

**Comparison of Self-compassion and Self-esteem in Adults, in Relation to Perceived
Stress and Life Satisfaction**

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Abstract

This study explored the relationships between self-compassion, self-esteem, perceived stress, life satisfaction and age in a convenience sample (N = 109) with the aim of better understanding positive and negative influences on life satisfaction across the adult lifespan. Pearson's r correlations revealed significant associations in all but one of the correlations of interest – age and self-esteem. Multiple regression found self-compassion, self-esteem and perceived stress accounted for 44% of the variance in the outcome life satisfaction. Self-esteem was the strongest predictor overall. One-way ANOVA to examine differences between self-compassion and self-esteem in 3 age groups, young, mid and old, revealed non-significant results. Nevertheless, since self-compassion was found to increase steadily with age, and had a strong negative relationship with perceived stress, this study discusses methods of nurturing self-compassion to reduce stress and promote well-being.

Introduction

How well an individual functions in society is a key consideration in the field of psychology. It is an issue that is relevant to theoretical research in the attempt to increase understanding of the human race and one's place in the world, as well as in applied psychology. Measuring function is important for accurate diagnosis of illness and for devising appropriate interventions as well as assessing general well-being. It is also useful for developing proposals for the improvement of environments such as within education or the workplace (Taylor, 2003). The construct of self-esteem has long been used as a major indicator of subjective well-being, whether domain specific or globally. In other words, a person may have self-confidence in one aspect of life and not in another; alternatively, a person may judge themselves overall more or less positively or negatively. Over a hundred years ago James (1890, p307) stated in his discussion of it that "the barometer of our self-esteem and confidence rises and falls from one day to another", even then hinting at the complexities of this broad topic. The concept of satisfaction with life can also be used as another indicator of subjective well-being, this time relating to the individual's attitude to their life as a whole, rather than their personal self-evaluation (Diener & Diener, 1995). To have high life satisfaction is to view the conditions and prospects of one's life in a favourable way.

But life does not always go according to plan and optimal functioning may be affected by events outside of one's control. Such events may be stressful, and stress is an aspect of life that has huge implications for both physical and psychological health. The biopsychosocial model links the physical, psychological and social influences on the individual in order to understand

the causes of stress-related illness, with a view to its possible reduction or prevention (Engel, 1977; 1996). Understanding how stress is coped with can be problematic as individuals use many strategies, some more adaptive than others (Carver, Scheier & Weintraub, 1989). According to Neff, Ya-Ping and Dejjitterat (2005) self-compassion can be viewed as an adaptive coping strategy, employing self-awareness and self-kindness in times of difficulty. Although an ancient Buddhist concept, self-compassion has only recently been operationally defined so that it may be scientifically measured (Neff, 2003b). This and the above factors are just some of which contribute to the make-up and development of the individual as he or she meets the challenges of life across the lifespan. It is hoped through the exploration of them in relation to each other, and taking age into consideration, that this study might discover if and how they may be modified in order to enhance well-being both for the individual and for society at large.

The Complex Nature of Self-esteem

The California Task Force to Promote Self-Esteem and Personal and Social Responsibility (CTF; 1990) was created to address social problems by means of promoting well-being as opposed to reacting to the problems themselves. It defines self-esteem as having the ability to appreciate and value one's own self-worth, as well as having the strength of character to take responsibility for one's own actions, while having regard for others. Its 161 page report covers topics such as teenage pregnancy, crime, drug abuse and child abuse, and gives recommendations for nurturing self-esteem, aimed particularly at parents and educators. In fact, it states that "The family is the incubator of self-esteem and the most crucial social unit in a child's life and development" (CTF, 1990, p18), thereby illustrating how much importance is attached to the concept of self-esteem. Esteem appears on Maslow's (1943) hierarchy of needs both in terms of the respect held by others as well as inner self-esteem. The fulfillment of esteem

needs brings self-confidence and a sense of the value of one's place in the world, while their lack can lead to a sense of inferiority and uselessness. Self-esteem therefore, is considered to be essential for the continuing development and self-actualisation of the individual (Maslow, 1954).

Self-report measures have been widely used to assess levels of self-esteem, which has been found to correlate positively with many areas of life considered central to healthy functioning. De Man (2008), who used the Rosenberg Self-esteem Scale (RSE; Rosenberg, 1965) in his study, found that adolescents who had a greater achievement of identity were also higher in self-esteem. Self-esteem is a significant predictor of life satisfaction in individualistic cultures (Diener & Diener, 1995) as well as in collectivist cultures (Chen Cheung, Bond & Leung, 2006). Seabi (2011) found university students with high self-esteem performed better than those with low self-esteem, who furthermore were found to be less sociable and more unhappy. Those with high self-esteem are more likely to use problem-focused than emotion-focused coping strategies so that students with high self-esteem may be better able to organise workloads and persist with challenging goals more effectively than their low-esteem counterparts (De Man, 2008). From these examples it would appear that self-esteem has beneficial associations with life satisfaction, academic achievement, coping mechanisms and more. However, according to Baumeister, Smart and Boden (1996), high self-esteem has several dubious connotations such as arrogance, narcissism and an inflated sense of superiority. When an individual's unrealistic self-view is threatened by feedback contrary to this view there may be extreme reaction towards the source of the ego threat, as a means of allaying self-doubt.

This shows that the concept of self-esteem is much broader than simply how high or low it is. As stated above, it may rise and fall but if fluctuations are frequent and unpredictable then instability of self-esteem is indicated. Kernis and Paradise (as cited in Deci & Ryan, 2002) define

this type of instability as “fragile” self-esteem, which may manifest as excessive defensiveness or social desirability in a person’s interactions with others, due to the sense of threat perceived. This is contrasted with “secure” self-esteem, by which a person’s sense of self-worth is not undermined by negative opinion or outcomes. Crocker and Knight, (2005) claimed that with some people self-esteem may be contingent on factors exterior to the individual, so that negative reactions from other people, or the sense of a lack of competency may be perceived as threatening. The claim is that those whose self-esteem is contingent on their achievements are more likely to disengage from a previously enjoyed activity if success is uncertain. This might occur in order to avoid loss of self-esteem, thus affecting goal-seeking. Scales such as the Contingent Self-Esteem Scale (Paradise & Kernis, 1999, as cited in Neff & Vonk, 2009) have been devised to measure the extent of these contingencies. However, this study will focus on the assessment of an overall level of global self-esteem to be used in comparison with self-compassion as described by Neff (2003a), which is claimed to be a more stable trait than self-esteem.

Self-compassion Compared with Self-esteem

Self-compassion has been described by Neff (2003a) as a way of being kind to oneself at times of failure, or negativity from others, so that the ego does not feel threatened. It is seen as an extension of compassion in general, which comprises elements such as a wish to care for others’ well-being, an ability to tolerate and be moved by another’s distress and a non-judgmental attitude towards the other person’s situation (Gilbert & Procter, 2006). Self-compassion consists of a capacity to use these abilities in relation to the self. According to Barnard and Curry (2011) there is no distinction in Buddhism between compassion for others and self-compassion. In the

West there appears to be a split between the two so that it is often the case that one may have empathy and compassion for someone else's suffering, yet be unsympathetic to one's own pain. This concept may be unfamiliar in the West but the essence of the dichotomy is expressed eloquently in the following words of Jung (1969).

That I feed the beggar, that I forgive an insult, that I love my enemy in the name of Christ - all these are undoubtedly great virtues. What I do unto the least of my brethren, that I do unto Christ. But what if I should discover that the least among them all, the poorest of all beggars, the most impudent of all offenders, yea the very fiend himself - that these are within me, and that I myself stand in need of my own kindness, that I myself am the enemy who must be loved - what then? (Jung, 1969, para. 520).

The construct of self-compassion then comprises three components; "self-kindness" versus "self-judgment", "common humanity" versus "isolation" and "mindfulness" versus "over-identification" (Neff, 2003a). Each component consists of a positive and negative aspect so that an individual may tend to exhibit the traits at one end or the other of the three scales. Self-kindness manifests as an ability to be not only kind, but patient and forgiving towards oneself in the face of failure. It implies an acceptance that the ideal is not always possible to achieve. The alternative is to experience anger and frustration and treat oneself with self-criticism and harsh self-judgment (Neff, 2003a). Common humanity refers to the recognition that painful experience is part of the human condition, but without that recognition one might feel isolated when in a painful situation. Buddhism professes the inter-relatedness of all things and Hanh (1975, p49)

states that, “The suffering of others is our own suffering, and the happiness of others is our own happiness”. Mindfulness, the third component of self-compassion involves an ability to hold awareness of one’s pain without becoming self-pitying and over-identified with it. According to Kabat-Zinn (2011), mindfulness requires awareness and acceptance of things as they are no matter how they are. Such a quality shows an ability to take a balanced view of one’s failings with neither denial nor exaggeration.

Barnard and Curry (2011) mention concerns that developing self-compassion in oneself may lead to complacency, self-centredness or self-pity, the implication being that being kind to oneself is self-indulgent. Neff (2003b) refutes this, explaining that the clarity that comes with mindfulness together with the desire to care for oneself inherent in self-kindness counteract such self-indulgence. Support for the value of a self-compassionate view was found by Zabelina and Robinson (2010) in their experiment on creativity and a self-judgmental mindset, the negative aspect of one of self-compassion’s components. Self-judgmental participants showed lower levels of creative originality than those with higher levels of self-compassion. Further support comes from a study by Leary, Tate, Adams, Allen and Hancock (2007), which examined the implications of self-kindness. Self-compassionate people were more likely to accept responsibility in negative events, to be more accurate in their self-evaluations and to be more accepting of negative aspects of their character.

Self-compassion, therefore, remains a stable quality in differing situations, whereas self-esteem as described above has been shown to be more changeable. According to Seery (2004), when faced with negative events those with unstable self-esteem see threats, whereas those with stable self-esteem see challenges. Self-compassion implies an ability to face negative events

squarely, whereby one is less likely to feel threatened. Furthermore, according to Breines and Chen (2012) self-compassionate people are more motivated to improve themselves and their situation using upward social comparison. In other words, they are willing to look to others for example and inspiration, learning how to make these improvements. On the other hand, the sense of superiority gained from downward social comparison may boost self-esteem (Breines & Chen, 2012). Neff (2011) also claims that self-esteem may be an outcome rather than a cause, meaning that the reward felt from achievement is what boosts self-esteem as opposed to self-esteem leading to achievement. However, according to Neff (2011) self-compassion is not concerned with outcomes since it is not driven by reward or daunted by failure. This corresponds somewhat with the description above of secure self-esteem, whereby negative outcomes do not adversely affect a person's self-worth. Furthermore, low self-compassion may well be linked with unstable self-esteem, while high self-compassion is likely to be associated with stable self-esteem (Leary et al., 2007).

Some difference has also been found between self-compassion and self-esteem with regard to age. Neff and Vonk (2009) found a significant positive correlation between self-compassion and age. However, some previous literature has shown that self-esteem increases throughout adulthood but declines from approximately age 50 (McMullin & Cairney, 2004; Orth, Robins & Widaman, 2009;). This further serves to support the idea that outcome is not a factor of self-compassion, since the aging process does not appear to be associated with diminishing self-compassion as it is with self-esteem. Yet from a different perspective self-compassion and self-esteem are seen as complementary to each other, with several positive associations in common (Magnus, Kowalski & McHugh, 2010). Neff (2011) acknowledges that both self-compassion and self-esteem reflect positive attitudes towards the self. In addition, high self-

esteem has been found to be helpful as a “buffer” in coping with stress (Rector & Roger, 1997), while, according to Allen and Leary (2010), a self-compassionate way of thinking is also helpful in coping with stressful situations. The present study will examine any links between self-compassion and self-esteem in an attempt to clarify the above sometimes conflicting claims.

Implications Regarding Perceived Stress

In order to explore how self-compassion and self-esteem relate this study will focus on two important areas in the adult’s life, which impact on and contribute to optimal functioning in society, namely perceived stress and life satisfaction. Stress is a major issue in today’s society even though it is a natural and dynamic process that has evolved to benefit survival. Canon’s “fight or flight” concept (Canon, 1932) first described the sympathetic-adrenomedullary (SAM) chain reaction, which is first triggered by the hypothalamus, thereby stimulating the adrenal glands to release adrenalin and noradrenalin in response to an acute stress event. This leads to increased heart rate, raised blood pressure and sweating, among other effects. Selye’s (1956) General Adaptation Syndrome went on to describe the depletion of the body’s resources that may occur due to chronic unresolved stress. For example, the increased heart rate caused by adrenalin, when produced in excess and over a period of time, can lead to chronic high blood pressure and ultimately coronary heart disease (Taylor, 2003).

However, these concepts do not address the psychological distress that accompanies stress. Its effects can be detrimental to psychological health also, contributing to depressive symptoms, for example, or other difficulties in social life (Myers et al., 2012). Any given stressor is the stimulus that triggers a response from the body yet the perception of stress is individual and the response to the stressor is unique to that individual. What varies is the way each

individual copes with these events and many coping strategies have been described, some more adaptive than others (Butcher, Mineka & Hooley, 2004). For instance, approach strategies like forward planning or availing of useful support may generally be more advantageous than avoidance strategies, such as denial, disengagement or substance abuse (Carver et al., 1989). According to the transactional model described by Lazarus and Folkman (1984) coping involves making appraisals of situations. These may be active and “problem-focused”, attempting to find practical solutions to the event, or “emotion-focused”, drawing on internal resources in order to regulate emotions, perhaps by adapting the personal understanding of the event. The present study will explore the association of perceived stress with both self-compassion and self-esteem in an attempt to understand if either self-compassion or self-esteem may be seen as effective coping tools.

To illustrate a possible difference between self-compassion and self-esteem as coping tools the factor of social support, or the lack of it, may be considered. Support of various kinds, whether it’s emotional or practical, formal or informal, has been regarded as very important in coping with stress (Collins, 2008). For those who lack self-esteem emotional support may be particularly relevant (Taylor, 2003). Lawson and Fuehrer (2001) found that highly stressed first-year students benefited substantially from social support, and suggested that as long as adequate support is provided the stressful college experience can be highly satisfying. There is an implication here that individuals are reliant on exterior help. Yet, even though support from others may be beneficial, the self-kindness component of self-compassion provides emotional support to the self, thus affording an inner sense of self-efficacy and perceived control over situations as well as faith in oneself to cope successfully (Neff, 2003a). The suggestion here is that the nurturing of self-compassion could be helpful in dealing with stressful situations.

Furthermore, low self-esteem has been linked with avoidance strategies of coping with stress, while higher self-esteem is associated with approach styles (Eisenbarth, 2012). To a certain degree this is in agreement with the willingness to confront negative situations associated with self-compassion (Neff et al., 2005).

To enhance coping, mindfulness-based stress reduction (MBSR) has proved effective in a study on medical student stress, whereby participants listened to 30 minutes of guided practice each day for eight weeks (Warnecke, Quinn, Ogden, Towle & Nelson, 2011). MBSR was also used by Birnie, Speca and Carlson (2010) with the result that those showing increases in mindfulness also showed decreases in symptoms of stress. Closer to home, a pilot study for the Deora Project with recovering addicts in the inner city of Dublin conducted by Bates and Scanlon (2008) attested to an improvement in psychological functioning in the participants after the eight week MBSR programme. As previously stated, an example of avoidance style of coping is substance abuse. The practice of mindfulness may be particularly relevant for those who vainly attempt to avoid pain by drug use. The authors claim the participants “had learned to stop running from the present” (Bates & Scanlon, 2008, p44). The study also reported a significant reduction in stress and anxiety in participants at the end of the programme. Shapiro, Brown and Biegel (2007) reported significant increases in self-compassion in trainee mental health therapists after completion of the MBSR programme. They also reported significant reduction in stress levels. Since mindfulness is another of its components, these examples further illustrate the benefits of self-compassion, as well as the possibility of its nurturance. Programmes such as MBSR or Compassionate Mind Training (CMT; Gilbert and Procter, 2006) have shown that self-compassion is teachable and may be very helpful to the individual. CMT attempts to bring automatic emotional reactions into conscious awareness in order to recognise and

understand self-critical triggers and develop self-acceptance in order to regulate painful situations. It uses such strategies as psycho-education, guided meditations, self-monitoring by diary-keeping, as well as behavioural practice (Gilbert and Procter, 2006).

Towards a Satisfying Life

The physical and psychological disturbances caused by stress may intrude into a person's daily life affecting their overall sense of well-being. Subjective well-being is a concept considered to comprise emotional and cognitive components (Diener & Diener, 1995). Scales such as The Affect Scales (Bradburn, 1969) and the Positive and Negative Affect Schedule (PANAS; Watson, Clark & Tellegen, 1988) are designed to measure the emotional component, or psychological well-being. As their names suggest these scales attempt to measure how positive or negative are respondents' mood states. However, the present study will concentrate on the cognitive component of well-being, and life satisfaction in particular. Diener, Emmons, Larsen and Griffin (1985) devised the Satisfaction with Life Scale (SWLS) specifically to measure the cognitive aspect of subjective well-being, that is, the person's own evaluations and judgments about their expectations in life and whether these expectations are realised.

Each individual has their own priorities regarding what they consider to be important in life. And each individual judges their life satisfaction according to how well these priorities have been met. According to Deniz (2006) stressful events may have a negative impact on life satisfaction; while conversely, high life satisfaction makes stress easier to cope with. Furthermore, those with low life satisfaction may tend not to seek social support, so that stress may be exacerbated. This contributes to what was discussed earlier about the importance of social support, and the possibility that developing self-compassion would be beneficial. In their

study on stress in college students Neely, Schallert, Mohammed, Roberts and Chen (2009) employed several measures of subjective well-being, among them the SWLS (Diener et al., 1985). They found a significant positive correlation between self-compassion and well-being. They further reported that the way participants handled the negative emotions that are associated with disappointment was significantly related to their well-being.

It is perhaps not surprising that a close relationship between self-esteem and life satisfaction was discussed by Diener and Diener (1995), who, as already stated, found self-esteem to be a strong predictor of life satisfaction. Individuals with high self-esteem are likely to have greater confidence in their decision-making, in turn contributing to greater life satisfaction (Deniz, 2006). In a study by Senol-Durak and Durak (2010) low scores on life satisfaction were significantly correlated with excessive internet use by university students. The same study found that those low in self-esteem who used the internet excessively engaged in obsessive thoughts about the internet along with rumination and guilt about its use. The authors speculate that overuse of the internet provides an escape from difficulties connected with relationship issues. This is further suggestive of the value of self-esteem and life satisfaction to healthy functioning in many and diverse areas of social life.

Self-esteem has also been shown to act as a buffer in times of stress lessening any negative impact on life satisfaction. Neely et al. (2009) report on the mediating effect of general well-being in coping with stressful events such that levels of optimism in students early in the semester were found to be predictive of end of semester levels of stress. However, Baumeister, Campbell, Krueger & Vohs (2003) discuss inconsistencies in the buffer hypothesis findings. For example, Whisman and Kwon, (1993, as cited in Baumeister et al., 2003) claimed that stress had a bigger impact on happiness in those with high self-esteem compared to those with low self-

esteem. Yet another complication arises when lifespan is considered. It seems the effect of perceived stress on life satisfaction may also decrease with age. Hamarat et al. (2001) found that perceived stress negatively predicted life satisfaction at different strengths over the lifespan, being strongest in the youngest adult age group. The present study will attempt to address some of these apparently complex links by examining how strongly life satisfaction is predicted by the described variables.

Aims, Objectives and Hypotheses

To date the number of studies combining self-compassion, self-esteem, perceived stress, life satisfaction across the lifespan is limited. Neely et al., (2009) found links between stress levels, self-compassion and self-esteem, as described above. As mentioned earlier the concept of self-esteem was introduced over a century ago, and the RSE measure almost fifty years ago, while self-compassion has only recently found its way into the scientific world. The aim of this study is to examine the current focus on self-esteem as a measure for success in life, questioning how beneficial it really is. For example, goals can exacerbate stress due to goal-related pressure (Crocker, Canevello, Breines & Flynn, 2010). Goals are not always easily attained and difficulties are met with in different ways. If a person's self-esteem is contingent on achievement then disengagement may occur if difficulties are encountered, in order to prevent loss of self-esteem (Crocker & Knight, 2005). Disengagement and re-engagement problems may result in elevated stress levels (Neely et al., 2009). In this regard self-esteem will be compared with self-compassion, which allows a person to be kind to oneself in adversity and so cope with stressful situations in a healthy, adaptive fashion (Allen & Leary, 2010). The possible effects of self-compassion, self-esteem, and perceived stress on life satisfaction will be examined in order to augment understanding of their relationships. Lifespan is a further consideration and if, as is

claimed by the research (Neff, 2003a), self-compassion is associated with maturity, it is to be speculated as to whether self-compassion is a skill that can be taught to younger people to promote a healthier society.

The study is a correlational, cross-sectional design. A Pearson's r test will be run to look at the relationships between all variables and one-way ANOVA will be used to test for differences between 3 age groups on self-compassion and self-esteem.

Neff (2011) reported a moderate positive significant correlation between self-compassion and self-esteem. The first hypothesis of this study therefore is that there will be a significant correlation between self-compassion and self-esteem.

Following that, the main focus will be on the relationships between self-compassion and perceived stress, life satisfaction and age, and separately between self-esteem and perceived stress, life satisfaction and age as expressed in the following two hypotheses:-

There will be a significant relationship between self-compassion and (a) perceived stress, (b) life satisfaction and (c) age.

There will be a significant relationship between self-esteem and (a) perceived stress, (b) life satisfaction and (c) age.

It is further hypothesised that there will be a significant correlation between perceived stress and life satisfaction.

As discussed earlier, significant differences between self-compassion and self-esteem were reported by McMullin and Cairney (2004) and Orth et al. (2009) where age is concerned. It

is therefore predicted that there will be a significant difference between self-compassion and self-esteem with respect to age.

Following the expected significant results from the Pearson's correlations multiple regression will be conducted to explain how much of the variance is accounted for by self-compassion, self-esteem and perceived stress on the outcome of satisfaction with life. Therefore, the final hypothesis, which is in three parts, is that (a) self-compassion, (b) self-esteem and (c) perceived stress, will be significant predictors of life satisfaction.

Methodology

Participants

Participants in this study consisted of a convenience sample of adults, male and female, (N = 109) sourced from family, friends, work colleagues and fellow students of Dublin Business School, who were invited to take part on a voluntary basis. Age of participants ranged from 19 years to 68 years (M = 42.17, SD = 13.89). Participants were recruited by email, which provided a link to an online survey. A snowball technique was used by asking invitees to forward the survey link to adults of their acquaintance. The survey requested participants' age and the completion of the four measures of this study, details below. Since it was not considered vital to the study and in order to ensure anonymity of participants, gender was not requested. A cover note giving a brief outline of the study accompanied the email (see appendix).

Design

This study was of a correlational, cross-sectional design, looking at relationships between five variables, self-compassion, self-esteem, perceived stress, life satisfaction and age, as well as differences between three age groups with respect to self-compassion and self-esteem. Self-compassion, self-esteem and perceived stress were placed in the position of predictor variables in relation to the criterion variable life satisfaction. Age was an independent variable with reference to the dependent variables self-compassion and self-esteem.

Materials

Four self-report measures were used in the study, as detailed below. The self-compassion measure (SCS-12) was made freely available online by the authors. A copy of the permission to

use the scale is attached in the appendix along with a copy of the scale itself. The other measures were supplied by Dublin Business School and are included in the appendix.

Self-compassion scale short form (SCS-12). Neff's (2003b) self-compassion measure, abbreviated to a 12-item short form (Raes, Pommier, Neff & Van Gucht, 2011) was used in order to assess how compassionately participants usually treat themselves in times of difficulty. For example, item 6 states, 'When I'm going through a very hard time, I give myself the caring and tenderness I need', and item 1 states, 'When I fail at something important to me I become consumed by feelings of inadequacy'. Participants were instructed to choose one response to each item on a 5-point Likert scale, ranging from 'almost never' to 'almost always'. Six of the twelve items were reverse scored. Reliability was found to be good by Raes et al. (2011) with Cronbach's alpha of at least .86. In the present study Cronbach's alpha was .81, slightly lower than the author's findings (see table 1).

Rosenberg's self-esteem scale (RSE). This 10-item scale (Rosenberg, 1965) was used to assess participants' self-evaluation of their general feelings towards themselves. It consists of such items as 'On the whole, I am satisfied with myself', and 'I certainly feel useless at times'. Participants were requested to rate each item according to a Likert 4-point scale ranging from 'strongly agree' to 'strongly disagree'. Five of the items were worded positively and the other five negatively, therefore five items were reverse scored. Higher self-esteem was indicated by higher total score. This widely used scale has frequently shown good internal consistency, as for example, Zeigler-Hill & Besser (2011) alpha coefficient of .88 was found. A reliability of .87 Cronbach's alpha was found with the current sample (see table 1).

Perceived stress scale (PSS). The Perceived Stress Scale (Cohen, Kamarck and Mermelstein, 1983) is a self-report measure consisting of 10 questions designed to capture the level of stress currently felt. Examples include six negatively worded items, ‘In the last month, how often have you felt nervous and stressed?’ and four positively worded items ‘In the last month, how often have you felt that you were on top of things?’ Participants were requested to answer each question honestly. Rating was on a 5-point Likert scale ranging from ‘never’ (0) to ‘very often’ (4) with reverse scoring on the four negative items. The higher the overall score the higher the current stress level is indicated. Reliability for this measure in the current study was .87, Cronbach’s alpha (see table 1).

Satisfaction with life scale (SWLS). The SWLS (Diener et al., 1985) was used to measure participants’ self-judgment of life satisfaction. Five items on a 7-point Likert scale range between ‘strongly disagree’ (1) and ‘strongly agree’ (7). One of the items states, ‘The conditions of my life are excellent’. The total score ranges from a possible minimum of 5, indicating ‘extremely dissatisfied’ with life to a maximum of 35, indicating ‘extremely satisfied’. Cronbach’s alpha, according to Diener et al. (1985) was .87. A very slightly higher level of internal consistency with alpha coefficient of .88 was found for this scale in the present study (see table 1).

Procedure

Before the study was carried out approval was granted by the ethics review board of Dublin Business School. The requirements of the study were that participants were over 18 and had access to the internet as invitation to participate was by email. A cover note giving a brief outline of the study as well as information on withdrawal and privacy accompanied the email

(see appendix). Completion of the survey was estimated to take between five and ten minutes and participants had no further involvement once submitted. Submissions were received to a Google Docs file which, when complete, was then exported to an SPSS file.

Results

All data analyses were carried out using SPSS 18. Descriptive statistics showed the levels of participants' self-compassion ($M = 3.13$, $SD = .67$), self-esteem ($M = 21.16$, $SD = 5.36$), perceived stress ($M = 17.57$, $SD = 7.21$) and life satisfaction ($M = 22.55$, $SD = 6.36$). Means, standard deviations, range and alpha coefficients for the four measures are illustrated in table 1.

Table 1. *Means, Standard Deviations, Range and Cronbach's alphas of Measures*

Variable	Mean	SD	Range	alpha
Self-compassion (SC)	3.13	0.67	3	0.81
Self-esteem (SE)	21.16	5.36	22	0.87
Perceived Stress (PS)	17.57	7.21	34	0.87
Life Satisfaction (LS)	22.55	6.36	28	0.88

Note: SD = standard deviation

Scatter plots were examined to confirm the assumptions of normality and linearity had not been violated. Owing to some skewness in the distributions of the variables self-esteem and life satisfaction a Spearman's rho test was carried out as well as the Pearson's product moment test and compared. For instance, the correlation between self-esteem and perceived stress was $r =$

-.448**, $\rho = -.451^{**}$, and the correlation between life satisfaction and self-esteem was $r = .574^{**}$, $\rho = .562^{**}$. Since the results were almost identical in all cases, and conclusions were the same for both Spearman's ρ and Pearson's r , it was decided to proceed with the Pearson's test for all further analysis, interpreting results with caution as recommended by Dytham (2011) and Field (2009).

The Pearson's correlation results are illustrated in table 2. In brief, all correlations of interest, except for that between age and self-esteem, showed significance. Self-compassion, as predicted, had a strong positive correlation with self-esteem and a strong negative correlation with perceived stress. Self-esteem also correlated negatively with perceived stress, although not as strongly as did self-compassion. Self-compassion showed a moderate positive correlation with life satisfaction, while the correlation between self-esteem and life satisfaction was strongly positive. Finally, there was a strong negative correlation between perceived stress and life satisfaction.

Table 2. *Pearson's r correlations between age, self-compassion, self-esteem, perceived stress and life satisfaction*

Variable	Age	SC	SE	PS	LS
Age	1				
Self-compassion (SC)	0.21*	1			
Self-esteem (SE)	-0.02	.62**	1		
Perceived Stress (PS)	-0.24*	-0.51**	-.45**	1	
Life Satisfaction (LS)	0.07	.49**	.57**	-.56**	1

Note: * *p* significant at .05 level; ** *p* significant at .01 level

The first hypothesis that self-compassion and self-esteem would be significantly correlated was upheld. A strong positive significant correlation was found between self-compassion and self-esteem, ($r = .62$, $p < .001$, 2-tailed). In other words, those with high levels of self-esteem were also high in self-compassion (see table 2).

The next hypothesis concerned self-compassion in correlation with perceived stress, life satisfaction and age, and was supported. A strong negative significant correlation between self-compassion and perceived stress ($r = -.51$, $p < .001$, 2-tailed) was observed. The negative relationship was due to the fact that high scores on the PSS measure high levels of stress, and high SCS scores indicated high self-compassion. The significant correlation between self-compassion and life satisfaction ($r = .49$, $p < .001$, 2-tailed) was positive and on the border

between moderate and strong. The significant correlation between age and self-compassion was also positive although weak ($r = .21$, $p = .027$, 2-tailed) (see table 2).

There was a moderate negative significant correlation between self-esteem and perceived stress ($r = -.45$, $p < .001$, 2-tailed), again high PSS scores indicated high stress levels and RSE scores indicated high self-esteem, hence the negative relationship. The correlation between self-esteem and life satisfaction showed significant results also ($r = .57$, $p < .001$, 2-tailed). However, no significant correlation was found between age and self-esteem. Therefore, although parts (a) and (b) of the hypothesis could be accepted part (c) was rejected in favour of the null hypothesis (see table 2).

The hypothesis regarding perceived stress and life satisfaction was upheld. A significant strong negative correlation was observed between them ($r = -.56$, $p < .001$, 2-tailed). This intuitively makes sense that high stress levels would correspond with lower life satisfaction, and vice versa (see table 2).

To explore the differences between self-compassion and self-esteem with regard to age, a one-way ANOVA was run. First, the dataset was sorted by age and then the variable 'age' was recoded into three groups, namely, young ($n = 36$), mid ($n = 36$), and old ($n = 37$). The ANOVA yielded no significant differences between the groups with regard to levels of either self-compassion or self-esteem. The means and standard deviations are presented in table 3.

Table 3. *ANOVA Table Displaying Means and Standard Deviations of Self-compassion and Self-esteem for Young (19-34), Mid (35-48) and Old (49-68) Age Groups*

Variable	Age group	Mean	Standard deviation
Self-compassion	Young	3.00	.67
	Mid	3.09	.64
	High	3.28	.68
Self-esteem	Young	20.22	4.72
	Mid	22.75	5.63
	High	20.52	5.47

Although the results were not significant, the trends were clearly very different, as can be seen illustrated in figure 1. The mean of self-esteem scores was much higher in the mid range than either the young or old ranges, while the mean of self-compassion scores increased steadily from young through mid, to old.

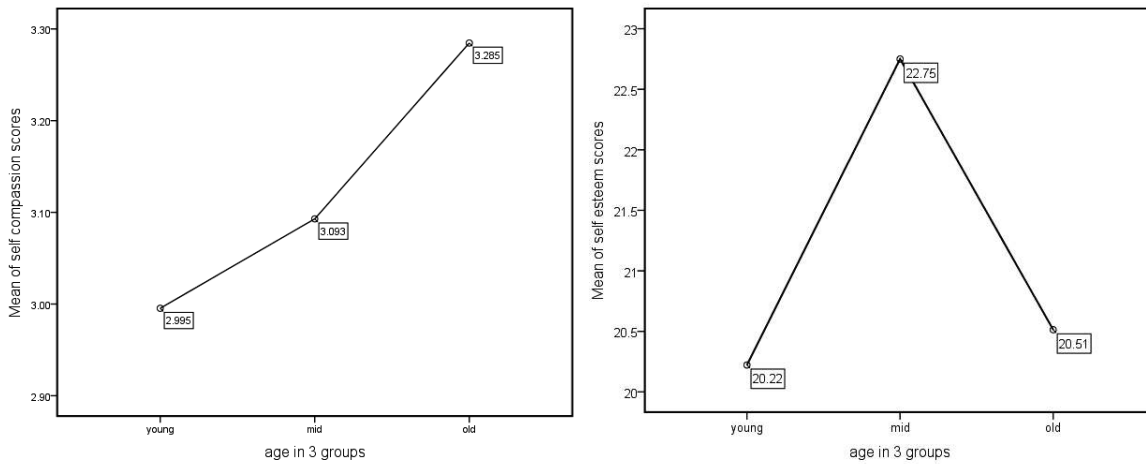


Figure 1. Graph of Total Mean Scores for Self-compassion and Self-esteem in 3 Age Groups 19-34 (young), 35-48 (mid) and 49-68 (old).

Regression analysis

Since the correlation matrix revealed numerous significant relationships, and following the recommendations for cautious interpretation by Dytham (2011) and Field (2009), multiple regression analysis was deemed appropriate. As age showed no significance in its relationship with self-esteem, and only a weak relationship with self-compassion and perceived stress, it was omitted from further analysis. Histograms and p-p plots were examined to ensure assumptions of normality were not violated. Diagnostic tests were carried out to rule out any potential issues regarding homoscedasticity. Zero order Pearson's values were all less than .7, indicating multicollinearity was not a concern and tolerance values were within acceptable limits. The mahalanobis distance value indicated there were no outliers in the present study.

In order to test the final hypothesis whether self-compassion, self-esteem and/or perceived stress were significant predictors of life satisfaction a hierarchical multiple regression analysis was carried out. Self-compassion was entered first in step one. The results of this first step indicated that self-compassion accounted for 23% of the variance ($R^2 = .23$, $F(1, 104) = 32.98$, $p < .001$). At this point self-compassion was shown to be a significant predictor of life satisfaction ($\beta = .491$, $p < .001$, 95% CI = 3.068 – 6.307). Self-esteem was added in step two and both hypothesised predictors together explained 36% of the variance ($R^2 = .36$, $F(2, 103) = 30.39$, $p < .001$). It was found that self-compassion significantly predicted life satisfaction ($\beta = .203$, $p = .044$, 95% CI = .049 - 3.834). However, self-esteem was a stronger predictor with a much narrower confidence interval ($\beta = .462$, $p < .001$, 95% CI = .313 - .784). Parts (a) and (b) of the hypothesis were thus supported at this stage. Please refer to table 4 below for an illustration of regression results.

Table 4. *Hierarchical Regression Analysis for Prediction of Life Satisfaction*

Predictors	F	df	p	Beta	Beta p	R ²
<i>Step 1</i>						
Self-compassion	32.98	(1, 104)	.000**	.491	.000**	.23
<i>Step 2</i>						
Self-compassion				.203	.044*	
Self-esteem	30.39	(2, 103)	.000**	.462	.000**	.36
<i>Step 3</i>						
Self-compassion				.069	.701	
Self-esteem				.387	.000**	
Perceived Stress	28.92	(3, 102)	.000**	-.353	.000**	.44

Note: * p significant at .05 level; ** p significant at .01 level

Perceived stress had a negative correlation with life satisfaction and was entered in step three in order to examine its additive effect on the regression model. Results of the full regression were significant, with all three predictors combined explaining 44% of the variance ($R^2 = .44$, $F(3, 102) = 28.92$, $p < .001$). Interestingly, with this third step self-compassion became a non-significant predictor of life satisfaction, while self-esteem retained significance ($\beta = .387$, $p < .001$, 95% CI = .236 - .683). It is also worth noting that perceived stress was found to be a unique significant negative predictor of life satisfaction ($\beta = -.353$, $p < .001$, 95% CI = -.464 - -.161), upholding part (c) of the final hypothesis.

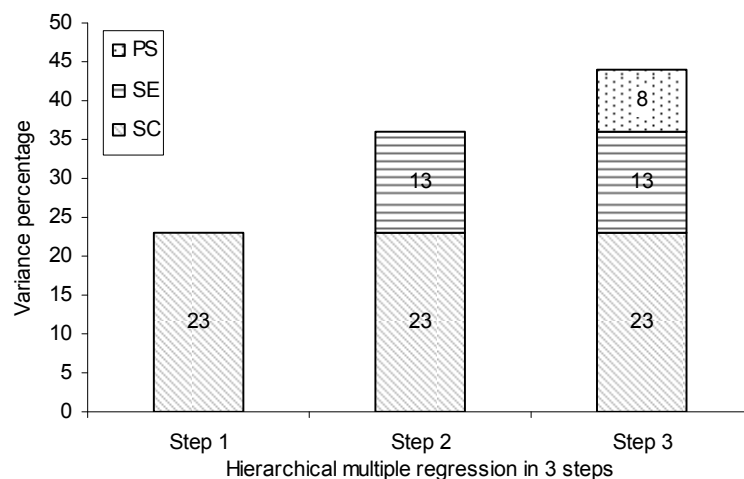


Figure 2. Additive percentage contribution of self-compassion, (SC), self-esteem (SE), and perceived stress (PS), accounting for total of 44% variance of life satisfaction

The addition of perceived stress was significant and accounted for 8% of the variance over and above self-compassion and self-esteem combined ($\Delta R^2 = .089$, F change (2, 1) = 16.716, $p < .001$). Overall, self-esteem was the strongest predictor of life satisfaction in this

regression model. See figure 2 for an illustration of the percentage contributions of self-compassion, self-esteem and perceived stress to the variance of the outcome, life satisfaction. The implications regarding these results will be discussed later.

Discussion

The current study aimed to better understand some of the positive and negative influences on a person's life with a view to promoting healthy attitudes and effective means of coping with stress, ultimately leading to a better quality of life. To this end the constructs self-compassion, self-esteem, perceived stress and life satisfaction were chosen and were explored in relationship to each other across the adult's lifespan. Self-compassion was chosen particularly since it is a relatively new measure in research. It was considered useful therefore, to compare it with the much-used measure, self-esteem, to which it has been found to have a strong correlation. This strong correlation proved to be the case also in the present study, thus supporting the first hypothesis. In fact, all of the correlations of interest were significant, in varying strength, with the exception of age in relation to self-esteem. In effect, parts (a), (b), and (c) of the second hypothesis, parts (a) and (b) of the third hypothesis, and also the fourth hypothesis were upheld. Regression analysis also yielded significant results. Self-esteem and perceived stress were shown to be significant predictors of life satisfaction, in support of parts (b) and (c) of the final hypothesis. The analysis further indicated that self-esteem was a much stronger predictor of life satisfaction than self-compassion. On its own self-compassion accounted for predicting 23% of the variance. The model was improved by a further 13% with the addition of self-esteem, increasing the predictive value to 36%. The addition of perceived stress brought the predictive value of the full regression model to 44%. However, in the third step of the regression self-compassion went from being a significant to a non-significant predictor, so that part (a) of the hypothesis was ultimately rejected. The hypothesis that examined differences between self-

compassion and self-esteem across the adult's lifespan was also rejected since no significant differences were found.

Correlations and Differences

Self-compassion and self-esteem. The strong positive significant correlation between self-compassion and self-esteem was not surprising, based on previous research findings. It is in keeping with results found by Neff and Vonk (2009), who reported a zero-order correlation of .68 in their study comparing and contrasting self-compassion and self-esteem. They also found self-compassion was associated with a lower likelihood of reactivity, suggesting a more stable sense of self-worth. Leary et al. (2007) reported a correlation of .58 in their study, which found some interesting differences between self-compassion and self-esteem where reactivity was concerned. As part of their study they tested how reactive participants were to negative feedback. For instance, although those low in both self-compassion and self-esteem experienced negative reactions to feedback, those high in self-esteem also reacted defensively, whereas those high in self-compassion were more accepting of the feedback probably due to the self-kindness associated with it. The authors suggest that self-compassion may be of particular benefit to those who are low in self-esteem when dealing with negative situations. The findings of strong correlations between self-compassion and self-esteem as well as some considerable differences are conflicting. Does the difference relate specifically to self-kindness, as Leary et al. (2007) suggest? There are implications here for the importance of establishing where the overlap between the two constructs lies, and where they differ, to ensure the validity of the constructs in future research.

Perceived stress, self-compassion and self-esteem. Perceived stress showed a stronger correlation with self-compassion than with self-esteem, although both were significant and in a negative direction. These give initial indications that self-esteem and self-compassion may be effective coping tools - with certain differences. As mentioned earlier approach strategies are generally deemed to be more adaptive than avoidance strategies (Carver et al., 1989). Also, avoidance strategies such as goal disengagement may lead to an increase of stress levels (Neely et al. 2009). The results of the current study lend support to the findings of Eisenbarth (2012), which make the claim that self-esteem is associated with approach-style coping strategies and negatively correlated with avoidance strategies. The same is the case regarding these strategies and self-compassion according to Neff et al. (2005). But within the various approach strategies there are differences. Eisenbarth's (2012) findings correlate self-esteem with problem-focused approach strategies. However, Neff et al. (2005) report a correlation with emotion-focused coping, specifically acceptance as well as positive re-interpretation, but not the seeking of emotional support. This last finding is supportive of the suggestion made previously regarding the self-reliance of self-compassionate people. Yet the picture is not complete, and this last point will be referred to again when discussing the added complication of predicting life satisfaction.

Life satisfaction, self-compassion and self-esteem. Before that discussion it is necessary to address some of the other relationships of the study. Life satisfaction showed a strong positive association with self-esteem and a moderate positive association with self-compassion. The significant relationship between self-esteem and life satisfaction is to be expected. Diener and Diener (1995) observed that even though the strength of the correlation varied between collectivist and individualist cultures, the relationship was nevertheless always significant.

Likewise, Neff (2003a) found a significant correlation between self-compassion and life satisfaction. The slightly stronger association of life satisfaction with self-esteem in the present study may in part be due to the type of constructs used. The SWLS (Diener et al., 1985) is based on the cognitive evaluation of one's life, taking into account a sense of goal achievement. This is also a large factor in the measure of self-esteem, whereas according to (Neff, 2011) self-compassion is based more on self-regard in adversity and not directly concerned with success in life.

Perceived stress and life satisfaction. The correlation between perceived stress and life satisfaction was strong and, as with self-compassion and self-esteem, was in a negative direction. This is supportive of other studies such as the one by Hamarat et al. (2001), which found a significant correlation of $-.55$ between perceived stress and life satisfaction. Furthermore, Neely et al. (2012) found that those with a high perceived need for support and those who had experienced stressful events were found to have a lower sense of well-being, particularly if the need for support went unmet. Deniz (2006) also found a significant correlation between life satisfaction and seeking support, as well as between problem-focused coping and self-esteem. Based on the premise that avoidance coping is associated with greater stress levels, those who seek support are less stressed, are clearer in their decision-making and have higher life satisfaction. Hamarat et al. (2001) also attest to a significant association between life satisfaction and social support, with a correlation coefficient of $.39$. They go on to state that life satisfaction increases with age, while stress decreases with age.

Although these findings did not establish cause and effect, they are suggestive of changes that may occur as the adult matures. As will be elaborated on shortly, self-compassion has been found in this and other studies to increase with age. It is worth considering that self-compassion and other life skills may play a part in dealing with negative situations. For example, where achievement of goals is concerned, Neely et al. (2012) claimed that although the blocking of goals may create stress, the disengagement that may occur can be considered adaptive if a healthy re-engagement towards attainable goals results. This ability may contribute to the experiencing of lower levels of perceived stress and greater life satisfaction. The relative changes with age would seem to suggest that this and other abilities like self-compassion are skills that develop naturally by virtue of life experience. These points illustrate the importance of further studies on stress and coping, and their connection with life satisfaction.

Age. Contrary to predictions no significant correlation was found between age and self-esteem. However, it may be worthy of note that although the correlation was not significant it was in a negative direction as opposed to the positive correlation between age and self-compassion, which was significant albeit weak. This trend is supportive of the findings of Neff and Vonk (2009), which reported a significant negative correlation between age and self-esteem, and a significant positive correlation between age and self-compassion. The descriptive statistics in this study revealed very different patterns in the trends for self-compassion and self-esteem, the former increasing from young to old and the latter increasing, then decreasing sharply from middle age. This rising and falling pattern of the self-esteem scores may account for the lack of significance in the overall correlation with age. These trends in the levels of self-compassion and self-esteem over the adult lifespan are also supportive of the research findings of McMullin and

Cairney (2004), which found significant differences between self-compassion and self-esteem in respect of age. The trend seen in self-esteem over the adult's lifespan, which drops in later years, is also comparable to the findings of Orth et al. (2009). These findings appear to suggest that increasing self-compassion is not protective of decreasing self-esteem since, considering that self-compassion rises into old age, while at the same time, self-esteem levels continue to drop. A further interesting point to note is that all the correlations of the current study relating to age were weak, whether significant or not. The very low correlation co-efficients may perhaps indicate that the sample was not representative enough of the wide age range.

Predicting Life Satisfaction

Step 1 – self-compassion. On its own self-compassion proved to be a significant predictor of life satisfaction, accounting for approximately half of the total variance in the outcome variable. Since self-compassion increases with age, and life satisfaction increases with age, it makes sense intuitively that self-compassion and life satisfaction should correlate significantly. In their study with college students, self-compassion added a substantial and significant contribution to well-being over and above the contributions by goal regulation (disengagement and re-engagement), support and student stress (Neely et al., 2009). This lends support to comments made earlier about the possible benefits of self-compassion in dealing with negative life situations. Self-compassionate people, furthermore, are more committed to self-improvement following failure or setbacks (Breines & Chen, (2012). There would seem to be good reason to promote and nurture self-compassion as a means of improving life satisfaction, particularly in younger populations, since self-compassion has been shown in this study to increase with age.

Step 2 – self-compassion plus self-esteem. The influence of self-compassion changed somewhat when self-esteem was included. While the addition of self-esteem improved the regression model by a further 13%, individually, self-esteem was shown to be a much stronger predictor of life satisfaction than self-compassion. This suggests that much of the contribution by self-compassion is already contained within self-esteem. The descriptions of self-esteem put forward by Maslow (1954) appear to consist of many of the attributes of self-compassion, such as accepting responsibility for one's actions and mistakes, or holding oneself and others in regard. This applies equally to the CTF report (1990) quoted earlier. If there was no sharp decline in self-esteem from middle age as was found in the current study it could be surmised that the predictive strength of self-esteem would be even greater, and the influence of self-compassion reduced even further. Therefore, the question is again raised about the similarities and differences between self-compassion and self-esteem. The present study has shown that at a certain point they diverge, but further research is required in order to identify where that point lies.

Step 3 – self-compassion plus self-esteem plus perceived stress. Although its strength as predictor was reduced after the addition of perceived stress, self-esteem still remained the strongest predictor overall. The strength of the prediction is supportive of the findings of Diener and Diener (1995) in their cross-cultural study. It further supports Deniz (2006), who claimed that dealing with stressful events can be difficult and high self-esteem coupled with high life satisfaction is protective. The claim by Baumeister et al. (2003) that the impact of stress varies at different levels of self-esteem was not particularly substantiated by the findings of the current study. Although not conclusive, the relatively greater influence on self-compassion by perceived stress is suggestive that self-esteem in general is adaptive in dealing with stressful situations and

protective of life satisfaction. That self-compassion became a non-significant predictor was surprising and contrary to much of the recent research findings (Neely et al. 2009; Neff et al., 2005). As already discussed, self-compassion appears to be adaptive in dealing with negative life situations. However, the findings of the current study indicate some contradiction to that premise, as shown by the reduction of self-compassion's contribution to non-significance. Referring back to the point mentioned above, self-compassion tends not to avail of seeking emotional support, while self-esteem is associated with support-seeking. This may go some way to explaining how self-compassion became a non-significant predictor of life satisfaction. Perhaps, social support in general is a valuable contributor to life satisfaction in its own right, and was reflected in the results. Unfortunately, it was beyond the scope of the present study to test for such a contribution.

The Bigger Picture

The strong correlations between self-compassion and perceived stress, and self-compassion and life satisfaction, when placed in contrast with the lack of significance in self-compassion's prediction of life satisfaction, appear to be sending out mixed messages. There may be several reasons for this. First of all, it must be borne in mind that the discussion of the study's findings has been based on the cautious interpretation of the test results, as explained earlier. Also, as with all studies of this kind, self-report measures may include an element of response error, whether due to reluctance to report high stress or low self-esteem etc., or due to a lack of understanding of particular questionnaire items. Where the SCS-SF is concerned, for instance, cultural differences may have some bearing on the responses. Neff and Vonk (2009) claim that the SCS construct is valid cross-culturally. It has been tested in Europe and Asia, as well as in the United States, where it originates. However, it may yet be a relatively unfamiliar

concept in Irish culture, and responses in the current study may not have been wholly accurate. Barnard and Curry (2011) make the point that some “community samples” may have difficulty relating to some of the items on the SCS scale.

Notwithstanding, the benefits of raising self-compassion generally have been demonstrated in the present study. Neff (2011) discusses issues involved in some of the less adaptive means of protecting self-esteem, such as narcissism, inflated self-worth and downward social comparison. These attitudes would appear to negate others in favour of one’s own opinion, ultimately missing opportunities for personal growth. Self-compassion, on the other hand, does not rely on such measures to maintain a sense of well-being. According to Leary et al., (2007) self-compassionate people are better able to acknowledge their undesirable characteristics and they welcome other’s insights as helpful rather than threatening. The point here is that traits such as self-acceptance, or self-kindness, which allow a person to deal realistically with negative events, may well reflect attitudes that in turn, manifest in an overall sense of satisfaction with life.

All things considered then, enhancing self-compassion may be regarded as beneficial to psychological functioning, and mindfulness is a component of self-compassion that has been shown to be teachable. Kabat-Zinn has adapted the Buddhist concept for the purpose of making it accessible to the Western scientific world (Kabat-Zinn, 2011). His MBSR programme was developed in the early 1990’s out of the combination of his work in stress reduction clinics and his training in mindfulness meditation. These MBSR programmes are now widely available and several studies have achieved significant findings in their relative fields of interest (Birnie et al, 2010; Shapiro et al. 2007; Warnecke et al. 2011). The Deora project in Dublin also has made a difference in the lives of recovering addicts (Bates & Scanlon, 2008). Mindfulness training,

therefore, is a successful aid in reducing stress and enhancing well-being in its own right, and Neff and Vonk (2009) advocate it as a means of increasing self-compassion in general.

Increasing self-esteem, however, may not necessarily reap the same benefits. Baumeister et al. (2003) warn that boosting self-esteem by praise, for example, may lead to an inflated self-view, or narcissism. For years, having high self-esteem has been viewed in a positive light, and is aspired to as an ideal of optimal functioning in society. In recent years, however, research has investigated and revealed the negative side of self-esteem. Because of this negative side, boosting self-esteem, which has up to now always been promoted, does not necessarily lead to healthier attitudes since it could be the negative aspect that is encouraged. The SCS (Neff, 2003b) identifies positive aspects that may or may not be considered as equivalent to optimal self-esteem (Leary et al. 2007). More research is required to decide that point. But if it is the case, then nurturing self-compassion could only be beneficial and could, in turn, boost a more positive side of self-esteem.

There have been many advances in the understanding of self-esteem since the RSE (Rosenberg, 1965) was first developed a half-century ago. As an all-encompassing construct it stands on its own merit historically as a useful measure in research. It is perhaps when more specific aspects of the individual's self-evaluations are to be measured that it may fall short. For example, the question of why self-esteem in the aging adult drops requires answering and the RSE cannot on its own identify how or why this occurs. It may be difficult for some to come to terms with the gradual diminishment of abilities as one gets older. If that is the case, it implies

that aging itself is a contributing factor towards lessening self-esteem. Yet if that were so it might be expected that self-compassion would be protective since the correlation between self-compassion and self-esteem is so strong, and since self-compassion is also associated with acceptance without judgment. But this does not appear to be the case when the results of this study are examined.

Perhaps it comes back to the issue of fragile versus secure self-esteem. If a person's sense of self-worth is contingent on success and achievement, it may explain to some degree the reduction in self-esteem in the older population. It might also, perhaps, be a cultural issue. In Western individualistic society there may be a bias against being a so-called non-productive member of society, which may influence an individual's self-esteem. Again, this indicates a certain fragility of self-esteem, whereby individuals can be made to feel of less value personally by the society they live in. Research in the future might do well to examine these issues in closer detail with a view to improving the well-being of the older population, but equally to examine society's attitudes towards the older generation. Measures like the Contingent Self-Esteem Scale (Paradise & Kernis, 1999, as cited in Neff & Vonk, 2009) and others go some way towards explaining the complexities of the whole concept of self-esteem, which in the future may bring valuable insights to how optimal functioning may be maintained.

Some of the complex issues, such as goal disengagement's links with contingent self-esteem and stress (Neely et al. 2009), or whether or not self-compassionate people seek support, could not fully be addressed in this study. None of the results gave any indications regarding these issues. They are areas that need to be investigated further experimentally rather than by using self-report measures in order to explore how beneficial or detrimental it actually is to bolster self-esteem. Experimental conditions may also yield clearer indications as to what is

behind the self-reliance associated with self-compassion. Is support not necessary if one is high in self-compassion, or do priorities differ because of a different mindset entirely to those who avail of social support? A further complication arises from the observation that self-compassion and self-esteem are both at their lowest in the young adult. This is suggestive of a certain vulnerability in the younger population, particularly when previous findings are taken into account that perceived stress is higher in young adults than old adults (Hamarat, 2001). The limitations of this study mean that this observation could not be explored further. It is of sufficient concern though to warrant further research to investigate how the constructs of self-compassion and self-esteem diverge over time. It may perhaps be beneficial to correlate the two constructs at specific age intervals, using larger cohorts, to reveal more exactly if and when the relationship between them changes from positive to negative.

In Conclusion

Stress in Ireland is a major contributor to illness, both physical and psychological, contributing to reduced life satisfaction (Butcher, 2004; Taylor, 2003). The promotion of adaptive methods of coping with stress therefore makes sense. In this study self-compassion and self-esteem were examined in terms of coping with stress, and the results have indicated they may both be effective coping tools. Results also showed differences in mean levels of self-compassion and self-esteem across the adult lifespan, which were striking enough to warrant discussion even though the differences were not significant. Concerns were raised regarding the relatively low self-esteem levels in the older population. Of even greater concern are the similarly low levels of self-esteem in addition to the lower self-compassion levels as well as the higher perceived stress levels found in the same young population. Although the current study found self-compassion more influenced by perceived stress than was self-esteem, and as a result

was less predictive of life satisfaction, it may nevertheless be of substantial benefit to promote self-compassion. The present study discussed two examples of the several methods available of nurturing self-compassion, namely CMT and in particular, MBSR. Increasing self-compassion may be of particular relevance for younger populations, since the young adult appears to be in the most vulnerable category with regard to dealing with life's challenges.

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Appendix

List of Contents

Participant Information Sheet

Letter of Authorization re Self-compassion Scale

Questionnaires

 Self-compassion Scale – Short Form

 Self-esteem Scale

 Perceived Stress Scale

 Satisfaction with Life Scale

Support Contact Details

Participant information sheet

(for use with emailed questionnaires)

My name is Olivia Flynn and I am a psychology student currently in my final year at Dublin Business School. A requirement of my studies involves the completion of a research project, which will be submitted for examination. This project will explore the relationship between self-compassion and self-esteem, in an attempt to understand how each in turn may influence stress and life satisfaction.

You are invited to take part in this study by completing the attached anonymous survey, which should take approximately five minutes. Participation is completely voluntary and you may withdraw at any stage during completion. Anonymity is guaranteed as responses are sent directly to a Google Docs file and cannot be attributed to any one participant. For this reason, it will not be possible to withdraw from participation after the questionnaire has been submitted. To ensure confidentiality all data from the questionnaires will be securely stored on a password protected computer.

Thank you for your time, your participation in this project is greatly appreciated.

To Whom it May Concern:

Please feel free to use the Self-Compassion Scale – Short Form in your research (12 items instead of 26 items). The short scale has a near perfect correlation with the long scale when examining total scores. We do not recommend using the short form if you are interested in subscale scores, since they're less reliable with the short form. You can e-mail me with any questions you may have. The appropriate reference is listed below.

Best wishes,

Kristin Neff, Ph. D.

Reference:

Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the Self-Compassion Scale. *Clinical Psychology & Psychotherapy*, *18*, 250-255.

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost never					Almost always
1	2	3	4	5	

- _____ 1. When I fail at something important to me I become consumed by feelings of inadequacy.
- _____ 2. I try to be understanding and patient towards those aspects of my personality I don't like.
- _____ 3. When something painful happens I try to take a balanced view of the situation.
- _____ 4. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
- _____ 5. I try to see my failings as part of the human condition.
- _____ 6. When I'm going through a very hard time, I give myself the caring and tenderness I need.
- _____ 7. When something upsets me I try to keep my emotions in balance.
- _____ 8. When I fail at something that's important to me, I tend to feel alone in my failure
- _____ 9. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
- _____ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
- _____ 11. I'm disapproving and judgmental about my own flaws and inadequacies.
- _____ 12. I'm intolerant and impatient towards those aspects of my personality I don't like.

Below is a list of statements dealing with your general feelings about yourself.

If you ***strongly agree*** with the statement circle **SA**.

If you ***agree*** with the statement circle **A**.

If you ***disagree*** with the statement circle **D**.

If you ***strongly disagree*** with the statement circle **SD**.

1.	On the whole, I am satisfied with myself.	SA	A	D	SD
2.	At times, I think I am no good at all.	SA	A	D	SD
3.	I feel that I have a number of good qualities.	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.	I feel I do not have much to be proud of.	SA	A	D	SD
6.	I certainly feel useless at times.	SA	A	D	SD
7.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8.	I wish I could have more respect for myself.	SA	A	D	SD
9.	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10.	I take a positive attitude toward myself.	SA	A	D	SD

The questions in this scale ask you about your feelings and thoughts during the last month.

In each case, you will be asked to indicate how often you felt or thought a certain way.

For each question circle one of the following options :

0 = **never** 1 = **almost never** 2 = **sometimes** 3 = **fairly often** 4 = **very often**

1	<i>In the last month, how often have you been upset because of something that happened unexpectedly?</i>	0	1	2	3	4
2	In the last month, how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
3	In the last month, how often have you felt nervous and stressed?	0	1	2	3	4
4	In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
5	In the last month, how often have you felt that things were going your way?	0	1	2	3	4
6	In the last month, how often have you found that you could not cope with all the things you had to do?	0	1	2	3	4
7	In the last month, how often have you been able to control irritations in your life?	0	1	2	3	4
8	In the last month, how often have you felt that you were on top of things?	0	1	2	3	4
9	In the last month, how often have you been angered because of things that happened that were outside of your control?	0	1	2	3	4
10	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- 7 - Strongly agree
- 6 - Agree
- 5 - Slightly agree
- 4 - Neither agree nor disagree
- 3 - Slightly disagree
- 2 - Disagree
- 1 - Strongly disagree

____ In most ways my life is close to my ideal.

____ The conditions of my life are excellent.

____ I am satisfied with my life.

____ So far I have gotten the important things I want in life.

____ If I could live my life over, I would change almost nothing.

Thank you once again for your valuable co-operation. In the event of any distress you may have experienced from any of the questions asked, please be aware there are a number of help lines you may call, including:-

Samaritans 01 8727700

Aware Ireland 1890 303302