SELF-COMPASSION AND SOCIAL SUPPORT

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Abstract

The purpose of this study is to examine the relationships between self-compassion and social support. Participants were 273 university students. In this study, the Self-compassion Scale and the Multidimensional Scale for Social Support (MSPSS) were used. The relationships between self-compassion and social support were examined using correlation analysis. Self-kindness ($r=.23$, $p<.01$), common humanity ($r=.22$, $p<.01$), and mindfulness ($r=.21$, $p<.01$) related positively to social support. In contrary, self-judgment ($r=-.20$, $p<.01$), isolation ($r=-.24$, $p<.01$), and over-identification ($r=-.17$, $p<.01$) were found negatively associated with social support. There were also significant correlations between dimensions of self-compassion.

Results were discussed in the light of the related literature.

Keywords: Self-compassion, social support

INTRODUCTION

Self-compassion involves being discerning and gentle towards oneself in the face of hardship or perceived inadequacy. It also entails acknowledging that suffering, failure, and inadequacies are part of the human condition and that all people—oneself included—are worthy of compassion (Neff, 2003b; Neff, Kirkpatrick, & Rude, 2007). Neff (2003a, b) has proposed that self-compassion includes three main components: Self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification. Self-kindness refers to being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical. Common humanity, the second dimension of self-compassion, is seeing one’s happy or painful experiences as not personal, but as all human beings’. The sense of common humanity principal to self-compassion involves recognizing that all humans are imperfect and that they fail and make mistakes (Neff, 2009). Mindfulness, the third component of self-compassion, is a pre-conceptual awareness that allows individual to accept life’s most stressful and painful emotions without being carried away by them (Gunaratana, 1993; Martin, 1997; Neff, 2003a; Nisker, 1998; Rosenberg, 1999). While these three components of self-compassion are conceptually distinct and are experienced differently at the phenomenological level, they interact so as to mutually enhance and engender one another (Neff, 2003a).

Studies have demonstrated that self-compassion is negatively associated with self-criticism, depression, anxiety, rumination, thought suppression (Neff, 2003a), interpersonal cognitive distortions (Akin, 2010a), loneliness (Akin, 2010b), performance-approach/avoidance goals (Akin, 2008a), submissive behavior (Akin, 2009), and positively associated with social relationship, emotional intelligence, self-determination (Neff, 2003a), learning-approach goals (Akin, 2008a), psychological well-being (Akin, 2008b), self-efficacy, academic success (Conway, 2007), and social identity (Williams, 2005). In addition, it has been found out that although self-compassion is significantly related to self-esteeem, it is not associated with narcissism (Neff, 2003a).

Social support can be described as those social interactions and relationships that offer help or attachment and are perceived as loving or caring (Hobfall & Stephens, 1990; Hupcey, 1998), attributes to the supportive behaviors and resources of our social ties, including emotional support, intimacy, positive interaction, and tangible support (House, 1981). It can include providing empathy, care, love and trust, actual aid in time, money and energy, information relevant to self-evaluation, and advice, information and suggestions (House, 1981). The current study examines the relationships between self-compassion and social support.
METHOD
Participant

Participants were 273 university students (150 (55%) were female, 123 (45%) were male) who were enrolled in mid-size state University, in Turkey.

Measures

**Self-compassion Scale.** Self-compassion was measured by using Self-compassion Scale (Neff, 2003b). Turkish adaptation of this scale had been done by Akın, Akın, and Abacı (2007). Self-compassion Scale is a 26-item self-report measurement and consists of six sub-scales; self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Each item was rated on a 5-point Likert scale (1=strongly disagree to 5=strongly agree). Language validity findings indicated that correlations between Turkish and English forms were .94, .94, .87, .89, .92, and .94 for six subscales, respectively. Results of confirmatory factor analysis indicated that the model was well fit. The goodness of fit index values of the model were RMSEA= .056, NFI= .95, CFI= .97, IFI= .97, RFI= .94, GFI= .91, and SRMR= .059. The internal consistency coefficients were .77, .72, .72, .80, .74, and .74 and the test-retest reliability coefficients were .69, .59, .66, .60 .69, and .56, for six subscales, respectively.

**Multidimensional Scale for Social Support (MSPSS).** Social support was measured using Turkish version of the Multidimensional Scale for Social Support (MSPSS, Zimet et al., 1988; Eker, Arkaş, 1995). The MSPSS consists of 12 items on a 7-point Likert scale, from not suitable at all (1) to very suitable (7). The students’ self-reports also provided scores on three subscales, each subscale comprising four items: (a) family social support subscale, containing items such as “I can discuss my problems with my family” and “I get help and emotional support from my family”; (b) friends’ support, consisting of items such as “I have friends with whom I can share my happiness and pain” and “I can count on my friends when problems arise”; (c) the significant other’s support, with items such as “I have a close person who can encourage me” and “I have a close person who supports me when I am in need”. Scores for each of these scales range from 1 to 28, where a higher score expresses higher social support. For this study, the global scale score reliability of alpha Cronbach was .94, and the alpha of the three subscales ranged between .90 and .92.

Procedure

Permission for participation of students was obtained from related chief departments and students voluntarily participated in research. Completion of the scales was anonymous and there was a guarantee of confidentiality. The scales were administered to the students in groups in the classrooms. The measures were counterbalanced in administration. Prior to administration of scales, all participants were told about purposes of the study. In this research, Pearson correlation coefficient was utilized to determine the relationships between dimensions of self-compassion and social support. These analyses were carried out via and SPSS 11.5.

RESULTS

Table 1 shows the means, standard deviations, and inter-correlations of the variables used.

<table>
<thead>
<tr>
<th>Variables</th>
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<th>5</th>
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<tbody>
<tr>
<td>1. Self-kindness</td>
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<td>2. Self-judgment</td>
<td>-.28**</td>
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<td>3. Common humanity</td>
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<td>-.01</td>
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<td>4. Isolation</td>
<td>-.28**</td>
<td>.71**</td>
<td>-.10</td>
<td>1.00</td>
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<td>5. Mindfulness</td>
<td>.71**</td>
<td>-.24**</td>
<td>.55**</td>
<td>-.28**</td>
<td>1.00</td>
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<td>6. Over-identification</td>
<td>-.37**</td>
<td>.66**</td>
<td>-.07</td>
<td>.69**</td>
<td>-.36**</td>
<td>1.00</td>
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<td>7. Social support</td>
<td>.23**</td>
<td>-.20**</td>
<td>.22**</td>
<td>-.24**</td>
<td>21**</td>
<td>-.17**</td>
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</table>
When Table 1 is examined, it is seen that there are significant correlations between dimensions of self-compassion and social support. Self-kindness ($r=0.23$, $p<0.01$), common humanity ($r=0.22$, $p<0.01$), and mindfulness ($r=0.21$, $p<0.01$) related positively to social support. In contrary, self-judgment ($r=-0.20$, $p<0.01$), isolation ($r=-0.24$, $p<0.01$), and over-identification ($r=-0.17$, $p<0.01$) were found negatively associated with social support. There were also significant correlations between dimensions of self-compassion.

**DISCUSSION**

The aim of this study was to investigate the relationships between self-compassion and social support. Results indicated that there are significant relationships between these variables. Self-kindness, common humanity, and mindfulness, positive dimensions of self-compassion were found correlated positively with social support. Positive dimensions of self-compassion represent that, in the event of negative life-experiences, individual's approach toward him/herself is warm, gentle, and kind. Moreover, since self-compassionate individuals recognize when they are suffering, but when doing so they provide themselves feelings of warmth, kindness, and interconnectedness with the rest of humanity (Neff, 2009), they can experience more positive and less negative emotions. Self-kindness, common humanity, and mindfulness dimensions has also been associated with feelings of autonomy and competence (Neff, 2003a). Because self-compassionate people have been shown to possess many of the psychological strengths such as happiness, optimism, positive affect (Neff, Rude, & Kirkpatrick, 2007), self-efficacy (Iskender, 2009), and psychological well-being (Akin, 2008b), self-kindness, common-humanity, and mindfulness dimensions of self-compassion may be viewed as signs of psychological adjustment. Thus the positive relationships between positive dimensions of self-compassion and social support are understandable.

Findings also showed that social support was related negatively to self-judgment, isolation and over-identification. These dimensions of self-compassion are maladaptive in nature and means that individual attributes him/herself for making errors and unsuccessful life experiences, intensively identify him/herself with negative feelings when faced failure, being swept up in and carried away by the story-line of one's own pain (Neff, 2003b). These three dimensions of self-compassion involve individual's self-critical, negative self-assessment, and being seized by emotions when they experience a stressful and painful event and they were found correlated positively with anxiety, depression, self-criticism, neuroticism, rumination, thought suppression, and neurotic perfectionism (Neff, 2003a, b; Neff, Kirkpatrick, & Rude, 2005; Neff, Rude, & Kirkpatrick, 2007), interpersonal cognitive distortions (Akin, 2010a), and loneliness (Akin, 2010b). Therefore the negative relationships between maladaptive components of self-compassion and social support aren’t surprising.

**REFERENCES**


