



Empirical research

Examining self-compassion in romantic relationships

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ABSTRACT

Self-compassion has recently emerged as a component of psychological health. Research on self-compassion processes shows that self-compassion is related to lower levels of psychological distress and higher levels of positive affect. The current study examined the extent to which self-compassion is related to the quality of romantic relationships. Undergraduates ($n = 261$) completed online self-report questionnaires assessing self-compassion and relationship quality. Correlational and hierarchical multiple regression analyses were conducted in order to assess the relation between self-compassion and relationship quality. Results indicated that self-compassion was moderately positively correlated with relationship quality, and that self-compassion was a unique, if weak, predictor of relationship quality. Implications of these findings for romantic relationships are discussed.

1. Examining self-compassion in romantic relationships

Neff and colleagues have spearheaded the recent research boom in self-compassion within Western psychology (e.g., Neff, 2003a). They describe self-compassion as consisting of three components: self-kindness, common humanity, and mindfulness (Neff, 2011). When experiencing distress, individuals might exercise self-compassion by offering kindness to themselves, viewing their own suffering as an inevitable part of the human condition, and having a balanced awareness of their negative thoughts and feelings without over-identifying with their emotions (Neff & Germer, 2013). In sum, Neff asserts that self-compassionate individuals comfort themselves when distressing experiences arise, while also acknowledging that distress is part of being human.

Studies show that self-compassion is related to many different aspects of mental health. Feldman and Kuyken (2011) demonstrated that self-compassion mediated the effects of mindfulness-based Cognitive Therapy (MBCT) in adults with recurrent depression. Leary, Tate, Adams, Allen, and Hancock (2007) found that self-compassion moderated reactions to distressing events involving failure and rejection in several samples of undergraduate students. In an international survey of community adults, Van Dam, Sheppard, Forsyth, and Earleywine (2011) found that self-compassion was a robust predictor of severity of depression, anxiety, and quality of life even after accounting for a measure of mindfulness. These studies indicate self-compassion may play an important role in psychological well-being, quality of life, and the ability to deal with life stressors in healthy and effective ways.

Research has demonstrated that self-compassionate individuals tend to have trusting and supportive relationships with others, whether in friendships or romantic relationships (Crocker & Canevello, 2008; Neff & Beretvas, 2012). Neff and Beretvas (2012) found that individuals who scored high on self-compassion scales were more likely than those who scored lower to report healthy behavior in their romantic relationships, such as acting supportively, and were less likely to be controlling or aggressive towards their partners. While these studies indicate that self-compassion might be important for romantic relationships, more research is needed.

There are several reasons why individuals with high levels of self-compassion might have healthier romantic relationships than those with lower levels of self-compassion. Individuals with high levels of self-compassion tend to be able to meet their own needs in terms of kindness and self-comfort (Neff & Beretvas, 2012). Because of this, these individuals are likely to be able to balance independence with connectedness, which has been shown to be important for healthy relationships (Deci & Ryan, 2000). Furthermore, in times of difficulty, self-compassion facilitates feelings of connectedness with others (Neff, Kirkpatrick, & Rude, 2007). It is likely, then, that individuals with high levels of self-compassion would have good conflict resolution skills because of their ability to see their partners' point of view during disagreements and to see their own current difficulties, not as personal hardships, but instead as part of being human (i.e., common humanity). Tirsch (2010) asserts that self-compassionate individuals have a mindful, balanced response to suffering, without ruminating on difficult

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emotions or suppressing them. Because of their nonjudgmental awareness of negative thoughts and emotions, individuals with high levels of self-compassion may be more likely to bring that same sense of mindfulness to resolving disagreements within their relationships.

In particular, it would be useful to examine if self-compassion is important for relationships above and beyond other factors related to relationship quality, such as alcohol abuse, psychological distress, and the quality of the individual's parents' relationship. There is a well-established link between alcohol abuse and negative relationship outcomes (Dawson, Grant, Chou, & Stinson, 2007; Leonard & Eiden, 2007), suggesting that individuals who drink heavily tend to have lower-quality relationships than those who drink less. Research also suggests that high levels of psychological distress predict lower relationship satisfaction (Lund & Thomas, 2014; Stroud, Durbin, Saigal, & Knobloch-Fedders, 2010). Amato and Booth (2001) found that parent reports of marital distress were negatively related to the marital satisfaction of their adult children. Although some research has shown that higher levels of self-compassion predict better relationships, including romantic relationships, little is known about the association between self-compassion and other factors known to impact romantic relationships.

In the current study, we examined the connection between self-compassion and romantic relationship quality. We predicted that individuals who report high levels of self-compassion would report high levels of relationship quality in their current romantic relationships. We also assessed other common factors that may contribute to relationship quality, including psychological distress, alcohol consumption, and participants' perception of the quality of their parents' relationship. We included gender and ethnicity in our study since there is some evidence that they may play a role in self-compassion (Yarnell et al., 2015). We expected that after controlling for these other common factors, self-compassion would remain a large and significant predictor of relationship quality.

2. Method

2.1. Participants

Participants ($n = 261$) were undergraduate volunteers at a large university recruited through online recruiting software, each of which received course credit for their time. All of the participants reported that they were currently in a romantic relationship. They were mostly female (73.2%) and freshmen (70.9%), with a mean age of 18.9 ($Mdn = 18$, $SD = 2.2$). The participants were allowed to choose more than one ethnicity, and 216 (82.2%) identified as Caucasian, followed by 39 African American (14.9%), 4 who identified as Hispanic (1.5%), 8 Asian (3.1%), and 2 who identified as Other Ethnicity (.8%).

3. Measures

3.1. Demographics

Participants answered a set of demographics questions about their age, gender, ethnicity, and class. Age, gender, and ethnicity were included in order to control for them in our analyses. Participants answered questions about their parent's current marital status (i.e. married, divorced, or other). Participants rated their perception of the quality of their parents' relationship ("On a scale of 1–10, how happy do you think your parents' relationship is/was?").

3.2. Relationship satisfaction

The level of satisfaction with one's relationship was assessed with the Relationship Assessment Scale (RAS; Hendrick, Dicke, & Hendrick, 1998). The RAS has seven items (e.g., "In general, how satisfied are you with your relationship?"), all of which are set on a five-point Likert-type scale ranging from 1 (*low satisfaction*) to 5 (*high satisfaction*).

Higher scores on the RAS indicate higher relationship satisfaction. This measure has demonstrated good internal consistency and construct validity (Hendrick, 1988). In the current study, the Cronbach's alpha was .88.

3.3. Dyadic adjustment

Relationship adjustment was assessed with a modified Dyadic Adjustment Scale (DAS; Spanier, 1976). *Dyadic adjustment* can be defined as a process with an outcome that is determined by the degree of troublesome dyadic differences, interpersonal tensions and personal anxiety, dyadic satisfaction, dyadic cohesion, and consensus on matters of importance to dyadic functioning (Spanier, 1976). In other words, dyadic adjustment captures more nuances within a relationship than just satisfaction alone. The original scale was developed to assess marital adjustment. The 32 DAS items are measured with a diverse set of Likert-type ratings. The total score ranges from 0 to 151, with higher scores representing higher levels of marital adjustment. The DAS has demonstrated good internal consistency (Spanier, 1976), as well as concurrent and predictive validity (Stuart, 1992). We adapted the measure to fit our current study population (e.g., instead of "Do you ever regret that you married or lived together?" the question reads "Do you ever regret that you got together?"). In the current study, the Cronbach's alpha coefficient was .93.

3.4. Self-compassion

We used the Self-Compassion Scale (SCS; Neff, 2003b) to measure self-compassion. The SCS is a 26-item measure that maps directly onto Neff's conceptualization of self-compassion. Respondents answer questions on a five-point Likert-type scale ranging from 1 (*almost never*) to 5 (*almost always*). Example questions include "I try to be loving towards myself when I'm feeling emotional pain" and "When I see aspects of myself that I don't like, I get down on myself." Higher scores indicating higher levels of self-compassion. It's worth noting that while Neff's original study on the SCS found a higher-order single-factor construct of self-compassion (Neff, 2003b), subsequent studies have failed to find the same higher-order construct of self-compassion with the measure (Garcia-Campayo et al., 2014). While these studies do call into question the validity of the SCS, it remains the best available measure of self-compassion. A high level of internal consistency was established for this measure in the initial validation, as well as adequate concurrent and discriminant validity (Neff, 2003b). In the current study, the Cronbach's alpha coefficient for the total scale was .90.

3.5. Psychological distress

We used the Depression and Anxiety Stress Scales-21 (DASS-21; Lovibond & Lovibond, 1995) Total scale to measure psychological distress. The DASS-21 contains 21 items which are scored on a four-point Likert-type scale ranging from 0 (*did not apply to me at all*) to 3 (*applied to me very much, or most of the time*). Example questions include: "I felt down-hearted and blue" and "I felt that I was using a lot of nervous energy." Research supports the use of the DASS-21 Total Score as a valid measure of general psychological distress (Henry & Crawford, 2005; Lovibond & Lovibond, 1995; Tran, Tran, & Fisher, 2013) with excellent internal consistency (Antony, Bieling, Cox, Enns, & Swinson, 1998). In the current study, the Cronbach's alpha coefficient was .91 for the total scale.

3.6. Alcohol consumption

We used the Daily Drinking Questionnaire (DDQ; Collins, Parks, & Marlatt, 1985) to assess typical drinking quantity. This questions asks about the number of drinks consumed in a typical night, number of days per week engaged in drinking. The DDQ has demonstrated good test-

retest reliability (Collins, Carey, & Sliwinski, 2002).

3.7. Attention checks

We included two questions designed to assess whether participants were paying attention while they filled out the survey (e.g., “If you are reading this question, put the number 2 as your answer”; see Meade & Craig, 2012).

3.8. Statistical analyses

Statistical Package for Social Sciences (SPSS) was used to conduct all statistical analyses for this study. Initially, 523 participants completed the survey on the online survey program, Qualtrics. Missing data were screened using a missing values analysis, which indicated that 1.5% of values were missing. Little’s MCAR test (Little & Rubin, 1989) revealed that values were not missing completely at random: $\chi^2(1928, N = 261) = 2412.39, p < .001$. To accommodate the missingness, we imputed values using the expectation maximization algorithm (Meyers, Gamst, & Guarino, 2006). Twenty-seven participants were removed for not completing the survey. We further excluded 103 participants for answering incorrectly to either of the attention check items. Twenty-two individuals were removed from the study for straightlining in at least two measures. Finally, we removed 110 individuals who indicated they were not currently involved in a romantic relationship, leaving 261 participants for the main analyses.

Prior to analyses, we computed descriptive statistics on demographic variables (see Table 1) and assessed whether the data were normally distributed using the Shapiro-Wilk statistic. Examination of Shapiro-Wilk revealed the SCS sum score was normally distributed. However, both of the measures for relationship satisfaction (the RAS and the DAS) were not normally distributed. To handle the non-normal data, we used the non-parametric bootstrapping method with percentile-based bootstrap confidence intervals (Wright, London, & Field, 2011) with 5000 iterations when running our regression analyses.

4. Results

Zero-order correlations among the variables are presented in Table 2. Consistent with our hypothesis, results indicated a weak, positive correlation between self-compassion and relationship satisfaction, $r = .25$, and a weak, positive correlation between self-compassion and dyadic adjustment, $r = .23$.

We estimated two hierarchical multiple regressions to determine whether self-compassion predicted relationship satisfaction after controlling for age, gender, ethnicity, perception of parents’ happiness, psychological distress, and average number of alcoholic drinks consumed per week. There were originally 5 categories for ethnicity, but due to small percentages of participants who identified as Hispanic, Asian, and Other (see Table 1), these three categories were collapsed into one category, leaving the variables “African American” and “Other,” both coded no = 0, yes = 1, with Caucasian as the reference

Table 1

Correlations and descriptive statistics for primary variables. Self-compassion (SCS), relationship satisfaction (RAS), relationship satisfaction (DAS), mean drinks per week (DDQ), and depression, anxiety, and stress (DASS-21).

	M	SD	1	2	3	4	5
SCS	3.12	.63					
RAS	3.96	.82	.25**				
DAS	114.47	18.96	.23**	.74**			
DDQ	8.65	11.34	.00	-.13*	-.22**		
DASS-21	1.5	.43	-.49**	-.31**	-.27**	.05	

* $p < .05$.

** $p < .01$.

category. Gender was dummy coded female = 0, male = 1. Each hierarchical analysis consisted of two steps. Step 1 included the control variables only. We added the SCS in step 2.

4.1. Hierarchical multiple regression: relationship satisfaction

Model 1, which included gender, ethnicity, perception of parents’ happiness, mean number of drinks per week, and psychological distress, predicted 15% of the variation in relationship satisfaction: $R^2 = .15; p < .01$. These findings (see Table 3c) show that African Americans reported lower levels of relationship satisfaction than other ethnicities, $b = -.43; 95\% \text{ CI } [-.72, -.16]$, and that higher psychological distress predicted lower levels of relationship satisfaction, $b = -.58, [-.89, -.29]$. Additionally, more alcoholic drinks consumed per week weakly predicted lower levels of relationship satisfaction, $b = -.01, [-.02, -.00]$. Consistent with our hypothesis, the results of model 2 showed that self-compassion positively predicted relationship satisfaction, even while controlling for the other variables, $b = .22, [.04, .38]$. However, the effect size was modest, $R^2 \Delta = .02$. Higher levels of self-compassion modestly predicted higher levels of relationship satisfaction, while controlling for the covariates.

4.2. Hierarchical multiple regression: dyadic adjustment

Model 1, which included gender, ethnicity, perception of parents’ happiness, mean number of drinks per week, and psychological distress, predicted 12% of the variation in dyadic adjustment, $R^2 = .12, p < .01$. These findings (see Table 3e) show that higher psychological distress predicted lower levels of dyadic adjustment, $b = -11.47, [-18.02, -5.47]$. Additionally, more alcoholic drinks consumed per week predicted lower levels of dyadic adjustment, $b = -.25, [-.47, -.04]$. Consistent with our hypothesis, the results of model 2 showed that self-compassion positively predicted dyadic adjustment, even while controlling for the other variables $b = 4.61, [.30, 8.69]$. Yet as with relationship satisfaction, the effect size was modest, $R^2 \Delta = .02$. Higher levels of self-compassion modestly predicted higher levels of dyadic adjustment, while controlling for the covariates.

5. Discussion

As hypothesized, those who reported higher levels of self-compassion tended to report having higher-quality romantic relationships, providing additional evidence that self-compassion is related to increased quality in romantic relationships. These results cohere with previous literature that indicated self-compassion is related to healthy interpersonal behaviors (Crocker & Canevello, 2008; Neff & Beretvas, 2012; Yarnell & Neff, 2012). Additionally, we found that self-compassion was a unique and positive predictor of relationship quality above and beyond other variables that predict relationship quality (i.e., drinking and psychological distress). These findings suggest that self-compassion, on its own, may play a small role in creating and maintaining high-quality relationships.

5.1. Limitations

Several limitations of the current study should be noted. First, our sample consisted mostly of young Caucasian females, which may not generalize well to other groups. There is some evidence to suggest that both self-compassion and relationship quality increase with age (Homan, 2016; Young, Furman, & Lauren, 2011). Future research should assess the relationship between self-compassion and relationship quality in a wider variety of age groups. Second, we did not assess the length of the participants’ romantic relationships other than that their relationship had been going on for at least three months. Future research should assess participants’ relationship length to examine how self-compassion may vary depending on the length of a relationship.

Table 2
Hierarchical Multiple Regression Model Summary. Relationship Assessment Scale (RAS) and Dyadic Adjustment Scale (DAS).

	Model	R	R-square	SE	R2 Change	F Change	df1	df2	Sig. F Change
RAS	1	.39	.15	.77		6.33	7	253	.00
	2	.41	.17	.76	.02	5.94	1	252	.02
DAS	1	.33	.11	18.13		4.44	7	253	.00
	2	.36	.13	18	.02	4.80	1	252	.03

Table 3
Bootstrap for Coefficients. Relationship Assessment Scale (RAS) and Dyadic Adjustment Scale (DAS).

Model	RAS					DAS				
		b	SE	95% CI		b	SE	95% CI		
				Lower	Upper			Lower	Upper	
1	Intercept	5.03	.86	2.53	5.69	138.76	24.66	67.98	153.06	
	Gender	.01	.11	-.13	.21	-2.12	2.50	-7.37	2.43	
	Age	-.01	.05	-.03	.13	-.3	1.35	-.81	3.67	
	African American	-.43	.14	-.72	-.16	-3.61	3.18	-10	2.55	
	Ethnicity-Other	-.22	.16	-.58	.05	-2.60	3.24	-8.38	4.44	
	Parent Happiness	.01	.02	-.03	.05	.28	.44	-.6	1.13	
	DASS-21	-.58	.15	-.89	-.3	-11.47	3.19	-18.02	-5.47	
	DDQ	-.01	.01	-.02	.00	-.25	.11	-.47	-.04	
	2	Intercept	4.25	.82	1.96	5.18	122.03	22.78	57.49	142.21
		Gender	-.04	.11	-.26	.17	-3.16	2.46	-8.15	1.48
Age		-.01	.04	-.03	.11	-.39	1.23	-.86	3.24	
African American		-.47	.15	-.78	-.19	-4.56	3.17	-10.97	1.5	
Ethnicity-Other		-.23	.16	-.6	.05	-2.87	3.44	-8.93	4.74	
Parent Happiness		.01	.02	-.03	.05	.21	.44	-.64	1.06	
DASS-21		-.42	.17	-.77	-.11	-8.08	3.38	-14.96	-1.61	
DDQ		-.01	.01	-.02	.00	-.25	.12	-.48	-.03	
SCS		.22	.09	.01	.38	4.61	2.09	.3	8.63	

Self-compassion (SCS), mean drinks per week (DDQ), and depression, anxiety, and stress (DASS-21).

Third, all data for this study was collected using self-report questionnaires, which limits our ability to verify the accuracy of the data. Future studies might use behavioral methods of data collection in addition to self-report data to verify the accuracy of the information collected. Fourth, the current study did not directly observe or assess communication patterns between partners, which research has shown to be an important predictor of relationship quality (Christensen, 1987; Gottman & Levenson, 2000). Future research should examine how communication patterns among couples relate to self-compassion levels. Finally, the SCS has been criticized due to mixed findings regarding its construct validity (Garcia-Campayo et al., 2014). Future research should make measurement development a priority within self-compassion research, and optimizing measurement may clarify some of the ambiguity in this area.

5.2. Future directions

The findings from the current study suggest that higher levels of self-compassion predict higher levels of self-reported relationship quality. However, the causal direction of this relation is unclear. That is, it may be that self-compassionate individuals are more likely to enter high-quality relationships. It may also be that high-quality relationships foster self-compassion in the individuals involved in them. Time series research might better examine the relationship between these two variables.

The associations between self-compassion and our measures of relationship quality, although statistically significant, were quite small. Self-compassion was found to be an independent predictor of relationship quality, but only accounted for about 2% of the unique variance. This result was much smaller than other studies examining similar questions. One potential explanation for this could be that the current study did not include measures of relational well-being. Neff

and Beretvas (2012) assessed the self-compassion scores of 104 couples and examined whether couple self-compassion (as measured by the combined self-reported self-compassion scores of each partner) was related to overall relationship quality, as measured by the RAS and a scale used to assess relational well-being (Harter, Waters, & Whitesell, 1998; Neff & Harter, 2003). Their results indicated that overall couple self-compassion scores were moderately positively related to overall relationship quality, $r = .46$, which was about twice the magnitude of those in our participants' data. The discrepancy between the results of the current study and those of Neff and Beretvas highlights the need for strong, well-designed time series studies assessing both members of a couple in order to better tease out the relationship between these variables.

Researchers are in the early stages of exploring the link between self-compassion and romantic relationships. It seems sensible that individuals who show more self-compassion would make better partners. And, perhaps further, that teaching self-compassion skills might lead to better and more satisfying relationships. But what seems intuitively simple has often turned out to be empirically more complex. For example, high self-esteem seems intuitively like an important component of psychological wellbeing, but years of research among school children has revealed 1) that high self-esteem is also related to bullying and narcissism, and, 2) that interventions to raise self-esteem have negligible improvements in relevant outcomes (Baumeister, Campbell, Krueger, & Vohs, 2003). Until we empirically test the role of self-compassion in relationships over time, we cannot conclude that self-compassion is an essential ingredient for high-quality relationships.

From the research conducted thus far, it seems possible that higher levels of self-compassion promote healthier relationships. The evidence indicates that self-compassion is beneficial for individual wellbeing, both as a state characteristic and as a learned skill (Leary et al., 2007; Mosewich, Crocker, Kowalski, & DeLongis, 2013). It remains to be seen

how effective self-compassion interventions might be for improving relationship quality. Furthermore, while studies do exist about the factors that matter for high-quality relationships, there is room for growth in this line of research. To date, we only know part of the story about what contributes to a successful relationship.

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