

Relationships of Self-Compassion, Autonomous Motivation and Common Life Factors

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Abstract

Treating oneself with self-compassion has been shown to have positive effects on well-being and mental health, with a significant negative correlation between self-compassion and both anxiety and depression levels, and a significant positive correlation with life satisfaction and well-being. This study examines the relationship between self-compassion, measured via the Self-Compassion Scale, autonomous motivation, measured via the Perceived Choice and Awareness of Self Scale and common life factors: age, gender, education, employment, parenthood and mindfulness practice. 73 participants from the general population completed a self-report online survey of cross-sectional design. Results showed self-compassion is a significant predictor of autonomous motivation. Relationships were found between self-compassion and age, gender and mindfulness practice respectively. Parenthood was found to have a significant negative relationship with perceived choice, however not with overall autonomous motivation scores. The potential application of findings, such as including self-compassion enhancing training in the workplace and intervention programmes are discussed.

1. Introduction

The concept of self-compassion has become an area of interest over the last two decades, with increasing research undertaken to examine the effects in a scientific context. A frequently used theory of self-compassion in research is that of Kristin Neff (2003a) who draws on Buddhist philosophy and the idea of relating to oneself with compassion and kindness. Generally, people can be harder on themselves than on others, setting higher standards and seeing personal failures in a more critical light. Informally, Neff refers to self-compassion as treating oneself with the same kindness and care when one is struggling or suffering as would be shown to a good friend. In a recent talk on self-compassion, Neff (2016) outlined self-compassion as being aware, noticing one's feelings and thoughts; being connected, recognising that others will have similar experiences and being kind, providing care and support during difficult periods to oneself.

Developed in part as an alternative concept to self-esteem, research shows that self-compassion is not as contingent on success or representations of worth as self-esteem for enhancement and maintenance and is less ego-focused than self-esteem (Neff & Vonk, 2009). Treating oneself with self-compassion has been shown to have positive effects on well-being and mental health, with a significant negative correlation between self-compassion and both anxiety and depression levels, and a significant positive correlation with life satisfaction and well-being (Neff, 2003b; Zessin, Dickhäuser, & Garbade, 2015), making self-compassion a worthwhile concept to research.

1.1 Concept of Self-Compassion

Compassion is primarily viewed as being directed towards others. Goetz, Keltner and Simon-Thomas (2010) review compassion as an evolutionary concept. The definition provided within their analysis is “We define compassion as the feeling that arises in witnessing another's suffering and that motivates a subsequent desire to help” (Goetz et al., 2010, p. 2). From an evolutionary view, compassion is both an emotion and a trait, with Goetz et al. (2010, p. 5) outlining that the emotion of compassion arises through caring for offspring to ensure survival and continuation of genes; this in turn leads to compassion being a desirable trait in a mate. A further benefit of recognising and helping to alleviate suffering within the group is an overall stronger tribe and greater chance of survival, suggesting a motivational component of compassion (Goetz et al., 2010, p. 5).

Recent examinations of the concept of compassion has resulted in a five factor definition proposed by Strauss et al. (2016) on which future measures can be based. These factors are recognising suffering, realising suffering is part of human life, identifying with others suffering and emotions, being open and tolerant to the discomfort suffering can create within oneself and being motivated to help (Strauss et al., 2016, p. 19). While validity of these factors is still being reviewed, support has been found for the majority within the concept of compassion, with further examination of the factor of being tolerant required as part of the core concept (Gu, Cavanagh, Baer, & Strauss, 2017). Strauss et al. (2016) indicate that the five factor definition proposed relates to both compassion for others and for the self.

Neff (2003a, pp. 86-87) relates self-compassion to compassion as it is felt for others, outlining compassion as a person being affected by the suffering of others, remaining aware of

this suffering and allowing feelings of kindness and a wish to help ease their suffering to surface. Self-compassion is then outlined as “involves being touched by and open to one’s own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one’s suffering and to heal oneself with kindness” (Neff, 2003a, p. 87). Self-compassion also consists of non-judgement of one’s failures, with failures viewed as part of the overall human condition (Neff, 2003a, p. 87). Acknowledging one’s own suffering and failings through the prism of compassion and self-compassion alludes that a person is motivated to ease their own suffering.

The development of a self-compassion measure by Neff (2003b) resulted in six factors, which approach Strauss et al. (2016) appear to be mirroring in developing the five factor model of compassion. The six factors of self-compassion can be outlined across three components, with a single higher order factor of self-compassion emerging. These are “self-kindness versus self-judgement, common humanity versus isolation and mindfulness versus over-identification” (Neff, 2003b, p. 234). Self-kindness is the ability to treat oneself with care and understanding, being supportive of ones’ failings rather than judgemental. The capacity to view life’s difficulties and mistakes made as part of the overall human condition is central to the sense of common humanity, recognising that everyone struggles can help prevent feelings of isolation when experiencing suffering. Mindfulness is the process of viewing thoughts and feelings as they are, allowing them to occur without focusing excessively or deliberately avoiding experiences (Neff & Pommier, 2013; Castilho, Pinto-Gouveia, & Duarte, 2015).

While common themes can be seen within the definitions of compassion and self-compassion, correlation between the two concepts is still being examined. Neff and Pommier (2013) found the strength of the association between compassion, defined as other-focused concern, and self-compassion varied across the sample, with age and meditation practice

resulting in a stronger association. This could be due to a valid measure of compassion still being under analysis (Strauss et al., 2016; Gu et al., 2017) and certainly Strauss et al. (2016) are developing a measure of compassion with related themes to that of self-compassion. The Self-Compassion Scale (Neff, 2003b) has been shown to have good validity and good test-retest reliability (Neff, Pisitsungkagarn, & Ya-Ping, 2008, Castilho et al., 2015). This indicates that while it is based on the broad concept of compassion, a successful measure is available for the distinct concept of self-compassion. The Neff and Pommier (2013) study highlighted how self-compassion can vary by life experience, finding age and years of meditation practice significantly correlated with levels of self-compassion. The concept of life factors influencing levels of self-compassion is an area under review within this study.

1.2 Impact of Self-Compassion

When developing the Self-Compassion Scale, Neff (2003b), using participants from an undergraduate population, found significant positive relationships between self-compassion, self-esteem, self-determination and self-acceptance. Significant negative correlations were found between self-compassion and instances of depression and anxiety. Since this study by Neff (2003b) to validate the measure of self-compassion, additional research in the area has found supporting results. Neff, Rude and Kirkpatrick (2007) undertook research examining self-compassion and the relation to positive aspects of psychology and the Big-5 personality framework. Positive significant relationships were found between self-compassion and items such as happiness, optimism and personal initiative, indicating greater overall positivity and

drive. A significant negative association was found between self-compassion and neuroticism, indicating that high self-compassion is linked with lower instances of psychopathology.

Marshall et al. (2015) conducted a longitudinal study over two years using participants from a high-school student population. Administering self-report questionnaires to capture self-compassion, self-esteem and mental health at two points in times, the researchers found that participants with high self-compassion and low self-esteem had more stable mental health across the period than those with low self-compassion and low self-esteem which predicted a decrease in mental health over the period. This study indicates that self-compassion has a buffering effect on the impact of low self-esteem. A limitation of both Neff et al.'s (2007) and Marshall et al.'s (2015) research is the use of a limited population, from an undergraduate population with mean age 20.02 years and a high-school population with mean age 14.65 years respectively. As personality, self-esteem, self-compassion and mental health are changing attributes over the life-span and in the instance of personality, even stabilise as individuals move toward mid-adulthood (Kandler et al., 2010), findings from these studies should be applied to the general population with caution.

This buffering effect may not just relate to mental health but also physical health. A study by Magnus, Kowalski and McHugh (2010) found a positive association between self-compassion and intrinsic motivation to exercise, as well as negative associations with social physique anxiety and obligatory exercise in women who exercise. This suggests that self-compassion could be an important factor when encouraging exercise in those not active, addressing potential anxieties relating to exercise. A further encouraging area of self-compassion research is the impact it can have for coping with academic performance. Neff, Ya-Ping and Dejitterat (2005) explored the relationship between self-compassion, achievement goals, fear of failure, intrinsic motivation,

anxiety and coping mechanisms in an undergraduate sample. Self-compassion was negatively associated with fear of failure and anxiety and positively related to intrinsic motivation and mastery goals in the academic context. When faced with failure, self-compassion was positively correlated with adaptive coping mechanisms allowing participants to retain focus and remain involved in the learning process.

This indicates that fostering self-compassion in students could be advantageous in the increasingly competitive academic environment. Again, focusing on the academic environment, Hope, Koestner and Milyavskaya (2014) looked at the relationship between self-compassion, goal pursuit and wellbeing in undergraduates. Their findings support those of Neff et al. (2005) with participants with high levels of self-compassion experiencing less negative affect from poor goal performance. The research found participants with high self-compassion experienced less negative affect from poor performance when the goals they pursued were of meaning and interest to them, suggesting that self-compassion is related to intrinsic motivation. Participants with low self-compassion appeared less influenced by autonomous goals, with little variation in negative affect experienced. It would be of interest to explore if the relationship between self-compassion and intrinsic motivation continues outside the academic realm, an area that will be looked at as part of this study.

The above studies indicate that poor performance effects are buffered by self-compassion reducing the negative affect associated with failure, suggesting that individuals are less judgemental and kinder to themselves in times of failure. The evolutionary theory of compassion suggests that compassion has some conditions and it must directly benefit the individual or their community. This indicates judgement of behaviour or the situation leading to a person's suffering occurs, which may lead to less compassion being shown where it's deemed the person

is responsible for their own suffering and in turn, less motivation to help the individual suffering (Goetz et al., 2010, pp. 8-9). This is one area where compassion and self-compassion appear to differ. As per Neff (2003a), a factor of self-compassion is viewing one's failures without judgement, that is, unconditionally. When relating this to evolutionary theory of compassion, it indicates that self-compassion would be high regardless of personal failings that led to suffering, and therefore an individual will be motivated to help themselves overcome these failings.

Leary, Tate, Adams, Allen and Hancock (2007) conducted a study to examine self-compassion and reactions to personal negative recalled events. Sourced from an undergraduate population, participants scoring high in self-compassion reported less negative affect regarding the event, even though they responded that the negative event was more likely due to the type of person they were. It appears self-compassion allowed participants to view the event with a balanced perspective and thus have less extreme responses, indicating acknowledgement of failing rather than judgement and over-identification with the event. Participants in the self-compassion group also reported themselves as more similar to other people than the control group, reflecting the self-compassion factor of common humanity. Leary et al. (2007) suggests this view of commonality moderated the negative emotions related to participants responsibility for the negative event, which may in fact induce individuals high in self-compassion to accept responsibility more readily than those with low self-compassion.

While Leary et al. (2007) provide evidence that self-compassion allows for the acceptance of failure without negative affect, Breines and Chen (2012) went a step further and demonstrated that acceptance of failures can motivate individuals in the area of self-improvement. An experiment carried out with undergraduate students where two difficult tests were given found self-compassion, induced via a self-compassion statement, was associated with

higher study time before the second test, indicating motivation for self-improvement and not to repeat the poor performance from the first test. Breines and Chen (2012) also examined the use of role models by participants when addressing personal weaknesses. The study showed those with higher self-compassion chose upward social comparison in their selection of a role model, suggesting a motivation for self-improvement, rather than choosing a downward social comparison to boost self-esteem.

Participants in the majority of the above studies were undergraduates with the focus on their academic phase of life at the time of the research. There is an indication that self-compassion changes over a person's life span and is influenced by lifestyle. Neff (2003b) found a significant positive relationship between the number of years of Buddhist practise and levels of self-compassion reported. It has been found that self-compassion can be increased via training and intervention, as evidenced by Neff and Germer (2013) where participants attended an eight week programme focusing on self-compassion and mindfulness. Results showed a significant increase in self-compassion levels, along with mindfulness and life satisfaction and a decrease in depression and anxiety. Furthermore, the impact of the intervention was maintained at the six month and one year post-intervention follow up. This study will explore the relationship between self-compassion in the general population and certain life factors, such as employment and parenthood.

1.3 Autonomous Motivation

Ryan and Deci (2000) outline the development of autonomous motivation as a combination of intrinsic motivation and internally aligned extrinsic motivating factors. As part of

Self-Determination Theory (SDT), intrinsic motivation is described as a base trait of humans incorporating the drive to seek out novel and exciting challenges and learning and developing from them. While this is seen as an innate concept, the sustainability of intrinsic motivation over the life span is affected by the environment, by the form of regulation imposed. Extrinsic motivation is that which is driven by factors outside the self, based on external expectations or to achieve an external goal or reward. There can be variations in levels of autonomy in achieving the goal. As outlined by Deci and Ryan (2000), there can be four types of extrinsic motivation, based on the regulation imposed on the behaviour.

These are external regulation, where behaviour is driven by reward or threat from others; introjection, where the external regulation is self-imposed by the individual; identification, where the external regulation is recognised for its value and is performed automatically to obtain the outcome; integration, where the external regulation is recognised and aligned with personal values and the behaviour “will be fully volitional” (Deci & Ryan, 2000, p. 237). Autonomous motivation includes the identification and integration forms of extrinsic motivation and intrinsic motivation, as behaviour within these categories are aligned with the values of the individual, see Figure 1 below.

While examining motivation, Ryan and Deci (2000) identified three psychological needs that are involved; autonomy, competence and relatedness. Reviewing intrinsic motivation through these needs, they discovered that feedback, an extrinsic factor, impacts perceived competence and subsequently intrinsic motivation, with positive feedback enhancing and negative feedback diminishing perceived competence. However, as part of SDT, autonomy is described as an important factor that contributes to perceived competence, when the behaviour is

a choice or self-determined, the feedback and level of competence is more aligned with intrinsic motivation than if it was a controlled, instructed action.

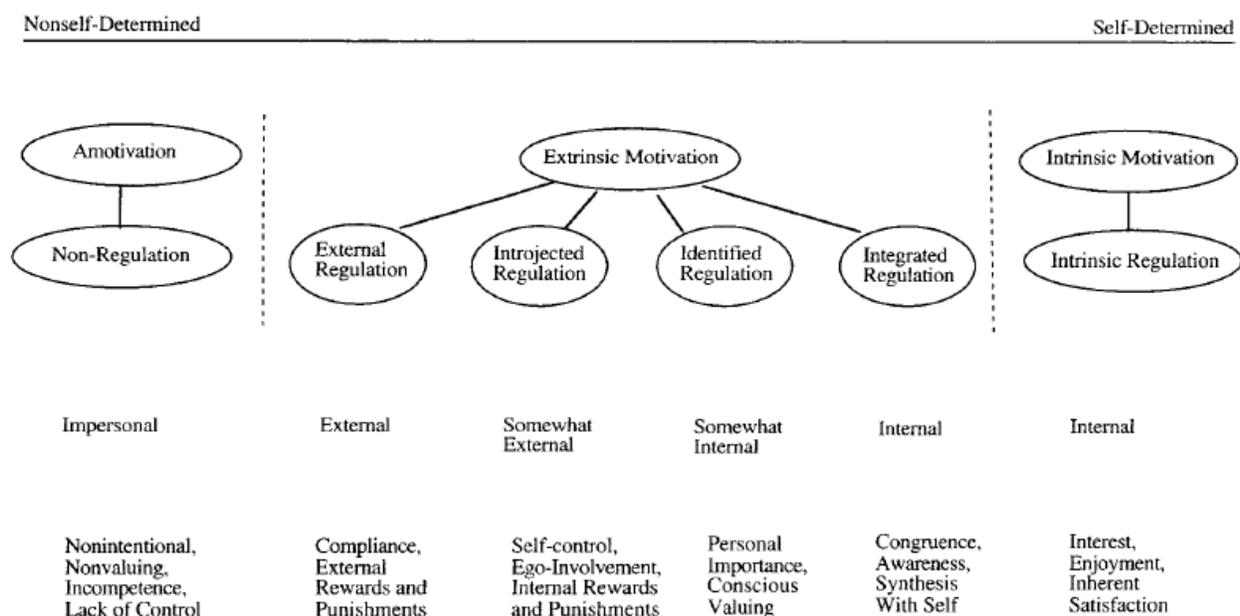


Figure 1. *Self-Determination Continuum – Ryan & Deci (2000)*

A meta-analysis undertaken by Deci, Koestner and Ryan (1999) examined the effect of extrinsic rewards on intrinsic motivation. Similar to that outlined by Ryan and Deci (2000), the meta-analysis showed that verbal rewards had a significant impact on intrinsic motivation, with positive feedback having an enhancing effect. The meta-analysis noted that the recipients' interpretation of the reward could be related to a psychological need, that is, rewards that were interpreted as controllers of behaviour impacted the need for autonomy and rewards based on performance affected the need for competency (Deci, Koestner, & Ryan, 1999, p. 628). While verbal rewards can have both positive and negative effects, the meta-analysis found that expected tangible rewards had a significant negative association with intrinsic motivation, both with free

choice behaviour and with self-reported interest in the task. It was found that unexpected tangible rewards have no impact on intrinsic motivation, while other forms of tangible rewards, such as task completion or performance contingent reward, have negative effects (Deci, Koestner, & Ryan, 1999, pp. 638-646).

The third need, the need of relatedness is more clearly seen in childhood, in the form of secure attachment as described by Bowlby and Ainsworth (Cowie, 2012, pp. 38-40), where children feel comfortable to explore surroundings and satiate their natural curiosity. SDT theorises that attachments are important over the life-span to allow for intrinsic motivation to prosper, for example, in the form of a supportive teacher, manager or team-mates. This isn't to say that relatedness is required for all behaviour stemming from intrinsic motivation however a supportive base does appear to be enhancing (Ryan & Deci, 2000, p. 71). As per Neff (2003a), self-compassion comes from a place of kindness and non-judgement, which can be viewed as a form of support for the self when assessing the content of intrinsic motivation, allowing an openness to explore interests and goals and approach challenges in a unique way, even if not in line with expectations of peers or authority figures.

1.4 Impact of Autonomous Motivation

Autonomous motivation, described as intrinsic motivation, identified and integrated forms of extrinsic motivation, can influence an individual's well-being and life satisfaction (Deci & Ryan, 2008). The effects can be seen across a broad spectrum of areas as unique as each individual. This uniqueness is what can make it so difficult to engage with an individual's autonomous motivation within a group setting such as the workplace or in educational settings.

Roth, Assor, Kanat-Maymon and Kaplan (2007) completed a study examining teacher's autonomous motivation and its relationship with students learning. Teachers that reported autonomous motivation for teaching displayed a greater sense of personal accomplishment and less work related negative emotions. Students reported greater autonomy-support relating to these teachers and also self-reported greater autonomous motivation for learning. This study indicates the importance autonomous motivation can have in the workplace, for the teachers themselves, and also in education based on the student reports.

Research carried out on workplace motivation have found that autonomous motivation is associated with the role the employee holds (De Cooman, Stynen, Van den Broeck, Sels, & De Witte, 2013). Lower level employees reported lower levels of autonomous motivation than higher level employees, suggesting that, as per SDT, autonomy in how work is completed relates to motivation. The study showed that use of skills and awareness of how the job contributes also related to autonomous motivation, demonstrating the needs of competence and relatedness outlined in self-determination theory. De Cooman et al.'s (2013) study reflected the varying and complex job characteristics and dynamics that impact autonomous motivation. Finding attributes that potentially support autonomous motivation, such as self-compassion, and fostering those attributes might be beneficial to autonomous motivation.

Different forms of motivation have been explored in terms of physical health, an important research area with the current obesity crisis across the globe. Ha and Ng (2015) undertook a study examining the relationship between types of motivation; autonomous, controlled and amotivation, and levels of physical activity carried out in a seven-day period. From the 115 students observed, autonomous motivation was significantly positively associated with physical activity and well-being and significantly negatively associated with a sedentary

lifestyle. Both controlled motivation and amotivation were significantly negatively related to physical well-being. A study looking at the effect of extrinsic motivation on diet changes carried out by Moller, Buscemi, McFadden, Hedeker and Spring (2014) found that lower extrinsic motivation during the trial led to greater liking of physical activity and healthy foods, suggesting health changes were based on identified or integrated extrinsic factors across the period rather than the extrinsic rewards. This indicates that autonomous motivation can change overtime as new information is aligned with core values and integrated into volitional behaviour.

1.5 Current Study Rationale

This study aims to examine self-compassion and autonomous motivation, the effect of some life factors on both, such as age, parenthood and employment and also the relationship between self-compassion and autonomous motivation. Self-compassion within this study is based on research and measurement scales from Neff (2003b). Autonomous motivation will be measured via the Perceived Choice and Awareness of Self scale, previously the Self-Determination scale. Previous research conducted on self-compassion have used predominantly student or undergraduate samples however it has been shown that lifestyle can impact levels of self-compassion (Neff, 2003b; Neff & Pommier, 2013). To address this, the participant sample for this study will be taken from the general population. Similarly, even though intrinsic motivation based on core values would be a relatively fixed variable, autonomous motivation can be influenced by extrinsic factors. This study will review if the life factors chosen have an impact on autonomous motivation.

Finally, while both self-compassion and autonomous motivation bring their own benefits based on the research, such as increased overall positivity (Neff, Rude, & Kirkpatrick, 2007) and increased engagement in physical activity (Ha & Ng, 2015), this study aims to explore the relationship between these two concepts.

1.6 Hypotheses

This study intends to explore the following hypotheses:

1. There will be a significant relationship between the life factors (age, gender, education, employment, parenthood and mindfulness practice) and levels of self-compassion.
2. There will be a significant relationship between the life factors (age, gender, education, employment, parenthood and mindfulness practice) and levels of perceived choice and awareness of self.
3. There will be a significant positive relationship between levels of self-compassion and autonomous motivation.

2. Methods

2.1 Participants

A total sample of 73 participants from the general population took part in this study with the gender breakdown consisting of 18 males and 55 females. Convenience sampling was used to gather data for this study. The survey was circulated online and open to the general population with no criteria for inclusion with the exception of being over 18 years of age. The online survey was circulated predominately via social media on networking sites such as Facebook (www.facebook.com) and LinkedIn (www.linkedin.com) and also via email and twitter with links to the Google Forms questionnaire included in the communication. The online survey was not shared directly within student settings where possible to limit the high student participation rates seen in related studies outlined. From the 73 completed surveys, 68% are not from the student population allowing for a general population perspective to be interpreted from the results.

Participation was voluntary and anonymous, with participants providing consent at the beginning of the online survey to grant them access to continue. No incentive was offered for participation in the survey.

2.2 Design

The study was of correlational cross-sectional design with non-probability sampling, gathering quantitative data. The relationship between a number of life factors (the independent /

predictor variables), such as age, gender, education, employment, parenthood and mindfulness, and both self-compassion and autonomous motivation (the dependent / criterion variables) were examined. In addition, the relationship of self-compassion (the predictor variable) and autonomous motivation (the criterion variable) was explored.

2.3 Materials

The questionnaire was only created in an online version, beginning with an information page (see Appendix A), followed by a set of demographic questions created by the researcher to capture an outline of common life factors encountered by the general population with one additional specific item related to self-compassion. A final page provided support services information and contact details (see Appendix E).

2.3.1 Demographics

The demographic questions created by the researcher were based on common life factors or events that occur routinely in the general population. In addition to age and gender, the demographic variables included were education level, whether currently a student, employment status, being a parent and finally, specific to self-compassion, the practice of mindfulness (see Appendix B).

2.3.2 Self-Compassion Scale

The Self-Compassion Scale, created by Neff (2003b) is a 26 item questionnaire based on a 5-point Likert scale, where 1 = Almost Never and 5 = Almost Always, designed to measure self-compassion via questions that relate to current behaviour towards oneself (see Appendix C). The 26 items can be collated into six subscales for further analysis of the components of self-compassion. These subscales measure items which if present indicate self-compassion; Self-Kindness, Common Humanity and Mindfulness and items that if present indicate a lack of self-compassion; Self-Judgement, Isolation, Over-Identification. Examples of questions are for self-kindness, “I try to be loving towards myself when I’m feeling emotional pain”; for common humanity, “When things are going badly for me, I see the difficulties as part of life that everyone goes through”; for mindfulness, “When something painful happens I try to take a balanced view of the situation”; for self-judgement, “I’m disapproving and judgmental about my own flaws and inadequacies”; for isolation, “When I fail at something that's important to me, I tend to feel alone in my failure” and for over-identification, “When something upsets me I get carried away with my feelings” (Neff, 2003b).

Mean scores of the subscales are calculated, with self-judgement, isolation and over-identification subscales reversed scored. Self-compassion score is a grand mean of the subscale means.

The Self-Compassion Scale has good reliability with Neff (2003b) reporting a Cronbach’s alpha score of .93 when developing the test. This high reliability has been supported in more recent studies that have used the Self-Compassion Scale, such as in Körner et al.’s

(2015) research which reported a Cronbach's alpha score of .88 and also satisfactory reliability scores for the subscales, ranging from .70 to .79.

2.3.3 PCASS

The Perceived Choice and Awareness of Self Scale (PCASS), formerly known as the Self-Determination Scale, is designed to measure an individual's opinion on the level of Perceived Choice or autonomy they believe they have over their behaviour and Awareness of Self in relation to one's feelings and sense of self (see Appendix D). The PCASS is a 10 item questionnaire, with each question comprising of 2 statements. Participants indicate on a 5-point Likert scale which statement feels most true to them ranging from 1 (Only A feels true) to 5 (Only B feels true). The PCASS items can be aggregated into two subscales, the Perceived Choice Scale with questions such as "A. I choose to do what I have to do or B. I do what I have to, but I don't feel like it is really my choice" and the Awareness of Self Scale with questions such as "A. I feel that I am rarely myself or B. I feel like I am always completely myself".

Perceived choice subscale items are reverse scored. A total PCASS score can then be calculated by getting the mean of scores for all 10 items. Similarly, subscale scores are calculated by averaging the scores of the 5 items with each subscale.

The PCASS is an appropriate measurement of autonomous motivation as it captures both the level of autonomy individuals experience and also how an individual's behaviour aligns with their sense of self and core values. Reliability for the Perceived Choice and Awareness of Self Scale has been found to be high, with a Cronbach's alpha of .80 reported by Elliot and McGregor (2001) and reliability score of .81 reported by Thrash and Elliot (2002).

2.4 Procedure

The three questionnaire sections; Demographic, Self-Compassion Scale and Perceived Choice and Awareness of Self Scale, were combined into one online survey in Google Forms. Ethical approval was received from the Dublin Business School Psychology Department Board of Ethics before data collection was performed. The link to the online survey was shared via social media networking sites Facebook, LinkedIn, Twitter and email. An information page at the start of the survey outlined the purpose of the survey, an invitation to participate and advised that support services contact details would be available on the final page if required. It outlined the voluntary nature of partaking and the participants right to withdraw at any point prior to submission but noted that due to the anonymous nature of the survey, once the answers were submitted, responses could not be retrieved for withdrawal. The information page contained a section asking for consent and to confirm the participant was over the age of 18 years. Contact details of researcher and supervisor were also included in the information page.

The survey took no more than 15 minutes to complete and following completion of the survey, participants were advised of organisations that could provide support if needed, namely Aware and the Samaritans. The data collection period ran from December 5th 2017 to January 29th 2018.

Data Analysis was performed using IBM SPSS Statistics version 24.

3. Results

3.1 Descriptive Statistics

The sample consisted of 73 participants, with 75.3% female ($n = 55$) and 24.7% male ($n = 18$). The mean age of the sample was 36.75 ($SD = 10.37$) with minimum age of 22 and maximum age of 67. The participants adequately represented parents (45.2%) / non-parents (54.8%) and those who practice mindfulness (42.5%) and those who do not (57.5%) to allow for analysis. Table 1 below outlines a breakdown of participant profiles across the demographic measures.

Table 2 further below presents the overall participant mean and standard deviation for self-compassion and perceived choice and awareness of self, reflecting both the subscale and total score of each measure.

Table 1: *Descriptive Statistics of Participants Demographic Profile*

Characteristics	n	%
<i>Gender</i>		
Male	18	24.7
Female	55	75.3
<i>Education</i>		
Junior Certificate / O levels	1	1.4
Leaving Certificate / A levels	7	9.6
Level 6 Certificate (advanced/higher)	5	6.8
Level 7 Ordinary Degree	8	11
Level 8 Honours Degree/Higher Diploma	30	41
Level 9 Masters/Post-graduate Diploma	19	26
Level 10 Doctorate/Higher Doctorate	3	4.1
<i>Currently a Student</i>		
No	50	68.5
Part-time	18	24.7
Full-time	5	6.8
<i>Employment Status</i>		
Employed – Full-time	50	68.5
Employed – Part-time	10	13.7
Self-Employed	5	6.8
Unemployed	5	6.8
Home-maker	3	4.1
<i>Parenthood</i>		
Yes	33	45.2
No	40	54.8
<i>Practice Mindfulness</i>		
Yes	31	42.5
No	42	57.5

Table 2: *Descriptive Statistics of Psychological Measures*

Variables	Mean	Standard Deviation
<i>Self-Compassion Scale</i>		
Self-Kindness Subscale	2.86	.93
Self-Judgement Subscale	3.17	.86
Common Humanity Subscale	3.21	.99
Isolation Subscale	3.23	.92
Mindfulness Subscale	3.28	.99
Over-Identification Subscale	3.06	1.04
Total Self-Compassion	3.13	.73
<i>Perceived Choice and Awareness of Self Scale (PCASS)</i>		
Perceived Choice Subscale	3.29	.89
Awareness of Self Subscale	3.76	.91
Total PCASS	3.53	.77

3.1.1 Reliability Validation

Cronbach's alpha score for the 26 item Self-compassion scale with $n = 73$ was .94 indicating the scale has strong reliability. The scores of the six self-compassion subscales ranged in reliability from .81 to .90. The Perceived Choice and Awareness of Self scale also demonstrated strong reliability with a measure of .85 on the Cronbach's alpha reliability analysis based on 10 items with $n = 73$. The perceived choice subscale had a reliability score of .82 and the awareness of self had a score of .80. Both scales and the related subscales used in this study are found to have high reliability in variables measured.

3.2 Inferential Statistics

3.2.1 Hypothesis 1: Relationship of Life Factors and Self-compassion

The first Hypothesis explores how self-compassion can vary across life. This study looked at everyday factors such as age, gender, employment, education, being a parent and also the practice of mindfulness due to its connection with self-compassion. Parametric tests; Pearson correlation, independent samples t-test and one-way ANOVA, were carried out to analyse the data.

A Pearson correlation found a moderate positive significant relationship between age ($M = 36.75$, $SD = 10.37$) and self-compassion ($M = 3.13$, $SD = .73$) ($r(73) = .41$, $p < .001$). To further analyse the relationship a simple regression was carried out. The simple regression

showed that age significantly predicts self-compassion ($f(1,71) = 14.67, p < .001, r^2 = .16$) ($\beta = .41, p < .001, CI(95\%) = .01 \rightarrow .04$).

An independent samples t-test found a statistically significant difference between self-compassion levels of those who practice mindfulness ($M = 3.34, SD = .68$) and those who do not practice mindfulness ($M = 2.98, SD = .73$) ($t(73) = 2.16, p = .034, CI(95\%) .03 \rightarrow .70$). A one-way ANOVA carried out between mindfulness and the subscales of self-compassion found a significant relationship with the self-kindness subscale ($M = 3.22, SD = .98$) ($f(1, 71) = 9.00, p = .004$).

Further independent samples t-test found there was no statistical difference between self-compassion levels of males ($M = 3.39, SD = .67$) and females ($M = 3.05, SD = .73$) ($t(73) = 1.73, p = .089, CI(95\%) -.05 \rightarrow .73$) or between self-compassion levels of parents ($M = 3.23, SD = .78$) and non-parents ($M = 3.06, SD = .69$) ($t(73) = .99, p = .326, CI(95\%) -1.72 \rightarrow .51$). Although the scores relating to gender differences are not significant for total self-compassion, at a subscale level, a one-way ANOVA found a significant difference between genders for over-identification subscale ($f(1, 71) = 4.76, p = .032$) and self-judgement subscales ($f(1, 71) = 4.50, p = .037$) (see Table 3 below).

A one-way ANOVA found no statistical difference between self-compassion and levels of education ranging from Junior Certificate / O levels ($M = 3.77$) to Doctorate / Higher Doctorate ($M = 3.28, SD = .42$) ($f(6, 66) = .76, p = .604$) or between self-compassion and employment status, with those in full-time employment having slightly lower levels of self-compassion ($M = 2.97, SD = .66$) than those unemployed ($M = 3.47, SD = .78$) ($f(4, 68) = 2.33, p = .065$).

Table 3: An ANOVA table displaying the differences between genders for the self-compassion subscales.

Variables	Groups	Mean	SD	F	dfs	p
Self-Kindness Subscale	Male	2.96	.78	.26	1, 71	.61
	Female	2.83	.98			
Self-Judgement Subscale**	Male	3.53	.79	4.5	1, 71	.037*
	Female	3.05	.86			
Common Humanity Subscale	Male	3.21	.94	.00	1, 71	.99
	Female	3.20	1.01			
Isolation Subscale**	Male	3.54	.82	2.79	1, 71	.10
	Female	3.13	.94			
Mindfulness Subscale	Male	3.57	.97	2.11	1, 71	.15
	Female	3.18	.99			
Over-Identification Subscale**	Male	3.51	1.18	4.76	1, 71	.032*
	Female	2.91	.95			

* p, significant at .05 level, **variables are reversed scored

3.2.2 Hypothesis 2: Relationship of Life Factors and Perceived Choice and Awareness of Self

Hypothesis 2 investigated the relationship of autonomous motivation via the Perceived Choice and Awareness of Self scale (PCASS) and the potential influence various life factors may have. This study looked at everyday factors such as age, gender, employment, education, being a parent and mindfulness. Parametric tests; Pearson correlation, independent samples t-test and one-way ANOVA, were carried out to analyse the data.

A Pearson correlation found a weak positive non-significant relationship between age ($M = 36.75$, $SD = 10.37$) and autonomous motivation ($M = 3.53$, $SD = .77$) ($r(73) = .19$, $p = .104$). Further investigation at a subscale level via a simple regression found age significantly predicts awareness of self ($f(1,71) = 5.26$, $p = .025$, $r^2 = .06$) ($\beta = .26$, $p = .025$, $CI (95\%) = .00 \rightarrow .04$).

An independent samples t-test found no significant difference in levels of autonomous motivation between: males ($M = 3.61$, $SD = .65$) and females ($M = 3.50$, $SD = .81$) ($t(73) = .491$,

$p = .625$, CI (95%) = $-.32 \rightarrow .53$); between those who practice mindfulness ($M = 3.68$, $SD = .66$) and those who do not practice mindfulness ($M = 3.41$, $SD = .83$) ($t(73) = 1.53$, $p = .131$, CI (95%) = $-.08 \rightarrow .64$) nor between parents ($M = 3.46$, $SD = .87$) and non-parents ($M = 3.58$, $SD = .70$) ($t(73) = -.697$, $p = .488$, CI (95%) = $-4.92 \rightarrow 2.37$). However, a one-way ANOVA at subscale level revealed a significant difference between parents ($M = 3.05$, $SD = 1.01$) and non-parents ($M = 3.49$, $SD = .74$) in relation to perceived choice subscale ($f(1, 71) = 4.51$, $p = .037$).

A one-way ANOVA found no statistical difference between autonomous motivation and levels of education ranging from Junior Certificate / O levels ($M = 3.70$) to Doctorate / Higher Doctorate ($M = 3.97$, $SD = .40$) ($f(6, 66) = .56$, $p = .761$). A further one-way ANOVA found no significant difference in levels of autonomous motivation and employment status ($f(4, 68) = 1.40$, $p = .243$). However, those who are self-employed scored highest ($M = 4.04$, $SD = .56$) compared to those employed full-time ($M = 3.49$, $SD = .72$) and home-makers ($M = 2.93$, $SD = .70$). Additional analysis via one-way ANOVA at subscale level found a significant difference between employment status for perceived choice subscale ($f(4, 68) = 2.75$, $p = .035$) with home-maker ($M = 1.93$, $SD = .81$) scoring comparably lower than other categories, such as employed full-time ($M = 3.28$, $SD = .81$), which was the next closest mean score.

3.2.3 Hypothesis 3: Relationship between Self-compassion and Autonomous Motivation

Hypothesis 3 examines the relationship between self-compassion, the predictor variable, and autonomous motivation, the criterion variable. Using a simple regression to analyse the data, a strong positive significant relationship was found ($r(73) = .66$, $p < .001$). The simple regression

showed that self-compassion significantly predicts autonomous motivation ($f(1,71) = 55.77, p < .001, r^2 = .43$) ($\beta = .66, p < .001, CI (95\%) = .51 \rightarrow .90$).

4. Discussion

4.1 Research Aims

The aim of this study was to investigate the relationship some life factors, such as age, gender, education level, employment status, being a parent and practising mindfulness, may have with self-compassion and autonomous motivation. Research has shown self-compassion and autonomous motivation are related in an academic setting (Hope, Koestner, & Milyavskaya, 2014), this study further examines the relationship between self-compassion and autonomous motivation. A large volume of research exploring self-compassion has been carried out on a student or undergraduate population, to address the narrowness of populations used previously, this study was carried out with participants from the general population, with 68.5% of participants not currently studying and 24.7% studying part-time. The mean age of the sample used in this study was 36.75, indicating greater exposure to experiences associated with middle adulthood than in a student or undergraduate population.

4.2 Hypothesis 1: Relationship of Life Factors and Self-compassion

From the life factors chosen to measure, two out of six had a significant relationship with self-compassion, thus this hypothesis is partially supported. Age was found to have a significant positive relationship with levels of self-compassion. Based on this relationship further analysis was completed that showed age predicted 16% of self-compassion. This suggests that as individuals get older and move through life, they may naturally become more self-

compassionate. The practice of mindfulness is also significantly associated with self-compassion. Mindfulness is itself a subscale of self-compassion, however the relationship between the practice of mindfulness and mindfulness subscale scores, while approaching significance, were not significant in this sample. This indicates that mindfulness may have an effect on the other factors from which the higher order factor of self-compassion emerges. A one-way ANOVA revealed that the practice of mindfulness had a significant association with self-kindness. This supports findings by Neff (2003b) who found that Buddhists scored higher on the positive aspects of the self-compassion scale, namely self-kindness, mindfulness and common humanity. While the results from this study were not significant for all the positive factors, stronger associations were present to the positive factors with the practice of mindfulness.

The remaining life factors chosen as part of this study; gender, parenthood, education and employment status, had no significant relationship with levels of self-compassion reported. Males did score higher on self-compassion than females, though not significantly. This is similar to findings from other research (Neff, 2003b; Zessin, Dickhäuser, & Garbade, 2015). Further investigation into gender differences via a one-way ANOVA found a significant difference in the over-identification subscale and the self-judgement subscale between genders, with women reporting greater incidences of both factors. These results provide insight into the difference in total self-compassion scores between genders and highlight a factor that may need to be considered when developing self-compassion training or interventions.

4.3 Hypothesis 2: Relationship of Life Factors and Autonomous Motivation

The results of statistical analysis between life factors and autonomous motivation measured via the Perceived Choice and Awareness of Self Scale revealed no findings of significance at total measurement level. However, further investigation at subscale level found some significant findings, leading to the hypothesis being partially supported. Age was found to be a predictor of awareness of self, which supports the theory of autonomous motivation where extrinsic factors are identified and integrated with intrinsic values as individuals encounter new experiences moving through life (Deci & Ryan, 2000; Moller et al., 2014). In relation to the perceived choice subscale, a significant difference was found when analysing employment types. Home-makers scored low on perceived choice leading to an overall lower autonomous motivation score. As per De Cooman et al.'s (2013) study, the role of employment is important, as is the level of autonomy perceived in completing the work. The home-makers within this study are also parents. It may be that due to the demands of parent and care-giver roles, individuals perceive less autonomy and potentially less competence, which in turn impacts levels of autonomous motivation.

Interestingly, there was also a significant relationship found between being a parent and the level of perceived choice reported, regardless of occupation. Again, this may feed into the level of autonomy perceived when providing care for others, and potentially the lack of resources remaining to pursue intrinsic interests due to providing for others. This finding could prove useful for understanding and improving family dynamics. There were no statistical findings related to either subscale for the remaining life factors; gender, education and the practice of mindfulness.

4.4 Hypothesis 3: Relationship between Self-compassion and Autonomous Motivation

Support was found for the third hypothesis with self-compassion shown to be a predictor of autonomous motivation. No further significance of a relationship was found at subscale level. This finding provides support from a general population sample for comparable results found in a student population relating to intrinsic, and therefore autonomous, motivation in an academic context (Hope, Koestner, & Milyavskaya, 2014). Broadening the findings to the general population is important and raises interesting possibilities in areas where autonomous motivation can have positive effects through-out the life span. By utilising self-compassion as a method to increase autonomous motivation around a behaviour, it could provide a supportive addition to interventions, treatment programmes and general self-improvement programmes.

4.5 Strengths and Limitations of the Study

A strength of this study is the use of a sample from the general population. A large amount of self-compassion research is carried out using a student or undergraduate population sample. This phase of life can be challenging with a high volume of change and new experiences, viewing self-compassion and motivation across a broader life-span has generated some useful results. Additionally, including some common life factor variables in the study has discovered everyday factors rather than specific events that can impact self-compassion and autonomous motivation. Furthermore, the analysis of the variables at subscale level allowed for the detection of relationships that are not found at total scale level, such as the difference in self-

kindness and over-identification between genders and the relationship with parenthood and being a home-maker and perceived choice.

A limitation of this study however are also the life factor variables used. The broad categories and high-level information gathered restricted the degree of analysis that could be completed. The analysis was extended where possible through the use of subscale measures within the parametric tests.

4.6 Future Research and Application of Findings

More detailed research into common life factors across the general population may reveal further associations with both self-compassion and autonomous motivation, particularly in the area of employment.

Workplace motivation is a complex concept to bolster across employees, particularly in large organisations. The relationship between self-compassion and autonomous motivation provides some useful insights to consider when developing ways to boost motivation in the workplace. Autonomous motivation can be enhanced by positive feedback but diminished by negative feedback (Deci, Koestner, & Ryan, 1999) and self-compassion allows for better coping of failure (Hope, Koestner, & Milyavskaya, 2014), findings from this study suggests that encouraging self-compassion among staff may assist with the reception of feedback, maintaining and even enhancing autonomous motivation. Consequently, encouraging self-compassion may also improve team-work, as common humanity is part of self-compassion, which in turn may interact with the basic need of relatedness, an element of autonomous motivation.

On an individual level, the relationship between self-compassion and autonomous motivation may assist with creating or improving work-life balance and life satisfaction. As self-compassion was found to predict autonomous motivation, increasing self-compassion may foster intrinsic interests that add meaning or value, thus boosting life satisfaction.

Another interesting area of research to be expanded is the benefit of incorporating self-compassion training in self-improvement programmes, interventions or treatment programmes. One such area could be general health programmes, with obesity and its related comorbid conditions on the increase, intervention in this area is ever more urgent. Both self-compassion and autonomous motivation are positively associated with exercise and health (Magnus, Kowalski, & McHugh, 2010; Ha & Ng, 2015); increasing self-compassion, which consists of factors such as self-kindness, may increase self-care values and subsequently contribute to the integration of new healthy behaviours.

4.7 Conclusion

This study identified relationships between self-compassion, autonomous motivation and some common life factors; age, gender, education level, employment status, being a parent and the practice of mindfulness. Additionally, the study found that self-compassion is a significant predictor of autonomous motivation. Previous research had shown associations in a student population and academic context predominantly, this study allowed for review within the general population. As both self-compassion and autonomous motivation relate to greater well-being, the examination of common life factors that may impact can be beneficial. The finding that self-compassion predicts autonomous motivation in the general population reveals it as a potentially

important contributor to area's such as work-place motivation and health improvement programmes.

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Appendices

Appendix A: Survey Cover Letter

The Relationship of Life Factors with Self-compassion and Intrinsic Motivation

My name is Belinda Ross and I am conducting research in the Department of Psychology that explores self-compassion, its relationship with motivation and the life factors that have associations with both. This research is being conducted as part of my studies and will be submitted for examination.

You are invited to take part in this study and participation involves completing and returning the attached anonymous survey. While the survey asks some questions that might cause some minor negative feelings, it has been used widely in research. If any of the questions do raise difficult feelings for you, contact information for support services are included on the final page.

Participation is completely voluntary and so you are not obliged to take part.

Participation is anonymous and confidential. Thus responses can not be attributed to any one participant. For this reason, it will not be possible to withdraw from participation after the questionnaire has been collected. Data will be stored on a password protected computer.

It is important that you understand that by completing and submitting the questionnaire that you are consenting to participate in the study.

Should you require any further information about the research, please contact Belinda Ross at xxxxxxxxxx@xxx.ie. My supervisor, Jonathan Murphy, can be contacted at xxxxxxxxxx@xxx.ie.

Thank you for taking the time to complete this survey.

* Required

1. Are you over 18 years of age? *

Mark only one oval.

Yes

No.

Consent Confirmation

2. Do you consent to participate in this research? *

Mark only one oval.

Yes

No

Appendix B: Demographic Questionnaire

Demographic Information

1. What is your gender?

Female

Male

Other

2. What is your age?

3. What is your highest level of education? If studying, please select from below the level at which you are currently studying

Junior Certificate / O levels

Leaving Certificate / A levels

Level 6 Certificate (advanced/higher)

Level 7 Ordinary Degree

Level 8 Honours Degree/Higher Diploma

Level 9 Masters/Post-graduate Diploma

Level 10 Doctorate/Higher Doctorate

4. Are you currently a student?

Yes - Full time

Yes - Part time

No

5. What is your current employment status? Please select from below the answer that best fits your current working environment

Employed - Full time

Employed - Part time

Self Employed

Home maker

Unemployed

6. Are you a parent?

Yes

No

- _____ 23. I'm tolerant of my own flaws and inadequacies.
 _____ 24. When something painful happens I tend to blow the incident out of proportion.
 _____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.
 _____ 26. I try to be understanding and patient towards those aspects of my personality I don't like.

Appendix D: Perceived Choice and Awareness of Self Scale

Instructions: Please read the pairs of statements, one pair at a time, and think about which statement within the pair seems more true to you at this point in your life. Indicate the degree to which statement A feels true, relative to the degree that Statement B feels true, on the 5-point scale shown after each pair of statements. If statement A feels completely true and statement B feels completely untrue, the appropriate response would be 1. If the two statements are equally true, the appropriate response would be a 3. If only statement B feels true And so on.

1. A. I always feel like I choose the things I do.
 B. I sometimes feel that it's not really me choosing the things I do.
 Only A feels true 1 2 3 4 5 **Only B feels true**

2. A. My emotions sometimes seem alien to me.
 B. My emotions always seem to belong to me.
 Only A feels true 1 2 3 4 5 **Only B feels true**

3. A. I choose to do what I have to do.
 B. I do what I have to, but I don't feel like it is really my choice.
 Only A feels true 1 2 3 4 5 **Only B feels true**

4. A. I feel that I am rarely myself.
 B. I feel like I am always completely myself.
 Only A feels true 1 2 3 4 5 **Only B feels true**

5. A. I do what I do because it interests me.
 B. I do what I do because I have to.
 Only A feels true 1 2 3 4 5 **Only B feels true**

6. A. When I accomplish something, I often feel it wasn't really me who did it.
 B. When I accomplish something, I always feel it's me who did it.
 Only A feels true 1 2 3 4 5 **Only B feels true**

7. A. I am free to do whatever I decide to do.
B. What I do is often not what I'd choose to do.
- Only A feels true** 1 2 3 4 5 **Only B feels true**
8. A. My body sometimes feels like a stranger to me.
B. My body always feels like me.
- Only A feels true** 1 2 3 4 5 **Only B feels true**
9. A. I feel pretty free to do whatever I choose to.
B. I often do things that I don't choose to do.
- Only A feels true** 1 2 3 4 5 **Only B feels true**
10. A. Sometimes I look into the mirror and see a stranger.
B. When I look into the mirror I see myself.
- Only A feels true** 1 2 3 4 5 **Only B feels true**

Appendix E: Final Page of Survey

Thank you for your answers. Your response has been recorded.

If you feel that answering this survey has raised some issues for you, please consider contacting some of the support services listed below, or speak to a friend, family member or professional such as your GP.

Aware:

The Aware Support Line 1890 303 302

Available Monday – Sunday, 10am to 10pm.

Email for support at: supportmail@aware.ie

Samaritans

Call on: 116 123

Available 24hrs a day, 365 days a year. Free to call.

Email: jo@samaritans.org

You can contact me with questions or comments relating to the survey at xxxxxxxxxx@xxx.ie,

Thank you for your time and support,

Kind regards,

Belinda