., 2015). Similarly, lower levels of compassion for others have been linked to higher levels of depression and anxiety (Crocker & Canevello, 2008), as well as more feelings of isolation (Crocker & Canevello, 2008). Therefore, it is important that those with lower levels of self-

compassion or compassion for others are offered programmes that could increase their self-compassion or compassion for others to either prevent, or assist in treating associated mental health issues. The results from the present study support the need for compassion programmes, as neither men nor women had self-compassion or compassion for others scores that could not be improved. These results indicate that men and women have lower self-compassion than compassion for others. Therefore, it may be that self-compassion programmes are of more urgent importance than compassion for others programmes. Compassion programmes such as the Mindful Self-Compassion Programme (MSC; Neff & Germer, 2012) and Compassion Mind Training (CMT; Gilbert, 2009) have been used effectively to support the treatment of mental health issues by increasing self-compassion and compassion for others (MacBeth & Gumley, 2012).

The findings from the present study suggest that gender differences should be taken into account in future research and in self-compassion or compassion for others programmes. Women may benefit more from self-compassion programmes than men, as women were found to have lower self-compassion scores than men. Self-compassion programmes could teach women that the concept of compassion for others is similar to self-compassion, which may help reduce the negative view women have of self-compassion (Neff & Pommier, 2013). As women were found to have high levels of compassionate for others, it may be that they are easily able to learn self-compassion skills (Yarnell et al., 2015). Similarly, men may benefit more from compassion for others programmes, as they were found to have lower compassion for others scores than women. Compassion for others programmes could help men learn that compassion for others is not a flaw, but a characteristic deserving of value.

Limitations

Several limitations of the present study should be acknowledged. Firstly, the present study did not measure the ethnic or cultural identity of participants. Therefore, it cannot be assumed that ethnic or cultural diversity was present. Previous research suggests there may be ethnic and cultural differences in self-compassion (Neff et al., 2008; Neff, 2016) and compassion for others (Pommier, 2011), as well as the relationship between self-compassion and compassion for others (Neff & Pommier, 2013). It has been proposed that the relationship between self-compassion and compassion for others may be stronger in cultures where they are valued equally (Pommier, 2011; Neff & Pommier, 2013). Therefore, the findings from the present study cannot be generalised to all ethnic or cultural populations.

Secondly, the present study used self-report measures. Although the questionnaire was anonymous, some participants may not have wanted to represent themselves as someone who lacked self-compassion or compassion for others (Pommier, 2011). Additionally, some participants may have believed themselves to be more self-compassionate or compassionate for others than they actually are (Pommier, 2011). Therefore, reported scores of self-compassion and compassion for others could be higher than participants' true scores.

Finally, only those with an active Facebook account were able to participate in the present study. Research has shown that significantly more younger adults use

Facebook than older adults (Duggan & Brenner, 2013). Although there was a diverse age range, the mean age of participants was thirty-one years old. This indicates that most of the participants were young adults. Previous research has indicated that older adults have higher levels of self-compassion and compassion for others (Neff & Pommier, 2013). Therefore, it would be expected that if participants were from a more equally diverse aged population, scores for self-compassion and compassion for others might have been higher. Whilst older participants were used in the present study, it is important to consider that most participants were young adults.

Future Research

Future research should be conducted to measure whether there is an interaction between genders for the relationship between self-compassion and compassion for others. As little or no previous research has been conducted to measure this interaction, further research is necessary to establish whether gender differences do exist as indicated in the present study.

It may also be useful to investigate whether ethnicity or culture effect gender differences in the relationship between self-compassion and compassion for others. As previous research has demonstrated that ethnicity and culture may play a role in gender differences in self-compassion and compassion for others, it would be interesting to determine whether they play a role in gender differences in the relationship between self-compassion and compassion for others.

Further research could also focus on gender differences in the subscales for self-compassion and compassion for others, to support previous research conducted by Neff (2003a). Although the present study found gender differences in self-compassion and compassion for others, it may be that differences are only present in some subscale items, suggesting that gender differences only affect certain aspects of self-compassion or compassion for others.

Finally, future research could use physiological measures as well as self-report measures, to investigate whether gender differences in the relationship between self-compassion and compassion for others is based on self-perceptions, or whether there is a physiological cause (Pommier, 2011; Neff & Pommier, 2013).

Summary

The present study supports existing research that has demonstrated that there are gender differences in self-compassion and compassion for others. The findings also suggest that there is no relationship between self-compassion and compassion for others, despite previous research indicating there may be. Additionally, an interaction was found between genders for the relationship between self-compassion and compassion for others. The present study may be used as a preliminary foundation for future research into gender differences in the relationship between self-compassion and compassion for others. The findings may be used to enhance developing literature into self-compassion and compassion for others, and support the development and use of compassion programmes.

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