

Self-compassion and Loneliness

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Abstract

The purpose of this study is to examine the relationships between self-compassion and loneliness. Participants were 398 university students who were enrolled in mid-size state University, in Turkey. In this study, the Self-compassion Scale and the UCLA Loneliness were used. In correlation analysis, self-kindness, common humanity, and mindfulness factors of self-compassion were found negatively related to loneliness. On the other hand, self-judgment, isolation, and over-identification factors of self-compassion were found positively correlated to loneliness. According to path analysis results, loneliness was predicted negatively by self-kindness, common humanity, and mindfulness. Further self-judgment, isolation, and over-identification predicted loneliness in a positive way. This research shows that self-compassion has a direct impact on the loneliness.

Key Words: Self-compassion, loneliness, path analysis

Introduction

Recently, many researchers (Baumeister, Smart, & Boden, 1996; Damon, 1995; Finn, 1990; Hewitt, 1998; McMillan, Singh, & Simonetta, 1994; Seligman, 1995) have criticized self-esteem trainings which encourage individuals to achieve positive attitudes towards him/herself and they have claimed that such kind of trainings have excessively emphasized the individual's ego and thus, lead narcissistic manners. These arguments have contributed the structure of self-compassion to be put forward, which is based on Buddhist philosophy and has an alternative conception of individual's achieving functional attitudes toward himself (Neff, 2003a, b).

Self-compassion involves being discerning and gentle towards oneself in the face of hardship or perceived inadequacy and entails acknowledging that suffering, failure, and

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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 involves three main components: Self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification. While these three components of self-compassion are conceptually distinct and are experienced differently at the phenomenological level, they also interact so as to mutually enhance and engender one another (Neff, 2003a).

Self-kindness refers to being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical. When noticing some disliked aspect of one's personality, for example, the flaw is treated gently and the emotional tone of language used towards the self is soft and supportive (Neff, 2009). Self-compassion entails not being self-critical when one's expectations are not met and not being harmful to individual's ego in order to make achievements. Instead, self-compassion suggests the individual should encourage his/her ego gently and patiently to change behaviors (Neff, 2003a). 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). Having this kind of awareness, one perceives these experiences as part of the larger human experience rather than feeling isolated and alienated from the society and harshly criticizing oneself for failure and suffering experiences (Neff, 2003a). This awareness also emphasizes one's relatedness to all other humans and to another individual (Kirkpatrick, 2005).

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). Mindfulness is a state of balanced awareness that one's feelings and thoughts are observed without avoiding or trying to change them, without exaggeration and prejudice. When individuals accept and tolerate their distress and pain, when they are gentle and kind toward themselves, they avoid suppressing their emotions and thoughts.

Thus, when they are aware that distress and pain are something all humans experience, they are not trapped by over-identification. Therefore, self-compassion functions as an adaptive strategy for emotion-organizing through decreasing negative emotions but creating more positive emotions of kindness and relatedness (Neff, Hsieh, & DeJitterat, 2005). Studies have demonstrated that self-compassion is negatively associated with self-criticism, depression, anxiety, rumination, and thought suppression; and positively associated with social relationship, emotional intelligence, self-determination (Neff, 2003a, b; Neff, Kirkpatrick, & Rude, 2005; Neff, Rude, & Kirkpatrick, 2007), interpersonal cognitive distortions (Akin, in press), and submissive behavior (Akin, 2009). In addition, it has been found out that although self-compassion is significantly related to self-esteem, it is not associated with narcissism (Neff, 2003a).

Loneliness

Loneliness is typically defined by researchers as involving the cognitive awareness of a deficiency in one's social and personal relationships, and the ensuing affective reactions of sadness, emptiness, or longing (Asher & Paquette, 2003). For example, Parkhurst and Hopmeyer (1999) described loneliness as "a sad or aching sense of isolation, that is, of being alone, cutoff, or distanced from others . . . associated with a felt deprivation of, or longing for, association, contact, or closeness" (p. 58). On the other hand, Peplau and Perlman (1982) defined loneliness as a subjectively experienced aversive emotional state that is related to the perception of unfulfilled intimate and social needs.

It is also important to note that loneliness in itself is not pathological. Loneliness is actually quite normative in that most people feel lonely at some point during their lives. As social animals who participate extensively in social relationships, humans open themselves up to the possibility of loneliness. This can occur not only when people lack ongoing relationships with others, but even when they have meaningful relationships that take negative turns. For example, loneliness can be a response to separations, such as when a friend is unavailable to play or moves away. These situational or short-term experiences of loneliness are typically not causes for concern (Asher & Paquette, 2003).

Chronic loneliness, however, is a serious problem (Jones & Carver, 1991; West, Kellner, & Morre-West, 1986) and is associated with various indices of maladjustment in adolescents and adults, such as low self-esteem (Brage, Meredith, & Woodward, 1993; Schultz & Moore, 1988), depression (Koenig, Isaacs, & Schwartz, 1994; Lau, Chan, & Lau, 1999), anxiety (Johnson, LaVoie, Spenceri, & Mahoney-Wernli, 2001; Moore & Schultz, 1983), anorexia nervosa (Troop & Bifulco, 2002), and suicide ideation and behavior (Garnefski, Diekstra, & De Heus, 1992; Roberts, Roberts, & Chen, 1998). Additionally, at least 10% of elementary school-aged children (Asher, Hymel, & Renshaw, 1984) and 66% of high school and middle school students (Culp, Clyman, & Culp, 1995) report feeling lonely either always or most of the time which suggests a level of loneliness that places children at risk for poor outcomes.

A plethora of studies have examined socio-demographic variables such as age, gender, education level, income, marital status, and actual living arrangements to see whether different values of such variables, likely to define different life-circumstances pattern and problems, are meaningfully associated with loneliness. Results of these studies demonstrated that, loneliness is more frequent among lower income groups and among those with less education (Cacioppo, Hughes, Waite, Hawkey, & Thisted, 2006; Mullins, Elston, & Gutkowski, 1996; Perlman & Peplau, 1984), and among 'extreme' age groups, namely adolescents and elderly persons (Cacioppo et al., 2006; Mahon, Yarcheski, Yarcheski, Cannella, & Hanks, 2006; Nolen-Hoeksema & Ahrens, 2002), among those who do not have a (supporting) partner, and/or a reasonable frequency of social contacts with family members, friends, neighbors and acquaintances, and/or live alone or in residential units (Cacioppo et al., 2006; De Jong-Gierveld & Van Tilburg, 2006; Green, Richardson, Lago, & Shatten-Jones, 2001; Nolen-Hoeksema & Ahrens, 2002; Prince, Harwood, Blizard, Thomas, & Mann, 1997; Russell, Cutrona, Rose, & Yurko, 1984; Van Baarsen, Smit, Snijders, & Knipscheer, 1999; Van Baarsen, Snijders, Smit, & Van Dujin, 2001; Vandewater, Ostrove, & Stewart, 1997). Discussing the relationship between loneliness and increasing age, Peplau, Bikson, Rook, and Goodchilds (1982) hypothesized that loneliness may be more stable in old age because older people are less optimistic that it will go away and

because older adults may attribute loneliness to a greater extent to stable, irreversible factors. These findings suggest that loneliness is likely to be more prevalent in older age (Ó Luanaigh & Lawlor, 2008). Empirical research examining gender differences in loneliness, however, is mixed and has led to inconclusive findings. For example while some studies found that women report loneliness more commonly than men, others have found no gender differences (Andersson, 1982; Peplau & Perlman, 1982). On the other hand a group of study has discovered that boys and men might feel more loneliness than girls and women (Besser, Flett, & Davis, 2003; Cacioppo et al., 2006; Green et al., 2001; Mahon et al., 2006; Prince et al., 1997).

Psychological variables such as self-esteem, self-efficacy, affect dispositions and other aspects of emotional functioning, as well as values and judgments about one's own life—have also been associated with loneliness. For instance, loneliness is more likely in people who have lower self esteem (Brage et al., 1993; Hudson, Elek, & Campbell-Grossman, 2000; Lasgaard, 2007; Mahon et al., 2006; Schultz & Moore, 1988), higher anxiety levels (Johnson et al., 2001; Moore & Schultz, 1983), especially if the anxiety focuses on social encounters (Fees, Martin, & Poon, 1999; Mahon et al., 2006), suffer from depression (Berg, Mellstrm, Persson, & Svanborg, 1981; Besser et al., 2002; Cacioppo et al., 2006; Koenig et al., 1994; Lau et al., 1999; Mahon et al., 2006; Nolen-Hoeksema & Ahrens, 2002; Wang, Snyder, & Kaas, 2001), feel low satisfaction with their life (Gow, Pattie, Whiteman, Whalley, & Deary, 2007), tend not to disclose their emotions and/or to silence themselves (Besser et al., 2003; Mahon et al., 2006), and have a dispositional tendency to negative affectivity (Kahn, Hesslingb, & Russell, 2003).

The Present Study

Despite these findings, to date, no study has examined the relationship between self-compassion and loneliness. Thus, the purpose of the present study is to investigate the relationships between dimensions of self-compassion and loneliness. It was hypothesized that self-kindness, common humanity, and mindfulness would be associated negatively with loneliness. It was also hypothesized that self-judgment, isolation, and over-identification would be related positively to loneliness.

Method

Participants

Participants were 398 university students (179 (45%) were female, 219 (55%) were male) who were enrolled in mid-size state University, in Turkey. Their ages ranged from 18 to 25 years and the mean age of the participants was 20.9 years.

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 and Chi-Square value ($\chi^2/df = 2.95$) which was calculated for the adaptation of the model was found to be significant. 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.

UCLA loneliness scale. The 20-item UCLA Loneliness Scale (Russell, Peplau, & Ferguson, 1978) was used to measure participants' experience of loneliness. Respondents indicated on a 4-point scale (1 = never to 4 = always) how often they felt as described in each item. Scores on this scale could range from 20 to 80. This measure provides a continuous score and higher scores indicate greater feelings of loneliness. Construct validity of the scale has been supported by significant positive correlations with other measures of loneliness (e.g., Differential Loneliness Scale, $r = .72$, $p < .01$) and negative correlations with reported social support (Russell, 1996). Russell reported coefficient alphas ranging from .89 to .94. Demir (1989) reported an internal consistency coefficient of

the Turkish version of loneliness scale to be .96, and test-retest (one-month interval) reliability coefficient to be .94.

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 informed about purposes of the study. In this research, Pearson correlation coefficient and structural equation modeling was utilized to determine the relationships between dimensions of self-compassion and loneliness. These analyses were carried out via LISREL 8.54 (Jöreskog & Sorbom, 1996) and SPSS 11.5.

Findings

Descriptive Data and Inter-correlations

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

Table 1. Descriptive statistics, alphas, and inter correlations of the variables

Variables	1	2	3	4	5	6	7
1. Self-kindness	1						
2. Self-judgment	-.44**	1					
3. Common Humanity	.64**	-.28**	1				
4. Isolation	-.36**	.667**	-.10*	1			
5. Mindfulness	.71**	-.37**	.62**	-.31**	1		
6. Over-identification	-.41**	.64**	-.22**	.67**	-.45**	1	
7. Loneliness	-.37**	.44**	-.27**	.47**	-.30**	.42**	1
Mean	15,84	12,54	12,86	10,35	13,13	10,97	37,23
Standard deviation	3,83	4,01	3,33	3,07	2,97	3,43	9,51
Alpha	.77	.91	.93	.88	.81	.90	.85

* $p < .05$, ** $p < .01$

When Table 1 is examined, it is seen that there are significant correlations between dimensions of self-compassion and loneliness. Self-kindness ($r=-.37$), common humanity ($r=-.27$), and mindfulness ($r=-.30$) related negatively to loneliness. In contrary, self-judgment ($r=.44$), isolation ($r=.47$), and over-identification ($r=.42$) were found positively associated with loneliness. There were also significant correlations between dimensions of self-compassion.

Structural Equation Modeling

Hypothesized model was examined via structural equation modeling (SEM). According to this model, loneliness is predicted by six dimensions of self-compassion. Figure 1 presents the results of SEM analysis, using maximum likelihood estimations. The model demonstrated excellent fit ($\chi^2/df = 2,38$, GFI = .98, AGFI = .96, CFI = .99, NFI = .99, RFI = .99, IFI = .99, and RMSEA = .038) and also accounted for 76% of the loneliness variances.

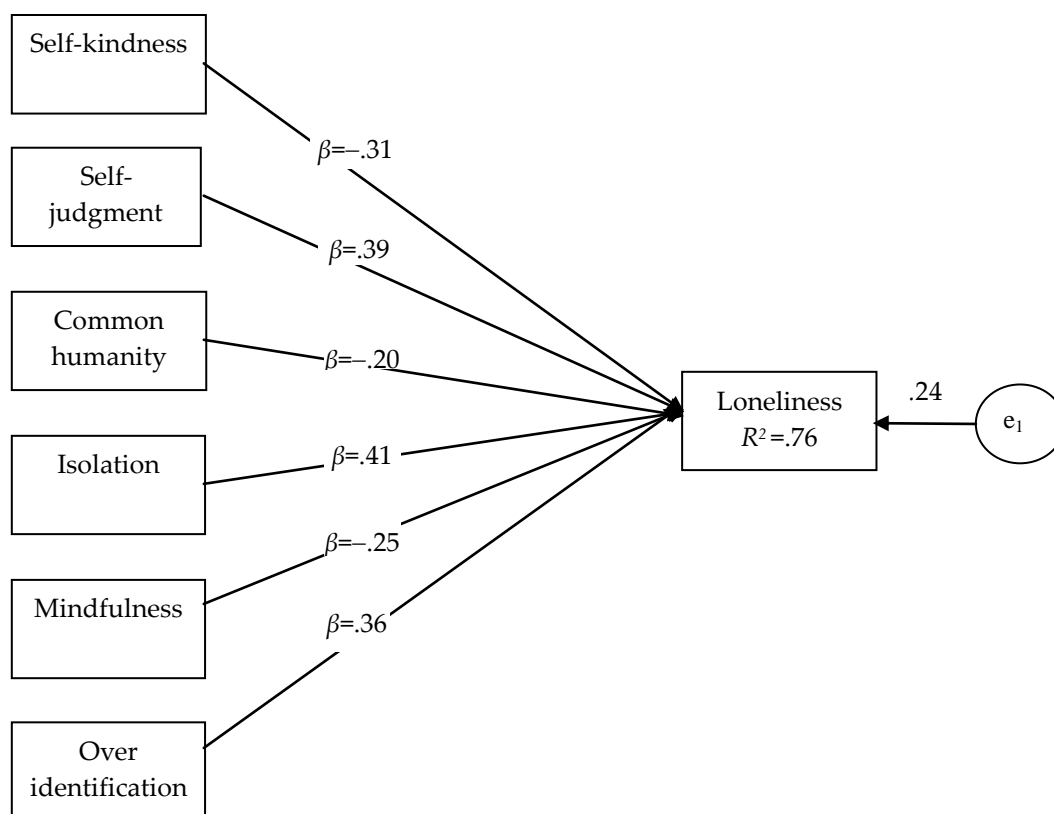


Figure 1. Path analysis between self-compassion and loneliness

The standardized coefficients in Figure 1 clearly showed that loneliness was predicted negatively by self-kindness, common humanity, and mindfulness (-.31, -.20, and -.25,

respectively). On the other hand, self-judgment, isolation, and over-identification predicted loneliness in a positive way (.39, .41, and .36, respectively).

Discussion

The aim of this study was to investigate the relationships between self-compassion and loneliness. Findings have demonstrated that there are significant relationships between dimensions of self-compassion and loneliness. Also the goodness of fit indexes of the path model indicated that the model was acceptable and correlations among measures were explained by the model (Hu & Bentler, 1999).

First, as hypothesized, the structural model delineated that self-kindness, common humanity, and mindfulness, predicted loneliness in a negative way. These three dimensions of self-compassion are adaptive in nature and they represent that, in the event of negative life-experiences, individual's approach toward himself is warm, gentle, and kind. Certainly, a key feature of self-compassion is that individuals do not harshly judge and criticize themselves when they notice something about themselves they don't like and self-criticism is known to be an important predictor of anxiety and depression (Neff, 2009). Self-compassion is still a strong negative predictor of anxiety and depression even after controlling for self-criticism (Neff, 2003a), suggesting that self-compassion provides unique buffering effects (Neff, 2009). 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 negatively with well-being indices such as feelings of autonomy and competence (Neff, 2003a), happiness, optimism, positive affect (Neff, Rude, & Kirkpatrick, 2007), and learning-approach goals (Akin, 2008). Contrarily, research showed that loneliness was associated with various indices of maladjustment such as low self-esteem (Brage et al., 1993; Schultz & Moore, 1988), depression (Koenig et al., 1994; Lau et al., 1999), anxiety (Johnson et al., 2001; Moore &

Schultz, 1983), anorexia nervosa (Troop & Bifulco, 2002), and suicide ideation and behavior (Garnefski et al., 1992; Roberts et al., 1998). Therefore the negative association between self-kindness, common humanity, and mindfulness and loneliness seem very reasonable.

Second, as expected, self-judgment, isolation, and over-identification predicted loneliness positively. These three dimensions of self-compassion 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). Self-judgment, isolation, and over-identification 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, neurotic perfectionism (Neff, 2003a, b; Neff, Kirkpatrick, & Rude, 2005; Neff, Rude, & Kirkpatrick, 2007), interpersonal cognitive distortions (Akin, in press), and submissive behavior (Akin, 2009). Therefore these dimensions of self-compassion are maladaptive and they may be related positively to loneliness. Thus, it can be said that an increment in self-judgment, isolation, and over-identification will increase loneliness.

Several limitations of the study should be noted, to provide direction for future research. First of all, because this research intended to build a model rather than test a model which is already exists, findings from the research are of explanatory characteristics. Therefore, if it is not tested on another sample, it is wise to avoid taking the findings as definite. Secondly, participants were university students and replication of this study for targeting other student populations should be made in order to generate a more solid relationship among constructs examined in this study, because generalization of the results is somewhat limited. Thirdly, even though structural equation modeling suggests results related to causality, it is difficult to give full explanation related to causality among the variables examined in the research, because correlational data were used.

Conclusion

This study demonstrates that the self-compassion associated with loneliness. Also this investigation is the first to explore the relationships between self-compassion and loneliness. This research suggests that the encouragement of self-compassion could be highly beneficial for reducing loneliness. Additionally, encouraging the development of self-compassion should be useful individuals by helping them to counter destructive self-critical tendencies, recognize their interconnection with others, and deal with their emotions with greater clarity and equanimity (Neff, 2003a). Nonetheless it is important to note that research on self-compassion is still in its nascent phases and more research will need to be done before any policy implications can be drawn. Also there are enough positive indicators from self-compassion studies to suggest that more research on self-compassion would be a worthwhile (Neff, Hsieh, & Dejitterat, 2005).

Consequently, this research shows that self-compassion has a direct impact on the loneliness. People high in self-judgment, isolation, and over-identification are more likely to be lonely than those high in self-kindness, common humanity, and mindfulness. Thus, the current findings increase our understanding of the relationships between self-compassion and loneliness. Future studies should examine the relationships between self-compassion and loneliness with structural equation modeling, establishing a mediating or latent variable.

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