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**SELF-COMPASSION AND ITS RELATIONSHIP TO NARCISSISM AND
CODEPENDENCE IN PSYCHOLOGY STUDENTS**

**A THESIS SUBMITTED IN PARTIAL FULFILLEMENT OF THE
REQUIREMENT FOR THE DEGREE OF MASTERS OF ARTS TO THE
DEPARTMENT OF SOCIAL AND BEHAVIORAL SCIENCES AT
HAIGAZIAN UNIVERSITY**

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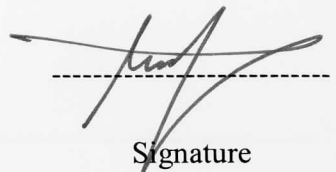
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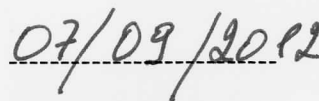
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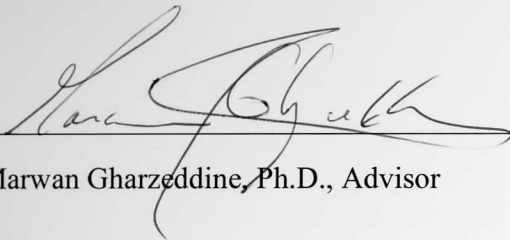
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CODEPENDENCE IN PSYCHOLOGY STUDENTS

Nabil Matraji

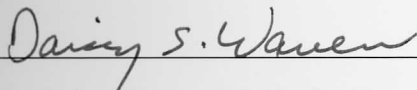
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Abstract

This study examined the relationship between Self-Compassion and Narcissism and Codependence among psychology students. The purpose of this study was to highlight the importance of Self-Compassion in the trainings of psychology students by showing that Self-Compassion is negatively correlated with Narcissism and Codependence. In addition, it was proposed that Codependence negatively correlates with Narcissism. Moreover, it was proposed that Self-Compassion will correlate positively with the three subscales of Narcissism that constitute 'positive' Narcissism (Authority, Superiority and Self-sufficiency) and will correlate negatively with the four subscales of Narcissism that constitute 'pathological' Narcissism (Exploitativeness, Exhibitionism, Entitlement and Vanity). Furthermore, it was hypothesized that Self-Compassion would correlate positively with age. The sample constituted of 97 psychology students from 3 different universities. The students completed The Self-Compassion Scale, The Spann – Fischer Codependence Scale, and The Narcissistic Personality Inventory (NPI-40-item). Findings confirmed that Codependence correlated negatively with Self-Compassion while Narcissism showed no correlation. No correlation was found between Narcissism and Codependence. Findings also showed a weak positive correlation between Self-Compassion and Self-Sufficiency which is one of the three subscales of NPI that indicate positive Narcissism; the results were not significant to support the claim that Self-Compassion correlated positively with the three subscales of Narcissism. No correlation was found between Self-Compassion and age.

Self-Compassion and its relationship to Narcissism and Codependence in psychology students

“Where love reigns, there is no will to power; and where the will to power is paramount, love is lacking. The one is but the shadow of the other”. Karl Jung

Compassion, empathy, love, helping and caring for others are all terms associated with the helping professions, namely psychotherapy, counseling, social work, among others. When we think of psychotherapists, these are usually the qualities we expect them to manifest towards their clients. What about the therapists themselves? We’ve all heard the following at one point or another in our lives from a teacher, a friend, a mentor or read in some article or self-help book: “in order to love others, you must love yourself first”. Do individuals who work in these helping professions, specifically psychologists, love themselves? And if they do, doesn’t that make them self-centered and take away from their clients? What motivates them to enter these professions? Is it to fulfill a need to be recognized and held in high esteem, or to help others in order to feel better about themselves or is it because they feel connected to their fellow humans and want to be of service to others out of common humanity and love?

Studies have shown that both codependents and narcissists are attracted to the field of psychotherapy. The codependents in order to satisfy their need “to be needed” and to please others in order to feel good about themselves (Cermak, 1986; O’Neal, 2011) and the narcissists in order to satisfy their need to be superior, exalted and held in high esteem (Brightman, 1984; Vaknin, 1999).

The field seems to appeal to some who have narcissistic tendencies because of the stereotype of psychologist as “all knowing” (Brightman, 1984) and since it provides narcissists with the opportunity of being in a position of authority or superiority and having people look up to them and admire them (Vaknin, 1999).

On the other hand, codependents, also known as ‘Inverted Narcissists’, are equally attracted to the field of psychotherapy. Codependents are “people pleasers” and they get their self-worth by helping others and by having an exaggerated sense of responsibility to meet the need of others (Cermak, 1986). Thus, it comes as no surprise that they would be attracted to the profession of psychotherapy (O’Neal, 2011).

Background of the Study

The present generation seems to be plagued by an epidemic of Narcissism. It is overly focused on itself, on appearances and on materials. This is attributed to an over inflated self-esteem and the effect of media propaganda (Twenge, 2006). Unfortunately, the effect of this trend is likely to influence the profession of psychotherapy, the core of which is empathy, compassion, caring for others and helping others.

Where Narcissism is present, there is bound to be ‘Codependence’, or ‘inverted Narcissism’. While narcissists seek to satisfy their desire for power and authority, codependents, with their desire to please others can, as O’Neal (2011) puts it, “love their clients to death”. Thus, both Narcissists and Codependents are potentially harmful to their clients.

The emergence of the field of positive psychology in general, and the latest studies by Neff (2011), Heffernan (2010) and Ying (2009), among others, on Self-Compassion in particular, provide much needed tools to help therapists become more productive and successful in their work and could be used to counter the effects of Narcissism and Codependence. Latest trends in modern psychology are focusing more and more on positive psychology, and what makes people happy, healthy and fulfilled. One of the constructs that has witnessed extensive research is Self-Compassion.

Neff (2011) defined Self-Compassion as “being open to and moved by one’s own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one’s inadequacies and failures, and recognizing that one’s experience is part of the common human experience” ((Pauley & McPherson, 2010, p.224). Self-Compassion is not to be confused with over-inflated self-esteem commonly associated with Narcissism (Neff, 2011).

The information found in the literature about the relationship between Narcissism and Self-Compassion is controversial and at times contradictory. Freud stated that inflated sense of self-worth, the like of which is found in Narcissism, reflects implicit, unconscious, dislike for oneself (Freud, 1914). Karen Horney (1950) declared that narcissists operate from the false self and since the False or Ideal Self sets unattainable goals to the narcissist, “the results are frustration and self-hate which grow with every setback or failure. But the constant sadistic judgement, the self-berating, the suicidal ideation emanate from the narcissist's idealised, sadistic, Superego regardless of the existence or functioning of a False Self” (Vaknin, 1999, p. 27). On the other hand, other studies show that narcissists love themselves at both, the conscious and unconscious level (Neff, 2009; Campbell et. al., 2010). Neff found that Self-Compassion is not related to Narcissism and there is no correlation between the two constructs. She concluded that narcissists love themselves both consciously and subconsciously (Neff & Vonk, 2009).

Literature has indicated that individuals in the helping professions with low capacity for Self-Compassion are more likely to face problems in their work. In a study conducted by Heffernan (2010) on quality of care provided by nurses, he demonstrated that the ability of nurses to be compassionate with themselves affects their ability to be compassionate to their patients. In other words, the more the nurses were Self-Compassionate, the more they were able

to be compassionate towards their patients. In another study conducted on social workers, Ying (2009) demonstrated that Self-Compassion can help students and professionals alike to demonstrate high professionalism, prevent job 'burnout' and sustain empathy.

The Problem Statement

Taking into consideration the literature on codependent and narcissistic therapists and the potential benefits of Self-Compassion, the present study focused on the incidence of these traits among psychology students in Lebanon aged between 18 - 48 in order to demonstrate that there is a negative correlation between Self-Compassion on the one hand, and Narcissism and Codependence, on the other. Furthermore, the researcher wanted to find out if there is a positive correlation between Self-Compassion and the three subscales of Narcissism (authority, Superiority and Self-Sufficiency), which pertain to the positive aspect of Narcissism, as well as a negative correlation between Self-Compassion and the four subscales of Narcissism (Exploitativeness, Vanity, Exhibitionism, Entitlement), which pertain to negative or pathological Narcissism. Moreover, the researcher wanted to demonstrate that there is a negative correlation between Narcissism and Codependence and that Self-Compassion correlated positively with age. More specifically, the following hypotheses were examined:

Hypothesis 1: is negatively correlated with Narcissism and Codependence.

Hypothesis 2: Self-Compassion is positively correlated with three of Narcissism subscales (Authority, Superiority and Self-Sufficiency) and negatively correlated with the four subscales (Exploitativeness, Vanity, Exhibitionism, Entitlement).

Hypothesis 3: Codependence is negatively correlated with Narcissism.

Hypothesis 4: Self-Compassion correlated positively with age.

Professional Significance of the Study

This study provides valuable information for educators and supervisors in the field of mental health and to upcoming therapists in order to increase their efficiency and minimize the professional risks such as occupational stress, job burnout, countertransference among others. Furthermore, it helps raise awareness about the potential pitfalls and perils of the profession while providing preventative tools. By introducing Self-Compassion into the training programs, the students will have better ability to take care of themselves in a profession which places very high demand on their emotional reservoirs.

Thus the main goal of this thesis is to provide the grounds for educational institutions to produce healthier, more successful therapists and consequently provide better, more professional and efficient services for the clients.

Overview of the methodology

A quantitative study was conducted on a sample of 97 psychology students, enrolled in graduate and undergraduate programs, from 3 universities: Haigazian University, Balamand University and the Lebanese University. The subjects' age ranged between 18 and 45. Three self-report questionnaires were used, Self-Compassion Scale (SCS), The Spann – Fischer Codependence Scale, and The Narcissistic Personality Inventory (NPI-40-item) to collect data regarding the levels of Self-Compassion, Codependence and Narcissism among the subjects. The SCS consists of 6 subscales reflecting different factors of Self-Compassion. The NPI consists of 7 different subscales that reflect different aspects of Narcissism. To measure the variables, correlation matrix and regression methods were used using the Statistical Package for Social Sciences (SPSS). P was considered significant if $p < 0.05$ or $p < 0.01$.

Delimitations

Several limitations were observed in the different sections of the thesis:

- Self-Compassion is a relatively new construct which has been introduced recently as part of positive psychology. As such, the literature on the subject is elementary and thereby limited.
- Number of participants is low because of few programs that offer psychology and the limited number of students enrolled in the field.
- Ratio of males to females is not proportionate due to the fact that the nature of the profession is more attractive to females than males, a worldwide trend which can be observed in universities and educational institutions abroad (Willyard, 2011) and thus the numbers of males enrolled in these programs are low.
- Despite the fact that the NPI is the one most widely used in researches and holds a high reliability as a scale as a whole (Cronbach alpha = 0.83) the reliability of the subscales is low which is attributed to the low number of items in each subscale.
- Since the questionnaires used were based on self-report, the results could be “positively biased” because the subjects might be inclined to show themselves in a “favorable light” especially that they are psychologists/psychology students and many of them recognized the NPI scale.

Definition of terms

Compassion: is feeling sorrow and pity for the pain and misfortune of others accompanied with a disposition to help; and deeply sympathizing with others suffering together with a wish to alleviate the pain (Kostanski, 2007).

Self-Compassion: is compassion directed towards the self. It means “being open to and moved by one’s own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one’s inadequacies and failures, and recognizing that one’s experience is part of the common human experience” (Neff, 2011, p. 224, p.294)

Codependence: is defined as “having an exaggerated sense of responsibility to meet the need of others” while lacking the capacity to acknowledge one’s own needs (Cermak, 1986)

Primary Narcissism (positive Narcissism): Maintaining self esteem is dependent on the person’s realization of some personal expectations, or as he calls them “narcissistic aspirations” which include “being strong, superior and great; being good, loving, and not aggressive or destructive” (Brightman, 1984).

Secondary Narcissism (Negative Narcissism or Pathological Narcissism): the pathological narcissist is highly obsessed with issues of superiority and inferiority in both moral and material areas and goes to great lengths to maintain a sense of superiority (Shaw, 2006).

Narcissistic Personality Disorder: NPD is defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV TR) as: “A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts.

Countertransference: conscious or unconscious emotional reaction of the therapist to the patient which may interfere with treatment. (APA, 2000)

Self-Kindness: extending kindness and understanding to oneself in instances of perceived inadequacy or suffering rather than harsh judgment and self-criticism (Neff, 2011).

Common Humanity: seeing one's experiences as part of the larger human experience rather than seeing them as separating and isolating (Neff, 2011).

Mindfulness: holding one's painful thoughts and feelings in balanced awareness rather than over-identifying with them in an exaggerated manner (Neff, 2011).

Authority: an individual with a healthy sense of authority usually has the achievement and expertise to justify that authority, and is able to recognize the outcome of his actions on others. Unhealthy narcissists, on the other hand, are often highly authoritarian, even when such behavior undercuts their intentions. Moreover, highly narcissistic individuals often display unregulated aggression, and aggression can amplify authority in ways that can be quite unpleasant for others. Authoritarian narcissists generally feel justified in their actions and have little appreciation of the effect they have on others (Pinsky, 2009).

Superiority: Superiority is closely related to Authority and Entitlement. It's a belief that one is better than others, and thus entitled to deference or special treatment. The refrain "Don't you know who I am?" is the cry of the narcissist with high levels of Superiority, who demands immediate recognition and special treatment (Pinsky, 2009).

Exploitativeness: manipulation and exploitation of others. It is the most pernicious trait in the inventory. Being exploitative requires disregard for others priorities and feelings (Pinsky, 2009).

Self-Sufficiency: in clinical terms, self-sufficiency refers to a high degree of confidence in one's own ability or point of view. The problem is that overly self-sufficient people can find it difficult to collaborate, or to register other people's point of view. Therefore they devalue, diminish and deny other people's contributions. Narcissists do this in order to maintain the illusion of achieving success all by themselves (Pinsky, 2009).

Vanity: it has a lot to do with Superiority and Exhibitionism, but there are aspects of clinical vanity that go beyond a preoccupation with oneself and one's appearance. Vanity, which also involves an inflated sense of one's abilities, tends to fuel a narcissist's denial. We've all seen individuals who have some ability but clearly overestimate their talents or achievements. When forced to face reality, particularly after they have blatantly misrepresented their qualifications, narcissists are often able to carry on, clinging to their vain sense of self, often fueled by a sense of Superiority and/or Authority (Pinsky, 2009).

Exhibitionism: Exhibitionism may be expressed as a desire to perform or speak before an audience, or it may decay to a primitive desire to be seen without clothing or even act out in more dangerous ways. Some have speculated that such acting out may be deeply rooted in our genes, as a way to display genetic prowess and adaptability. Such behavior obviously requires a narcissistic sense of invincibility (Pinsky, 2009).

Entitlement: Entitlement seems to be on the rise among narcissists today, and may be supported by a general tendency toward entitlement in the American culture. The doctrine of "American exceptionalism" has long been a part of their national identity, and in a nation where "We're number one!" is the rallying cry, it's no surprise that many people feel they're entitled to have anything they want. What's more, if reality doesn't cooperate with their desires, they simply blame whoever gets in their way. Personal responsibility is the opposite of entitlement: To the highly entitled narcissist, to require any sacrifice is to trigger envy, resentment, and rage (Pinsky, 2009).

CHAPTER 2

Review of Literature

The following chapter discusses the literature review on Self-Compassion, Narcissism and Codependence. It starts by defining Compassion then goes on to explain the emergence and benefits of Self-Compassion as well as the definition, cause and diagnosis of Narcissism and Codependence. It includes reviews of empirical studies that were conducted in those fields.

Compassion

In order to understand Self-Compassion, one must first understand the meaning of Compassion. Compassion is defined in the Merriam-Webster dictionary as “sympathetic consciousness of others' distress together with a desire to alleviate it ». The word “Compassion” is originally from the Latin words "com" [with] and "pati" [to suffer].

The word Compassion is defined in other similar ways as (1) feeling sorrow and pity for the pain and misfortune of others accompanied with a disposition to help; (2) deeply sympathizing with others suffering together with a wish to alleviate the pain (Kostanski, 2007).

Compassion is a term usually more associated with religious practices and concepts. Most known religions, from Judaism to Christianity and Islam have alluded to it in one or more instances and they consider it to be one of the most important virtues.

In the Jewish tradition, God is the Compassionate and is invoked as the Father of Compassion (Lampert, 2006).

Compassion is a term abundantly referred to in Christianity. For one, in the Bible's Second Epistle to the Corinthians, God is spoken of as the "Father of Compassion" and the "God of all comfort" (Christian Bible 2, Corinthians 1:3-7).

In the Muslim tradition, God is referred to, in the canonical language of Arabic as “Al Rahman Al Rahim” where Rahim means "The Compassionate". (The Quran)

Furthermore, Compassion is closely affiliated with the practice of Buddhism.

“Compassion is that which makes the heart of the good move at the pain of others. It crushes and destroys the pain of others; thus, it is called Compassion. It is called Compassion because it shelters and embraces the distressed”. - The Buddha

In Buddhism, learning to be Compassionate is recognized as an essential component that helps motivate individuals towards meaningful change. It is a way of helping people train their minds and leads to an overall improvement of wellbeing and brings them closer to ultimate enlightenment.

Self-Compassion

Definition and etiology

It's important to differentiate between Compassion and empathy. While empathy is the ability to feel with others, Compassion requires action (Pauley & McPherson, 2006)

Self-Compassion is simply Compassion directed towards self. Adopting a compassionate attitude towards themselves and others helps people cope with challenging emotions with more understanding, self-directed care and support (Pauley & McPherson, 2006).

The focus on Compassion has gained more interest among different fields of psychology in recent years. Different psychological perspective have focused on studying different aspects of Compassion, all of which reported positive outcomes from their studies which suggest that the ability to be compassionate to oneself and to others provides considerable benefits for individuals (Gilbert, 2009; Neff, Rude, & Kirkpatrick, 2007).

Kristin Neff, the pioneer in the field of study of Self-Compassion (Pauley & McPherson, 2010) stated that the construct is derived from Buddhist psychology (Neff, 2011) but she defined it in secular terms in so that the western culture could better understand it and relate to it (Pauley & McPherson, 2010). Neff (2011), defined Self-Compassion as “being open to and moved by one’s own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one’s inadequacies and failures, and recognizing that one’s experience is part of the common human experience” (Neff, 2011, p. 224). She did extensive research on the subject and her findings suggested that people who have high Self-Compassion are kinder to and more accepting of themselves. Furthermore, Self-Compassion was positively correlated with traits such as happiness and optimism, suggesting that its effect on the person could be quite significant (Neff, 2003a; Neff, Kirkpatrick, & Rude, 2007; Neff, Rude, & Kirkpatrick, 2007).

Neff also found that “higher levels of Self-Compassion have been associated with greater life satisfaction, emotional intelligence, social connectedness, learning goals, wisdom, personal initiative, curiosity, happiness, optimism, and positive affect, as well as less self-criticism, depression, anxiety, fear of failure, thought suppression, perfectionism, performance goals, and disordered eating behaviors” (Neff, 2009). The significance of these findings as they relate to individuals is that high levels of Self-Compassion can act as a buffer against psychological and emotional distress when faced with difficult situations (Leary et. al., 2007).

Components of Self-Compassion

Neff identified three components of Self-Compassion:

- a. **Self-Kindness versus self-judgment:** the tendency to be caring and understanding with ourselves rather than harshly critical or judgmental.

- b. **Feelings of Common Humanity versus Isolation:** recognizing that all people fail, make mistakes, and feel inadequate in some way.
- c. **Mindfulness versus Over-Identification:** being aware of present moment experience in a clear and balanced manner so that one neither ignores nor ruminates on disliked aspects of oneself or one's life (Brown & Ryan, 2003).

Relationship of Self-Compassion with other variables

Neff found that “higher levels of Self-Compassion have been associated with greater life satisfaction, emotional intelligence, social connectedness, learning goals, wisdom, personal initiative, curiosity, happiness, optimism, and positive affect, as well as less self-criticism, depression, anxiety, fear of failure, thought suppression, perfectionism, performance goals, and disordered eating behaviors” (Neff, 2009). The significance of these findings as they relate to individuals is that high levels of Self-Compassion can act as a buffer against psychological and emotional distress when faced with difficult situations (Leary et. al., 2007)

Research suggests that **Self-Compassion** is strongly related to psychological wellbeing, including increased happiness, optimism, personal initiative, and connectedness, as well as decreased anxiety, depression, neurotic perfectionism, and rumination (Neff, 2009). **Self-Compassion** appears to have similar psychological benefits as self-esteem but is associated with fewer downsides such as ego-defensiveness or Narcissism (Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, 2003a). Neff and Vonk (2009) found that “when compared to trait levels of self-esteem, **Self-Compassion** was associated with more non-contingent and stable feelings of self-worth over time. **Self-Compassion** also offered stronger protection against social comparison, public self-consciousness, self-rumination, anger, and close-mindedness.” (Neff, McGehee, 2010, p.13)

Self-Compassion and self-esteem: findings suggest a correlation between the two. Self-esteem, however, was positively related to Narcissism, while Self-Compassion isn't.

Self-Compassion and age: Findings are conflicting but suggest that ability to be self-compassionate increases later in life, especially if people reach Erikson's stage of Integrity (Erikson, 1968) and accepting themselves (Neff, 2011).

Self-Compassion and culture: Cross-cultural studies indicate that different cultures, whether independent or interdependent, had no significant effect on Self-Compassion.

Self-Compassion and self-pity: the two constructs are very different. Self-pity refers to a person's indulgence in his or her problems while forgetting that others may have similar problems as well, whereas self-compassionate people recognize that life difficulties are common among all humanity, instead of having a "poor me" attitude. People with Self-Compassion do not over amplify the degree of their personal suffering (Leery et. al., 2007).

Self-Compassion and self-indulgence: the two are not to be confused. People mistakenly think that if they are too nice to themselves it means that they will indulge in their pleasures at the expense of their responsibilities. Self-Compassion, however, means that you want what's best for yourself and that you care about your health and wellbeing (Neff, 2011).

Self-Compassion and our bodies: Self-Compassion manifests in our bodies' system. The practice of Self-Compassion activated the release of oxytocin which in turn increases feelings of calm, trust, safety, generosity. It actually decreases our cortisol levels (Neff, 2011).

Self-Compassion and attachment: those who come from families with secure attachment tend to exhibit higher levels of Self-Compassion than those who come from families with insecure attachment (Neff, McGehee, 2010).

Self-Compassion and mindful based stress reduction (MBSR): Mindfulness is an important construct of Self-Compassion. Mindfulness-based stress reduction (MBSR) programs have been widely researched and positive results reported amongst an array of clinical and nonclinical populations, including cancer patients (Carlson, Ursuliak, Goodey, Angen, & Speca, 2001; Garland, Carlson, Cook, Lansdell, & Speca, 2007; Speca, Carlson, Goodey, & Angen, 2000), mixed illness populations (Carmody & Baer, 2008; Carmody, Reed, Merriam, & Kristeller, 2008; Grossman, Niemann, Schmidt, & Walach, 2004), healthcare professionals (Shapiro, Astin, Bishop, & Cordova, 2005), continuing education students (Chang et al., 2004) and college undergraduates (Shapiro, Oman, Thoresen, Plante, & Flinders, 2008).

Self-Compassion and the helping professions: Overview of empirical studies

The importance of self-care for professionals in 'helping' field is no strange concept. Researchers concerned with the efficacy of services provided by professional care givers have always stressed on the importance of caring for the self in order to be able to better care for others. However, the approaches and abilities contained in self-care have evolved recently and have witnessed a lot of additions of new concepts that are deemed important if not essential in the training of these professionals. Self-Compassion and its three components, Self-Kindness, feelings of Common Humanity, and Mindfulness are among these newly introduced concepts.

In one such research, Heffernan (2010) examined the effect of Self-Compassion, or the lack of it, and emotional intelligence on the quality of services provided by nurses. Findings suggest that the ability of nurses to feel compassion for themselves reflects on their ability to be compassionate to their patients. In other words, nurses who have low ability for Self-Compassion might experience difficulties in showing compassion to those they care for.

The study was originally conducted to find out why patients were reporting not being satisfied with the services. The results indicated that the low ability for nurses to have Self-Compassion was actually contributing to the patients' dissatisfaction (Heffernan, 2010).

Another such study targeted social work students. Ying (2009) examined how Self-Compassion contributed to competence and mental health among social work students. She claims that having Self-Compassion is likely to benefit social workers and social work students in dealing with challenging professional and educational situations. The three components of Self-Compassion, Self-Kindness, Feelings of common humanity, and Mindfulness were examined by Ying in this context. She found that mindful awareness helps students in dealing with educational challenges with curiosity and level-headedness. In the case of professionals, it can act as a buffer against unethical practices such as countertransference because it helps professionals be more aware of any inappropriate reactions to their clients before taking any action (Chapman et al., 2003; Lammert, 1986; Ringel, 2003). As for feelings of Common Humanity, Ying stated that believing in human connectedness "is likely to sustain the social worker's empathy and continued commitment to serve those who may be less fortunate but no less human" (Ying, 2009). When faced with challenging subjects, connectedness might protect social work students from doubting themselves (Deal & Hyde, 2004; Montcalm, 1999). Finally, being kind to oneself or practicing self-kindness avails the student with the appropriate self-care tools to benefit from their education and to prosper professionally in the future.

Research also indicates that Self-Compassion boosts the ability to cope with professional challenges in the future. Particularly, Mindfulness seems to reduce stress levels, while Common Humanity improves effective coping. Furthermore, students who are less mindful were more likely to report more 'emotional contagion and emotional exhaustion' in fieldwork (Ying, 2008).

Shapiro, Biegel and Brown examined the effects of Mindfulness-Based Stress Reduction (MBSR) on therapists in training. In 2007, they published a research entitled “Teaching Self-Care to Caregivers: Effects of Mindfulness-Based Stress Reduction on the Mental Health of Therapists in Training”. They argued that due to the ‘occupational hazards’ of their professions, therapists are at risk for developing psychological problems related to their occupation. Among these occupational hazards, therapists might experience ‘compassion fatigue’, since working with people who are emotionally distressed is itself often stressful. Research also suggests that a significant number of mental health providers experience some form of psychological impairment at some point in their careers (Coster & Schwebel, 1997; Guy, Poelstra, & Clark, 1989). Stress can negatively impact helping professional and manifest as increased depression, emotional exhaustion and anxiety (Radeke & Mahoney, 2000; Tyssen, Vaglum, Gronvold, & Ekeberg, 2001), psychosocial isolation (Penzer, 1984), decreased job satisfaction (Blegen, 1993), reduced self-esteem (Butler & Constantine, 2005), disrupted personal relationships (Myers, 1994), and loneliness (Lushington & Luscri, 2001). Stress may also impair professional effectiveness because it seems to have a negative effect on attention and concentration (Skosnik, 1997), decision-making skills (Klein, 1996; Lehner, Seyed-Solorforough, O’Connor, Sak, & Mullin, 1997), and reduce providers’ ability to establish strong relationships with patients (Enochs & Etzbach, 2004; Renjilian, Baum, & Landry, 1998). In addition, stress increases the probability of occupational burnout, which involves ‘depersonalization, emotional exhaustion, and the sense of low personal accomplishment’.

These conclusions emphasize the importance of self-care to health care providers. Evidence also indicates that younger and newer helping professionals are more prone to occupational stress (Skovholt & Ronnestad, 2003; Vander-Kolk, 1982; Vredenburgh et al., 1999).

This highlights the importance of designing programs that teach self-care skills to students training to become ‘helping professionals’, since such programs may act as a form of “preventive treatment” for these individuals who might be at risk for future psychological problems (Coster & Schwebel, 1997).

One way to do that is through MBSR training. Mounting research evidence indicates that cultivating Mindfulness as part of stress reduction programs can boost psychological well-being, mental health, and physical health (Baer, 2003; Grossman, Niemann, Schmidt, & Walach, 2004). The MBSR program is based on the assumption that being in the present moment in a receptive manner “will, over time, reduce the identification with self-focused thoughts and emotions that can lead to poorer mental health (Shapiro et. al, 2007).

Consequently, increasing mindful attention and awareness were linked with increase in Self-Compassion and decreased stress, anxiety and rumination. Furthermore, increasing Self-Compassion is especially pertinent to the field of counseling and therapy since compassion for self, as well as compassion for others, has been hypothesized to be an essential component to producing effective results in therapy (Gilbert, 2006). According to Henry, Schacht & Strupp (1990), “research demonstrates that therapists who lack Self-Compassion and are critical and controlling toward themselves, are more critical and controlling toward their patients and have poorer patient outcomes” (Shapiro et. al, 2007, p112).

Being self-critical can hinder the work performance of mental health professionals as well as students studying to become mental health practitioners. People who engage in self-criticism are much less likely to be kind to themselves. These people have the need to be validated by others. Those who rely on external validation are likely to find difficulty locating internal resources to generate Self-Compassion (Neff & McGehee, 2010).

It is important to note that not all those who have low Self-Compassion are incapable of being compassionate towards others. However, these individuals are likely to be more susceptible to ‘compassion fatigue’ and other ‘professional hazards’ such as burnout, increased anxiety and depression, psychological isolation and loneliness because they rely on external validation and because they are unable to tap into their inner resources to counter the effects of the job (Shapiro et. al, 2007). Individuals with these characteristics (i.e. self-criticism, relying on external validation, the need to be accepted by others or to control others), fall into several categories, among which are Codependence and Narcissism.

The presence or lack of Self-Compassion is likely to influence the motivation of these students in selecting to be in such professions. Those who exhibit high levels of Codependence and Narcissism might have chosen this field of work either to please others or to control them. Those people are expected to have low levels of Self-Compassion.

It is no secret that people who enter the ‘helping professions’, such as psychology and social work, do so because they themselves have been subjected to some form of emotional neglect, abuse or other traumatic experiences from their childhoods (Waterman, 2002). They are sometimes referred to in the literature as “wounded healers”. They report greater levels of childhood dissatisfaction and their work in counseling and social work are seen by them as both an extension of their childhood roles and as a way for them to deal with their own disappointment and pain (Waterman, 2002). The decision for a wounded healer to choose the counseling work is heavily influenced by the desire to rework the hurts and disappointment of their own early life (Sedgwick, 1994).

According to Neff and McGehee, people who lack Self-Compassion are more likely to have critical mothers, come from dysfunctional families and display insecure attachment patterns than Self-Compassionate people do (Neff & McGehee, 2010).

According to Vincent and Lackie “individuals who are part of helping professional groups are more likely to report childhood trauma and emotional deprivation than those in non-related professions” (Lackie, 1983; Vincent, 1996)

In addition, choosing to work in the helping profession could be a way to gain clear validation and recognition for others that a person does not get from within their families (Lackie, 1983).

Baer stated that “individuals who have psychological problems related to their family backgrounds, therefore, may especially likely to benefit from developing greater Self-Compassion” (Baer, 2010).

As such, having problems due to dysfunctional family dynamics can give rise to individuals with narcissistic and codependent traits.

Codependence

Definition and etiology

Having codependent traits has been identified among individuals in the helping profession and their clients (Fausel, 1988 ; Schaef, 1986 ; Whitfield, 1983).

Codependence is a complex, mutli-faceted concept that encompasses a variety of human behaviors in different degrees. In order to understand its complexity, it is incumbent to understand how the concept originated and developed.

The term “Codependence” or “Codependency” most likely evolved from “co-alcoholic” (Morgan, 1991). According to O’Brien and Gaborit (1992), the concept of Codependency started

to emerge in 1940 when the wives of alcoholic members of AA (Alcoholic Anonymous) formed a group called AL-Anon to discuss and share the plights and problems they faced as a result of living with an alcoholic. However, the term 'Codependent' itself was not coined until 1979 to refer to people who became dysfunctional as a result of living with an alcoholic (Beattie, 1987). Thus, initially, the symptoms of Codependence were believed to arise as a consequence of living with an alcoholic or a drug addict. However, it was observed that, in such situations, when the chemically dependent member of the family stopped using and began to overcome the dependency and recover, the 'codependent behavior' of the person living with him or her continued and even became worse at times (Lasater, 1988, Morgan, 1991).

These findings caused scientists to look deeper into co-dependency as a trait by itself rather than merely as a result of living with an alcoholic or chemically dependent family member.

Since the term Codependency wasn't adopted until 1979, the closest references to Codependence in professional literature are those that describe dependent personality patterns (Mellody, 1989, Morgan 1991)

Fromm (1947) talked about individuals who have a tendency for what he called "receptive orientation". He noted that such people are dependent on both, authority figures, and also on others for any kind of support. According to Fromm, such individuals believe that they can't do anything without help and they feel lost when alone.

In 1950, Karen Horney stated that healthy adults are usually capable of functioning independently, but they also require physical and emotional support and caring from others. She considered this type of interdependence to be essential for personal growth and achieving individuality. According to Horney, Neurosis occurs when people become too dependent on

others for “fulfillment and sense of self”. She termed this kind of dependence the “the self-effacing solution”. When taken to the extreme, it can lead to “morbid dependency”, which materializes when the desire and need to be loved becomes a “desperate drive and claim” on others. Horney’s description of Codependency comes very close to the modern depictions of the construct (Morgan, 1991).

Wegscheider-Cruse (1985) introduced one of the more operational definitions of Codependency. She describes Codependency as “a specific condition that is characterized by preoccupation and extreme dependency (emotionally, socially, and sometimes physically) on a person or an object. Eventually this dependence on another person becomes a pathological condition that affects the codependent in all relationships” (Morgan, 1991, p.2).

Cermak (1986), a leader in the research of Codependence, in the first original definition of the concept, characterized individuals with high Codependency as “having an exaggerated sense of responsibility to meet the need of others” while lacking the capacity to acknowledge their own needs (Stafford, 2001).

Beattie (1987) uses interpersonal terms to explain Codependence. According to Beattie “a codependent person is one who has let another person’s behavior affect him or her, and who is obsessed with controlling that person’s behavior” (Wells et. al. 2006, p. 31). Beattie also stressed that “Codependency is primarily a reactionary process”. What she means is that codependent individuals react to the “problems, pains, lives, and behaviors” of themselves and others instead of acting in ways that are adaptive (Wells et. al. 2006 p.33).

Whitfield (1989) defines Codependency as “any suffering and/or dysfunction that is associated with or results from focusing on the needs and behavior of others.” (Wells et. al. 2006, p.19).

Wells (2006) put together the different definitions of Codependence and stated that “Codependency has been conceptualized as a self-disturbance characterized by an enmeshed, other-oriented, controlling and controlled style of caretaking significant others which is designed as a means to attain a sense of internal security and self-esteem “ (Beattie, 1987; Cermak, 1986; Wells et al., 1998, 1999 ; Wells et. al. 2006, p. 73).

Diagnosing Codependence

There has been, throughout history, a lot of controversy surrounding this concept. First, it is important to note that Codependence is not recognized by the APA as a separate diagnosis (Crestler & Lombardo, 1999), despite the efforts that were made to include it (Morgan, 1991).

In 1986, Cermak offered diagnostic criteria for “Codependent Personality Disorder” to be included in the DSM-IV (which hadn’t been published yet at the time). However, his attempts, among others, to do so were met with skepticism. This skepticism is somewhat justifiable since Codependence seems to be more of a personality trait than a full blown personality disorder. The skeptics were concerned that including Codependence as a personality disorder might be potentially harmful to prospective patients who could be labeled and exploited for characteristics that exist, to a certain extent, in most people (Morgan, 1991). Further criticism concerning the inclusion of Codependency as a personality disorder revolves around the fact that personality disorders are defined as pervasive and inflexible (APA, 1994), whereas evidence from clinical practice seems to suggest that co-dependence is responsive to treatment (Harkness et. al., 1997) Even though Cermak’s diagnostic criteria for Codependence wasn’t adopted by DSM, it does give a somewhat clear understanding of Codependence, which makes it worth mentioning:

Diagnostic Criteria for Codependent Personality Disorder (Cermak, 1986):

- A. Continued investment of self-esteem in the ability to control both oneself and others in the face of serious adverse consequence.
- B. Assumption of responsibility for meeting others' needs to the exclusion of acknowledging one's own.
- C. Anxiety and boundary distortions around intimacy and separation.
- D. Enmeshment in relationships with personality disordered, chemically dependent, other codependent, and/or impulse disordered individuals.
- E. Three or more of the following:
 - 1. Excessive reliance on denial
 - 2. Constriction of emotions (with or without dramatic outbursts)
 - 3. Depression
 - 4. Hypervigilance
 - 5. Compulsions
 - 6. Anxiety
 - 7. Substance abuse
 - 8. Has been (or is) the victim of recurrent or sexual abuse
 - 9. Stress-related medical illness
 - 10. Has remained in a primary relationship with an active substance abuser for at least two years without seeking outside help

The diagnostic criteria closest to Codependence in the DSM, is that of Dependent Personality Disorder (DPD) (Melody, 1988; in Morgan, 1991). DPD is defined in DSM-IV-TR as a pervasive and excessive need to be taken care of that leads to submissive and clinging

behavior and fears of separation, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- (1) Has difficulty making everyday decisions without an excessive amount of advice and reassurance from others
- (2) Needs others to assume responsibility for most major areas of his or her life
- (3) Has difficulty expressing disagreement with others because of fear of loss of support or approval.

Note: Do not include realistic fears of retribution.

- (4) Has difficulty initiating projects or doing things on his or her own (because of a lack of self-confidence in judgment or abilities rather than a lack of motivation or energy)
- (5) Goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant
- (6) Feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself
- (7) Urgently seeks another relationship as a source of care and support when a close relationship ends
- (8) Is unrealistically preoccupied with fears of being left to take care of himself or herself

Even though Codependence shares many features with DPD, it is nevertheless important to distinguish between the two as they are not the same.

A core difference between the two constructs is a “distorted relationship with willpower” which is a core attribute of Codependency . Individuals who are codependent believe that they can use the sheer power of their will to control the feelings and behaviors of others. When that

fails, they either try harder using more willpower, or give up and feel unworthy, inadequate and hopeless (Morgan, 1991).

Another important difference commonly associated with codependent individual is identity confusions. Codependents derive their self-worth from their partner's (or family member) success or failure. They feel personally responsible for their partner's happiness and success or failure (Morgan, 1991).

According to Wells et. al. (1998), Codependency can be characterized by under-developed sense of self (identity diffusion) and blurred boundaries where the person doesn't have a clear picture of where his or her responsibility begins and where it ends (in Wells et. al. 2006). Furthermore, codependents exhibit other characteristics which include low sense of self worth, 'painful relationships' with others and internalized shame. Other traits of the syndrome include « an exaggerated sense of responsibility for others, an intense need for approval, and sustained difficulty in both identifying and expressing one's own feelings » (Stafford, 2001, p. 274).

In a study by O'Brien and Gaborit (1992), one of the characteristics they identified was that codependents have an external locus of control or 'other referenting'. Furthermore, regarding the factor of care-taking, they found codependents to have a need to "solve the problems of others, protect and please others in order to gain a sense of self-worth" (O'Brien and Gaborit, 1992).

According to Codependence Anonymous (CoDA), a support group for codependents, characteristics of Codependence include patterns of: "denial, low self-esteem, compliance, control and avoidance" (CoDA, 2011).

Causes of Codependence

Codependence was a trait first believed to arise in people who live with alcoholics. However, further work with codependent individuals revealed that they did not have to have a chemically dependent person in their lives at all, either as a child or as an adult, in order to demonstrate symptoms of Codependency. It was enough to grow up in a limiting family environment in which an abusive caregiver was often present (Lasater, 1988). Thus, the causes of Codependency often could be traced to earlier life experience that frequently involved childhood abuse of some type. More often, there is a chemically dependent or abusive family member (Morgan, 1991).

Codependence and the Profession

The very motive of entering helping professions such as psychology is often cited as a desire to help others. Thus, some of the characteristics displayed by individuals who are attracted to this profession include “a desire to learn helping techniques, a desire to be of service”, among others. Since this need is very close to certain characteristics of Codependence (O’Neal, 2011), and since many therapists enter this profession, by their own admission, because they were subject to some form of abuse, neglect and traumatic experiences as children themselves (Waterman, 2002), it comes as no surprise that some of these therapists and counselors will turn out to be codependent themselves.

Even those who don’t necessarily have codependent traits might be at risk of developing them in the course of their work, especially those who work with chemically dependent clients (O’Neal, 2011). According to O’Neal, the principal traits of a therapist or a counselor are “helping and caring”. He posits that counselors who work with substance abuse face a therapeutic dilemma where their caring is counterproductive because addicted individuals are

“not helped by being helped”. The more helpful therapists try to be, the more comfortable the clients become in their addiction, and the more frustrated the therapist becomes for not being able to help the client. Thus, the therapist feels that he or she isn’t being helpful enough and is thereby inclined to increase efforts to “care harder”. Consequently, the addicted client, be it consciously or unconsciously, gains ‘emotional control’ over the therapist and the therapeutic process, and the therapist begins to fall gradually into a codependent role (O’Neal, 2011).

Whether falling into the role of Codependence as a reaction to working with addicts or whether the therapist already had codependent characteristics before entering the profession, the impact on the therapeutic process is unfavorable. What happens is that the client will likely not recover when the therapist displays codependent symptoms. Consequently, when the therapist realizes that he or she is not making progress in spite of the amount of “care” and effort they put into their work they might lose confidence in their abilities and experience professional burnout (O’Neal, 2011).

Since Codependence is often referred to in the literature as “inverted Narcissism”, the same causes that underlie the emergence of Narcissism explain the development of Codependency. Thus, in order to better understand where Codependency originates, it’s imperative that one should look closely at Narcissism.

Narcissism

Narcissism and Codependence

Studies show that there is a relationship between Narcissism and Codependence. Cermak (1991) postulated that codependent traits are the complement of Narcissism. Both personality traits are formed during the child’s symbiotic developmental phase and contribute to blocking the progression to the separation individuation phase. “Both sets of traits involve defective

‘mirroring’: narcissistic people relate to others only by seeing aspects of themselves mirrored in these people, whereas codependent people seek to relate to others by mirroring them” (Irwin, 1995, p.694). Parents further contribute to fostering Narcissism and Codependence in their children by being themselves involved in defective mirroring. If parents don’t appreciate their child’s capabilities as an individual but rather reinforce his or her value only as a reflection of themselves, the child will develop codependent tendencies. The child is also likely to develop a narcissistic personality when the parents validate and reinforce the child’s capabilities while denying his or her idealized image of the parents.

Even though, according to Cermak (1991), every person, to a certain extent, suffers from both codependent and narcissistic ‘wounds’, the “underlying processes are inherently complementary and thus, Codependence and Narcissism are inversely related” (Irwin, 1995,p.695).

Definition, etiology and types of Narcissism

According to Freud, ‘Narcissism’ is a normal developmental stage that every child goes through. He distinguished between two types of Narcissism: Primary and Secondary. All infants pass through the ‘normal’ developmental stage of Primary Narcissism, where they assume that they are the center of the universe. When the realities of life force the infant to realize that it does not control its parents and is entirely dependent on them, this phase comes to an end. During this phase, the baby has a fantasy of being almighty and all powerful. In normal circumstances, the baby gives up this fantasy and becomes attached to the parents. Those who fail to successfully complete and move on from the developmental stage of Narcissism, are likely to develop the more pathological type, which is Secondary Narcissism. According to Freud, Secondary

Narcissism is a pathological condition in which the infant's emotions are redirected towards himself or herself and he or she doesn't invest their emotions in their parents (Freud, 1914)

Since then, the definition of Narcissism has undergone considerable evolution. Almost all researchers and psychologists who tackled the issue of Narcissism distinguished between two types: a healthy Narcissism and a pathological Narcissism.

The condition becomes pathological, and diagnosable as a personality disorder, when it significantly impairs social functioning. An individual with narcissistic personality disorder tends to harbor an exaggerated sense of his own self-importance and uniqueness. He is often excessively occupied with fantasies about his own attributes and potential for success, and usually depends upon others for reinforcement of his self-image. A narcissist tends to have difficulties maintaining healthy interpersonal relationships, stemming largely from a lack of empathy and a propensity for taking advantage of others in the interest of self-aggrandizement. It is often found in combination with antisocial personality disorder. (The Columbia Electronic Encyclopedia)

Kohut (1971) refers to Primary Narcissism as the "Grandiose Self" which carries the sense that "I am Perfect". He suggested that there is a transitory phase through which individuals pass before attaining the "Mature Narcissism" characterized by "wisdom, empathy and an internalized system of goals, values and ideals" (Brightman, 1984, p.296)

Daniel Shaw (2006) referred to the pathological narcissist as obsessed with issues of superiority and inferiority in both moral and material areas. All people have some degree of vanity, pride, shame and envy, but compared to 'normal' levels of these ideas and emotions, the pathological narcissist is highly obsessed with these matters and goes to great lengths to maintain a sense of superiority.

On the other hand, Bibring (1953) talked about 'positive' Narcissism and stated that maintaining self-esteem is dependent on the person's realization of some personal expectations, or as he calls them "narcissistic aspirations" which include "being strong, superior and great; being good, loving, and not aggressive or destructive" (Brightman, 1984, p.294). When Narcissism becomes pathological, some develop Narcissistic Personality Disorder (NPD).

Diagnosing Narcissism

NPD is defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV TR) as: "A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)
2. Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
3. Believes that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions)
4. Requires excessive admiration
5. Has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations
6. Is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends
7. Lacks empathy: is unwilling to recognize or identify with the feelings and needs of others
8. Is often envious of others or believes others are envious of him or her
9. Shows arrogant, haughty behaviors or attitudes" (APA, 2000)

Malignant Narcissism, a term first coined in a book by Erich Fromm in 1964, is a syndrome consisting of a cross breed of the Narcissistic Personality Disorder, the Antisocial Personality Disorder, as well as paranoid traits. The Malignant Narcissist differs from Narcissistic Personality Disorder in that the Malignant Narcissist derives higher levels of psychological gratification from accomplishments over time (thus worsening the disorder). Because the Malignant Narcissist becomes more involved in this psychological gratification, in the context of the right conditions, they are apt to develop the Antisocial, the Paranoid, and the Schizoid Personality Disorders. The term Malignant is added to the term narcissist to indicate that individuals with this disorder have a powerful form of Narcissism that has made them ill in the forms of paranoid and anti-social traits (Fromm, 1964).

Narcissism and the Profession

Narcissism carries with it a negative undertone. When someone is described as a Narcissist, the first image that comes to mind is that of a person who is insensitive, selfish, self-centered, and cares about nobody else but himself. This is true of pathological or negative Narcissism, and the literature unanimously agrees that such individuals are very difficult to deal with and have problematic relationships in their personal life and at work.

As such, what is a Narcissistic person at work like? Considering the traits of the 'pathological narcissist', which is characterized by an unrealistic or inflated sense of self, an inability to see others' point of view, and hypersensitivity to criticism, it is safe to say that they are difficult to deal with. What if the Narcissistic Professional was a mental health professional?

According to Brightman (1984), the study of Narcissism seems to be related to the professional development of psychotherapists for multiple reasons. First, a person's initial exposure to the professional role is somewhat influenced by society's evaluation of the

profession. Historically, the most fertile terrains for blooming narcissist are usually the roles that embody the prototype of the hero, the sage, and the healer. Evidently, the stereotype of the psychologist as “all knowing, all loving”, a union between the “scientist and the artist” who’s mission in life is to heal the wounds of the human soul, represents a powerful condensation of these idealized themes.

Since the choice of one’s profession is to a certain degree a match between some cultural stereotypes and his or her narcissistic aspirations it could be assumed that some individuals who chose to become psychotherapists “tend toward the heroic in terms of the conditions on which their positive libidinal feelings toward the self, depend” (Brightman, 1984, p.295).

A second reason why the “professional self” of the psychotherapist might be closely linked with overall narcissistic struggles is due to the fact that a therapist success or failure is considered, to a certain extent, as a reflection of his character development and functioning. As a result, in the field of psychotherapy, there is a close link between professional and personal worth which implies less distance and less potential for differentiating between the two.

In his book “Power Games”, Daniel Shaw (2006) discusses what he terms “Professional Narcissism”. Shaw refers to Freud as being Narcissist himself since he considered himself to be the only analyst “not in need of analysis by another analyst”, and he exempted himself from following the book of rules for the analytical process which he himself had set, and by favoring the followers whom he could more easily control over those who were more creative and innovative.

Narcissists naturally gravitate towards those professions which ensure abundant and continuous provision of Narcissistic Supply. They usually interact with others from a position of

authority, advantage, or superiority. Thus, they attempt to elicit people's automatic "admiration, adulation, and affirmation – or, failing that, their fear and obedience".

Many professions provide the resources for Narcissists to accomplish that. These include: the medical professions (including psychotherapy), teaching, the clergy, show business, corporate management, the military, law enforcement agencies, politics, and sports.

The narcissist is likely to utilize his intellectual aptitude and accomplishments (both the real and imaginary) in an effort to seek a supply of "awe-struck students, devoted parishioners, admiring voters, obsequious subordinates, or dependent patients" (Vaknin, 1999). This is a potentially worrisome and dangerous state. Narcissists are usually dishonest, even liars. They might fake their credentials, knowledge, talents, skills, and achievements. A narcissist doctor might be more inclined to let a patient die than expose his ignorance. If the Narcissist is a therapist, he could traumatize his clients with his "acting out, rage, exploitativeness, and lack of empathy" (Vaknin, 1999).

Even on his best days, the narcissist's relationship with his "sycophants" is abusive. For him, other people are dispensable and he views them as objects and mere instruments of gratification. A narcissist never gets enough. He is always after more adoration, and an ever-bigger fix of attention. In comparison to their "normal" counterparts, narcissists in positions of authority lack empathy and ethical standards. Thus, they are likely to abuse their position. The Narcissist is not impeded by possible punishment and he believes he is not subject to man-made laws (Vaknin, 1999). "His sense of entitlement coupled with the conviction of his own superiority lead him to believe in his invincibility, invulnerability, immunity, and divinity. The narcissist holds human edicts, rules, and regulations in disdain and human penalties in disdain.

He regards human needs and emotions as weaknesses to be predatorily exploited” (Vaknin, 1999).

Shaw (2006) cautions against Narcissistic psychologist (negative Narcissism). He postulates that given the role therapists play with their patients, as potent transference figures and not as “God Almighty, an Oracle, or a parent”, even though many patients see their therapists as all three, it is within their power as therapists to achieve total control over their patients and in the worst case scenario exploit them for the “sheer narcissistic gratification of it”. Shaw cautions that we should not underestimate the abuses of power that therapists are capable of.

Generation “ME”

Before wrapping up Narcissism, it is important to point out that researchers are calling it an epidemic of this age. Otherwise referred to as the “Generation ME” (Twenge, 2009) Narcissistic behaviors seem to be spreading among the upcoming generations. The impact of this increase in the narcissistic self-indulgence could be harmful to society (Twenge, 2009).

Twenge, an author of a number of articles and books on the topic, addresses the causes and symptoms of this trend among new generations. She claims that the youth of today are overly focused on themselves, cheat more, are less likely to recognize authority, less disposed to following rules and “highly individualized”. They are less and less interested in common causes such as preserving the environment and are disengaged from political concerns. The outcome of this self-focus is an unprecedented “obsession with appearance (including plastic surgery), the proliferation of body piercings, extending adolescence, and materialism” (Twenge, 2006, p. 94-103). Twenge attributes the emergence of this trend to the over-emphasis of self-esteem, in addition to the media propaganda and TV shows such as *Hanna Montana*, and the availability of easy credits which enables people to present an overinflated image of their success to the world.

The consequences of these tendencies, according to Twenge, are potentially destructive to society as they push people to accumulate debt, drives them to loneliness and isolation, since people's obsession with pursuing their individual dreams cause them to put off marriage where they end up alone and increase the incidence of anxiety and depression. Twenge (2006) believes that this "Narcissistic" trend could be reversed by shifting the focus back from "individualism" to a culture of community. Even though Twenge conducted her studies on the American population, and albeit that there are no official studies on the subject in Lebanon, it is inevitable that one can observe this trend among youth in Lebanon.

This Generation ME trend is likely to filter into the field of psychology whereby more and more students will manifest and increase in narcissistic traits. Thus, Codependence and Narcissism are unhealthy aspects regarding people working in the social field (therapists, social workers) since they elicit countertransference issues.

In light of the above discussed literature, the present study hypothesized the following:

Hypothesis 1: Self-Compassion will be negatively correlated with Narcissism and Codependence

Hypothesis 2: Self-Compassion will be positively correlated with three of Narcissism subscales (authority, superiority and Self-Sufficiency) and negatively correlated with the other four subscales (Exploitativeness, Vanity, Exhibitionism, Entitlement)

Hypothesis 3: Codependence will be negatively correlated with Narcissism

Hypothesis 4: Self-Compassion will be positively correlated with age.

CHAPTER 3

Method**Participants**

Participants were selected from three universities in Lebanon, namely, Haigazian University, Balamand University and Lebanese University. The sample consisted of 97 psychology students (19 males and 78 females), both graduate and undergraduate. The age range was between 18 and 45 ($M = 24.65$) ($SD = 6.904$).

Materials

Three standardized scales were used to test the hypotheses:

Self-Compassion Scale (SCS)

The SCS was developed in 2003 by Kristen Neff to measure levels of Self – Compassion in individuals. The theoretical framework of this scale was based on Neff's theory of Self-Compassion (Neff, 2003). The scale consists of 26 items. It is divided into 6 subscales measuring 6 constructs: Self-Kindness versus Self-Judgment; Common Humanity versus Isolation; and Mindfulness versus Over-Identification. Participants are asked to rate their responses based on a 5-points Likert scale (1=Almost Never – 5=Almost Always).

Self-kindness versus self-judgment measures the tendency to be caring and understanding with ourselves rather than harshly critical or judgmental. Common Humanity versus Isolation measures the ability to recognize that all people fail, make mistakes, and feel inadequate in some way. Mindfulness versus Over-Identification measures the ability to be aware of the present moment experience in a clear and balanced manner so that one neither ignores nor ruminates on disliked aspects of oneself or one's life (Brown & Ryan, 2003).

The scales also yielded good test – retest reliability. Test–retest correlations were as follows: Self-Compassion Scale (overall score): .93; Self-Kindness subscale: .88; Self-Judgment

subscale: .88; Common Humanity subscale: .80; Isolation subscale: .85; Mindfulness Subscale: .85; and Over-Identification subscale: .88.

The Spann-Fischer Codependence Scale

The Spann-Fischer is a short 16-item, self-report, paper and pencil measure of Codependency for adults. It was constructed based on a definition of Codependency as a “dysfunctional pattern of relating to others with an extreme focus outside of oneself, lack of expression of feelings, and personal meaning derived from relationships with others” (Fischer et al., 1991, p.1).

Participants are asked to rate their responses based on a 5-points Likert scale (1 Strongly Disagree; 2 Moderately Disagree; 3 Slightly Disagree; 4 Slightly Agree; 5 Moderately Agree; 6 Strongly Agree).

The scale yielded good test-retest reliability ($> .80$), and acceptable internal consistency ($.62 << .92$), across studies.

The Narcissistic Personality Inventory (NPI-40-item)

The Narcissistic Personality Inventory (NPI) is a forty-item forced-choice test that measures Narcissism. It is the most widely used test of Narcissism in psychological research. Several versions of the NPI were devised but the 40-item version (Raskin & Terry, 1988) is the one most commonly employed in current research. The inventory is divided into 7 subscales: Authority, Self-Sufficiency, Superiority, Exhibitionism, Exploitativeness, Vanity, and Entitlement. According to Raskin and Terry, the first three subscales (Authority, Self-Sufficiency, Superiority) are associated with healthy Narcissism while the remaining four (Exhibitionism, Exploitativeness, Vanity, Entitlement) are associated with pathological Narcissism. The scale yielded good overall test-retest reliability (0.83). The subscales, however,

yielded lower reliability which was attributed by the researchers to the fact the number of items in each subscale was small.

Procedure

The same process was adopted in the distribution of the questionnaires in the 3 universities. Consent was first taken from the university administrations then from the teachers of the respective classes from which the participants were chosen. The questionnaires were then distributed with a cover letter explaining the objective of the study. The participants were all enrolled in psychology programs, both graduate and undergraduate. A total of 150 questionnaires were distributed and 100 were collected, 97 of which were considered for the current study.

CHAPTER 4

Results**Reliability Analysis**

Narcissistic Personality Inventory. The six subscales of NPI were examined for reliability. Cronbach alpha coefficients for the six subscales ranged between 0.37 for Self-Sufficiency and 0.632 for Authority. The remaining subscales yielded the following reliabilities: Vanity was 0.607, Exploitativeness 0.509, Entitlement 0.409, Superiority 0.443 and Exhibitionism 0.479. Three subscales showed acceptable inter-reliability scores over 0.5 while the remaining five subscales showed low inter-reliability scores (<0.5). The reliability scores of the NPI in the present study were less than the inter-reliability scores computed for the scale. However, inter-reliability of the scale was overall low. The overall reliability was good both in the present study and in the original (0.84 and 0.83) (see table 1).

Raskin and Terry (1988) suggested that these reliabilities estimates are a function of the relatively small number of items in each of the component scales and that this attenuation can best be corrected in the future by developing more items for each of the component scales and by using the scales in samples with greater variability than the college cohort they analyzed.

This, in addition to possible cultural considerations, explains the low results obtained in the present study. Furthermore the sample used in this study was smaller than the sample Raskin and Terry used. ($N = 97$, $N = 1018$).

Table 1**Cronbach's alpha for the subscales and total score of NPI Scale**

Narcissism Subscale	Present study (Cronbach Alpha)	Raskin & Terry (Guttman lambda 3)
Authority	0.632	0.73
Exhibitionism	0.479	0.63
Superiority	0.443	0.54
Entitlement	0.409	0.50
Exploitativeness	0.509	0.52
Self-Sufficiency	0.370	0.50
Vanity	0.607	0.64
Full Scale	0.84	0.83

Self-Compassion Scale. The SCS consisted of six subscales. The Cronbach alpha were all above 0.7 which indicates a high reliability (see table 2).

Table 2**Cronbach's alpha for the subscales and total score of the Self-Compassion scale**

Self-Compassion subscale	Present study (Cronbach Alpha)	Neff study (Cronbach Alpha)
Self-kindness	0.83	0.72
Self-judgment	0.759	0.83
Common Humanity	0.805	0.71
Isolation	0.849	0.81
Mindfulness	0.791	0.67
Over identification	0.830	0.70
Total score	0.77	0.90

The Spann-Fischer Codependency Scale. This scale had no subscales but a total score.

The Codependency total score has a Cronbach alpha of 0.72 which indicated a good reliability compared to 0.869 in the Spann-Fisher study.

Profile of sample

There was a weak correlation between Self-Compassion and Self-Sufficiency $r(90) = 0.228$ (see table 4b). One might infer that this is due to positive Narcissism but results from NPI subscales showed (Table 3) that the sample has unhealthy Narcissism, since Self-Sufficiency has a high positive correlation with Exploitativeness $r(97) = 0.513$, Vanity $r(97) = 0.354$, Entitlement $r(95) = 0.306$, Exhibitionism $r(96) = 0.237$ (see table 3). The results also showed that Authority as well is a narcissistic and unhealthy one, since it highly correlated with Exploitativeness $r(95) = 0.558$, Superiority $r(95) = 0.480$, Exhibitionism $r(94) = 0.443$, Entitlement $r(94) = 0.423$, Vanity $r(95) = 0.354$ (see table 3). Furthermore, Authority and Self-Sufficiency correlated positively with Isolation which indicates the absence of Self-Compassion ($r = 0.215$; $r = 0.239$) (see table 4b).

Therefore the sample profile has a negative aspect of Narcissism which means they have narcissistic Authority, narcissistic Superiority and narcissistic Self-Sufficiency.

Table 3**Correlations between the subscales of NPI**

	Self-Sufficiency	Authority	Superiority	Exhibitionism	Exploitativeness	Vanity	Entitlement
Self-Sufficiency							
Authority	.524**						
Superiority	.397**	.480**					
Exhibitionism	.237*	.443**	.390**				
Exploitativeness	.513**	.558**	.505**	.449**			
Vanity	.354**	.354**	.359**	.509**	.346**		
Entitlement	.306**	.423**	.500**	.326**	.288**		

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Hypothesis testing

Hypothesis 1: Self-Compassion is negatively correlated with Narcissism and Codependency.

When a bivariate correlation was computed the results noted that there was a significant negative correlation between Codependency and Grand Self-Compassion $r(86) = -0.608$ (see table 4). In contrast, there was no correlation between total score of Narcissism and Grand Self-Compassion (see table 4). Therefore, hypothesis 1 was partially confirmed.

Table 4**Correlations between Self-Compassion, Codependence and Narcissism**

	NPI total score	Grand Self-Compassion AV	Codependency
NPI total score			
Grand Self-Compassion	.050		
Codependency	-.188	-.608**	

** Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

Table 4b**Correlations between subscales of Self-Compassion and subscales of NPI**

	Authority	Self-sufficiency	Exhibitionism	Entitlement	Superiority	Exploit
Mindfulness						
Common Humanity			-.251*	-.232*		
Self-Kindness						
Isolation	.215*	.239*				
Self-Judgement						
Overidentification						
Grand Self-Compassion		.228*				

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Hypothesis 2: Self-Compassion is positively correlated with three subscales of NPI (Authority, Superiority, Self –Sufficiency) and negatively correlated with the four subscales of NPI (Entitlement, Vanity, Exploitativeness, Exhibitionism). Results showed the presence of a positive correlation between Self-Compassion and Self-Sufficiency only $r(90)=0.228$ (see table 4b). This correlation is weak and therefore cannot be taken into consideration. No correlation between Self-Compassion and all the other scales of NPI was found (see table 4b). Therefore, hypothesis 2 was not confirmed.

Hypothesis 3: Codependency is negatively correlated with Authority, Self-Sufficiency and Superiority.

When a bivariate correlation was computed, the following results were noted;

Codependency is negatively correlated with Authority $r(90)= -.283$ at $p<0.01$ (see table 5).

Furthermore a significant negative correlation was observed between Codependency and Self-Sufficiency $r(91) = -.215$ (see table 5).

	Codependency	Authority	Self-Sufficiency	Superiority
Authority	-.283**			
Self-Sufficiency	-.215*	.524**		
Superiority	-.178	.480**	.397**	

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

In contrast, there was no correlation between Codependency and Superiority (see table 5).

To examine which variable is the predictor of Narcissism linear regression was computed.

Results showed that Authority is the only significant variable that explains the variance with Narcissism ($r=0.085$, $df=3$, $p=0.007$) (see table 6). As a conclusion hypothesis 3 was partially confirmed.

Table 6

Regression analysis between Codependency, Authority, Self-Sufficiency, Superiority

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	59.707	2.948		20.250	.000
	Authority	-1.858	.670	-.283	-2.772	.007
2	(Constant)	60.455	3.110		19.441	.000
	Authority	-1.549	.782	-.236	-1.980	.051
	Self-Sufficiency	-.824	1.066	-.092	-.773	.442
3	(Constant)	60.503	3.134		19.304	.000
	Authority	-1.478	.849	-.225	-1.741	.085
	Self-Sufficiency	-.774	1.095	-.087	-.707	.482
	Superiority	-.264	1.193	-.027	-.221	.825

a. Dependent Variable: Codependency

Hypothesis 4: Self-Compassion is positively correlated with age. To verify whether Self-Compassion correlates positively with age, the researcher computed a correlational test. Results showed the absence of any relation between these two variables (see table 7). In conclusion, hypothesis 4 was not confirmed.

Table 7

Correlation between Age and Self-Compassion

		Age of the person
Grand Self-Compassion AV	Pearson Correlation	.127

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

CHAPTER 5

Discussion

The aim of this study was to examine the relationship between Self-Compassion and Codependence and Narcissism in order to determine the importance of introducing Self-Compassion into the training programs of psychology students. It postulated that there is a negative correlation between Self-Compassion, and Codependence and Narcissism. It was also hypothesized that Self-Compassion positively correlated with the three subscales of NPI (Authority, Superiority and Self-Sufficiency), which highlight the positive aspects of Narcissism, and negatively correlated with the four subscales of NPI (Exhibitionism, Exploitativeness, Vanity and Entitlement) which indicated the more pathological form of Narcissism. Furthermore, another hypothesis was proposed to find a negative correlation between Codependence and Narcissism. Finally, it was predicted that Self-Compassion correlated positively with age.

Relationship between Self-Compassion, Narcissism and Codependence

The first hypothesis of this study predicted that there will be a negative correlation between Self-Compassion and Narcissism and Codependence. The researcher believes that students who have codependent or narcissistic traits will have low Self-Compassion which makes them more liable to difficulties that arise from the mental health profession. The results documented in chapter 4 partially supported this hypothesis. Codependence correlated negatively with Self-Compassion while Narcissism showed no correlation with Self-Compassion. In general, individuals with low Self-Compassion have low self esteem. Darlene Lancer (2012) said that codependent people have low self-esteem, which is characterized by lack of self-respect and Self-Compassion.

Researchers tackling the effect of low Self-Compassion on individuals in general and on social workers in particular came to some interesting conclusions. In her study on social workers, Ying (2009) demonstrated that lack of Self-Compassion among social workers contributed to job burnout and depression. Ying's study also showed that Overidentification had negative effects on social workers and social work students, and since the results in the present study showed a strong correlation between Codependence and Overidentification ($r=0.54$), and a negative correlation with Mindfulness ($r=-0.385$), the same could be applied to codependent individuals, or in this case, Psychology students. She also suggested that cultivating mindful awareness among social workers and social work students can serve to protect against unethical professional practices such as acting out on countertransference reactions by increasing the possibility that the social worker would be more likely to be aware of inappropriate reactions to the clients before taking any action (Chapman et al., 2003; Lammert, 1986; Ringel, 2003; in Ying, 2009).

Similar considerations were posited by Ying (2009) regarding Isolation and Self-Judgment. She stated that feelings of isolation might drive the students and social workers towards self-doubt when dealing with challenging subjects, while feelings of human interconnectedness can serve to sustain their empathy. Again, the same can be said of codependents since, in the present study, they also showed significantly high correlation with Isolation ($r = 0.54$) and a negative correlation with Common Humanity ($r=-0.0429$). Shapiro et al. (2007) highlighted the importance of teaching self-care and self-kindness to mental health students. They stated that mental health students are more susceptible to job related stress and second guessing themselves, especially those new to the profession (Shapiro et al., 2007). Teaching self-kindness and self-care to care givers, including psychologists, social workers among others (Ying, 2009; Shapiro et al., 2007) might serve as a preventative treatment for later

psychological problems (Shapiro et al., 2007) and provide students with much needed self-care tools to help them thrive in their professions in the future (Ying, 2009). The findings in the present study supported the presence of a relationship between Codependence and Self-Kindness. The results yielded a negative correlation ($r=-0.426$) between the two.

Given the proximity between social work and psychology and the common issues shared between them, as well as the challenges and difficulties, it is safe to say that the principles that apply in social work can also be applied in psychology. The implications of these results are paramount to the training and education of psychotherapists.

As for the second part of the hypothesis, no overall correlation was found between Self-Compassion and Narcissism. The literature yielded contradictory findings around this. Classical psychoanalysts stated that narcissists in fact hate themselves deep down inside (Freud, 1914), and are self-critical and self-judgemental (Horney, 1950). Others stated that narcissists actually love themselves inside and outside, consciously and subconsciously (Campbell et al., 2010). Neff (2011) stated that Self-Compassionate people are different than narcissists with over inflated self-esteem. She didn't, however, find any correlation between the two constructs.

The present study also revealed inconclusive results, even though they lean more towards Neff's result but it did find a negative correlation between one of the subscales of Narcissism and Self-Compassion. For one, narcissistic people are only concerned with themselves, believe they are above man-made laws and that they don't make mistakes, lack empathy and are arrogant (APA, 2000), while Self-Compassionate individuals are kind to themselves and others, feel connected to humanity in general and allow themselves to make mistakes without being judgmental (Neff, 2011). Horney (1950) stated that due to their overinflated ideal self, narcissists are prone to self-criticism and harsh self-judgment. The results showed a negative

correlation between Exhibitionism and Common Humanity ($r = -0.251$). This supports the above argument, since exhibitionistic narcissists flaunt their power, and are described as having an inflated, grandiose self-perception which sets them apart from the rest of humanity (Masterson, 1993), while Common Humanity refers to the ability of the individual to recognize that she or he shares experiences with the rest of humanity.

Self-Compassion and Narcissism

The second hypothesis of the study predicted that Self-Compassion will correlate positively with the three subscales of NPI that constitute ‘positive’ Narcissism (Authority, Superiority and Self-Sufficiency) and will correlate negatively with the four subscales of Narcissism that constitute ‘pathological’ Narcissism (Exploitativeness, Exhibitionism, Entitlement and Vanity).

Neff (2011) maintained that Self-Compassion is fundamentally different from the over-inflated self esteem manifested by narcissists. However, literature on Narcissism refers to a positive aspect of the trait which is deemed healthy and beneficial. Bibring (1953) talked about ‘positive’ Narcissism and stated that maintaining self-esteem is dependent on the person’s realization of some personal expectations, or as he calls them “narcissistic aspirations” which include “being strong, superior and great; being good, loving, and not aggressive or destructive” (Brightman, 1984, p.294). This type of Narcissism is not very far from some aspects of Self-Compassion and is usually associated with the 3 subscales of NPI that refer to Authority, Superiority and Self-Sufficiency. However, the results of the present study showed that Self-Sufficiency is narcissistic and therefore unhealthy, since Self-Sufficiency had a high positive correlation with Exploitativeness $r(97) = 0.513$, Vanity $r(97) = 0.354$, Entitlement $r(95) = 0.306$ and Exhibitionism $r(96) = 0.237$. The results also showed that Authority as well is a narcissistic

and unhealthy one, since it highly correlated with Exploitativeness $r(95) = 0.558$, Superiority $r(95) = 0.480$, Exhibitionism $r(94) = 0.443$, Entitlement $r(94) = 0.423$, Vanity $r(95) = 0.354$. Therefore, it was logical to find out that these unhealthy and narcissistic Authority and Self-Sufficiency correlated positively with Isolation which indicates the absence of Self-Compassion ($r = 0.215$; $r = 0.239$). Based on these results, the weak correlation between Self-Sufficiency and Grand Self-Compassion ($r = 0.228$) seems to be a logical result. Hypothesis 2 was not confirmed.

Narcissism and Codependence

Hypothesis 3 of the present study contended that Codependence is negatively correlated with Narcissism.

As mentioned in the literature review, Narcissism and Codependence are opposite sides of the same coin. Codependence is usually referred to as 'inverted Narcissism' or as one expert explained it "codependents are closet narcissists" (Vaknin, 1999). Thus, it would be logical to conclude that there will be a strong correlation between the two. The results partially supported this hypothesis. They showed a negative correlation between two of the subscales of NPI (Authority, Self-Sufficiency) and no correlation between the remaining subscales and the total score. The main reason behind that might be due to the weakness of the scale itself rather than the actual absence of correlation between the two, especially since all the information present in the literature indicates the presence of a strong correlation. For one, the epistemology of Codependence and Narcissism are attributed to similar conditions and circumstances. Cermak (1991) postulated that codependent traits are complementary to Narcissism. He claimed that both personality traits are formed during the child's symbiotic developmental phase and contribute to hindering the child's progress towards the separation individuation phase. "Both sets of traits

involve defective ‘mirroring’: narcissistic people relate to others only by seeing aspects of themselves mirrored in these people, whereas codependent people seek to relate to others by mirroring them” (Irwin, 1995, p.659). Another contributor to the emergence of narcissistic and codependent traits are parent’s involvement in ‘defective mirroring’

When parents don’t appreciate their child’s capacities as an individual but rather reinforce his or her value only as a reflection of them, the child will develop codependent tendencies. The child is also likely to develop a narcissistic personality when the parents validate and reinforce the child’s capabilities while denying his or her idealized image of the parents (Irwin, 1995).

Thus, if all the literature points to a strong relationship between the two constructs then this indicates that the drawback is likely to be in one of the scales themselves. Looking at the reliability measures of the scales, both Self-Compassion and Codependency scales showed strong internal reliabilities and strong validity. The weaker scale, as mentioned in the literature, is that of the NPI, even though it’s the measure most widely used to test Narcissism.

After performing a linear regression, the results ($r = 0.085$, $df = 3$, $p=0.007$) further supported this concept by revealing that Authority explains the variance in Narcissism and the other two subscales (Superiority and Self-Sufficiency) are part of Authority.

There was a significant correlation between Codependency and two of the subscales of positive Narcissism (Authority, Self-Sufficiency), but regression revealed that there is no singular causal relationship when all the subscales were included in the analysis. When Authority was taken alone, there was a significant result ($p=0.007$) but when the other subscales were introduced, this significance was diluted to a non-significant ($p=0.085$). This is naturally due to the high correlation between the subscales. As a conclusion hypothesis 3 wasn’t confirmed.

Self-Compassion and Age

Hypothesis 4 of the present study predicted that Self-Compassion correlated positively with age.

In the literature on Self-Compassion and age, there are conflicting testimonials regarding the relationship between them. There is however, an overall tendency in the literature which suggested that Self-Compassion has a significant association with age. Thus, Self-Compassion may also be an important aspect of maturity (Neff & Vonk, 2009) and the ability to be Self-Compassionate increases later in life, especially if people reach Erikson's stage of Integrity (Erikson, 1968) and accepting themselves (Neff, 2011). Thus, by the time individuals reach the stage of integrity they are expected to have a well developed state of Self-Compassion. It is important to clarify that Self-Compassion does not suddenly occur at the stage of Integrity but rather it is a steady increase across the life span. Following this logic, it would follow naturally that most of the students of that age have moderate to low Self-Compassion, a statement supported by the results published in chapter 4 which showed that 76.6% of the sample have low to moderate Self-Compassion, while only 23.3% have high Self-Compassion. This revelation is important when considering the training of Psychology students. If Self-Compassion increases with age and contributes to achieving Erikson's stage of Integrity, then incorporating Self-Compassion into the training modules of psychology students might help with achieving healthy maturity and contribute to their wellbeing and coping with the perils of the profession. More longitudinal research needs to be conducted to verify it.

Given the size of the sample in the present study and the fact that the majority fall within the age range of 18-23, it is difficult to determine whether this in fact is the case. Furthermore, in this sample, the students haven't yet reached the Eriksonian's Integrity stage (age 65 till death),

which makes difficult to prove the hypothesis one way or another. In other words, the results are inconclusive, but that doesn't negate the hypothesis. It just needs a larger sample and a bigger age range. Therefore hypothesis 4 wasn't confirmed.

Conclusion

Positive psychology is, without a doubt, causing revolutionary changes in approaches to psychotherapy and treatment. Self-Compassion, a component of positive psychology, is being studied across the board as a tool in combating stress, increasing subjective wellbeing and helping individuals better cope with the stressors of life, including relationships, work, among others.

Since the occupations of psychotherapy and similar helping professions such as social work, counseling, nursing etcetera, are one of the most taxing professions on the emotional wellbeing of their practitioners, it is logical to consider implementing Self-Compassion into the training of such professionals to help them cope with the stresses of the field.

It has been confirmed by various studies that most students who enter the field of psychology and the helping professions do so because they already have issues in their lives. Many of them choose this field in order to compensate or understand themselves. These students often depict traits that coincide with Codependence and Narcissism.

Previous studies also showed that individuals who have low Self-Compassion are more likely to exhibit behaviors such as isolation, overidentification and rumination, and self-criticism and self-judgment. These characteristics can be found in narcissistic and codependent individuals.

Overall, this study confirmed some of these claims. It showed that codependent individuals have low Self-Compassion and are more likely to feel isolated, to ruminate on their

issues and to be highly self-critical. These tendencies, combined with the perils of the profession are likely to have a negative impact on the lives and future careers of these students.

Results of this study further revealed that when healthy authority increases, Codependence decreases. Thus, it would be beneficial to introduce this concept into the training of the students. Furthermore, it contributes to help codependents realize their inner self.

There was a negative correlation between Self-Sufficiency and Codependence and a positive correlation between Self-Sufficiency and total score of Self-Compassion. Therefore, helping students increase non-narcissistic Self-Sufficiency can contribute to decreasing Codependence and increasing Self-Compassion.

This study will help both, psychology students and their educators, in understanding the importance of cultivating Self-Compassion in order to create better, more competent and psychologically healthier mental health professionals. It raises awareness as to the importance of this construct and how it can contribute to overall wellbeing. It provides new, more positive tools that can be indoctrinated into the training programs of future psychologists.

Recommendations for further studies

This study has several limitations that deserve attention in future research. Most important, the NPI scale needs to be replaced or improved because it suffers from inter-reliability issues. Furthermore, it needs to be standardized to the Lebanese population in order to counter any existing cultural bias. When the scale has been improved and standardized, the study needs to be repeated using the updated scale.

Additionally, being a relatively novel concept, the research on Self-Compassion is still somewhat limited and virtually nonexistent in Lebanon. Moreover, there aren't any longitudinal studies yet to determine the long term effect of Self-Compassion training on individuals.

Researches need to start conducting such studies in order to understand the long term effect of the cultivation of Self-Compassion. This also applies to the hypothesis which states that Self-Compassion correlated positively with age.

The construct also needs to be researched in Lebanon and on the Lebanese population in order to better understand its dimensions and how it affects the Lebanese population and the extent to which it is present.

The sample chosen in this study was somewhat small, due to the limited numbers of students enrolled in psychology programs. It is recommended that this study be repeated using a bigger sample and maybe include other helping professions such as social workers and counselors. It is also recommended that the sample includes practicing professionals.

There is also limited information in the literature on the gender difference between males and females when it comes to Self-Compassion. Neff (2011) alluded to the issue briefly saying that males tend to have more Self-Compassion than females. It is important to research this further and find out the reasons behind the differences.

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- _____ 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.
- _____ 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 towards 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.
-

Calculating Your Level of Self-Compassion

Please record the score you gave for each item in the scale, and then calculate your Grand Compassion Average as given below:

Self-Kindness (SK) Items: Self-Judgment (SJ) Items:

#5 _____ #1 _____

#12 _____ #8 _____

#19 _____ #11 _____

#23 _____ #16 _____

#26 _____ #21 _____

SK Subtotal of items: _____ **SJ** Subtotal of items: _____

SK Average (divide subtotal by 5): _____ **SJ** Average (divide subtotal by 5): _____

Common Humanity (CH) Items: Isolation (I) Items:

#3 _____ #4 _____

#7 _____ #13 _____

#10 _____ #18 _____

#15 _____ #25 _____

CH Subtotal of items: _____ **I** Subtotal of items: _____

CH Average (divide subtotal by 4): _____ **I** Average (divide subtotal by 4): _____

Mindfulness (M) Items: Over-identification (OI) Items:

#9 _____ #2 _____

#14 _____ #6 _____

#17 _____ #20 _____

#22 _____ #24 _____

M Subtotal of items: _____ **OI** Subtotal of items: _____

M Average (divide subtotal by 4): _____ **OI** Average (divide sub-total by 4): _____

Total Self-Compassion Score:

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

6 – SJ average = ____ 6 – I average = ____ 6 – OI average = ____

2. Add the six averages: SK ____ + SJ (rc) ____ + CH ____ + I (rc) ____ + M ____
+ OI (rc) ____ = _____

3. Calculate Grand Self-Compassion Average (total average divided by 6) = _____

What Your Score Means:

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 averages for the SJ, I, and OI subscales indicate less Self-Compassion before reverse-coding and more after reverse-coding.

APPENDIX B

Narcissistic Personality Inventory

- 1. A. I have a natural talent for influencing people.
- B. I am not good at influencing people.
- 2. A. Making money doesn't excite me.
- B. I am essentially a material person.
- 3. A. I would do almost anything for a few.
- B. I tend to be a fairly cautious person.
- 4. A. When people compliment me, I sometimes get embarrassed.
- B. I know that I am good because everybody keeps telling me so.
- 5. A. The thought of ruling the world frightens the hell out of me.
- B. If I ruled the world it would be a better place.
- 6. A. I can usually talk my way out of anything.
- B. I try to accept the consequences of my behavior.
- 7. A. I prefer to blend in with the crowd.
- B. I like to be the center of attention.
- 8. A. I will be a success.
- B. I am not too concerned about success.
- 9. A. I am no better or worse than most people.
- B. I think I am a special person.
- 10. A. I am not sure if I would make a good leader.
- B. I see myself as a good leader.

APPENDIX B

Narcissistic Personality Inventory

1. A. I have a natural talent for influencing people.
B. I am not good at influencing people.
2. A. Modesty doesn't become me.
B. I am essentially a modest person.
3. A. I would do almost anything on a dare.
B. I tend to be a fairly cautious person.
4. A. When people compliment me I sometimes get embarrassed.
B. I know that I am good because everybody keeps telling me so.
5. A. The thought of ruling the world frightens the hell out of me.
B. If I ruled the world it would be a better place.
6. A. I can usually talk my way out of anything.
B. I try to accept the consequences of my behavior.
7. A. I prefer to blend in with the crowd.
B. I like to be the center of attention.
8. A. I will be a success.
B. I am not too concerned about success.
9. A. I am no better or worse than most people.
B. I think I am a special person.
10. A. I am not sure if I would make a good leader.
B. I see myself as a good leader.

11. A. I am assertive.
B. I wish I were more assertive.
12. A. I like to have authority over other people.
B. I don't mind following orders.
13. A. I find it easy to manipulate people.
B. I don't like it when I find myself manipulating people.
14. A. I insist upon getting the respect that is due me.
B. I usually get the respect that I deserve.
15. A. I don't particularly like to show off my body.
B. I like to show off my body.
16. A. I can read people like a book.
B. People are sometimes hard to understand.
17. A. If I feel competent I am willing to take responsibility for making decisions.
B. I like to take responsibility for making decisions.
18. A. I just want to be reasonably happy.
B. I want to amount to something in the eyes of the world.
19. A. My body is nothing special.
B. I like to look at my body.
20. A. I try not to be a show off.
B. I will usually show off if I get the chance.
21. A. I always know what I am doing.
B. Sometimes I am not sure of what I am doing.

22. A. I sometimes depend on people to get things done.
B. I rarely depend on anyone else to get things done.
23. A. Sometimes I tell good stories.
B. Everybody likes to hear my stories.
24. A. I expect a great deal from other people.
B. I like to do things for other people.
25. A. I will never be satisfied until I get all that I deserve.
B. I take my satisfactions as they come.
26. A. Compliments embarrass me.
B. I like to be complimented.
27. A. I have a strong will to power.
B. Power for its own sake doesn't interest me.
28. A. I don't care about new fads and fashions.
B. I like to start new fads and fashions.
29. A. I like to look at myself in the mirror.
B. I am not particularly interested in looking at myself in the mirror.
30. A. I really like to be the center of attention.
B. It makes me uncomfortable to be the center of attention.
31. A. I can live my life in any way I want to.
B. People can't always live their lives in terms of what they want.
32. A. Being an authority doesn't mean that much to me.
B. People always seem to recognize my authority.

33. A. I would prefer to be a leader.

B. It makes little difference to me whether I am a leader or not.

34. A. I am going to be a great person.

B. I hope I am going to be successful.

35. A. People sometimes believe what I tell them.

B. I can make anybody believe anything I want them to.

36. A. I am a born leader.

B. Leadership is a quality that takes a long time to develop.

37. A. I wish somebody would someday write my biography.

B. I don't like people to pry into my life for any reason.

38. A. I get upset when people don't notice how I look when I go out in public.

B. I don't mind blending into the crowd when I go out in public.

39. A. I am more capable than other people.

B. There is a lot that I can learn from other people.

40. A. I am much like everybody else.

B. I am an extraordinary person.

SCORING KEY:

Assign one point for each response that matches the key.

1, 2 and 3: A

4, 5: B

6: A

7: B

8: A

9, 10: B

11, 12, 13, 14: A

15: B

16: A

17, 18, 19, 20: B

21: A

22, 23: B

24, 25: A

26: B

27: A

28: B

29, 30, 31: A

32: B

33, 34: A

35: B

36, 37, 38, 39: A

40: B

The average score for the general population is 15.3. The average score for celebrities is 17.8.

Young says it is important to consider which traits are dominant. For example, an overall score that reflects more points on vanity, entitlement, exhibitionism and exploitiveness is more cause for concern than someone who scores high on authority, Self-Sufficiency and superiority, he says.

The seven component traits by question:

- Authority: 1, 8, 10, 11, 12, 32, 33, 36
- Self-Sufficiency: 17, 21, 22, 31, 34, 39
- Superiority: 4, 9, 26, 37, 40
- Exhibitionism: 2, 3, 7, 20, 28, 30, 38
- Exploitativeness: 6, 13, 16, 23, 35
- Vanity: 15, 19, 29
- Entitlement: 5, 14, 18, 24, 25, 27

APPENDIX C

The Spann-Fischer Codependency Scale

Read the following statements and place the number in the spaces provided that best describes you according to the following list: 1 Strongly Disagree; 2 Moderately Disagree; 3 Slightly Disagree; 4 Slightly Agree; 5 Moderately Agree; 6 Strongly Agree.

		1 Strongly Disagree	2 Moderately Disagree	3 Slightly Disagree	4 Slightly Agree	5 Moderately Agree	6 Strongly Agree
1	It is hard for me to make decisions.	1	2	3	4	5	
2	It is hard for me to say "no."	1	2	3	4	5	
3	It is hard for me to accept compliments graciously.	1	2	3	4	5	
4	Sometimes I almost feel bored or empty if I don't have problems to focus on.	1	2	3	4	5	
5	I usually <i>do not</i> do things for other people that they are capable of doing for themselves.	1	2	3	4	5	
6	When I do something nice for myself I usually feel guilty.	1	2	3	4	5	
7	I <i>do not</i> worry very much.	1	2	3	4	5	
8	I tell myself that things will get better when the people in my life change what they are doing.	1	2	3	4	5	
9	I seem to have relationships where I am always there for them but they are rarely there for me.	1	2	3	4	5	
10	Sometimes I get focused on one person to the extent of neglecting other relationships and responsibilities.	1	2	3	4	5	
11	I seem to get into relationships that are painful for me.	1	2	3	4	5	
12	I don't usually let others see the "real" me.	1	2	3	4	5	
13	When someone upsets me I will hold it in for a long time, but once in a while I explode.	1	2	3	4	5	
14	I will usually go to any lengths to avoid open conflict.	1	2	3	4	5	
15	I often have a sense of dread or impending doom.	1	2	3	4	5	
16	I often put the needs of others ahead of my own.	1	2	3	4	5	

To obtain a scale score, reverse score items 5 and 7 and sum all the items.