Self-compassion decreases acceptance of own immoral behaviors☆

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ABSTRACT

Self-compassion, which is a kind attitude toward oneself, has been well documented to promote psychological health. This research extended the literature by examining how self-compassion would predict the acceptance of one’s own immoral behavior. Study 1 recruited participants in China, measured their trait self-compassion, and instructed them to judge hypothetical moral transgressions. Study 2 recruited participants in the United States, manipulated state self-compassion, and measured judgments on real immoral behaviors. Two studies, with samples from different cultures, consistently revealed that higher self-compassionate people accepted their own moral transgressions less. These findings not only enrich the literature about how self-compassionate individuals react to their own moral violations but also link self-compassion to moral behaviors and concerns.

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1. Introduction

Compassion, defined as aroused feelings in response to others’ sufferings that could motivate someone to offer help, has been argued to be a fundamental source of moral judgment (Goetz, Keltner, & Simon-Thomas, 2010; Haidt, 2003). For example, having compassion toward others is associated with moral concerns about harmful behaviors (Graham et al., 2011). Nevertheless, little is known about how compassion turned inward, or self-compassion (Neff, 2003a), would influence people’s moral judgment on their own behaviors. Self-compassion entails kindness, empathy, understanding, acceptance, patience, and forgiveness toward the self (Gilbert & Irons, 2005; Neff, 2003b). It seems tempting to predict that higher self-compassion would be associated with more acceptance and tolerance of one’s own moral transgressions. However, self-compassion, as a healthy self-attitude, disposes people to acknowledge and remedy their own mistakes and predicts stable self-worth and low self-serving bias (Breines & Chen, 2012; Neff & Vonk, 2009). In this case, we hypothesized that higher self-compassion would predict less acceptance of one’s own moral transgression.

1.1. Self-compassion and its psychological effects

Self-compassion is conceptualized as a healthy and kind attitude toward oneself (Neff, 2003a). It derives from Buddhist philosophy and is composed of three components: self-kindness, common humanity, and mindfulness (Neff, 2003b). Self-kindness refers to being kind and non-critical toward one’s own sufferings. With self-kindness, people admit that inadequacies and failures are inevitable, and they also accept their own pains and mistakes with gentleness (Neff, 2009). Common humanity means to regard one’s own sufferings as shared human experience and recognize that the external factor (e.g., parenting history) may impact one’s own behaviors. By admitting that sufferings are not restricted to “me” and that they cannot have complete control over their circumstances, people acknowledge their failures and sufferings with understanding rather than taking them personally (Neff, 2009). Mindfulness requires balanced awareness to negative feelings rather than being overly absorbed by them or suppressing them. It is a non-judgmental, open, and receptive mind state (Neff, 2009).

The three components of self-compassion are not mutually exclusive; rather, they are closely interconnected (Neff, 2003b). For example, mindfulness can be enforced by admitting one’s own sufferings with kindness and treating them as a shared human experience, and self-kindness can prevent people from being overwhelmed by negative self-feelings. Given the intertwining relationship among the three components, the present research would treat self-compassion as an overarching factor. We focused on how the overall self-compassion would impact moral hypocrisy rather than separating self-compassion into different components and examining their respective influences.

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1.2. Self-compassion and moral judgment

Positive effects, such as high self-kindness and self-acceptance (Neff, 2003a, 2003b), imply that self-compassionate people are likely to accept and tolerate their own moral mistakes. However, existing evidence has shown that higher self-compassion as a healthy self-attitude is linked to less self-serving bias and more stable self-worth, which may decrease people’s acceptance of their own immoral behaviors.

When in the face of threats to self-worth or self-image due to inadequacy, failure, and negative performance, people higher in self-compassion are less likely to engage in defensive and self-serving responses; rather, they are more likely to rectify mistakes, improve themselves, alleviate sufferings, and overcome obstacles. For example, Breines and Chen (2012) found that people who received self-compassion manipulation, relative to those in the control condition and those in the self-esteem induced condition, were more likely to believe that their weaknesses were amendable, spent more time preparing for a test that they initially failed, and avoided repeating the same moral transgression in the future. Correlational studies also showed that trait self-compassion was negatively associated with fear of failure in learning (Neff, Hsieh, & Dejitterat, 2005) and the level of anxiety when people were ego-threatened (Neff, Kirkpatrick, & Rude, 2007). Because of the low defensive and self-serving tendency, self-compassionate people might be less likely to accept their own moral transgressions.

Self-compassionate people not only acknowledge and rectify their mistakes (Breines & Chen, 2012) but also have realistic self-appraisals and stable self-worth. In particular, people with higher self-compassion are less likely to perceive others’ neutral feedback as negative, such that they better align their self-appraisal to the truth (Leary et al., 2007). They are also less susceptible to self-worth threats than individuals with low self-compassion. An eight-month longitudinal survey sequentially assessed participants’ self-compassion levels twelve times and showed that self-compassion predicted less fluctuation of self-worth (Neff & Vonk, 2009). Meanwhile, self-compassionate people tend not to evaluate themselves relative to others (Neff, 2003a, 2003b) or boost their self-worth by exceeding others (Neff et al., 2005; Neff & Lamb, 2009), which might facilitate them to maintain stable self-feelings.

The realistic self-appraisals and the stable self-worth presumably dispose self-compassionate individuals to accept their own moral transgressions less. Evidence showed that people tend to elevate their own moral standards when their self-worth was threatened (Jordan & Monin, 2008). In particular, participants who completed a tedious task viewed themselves as more moral than those who rebelled to complete the task, and this effect was eliminated after participants received a manipulation of self-affirmation (Jordan & Monin, 2008). Given that people with higher self-compassion have more stable self-feeling and less fluctuation of self-worth (Neff & Vonk, 2009), they may be less likely to tolerate and accept their own immoral acts as a protection of their self-worth.

1.3. Current research

Given the literature showing that self-compassion is associated with low self-serving bias and stable self-worth, we predicted that if people engaged in any moral transgressions, individuals with higher self-compassion would accept their own immoral behaviors less. We conducted two studies to test the above hypothesis. Study 1 measured trait self-compassion and assessed moral judgment by hypothetical moral transgressions. Study 2 manipulated state self-compassion and measured judgment on real immoral behaviors.

2. Study 1

2.1. Method

2.1.1. Participants and design

G^power 3.1.9.2 was employed to compute the required sample sizes. Previous research (Schnall, Haidt, Clore, & Jordan, 2008) showed that the influence of induced dirtiness on moral judgment was at a medium level; thus, we set the effect size $f = 0.01$. With the probability level of 0.05, the power of 0.85, and the number of predictors as 1, a total of 92 participants were required. 94 students from two classes in a university in northern China participated in the research for 10 RMB (approximately US $1.58). Two participants were excluded because of missing data on the measure of self-compassion, resulting in 92 participants in the final sample (11 men; age 20–23, $M_{age} = 21.45, SD_{age} = 0.60$).

2.1.2. Procedure and materials

After providing the informed consent form, participants read four moral transgression scenarios adopted from the previous research (Lammers, Stapel, & Galinsky, 2010; Wang, Chen, Poon, Jin, & Yang, 2016). The scenarios included breaking traffic rules in the case of being late for an appointment, keeping a stolen and abandoned bike, picking up a wallet and keeping money in it, and plagiarizing in a test, were used to measure moral judgment. Participants imagined that they were focal protagonists of these transgressions and indicated how acceptable these behaviors were on a 9-point scale (1 = not at all, 9 = very much). The scores of four transgressions were averaged to index moral judgment ($M = 2.92, SD = 1.62, \alpha = 0.78$), with higher scores indicating more lenient moral judgment.

Then, the Self-Compassion Scale (SCS; Neff, 2003b) was used to measure participants’ dispositional self-compassion. SCS has six factors (i.e., self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification) and consists of 26 items. We translated the scale into Chinese, which exhibited acceptable internal consistency ($\alpha = 0.85$).

Participants indicated the frequency that they performed the described acts (e.g., “I try to be understanding and patient toward aspects of my personality I don’t like” for the self-kindness factor; “I’m intolerant and impatient towards those aspects of my personality I don’t like” for the self-judgment factor; “I try to see my failings as part of the human condition” for the common humanity factor; “When I fail at something that’s important to me I tend to feel alone in my failure” for the isolation factor; “When I fail at something that’s important to me I tend to feel alone in my failure” for the over-identification factor) on a 7-point scale (1 = almost never, 7 = almost always). Their scores on these negatively worded sub-scales (i.e., self-judgment, isolation, and over-identification) were reversed first, and then the means of each sub-scale were calculated and averaged to form a composite score of self-compassion, with higher scores indicating more self-compassion ($M = 4.36, SD = 0.67$).

Mood was measured by items adopted from previous research (“Currently I feel happy/cheerful/satisfied/sad/unhappy/dejected”; 1 = not at all, 5 = very much; Lammers et al., 2010). The scores of
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