



Cognitions as mediators in the relationship between self-compassion and affect



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ABSTRACT

Previous studies suggest that self-compassion is related to numerous facets of mental health, but the role of cognitions in this relationship remains unknown. To examine the mediating role of cognitions in the relationship between self-compassion and anxiety, depression, and life satisfaction when controlling for self-esteem in Japanese people, we conducted two studies. Study 1 ($N = 231$) examined the relationship between self-compassion and affect by modeling negative automatic thoughts as a mediator; Study 2 ($N = 233$) tested whether positive and negative automatic thoughts mediate this relationship. Results suggested that both self-compassion and self-esteem increased positive automatic thoughts and decreased trait anxiety, whereas only self-esteem increased life satisfaction and decreased depression directly. Positive automatic thoughts increased life satisfaction and decreased depression and trait anxiety, and positive automatic thoughts mediated the relationship between self-compassion and negative affect. These findings suggest that both positive and negative automatic thoughts mediate the relationship between self-compassion and affect in Japanese people.

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1. Introduction

Compassion refers to one's desire to alleviate another's suffering, and loving-kindness denotes one's wish for happiness to replace another's unhappiness (Salzberg, 1995). Neff (2003) combined the concepts of compassion and loving-kindness into the single concept of self-compassion. Self-compassion comprises three components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification (Neff, 2003). Self-compassion is defined as 'being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, non-judgmental attitude toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience' (Neff, 2003, p. 224).

1.1. Self-compassion and self-esteem

While self-compassion is often confused with self-esteem, the concepts are distinct (Neff, 2003). Self-compassion is based on feelings of concern and non-judgmental understanding, whereas self-esteem is based on positive self-evaluation. Self-esteem

represents an evaluation of superiority/inferiority that helps one establish social rank stability and pursue goals (Gilbert & Irons, 2005). Neff and Vonk (2009) revealed that, compared to global self-esteem, self-compassion had a stronger negative association with social comparison, public self-consciousness, self-rumination, anger, and need for cognitive closure. The study also found that self-compassion and self-esteem were statistically equivalent predictors of happiness, optimism, and positive affect. Leary, Tate, Adams, Allen, and Hancock (2007) showed that participants high in self-compassion experienced fewer negative emotions than did participants high in self-esteem after receiving unflattering feedback.

1.2. Self-compassion and mental health

Over the last decade, much evidence has emerged that self-compassion is positively associated with positive affect, well-being, and psychological adjustment; and negatively related to negative affect and psychological disorders. Similarly, Neff, Rude, and Kirkpatrick (2007) found that self-compassion is positively associated with happiness, optimism, positive affect, wisdom, personal initiative, curiosity and exploration, agreeableness, extroversion, and conscientiousness; and negatively with negative affect and neuroticism. Finally, Barnard and Curry (2011) reviewed a variety of studies and concluded that self-compassion is positively

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related to well-being and happiness and negatively associated with negative affect, depression, and anxiety.

1.2.1. Cognition as mediators between self-compassion and negative mental health

However, the factors that mediate the relationship between mental health and self-compassion are less well understood. As for the relationship between self-compassion and negative emotion, Gilbert and Procter (2006) proposed a model that explains shame and self-criticism, which are the opposite of self-compassion, in terms of threat and safety. This model provides evidence that self-criticizing thought mediates the relationship between self-correction, self-persecution, and depression (Gilbert, Clarke, Hempel, Miles, & Irons, 2004); that self-criticizing thought influences the association between parental rejection and depression (Irons, Gilbert, Baldwin, Baccus, & Palmer, 2006); and that self-criticism increases loneliness via self-silencing, which is the tendency to inhibit one's self-expression and action to avoid conflict and the possible loss of a relationship (Besser, Flett, & Davis, 2003). Self-criticizing thoughts have been shown to increase with rumination (Lyubomirsky, Tucker, Caldwell, & Berg, 1999), and self-compassion has been shown to be negatively associated with rumination and thought suppression (Neff, 2003). Raes (2010) examined the mediating effects of rumination and worry in the relationship between self-compassion, depression, and anxiety, and showed that rumination, but not worry, emerged as a significant mediator between self-compassion and anxiety and depression. Johnson and O'Brien (2013) showed that rumination, self-esteem, and shame were significant mediators between self-compassion and depression. In a study of outpatients with depression, Krieger, Altenstein, Baettig, Doerig, and Holtforth (2013) found that rumination and avoidance mediate the relationship between self-compassion and depressive symptoms. Specifically, results showed that symptom-focused rumination and cognitive and behavioral avoidance mediated the relationship between self-compassion and depressive symptoms. Thus, the abovementioned studies show that self-compassionate individuals tend to be less ruminative than those who lack self-compassion. However, the relationship between negative automatic thoughts and self-compassion has not been examined. Negative automatic thinking is a broader concept than self-criticizing thoughts because it includes not only negative thoughts about oneself, but also of threats posed by others, future expectations, and other factors (Fukui, 1998). Nolen-Hoeksema and Plomin (2004) suggest that rumination may contain negative themes similar to those of automatic thoughts. These studies suggest that negative automatic thoughts may also mediate the relations among self-compassion, depression, and anxiety. The present study examines whether negative thinking serves as a mediator in the relationship between self-compassion, anxiety, and depression.

1.2.2. Self-compassion and positive mental health

As for the relationship between self-compassion and positive mental health, self-compassion is believed to increase positive affect and well-being through its association with three traits: self-kindness, common humanity, and mindfulness (Neff, 2003). There is some evidence that one's life satisfaction, which is an indicator of subjective well-being, would increase following the adoption of a compassionate and mindful perspective (Neff & Germer, 2013). Similarly, Allen and Leary (2010) showed that self-compassion increases the likelihood that one will employ a non-avoidance coping strategy, such as positive cognitive reframing or problem solving, to address negative events, and such a coping style may facilitate well-being. Breines and Chen (2013) showed that people with high self-compassion are more motivated than people with high self-esteem to improve personal weaknesses, rectify moral

transgressions, and challenge themselves. These results suggest that self-compassion promotes healthy coping behaviors and self-improvement, which protect against negative emotions and facilitate well-being. Another way in which self-compassion may cultivate positive affect and well-being is related to Loving Kindness Meditation (LKM; Hofmann, Grossman, & Hinton, 2011). The concept of loving-kindness overlaps with the concept of self-compassion. This practice has been demonstrated to enhance positive emotions, increase life satisfaction, increase psychological resources for dealing with negative emotions, and promote psychological recovery (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Johnson et al., 2009). In particular, Fredrickson's research showed that compassion toward oneself could increase positive emotions and resources that weaken negative emotions, and this cycle results in increased well-being.

1.2.3. Cognition as mediators between self-compassion and positive mental health

Finally, another possible mediator between self-compassion and well-being may be positive automatic thoughts. Positive automatic thoughts have been found to be inversely related to negative automatic thoughts, depression, and negative affect; and positively related to positive affect and life satisfaction (Burgess & Haaga, 1994; Ingram, Kendall, Siegle, Guarino, & McLaughlin, 1995; Ingram & Wisnicki, 1988; Jolly & Wiesner, 1996). Positive automatic thoughts were unrelated to anxiety when depression was controlled, but significantly related to depression when anxiety was controlled (Boelen, 2007; Burgess & Haaga, 1994; Jolly & Wiesner, 1996). These results are consistent with hypotheses about the relationship between positive and negative affect and their role in psychopathology (Hofmann, Sawyer, Fang, & Asnaani, 2012). It can also be hypothesized that self-compassion increases positive automatic thoughts, which augment positive affect and life satisfaction, by allowing one to focus on both good and bad things in a non-judgmental way and perceive one's positive qualities, thus increasing the likelihood of positive automatic thoughts. However, there has been no research on the potential pathways through which self-compassion may lead to or increase life satisfaction. Recently, research suggests that self-compassion is effective in the treatment of mental health problems such as depression. Compassion-Focused Therapy (CFT; Gilbert & Procter, 2006) has been shown to reduce negative affect, and the Mindful Self-Compassion program (MSC; Neff & Germer, 2013) may promote positive affect and enhance well-being. However, despite the success of these treatments, it is still unclear how self-compassion influences positive automatic thoughts and how positive automatic thoughts mediate the relationship between self-compassion and mental health. Uncovering the ways in which self-compassion and positive automatic thoughts enhance well-being and reduce depression and anxiety will facilitate our understanding of the clinical effects of self-compassion training on anxiety and depression. Thus, the present study focuses on positive automatic thoughts as a mediator.

1.3. The present study

The first aim of the present study was to test the hypothesis of whether negative automatic thoughts mediate the relationship between self-compassion, anxiety, and depression when controlling for self-esteem (Hypothesis 1). The aims of the second study were to replicate the results of the first and to expand the range of instruments employed by including measures of positive automatic thoughts and life satisfaction. We predicted that both positive and negative automatic thoughts would mediate the relationship between self-compassion and affect as well life-satisfaction when controlling for self-esteem (Hypothesis 2).

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