THE RELATION BETWEEN SELF-COMPASSION,

DEPRESSION, AND FORGIVENESS OF OTHERS

Thesis

Submitted to

The College of Arts and Sciences of the

UNIVERSITY OF DAYTON

In Partial Fulfillment of the Requirements for

The Degree

Master of Arts in Clinical Psychology

By

Ashley Mae Skoda

UNIVERSITY OF DAYTON

Dayton, Ohio

August, 2011

THE RELATION BETWEEN SELF-COMPASSION, DEPRESSION, AND FORGIVENESS
OF OTHERS

APPROVED BY:

Mark S. Rye, Ph.D.

Chairperson

Jack J. Bauer, Ph.D.

Co-Chair

Melissa Layman-Guadalupe, Ph.D.

Committee Member

Concurrence:

Carolyn Roecker Phelps, Ph.D.

Chair, Department of Psychology

ABSTRACT

THE RELATION BETWEEN SELF-COMPASSION, DEPRESSION, AND
FORGIVENESS OF OTHERS

Name: Skoda, Ashley Mae
University of Dayton

Advisor: Dr. Mark Rye; Dr. Jack Bauer

This study examined the role of self-compassion and its relationship to depression and forgiveness. Participants ($n = 96$) were recruited from undergraduate psychology classes at a medium-sized Midwestern Catholic university. Participants completed self-report questionnaires assessing self-compassion, forgiveness, depression, and rumination. Consistent with hypotheses, rumination mediated the relationship between self-compassion and depression. The above mediation was also examined using the self-compassion subscale "isolation" because this subscale related strongest to rumination and depression. It was found that self-compassion "isolation" and rumination independently predicted depression significantly. This study also found that self-compassion correlated with forgiveness. More specifically, positive aspects of self-compassion (mindfulness, self-kindness) were closely related to forgiveness of others. This seems to suggest not only that measures of well-being are often related to each other, but also that mindfulness and self-kindness, specifically, may be two integral parts involved in forgiveness. Implications and study limitations are discussed.

ACKNOWLEDGEMENTS

I would like to send my sincere gratitude to the people in my life who have supported me throughout this project. Many thanks to Dr. Mark Rye, my thesis advisor; your enthusiasm, patience, and guidance helped me realize this project and bring it to completion. To Dr. Jack Bauer, my co-chair; thank you for your commitment to this project and for sharing hours of your time talking with me about positive psychology, it was these conversations that ignited my fire to dive into this exciting research. To Dr. Melissa Layman-Guadalupe; thank you for your commitment, suggestions, and feedback both inside and outside of the classroom.

I would also like to thank my employer, St. Joseph Orphanage for believing in me and taking a chance. I would like to thank Janelle Chadrick and Christine Zuniga for their encouragement and invaluable formatting expertise. Thank you to Aimee Townsend, my dear friend, confidant, co-worker, and clinical inspiration; for countless reasons, your help has directly led to the success of this project. I would like to send my respect and gratitude to Annette Boehnke, for going above and beyond to bring me on board as a new clinician, and sticking with me—especially during my approach to the finish line.

Finally, thank you to my loving, supportive family. Without your support, this accomplishment could never have happened. Thank you for affording me this opportunity to expand academically, professionally, and personally. You are my pillars of strength.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER I

INTRODUCTION

The Relation between Self-Compassion, Depression, and Forgiveness of Others

Advocates of the integration of Eastern & Western psychology believe that the field is enhanced when it includes both an intuitive approach (characteristic of Eastern traditions) as well scientific study (characteristic of Western traditions; Fernando, 2003; Salzberg, 1997). Self-compassion is an example of a psychological construct that is based in this East-West integration model (Neff, 2003; Neff, Hsieh, and Dejitterat, 2005; Neff, Kirkpatric, and Rude, 2006, 2007; Neff, Pisitungkagarn, and Hsieh, 2008). Self-compassion is a response to personal suffering or transgression. Maintaining self-compassion include keeping emotional responses in mindful awareness, extending kindness toward oneself, and accepting one's limitations as a natural part of the human experience. Self-compassion has been shown to have positive effects on mental health in studies using both correlational self-report designs (Neff, 2003, Neff, et al., 2005; Neff et al., 2006; 2007) and experimental designs (Neff, et al., 2008; Greenberg, 1983; 1992; Leary, Tate, Adams, Allen, and Handcock, 2007; Shapiro, Astin, Bishop and Cordova, 2005; Gilbert and Proctor, 2006).

Although research thus far shows that self-compassion is related to affect, more research is needed on the specific mechanisms that explain these relationships. Because rumination is

highly related to self-compassion and positively related to depression (Neff, Kirkpatrick, and

Rude, 2006), it is possible that rumination mediates the relationship between self-compassion and

depression. The present study will explore this hypothesis. Research is also needed to examine

how particular positive emotions such as forgiveness of others relate to self-compassion.

Research by Fredrickson (2000) found that individuals who attributed positive meaning to a

specific life event are also more likely to expand this positive meaning to subsequent life events.

Fredrickson (2000) also concluded that positive emotions undo lingering negative emotional

arousal and encourage upward spirals toward greater positive emotions directed toward others.

Based on this research, I hypothesize that self-compassion will be positively related to

forgiveness of others. I will also embark on an exploratory analysis of self-compassion subscales

and how they individually relate to forgiveness, as well as how self-compassion as an aggregate

relates to forgiveness. I hypothesize that the "positive" subscales of self-compassion will best

predict forgiveness of others. This would be consistent with research by Jordan (1989), who

concluded that individuals who feel emotionally connected to others and recognize their

similarity to others are better able to empathize with the inevitable transgressions associated with

being human.

Conceptualizations of Self-Compassion

Before defining self-compassion, it is important to contextualize its foundation.

According to Fernando (2003), the ideals of mental health in the classic Western system

emphasize self-sufficiency, personal autonomy, efficiency, and self-esteem. Conversely, the

ideals of mental health in the classic Eastern system emphasize harmony, social integration,

balanced functioning, protection, and caring (Fernando, 2003). In the West, the notion of

compassion is usually conceptualized in terms of *compassion for others*. Salzberg (1997) cites

that in Eastern traditions such as Buddhism, it is considered equally important to offer

compassion to the self. From the Buddhist perspective, self and other are *interdependent*.

Therefore, it is not possible to have compassion for others but not the self as this sets up a false dichotomy.

As stated above, self-compassion is one possible response to personal suffering or failure and can be generally defined as maintaining a kind, understanding attitude toward oneself while accepting one's limitations as a natural part of the human experience (Neff, 2004). Neff (2003) argues that self-compassion consists of the following three components: self-kindness, perceptions of common humanity, and mindfulness. Self-kindness involves "extending kindness and understanding to oneself instead of harsh self-judgment and criticism" (Neff, 2003, p. 87). Common humanity involves "seeing one's experiences as part of the larger human experience rather than seeing them as separating and isolating" (Neff, 2003, p. 87). Mindfulness involves "holding one's painful thoughts and feelings in balanced awareness rather than over-identifying with them" (Neff, 2003, p.89). According to Neff (2003), each of these three components interact in such a way that the development of one directly enhances the development of the others.

Researchers have described how self-compassion differs from other constructs (Neff, 2004). For instance, self-compassion is not self-centeredness. Instead, self-compassion entails seeing one's failures as a by-product of the overall human condition, holding that all people, including the self, are worthy of compassion. Researchers have also made a distinction between self-compassion and passivity. Action is needed to successfully maintain the art of being self-compassionate. For instance, having compassion for oneself often entails giving up harmful behaviors, even when it is very challenging, in order to further one's overall well-being. Ultimately, because maintaining mindful awareness of one's emotions and emotional responses is integral to the practice of self-compassion, it can be said that a *lack* of self-compassion can lead to passivity. Self-compassion requires practice because one often has to overcome negative messages about oneself that come from society or from one's family. Choosing to be self-compassionate requires a commitment of time, energy, and spirit.

Self-compassion is not the same as self-pity (Neff, 2003). An individual exhibiting self-pity is consumed by their sorrows, isolated in their suffering, and disconnected from other humans. Self-pity emphasizes exaggerated egocentric thinking and feelings of separation from others leading to personal suffering (Goldstein & Kornfield, 1987). Self-pity is inherently ignorant of pain as a function of shared human experience; emotions are instead personalized, internalized, and inflated. Conversely, self-compassion allows an individual to see the related experiences of self and other without distortion or disconnection. Self-compassionate individuals are able to make objective evaluations of circumstances, free from unbridled emotions.

Self-compassion can also be distinguished from self-esteem, although these constructs are positively correlated (Neff, 2003). The Self-Compassion Scale (Neff, 2003) shows a strong correlation with Rosenberg's (1965) and Berger's (1952) self-esteem measures, $r = .59$ and $.62$, respectively. This strong association is not surprising because self-compassionate individuals are likely to feel good about themselves. Self-compassion is based on realistic appraisals of oneself whereas self-esteem is sometimes based on false assumptions. Research by Swann (1990) suggests that although people like to receive positive feedback, they also like to receive feedback that verifies reality. It is difficult to raise someone's self-esteem because praise is often not based in reality. Self-compassion inherently includes a rectification of harmful patterns of behavior, not out of need to fulfill some standard of worth or status, but out of a sense of caring for oneself and others (Neff, 2003). Self-compassion shares many of the positive components of self-esteem, but lacks many of the problematic aspects of self-esteem. According to Neff (2003), self-esteem involves frequent self-evaluation, whereas self-compassion focuses on kindness directed toward the self as well as a cultivated sense of common humanity. Narcissism is another potential problem that can sometimes accompany high levels of self-esteem. Because individuals who are high in self-compassion are less likely to evaluate themselves as compared to others, they are less

prone to narcissism. Research by Neff (2003) showed that narcissism relates to self-esteem but not self-compassion.

Finally, self-compassion is not the same as self-forgiveness. Self-forgiveness is understood as a willingness to abandon self-blame and guilt following one's transgressions while cultivating benevolence and compassion towards oneself (Ingersoll-Dayton & Krause, 2005). The biggest difference between self-forgiveness and self-compassion is that self-forgiveness is episodic in nature, while self-compassion is an ongoing, active process. To exercise self-forgiveness, the individual must have committed some kind of perceived wrongdoing. In contrast, self-compassion is a dynamic practice that an individual is constantly cultivating regardless of any wrongdoings.

Self-Compassion and Mental Health

Research has found that self-compassion is strongly related to mood. For instance, Neff (2007) conducted a study with 177 undergraduate participants which examined the relationship between self-compassion and various measures of mood and personality. The study found that self-compassion was positively associated with self-reported measures of happiness, optimism, and positive affect, and negatively associated with negative affect. Neff (2007) argues that these results should not be interpreted to mean that self-compassion is a mere "Pollyanish" form of positive thinking. Rather, Neff suggests that the positive association between self-compassion and positive affect stems from the ability to hold negative emotions in non-judgmental awareness without denial or suppression, resulting in higher levels of overall mood (Neff et al., in press). According to Neff (2007), greater happiness may stem from the feelings of warmth and inter-relatedness that people experience when they are self-compassionate.

Self-compassion is also related to adaptive thinking. Neff et al. (2007) conducted an experiment wherein they employed the "Gestalt two-chair" exercise (Greenberg, 1983, 1992) in

order to examine whether changes in self-compassion were linked to changes in adaptive thinking, among other factors (anxiety, depression, and social connectedness). The goal of the exercise is to arrive at a point where the part of the self that feels judged and unworthy "comes to know and appreciate itself…[so that one] feels compassion for the newly discovered vulnerable self" (Greenberg, 1983, p. 200). The Gestalt two-chair exercise was not explicitly designed to increase self-compassion; however, the goals of this intervention are highly relevant to the task of increasing self-compassion (Neff et al., 2007). The Gestalt two-chair intervention was designed to assist clients in challenging maladaptive, self-critical beliefs, allowing them to become more empathic toward themselves (Safran, 1998). During the Gestalt two-chair exercise, the individual uses two chairs to give voices to two conflicting parts of themselves. Participants completed measures of self-compassion and adaptive functioning one week prior to the two-chair exercise, and again three weeks after the two-chair exercise. Results suggest that those who experienced an increase in self-compassion also experienced decreased rumination. These findings highlight the importance of increasing self-compassion as a means to help individuals escape the harmful consequences of negative self-judgment.

Similar results were found in a study by Leary, Tate, Adams, Allen & Hancock (2007). Participants were asked to fill out a self-compassion measure (Neff, 2003) and asked to report on the worst thing that happened to them on four occasions over a 20-day period. Results indicated that higher levels of self-compassion were positively related to greater efforts to be kind to oneself, to understand one's emotions, and to keep negative life events in a positive perspective. Conversely, self-compassion was negatively related to anxiety and self-conscious emotions when thinking about their problems.

Interventions that Promote Self-Compassion

There is also evidence that interventions designed to promote self-compassion can improve mental health. For example, Shapiro, Astin, Bishop, and Cordova (2005) employed a program introduced by Jon Kabat-Zinn (1982) called Mindfulness Based Stress-Reduction (MBSR). This program is based on the premise that enhancing one's capacity to be mindful will reduce identification with self-focused thoughts and emotions that lead to poorer mental health. As noted earlier, mindfulness is a component of self-compassion. In this study, fifty-one health care professionals (e.g., physicians, nurses, social workers, physical therapists, and psychologists) were randomly assigned to an 8-week MBSR group or a wait-list. Participants in the MBSR condition completed eight 2-hr sessions at 1 session per week. Participants took part in the following mindfulness-based exercises: sitting meditation, body scan, Hatha yoga, and three-minute breathing space. In addition to the mindfulness exercises, a "loving kindness" meditation was introduced, in an attempt to help health care professionals develop greater compassion for themselves, their coworkers, and their patients. When compared to the wait-list condition, participants in the MBSR program reported significant declines in rumination and negative affect and significant increases in positive affect and self-compassion.

Similarly, Gilbert and Proctor (2006) developed a technique called Compassionate Mind Training (CMT) and studied its effect on individuals with chronic, high shame and self-criticism. Like self-compassion, CMT does not target specific core beliefs or schema, but seeks to alter a person's whole orientation to self and relationships (Gilbert & Proctor, 2006). In this particular study CMT was used as a means of teaching individuals how to self-soothe and generate feelings of compassion and warmth when they are feeling threatened, experiencing defensive emotions, or being self-critical. Six patients attending a cognitive-behavioral-based day center for chronic difficulties completed 12 two-hour sessions in CMT. The sessions included mindful breathing, imagery, group discussions regarding self-compassion and journaling. Results showed significant

reductions in depression, anxiety, self-criticism, shame, inferiority and submissive behavior.

Results also showed a significant increase in the participants' ability to be self-soothing and focus

on feelings of warmth and reassurance for the self. It should be noted that this study was

considered a "pre-trial study" and did not utilize a control group.

Rumination as a Possible Mediator between Self-Compassion and Depression

According to the research cited above, self-compassion relates to both positive and

negative affect. However, the mechanisms that explain this relationship are unclear. Clues for

possible mediators can be found by examining variables that relate to both self-compassion and

affect. For instance, according to Neff et al. (2007), self-compassion was negatively correlated

with depression, $r = -.31$, and rumination, $r = -.40$. There is extensive evidence from longitudinal

studies (Nolen-Hoeksema & Davis, 1998; Nolen-Hoeksema & Larson, 1998), field studies

(Nolen-Hoeksema et al., 1993) and studies of previously depressed individuals (Roberts, Gilboa,

& Gotlib, 1998) showing that rumination is positively related to depression. Because rumination

is related to both self-compassion and depression, it is plausible to suggest that rumination

mediates the relationship between self-compassion and depression.

Self-Compassion and Forgiveness

Another topic related to self-compassion that has not been adequately studied is how it

affects one's willingness to forgive others. Several theoretical models exist that explain why self-

compassion and forgiveness of others might be positively related. For instance, Fredrickson

(2004) suggests that positive emotions broaden people's attention and thinking, undo lingering

negative emotional arousal, fuel psychological resilience, build consequential personal resources,

trigger upward spirals toward greater well-being in the future, and facilitate overall human

flourishing. Fredrickson calls this theory the broaden-and-build theory of positive emotions

(Fredrickson, 1998; 2001; 2004). Fredrickson's theory can be applied to self-compassion because

as noted earlier, high levels of self-compassion are strongly associated with multiple positive emotions. According to Fredrickson, positive emotions broaden peoples' range of thought and action, while widening the assortment of the thoughts and actions that come to mind.

Fredrickson tested this hypothesis by showing research participants short emotionally-evocative film clips to induce the following emotions: joy, contentment, fear, and anger. Participants were asked to step away from the film and imagine being in a situation in which similar feelings would arise. Researchers then asked participants to list what they would like to do right at that moment. Fredrickson (2004) found that participants in the positive emotions conditions (joy and contentment) identified more things that they would like to do immediately relative to those participants who viewed the negative films (fear and anger), and those who viewed a neutral film. Fredrickson concludes that by broadening a person's momentary thought-action process, a positive emotion may dismantle the effects of negative emotions. Fredrickson also asserts that finding positive meaning not only triggers positive emotion, but also broadens thinking in such a way that increases the likelihood of finding positive meanings in subsequent events (Fredrickson, 2000). Based upon Fredrickson's research, it seems reasonable to conclude that self-compassion would relate to another positive emotion—forgiveness of others.

There are other theorists who suggest that humans have a tendency to extend their individually-experienced pleasant emotions to others. Judith Jordan (1989, 1991a, 1991b), one of the founders of the self-in-relation model of women's psychological development, has written extensively about a construct similar to self-compassion called self-empathy. Self-empathy is characterized by one's ability to assume an attitude of non-judgment and openness toward the self. According to Jordan, self-empathy directly translates to empathy toward others. Jordan (1989) further defines this interaction by stating that individuals who feel emotionally connected to others and recognize their similarity to others are better able to empathize with the inevitable transgressions associated with being human. Although Jordan's model suggests that high ratings

of self-empathy translate to high ratings of empathy-toward others, there has been little research done comparing this phenomenon.

Interestingly, research has shown that self-forgiveness, a construct similar but not equivalent to self-compassion, has no relation to empathy or forgiveness of others. For instance, a study by Macaskill, Maltby, and Day (2002) examined the relationship between self-forgiveness, empathy, and forgiveness of others. In this study, 324 British undergraduate students completed measures of self-forgiveness, forgiveness of others, and emotional empathy. The results suggest that individuals with higher levels of empathy find it easier to work toward forgiveness of others, but not necessarily toward self-forgiveness. In their discussion, the researchers suggested that the reason that empathy was related to forgiveness of others but not to self-forgiveness was simply because empathy and the forgiveness of others share the common element of concern for others (Macaskill et al., 2002). Hodgson and Wertheim (2007) predicted that self-forgiveness would be positively related to the ability to repair one's emotions, but unrelated to empathic concern due to the fact that empathic concern is an other-oriented experience. Researchers were also interested in measuring if self-forgiveness would predict the forgiveness of others. Participants ($n = 104$) completed measures of forgiveness and empathy. Similar to the previous study, findings showed that empathic concern is related to the forgiveness of others, but not self-forgiveness. Also in this study, the researchers found no relationship between self-forgiveness and the forgiveness of others. However, it is inaccurate to equate self-forgiveness with self-compassion. Self-compassion is rooted in the Eastern philosophical views, many of which consider the "self" and the "other" as a unified entity.

Individuals who are self-compassionate are more likely to view feelings of personal inadequacy as a shared human experience. In the same way, when a self-compassionate individual fails, they are less likely to feel alone in their failures (Neff, 2003a). Self-compassionate individuals do not feel isolated in their suffering. These individuals maintain a

perspective of common humanity they are better able to extend compassion toward themselves. Similarly, individuals are more likely to forgive others to whom they feel connected in some way. Individuals who feel emotionally connected to others and recognize their similarity to others are better able to empathize with them in the event of a transgression.

Neff, Kirkpatrick, and Rude (2007) examined how self-compassion is associated with the tendency to view humans as interconnected. In this study, 114 undergraduate students were asked to write self-evaluations of their greatest weakness. After writing these evaluations, participants were asked complete a Self-Compassion Scale. Researchers coded the narratives for first-person singular pronouns (such as "I") as well as first-person plural pronouns (such as "we"). Researchers found that how participants referenced self and others differed according to self-compassion levels. Self-compassion was negatively correlated with use of first-person singular pronouns; conversely, self-compassion was positively correlated with use of first-person plural pronouns. Self-compassion was also positively correlated with the use of social references such as family, friends, communication, and other humans. These results support the proposition that self-compassion involves a more interconnected and less separate view of the self, even when considering personal weakness (Neff, et al., 2007).

Present Study

The present study examined the role of self-compassion and its relationship to rumination, depression, and forgiveness. Several questions were addressed. First, does rumination mediate the relationship between self-compassion and depression? It was hypothesized that increased self-compassion would predict less rumination, which in turn would predict less depression. Second, does self-compassion positively relate to forgiveness of others? Self-compassion was broken down by subscales into two dimensions, self-compassion "positive" (subscales include: mindfulness, common humanity, and self-kindness) and self-compassion

"negative" (subscales include: isolation, over-identification, and self-judgment). This was done in order to analyze whether there is a difference in how strongly positive subscales relate to a positive mental health construct (forgiveness) as opposed to negative subscales. Finally, various dimensions of self-compassion were explored and analyzed in relation to depression and forgiveness in order to provide an integrated picture of the interplay of these variables.

CHAPTER II

METHOD

Participants

Participants consisted of 96 undergraduate students recruited from various academic courses at a medium-sized Midwestern Catholic university (see Table 1). Participants were eligible to participate if they were at least 18 years of age. Both females and males were recruited and received course credit for their participation.

The final sample consisted of more female participants (69.5%) than male participants (30.5%). The majority of the participants were Caucasian (85.4%). Other races represented in the sample included: African American (5.2%), Latino/a (4.2%), other/mixed (3.1%), and Asian American/Pacific Islander (2.1%). Participants' age ranged from 18 to 23, $M = 19.13$, $SD = 1.15$. Most participants were in their first (62.5%) or sophomore (24.0%) year of college; however, there were some participants in their junior (4.2%), senior (8.3%), or an "other" (1.0%) year. Most participants indicated a Catholic (70.8%), or "other" (22.9%) religious affiliation, followed by Protestant (4.2%) and Jewish (2.1%).

Measures

Participants completed measures of demographic/background information, self-compassion (Self-Compassion Scale), forgiveness (The Forgiveness Scale, Forgiveness

Likelihood Scale), rumination (Ruminative Response Scale), and depression (Center for Epidemiologic Studies—Depressed Mood Scale). These measures are described below.

Demographic/background information. Participants completed demographic questions pertaining to age, race, gender, education level, and religious affiliation (Appendix A).

Self-compassion. The Self-Compassion Scale (SCS), developed by Neff (2003a), was used to measure the components of self-compassion (Appendix B). The SCS consists of 26 Likert-type items with responses ranging from 1 ("*almost never*") to 5 ("*almost always*"). The SCS is comprised of six subscales which include the 5-item self-kindness subscale (e.g., "I try to be loving towards myself when I'm feeling emotional pain"), the 5-item self-judgment subscale (e.g., "I am disapproving and judgmental about my own flaws and inadequacies"), the 4-item common humanity subscale (e.g., "When things are going badly for me, I see the difficulties as part of life that everyone goes through"), the 4-item perceived isolation subscale (e.g., "When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world"), the 4-item mindfulness subscale (e.g., "When something upsets me I try to keep my emotions in balance"), and the 4-item over-identification subscale (e.g., "When I'm feeling down I tend to obsess and fixate on everything that's wrong"). When tested in empirical studies, the SCS exhibits good internal reliability (consistently above .90) and test-retest reliability (.93 over a three-week interval; Neff, 2003a). Convergent validity for the SCS is also strong, with self-reported scores substantially overlapping with observer reports completed by romantic partners and therapists (Neff, 2006; Neff et. al., 2007). The SCS shows no significant correlation with social desirability. Higher scores on the SCS indicate higher levels of self-compassion.

Forgiveness. The Forgiveness Scale was utilized to measure forgiveness toward a particular offender (Rye, Loiacono, Folck, Olszewski, Heim & Madia, 2001, Appendix C). This scale consists of 15 Likert-type items with response possibilities ranging from 1 (*strongly*

disagree) to 5 (*strongly agree*). Factor analyses of the Forgiveness Scale revealed a two-factor

solution (Rye et al., 2001). One factor contains items relating to the presence of negative

thoughts, feelings, and behaviors (e.g. "I can't stop thinking about how I was wronged by this

person"), while the second factor describes items concerning the presence of positive thoughts,

feelings, and behaviors toward the wrongdoer (e.g., "I wish for good things to happen to the

person who wronged me"). Cronbach's alpha was adequate for both the Absence of Negative

factor (.86) and the Presence of Positive factor (.85, Rye et al., 2001). Cronbach's alpha for the

entire scale was also adequate (.87, Rye et al., 2001). The test-retest reliability was calculated

with an average of 15.2 days between administrations and was .76 for both factors, and .80 for the

entire scale (Rye et al., 2001). Higher scores on the Forgiveness Scale indicate more forgiveness

toward the offender.

The Forgiveness Likelihood Scale was utilized to measure the tendency to forgive across

situations (Rye et al., 2001, Appendix D). This scale contains different scenarios that depict a

variety of types of wrongdoings (e.g., infidelity, slander, theft). This scale consists of 10 Likert-

type items designed to determine the likelihood that the participant is willing to forgive the

offender. Response possibilities range from 1 (*Not at all likely*) to 5 (*Extremely likely*). Sample

items include "A family member humiliates you in front of others by sharing a story about you

that you did not want anyone to know. What is the likelihood that you would choose to forgive

the family member?" and "A stranger breaks into your house and steals a substantial sum of

money from you. What is the likelihood that you would choose to forgive the stranger?" Factor

analyses for the Forgiveness Likelihood Scale revealed a one-factor solution (Rye et al., 2001).

Cronbach's alpha was adequate (.85) and test-retest reliability, over an average of 15.2 days, was

.81 (Rye et al., 2001). The Forgiveness Likelihood Scale was also significantly correlated with

the Enright Forgiveness Inventory (Rye et al., 2001). Higher scores on the Forgiveness

Likelihood Scale reflect higher levels of forgiveness.

Rumination. The Ruminative Response Scale (RRS) (Nolen-Hoeksema & Morrow, 1991; Treynor, Gonzalez, & Nolen-Hoeksema, 2003; Appendix F) was used to assess dispositional tendency to ruminate. The RRS consists of 22 possible responses to sad mood that are focused on the self, on one's symptoms, and on the possible causes and effects of the mood state. Examples of such items are: "Think 'why do I have problems other people don't have,'" "Think about how hard it is to concentrate," and "Think 'why can't I get going'?" Participants rated the responses on a scale ranging from 1 (*almost never respond in this way*) to 4 (*almost always respond in this way*). The individual items were summed to obtain a total RRS score. In previous studies, the RRS has achieved high inter-rater reliability, Cronbach's alpha .90 (Nolen-Hoeksema et al., 1994), a test-retest correlation of .67 over a two-year period (Treynor et al., 2003) and satisfactory convergent and predictive validity (Nolen-Hoeksema & Morrow, 1991; Nolen-Hoeksema et al., 1994, Treynor et al., 2003). Higher scores on the RRS indicate higher levels of rumination.

Depression. Radloff's (1977, Appendix G) 20 item Center for Epidemiological Studies—Depressed Mood Scale (CES-D) scale was used to measure depressive symptomatology. Participants were instructed to indicate how often they felt or behaved in a certain way during the past week. Sample items include "I was bothered by things that usually don't bother me," and "I felt everything I did was an effort." This scale uses a Likert-type format to assess response, with response possibilities ranging from 1 (*Rarely or none of the time (<1 day)*) to 4 (*Most or all of the time*). Radloff (1977) found that the CES-D has very good internal consistency with Cronbach's alpha of .85 using a general population and .90 using a psychiatric population. Split-half and Spearman-Brown reliability coefficients range from .77 to .92. The CES-D has fair test-retest reliability that ranges from .51 to .67 (tested over two to eight weeks) and .32 to .54 (tested over 3 months to a year) (Radloff, 1977). The CES-D has excellent concurrent validity, correlating

significantly with a number of other depression and mood scales (Radloff, 1977). Higher scores on the CES-D reflect higher depressive symptomatology.

Procedure

Participants (*n= 96*) were recruited through undergraduate courses, most received course credit for their participation, however, a small percent received extra credit. Participants were randomly assigned to complete one of two versions of questionnaire packets. Questionnaires were counter-balanced with two different orders; both versions began with demographic questions. In the first version, the self-compassion measure appeared first, followed by forgiveness measures, rumination, and depression. In the second version, the forgiveness measures appeared first followed by the self-compassion measure, rumination, and depression. Prior to distributing the questionnaire packet, the researcher explained the instructions, confidentiality, and that the researcher will be available for any questions during or following the study. An informed consent form (Appendix H) was provided to explain that participation in the study was voluntary and could be withdrawn at any time. All participants signed their name on an informed consent form, indicating their willingness to participate. Participants were told that the purpose of the study is to better understand the relationships between compassion, mood, and forgiveness. The researcher asked participants to complete the packet of questionnaires and will be assured that all information will remain confidential. Confidentiality was maintained by requesting that participants refrain from putting their names on the questionnaire packet. After completion of the questionnaire packet, participants received a form (Appendix I) debriefing them about the study, and were given credit for their participation.

CHAPTER III

RESULTS

Preliminary Analyses

Means, standard deviations, and Cronbach alphas were computed for all major study variables (see Table 2). Cronbach alphas were acceptable, range = .62-.92, for all measures. Participants completed a questionnaire pertaining to the context of a wrongdoing they have experienced (see Table 3). The nature of the offenses consisted of: failure to follow through on an obligation (70.5%), being lied to (62.5%), being called names/unkindness (56.3%), "other" (38.9%), being gossiped about (33.3%), being cheated on (17.7%), being physically harmed (17.0%), and being stolen from (6.4%). The percentages for these offenses add to more than 100%, as participants often cited more than one type of offense. Participants were most often offended by a friend (47.4%), followed by a romantic partner (26.3%), a family member or relative (21.1%), a stranger (2.1%), "other" (2.1%), and an acquaintance (1.1%); two participants indicated an offender other than these categories.

For continuous variables pertaining to wrongdoing, means were computed (see Table 3). The amount of time since the offences occurred ranged from 0 to 10.5 years, $M=1.95$, $SD=2.12$. On a scale from 1 to 4, 1 indicating no harm at all and 4 indicating very harmful, participants provided ratings for offense severity, $M=2.80$, $SD=.76$.

Hypothesis 1

Hypothesis 1 stated that rumination will mediate the relationship between self-compassion and depression. In testing this hypothesis, correlations were computed to show how mental health variables related to each other. These variables included: self-compassion subscales (i.e. common humanity, mindfulness, self-judgment, isolation, over identification, and self-kindness), self-compassion total, rumination, and depression (See Table 4). Self-compassion subscales were correlated significantly with each other as expected. Self-compassion total was significantly correlated with rumination, $r = -.59$, and depression, $r = -.37$. Rumination and depression were also significantly correlated, $r = .52$.

These results enabled a test for mediation (Baron & Kenny, 1982). A stepwise regression of depression on self-compassion and rumination showed that self-compassion no longer predicted depression significantly, $p > .10$, yet rumination did, $\beta = .47$, $p < .001$. The Sobel (1982) test was employed and indicated that rumination, $z = 4.61$, $p < .001$, was a significant mediator of the influence of self-compassion on depression (β for self-compassion dropped from -.37 to -.10).

The above mediation was also examined using the self-compassion subscale "isolation" in place of self-compassion total. The isolation subscale was chosen because it showed the strongest relationship to both rumination, $r = .62$, $p < .001$, and depression, $r = .50$, $p < .001$. A stepwise regression of depression on self-compassion (isolation) and rumination showed that both self-compassion (isolation), $\beta = .28$, $p < .05$, and rumination $\beta = .35$, $p < .01$, predicted depression significantly. Therefore, self-compassion (isolation) and rumination independently predicted depression significantly. No other self-compassion subscales predicted depression significantly when controlling for rumination.

Hypothesis 2

Hypothesis 2 states that self-compassion will be positively related to forgiveness of others. Self-compassion total correlated with forgiveness. Among the subscales, mindfulness and self-kindness correlated with forgiveness (see Table 5). To explore possible combinations, I grouped mindfulness, self-kindness, and common humanity into one variable called self-compassion (positive). Likewise, I grouped self-judgment, isolation, and over-identification into another variable called self-compassion (negative). Two of the three self-compassion (positive) subscales (mindfulness, $r = .22$, self-kindness, $r = .21$) correlated with forgiveness. Forgiveness correlated with both self-compassion (positive), $r = .23$, $p < .05$ and self-compassion (negative), $r = -.21$, $p < .05$. A simultaneous regression of forgiveness on self-compassion (positive) and self-compassion (negative) showed that neither correlated significantly and independently from the other in predicting forgiveness, suggesting that forgiveness does not relate differently to the positive and negative scales of self-compassion.

Explorations of Self-Compassion, Depression, and Forgiveness

To explore the relationship between self-compassion, depression, and forgiveness, I compiled an analysis of the previously discussed findings. As mentioned, self-compassion (total) correlated with depression and forgiveness. Depression also correlated slightly with forgiveness. A simultaneous regression showed that self-compassion (total) predicted depression significantly, $\beta = -.33$, $p = .001$, and there was a trend to predict depression ($\beta = -.18$, $p = .06$). In other words, self-compassion and forgiveness are marginally independent predictors of depression. However, when adding rumination to the model, it alone predicted depression significantly, $\beta = .44$, $p < .001$.

CHAPTER IV

DISCUSSION

This study was intended to explore and describe specific components of self-compassion and how they relate to affect and forgiveness. Overall, the findings of this study suggest that lower levels of self-compassion relate to higher levels of depression. However, when rumination is introduced, self-compassion is quickly overpowered by rumination in its ability to predict depression. Conversely, aspects of well-being found in the construct of self-compassion (mindfulness and self-kindness) were found to be strongly related to forgiveness, a measure of well-being. Focus on well-being is important both clinically and to further research. This research is yet another example of how focusing on branches of Positive Psychology continues to be a promising direction in terms of mental health.

Hypothesis 1 analyzed the relationship between self-compassion, rumination, and depression, predicting that rumination will mediate the relationship between self-compassion and depression. This hypothesis was supported; rumination was a significant mediator of the influence of self-compassion on depression. One possible explanation is that self-compassion is more a measure of positive psychology (Frederickson 1998; Neff, 2007) and thus is more likely to correspond to measures of the presence of well-being such as happiness, optimism, and adaptive thinking. In contrast, rumination is a measure of the more traditional approach to psychological health (Nolen-Hoeksema & Morrow, 1993), which assesses the absence of well-

being and corresponds more to phenomena such as depression. Perhaps, higher levels of rumination predict higher levels of depression because maladaptive mental health predicts maladaptive mental health better than measure of the presence of well-being (self-compassion) can.

For decades, researchers such as Jordan (1989, 1991a, 1991b) have found that individuals who feel emotionally connected to others recognize their similarity to others and are more equipped to be patient with their own transgressions as well as the transgressions of others. The present study expanded upon this robust research by testing the relationship between self-compassion and forgiveness of others (Hypothesis 2). It was found that self-compassion, as an aggregate, correlated with forgiveness. When self-compassion was broken down further into "positive" and "negative" subcategories, they were both slightly related to forgiveness of others. However, neither "positive" nor "negative" subscales independently predicted forgiveness of others. This research went a bit further by noting that specific positive constructs of self-compassion (mindfulness and self-kindness) were most closely related to forgiveness of others. This seems to suggest not only that measures of well-being are often related to each other, but also that specifically mindfulness and self-kindness are two integral parts involved in forgiveness. This is similar to research by Frederickson (2004) who found that positive emotions broaden peoples' attention to subsequent positive events and undo lingering feelings of negativity.

Interestingly, as stated above, a study by Hodgson and Wertheim (2007) suggested that self-forgiveness and forgiveness of others were not related. Because self-compassion, specifically the positive subscales, were found to be related to forgiveness of others in the present study, it may help substantiate that self-forgiveness and self-compassion are distinctly different constructs. Because the purpose of this study was correlational, no causal stance is taken with regards to how self-compassion should be interpreted. This study does, however, verify self-compassion as a robust measure, investigate the various possibilities and dimensions of self-

compassion, and illuminate potential strengths and weaknesses which will aid in future research. For the purposes of this study, it was found to be pragmatic and educational to explore self-compassion as a whole and broken down into subscales.

Study Limitations and Future Research

Several limitations should be considered when interpreting this study. First, the findings of this study should not be generalized to the general population, as the sample was a non-clinical, college undergraduate sample. Participants were relatively young (18-23), predominately Caucasian (85.4%), and mostly female (69.4%). Future research is needed to examine the relationship between self-compassion, rumination, depression, and forgiveness among more diverse samples. Also, as mentioned above, future research should focus on self-compassion and potential relationships to other measures of well-being. Another limitation is the study's correlational cross-sectional nature. This design limits the degree to which causal relationships can be inferred. It is important to interpret mediational results of cross-sectional data with caution. With this said, this study was modeled on empirical investigations that provide support for the mediational model employed.

This research has clinical relevance. One implication of this research is that merging Eastern and Western approaches to psychological well-being are stronger when integrated than alone. It would be worthwhile to study self-compassion within the context of how it can improve mental health, as well as how it can increase psychological well-being. The current system of managed care in the West is based upon quick diagnosis and focuses attempts at decreasing and extinguishing negative mental health symptoms. However, as positive psychology constructs such as self-compassion prove to be robust predictors of well-being, it is important that clinicians actively employ these constructs and focus on increasing positive mental health. It is my hope that future studies will continue to show how practicing self-compassion is very effective in

increasing positive mental health; therefore, mastering self-compassion is clinically pertinent and should not only be taken seriously, but should be integrated into clinical practice. Given these clinical implications, it would be helpful for more research to be dedicated to specific, measureable practices that increase levels of self-compassion so that these practices can be taught to clinicians and integrated into widespread clinical practice.

Appendix A

Directions: Please answer the following questions about yourself as accurately as possible. All information provided will remain confidential. Please do not put your name on this questionnaire.

1. Age: _____

2. Gender: _____ Male   _____ Female
                    (0)   (1)

3. Race: _____ African-American   _____ American Indian
                    (1)   (2)

    _____ Asian or Pacific Islander   _____ Caucasian
            (3)   (4)

    _____ Latino(a)   _____ Other
            (5)   (6)

4. Religious affiliation:

    _____ Catholic   _____ Protestant
            (1)   (2)

    _____ Muslim   _____ Jewish
            (3)   (4)

    _____ Other
            (5)

5. Current year in school (please select one only):

    _____ First year   _____ Sophomore
            (1)   (2)

    _____ Junior   _____ Senior
            (3)   (4)

    _____ Other (please specify) _____
            (5)

Appendix B

RATE YOUR SELF-COMPASSION LEVEL

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. I'm disapproving and judgmental about my own flaws and inadequacies.

_____ 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.

_____ 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.

_____ 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.

_____ 5. I try to be loving towards myself when I'm feeling emotional pain.

_____ 6. When I fail at something important to me I become consumed by feelings of inadequacy.

_____ 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.

_____ 8. When times are really difficult, I tend to be tough on myself.

_____ 9. When something upsets me I try to keep my emotions in balance.

_____ 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 intolerant and impatient towards those aspects of my personality I don't like.

_____ 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.

_____ 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.

_____ 14. When something painful happens I try to take a balanced view of the situation.

_____ 15. I try to see my failings as part of the human condition.

Almost   **Almost**
never   **always**

1	2	3	4	5

_____ 16. When I see aspects of myself that I don't like, I get down on myself.

_____ 17. When I fail at something important to me I try to keep things in perspective.

_____ 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.

_____ 19. I'm kind to myself when I'm experiencing suffering.

_____ 20. When something upsets me I get carried away with my feelings.

_____ 21. I can be a bit cold-hearted toward myself when I'm experiencing suffering.

_____ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.

_____ 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.

Coding

Self-Kindness (SK) Items:	Self-Judgment (SJ) Items:
#5 ____	#1 ____
#12 ____	#8 ____
#19 ____	#11 ____
#23 ____	#16 ____
#26 ____	#21 ____
SK Sub-total of items: ____	SJ Sub-total of items: ____
SK Mean (divide sub-total by 5): ____	SJ Mean (divide sub-total by 5): ___
Common Humanity (CH) Items:	Isolation (I) Items:
#3 ____	#4 ____
#7 ____	#13 ____
#10 ____	#18 ____
#15 ____	#25 ____
CH Sub-total of items: ____	I Sub-total of items: ____
CH Mean (divide sub-total by 4): ____	I Mean (divide sub-total by 4): ____
Mindfulness (M) Items:	Over-Identification (OI) Items:
#9 ____	#2 ____
#14 ____	# 6 ____
#17 ____	#20 ____
#22 ____	#24 ____
M Sub-total of items: ____	OI Sub-total of items: ____
M Mean (divide sub-total by 4): ____	OI Mean (divide sub-total by 4):___

Total Self-Compassion Score:

1. Reverse code (rc) the negatively worded subscales (SJ, I and OI) by subtracting each mean from 6.

    6-SJ mean = _____   6-I mean = _____   6-OI mean =_____

2. Add the six means: SK____ +
    SJ(rc)____+CH____+I(rc)____+M____+OI(rc)____=___

3. Calculate Grand Self-Compassion Mean (total mean divided by 6) = _____

4. Score interpretations: Average scores tend to be around 3.0 on the 1-5 scale, so you can interpret your total self-compassion score accordingly. As a rough guide, a score of 1-2.5 indicates you are low in self-compassion, 2.5-3.5 indicates you are moderate, and 3.5-5.0 means you are high. Remember that higher means for the SJ, I, and OI subscales indicate *less* self-compassion before reverse-coding and *more* self-compassion after reverse-coding.

Appendix C

Think of a time in which you were wronged or mistreated by <u>someone else</u>. (If more than one person comes to mind, select one person whose actions had a negative affect on you.)

    1)   What is/was your relationship to the person who wronged you (check one)?

            (1) romantic partner

            (2) friend

            (3) family member

            (4) acquaintance

            (5) stranger

            (6) co-worker

Indicate the nature of the other person's hurtful actions by answering yes or no for ALL of the questions below.

Yes	No	
(0)	(1)	
___	___	2) This person lied to me.
___	___	3) This person spread gossip about me.
___	___	4) This person cheated on me.
___	___	5) This person failed to follow through on his/her obligation(s) to me.
___	___	6) This person called me names or used unkind words.
___	___	7) This person physically harmed me.
___	___	8) This person stole from me.
___	___	9) Other (not listed above).

10) Write in how long ago the actions described above occurred. Write a response for each blank. For example, if it happened 3 months ago, write "0" in the years space, and "3" in the months space.

        _____ number of years   _____ number of months

11) In your opinion, how harmful was the mistreatment or wrongdoing that this person committed against you?

Not at all harmful	Somewhat harmful	Moderately harmful	Very harmful
1	2	3	4

THE FORGIVENESS SCALE

Think of how you have responded to the person who has wronged or mistreated you. Indicate the degree to which you agree or disagree with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	5	4	3	2	1
1. I can't stop thinking about how I was wronged by this person.	5	4	3	2	1
2. I wish for good things to happen to this person.	5	4	3	2	1
3. I spend time thinking about ways to get back at the person who wronged me.	5	4	3	2	1
4. I feel resentful toward the person who wronged me.	5	4	3	2	1
5. I avoid certain people and/or places because they remind me of the person who wronged me.	5	4	3	2	1
6. I pray for the person who wronged me.	5	4	3	2	1
7. If I encountered the person who wronged me I would feel at peace.	5	4	3	2	1
8. This person's wrongful actions have kept me from enjoying life.	5	4	3	2	1
9. I have been able to let go of my anger toward the person who wronged me.	5	4	3	2	1
10. I become depressed when I think of how I was mistreated by this person.	5	4	3	2	1
11. I think that many of the emotional wounds related to this person's wrongful actions have been healed.	5	4	3	2	1
12. I feel hatred whenever I think about the person who wronged me.	5	4	3	2	1
13. I have compassion for the person who wronged me.	5	4	3	2	1
14. I think my life is ruined because of this person's wrongful actions.	5	4	3	2	1
15. I hope the person who wronged me is treated fairly by others in the future.	5	4	3	2	1

Appendix D

FORGIVENESS LIKELIHOOD SCALE

Imagine the scenarios below happened to you. Based on the information provided, consider the likelihood that you would choose to forgive the person. Then, circle the response that is most true for you. In addition, rate the severity of the scenario if it were to happen to you.

1. You share something embarrassing about yourself to a friend who promises to keep the information confidential. However, the friend breaks his/her promise and proceeds to tell several people. What is the likelihood that you would choose to forgive your friend?

Extremely	Fairly	Somewhat	Slightly	Not at all
Likely	Likely	Likely	Likely	Likely
5	4	3	2	1

2. One of your friends starts a nasty rumor about you that is not true. As a result, people begin treating you worse that they have in the past. What is the likelihood that you would choose to forgive your friend?

Extremely	Fairly	Somewhat	Slightly	Not at all
Likely	Likely	Likely	Likely	Likely
5	4	3	2	1

3. Your significant other has just broken up with you, leaving you hurt and confused. You learn that the reason for the break up is that your significant other started dating a good friend of yours. What is the likelihood that you choose to forgive your significant other?

Extremely	Fairly	Somewhat	Slightly	Not at all
Likely	Likely	Likely	Likely	Likely
5	4	3	2	1

4. A family member humiliates you in front of others by sharing a story about you that you did not want anyone to know. What is the likelihood that you would choose to forgive the family member?

Extremely	Fairly	Somewhat	Slightly	Not at all
Likely	Likely	Likely	Likely	Likely
5	4	3	2	1

5. Your significant other has a "one night stand" and becomes sexually involved with someone else. What is the likelihood that you would choose to forgive your significant other?

Extremely	Fairly	Somewhat	Slightly	Not at all
Likely	Likely	Likely	Likely	Likely
5	4	3	2	1

6. Your friend has been talking about you behind your back. When you confront this person he/she denies it, even though you know that he/she is lying. What is the likelihood that you would choose to forgive your friend?

Extremely Likely	Fairly Likely	Somewhat Likely	Slightly Likely	Not at all Likely
5	4	3	2	1

7. A friend borrows your most valued possession, and then loses it. The friend refuses to replace it. What is the likelihood that you would choose to forgive your friend?

Extremely Likely	Fairly Likely	Somewhat Likely	Slightly Likely	Not at all Likely
5	4	3	2	1

8. You tell an acquaintance about a job that you hope to be hired for. Without telling you, the acquaintance applies and gets the job for him/herself. What is the likelihood that you would choose to forgive your acquaintance?

Extremely Likely	Fairly Likely	Somewhat Likely	Slightly Likely	Not at all Likely
5	4	3	2	1

9. A stranger breaks into your house and steals a substantial sum of money from you. What is the likelihood that you would choose to forgive the stranger?

Extremely Likely	Fairly Likely	Somewhat Likely	Slightly Likely	Not at all Likely
5	4	3	2	1

10. You accept someone's offer to attend a formal dance. However, this person breaks their commitment to take you and goes to the event with someone who they find more attractive. What is the likelihood that you would choose to forgive this person?

Extremely Likely	Fairly Likely	Somewhat Likely	Slightly Likely	Not at all Likely
5	4	3	2	1

Appendix E

Questionnaire Measure of Empathic Tendency

Please indicate the degree to which you agree with the following statements.

	Strongly Agree								Strongly Disagree
	(1)								(9)
1. It makes me sad to see a lonely stranger in a group.	1	2	3	4	5	6	7	8	9
2. People make too much of the feelings and sensitivity of animals.	1	2	3	4	5	6	7	8	9
3. I often find public displays of affection annoying.	1	2	3	4	5	6	7	8	9
4. I am annoyed by unhappy people who are just sorry for themselves.	1	2	3	4	5	6	7	8	9
5. I become nervous if others around me seem to be nervous.	1	2	3	4	5	6	7	8	9
6. I find it silly for people to cry out of happiness.	1	2	3	4	5	6	7	8	9
7. I tend to get emotionally with a friend's problems.	1	2	3	4	5	6	7	8	9
8. Sometimes the words of a love song can move me deeply.	1	2	3	4	5	6	7	8	9
9. I tend to lose control when I am bringing bad news to people.	1	2	3	4	5	6	7	8	9
10. The people around me have a great influence on my moods.	1	2	3	4	5	6	7	8	9
11. Most foreigners I have met seem cool and unemotional.	1	2	3	4	5	6	7	8	9
12. I would rather be a social worker than work in a job training center.	1	2	3	4	5	6	7	8	9
13. I don't get upset just because friend is acting upset.	1	2	3	4	5	6	7	8	9

	Strongly Agree								Strongly Disagree
	(1)								(9)
14. I like to watch people open presents.	1	2	3	4	5	6	7	8	9
15. Lonely people are probably unfriendly.	1	2	3	4	5	6	7	8	9
16. Seeing people cry upsets me.	1	2	3	4	5	6	7	8	9
17. Some songs make me happy.	1	2	3	4	5	6	7	8	9
18. I really get involved with the feelings of the characters in a novel.	1	2	3	4	5	6	7	8	9
19. I get very angry when I see someone being ill-treated.	1	2	3	4	5	6	7	8	9
20. I am able to remain calm even though those around me worry.	1	2	3	4	5	6	7	8	9
21. When a friend starts to talk about his problems, I try to steer the conversation to something else.	1	2	3	4	5	6	7	8	9
22. Another's laughter is not catching for me.	1	2	3	4	5	6	7	8	9
23. Sometimes at the movies I am amused by the amount of crying and sniffling around me.	1	2	3	4	5	6	7	8	9
24. I am able to make decisions without being influenced by people's feelings.	1	2	3	4	5	6	7	8	9
25. I cannot continue to feel OK if people around me are depressed.	1	2	3	4	5	6	7	8	9
26. It is hard for me to see how some things upset people so much.	1	2	3	4	5	6	7	8	9
27. I am very upset when I see an animal in pain.	1	2	3	4	5	6	7	8	9
28. Becoming involved in books or movies is a little silly.	1	2	3	4	5	6	7	8	9

	Strongly Agree (1)								Strongly Disagree (9)
29. It upsets me to see helpless old people.	1	2	3	4	5	6	7	8	9
30. I become more irritated than sympathetic when I see someone's tears.	1	2	3	4	5	6	7	8	9
31. I become very involved when I watch a movie.	1	2	3	4	5	6	7	8	9
32. I often find that I can remain cool in spite of the excitement around me.	1	2	3	4	5	6	7	8	9
33. Little children sometimes cry for no reason.	1	2	3	4	5	6	7	8	9

Appendix F

RUMATIVE RESPONSE SCALE

Please indicate how often you respond in the following manner:

	I Almost Never Respond This Way		I Almost Always Respond This Way	
	1	**2**	**3**	**4**
1. Think about how alone you feel	1	2	3	4
2. Think "I won't be able to do my job I don't snap out of this."	1	2	3	4
3. Think about your feelings of fatigue and achiness.	1	2	3	4
4. Think about how hard it is to concentrate.	1	2	3	4
5. Think "What am I doing to deserve this?"	1	2	3	4
6. Think about how passive and unmotivated you feel.	1	2	3	4
7. Analyze recent events to try to understand why you are depressed.	1	2	3	4
8. Think about how you don't seem to feel anything anymore.	1	2	3	4
9. Think "Why can't I get going?"	1	2	3	4
10. Think "Why do I always react this way?"	1	2	3	4
11. Go away by yourself and think about why you feel this way.	1	2	3	4
12. Write down what you are thinking and analyze it.	1	2	3	4
13. Think about a recent situation, wishing it had gone better.	1	2	3	4
14. Think "I won't be able to concentrate if I keep feeling this way."	1	2	3	4

	I Almost Never Respond This Way		I Almost Always Respond This Way	
	1	**2**	**3**	**4**
15. Think "Why do I have problems other people don't have?"	1	2	3	4
16. Think "Why can't I handle things better?"	1	2	3	4
17. Think about how sad you feel.	1	2	3	4
18. Think about all your shortcomings, failings, faults, mistakes.	1	2	3	4
19. Think about how you don't feel up to doing anything.	1	2	3	4
20. Analyze your personality to try to understand why you are depressed.	1	2	3	4
21. Go someplace alone to think about your feelings.	1	2	3	4
22. Think about how angry you are with yourself.	1	2	3	4

Appendix G

CENTER FOR EPIDEMIOLOGIC STUDIES—DEPRESSED MOOD SCALE

Using the scale below, indicate the number which best describes how often you felt or behaved this way—
DURING THE PAST WEEK.

1 = Rarely or none of the time (less than 1 day)

2 = Some or a little of the time (1-2 days)

3 = Occasionally or a moderate amount of the time (3-4 days)

4 = Most or all of the time (5-7 days)

DURING THE PAST WEEK:

___ 1. I was bothered by things that usually don't bother me.

___ 2. I did not feel like eating; my appetite was poor.

___ 3. I felt that I could not shake off the blues even with help from my family or friends.

___ 4. I felt that I was just as good as other people.

___ 5. I had trouble keeping my mind on what I was doing.

___ 6. I felt depressed.

___ 7. I felt that everything I did was an effort.

___ 8. I felt hopeful about the future.

___ 9. I thought my life had been a failure.

___ 10. I felt fearful.

___ 11. My sleep was restless.

___ 12. I was happy.

___ 13. I talked less than usual.

___ 14. I felt lonely.

___ 15. People were unfriendly.

___ 16. I enjoyed life.

___ 17. I had crying spells.

___ 18. I felt sad.

___ 19. I felt that people disliked me.

___ 20. I could not get "going."

Appendix H

[Informed consent for The Relationship between Self-Compassion and the Forgiveness of Others]

Project Title:	Positive emotions toward self and others
Investigator(s):	Ashley Skoda and Mark S. Rye, Ph.D.
Description of compassion, Study:	Participants will complete several questionnaires relating to self-empathy, rumination, depression, and forgiveness.
Adverse Effects recount and Risks:	Minimal adverse effects are anticipated. However, you will be asked to an incident in which you were wronged by someone else. You will also be asked to answer questions regarding your mood. These questions could possibly elicit negative emotions. Students who are experiencing distress are encouraged to schedule a free and confidential appointment at the university counseling center at 937.229.3141.
Duration of Study:	You will spend approximately 1 hour completing the questionnaire.
Confidentiality of Data:	Your name will be kept separate from the data. Both your name and the date will be kept in a locked room. Only members of the research team will have access to data. Your name will not be revealed in any document resulting from this study. Your responses will remain confidential.
Contact Person:	If you have questions or concerns regarding the study, you can contact Ashley Skoda at (330.607.6375) skodaasm@notes.udayton.edu or Mark Rye, Ph.D. at (937.229.2160) mark.rye@notes.udayton.edu. If you have questions or concerns about your rights as a research participant, you can contact the chair of the Psychology Department Research Review and Ethics Committee, Greg Elvers, Ph.D. at (937.229.2171) greg.elvers@notes.udayton.edu.
Consent to Participate:	I have voluntarily decided to participate in this study. The investigator named above has adequately answered any and all question I have about this study, the procedures involved, and my participation. I understand that the investigator named above will be available to answer any questions about research procedures throughout this study. I also understand that I may voluntarily terminate my participation in this study at any time and still receive full credit. I also understand that the investigator named above may terminate my participation in this study if s/he feels this to be in my best interest. In addition, I certify that I am 18 (eighteen) years of age or older.

_____

Signature of Student   Student's Name (printed)   Date

_____

Signature of Witness   Date

Appendix I

Debriefing Form

Information about the study

The purpose of this study was to investigate the relationship between self-compassion, depression, and forgiveness of others. Studies have shown that individuals high in self-compassion are high in overall positive mental health (Neff, 2003; Neff, Hsieh, and Dejitterat, 2005; Neff, Kirkpatric, and Rude, 2006; 2007), and low in depression (Neff, Pisitungkagarn, and Hsieh, 2008).

This study was designed to replicate and extend the findings cited above. The research that you participated in set out to test the hypothesis that rumination mediates (causes) the relationship between self-compassion and depression. Specifically, that self-compassionate individuals are less likely ruminate about a transgression and therefore are less likely to be depressed. This research is also testing the hypothesis that self-compassion is positively related to forgiveness of others; specifically, this study will test the hypothesis that a perception of common humanity best predicts forgiveness of others. For further information about this area of research, see the following references.

Neff, K.D. (2003). Self-compassion: An alternative conceptualization to a healthy attitude toward oneself. *Self and Identity. 2,* 85-101.

Hodgson, L.K., Wertheim, E.H. (2007). Does good emotion management aid forgiving? Multiple dimensions of empathy, emotion management, and forgiveness of self and others. *Journal of Social and Personal Relationships. 24* (6), 931-949.

Assurance of privacy

We are seeking general principles of behavior and are not evaluating you personally in any way. Your responses will be confidential and your responses will only be identified by a participant number in the data set along with other participants' numbers. However, confidentiality may be broken if you express threats to harm yourself or others.

Contact Information

If you have questions or concerns regarding the study, you can contact Ashley Skoda at (330.607.6375) skodaasm@notes.udayton.edu or Mark Rye, Ph.D. at (937.229.2160) mark.rye@notes.udayton.edu. If you have questions or concerns about your rights as a research participant, you can contact the chair of the Psychology Department Research Review and Ethics Committee, Greg Elvers, Ph.D. at (937.229.2171) greg.elvers@notes.udayton.edu.

Mental health resource

If you are currently experiencing negative feelings, or are having difficulty coping with your actions or the actions of others, we encourage you to contact the UD counseling center (937.229.3141). The counseling center provides free and confidential service to students and can be reached 24 hours a day.

Thank you very much for your participation in this study!

REFERENCES

Ardelt, M. (2003). Empirical assessment of a Three-Dimensional Wisdom Scale. *Research on Aging, 25,*275-324.

Bauer, J. J., & Wayment, H. A. (2008). The psychology of the quiet ego. In H. A. Wayment & J.J. Bauer (Eds). Transcending Self-Interest: Psychological Perspectives on the Quiet Ego, pp. 3-19. Washington, D.C.: American Psychological Association Books.

Bennett-Goleman, T. (2001). Emotional alchemy: How the mind can heal the heart. New York: Three Rivers Press.

Berger, E.M. (1952). The relation between expressed acceptance of self and expressed acceptance of others. *Journal of Abnormal Psychology, 47,* 561-671.

Berry, J.W., Worthington, E.L., O'Connor, L.E., Parrott, L., & Wade, N.G. (2005). Forgiveness, vengeful rumination and affective traits. *Journal of Personality, 73* (1), 183-225.

Fernando, Suman (2003) Psychiatry and mental health from a Transcultural perspective in

Fernando, Suman (2003) *Cultural Diversity, Mental Health and Psychiatry: the struggle against racism.* Brunner- Routeledge, New York.

Fredrickson, B. L. (1998). What good are positive emotions? *Review of General Psychology. (2)*300-3.

Fredrickson, B. L. (2000). Cultivating positive emotions to optimize health and well-being. Prevention and treatment.

Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory. *American Psychology. (5).* 218-226.

Fredrickson, B. L. (2004). The broaden-and-build theory of positive emotions. *Positive Emotions. 359.* 1367-1377.

Goldstein, J., & Kornfield, J. (1987). *Seeking the heart of wisdom: The path of insight meditation.* Boston: Shambahla.

Greenberg, L. S. (1983). Toward a task analysis of conflict resolution in Gestalt Therapy. *Psychotherapy: Theory, Research and Practice, 20* (2), 190-201.

Greenberg, L. S. (1992). Task analysis: identifying components of intrapersonal conflict resolution. In S.G. Toukmanian & D. L. Rennie (Eds.), *Psychotherapy process research.* Newbury Park: Sage.

Hodgson, L.K., Wertheim, E.H. (2007). Does good emotion management aid forgiving? Multiple dimensions of empathy, emotion management and forgiveness of self and others. *Journal of Social and Personal Relationships. 24* (6), 931-949.

Ingersoll-Dayton, B., & Krause, N. (2005). Self-forgiveness: A component of mental health in later life. Research on Aging, 27 (3), 267-289.

Jordan, J.V. (1989). Relational development: Therapeutic implications of empathy and shame. *Work in Progress, No. 39.* Wellesley, MA: Stone Center Working Paper Series.

Jordan, J.V. (1991a). Empathy and self-boundaries. In J.V. Jordan, A.G. Kaplan, J.B. Miller, I.P. Stiver, & J.L. Surrey (eds.), *Women's growth in connection: Writings from the Stone Center* (pp. 67-80). New York: Guilford.

Jordan, J.V. (1991b). Empathy, mutuality and therapeutic change: Clinical implications of a
relational model. In J.V. Jordan et al. (Eds.), *Women's growth in connection: Writings
from the Stone Center* (pp. 283-290). New York: Guilford.

Jordan, J.V. (Ed). (1997). *Women's growth in diversity: More writings from the Stone center.*
New York: Guilford.

Jordan, J.V., Kaplan, A.G., Miller, J.B., Stiver, I.P., & Surrey, J.L. (Eds.). (1991). *Women's
growth in connection: Writings from the Stone center.* New York: Guilford.

Kabat-Zinn, J. (1982). "An out-patient program in behavioral medicine for chronic pain patients
based on the practice of mindfulness meditation: Theoretical considerations and
preliminary results." *General Hospital Psychiatry*, 4, 33-47.

Kabat-Zinn, J. (1994). *Wherever you go there you are.* New York: Hyperion.

Langer, E..J. (1989). Mindfulness. Reading, MA: Addison-Wesley.

Macaskill, A., Maltby, J., Day, L. (2002). Forgiveness of self and others and emotional empathy.
Journal of Social Psychology. 142 (5), 166-169.

Martin, J.R. (1997). Mindfulness: A proposed common factor, Journal of Psychotherapy
Integration, 7, 291-312.

Mauger, P.A., Perry, J.E., Freeman, T., Grove, D.C., McBride, A.G., & McKinney, K.E. (1992).
The measurement of forgiveness: Preliminary research. *Journal of Psychology and
Christianity, 11,* 170-180.

Mehrabian, A., & Epstein, N. (1972). A measure of emotional empathy. *Journal of Personality,
40,* 525- 543.

Neff, K.D. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity, 2,* 223-250.

Neff, K.D. (2003b). Self-compassion: An alternative conceptualization to a healthy attitude toward oneself. *Self and Identity. 2*, 85-101.

Neff, K.D. (2004). Self-compassion and psychological well-being. *Constructivism in the Human Sciences. 9*, 2, 27-37.

Neff, K.D., Hsieh,Y., Dejitterat, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and Idenity. 4,* 263-287.

Neff, K.D., Kirkpatrick, K. L., Rude, S. L. (2006). An examination of self-compassion in relation to positive psychological functioning and personality traits. *Journal of Research in Personality. 41,* 908-916.

Neff, K.D., Kirkpatrick, K. L., Rude, S. L. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality. 41,* 139-154.

Neff, K.D., Pisitsungkagarn, K., Hsieh, Y. (2008). Self-compassion and self-construal in the United States, Thailand, and Taiwan. *Journal of Cross-Cultural Psychology.* 39, *3,*267-285.

Nolen Hoeksema, S., & Morrow, J. (1991). A prospective study of depression and posttraumatic stress symptoms after a natural disaster. The 1989 Loma Prieta earthquake. *Journal of Personality and Social Psychology, 61,* 115-121.

Nolen Hoeksema, S.., & Morrow, J. (1993). Effects of rumination and distraction on naturally occurring depressed mood. *Cognition and Emotion, 7,* 561-570.

Nolen Hoedsema, S., Parker, L. E., & Larson, J. (1994). Ruminative coping with depressed

    mood following loss. *Journal of Personality and Social Psychology, 67,* 92-104.

Radloff, L., S. (1977). The CES-D scale: A self-report depression scale for research in the general

    population. *Applied Psychological Measurement, 1,* 385-401. Instrument reproduced

    with permission of Dr. Ben Z. Locke.

Robitschek, C. (1998). Personal growth initiative: the construct and its measure. *Measurement*

    and Evaluation in Counseling and Development, 30, 183-198.

Rosenberg, M. (1965). *Society and the adolescent self-image.* Princeton, NJ: Princeton Press.

Rye, Mark S., Loiacono, Dawn M., Folck, Chad D., Olszewski, Brandon T., Heim, Todd A., &

    Madia, Benjamin P. (2001). *Evaluation of the psychometric properties of two forgiveness*

    scales. Current Psychology, 20(3), 260-277.

Rye, Mark S., Pan, Wei, Jedlikowski, Kim, Hampel, Luke J., Layton, Adam J., & Wintering,

    Michelle L. (2008). *Exploring mediators of the relationship between forgiveness and*

    depression.

Safran, J. D. (1998). *Widening the scope of cognitive therapy: The therapeutic relationship,*

    motion, and the process of change. Northvale, NJ: Jason Aronson.

Salzberg, S. (1997). Lovingkindness: The revolutionary art of happiness. Boston: Shambala.

Seligman, M. E. (1995) *The optimistic child.* Boston: Houghton Mifflin.

Shapiro, S. L., Astin, J. A., Bishop, S. R., & Cordova, M. (2005). Mindfulness-based stress

    reduction for health care professionals: Results from a randomized trial. *International*

    Journal of Stress Management. 12 (2) 164-176.

Swann, W.B. (1990). To be adored or to be known?: The interplay of self-enhancement and self

verification. In E.T. Higgins & R.M. Sorrento (Eds.) *Handbook of motivation and*

cognition: Foundations of social behavior, *Vol. 2* (pp. 408-448). New York: Guilford

Table 1

Demographic/Background Characteristics of Participants

Variable	n	(%)	Mean	SD
Age (range = 18 to 23)			19.13	1.15
Gender				
Male	26	(30.5)		
Female	66	(69.5)		
Race				
African American	5	(5.2)		
Asian American/Pacific Islander	2	(2.1)		
Caucasian	82	(85.4)		
Latino	4	(4.2)		
Other/Mixed	3	(3.1)		
Religious Affiliation				
Catholic	68	(70.8)		
Protestant	4	(4.2)		
Jewish	2	(2.1)		
Other	22	(22.9)		
Year in School				
First Year	60	(62.5)		
Sophomore	23	(24.0)		
Junior	4	(4.2)		
Senior	8	(8.3)		
Other	1	(1.0)		

Table 2

Means, Standard Deviations, and Cronbach Alphas for all Major Study Variables

Measure	Mean	SD	Cronbach Alpha
Forgiveness Scale	54.67	10.26	.87
Forgiveness Likelihood Scale	27.18	7.32	.87
Ruminative Response Scale	47.64	12.01	.91
Depressed Mood Scale	39.12	5.67	.62
Self-Compassion Total	80.82	16.66	.92
Self-Compassion Scale Subscales			
Common Humanity	12.34	3.30	.73
Mindfulness	13.10	2.76	.71
Isolation	12.83	3.78	.81
Self-Kindness	14.84	3.87	.82
Self-Judgment	15.07	4.11	.80
Over-Identification	12.17	3.29	.70

Table 3

Contextual Variables Pertaining to Wrongdoing by Others

Variable	*N*	*(%)*	*Mean*	*SD*
Relationship to Person				
Romantic Partner	25	(26.3)		
Friend	45	(47.4)		
Family Member/Relative	20	(21.1)		
Acquaintance	1	(1.1)		
Stranger	2	(2.1)		
Other	2	(2.1)		
Amount of Time Since Offense				
Years (Range 0 to 10.5)			1.95	2.12
Offense Severity				
Range = 1 (not at all) to 4 (very harmful)			2.80	.76
Nature of Offense				
Lied	60	(62.5)		
Failed Obligations	67	(70.5)		
Called Names/Unkind	54	(56.3)		
Other	37	(38.9)		
Spread Gossip	32	(33.3)		
Cheated	17	(17.7)		
Physical Harm	16	(17.0)		
Stole	6	(6.4)		

Note: Percentages add to more than 100% because participants often reported more than one type of offense

Table 4

Correlations Between Self-Compassion Subscales, Self-Compassion Total, Rumination, and Depression Measures

Variable	1	2	3	4	5	6	7	8	9
1. Common Humanity	--								
2. Mindfulness	.65**	--							
3. Self-Judgment	-.50**	-.50**	--						
4. Isolation	-.49**	-.41**	.67**	--					
5. Over Identification	-.52**	-.49**	.75**	.62**	--				
6. Self-Kindness	.55**	.63**	-.69**	-.55**	-.55**	--			
7. Self-Compassion Total	.74***	.71***	-.86***	-.82***	-.81***	.83***	--		
8. Rumination	-.35**	-.35**	.52**	.62**	.48**	-.47**	-.59***	--	
9. Depression	-.18	-.21*	.30**	.50**	.23*	-.33**	-.37***	.52**	--

* p < .05 ** p < .01 *** p<.001

Table 5

Correlations Between Forgiveness, Self-Compassion Total, Self-Compassion Subscales, Rumination, and Depression

	Forgiveness	Forgiveness Likelihood
Self-Compassion Total	.21*	.10
Common Humanity	.17	.04
Mindfulness	.22*	.15
Self-Judgment	-.18	-.15
Isolation	-.17	-.01
Over Identification	-.20	-.15
Self-Kindness	.21*	.14
Rumination	-.59***	-.14
Depression	-.26*	.15

* *p* < .05   ** *p* < .01 *** *p* < .001

Table 6

Correlations Between Forgiveness, Age, Time, and Harm

	Forgiveness	Forgiveness Likelihood
Age	.12	-.05
Amount of Time Since Offense	.02	-.23*
Offense Severity	-.46**	-.15

* p < .05   ** p < .01