HAIGAZIAN UNIVERSITY

Self-Compassion and Compassion for Others and their Relationship to Psychological Wellbeing in Lebanese Adults

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A Thesis submitted to the Faculty of Social and Behavioral Sciences in partial fulfillment of the requirements for the Masters of Arts in Psychology – Emphasis: Clinical Psychology at Haigazian University.

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By

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Haigazian University

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DEDICATION

Dedicated to my beloved Parents, Khalil and Camelia and to Nabil.

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I thank all my teachers in life, the formal and the non-formal ones.

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Table of Content

List of Tables

Abstract

The present study investigated the relationship between compassion to others, self-compassion and psychological well-being in a convenient sample of 135 English-speaking Lebanese adults. The first three hypotheses examined the relationship between compassion for others and self-compassion as well as the individual effects of these two variables on psychological wellbeing. A fourth hypothesis investigated the role of self-compassion as a mediating variable in the positive relationship between compassion for others and psychological wellbeing. Participants completed a set of questionnaires which included demographic data, the Self-Compassion Scale (SCS), the Compassion Scale (CS-P) and Ryff's Psychological Wellbeing Scales (PWBS). Correlation and regression analyses were used to examine the relationships between the three variables. Findings revealed no correlation between self-compassion and compassion for others and confirmed that both, compassion for others and self-compassion are positively correlated with psychological wellbeing. The mediating role of self-compassion was not supported. Additional results revealed that females showed higher levels of compassion for others than males. Finally, self-kindness and common humanity within self-compassion, as well as indifference within compassion for others were found to have the strongest association with all PWBS subscales and the most predictive weight on PWB total score. The results of this study highlighted the importance of compassion for others and self-compassion as main contributors to psychological well-being. Future studies, using evidence-based short-term compassion interventions and trainings, might be directed on Lebanese subjects, to enhance levels of self-compassion and compassion for others and to further understand the relationships of those variables with psychological wellbeing.

Keywords: self-compassion, compassion for others, psychological wellbeing

Self-Compassion and Compassion for Others and their Relationship to Psychological Wellbeing in Lebanese Adults

"Compassion is not religious business, it is human business, it is not luxury, it is essential for our own peace, happiness and mental stability, it is essential for human survival."

– *His Holiness the Dalai Lama*

Compassion is an inherent part of our humanity. Evidence suggests that being compassionate towards others is ingrained in evolution and that it evolved as part of the caregiver's response to vulnerable offspring, it encourages supportive interactions and relationships between unrelated individuals and it suggests that compassionate mates are held in better favor (Goetz et al, 2010). Until recently, however, research on compassion has been rather scarce. In fact, Glaser (2005, p. 3) so aptly states that: "though much of psychology circles around the value of compassion, nowhere does it make compassion central to the foundation, process, or goal of psychological health and wholeness."

Within Buddhist traditions, directing and offering compassion to the self has been regarded as equally essential as giving it to others. Being compassionate to fellow humans but not to the self is actually interpreted as creating an unnatural separation between self and others, thus negating our fundamental interconnectedness. Drawn from this perspective, self-compassion is simply compassion directed inward (Neff & Pommier, 2013).

Despite past neglect of these psychological topics, an exponential growth in research interest has begun to emerge recently. In fact, the field of psychology is starting to focus heavily on the concepts of compassion for others and self-compassion allowing researchers to explore their complex mechanisms and various health benefits including psychological well-being (Pommier, 2010; Jazaieri et. al., 2014). Various research has shown that self-compassion

correlates positively with happiness and psychological wellbeing (Neff & Costigan, 2014; Neff, 2003; Saricaoglu &Arslan, 2013), as well as plays the role of a facilitator of resilience through moderating people's reactions to negative events (Hofman et al., 2011; Neff, 2009). Even though literature on the relationship between compassion for others and self-compassion is still in its early stages, a few studies have found that self-compassion can contribute to maintaining a compassionate stance towards others by mitigating emotional distress and preventing compassion fatigue and burnout (Beaumont, Durkin et. al., 2016). Moreover, compassion for others has been also linked to positive affect and greater wellbeing (Jazaiery et al., 2014; Mongrain et al., 2011).

Purpose of the Study

Therefore, in light of this newly emerging literature, the aim of this paper was to investigate the type of relationships that exist between self-compassion, compassion for others and psychological well-being among English-speaking Lebanese adults.

Rationale of the Study

The rationale for conducting this study was to deepen our understanding of this relatively new topic by attempting to replicate some of the previous research regarding the relationship between self-compassion and compassion for others, the individual effects of each of self-compassion and compassion for others on psychological wellbeing, as well as to test a new hypothesis that investigated the relationship between self-compassion and compassion for others on one hand, and their effects when combined, on psychological well-being. This hypothesis postulated that self-compassion will act as a mediator in the positive relationship between compassion for others and psychological wellbeing. The background of this study clarified this

proposed relationship. Finally, there are very few studies that focus on the three variables together, namely, self-compassion, compassion for others and psychological wellbeing, and in Lebanon, only a recent study by Koleilat (2017) using a sample of Lebanese adults, has shown a strong positive correlation between self-compassion and life satisfaction in Lebanese adults. Therefore, this study brought a contribution to the emerging body of research on the subject.

Background of the Study

The recent shift in psychology from focusing on mental illness to studying what makes people mentally and emotionally healthy has resulted in a surge of research focusing on wellbeing (Slade, 2010). Consequently, there has been an increasing interest in studying the construct of self-compassion.

The term compassion is a broad concept encompassing an array of denotations and meanings. In general, compassion comprises a feeling of sympathy to the experience of suffering, paired with a profound wish to relieve that suffering (Goetz, Keltner & Simon-Thomas, 2010). Compassion also includes an awareness of the collective human fate, unstable and far from perfection as it is, as well as a disposition to extend it to other fellow sufferers when they face failures or make mistakes (Neff & Germer, 2017).

Self-compassion on the other hand, is specifically compassion offered to oneself when suffering is experienced, regardless of the reasons of this suffering (Neff & Germer 2017). In her extensive research on the construct, Neff (2003a) found that self-compassion is a predictor of well-being and therefore cultivating it is directly proportional to reduced stress, anxiety, burnout and symptoms of depression. Another recent study has also shown that self-compassion can play a pivotal role in countering the stressors psychologists and other health workers are exposed to in their line of work (Beaumont et al., 2016). Other studies have focused on the relationship

between compassion for others and well-being. For instance, Jazaiery (2014) concluded that planned training sessions in compassion for others, that could range between one and nine weeks, can help participants enjoy a higher level of psychological well-being (Jazaiery et al., 2014).

The salutary effects of self-compassion on individuals' wellbeing have been well supported by various studies. However there has been fewer investigations on whether being self-compassionate affects one's level of compassion to others (Neff & Pommier, 2013). Available research on the relationship between Self-Compassion and Compassion for Others has somewhat yielded conflicting results. Some of the previous studies have found a non-significant relationship between self-compassion and compassion for others (Pommier, 2011), whereas others have found them to be significantly associated (Breins & Chen, 2013; Neff & Beretvas, 2013). In a study conducted in Sweden, Gustin and Wagner (2013) suggested that compassion for others might stem from self-compassion. Adding to that, two different studies have found a small yet significant association between these two constructs. For instance, in a study examining the relationship between self-compassion and other-focused concern, a significant link was found among community adults, between higher levels of self-compassion and high levels of compassion for humanity, empathic concern as well as with lower levels of personal distress when confronting suffering in others, suggesting that having higher compassion for others may be due to being more self-compassionate (Neff & Pommier, 2012).

To date, research that examined the relationship between self-compassion and compassion for others is still scarce and statistical research is lacking (Lopez et al., 2017). However, what has been consistently found is that both concepts have comparable mechanisms, that implicate the same regions in the brain (Longe et al., 2010; Lutz et al, 2008). From the

Buddhist psychology viewpoint, developing the ability to be compassionately aware of one's own suffering when it occurs, enables one's capacity to outspread compassion to several targets, including the self, other people and all living beings (Hofmann, Grossman & Hinton, 2011). Results from previous studies supported the Buddhist view and evidenced that being self-compassionate is associated with kindness, support and higher levels of other-focused concern in interpersonal relations and that those who reported as highly self-compassionate were more inclined to having compassionate goals in close relations with others (Neff & Pommier, 2013; Crocker & Canevello, 2008). In light of these previous studies, this study replicated this finding and predicted that self-compassion will be positively correlated with compassion for others (hypothesis 1).

Taking into account the positive relationships that exist between self-compassion and well-being on one hand (hypothesis 2), and compassion for others and well-being (hypothesis 3), on the other, as the above discussed literature has shown, this study examined a fourth hypothesis that has not been directly studied before, but has been alluded to in most researches on the subject, which is the effect of self-compassion and compassion for others when combined together, on psychological wellbeing. This is based on the findings that compassion for others with the absence of self-compassion puts individuals at higher risks of burnout and reduces their wellbeing (Beaumont et. al. 2016). Applying the same logic on the general population and not just on healthcare workers and clinicians, we specifically proposed that self-compassion will act as a mediating variable in the positive relation between compassion for others and psychological wellbeing.

The Problem Statement

Taking into consideration the background literature on the relationship between self-compassion, compassion for others and psychological wellbeing, the present study focused on the incidence of those traits among English-speaking Lebanese adults, with the aim of deepening our understanding of these relatively new topics, by attempting to replicate some of the previous research regarding the relationship between self-compassion and compassion for others, the individual effects of each of self-compassion and compassion for others on psychological wellbeing, as well as testing a new hypothesis that investigated the relationship between self-compassion and compassion for others on one hand, and their effects when combined, on psychological well-being. This hypothesis postulated that self-compassion will act as a mediator in the relationship between compassion for others and psychological wellbeing. No previous studies were found examining the relationship between these variables in the Lebanese population. Only a recent study by Koleilat (2017) using a sample of Lebanese adults, has shown a strong positive correlation between self-compassion and life satisfaction.

Finally, there are very few studies that focus on the three variables together, namely, self-compassion, compassion for others and psychological wellbeing, therefore this study brought a contribution to the emerging body of research on the subject.

The following hypotheses were examined:

Hypothesis 1: There is a positive correlation between self-compassion and compassion for others.

Hypothesis 2: There is a positive correlation between self-compassion and psychological well-being.

Hypothesis 3: There is a positive correlation between compassion for others and psychological well-being.

Hypothesis 4: Self-compassion is a mediating variable in the positive relation between compassion for others and psychological wellbeing.

The Professional Significance of the Study

The various benefits of compassion, whether self-compassion or compassion for others, are beginning to be acknowledged more recently in various social disciplines and especially in the psychotherapeutic field. First, this study added to our understanding of this concept as it is still considered a relatively newly researched topic. There is only one recent Lebanese study by Koleilat (2017) in which the author has attempted to study self-compassion and life satisfaction in adults. Second, this study included a third variable, compassion for others, which enhanced our knowledge of these concepts even more.

Third, this study benefited future mental health professionals and hence should be included in professional trainings in the caregiving field. By introducing compassion for others and self-compassion into the clinical training programs, the psychology graduate interns have a greater ability to practice self-care, protect or even enhance their wellbeing. Fourth, this study provided valuable information for clinicians, psychologists and school counselors who can train their clients or students, regardless of the type of pathology they happen to be dealing with, to become more self-compassionate, so that they will eventually enjoy a higher level of psychological well-being.

Overview of Methodology

This quantitative study, applied correlational research that used analysis of variance and regression, through self-report measures, to examine the proposed hypotheses. A convenience

sample of 135 English speaking Lebanese adults (18 years and above) was used to assess levels of self-compassion, compassion for others and psychological wellbeing. Participants were sampled from the general population in Beirut, Lebanon. They were asked to fill out 3 questionnaires: The Self-Compassion Scale (SCS), the Compassion Scale (CS-P) and the Psychological Wellbeing Scales (PWBS) as well as a demographic sheet.

Prior to filling the questionnaires, participants were asked to read and sign a participant information form as well as a consent form, after being briefed about the study and ensured confidentiality.

Delimitations of the Study

One limitation for our study could have been that our selected sample, being a convenience sample, was limited to English speaking Lebanese adults, therefore our population excluded all those who did not speak English, as well as the illiterate.

Definition of Key Terms

Psychological Wellbeing (PWB):

The eudaimonic approach used in our study, considers psychological wellbeing in terms of optimal functioning, meaning and self-actualization. The most frequent operationalization for this approach is Ryff's model, consisting of six dimensions: Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life, and Self-Acceptance (Dagenais-Desmarais & Savoie, 2012). According to Ryff (1995), psychological well-being is defined as "the striving for perfection that represents the realization of one's true potential" (p. 100). This conceptualization is akin to how authentic well-being is defined according to the Buddhist perception; "realizing one's fullest potential in terms of wisdom, compassion and

creativity" (Wallace and Shapiro 2006; p. 691).

Self-Compassion:

Self-compassion as defined by Neff (2003a, 2003b) is about being kind and caring towards oneself in the face of adversity, suffering or perceived shortcomings and failures. Neff has defined self-compassion as being composed of three main components: Self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. Self-compassionate individuals treat themselves with warmth and non-judgmentally, rather than demeaning their pain or scolding themselves by being self-critical while at the same time recognizing that one's experience is part of the common human experience. Self-compassion requires taking a balanced approach to one's negative experiences so that painful feelings are neither suppressed nor exaggerated but rather held in loving awareness (Neff, Kirkpatrick & Rude, 2007).

Self-Kindness:

A concept within self-compassion that involves offering kindness and caring to oneself when facing perceived shortcomings, mistakes and meeting one's suffering with a soothing approach rather than with harsh judgement and self-criticism (Neff, 2003).

Self-Judgment:

A concept within self-compassion that involves being critical and harsh towards oneself when facing pain and perceived failures (Neff, 2003).

Common Humanity:

A concept within self-compassion, involving the recognition that all humans are fallible and prone to making mistakes while acknowledging the fact that we are all part of a shared human experience when meeting life's difficulties and pain. (Neff, Kirkpatrick & Rude, 2007).

Isolation:

A concept within self-compassion that involves the irrational belief of the individual that other people are not experiencing difficulties and inadequacies and that he is alone facing challenges and failures (Neff, 2003).

Mindfulness:

A concept within self-compassion that involves being aware of the present moment, while holding an open and receptive attitude with regard to one's thoughts, feelings and life experiences (Neff, 2003).

Compassion for Others:

Gilbert (2010) and Wispe (1991), conceptualize compassion for others as being attuned to and moved by the suffering of others, paired with the desire to alleviate their pain, as well as comprising a non-judgmental attitude towards others, while tolerating one's own distress when facing other's suffering. Pommier (2010) adopted Neff's (2003a) concept of self-compassion and applied it to a model of compassion for others, where the latter is defined as involving kindness, mindfulness and common humanity. In her model Pommier defines kindness as ''being understanding towards others who are suffering instead of being critical or indifferent towards

them'', 'mindfulness' as being aware of another's suffering while being open to it in such a way that one does not feel distressed to a point where he or she disengages from that person. As for 'Common humanity' Pommier conceptualizes it as the realization that one is not alone in experiencing painful emotions and that suffering is shared by all humanity (Strauss et. al., 2016).

Chapter 2

Review of Literature

The purpose of this study was to investigate the type of relationships that exist between self-compassion, compassion for others and psychological well-being among English-speaking Lebanese adults. Therefore, in order to provide the needed context for the examined hypotheses in this paper, this chapter is a review of literature that focuses on a series of studies in the field of self-compassion and compassion for others.

Compassion for Others

The concept of compassion for others is widely emphasized by all main religions in the world and it is the "fundamental tenet" of Buddhism in particular. In the psychology literature, however, there is a larger focus on the Buddhist views on compassion (Straus, et. al., 2016). The Dalai Lama, defined compassion as: "An openness to the suffering of others with a commitment to relieve it". Buddhists view compassion not just as an emotional response but more of a rational and wise response established in wisdom and reason and rooted in an ethical context with the intention of selflessly helping others become free of suffering (Gilbert, McEwan, Matos & Rivis, 2011; Strauss et al., 2016). Gilbert defines compassion for others as being attuned to and moved by the suffering of others, paired with the desire to alleviate their pain, as well as comprising a non-judgmental attitude towards others, while tolerating one's own distress when facing others' suffering (Gilbert, 2005). Pommier (2011) conceptualized compassion for others as having three dimensions, within each dimension there is a positive element related to compassion and a negative element related to an absence of compassion and they are kindness versus indifference, common humanity versus separation and mindfulness versus disengagement. Jinpa (2010) proposed a more complex and multidimensional definition of the construct of

compassion made up of four main components: (1) “an awareness of suffering” (cognitive component), (2) “sympathetic concern” which relates to being emotionally moved by suffering (affective component), (3) a desire to see the “relief of that suffering” (intentional component), and (4) a “responsiveness or readiness to help relieve that suffering” (motivational component) (Jazaieri et al., 2014, p.23). Despite the variations in defining the term, there seems to be a general agreement in the literature that compassion includes feeling for the suffering of others and being driven to take action to help them (Straus, et al 2016) and that it is made up of an affective, cognitive and motivational component (Jazaieri, et al, 2014).

Development of Compassion in Children

Gilbert (2009), proposed a biopsychosocial approach to the development of compassion in children, stating that youngsters who are given loving care at an early age, mature into adults who, whenever confronted to stressful situations, are capable of a compassionate opening to relations with others due to their feelings of inner safety, along with their mood regulating skills that were gained through the reminiscing of the calming and soothing approaches of their caregivers. For instance, those who have a secure attachment were found to be more disposed to take care of their older family members (Sorensen et al., 2002) and were described as more socially supportive by their close entourage (Priel et al.,1998). However, children who were reared in a threatening environment, develop a defensiveness due to a lack of safety and are more inclined to relying on anger, fearfulness or avoidance in the face of stress (Gilbert, 2005). Moreover, when children grow up in a kind and warm household, it allows them to explore the world while feeling safe. Because they have developed positive expectations about their environment, they no longer have the need for self-centeredness as a means of self- protection, freeing their awareness to become more open to another’s pain (Pommier, 2010). When

insecurely raised adults protect themselves through self-focus, they may become either indifferent or judgmental when facing others' suffering, as an adaptive reaction that puts their own inner safeness as a priority. This threat response then forms an obstacle to conveying kindness to others promoting indifference instead (Pommier, 2010).

Compassion for Others and Therapists

In the domain of healthcare, compassion for others is considered to have a wide range of useful and realistic advantages. It has been contended that treating patients with compassion has a vast array of benefits. It results in better clinical outcomes, more patient satisfaction with services and improves the quality of information collected from patients (Epstein et al., 2005; Rendelmeir et al., 1995; Sanghavi, 2006). On the other hand, research has indicated that the lack of compassion or compassion fatigue might play a role in providing a poor quality of care (Najjar, Davis, Beck-Coon & Doebbeling, 2009). Figley (2002b) advocated that the most efficient clinicians are those who can use and convey empathy and compassion. When these therapeutic elements are present, the patient senses that his therapist acknowledges and feels with his distress while expressing caring and loving kindness, which in turn gives support and relief to the sufferer (Raab, 2014).

Compassion for Others vs Empathy

Compassion for others and empathy are used interchangeably in mental health literature though focus has been more on empathy. In a study entitled "Compassion in Psychotherapy: The Perspective of Therapists Nominated as Compassionate", it was the view of the therapists that compassion was closely related to empathy, though the former was defined as being wider and more profound than empathy (Vivino et al., 2009). Empathy is described as the capacity to

‘‘sense the client’s private world as if it were your own, but without ever losing the ‘as if’ quality’’ (Rogers, 1957, p. 99), whereas compassion permits a more profound connection with the other. It has been theorized as a state of being, connecting to the global suffering of the patient and as the foundation and incentive fueling the motivation to assist the sufferer in easing his or her pain. Whereas empathy was defined as the process of reflecting understanding to the patient from instant to instant (Vivino et al., 2009).

Self-Compassion Definitions

Western psychology has been focused recently on studying empathy and compassion for others by producing an immense amount of empirical research on that topic. It was not until recently they started to examine the concept of self-compassion (Neff, 2003a). The interest in the construct of self-compassion initially emerged out of a need to provide a tool for patients that gives them the ability to be kind and towards themselves between therapeutic sessions (Neff & Germer 2013).

According to the Buddhist philosophy compassion involves being moved by and wanting to relieve both others’ suffering and one’s own (Neff, 2003; Neff, 2003). Buddhism contends that creating a dichotomy between empathy and compassion for others and self-compassion creates a false separateness between self and others (Neff, 2003). In the Tibetan language, the word *tsewa* which translates as compassion doesn’t differentiate between compassion for self and others.

Based on this understanding psychologists in the West have worked towards developing an empirical theory for the concept of self-compassion (Barnard & Curry, 2011). As previously mentioned, compassion for others includes being moved by others’ suffering and being open and

aware of the pain of others without trying to avoid it or disconnect from it, in order to allow feeling kindness towards others and to be motivated to ease their suffering (Wispe, 1991). It further entails extending a non-judgmental understanding to those who experience failure or feel that they have done wrong, in such a way that their deeds and conduct are perceived in the context of shared human vulnerabilities and imperfections (Neff, 2003). Following this line of reasoning, extending compassion towards the self, entails being moved by and accepting of one's suffering without ignoring it or disconnecting from it and being motivated to alleviate and heal this suffering with kindness.

Neff's definition of Self-Compassion

Thus, self-compassion relates to the capability to act with kindness towards ourselves, while recognizing that we are not alone in our suffering, that our flaws are part of what comprises our shared human nature, while simultaneously being 'mindful and accepting of our emotions' (Germer & Neff, 2013). In simple terms, self-compassion is merely compassion directed inwards (Germer & Neff, 2013). In her extensive study of the construct, Kristin Neff proposed a structure of self-compassion made up of three components where each counteracts negative effects: (1) self-kindness which alleviates "self-criticism, self-condemnation, blaming and rumination, which are common notions of depression'' (Beck, Rush, Shaw, & Emery, 1979). (2) common humanity which helps us feel less isolated through recognizing that we are part of a larger humanity who is also suffering (Van Dam, Sheppard, Forsyth, & Earleywine, 2011) and contributes to increasing general wellbeing (Neff, 2003). (3) Mindfulness reduces extensive fixations with negative thinking thereby countering over-identification (Hayes, Strosahl, & Wilson, 1999). For a better understanding of how these components work, following is a more detailed explanation of the three constructs of self-compassion:

Self-kindness vs self-judgment.

Self-kindness involves having an empathic, forgiving, sensitive, warm and patient relationship with oneself regarding one's actions, emotions, thinking and desires (Gilberts & Irons, 2005). Individuals who have self-kindness, enjoy a stable sense of self-worth that is unaffected by conditions. Being self-kind includes the affirmation, especially when failing, that we are worthy of being loved and of being pain-free (Barnard & curry, 2011).

On the other hand, self-judgement, is a concept within self-compassion that involves being critical and harsh towards oneself when facing pain and perceived failures (Neff, 2003). Being high on self-judgment includes, hostility, condescendence and criticism towards oneself or characteristics of oneself (Neff, 2003a). Individuals who practice self-judgment do not accept their own emotions, cognitions, desires and do not value themselves (Barnard & Curry, 2011). Self-judgment is persistent and the suffering it inflicts tends to be even more painful than the conditions that induced it (Germer, 2009). Nonetheless, being frequently judgmental of oneself usually appears normal to people, therefore they might be unconscious of it and have no awareness that they could treat themselves in a different way or how it causes them to suffer (Barnard & Curry, 2011). Thus, it is believed that part of increasing self-kindness is by becoming conscious of self-judgment and aware of its harmful effects (Gilbert & Irons, 2005).

Common humanity versus isolation.

According to Buddhist philosophy, all living beings are interconnected, perceiving one's self as separated from others is a delusion, and all humans deeply long for feeling connected to each other. Common humanity means to acknowledge this interconnectedness, especially in times of suffering, sadness, when we notice our flaws and when we make mistakes. It entails radical self-forgiveness and the acceptance of the self's full humanity, with all its limitations

(Neff, 2003). Nevertheless, most individuals experience a sense of utter aloneness whenever they face difficult and painful moments in their lives. Those who experience a sense of shame towards themselves, their feelings or their shortcomings, frequently withdraw, conceal their 'real self' and believe that they are the only ones who grapple with certain shortcomings or flaws (Barnard & Curry, 2011).

Mindfulness versus over-identification.

Mindfulness is about being conscious of, attentive to and accepting of whatever is happening in the now. It also comprises a kind and self-supportive concern in whatever one is experiencing in the immediate moment. Moreover, it includes the observation and the non-judgmental noticing of cognitions and feelings, as opposed to a mere reactivity (Kabat-Zinn, 2003). Being mindfully attentive allows the individual to understand what is to be learned from the present situation, without the diversions that one gets caught in, whenever harshly evaluating the self or being anxious about the past and the future (Neff, 2003). Therefore, being self-compassionate involves being mindfully aware of unpleasant cognitions and feelings that arise moment to moment and approaching them with steadiness and inner acceptance. It is an inner attitude that is characterized by an openness to the experiences that are unfolding, non-judgmentally, without avoiding or repressing (Neff & Dahm, 2015). Mindfulness is such a crucial component of self-compassion because as a first step, one must have the will and intention to direct his focus and go through uncomfortable feelings, so that as a second step, compassion to the self may be offered. It may look like suffering is supposed to be evident to the sufferer, however, many individuals do not even pause to recognize the fact that they are experiencing pain, particularly whenever it is engendered by their own self-criticism (Neff, 2003). Whenever life gets challenging, they try to merely attempt to solve problems without

considering to stop and acknowledge their pain in the now. This defense mechanism is counterproductive, as it leads to over-identification with the suffering that induces aversion reflexes. Over-identification implicates a rumination over personal flaws and failures that narrows our view and thus obstructs the processing of the full inner experience of what is presently happening, while magnifying the feelings of failure which leads to avoidance (Gilbert & Procter, 2006; Neff & Vonk, 2009).

Self-compassion components and mechanisms of action.

Whereas these three components of self-compassion may look separate from each other, in reality they are interconnected as they augment and generate each other. For instance, a specific level of being mindful is required for one to become mentally distant from the uncomfortable experience so that self-kindness and common humanity may be allowed to emerge (Neff & Germer, 2013). Mindfulness allows a detaching attitude that lowers self-judgment and therefore generates self-kindness. Moreover, the equanimity of mindfulness lessens egocentric reactions, thus countering the feelings of being isolated from other human beings, while simultaneously enhancing the sense of interconnection with others (Neff & Germer, 2013). Furthermore, keeping in mind that pain and shortcomings are a normal part of being human, facilitates in viewing whatever one is experiencing, in a balanced manner, which in turn allows the capacity of being more mindful when difficult feelings and thoughts arise, instead of over-identifying with them (Fredrickson, 2001). Lastly, self-kindness and common humanity also boost each other. Whenever a person is judging of himself, he becomes more self-conscious, leading him to feel more isolated, while being self-kind dilutes this self- awareness and allows a feeling of inclusion with other humans (Neff & Germer, 2013).

Psychological Wellbeing Definitions

The focus on Psychological Wellbeing ensued a recent shift in psychological research from concentrating on illness and pathology to focusing on positive aspects of people. The goal of positive psychology aims to equip people with positive attributes and enhance their strengths rather than just merely struggling to change negative aspects of life (Saricaoglu & Arslan, 2014). Psychological Well-being is one of the concepts of positive psychology. The concept of well-being, however, is not so new. It can be traced to ancient philosophy as far back as Aristotle (Edmondson & MacLeod, 2015) and has been long debated throughout the ages. This age-old debate revolved around two main approaches to well-being: hedonic and eudaimonic (Ryan & Deci, 2001). From a *hedonistic* perspective, well-being is defined as being happy and satisfied. The concept of hedonism is mainly characterized by a person's evaluation of his or her life according to their subjective values and standards (Saricaoglu & Arslan, 2014).

The association between hedonic happiness or pleasure and wellbeing can be traced far back in history. Aristippus, a fourth century B.C. Greek philosopher maintained that the objective of life is to maximize the amount of pleasure we experience, and that happiness is equal to the total of a person's hedonic moments. Many later philosophers, such as Hobbes and Desade, followed his teachings and asserted that the fundamental goal of life is to pursue sensations and pleasures (Ryan & Deci, 2001). Some psychologists embraced this view of happiness but in broader terms. They claimed that hedonism encompasses pleasures and penchants of both the body and the mind (Kubovy, 1999). Thus, happiness goes beyond the mere pursuit of sensory hedonism and it can be achieved from attaining goals (Ryan & Deci, 2001). Hedonism views wellbeing as the level of being satisfied and happy about one's life, with its principal characteristic being the evaluation of one's life in accordance with personal sets of

values, whereas the viewpoint of psychological functionality as eudemonia, is determined by the degree of self-realization, being fully functional as well as having meaning and purpose in life (Ryan & Deci, 2001).

On the other hand, those who champion the eudaimonic approach to wellbeing, from philosophers to religious masters and visionaries, downplayed happiness or pleasure as a main criterion of wellbeing. Drawing from Aristotle, who viewed hedonic happiness a 'vulgar' value that renders humans as slaves to their desires (Ryan & Deci, 2001), many psychologists who embraced this approach claimed that well-being is a much more complex structure than the mere satisfaction of pleasure (Saricaoglu & Arslan, 2014). Eudamonia is a valuable term in itself because it indicates that well-being is distinct from happiness as such. Eudaimonic theories claim that satisfying all of our desires does not necessarily mean that wellbeing is achieved. Even though some outcomes of those satisfied desires might give a sense of pleasure, some of them might not necessarily foster wellness. In this sense and from a eudaimonic perspective subjective happiness is not equivalent to wellbeing (Ryan & Deci, 2001). As social sciences tried to gain a better understanding of the human being, it became clearer that positive facets of psychological functioning were both misconstrued and under-researched (Akin, 2008). An operational definition of the construct had to be formulated to facilitate the empirical study of Psychological Wellbeing. Numerous conceptualizations have been brought forward including correlating wellbeing to achieving goals (Diener, 1984), suggesting that happiness results from taking part in challenging and stimulating activities (Chekola, 1975) and postulating that psychological wellbeing encompasses life satisfaction (Pavot & Diener, 1993; Shin & Johnson, 1978), experiencing 'positive affect' and the absence of 'negative affect' (Pavot & Diener, 1993).

Ryff's Definition of Psychological Well-Being

Ryff and Keyes (1995) were critical of the early research conducted on Psychological Wellbeing, saying it failed to answer the fundamental question: What does being psychologically healthy entail? Ryff (1997), went on to state that psychological wellbeing entails more than just being stress-free and without psychological troubles. It includes perceiving the self in a positive manner, having meaningful relationships with other people, mastering our direct environment, being autonomous and having a purposeful life, all in accordance with healthy psychological developmental stages. It has been debated that, although usual conceptualizations of psychological wellbeing measure the quality of a person's affect and the degree of being satisfied with one's life, this way of measurement is not enough to include an indication of having a psychologically healthy development (Ryff, 1997). Moreover, Ryff (1989), argued that wellbeing is composed of a more complex structure than what has been stated within research. Healthy psychological functioning is multi-dimensionally structured and includes six distinct scopes that go as follows: Self-acceptance which is a favorable general evaluation and unconditional appreciation of oneself as one actually is. Autonomy, is equated to being able and free to make one's own decisions, having an internal locus of control, being individualized, as well as having self-regulating behaviors. As for environmental mastery, it has been defined by Ryff (1989), as the capability of a person to build or choose an environment that is harmonious with his values and psychological framework. Personal development is defined as the individual's sense of constant personal growth and a capability to cultivate inner potentials. Purpose in life includes the personal beliefs that one has a meaning and a purpose in life, thus giving him a sense of freedom and directionality. Positive relations with others is about forming meaningful relationships with others which give the individual a sense of belonging and allow

him/her to share mutually reliable and trustworthy feelings of compassion and caring with others (Ryff, 1989).

Self-Compassion and Psychological Wellbeing

According to Ryff (1995), psychological well-being and specifically the eudemonic part is defined as the longing for fulfillment that characterizes the realization of one's genuine potential. This conceptualization is akin to how authentic well-being is defined according to the Buddhist perception; "realizing one's fullest potential in terms of wisdom, compassion and creativity" (Wallace and Shapiro 2006; p. 691). 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). In her study Neff (2003) found a positive correlation between self-compassion and life satisfaction, social connectedness and emotional connectedness and these findings showed an overall connection to positive wellbeing. She also found that self-compassion correlated negatively with self-judgment, neurotic perfectionism, anxiety and depression. Individuals who are high in self-judgment and therefore low in self-compassion, are in constant need of external validation which makes them unable to locate internal resources for generating self-compassionate and self-soothing attitudes and behaviors, which in turn negatively affects their overall psychological wellbeing (Neff & McGhee, 2010).

Moreover, a significant correlation was also found between self-compassion and each of the six subscales of psychological wellbeing namely self-acceptance, purpose in life, environmental mastery, autonomy, personal growth and positive relations with others, with self-acceptance having the strongest association with self-compassion (Saricaoglu &Arslan, 2013). Adding to that, what was found consistently within the literature, is that self-compassion is

negatively correlated with psychopathology. A recent meta-analysis found a great effect size when they studied the link between self-compassion and psychopathologies such as depression and anxiety across 20 studies (Neff & Germer 2013). For instance, various research has shown that self-compassion is a learnable skill that can be adopted as a durable integrated trait leading to wellbeing. Consequently, a multitude of programs aiming at enhancing self-compassion are being developed and applied (Neff & Germer 2013; Smeets, Neff, Alberts & Peters, 2014). Furthermore, self-compassion has been under the spotlights recently as a resiliency tool against stress, burnout, and emotional exhaustion (Raab, 2014). Self-compassion has also been linked to emotional intelligence, personal initiative, curiosity, intellectual flexibility, life satisfaction, and feelings of social connectedness, all crucial constituents of a meaningful life (Neff, 2003; Neff, Rude & Kirkpatrick, 2007). In addition, the trait of self-compassion has been related to feelings of autonomy, competence, relatedness, and self-determination, suggesting that self-compassion helps meet the essential psychological needs that are vital to eudemonic well-being (Neff, 2003). In most recent studies, researchers are beginning to use other procedures to assess the connection between self-compassion and wellbeing such as mood inductions, behavioral observations (Sbarra, Smith, & Mehl, 2012), short-term interventions (Smeets, Neff, Alberts & Peters, 2014) and long-term interventions (Neff & Germer, 2013). Results obtained while using non-self-report approaches tend to be similar to findings acquired with the Self-Compassion scale. For instance, self-compassion interventions were found to increase optimism, happiness, self-efficacy and to reduce rumination, depression and anxiety (Smeets et al., 2014). These convergent findings are starting to give more support to the discovery that self-compassion is a potent way to improve intrapersonal and interpersonal well-being. When people are mindful of their own distress and reply to it with gentleness, while being aware that suffering is part of the common human

condition, they seem to be better equipped to cope with life's challenges. Embracing a loving, connected, and balanced mind state seems to lower psychopathology, while at the same time it boosts happiness and meaning in life (Neff & Germer, 2013). By merging our acceptance of what we are experiencing in the now, with the compassionate longing to be happy and free from distress, we expand our capacity for healing and reaching our full potential (Neff & Germer, 2013). Therefore, based on the above findings that self-compassion is strongly linked to psychological wellbeing, we expected a positive association between self-compassion and psychological well-being.

Compassion for Others and Psychological Wellbeing

Findings from a study on the brain activity of compassionate monks by Davidson (2006) implied that a link may be present between compassion for others and happiness. In Buddhism, it has long been advocated that compassion is associated with wellbeing (e.g. Dalai Lama, 2002; Ladner, 2004; Wang, 2005) and may buffer against negative feelings such as fear, anger, and envy. On the other hand, the western viewpoint acknowledges the positive effect resulting from being the receiver of compassion. Nonetheless, what may be controversial in these preliminary discoveries and in the Buddhist perspective, is the idea that the giver is also gaining from his own compassion for others. This idea is beginning to be acknowledged in western literature. For instance, in two different studies, the researchers showed that after a week of continuously practicing compassion to others (Jazaiery et al., 2014) and following a nine-week training, those who participated, evidenced greater levels of wellbeing (Lopez et al, 2017, Jazaiery et al., 2014). It might be that training in compassion promotes psychological flexibility through enhancing mindfulness, a sense of connectedness, positive affect, efficient strategies for regulating

emotions, as well as through decreasing negative affect and dysfunctional strategies for regulating emotions (Jazaiery et al., 2014).

Moreover, recent studies involving Compassion Meditation practice, which include practices aiming at developing one's compassion and a stance of unconditional kindness towards all beings including the self, have shown an association between this training and an increase in positive affectivity as well as a decrease in negative affectivity (Mongrain et al., 2011; Smeets, Neff, Alberts & Peters, 2014). Additionally, groundwork results from neuro-endocrine research suggest that higher compassion levels, may lower the effects of stress-induced personal distress (Hofmann et al., 2011). Furthermore, compassion to others has been viewed as a vital force in human beings, entailing a caring, sympathetic and empathic disposition that help the individual in connecting and caring for one another. Being especially relevant to psychological heath, compassion is not solely a means to develop satisfying relations with others, it is a fundamental element to unburdening the psyche from the destructive outcomes of negative feelings and cognitions (Mongrain et al., 2011). It has been also found that training in compassion makes significant changes in the brain circuitry, increasing positive feelings towards oneself and other beings, promoting altruism and a feeling of connectedness (Bibeau, Dionne & Leblanc, 2016). Furthermore, in their research, Crocker & Canevello (2008) suggested that compassionate goals may be linked with many benefits such as improved social bonding, greater well-being, less feelings of loneliness, lower depression and anxiety. Compassion is especially efficient in the prevention and treatment of depressive symptoms for multiple reasons. First compassion's other-centeredness allows a displacement of awareness from the detrimental effects of egocentric obsessions that characterize depressive cognitions, into a more other-connected perspective (Allen & Knight, 2005).

Moreover, a compassionate attitude protects the person from getting carried away by the negativity of a threatening viewing of the world, therefore buffering against generalized pessimism, while encouraging behaviors that decrease social isolation through facilitating interconnectedness with other people (Pommier, 2010). When unconditional understanding is given to others when they fail or whenever they are experiencing painful feelings, rather than criticizing them or showing indifference, this understanding stance produces a feeling of closeness, limiting the distance between the conveyor of compassion and the person in pain (Gilbert, 2005). Therefore, based on the above findings that compassion for others is strongly linked to psychological wellbeing, we expected a positive association between compassion for others and psychological well-being.

Self-Compassion and Compassion for Others

As mentioned earlier, studies on the relationship between self-compassion and compassion for others have yielded some conflicting results. Some of the previous research have found a non-significant relationship between self-compassion and compassion for others (Pommier, 2011), whereas others have found them to have a small but significant association (Breins & Chen, 2013; Neff & Beretvas, 2013).

Nevertheless, despite these conflicting findings that are evident in some of the research, the majority of studies have indicated a positive correlation between self-compassion and compassion for others (Breins & Chen, 2013; Neff & Beretvas, 2013). Few studies have found that one can have high levels of compassion for others while having low self-compassion, while more recent research has concluded that those who have high self-compassion also have high levels of compassion for others (Pommier, 2010). Other results yielded from two studies evidenced that being self-compassionate is associated with higher levels of other-focused

concern in interpersonal relations and that those who reported as highly self-compassionate were more inclined to having compassionate goals (Neff & Pommier, 2012; Crocker & Canevello, 2008). Moreover, in a study conducted in Sweden, Gustin and Wagner (2013) suggested that compassion for others might stem from self-compassion. They referred to this phenomena as the "butterfly effect of caring" which suggests that developing a compassionate stance towards oneself, in other words cultivating the ability to be 'sensitive, non-judgmental and respectful' towards the self, contributes to maintaining a compassionate attitude towards others (Raab, 2014).

Furthermore, two different studies have found a small yet significant association between these two constructs. For instance, in a study examining the relationship between self-compassion and other-focused concern, a significant link was found among community adults, between higher levels of self-compassion and high levels of compassion for humanity, empathic concern as well as with lower levels of personal distress when confronting suffering in others, suggesting that having higher compassion for others may be due to being more self-compassionate (Neff & Pommier, 2012). Other evidence shows that intentionally cultivating self-compassion stimulates parts of the brain generally associated with compassion. With the use of Functional Magnetic Resonance Imaging technology (FMRI), it has been discovered that directing people to be more self-compassionate triggered neural activity similar to what happens when feelings of empathy towards others are evoked (Longe et. al 2009). Moreover, since some studies suggested that compassion for others is linked to self-compassion and the ability to practice self-care, increasing self-compassion may be vital for the prevention of compassion fatigue and promotion of compassionate caring (Figley, 2002a, 2002b; Gilbert, 2005). In another study, those who scored high on self-compassion, were shown to have substantially lower levels

of personal distress when facing another's suffering than those who reported low on that trait (Neff, 2003). Concurrently, when asked the question whether they tended to be kinder to others than to themselves, those high in self-compassion reported being equally kind to others and to self, whereas those low in self-compassion reported being more compassionate to others than to themselves (Neff, 2003; Neff & Germer, 2012). This could be interpreted that people who are deficient in self-compassion, despite being harsher with themselves, have a comparable interest in others' welfare as those who have high levels of self-compassion (Neff & Pommier, 2013). To date, research that examined the relationship between self-compassion and compassion to others is still scarce and precisely statistical research is lacking (Lopez et al., 2017), however what has been consistently found is that both concepts have comparable mechanisms, that implicate the same regions in the brain (Longe et al., 2010; Lutz et al, 2008). Therefore, based on the majority of the above discussed research, we expected a positive correlation between self-compassion and compassion for others.

Compassion for others, Self-compassion and Psychological Well-being

As previously mentioned in other research, being compassionate to others is intimately associated with self-compassion (Figley, 2002), therefore knowing how to be kind, non-judging and showing respect towards the self consequently enables the ability to be caring, non-judging and showing respect towards other fellow humans (Gilbert, 2005). In a study by Hefferman (2010) on the quality of care delivered by nurses, the aptitude of nurses to show compassion to themselves, was found to impact their ability to have compassion for their patients. Another study on midwives, conducted by Beaumont (2016), found that scoring high on self-judgment has a highly significant negative correlation with compassion to self and consequently also lowering compassion to others resulting with a lowering of psychological well-being. Moreover,

in another study involving midwives, high self-judgment was considerably negatively associated with self-compassion, compassion for others and mental wellbeing, reinforcing the notion that when healthcare workers harshly self-judge, their overall self-compassion is lowered as well as their compassion to others, resulting in reduced wellbeing and higher burnout (Beaumont et al., 2016). Furthermore, according to Raab (2014), the fact that professional caregivers remain working with compassion and empathy, does not deny the negative consequences of this type of work. The notion of compassion fatigue was first introduced by Charles Figley, who described it as ‘‘the formal caregiver’s reduced capacity or interest in being empathic or ‘bearing the suffering of clients’ and is ‘the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced or suffered by a person’’ (Figley, 1995, p. 7). Paradoxically, while empathic capacity permits one to be aware of others’ suffering, it is at the same time associated with the vulnerability to empathy fatigue and reduced wellbeing (Raab, 2014). It has been argued that usually when a therapist feels and shows compassion to his client when suffering, he will have empathy with the pain without over-identification with it and by doing so he will have the ability to deal with his own negative feelings using self-compassion. In contrast, if his reaction to the patient’s suffering is tainted with ‘empathetic/personal distress, this over-identification might lead to the clinician’s distress and over time to burnout (Klimecki & Singer, 2011).

Compassion trainings, such as Compassionate Mind Training (CMT), that aim at increasing compassion levels for both self and others, were found to increase wellbeing (Jazaeiry et al., 2014), as well as buffering against negative affect triggered by the personal distress associated with empathy (Klimecki et al. 2013). Neff and Pommier (2012) also found that empathic personal distress and self-compassion were strongly negatively associated. Studies by

Klimecki et al. (2013) found that training in empathy and training in compassion resulted in activating neural pathways that are distinctive yet complement each other, as well as divergent emotional reactivity. When individuals were trained to empathize with suffering, they related experiencing feelings of aversion and a tendency to avoid pain, which was shown in the activation of a neuro-pattern that involves the anterior insula and anterior median cingular cortex, a brain region classically associated with negative affect, whereas those who were trained in compassion that targets both the self and others, did not report this aversion as demonstrated by the activation of another neuro-pattern which involves the medial insula, ventral striatum and medial orbitofrontal cortex, all of which are linked to positive emotions, feelings of affiliation and motherly love (Bibeau, Dionne & Leblanc, 2016). Moreover, following a six-week cognitive-based compassion training (CBCT) at Emory University, it has been found that participants had an increase in other-focused thinking and behaviors, as well as a decrease in dysfunctional self-centered thinking and behaviors (Pace et al. 2009). Therefore, having compassion with the self, facilitates compassion for others and is assumed to sustain one's wellbeing and enhance psychological health (Strauss et al., 2016). This might be so, because self-compassion is usually the first part to be included in compassion trainings and a prerequisite for the cultivation of compassion for others and therefore making self-compassion and not compassion for others the major contributor to wellbeing. Based on the above discussed literature, this study assumed that self-compassion is a mediating variable in the positive relation between compassion for others and psychological wellbeing.

Finally, based on all the above literature review, the following hypotheses were examined:

Hypothesis 1: There is a positive correlation between self-compassion and compassion for others.

Hypothesis 2: There is a positive correlation between self-compassion and psychological well-being.

Hypothesis 3: There is a positive correlation between compassion for others and psychological well-being.

Hypothesis 4: Self-compassion is a mediating variable in the positive relation between compassion for others and psychological wellbeing.

Chapter 3

Method

The purpose of the present study was to investigate the type of relationships that exist between self-compassion, compassion for others and psychological well-being among English-speaking Lebanese adults.

Participants

Participants in this study consisted of 135 English-speaking Lebanese adults (18 yrs. and above) who were selected from the general population through convenience and snowball sampling.

A summary of the collected demographic data is found in Table 1.

Table 1

Demographic Descriptive Statistics (n=135)

	Number	Percentage
Gender		
Female	85	63%
Male	50	37%
Age		
18-25	62	46%
26-39	45	33%
40-54	10	8%
55+	11	8%
Religion		
Christians	77	57%
Muslims	47	35%
Did not Report	11	8%
Sect		
Maronite	36	27%
Roman Catholic	13	10%
Roman Orthodox	14	10%
Other Christian Sects	14	10%
Shia'a	14	10%
Sunni	18	13%

Druze	15	11%
Others	11	8%
Level of Education		
Undergraduate	53	39%
Graduate	44	33%
Did not Specify	38	28%

Materials

The distribution material package included 3 parts: 1) a participant information letter (See Appendix A), a participant informed consent form (See Appendix B) which included the purpose of the study, the name and contact information of the researcher, the average time expected to fill in the survey, the statement of participants' confidentiality, as well as the right to withdraw from the study at any time during the process; 2) a demographic information questionnaire (See Appendix C), which comprised age, gender, profession/student/major and religious sect, and 3 three psychological scales, namely, the Self-Compassion Scale (SCS) (See Appendix D), the Compassion for Others Scale (CS-P) (See Appendix E) as well as the Ryff's Scales of Psychological Well-Being Scales (PWBS) 42-items scale (See Appendix F). The following is a description of the materials used:

Self-Compassion Scale (SCS). Self-compassion was measured using the Self-Compassion scale (SCS) (see Appendix D) which was developed by Kristen Neff in 2003. Its theoretical framework is based on Neff's theory of self-compassion (Neff, 2003). The scale consists of 26 items and is divided into 6 subscales that measure 6 constructs: Self-Kindness versus Self-Judgment (10 items); Common Humanity versus Isolation (8 items); and Mindfulness versus Over-Identification (8 items). Participants will be asked to rate their responses based on a 5-points Likert scale (1=Almost Never – 5=Almost Always). The coefficient alpha was 0.92 with a test retest reliability of 0.96 (Neff, 2003). In a Lebanese study by Koleilat (2017), in which the relationship

between self-compassion and life satisfaction was investigated, the internal consistency coefficient of the SCS was 0.78.

The Compassion Scale (CS-P). Compassion for others was measured using the Compassion Scale (Pommier, 2011) (see Appendix E). Developed by Pommier in 2011, the scale consists of 24-items (e.g., Q = When people cry in front of me I usually don't feel anything at all), and is subdivided into 6 subscales; (1) kindness (2) indifference, (3) common humanity, (4) separation, (5) mindfulness, and (6) disengagement. Participants respond to items on a 1-5 Likert scale (1 = almost never - 5 = almost always), with indifference, separation, and disengagement items reverse-scored. Cronbach alpha for overall scale = 0.9, with kindness = 0.77, indifference = 0.68, common humanity 0.7, separation 0.64, mindfulness = 0.67, and disengagement 0.57 (Pommier, 2011).

Psychological Well-Being Scale (PWBS). Psychological wellbeing was measured using the Psychological Wellbeing Scales (see Appendix F), to assess participant's level of psychological wellbeing through self-report responses. The PWBS is in its long form, an 84-item scale designed to measure six components of psychological wellbeing. The six subscales include self-acceptance, purpose in life, environmental mastery, autonomy, personal growth, and positive relations with others. For the purpose of this study a 42-item shortened version of the PWBS was used. Items are rated on a 6-point Likert-type scale ranging from one (*strongly disagree)* to six (*strongly agree).* Higher overall scores indicate higher wellbeing (Abbott et. al., 2010). Ryff (1989) studied a community sample and found a Cronbach's alpha of .89 for the PWBS. It has a relatively high internal consistency for all of the subscales ranging from .86-.93 (Abbott et. al., 2010). The scale has an internal consistency that ranges between 0.72 and 0.88.

Research Design

This was a quantitative study that consisted of self-report surveys. A regression analysis was used to study the association between dependent and independent variables. The independent variables were self-compassion and compassion for others. Levels of self-compassion and compassion for others were reported using the Neff self-compassion scale and the Pommier compassion for others scale respectively. The dependent variable was psychological wellbeing and was reported using Ryff's scales of psychological wellbeing.

To examine hypotheses 1 through 3, we used a bivariate correlational design. For Hypothesis 4, in order to examine if self-compassion mediated the positive correlation between compassion for others and psychological wellbeing, we ran a series of regression analyses. Furthermore, for exploratory purposes, more bivariate correlations were led to define the relationship of each construct in the Ryff's Psychological Well-being Scale to Self-compassion and Compassion for Others. Moreover, a multi-linear regression analysis using backward substitution in regression was also conducted to explore the 12 subscales of SC and CFO modelled as the predictors against the total score of PWB. Additionally, an independent sample t-test was conducted to compare self-compassion levels as well as compassion for others levels in males and females.

Procedure

The participants in this study were either approached individually in various public places, such as coffee shops, malls and gyms or they received the questionnaire package through the snowball sampling. Each participant was handed the package containing a Participant Information Letter, an Informed Consent Form, a Demographics Questionnaire, and the three

scales: The Self-Compassion Scale (SCS), the Compassion Scale (CS-P) and the Ryff's Scale for Psychological Well-Being (PWB) to complete. One hundred seventy individuals received the package, one hundred and thirty-five of them were returned. The participants that were approached by the researcher were briefed on the study and its benefits, before they were given the questionnaires. The time to complete the survey was about 25 minutes.

Statistical Analysis

After collecting the data, the researcher used the statistical tool SPSS to produce the statistical results. Quantitative data about average age and the distribution among different occupations, gender and religious sects were obtained. Reliability was tested for the overall 3 scales. To examine our proposed hypotheses, we used a bivariate correlational design as well as a series of regression analyses. Furthermore, for exploratory purposes, more bivariate correlations were used, along with a multi-linear regression analysis using backward substitution in regression and an independent sample t-test.

Ethical Considerations

Ethics approval was granted by the HU Committee, in line with the American Psychological Association guidelines of appropriate ethical practice.

Chapter 4

Results

The purpose of this study was to examine the relationship between self-compassion, compassion for others and psychological wellbeing among English speaking Lebanese adults. This chapter provides an overview of the results of the investigated hypotheses, the reliability testing of the scales used as well as some further analyses.

Reliability Testing

Cronbach's alpha was calculated in order to determine the internal consistency of the scales used in this study. The reliability coefficients obtained fell into the acceptable range and were as follows: Self-Compassion (α= 0.75), Compassion for Others (α= 0.83), Ryff's Psychological Well-Being Scale (α=0.81). Cronbach's alpha was above 0.7 for all 3 scales. Results of the Cronbach alpha studied in this research are displayed in Table 2.

Table 2:

Cronbach's alpha for the Self Compassion Scale, Compassion for Others Scale and Ryff's Psychological Well-Being Scale

	Previous Cronbach's alpha	Current Cronbach's alpha
Ryff's Psychological Well-Being Scale	.72-.88	.81
Self-Compassion	.78-.92	.75
Compassion for Others	.90	.83

Hypotheses Testing

Hypothesis 1: There is a positive correlation between self-compassion and compassion for others.

To test hypothesis 1, a Pearson's correlation coefficient was computed to assess the relationship between the reported self-compassion scores and compassion for others scores, revealing no significant correlation between the two variables, (r= 0.13, p= 0.133) (see table 3). Therefore, hypothesis 1 was not supported showing that self-compassion and compassion for others are not correlated.

Table 3

Correlations between self-compassion, compassion for others and psychological wellbeing

Correlations

		Psychological Well-being	Compassion for Others	Self - Compassion
Psychological Well-being	Pearson Correlation	1	.382**	.423**
	Sig. (2-tailed)		.000	.000
	N	135	135	135
Compassion for Others	Pearson Correlation	.382**	1	.130
	Sig. (2-tailed)	.000		.133
	N	135	135	135
Self-Compassion	Pearson Correlation	.423**	.130	1
	Sig. (2-tailed)	.000	.133	
	N	135	135	135

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

Hypothesis 2: There is a positive correlation between self-compassion and psychological well-being.

To test hypothesis 2, a Pearson's correlation coefficient was computed to assess the relationship between the reported self-compassion scores and psychological wellbeing scores, revealing a strong significant correlation between the two variables, (r= 0.423, p = 0.000) (see table 3). Therefore, hypothesis 2 was supported, showing that there is a significantly positive correlation between self-compassion and psychological wellbeing.

Hypothesis 3: There is a positive correlation between compassion for others and psychological well-being.

To test hypothesis 3, a Pearson's correlation coefficient was computed to assess the relationship between the reported compassion for others scores and psychological wellbeing scores, revealing a strong significant correlation between the two variables, ($r = 0.382$, $p = 0.000$) (see table 3). Therefore, hypothesis 3 was supported, showing that there is a significantly positive correlation between compassion for others and psychological wellbeing.

Hypothesis 4: Self-compassion is a mediating variable in the positive relation between compassion for others and psychological wellbeing.

To test hypothesis 4, two techniques were applied. First, we ran a multi-linear regression with psychological wellbeing as the dependent variable and self-compassion and compassion for others as the independent variables. The results of the regression indicated that the two predictors self-compassion and compassion for others explained about 29% of the variance ($R^2 = 0.288$, $F (2, 132) = 26.653$, $p < 0.0001$) (See tables 4a and b). Self-compassion significantly predicted PWB (Beta = 0.38, p = 0.000) as did compassion for others (Beta = 0.333, p = 0.000) with self-compassion slightly accounting for more variance in psychological wellbeing than compassion for others (See table 4c).

Table 4a

Multi-Linear regression analysis for self-compassion, Compassion for others and psychological wellbeing.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.536[a]	.288	.277	23.34078

a. Predictors: (Constant), Compassion for Others, Self-Compassion

Table 4b

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	29040.464	2	14520.232	26.653	.000[b]
	Residual	71912.573	132	544.792		
	Total	100953.037	134			

a. Dependent Variable: Psychological Well-being

b. Predictors: (Constant), Compassion for Others, Self-Compassion

Table 4c

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	T	Sig.
1	(Constant)	48.060	17.179		2.798	.006
	Self-Compassion	.771	.150	.380	5.124	.000
	Compassion for Others	.663	.148	.333	4.492	.000

a. Dependent Variable: Psychological Well-being

According to Baron and Kenny, mediation is determined by running a series of regression equations which must show that: (1) the IV significantly predicts the proposed mediator, (2) the IV significantly predicts the DV, and (3) when the IV and the mediator simultaneously predict the DV, the effect of the IV is lower than in the second equation (Hollis-Walker & Colosimo, 2016). A correlation was previously studied between Self-compassion and Compassion for others in hypothesis 1. From the Bivariate Correlation (see Table 3 above), the two variables are not correlated ($r = 0.13$, $p = 0.133$) therefore, the first criterion for mediation was not met according to Baron and Kenny (Hollis-Walker & Colosimo, 2016). In our results, only criteria 2 and 3 were met, as our hypothesis 2 and 3 were previously supported; Self-compassion significantly predicted PWB (Beta = 0.38, $p = 0.000$) as did compassion for others (Beta = 0.333, $p = 0.000$). With self-compassion slightly accounting for more variance in psychological

wellbeing than compassion for others (See Table 4c). Therefore, hypothesis 4 was not supported, Self-compassion is a not a mediator in the positive correlation between compassion for others and psychological wellbeing. Both independent variables are direct predictors of PWB.

Exploratory Analysis

Although not hypothesized upon, by applying further analysis, the following results were obtained. The 12 subscales of SC and CFO were modelled as the predictors against the total score of PWB. A multi-linear regression, using backward substitution in regression, the final model revealed that within Self-compassion, Self-kindness and Common humanity were found to have the strongest association with all PWB subscales. Self-kindness was a significant positive predictor of PWB total score as well as Common Humanity. Within Compassion for Others (CFO), only Indifference was found to be a significant negative predictor of PWB total score (see Table 5 below).

Table 5

Multilinear regression for PWB, Self-kindness, Self-judgement, Indifference and Common humanity

Coefficients[a]

Model 9		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
	(Constant)	50.065	15.037		3.329	.001
	Self-Kindness	2.091	.565	.291	3.698	.000
	Self-judgement	1.113	.616	.143	1.807	.073
	Indifference	2.039	.588	.256	3.469	.001
	Common Humanity	2.638	.677	.284	3.898	.000

a. Dependent Variable: Psychological Well-being

Moreover, an independent sample t-test was conducted to compare self-compassion levels as well as compassion for others levels in males and females. However, first we needed to prove that the variance among the 3 scales grouped by gender is equal. From Levene's Test,

there is not enough evidence that the variance within the two groups (F and M) is different among SC (F=0.289, p = 0.591), CFO (F=1.893, p=0.171) and PWB (F=2.259, p=0.135.) Therefore, we assume that the variance is equal (See Table 6a).

Table 6a

Independent Samples t-test for Self-compassion and Compassion to others scores and PWB scores

Levene's Test for Equality of Variances

		Levene's Test for Equality of Variances	
		F	Sig.
Self-Compassion	Equal variances assumed	.289	.591
	Equal variances not assumed		
Compassion for Others	Equal variances assumed	1.893	.171
	Equal variances not assumed		
Psychological Well-being	Equal variances assumed	2.259	.135
	Equal variances not assumed		

A difference was noted in levels of compassion for others between genders, whereby females scored higher than males on compassion for others. On average, women (M = 93.8, SD = 12.8) had higher level of CFO than men (M = 87.8, SD = 14.7), t = 2.506, p = 0.013 < 0.05 (see Table 6b).

Table 6b

Independent Samples t-test for Self-compassion, Compassion for Others and PWB scores with Gender Group Statistics

	Gender of the participant	N	Mean	Std. Deviation	Std. Error Mean
Self-Compassion	F	85	80.6706	13.74460	1.49081
	M	50	83.6600	13.03310	1.84316
Compassion for Others	F	85	93.8353	12.75861	1.38387
	M	50	87.8000	14.71221	2.08062
Psychological Well-being	F	85	175.3059	28.68135	3.11093
	M	50	165.9800	24.37587	3.44727

Chapter 5

Discussion

This study was conducted to investigate the relationships between self-compassion and compassion for others and how they affect the psychological wellbeing of English-speaking Lebanese adults. This chapter discusses the findings of the investigated hypotheses.

Our first hypothesis, that there will be a positive correlation between self-compassion and compassion for others, was not supported. Results revealed that those two variables were not correlated. As we had revealed earlier in our literature review, previous research studying the association between self-compassion and compassion for others produced divergent results. Some of these studies had found those variables to have a small, yet significant association (Breins & Chen, 2013; Neff & Beretvas, 2013), whereas a few other ones yielded a non-significant relationship between self-compassion and compassion for others (Pommier, 2011). We had based our hypothesis on past research that found a small significant correlation. Our results though, were in line with Pommier (2011) who found that individuals had high scores on compassion for others, irrespective of scoring high or low on self-compassion, pointing out to the possibility that there might be no substantial association between self-compassion and compassion for others (Pommier, 2010). Moreover, our results were in line with Neff et al., (2008) who found that self-compassion was unrelated to empathetic concern for others. She interpreted those results stating that, although most individuals can be compassionate to others, they can still have low compassion to themselves, while people who have high levels of self-compassion tend to report equal kindness to selves and to other people (Neff, 2003; Neff & Germer, 2012). Subsequently, the way compassion functions regarding self and other people, might have distinct mechanisms (Pommier, 2010). Hence, since our results did not detect an

association between these two constructs, we could interpret our results in the same way Neff & Pommier (2013) did by deducing that people who are deficient in self-compassion, despite being harsher with themselves, have a comparable interest in others' welfare as those who have high levels of self-compassion (Neff & Pommier, 2013).

Moreover, we can infer that research that examined the relationship between self-compassion and compassion to others is still insufficient to allow us to draw concluding results, especially that precisely self-report research is still in its early phases (Lopez et al., 2017); it is important to note here, that most previous associations were drawn from experimental brain imaging studies that consistently found both concepts of self and other compassion to have comparable mechanisms, that implicate the same regions in the brain (Longe et al., 2010; Lutz et al, 2008). Additionally, in line with findings by Pommier (2010), we thought that both concepts might be related by assuming they share identical composition and meaning. Nevertheless Pommier (2010) proposed an explanation for finding an absence of relation between the two that we might consider as an interpretation for our own results. First, our two variables might be unrelated due to the difference in directionality between compassion to others and to self and second because people frequently tend to show and report compassion to others more so than to their selves (Neff et al., 2008). Therefore, despite the overlapping nature of the two constructs some research results suggest that they are distinct and not associated.

Furthermore, our findings showing an absence of a significant correlation between self-compassion and compassion for others might also have been affected by a cultural element similar to what Pommier (2011) concluded in her study; Pommier proposed a cultural interpretation, stating that her sample was majorly composed of white American Christians. Similarly, our results were mainly collected from a sample that included 57% Christians. A

fundamental key value in Christianity is that self-sacrifice along with being kind to and loving thy neighbor is righteous. It might be that Christians have been indoctrinated to be harsh with themselves while at the same time staying kind to others and reporting themselves as kind, in order to be considered a virtuous person (Pommier, 2011; Goleman, 2003;). Also, when Neff and Pommier (2013) investigated the relationship between self-compassion and compassion for others, their results showed a correlation in community adults but not in undergraduates. Likewise, Pommier (2010) found that the two variables were not associated in a sample of undergraduates. She offered an explanation for this finding arguing that younger adults who are still in the process of developing their personalities, have unstable concepts of themselves and others and for why they deserve caring or why others deserve care. As people grow up and gain more knowledge of self and others as well as a broader exposure upon the nature of suffering, they might integrate a more cohesive grasping of compassion to self and others. Similarly, our results might have been affected by the fact that our sample included 25% young adults aged between 18 and 21 and that the discrepancy between the amount of care shown to self and others might have attenuated the link between self-compassion and other-focused concern. Moreover, through exploring gender differences in compassion for others and self-compassion, women were shown to report higher levels of compassion to others than men (Pommier, 2011; Tavakol et al., 2011). Therefore, our results could be due to the high percentage of women participants (63 %) and that being a female, makes one more prone to reporting high compassion for others, regardless of level of self-compassion. Larger samples as well as more balanced demographics in future studies would help further investigate this hypothesis.

The second hypothesis that self-compassion and psychological wellbeing are positively correlated, was supported. Our results were in line with previous studies that had found self-

compassion to be linked to emotional intelligence, personal initiative, intellectual flexibility, life satisfaction, and feelings of social connectedness, all crucial constituents of a meaningful life (Neff, 2003; Neff, Rude & Kirkpatrick, 2007). In addition, the trait self-compassion has been related to autonomy, competence, relatedness and self-determination, implying that self-compassion helps meet the essential psychological needs that are vital to eudemonic well-being (Neff, 2003). It was also linked to increased optimism, happiness, self-efficacy and reduced rumination, depression and anxiety (Smeets et al., 2014). Moreover, embracing a loving, connected, and balanced mind state, seems to lower psychopathology while at the same time it boosts happiness and meaning in life (Neff & Germer, 2013). Our results were also in line with a study by Saricaoglu & Arslan (2013) where self-compassion was a prominent predictor of autonomy, environmental mastery, purpose in life and self-acceptance.

To interpret the association between self-compassion and wellbeing, it is essential to investigate the conceptual backgrounds on which those constructs were built. The development of wellbeing has been explained through various theoretical perspectives (Diener & Ryan, 2009). Telic or goal oriented approaches adopted the concept that wellbeing development is the result of goals achievement (Emmons, 1986; Michalos, 1980), therefore self-compassionate individuals might enjoy a higher level of wellbeing because they are better equipped to carry on through achieving their personal goals, through the self-kindness approach that brings relief from the negativity that may result from drawbacks and failures. Moreover, being more self-compassionate might positively affect the process of goal-setting (Barnard & Curry, 2011).

The significant, overall effect of self-compassion on psychological wellbeing, could also be explained by self-compassion's role in weakening the psychological negative impacts of undesirable experiences, through a more balanced cognitive and emotional reframing of those experiences (Zessin, Dickhauser &Garbade, 2015). Another contributor to wellbeing might be

that self-compassion liberates individuals from comparing themselves to and competing with other people, in order to evaluate their self-value, leading them to more self-acceptance, and even more, is founded on an awareness of interconnectedness with other fellow humans as well as on acknowledging that all humans suffer, have limitations, vulnerabilities and make mistakes (Leary et al., 2007; Neff & Vonk, 2009; Neff, 2011, 2012).

Adding to that, self-compassion helps in having a balanced affect, enabling individuals to see their life experiences in a positive way, which gives them more meaning in life, through sustaining a way of living that supports their life's purposes (Saricaoglu & Arslan, 2013). Finally, the effect of self-compassion on psychological wellbeing might be due to its link with positive affect, which might be the byproduct of self-kindness and warmth, such as being understanding to oneself and self-reassuring whenever distressed, while on the other hand, during less threatening instances, self-compassion might promote resiliency by encouraging self-care behaviors that will in turn positively affect wellbeing (Neff, 2003). Future research will be needed to further investigate the relationship between self-compassion and psychological wellbeing.

The third hypothesis, that compassion for others and psychological wellbeing are positively correlated, was also supported and was in line with previous studies that had found compassion to others to be contributive to wellbeing through buffering against many adverse psychological states. This effect might be in particular due to its altruistic nature that enhances one's social relations, which is represented by a subscale in psychological wellbeing, namely positive relations to others (Pommier 2011). Another study by Jazaiery et al. (2014) produced similar results. It might be that compassion to others promotes psychological flexibility through enhancing mindfulness, a sense of connectedness, positive affect, efficient strategies for

regulating emotions, as well as through decreasing negative affect and dysfunctional strategies for regulating emotions. As formerly mentioned in our review of literature, Davidson (2006) initiated a research involving the cerebral activity that Buddhist monks show during compassion meditation and found activity in brain regions usually connected to positive affect. Moreover, Crocker & Canevello (2008) stated that having compassionate goals is associated with many benefits, such as enhanced social bonds, greater wellbeing, less feelings of loneliness, less depressive symptoms and less anxiety. According to the bio-psycho-social approach in evolutionary psychology, compassion is hardwired within humans for enabling their survival through promoting cooperation, safeness and warmth, thus its positive link to wellbeing (Gilbert, 2005). Furthermore, our findings might be interpreted as when compassionate individuals view themselves as being a helpful and valued presence in other people's lives, they may enjoy greater wellbeing through perceiving a sense of meaning and purpose in life (Mongrain et al, 2011), which is part of the eudaemonic definition of psychological wellbeing, along with positive relations to others. A finding supported by previous studies that indicate that compassionate behaviors enhance one's meaning in life as well as one's positive relations (Greenfield & Marks, 2004), consequently elevating wellbeing. It might be that compassion's other-centeredness allows a displacement of awareness from the detrimental effects of egocentric obsessions that characterize depressive cognitions, into a more other-connected perspective (Allen & Knight, 2005). Moreover, as previously stated, being compassionate protects the person from getting carried away by the negativity of a threatening perspective of the world, therefore protecting against generalized pessimism, while encouraging behaviors that decrease social isolation through facilitating interconnectedness with other people (Pommier, 2010).

Finally, the association between psychological wellbeing and compassion for others might be the production of caring, loving and kind feelings towards the suffering of others, which in turn benefits the conveyor of compassion. Compassion might have this boomerang effect to benefit not only its receiver but its giver too. This idea has been supported by Buddhist traditions (Dalai Lama,2002) and is starting to be acknowledged in western science as well (Crocker & Canevello, 2008; Davidson, 2006; Davidson & Harrington, 2002; Von Deitze & Orb, 2000; Goleman, 2003; Shaver & Mikulincer, 2004). Future research will be needed to further investigate the relationship between compassion for others and psychological wellbeing.

Our 4th hypothesis, that self-compassion is a mediating variable in the positive relation between compassion for others and psychological wellbeing, was not supported.
To test this hypothesis, we ran a multi-linear regression with psychological wellbeing as the dependent variable and self-compassion and compassion for others as the independent variables. The results of the regression indicated that the two predictors self-compassion and compassion for others together explained about 29% of the variance and that self-compassion significantly predicted psychological wellbeing as did compassion for others, with self-compassion slightly accounting for more variance in psychological wellbeing than compassion for others.

According to Baron and Kenny, mediation is determined by running a series of regression equations which must show that first, the independent variable, namely compassion for others, significantly predicts the proposed mediator namely self-compassion, second, the independent variable must significantly predict the dependent variable, and third, when the independent variable and the mediator simultaneously predict the dependent variable, the effect of the independent variable is lower than in the second equation (Hollis-Walker & Colosimo, 2016). A correlation was previously studied between Self-compassion and Compassion for others in

hypothesis 1 and results revealed an absence of association between those two variables. Therefore, the first criterion for mediation was not met according to Baron and Kenny (Hollis-Walker & Colosimo, 2016). In our results, only the second and third criteria were met, as our hypothesis 2 and 3 were previously supported; Self-compassion significantly predicted psychological wellbeing, as did compassion for others.

Our results however, were in line with Pommier (2011) who had found that individuals reported high scores on compassion for others, irrespective of scoring high or low on self-compassion, pointing out to the possibility that there might be no substantial association between self-compassion and compassion for others (Pommier, 2010). Therefore, our hypothesis 4 was not supported; self-compassion was not a mediator in the positive correlation between compassion for others and psychological wellbeing. Both independent variables were direct predictors of psychological wellbeing. We had based our mediation hypothesis on past research that had found a small significant correlation between compassion for others and self-compassion, as well as on inference from previous studies, where compassion trainings such as Compassionate Mind Training (CMT), that aimed at increasing primarily self-compassion levels, which in turn affected compassion for others levels and were found to increase wellbeing (Jazaeiry, et al., 2014). Furthermore, in another such study, following a six-week cognitive-based compassion training (CBCT), where self-compassion was a prerequisite training for having compassion for others, results showed that participants had an increase in other-focused thinking and behaviors, a decrease in dysfunctional self-centered thinking and behaviors, as well as an increase in wellbeing (Pace et al., 2009).

A possible interpretation of the absence of mediation could be that, more specifically, our hypothesis was based on findings from previous research that high levels of compassion for

others when combined with low levels of self-compassion, puts individuals working in the caregiving field, at higher risks of burnout and reduces their wellbeing (Beaumont et al., 2016; Raab, 2014; Klimecki & Singer, 2011). The fact that no mediation was found in this hypothesis might be because the studies on which we based this hypothesis were conducted on participants who work in the healthcare domain, such as nurses, midwives and clinicians.

Because healthcare workers are confronted to constant occupational stressors, while at the same time need to sustain their compassion for others, due to the nature of their work which relentlessly exposes them to people in pain, it appears that they might have a distinctive vulnerability from the general population on which our hypothesis doesn't apply. Further research is warranted to clarify the role of occupational stressors on the levels of self-compassion, compassions for others and their respective interactions with wellbeing.

Discussion of Additional Analysis

Conducting further exploratory analysis, we wanted to further explore what elements within self-compassion specifically account for most of the variance within psychological wellbeing, by conducting a multilinear regression.

Within self-compassion, self-kindness and common humanity were found to have the strongest association with all PWBS subscales and to be the strongest predictors of PWB total score. As previously mentioned within the literature review, scoring high on self-kindness among all the positive items of Neff's scale, had a stronger association with wellbeing than with psychopathologies. This brings support to the findings that positive means of dealing with oneself in opposition to the self-threatening and self-judging means, operate differently when impacting wellbeing and mental health (Beaumont, 2016). These results are not surprising given

the nature of self-kindness which involves having an empathic, forgiving, warm and patient relationship with oneself regarding one's own actions, emotions, thinking and desires (Gilbert & Irons, 2005). Individuals who are deficient in self kindness, are in a perpetual need for external validation which makes them inept to find internal reserves for self-compassionate and self-soothing approaches, in turn negatively affecting their overall psychological wellbeing (Neff & McGhee, 2010).

Common humanity was also found to be a significant positive predictor of PWB total score. This result is in line with a study by Hollis-Walker & Colosimo, (2011) that found common humanity and isolation (inversely) to account for greater variance in PWB than all other self-compassion subscales. This finding indicates that having a greater sense of connectedness with fellow human sufferers, leads to a sense of belonging, as well as the acceptance of sharing a common fate with other members of the race contributes to higher levels of wellbeing.

Moreover, our further analysis found that within compassion for others, only Indifference emerged as a significant negative predictor of PWB total score. Although it might come as counterintuitive that people who feel neither sympathy nor a desire to help, when confronted to another's pain, might suffer themselves from lower psychological wellbeing, it is probably this sense of separation that comes from their indifference that lowers their wellbeing. Gilbert, (2005) stated that when unconditional understanding is given to others during times of failure or whenever they are experiencing painful feelings, rather than criticizing them or showing indifference, this understanding stance produces a feeling of closeness, limiting the distance between the conveyor of compassion and the person in pain and thus enhancing wellbeing (Gilbert, 2005). Furthermore, because kindness within compassion for others has been linked to warmth and closeness in the bio-psycho-social evolutionary approach to compassion, Gilbert,

(2005) states that this warmth in contrast to indifference conveys a feeling of social safeness that benefits its generator.

Finally, differences between males and females, in the levels of compassion for others, were noted. Our results showed that women had significantly higher levels of compassion for others than men. Our findings were in line with previous studies yielding similar results (Pommier, 2011; Tavakol et al., 2011). In a study by Tavakol et al. (2011) female medical students reported significantly higher levels of empathy than males, implying that females had higher compassion for others.

Clinical Implications of the Study

In light of the previously mentioned large body of evidence, that self-compassion and compassion for others are both positively correlated with psychological wellbeing (Neff, 2003; Hollis-Walker & Colosimo, 2011; Neff, Rude & Kirkpatrick, 2007; Shapira & Mongrain, 2010; Smeets et al., 2014), as well as inversely correlated with psychopathologies, particularly depression and anxiety (Neff, 2003; MacBeth & Gumley, 2012), the use of self-compassion and compassion for others in psychotherapeutic work, might be very beneficial in the treatment of pathologies, as well as for enhancing specific areas related to patients' psychological wellbeing. As previously mentioned in the literature, compassion trainings, such as Compassionate Mind Training (CMT), were found to increase wellbeing (Jazairy et al., 2014). Thus, it might be useful for mental health practitioners in Lebanon to include compassion trainings as a therapeutic tool, particularly focusing on the subscales within those constructs in this study, that were found to have the strongest associations with psychological wellbeing, namely self-kindness, common humanity within self-compassion and indifference within compassion to others.

Moreover, besides training patients in the practice of compassion and self-compassion in therapy, compassion to self and others may be also developed through a compassionate therapeutic relationship (Germer, 2012; Germer & Neff, 2013). Therefore, in order to enhance therapeutic outcomes, it would be very beneficial for mental health therapists to be trained in compassion as well. Furthermore, compassion training and psychoeducation might be included in school programs to enhance the wellbeing of children, starting at an early age.

Finally, self-compassion can be used by those working in the caregiving field, such as mental health workers, social workers, nurses, etcetera, as a powerful internal resource with protective and mitigating effects against compassion fatigue and burnout, as well as for the promotion of compassionate care (Figley, 2002; Raab, 2014; Gilbert, 2005; Beaumont, 2016).

Recommendations for Future Research

Future research investigating the relation between self-compassion, compassion for others and psychological wellbeing in larger random samples, that include non-English speaking and non-educated Lebanese adults, will enable more generalizable results. Longitudinal studies might also help clarify if the relationship between self and other compassion is subject to changes over the life span and thus related to developmental stages. Additionally, future studies might be directed to measure changes in self-compassion levels and how they might affect levels of compassion for others as well as psychological wellbeing. This would help in the development of valid and reliable evidence-based interventions to enhance global levels of compassion and wellbeing. On the other hand, compassion trainings appear to be beneficial for enhancing individuals' levels of self-compassion, compassion to others and wellbeing. Therefore, we might also benefit from future research that pilot compassion of self and others training programs among the Lebanese population, followed by an assessment of their psychological wellbeing,

with an emphasis on self-kindness, common humanity and indifference. Furthermore, more recent research studies are using different procedures for assessing the connection between compassion and wellbeing, such as behavioral observations and mood inductions that temporarily enhance compassionate feelings to self and others in order to study their effects on enhancing wellbeing (Sbarra, Smith & Mehl, 2012). Similarly, short-term interventions (Smeets et al., 2014) and long-term interventions (Neff & Germer, 2013) tailored for raising compassion levels, might be further investigated (Germer, 2009; Gilbert & Procter, 2006). Thus, an interesting direction for future research would be to apply more of those interventions in order to further investigate existing relationships to expand our knowledge on how those variables interact with each other. Future research can also build up on the findings from this study to enlarge the understanding of how compassion for others and self-compassion relate and differ from each other in different gender populations.

Limitations of the Study

A few limitations should be taken into consideration when interpreting our findings. First, this study used a convenience sample of 135 English speaking Lebanese adults that excluded non-English-speaking ones, as well as those who are non-educated. A larger community sample with equivalent distributions will increase the generalizability of our results.

Other limitations that might be considered, include those that come with subjective self-report measures and the possibility of social desirability bias. Although the present study was based on anonymous self-report measures, some participants might have avoided representing themselves as lacking compassion for others (Pommier, 2011) as it is socially desirable to report having this trait. For more accurate inferences, it will be essential to examine whether objective

physiological measures such as functional magnetic resonance (fMRIs), oxytocin levels, support our findings.

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Appendix A

Participant information letter

Dear Ms./Mr.

I am Ruba Helou, a Masters student in Clinical Psychology at Haigazian University from the Department of Psychology. I am currently carrying out a research study titled Self-Compassion and Compassion for Others and their Relationship to Psychological Wellbeing in Lebanese Adults advised by Dr. Hanine Hout.

You are being invited to take part in this study since you are an English-speaking Lebanese adult.

Kindly read the below information to decide whether you would like to participate in this research study.

Purpose of the Research Project

This research study aims at investigating the relationship between self-compassion and compassion for others and how they affect the levels of psychological wellbeing in Lebanese adults. This research will add to our understanding of these relatively newly studied concepts, which can benefit future mental health professionals, by including compassion training into their clinical training programs. Results of this study will also provide valuable information for clinicians and counselors to use compassion and self-compassion as therapeutic tools with patients. This study will contribute towards the partial fulfillment of my academic study requirements at Haigazian University.

What will I be asked to do?

- If you choose to participate in this research study, you will be asked to fill in a questionnaire. Your participation will involve completing a survey that entails statements that you will have to rate based on agreement and a demographic form for approximately 20 minutes. Participation in this project is voluntary. You are free to withdraw anytime without having to give any reason for your withdrawal.

What are my rights?

- Participation in this study is completely voluntary, anonymous and confidential. Your name or any other identifying information will not be asked.
- Data you provide along with data from all participants in the present research will be stored in aggregate in a password protected folder. The data will be analysed and reported in aggregate. Only the principle investigators of this study will have access to the compiled data which will be stored for a period of 10 years post data. During this time, you have the right to inspect the data.

- You have the right to withdraw your consent or discontinue participation at any time for any reason. Your decision to refuse participation or withdraw will not involve any penalty or loss of benefits to which you are entitled. Discontinuing participation in no way affects your relationship with Haigazian University.
- This research study has been reviewed and has received clearance from the Haigazian University ethics committee. If you have any further concerns about your rights as a research participant, please, do not hesitate to contact Dr. Hanine Hout (Hanine.hout@haigazian.edu.lb).

What are the risks and benefits of participation?

- Participation in this study does not involve any physical risk or emotional risk to you beyond the risks of daily life.
- You will receive no direct benefits from participating in this research; however, your participation does help researchers better understand the interrelationship between compassion for others, self-compassion and psychological wellbeing.

- **Contact information**

If you have any questions or concerns about the research you may contact:

Research Investigator: Ruba Helou, Graduate student of Clinical Psychology

Faculty of Social & Behavioral Sciences, Haigazian University.

rhelou@students.haigazian.edu.lb

03-537117

Thesis Advisor: Dr. Hanine Hout, Ed.D, Assistant Professor

Faculty of Social & Behavioral Sciences, Haigazian University.

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Tel: 961 1 349 230, extension 206

Appendix B

Informed Consent Form

Self-Compassion and Compassion for Others and their Relationship to Psychological Wellbeing in Lebanese Adults

Please read the following statements and place a check mark in the boxes adjacent to them.

- ☐ I agree to participate in this research project conducted for purposes of study. My decision is voluntary and does not involve payment of any kind.
- ☐ I know that I can choose to withdraw from participation any time without any penalties or consequences whatsoever. I also hold the right to decline to respond to any question(s) that I may feel uncomfortable with.
- ☐ My participation involves answering a questionnaire and taking a test for approximately 30 minutes.
- ☐ I have been assured that the researcher will maintain my identity confidential.
- ☐ I have been assured that the information from this survey will be used for the purpose of academic study only and educational use.
- ☐ I have received the assurance that this research study has been duly reviewed and approved by the Haigazian University ethics committee.
- ☐ I agree that the data gathered be kept in a secure location under the care of the study investigators for a period of 10 years.
- ☐ I have been assured that I can access my data (if identified) at any time.
- ☐ I have read, listened and fully understand the explanation given to me. All my questions have been satisfactorily answered.
- ☐ I, therefore, choose to voluntarily participate in this research study.
- ☐ I have received a copy of this consent form co-signed by the researcher.

Participant consent	Investigator
Date:	Date:
	Name:
Signature:	Signature:

Appendix C

Demographic Questionnaire

Age: ____ **Gender:** ☐ Male ☐ Female

Student ☐ **Working** ☐

Graduate ☐ Profession _____

Undergraduate ☐

Major ____

Religious Sects

Shia'a ☐

Sunni ☐

Druze ☐

Maronite ☐

Roman Catholic ☐

Roman Orthodox ☐

Other (specify)

_____

Appendix D

The Self-Compassion Scale

How I Typically Act Toward Myself in Difficult Times

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

Almost Never **Almost Always**

1 2 3 4 5

_____ 1. I'm disapproving and judgmental about my own flaws and inadequacies.

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

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

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

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

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

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

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

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

_____ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

_____ 11. I'm intolerant and impatient towards those aspects of my personality I don't like.

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

need.

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

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

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

_____ 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.

Appendix E

Compassion Scale

How I Typically Act Towards Others

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

Almost Never				**Almost Always**
1	**2**	**3**	**4**	**5**

_____1. When people cry in front of me, I often don't feel anything at all.

_____2. Sometimes when people talk about their problems, I feel like I don't care.

_____3. I don't feel emotionally connected to people in pain.

_____4. I pay careful attention when other people talk to me.

_____5. I feel detached from others when they tell me their tales of woe.

_____6. If I see someone going through a difficult time, I try to be caring toward that person.

_____7. I often tune out when people tell me about their troubles.

_____8. I like to be there for others in times of difficulty.

_____9. I notice when people are upset, even if they don't say anything.

_____10. When I see someone feeling down, I feel like I can't relate to them.

_____11. Everyone feels down sometimes, it is part of being human.

_____12. Sometimes I am cold to others when they are down and out.

_____13. I tend to listen patiently when people tell me their problems.

_____14. I don't concern myself with other people's problems.

_____15. It's important to recognize that all people have weaknesses and no one's perfect.

_____16. My heart goes out to people who are unhappy.

_____17. Despite my differences with others, I know that everyone feels pain just like me.

_____18. When others are feeling troubled, I usually let someone else attend to them.

_____19. I don't think much about the concerns of others.

_____20. Suffering is just a part of the common human experience.

_____21. When people tell me about their problems, I try to keep a balanced perspective on the situation.

_____22. I can't really connect with other people when they're suffering.

_____23. I try to avoid people who are experiencing a lot of pain.

_____24. When others feel sadness, I try to comfort them.

Appendix F

Ryff's Psychological Well-Being Scale

Please indicate your degree of agreement (using a score ranging from 1-6) to the following sentences.

1	I am not afraid to voice my opinions, even when they are in opposition to the opinion of most people.	1	2	3	4	5	6
2	In general, I feel I am in charge of the situation in which I live.	1	2	3	4	5	6
3	I am not interested in activities that will expand my horizons.	1	2	3	4	5	6
4	Most people see me as loving and affectionate.	1	2	3	4	5	6
5	I live life one day at a time and don't really think about the future.	1	2	3	4	5	6
6	When I look at the story of my life, I am pleased with how things have turned out.	1	2	3	4	5	6
7	My decisions are not usually influenced by what everyone else is doing.	1	2	3	4	5	6
8	The demands of everyday life often get me down.	1	2	3	4	5	6
9	I think it is important to have new experiences that challenge how you think about yourself and the world.	1	2	3	4	5	6
10	Maintaining close relationships has been difficult and frustrating for me.	1	2	3	4	5	6
11	I have a sense of direction and purpose in life.	1	2	3	4	5	6
12	In general, I feel confident and positive about myself.	1	2	3	4	5	6
13	I tend to worry about what other people think of me.	1	2	3	4	5	6
14	I do not fit very well with the people and the community around me.	1	2	3	4	5	6

15	When I think about it, I haven't really improved much as a person over the years.	1	2	3	4	5	6
16	I often feel lonely because I have few close friends with whim to share my concerns.	1	2	3	4	5	6
17	My daily activities often seem trivial and unimportant to me.	1	2	3	4	5	6
18	I feel like many of the people I know have gotten more out of life than I have.	1	2	3	4	5	6
19	I tend to be influenced by people with strong opinions.	1	2	3	4	5	6
20	I am quite good at managing the many responsibilities of my daily life.	1	2	3	4	5	6
21	I have the sense that I have developed a lot as person over time.	1	2	3	4	5	6
22	I enjoy personal and mutual conversations with family members or friends.	1	2	3	4	5	6
23	I don't have a good sense of what it is I am trying to accomplish in life.	1	2	3	4	5	6
24	I like most aspects of my personality.	1	2	3	4	5	6
25	I have confidence in my opinions, even if they are contrary to the general consensus.	1	2	3	4	5	6
26	I often feel overwhelmed by my responsibilities.	1	2	3	4	5	6
27	I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	1	2	3	4	5	6
28	People would describe me as a giving person, willing to share my time with others.	1	2	3	4	5	6
29	I enjoy making plans for the future and working it make them a reality.	1	2	3	4	5	6
30	In many ways, I feel disappointed about my achievements in life.	1	2	3	4	5	6
31	It's difficult for me to voice my own opinions on controversial matters.	1	2	3	4	5	6

32	I have difficulty arranging my life in a way that is satisfying to me.	1	2	3	4	5	6
33	For me, life has been a continuous process of learning, changing and growth.	1	2	3	4	5	6
34	I have not experienced many warm and trusting relationships with others.	1	2	3	4	5	6
35	Some people wander aimlessly through life, but I am not one of them.	1	2	3	4	5	6
36	My attitude about myself is probably not as positive as most people feel about themselves.	1	2	3	4	5	6
37	I judge myself by what I think is important, not by the values of what others think is important.	1	2	3	4	5	6
38	I have been able to build a home and a lifestyle for myself that is much to my liking.	1	2	3	4	5	6
39	I gave up trying to make big improvements or changes in my life a long time ago.	1	2	3	4	5	6
40	I know that I can trust my friends, and they know they can trust me.	1	2	3	4	5	6
41	I sometimes feel as if I've done all there is to do in life.	1	2	3	4	5	6
42	When I compare myself to friends and acquaintances, it makes me feel good about who I am.	1	2	3	4	5	6