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Self-Compassion as a Predictor of Loneliness: The Relationship Between Self-Evaluation Processes and Perceptions of Social Connection

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SELF-COMPASSION AS A PREDICTOR OF LONELINESS:

THE RELATIONSHIP BETWEEN SELF-EVALUATION PROCESSES AND

PERCEPTIONS OF SOCIAL CONNECTION

by

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Abstract

Loneliness is a common and painful experience related to a multitude of negative health outcomes. The current study examined the relationship between measures of self-compassion and measures of loneliness in order to explore whether a self-compassionate mindset might alleviate feelings of social isolation. Because prior research has indicated a relationship between self-evaluation processes and perceptions of social connectedness, the study was conducted with the hypothesis that there would be a negative correlation between self-compassion and loneliness constructs. The sample consisted of 198 undergraduate students between the ages of 18 and 25 at a small Christian university in the Southeast U. S. The Short Form of the Self-Compassion Scale and the UCLA Loneliness Scale (Version 3) were administered to the participants through an online survey. Results from data analyses showed a moderate negative correlation of about -.555 (p<.01), supporting the initial hypothesis and providing incentive for further research on self-compassion as a potential predictor and treatment of loneliness.

Keywords: Self-compassion, self-evaluation, self-attitudes, loneliness, perception

Table of Contents

Table of Contents (Continued)

Table of Contents (Continued)

Chapter One: Introduction

There are times when men and women, being the social creatures that they are, may feel distant or isolated from others. Whether brought about by physical solitude, the loss of a specific relationship, or any one of a variety of reasons, this intense longing to establish or reestablish a connection with certain others in one's life defines what is commonly referred to as "loneliness". The concept of loneliness can be found throughout past and present art and literature, an indication that feelings of social estrangement are part of a common human experience. Indeed, even a simple Google search reveals a plethora of self-help articles, online support groups, and informational websites targeted at lonely people. The fact that these feelings are normal does not mean that they are harmless, however. Loneliness, while easy to overlook because of its commonality, is often an intensely painful experience that abounds with risks to mental and physical wellbeing. As such, it is an important construct to research and understand. The purpose of this study, therefore, was to examine the relationship between self-compassion and perceptions of social isolation in order to contribute to prior research on potential predictors and treatments of loneliness.

Definitions of Terms

In this study, loneliness was defined as the perception or feeling of being disconnected or isolated from others. This definition distinguished loneliness from physical isolation because one may feel distant from others without being physically far away. Similarly, this definition distinguished loneliness from a lack of social support because one may feel isolated even when surrounded by others who are supportive. Instead, loneliness was referred to specifically as a subjective social cognition involving

the perception of any sort of relational deficit. The reasoning for this choice of definition is explained in the literature review.

Self-compassion was defined in the study as a mindful approach to treating oneself with care and acceptance, which involves three components: (1) treating oneself with kindness during times of suffering or perceived inadequacy, (2) identifying one's pain and failure as a part of common humanity, and (3) maintaining a balanced awareness of one's emotional state by facing negative thoughts and feelings realistically without exaggeration or self-pity. This definition distinguished self-compassion from the extremes of self-pity and self-esteem by establishing it as a unique construct that neither obsesses over the negative nor inflates the ego.

Hypothesis

The relationship between self-compassion and loneliness was examined with the hypothesis that self-compassion would have a negative correlation with loneliness. The basis for this hypothesis was the observation that both self-compassion and loneliness, as defined in the study, have to do with perception and cognition. While loneliness appears to be a narrowly focused perception of relational deficit, self-compassion appears to be an accepting awareness of reality that focuses on nurturing one's relationship with the self. Thus, it was proposed that a compassionate stance toward the self would promote feelings of connectedness to others through a greater awareness of common humanity and other positive relational aspects.

Study Limitations

Because the correlation between two constructs cannot prove any sort of causation, this study is unable to demonstrate on its own whether or not self-compassion

might be an effective treatment for loneliness. Furthermore, because the sample used in

this study consisted of undergraduate students at a southeastern Christian university, the

collected data is limited in ethnic diversity, age range, and religious background. Finally,

because the data was gathered through an online survey that could be taken at any time or

place, the study could not be controlled to eliminate confounding variables. As such,

these findings must be understood in the context of the study's limited sample and

design.

Summary

With the purpose of contributing new knowledge to our limited understanding of

the concept of loneliness, this study examined the relationship between self-perception

processes—specifically self-compassion—and perceptions of social connectedness with

the hypothesis that there would be a negative correlation between the two. The results of

this limited study are not meant to serve as concrete findings so much as they are meant

to be a step in a unique direction, paving the way for future research on the self-

compassionate mindset as a predictor and potential treatment of loneliness.

Chapter Two: Literature Review

Loneliness and self-compassion are not new constructs. Rather, they are conceptions that have been developed and expanded upon over the centuries. In order to properly examine the relationship between self-compassion and loneliness, the two must first be understood separately. This literature review will begin, then, by discussing the concept of loneliness and how it is recognized as a significant risk factor in psychopathological assessment. The next focus will be self-compassion and how it became a topic of interest for psychological treatment. Finally, the relationship between the two constructs will be explored.

The Origins and Study of Loneliness

The concept of loneliness has no concrete origin but has remained a constant theme throughout history, appearing in various forms of literature. In The Metamorphosis of Ovid, for example, Ovid was exiled and experienced a painful, intense longing for social connection (80 AD/1974). The Hebrew-Christian Bible also addressed loneliness, such as through David's experiences of isolation in the Psalms and Christ's feelings of loneliness in the Garden of Gethsemane. In Genesis, even God himself said, "It is not good for the man to be alone," and thus created a woman companion (Genesis 2:18, New International Version, 1993). Centuries later, the poet Dante (1314/1954) described loneliness as a feeling of being "lost in the darkness" and "abandoned," while American author Wolfe (1941) described loneliness as an essential and inevitable component of the human condition. Today, the topic of loneliness is still prevalent in art and literature, an indication that it is a common thread of humanity.

Theories of loneliness can be traced all the way back to the ancient Greco-Roman philosophers. Plato (1977), for instance, stated in the *Symposium* that the human drive to escape isolation and loneliness governs all thought and behavior. Aristotle (1985) agreed with this hypothesis, believing that humans naturally crave connection with others and under no circumstances would choose a fully isolated existence. Other philosophers, such as Kierkegaard (1843/1985), however, did not share the same view. A Christian existentialist, Kierkegaard viewed loneliness as the door to self-discovery and truth, in which one could experience the fullness of humanity (Kierkegaard, 1843/1985). Later existential phenomenologists, such as Tillich (1952), took a more centered approach to loneliness, describing it as a fundamental aspect of life that can lead to growth and insight while also acknowledging it as a painful state of being.

Although the philosophical implications of loneliness had been explored early on, it took longer for the psychological study of loneliness to blossom. Loneliness had not been established as an important area of research in psychology until Weiss (1973) published a work entitled, *Loneliness: The Experience of Emotional and Social Isolation*. In his book, Weiss reviewed and analyzed the limited empirical data available at that time, addressing the need for further research on the concept of loneliness. This seminal work remains the foundation of nearly every current study of loneliness as a construct; since then, psychologists have conducted numerous studies in an attempt to define, classify, and treat the phenomenon of perceived social isolation (Russell, Peplau, & Ferguson, 1978; Peplau & Perlman, 1982; Baumeister, Twenge, & Nuss, 2002; Cheng & Furnham, 2002; Steptoe, Owen, Kunz-Ebrecht, & Brydon, 2004; Masi, Chen, Hawkley, & Cacioppo, 2010).

Defining Loneliness

While varying definitions have been attributed to loneliness, an overlapping theme suggests that loneliness is best defined as the perception of inadequate social connection. Weiss (1973), one of the first to provide a definition for this concept, characterized loneliness as any sort of relational deficit. Peplau and Perlman (1982) took this definition a step further, arguing for what they called a "cognitive discrepancy model" of loneliness. According to their model, people compare interpersonal relationships to a set of standards they have developed, and if relationships are below these standards they are dissatisfied and consequently experience loneliness (Pelpau & Perlman, 1982). A study conducted by Kanai et al. (2012) provides support for loneliness as an issue of social perception: voxel-based morphometry, a neuroimaging technique that examines focal differences in the anatomy of the brain, revealed that participants with higher levels of loneliness tended to have less gray matter in their left posterior superior temporal sulcus, a region associated with social perception processes.

If loneliness is defined as a perception of relational deficiency, is it a purely negative entity? This is a question that has yet to be answered by psychologists. Adler (1993) and Moustakas (1961) believed that loneliness might have positive effects when perceived as a creative and sophisticated mental state. However, their definitions of positive loneliness did not entail a perception of social inadequacy, which indicates that they were talking about a separate concept such as intentional solitude (Adler, 1993; Moustakas, 1961). Furthermore, if loneliness is viewed according to a human needs approach, it appears to be—in contrast to these assertions—an unnatural state of being that is like an illness (Peplau & Perlman, 1982). Although loneliness may give rise to

certain positive outcomes such as greater self-understanding, it appears to be a painful and detrimental experience overall.

Detrimental Effects of Loneliness

Loneliness, often severely distressing to those who experience it, plays a critical role in the onset of mental disorders (Weiss 1973; Fromm-Reichmann, 1959). Research has repeatedly demonstrated the harmful effects of this mental state. One study of loneliness, for example, found that those who were lonely experienced significant impairments in intelligent thought, pointing to loneliness as a cognitive impairment (Baumeister, Twenge, & Nuss, 2002). Loneliness is not only a risk for mental health, however, but also extends to physical health. Several researchers have identified the detrimental physical effects of loneliness, such as greater cardiovascular difficulty and more frequent and distressing sleep issues (Steptoe, Owen, Kunz-Ebrecht, & Brydon, 2004). Overall, loneliness has significant negative correlations with positive psychological functioning, physical health, and general wellbeing (Cacioppo et al., 2000).

Treating Loneliness

Just as definitions of loneliness vary according to psychologists, so do recommendations for treatment. Although there are an abundance of treatment possibilities, a meta-analysis conducted by Masi, Chen, Hawkley, & Cacioppo (2010) identified four primary categories of loneliness interventions that have been tested: (1) developing social skills, (2) increasing social support, (3) creating more opportunities for social interaction, and (4) focusing on flawed social cognition. The results of this analysis showed that interventions focusing on maladaptive social cognition were more effective in reducing loneliness than any other type of intervention, indicating that

cognitive behavioral therapy appears to be particularly effective in treating loneliness

(Masi et al., 2010). This is where self-compassion enters the picture. Because a self-

compassionate mindset involves managing cognitive constructs, it has the potential to be

an effective preventative and therapeutic technique in loneliness treatment.

The Origins and Study of Self-Compassion

Self-compassion originated as a component of Buddhist philosophy and has only

recently been introduced to Western psychology (Neff, 2003). Because self-esteem, a

primary measure of mental health in the West, has undergone criticism for its aversive

effects (Baumeister, Smart, & Boden, 1996; Ellis & London, 1993; Hewitt, 1998;

McMillan, Singh, & Simonetta, 1994), other alternatives to a healthy mindset have been

explored, one such alternative being self-compassion. When researcher Kristin Neff

(2003) developed the Self-Compassion Scale, psychological research on self-compassion

took flight as psychologists were able to systematically measure the construct. A recent

establishment in psychology, self-compassion continues to be studied as a possible

treatment for various psychopathological symptoms (Neff, Ya-Ping, & Dejitterat, 2005;

Neff, Rude, & Kirkpatrick, 2007; Leary, Tate, Adams, Allen, & Hancock, 2007; Iskender,

2009; Van Dam, Sheppard, Forsyth, & Earleywine, 2011; Werner et al., 2012).

Defining Self-Compassion

According to Neff (2003), a self-compassionate mindset entails a "nonjudgmental

understanding" of one's suffering and shortcomings, in which one's experiences are

perceived as a part of "common humanity." Self-compassion is measured according to

three main components: (1) self-kindness in the face of failure, (2) a perception of

common humanity, and (3) the maintenance of a balanced state of awareness of one's

experiences (Neff, 2003). Thus, self-compassion involves the awareness and acceptance of painful, shameful, or unpleasant experiences, in which an objective, mindful understanding of these experiences links a person to others through a sense of shared humanity (Neff, 2003).

Although self-compassion is comparable to similar constructs such as self-esteem or general mindfulness, it remains a distinct phenomenon. Unlike self-esteem, self-compassion is neither achievement-oriented nor dependent upon meeting personal standards, for it does not require one to compete with or compare to others (K. Neff, 2003). Self-compassion is also different from self-indulgence or carelessness, as it has strong positive correlations with conscientiousness, indicating more responsible behavior (Neff et al, 2007). Furthermore, self-compassion is not synonymous with self-centeredness because it promotes feelings of connectedness and care towards others (Neff, 2003; Wiklund, Gustin, & Wagner, 2013). Self-compassion is distinct from mindfulness as well, as its subscales were found to be better predictors of wellbeing and symptom severity in anxiety and depression, which indicates its uniqueness as a construct (Van Dam, Sheppard, Forsyth, & Earleywine, 2011). Finally, self-compassion does not entail self-pity, but instead involves a realistic mindset and the avoidance of obsessing over the negative (K. Neff, 2003).

The Benefits of Self-Compassion

Numerous studies have provided support for self-compassion as a beneficial treatment for various psychological issues as well as a component of overall wellbeing (Neff, 2003). One such study found self-compassion to be a predictor of positive psychological functioning, revealing strong positive correlations between self-

compassion and happiness, optimism, personal initiative, and curiosity/exploration (Neff, Rude, & Kirkpatrick, 2007). Other researchers have found that self-compassion is related to better adaptive coping strategies and lower levels of anxiety in an academic setting (K. D. Neff, Ya-Ping Hsieh, & Dejitterat, 2005) as well as related to lower negative affect and more effective coping strategies during stressful life events (Leary, Tate, Adams, Allen, & Hancock, 2007). Additionally, self-compassion is associated with self-efficacy and control belief in university students (Iskender, 2009). Because self-compassion demonstrates positive correlations with psychological functioning, it is worthwhile to explore as a possible predictor and treatment for chronic experiences of loneliness.

Self-Compassion as a Treatment for Loneliness

Envisioning self-compassion as a treatment for loneliness is not difficult, as self-compassion has significant positive correlations with agreeableness, indicating a greater ability to get along with others and therefore more opportunities to feel connected (K. D. Neff et al., 2007). Unlike self-esteem, self-compassion also promotes social connection instead of opposition, encouraging a view of common humanity and shared experience that should decrease feelings of loneliness (Neff, 2003). Furthermore, because self-compassion prevents over-identification, a cognitive distortion that causes one to feel isolated by focusing exclusively on one's own shortcomings, it might be able to enhance positive social perceptions by preventing certain misconceptions of isolation (Neff, 2003; Wiklung, Gustin, & Wagner).

Self-compassion has been shown to alleviate many of the psychological issues associated with loneliness, revealing an indirect relationship between the two constructs that could indicate a direct relationship. For example, while loneliness involves feelings

of depression, anxiety, restlessness, and inadequacy (Weiss 1973), self-compassion has

negative correlations with feelings of depression, anxiety, rumination, and inadequacy

(Neff 2003). Likewise, Self-compassion has a significant negative correlation with

neuroticism and psychoticism, two conditions that are positively correlated with

loneliness (K. D. Neff et al., 2007; Cheng & Furnham, 2002). One study even found that

those with social anxiety disorder, a diagnosis commonly associated with feelings of

loneliness, demonstrated less self-compassion than participants without social anxiety

disorder (Werner et al., 2012). Low self-confidence was also found to be a predictor of

loneliness (Cheng & Furnham, 2002). Therefore, given that self-compassion tends to

boost self-confidence in a non-competitive way, the practice of a self-compassionate

attitude might greatly benefit those who experience persistent feelings of social

disconnect (Cheng & Furnham, 2002).

Even though several studies have indirectly linked self-compassion to loneliness,

research testing the direct relationship between the two constructs is lacking. In the only

study (to the knowledge of the researcher) that tested their direct relationship, Akin

(2010) obtained correlations between measures of the UCLA Loneliness Scale and

measures of the Self-Compassion Scale from a random sample of students at a Turkish

university. The results showed negative correlations between loneliness and the self-

compassion subscales of self-kindness, common humanity, and mindfulness as well as

positive correlations between loneliness and self-judgment, isolation, and over-

identification (Akin, 2010). These findings support the hypothesis that higher levels of

self-compassion relate to lower levels of loneliness. However, because this study was the

first of its kind (to the researcher's knowledge) and used Turkish adaptations of the

original measurements of self-compassion and loneliness, it should be re-tested with the

original measurements and different samples for additional support.

Summary

The study conducted by Akin (2010) as well as studies indirectly linking self-

compassion to loneliness provide considerable incentive for further investigation of the

relationship between loneliness and self-compassion constructs. Because loneliness has

yet to be clearly defined and because self-compassion is a relatively new concept in

Western psychology, the present study contributes new knowledge to two much-needed

areas. By exploring feelings of isolation in relation to self-perception, particularly a self-

compassionate mindset, this study offers a small step forward in the journey of

understanding and treating the common yet painful phenomenon known as loneliness.

Chapter 3: Method

In order to test the hypothesis that higher levels of self-compassion would predict lower levels of loneliness, it was necessary to determine the correlation coefficient between the two constructs. Because there were no variables being manipulated, the method of the study consisted of a quasi-experimental research design.

Participants

The sample consisted of traditional undergraduate students at a small Christian university in the southeast U.S. within the age range of 18-25 years old. All traditional students at this university were invited via email to participate in the study. The mass email, found in appendix C, contained an invitation to participate in an online survey, the age qualifications of participating, and a link to the survey.

Measures

The first measurement used in the survey was the UCLA Loneliness Scale (version 3), an open access educational resource that can be found in appendix A. Developed in 1978 by Dan Russell and Letitia Anne Peplau, the original version of this scale demonstrated high reliability and validity scores, quickly becoming the standard instrument for measuring experiences of loneliness (D. Russell, Peplau, & Ferguson, 1978). The newest version of the scale (version 3) has been simplified in language and question format but has maintained a near perfect correlation with the original (D. W. Russell, 1996). It contains 20 questions that ask participants how often they feel a certain way. Participants respond according to a scale of 1 ("never") to 4 ("often"), and their responses are added to obtain the final score.

The second measurement used was the Short Form of the Self-Compassion Scale (SCS-SF), an open access educational resource that can be found in appendix B. Kristen D. Neff introduced the SCS as the very first measure of self-compassion, and a series of studies established the scale as the standard measurement for the construct (Neff, 2003). This study used the SCS-SF specifically because it was more time-efficient for participants. Although the SCS-SF contains less than half of the number of questions as the original version, it sustains an almost perfect correlation with the original (Raes, Pommier, Neff, & Van Gucht, 2011). The SCS-SF includes 12 questions that ask participants how often they react in certain ways toward themselves during difficult times. Participants respond according to a scale of 1 ("almost never") to 5 ("almost always"), and their responses are averaged to obtain the final score.

Procedure

The data were collected through an online survey comprised of 35 questions that required about 5-10 minutes to complete. The website used to host the survey was esurv.org. Students who read the invitation email (appendix C) and decided to participate in the study simply clicked on the survey link provided in the email. Before beginning the survey, students read an informed consent document (appendix D) that described the study's purpose, procedures, risks, benefits, and confidentiality policy; they were then informed that they would be assessed according to measures of self-perception and social perception. Those who still wished to participate clicked "continue" at the bottom of the informed consent page to signify that they qualified to take the survey (were 18-25 years old) and had read and understood the document.

The survey first asked voluntary participants to provide their age, gender, and ethnicity. Participants then completed the UCLA Loneliness Scale (version 3) and the Self-Compassion Scale, respectively. Before submitting the survey, participants were required to read a debriefing document (appendix E) that explained the study in more detail and revealed that the study was focused specifically on loneliness and self-compassion constructs. At the end of the debriefing, participants were asked to press "finish" at the bottom of the page if they still wanted their answers to be used in the research. The survey results of those who did not press "finish" were not saved, and therefore were not seen or used by the researcher. Contact information was provided for questions, concerns, and/or requests to receive a copy of the study's results.

Ethical Considerations

All students who participated in the survey were anonymous. Each participant's name, IP address, email address, and all other contact information could not be seen by the researcher or any third party. The hosting website is sponsored by leading research institutions and uses secure servers and firewalls that are mirrored, ensuring data protection. The promise of confidentiality was stressed in the introductory email and informed consent document.

Data Analysis

Individual scores on the UCLA Loneliness Scale (version 3) and Short Form of the Self-Compassion Scale were calculated and analyzed with SPSS to obtain the mean and standard deviation for each construct as well as calculate the Pearson correlation coefficient between the two constructs. The significance of the correlation was also

determined. Additionally, the demographic variables of age, gender, and ethnicity were

noted.

Chapter 4: Results

Demographics

A total of 198 undergraduate students at the university submitted a completed survey. Over two thirds of the respondents were female and most identified as White/Caucasian. The mean age of the participants was about 21.11 years old. Approximate demographic percentages (rounded to the nearest percent) can be found in figures 1, 2, and 3.

Figure 1
Participant Age (Years)
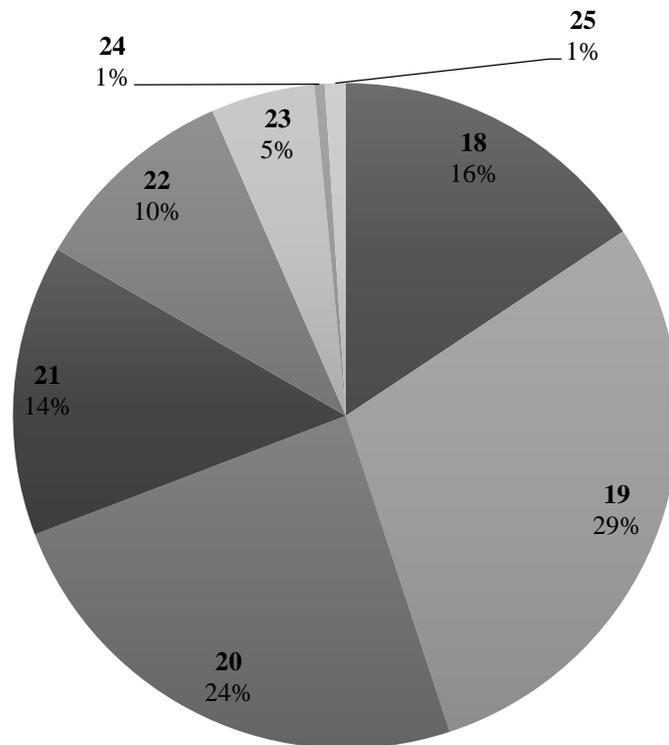
Figure 2
Participant Ethnicity
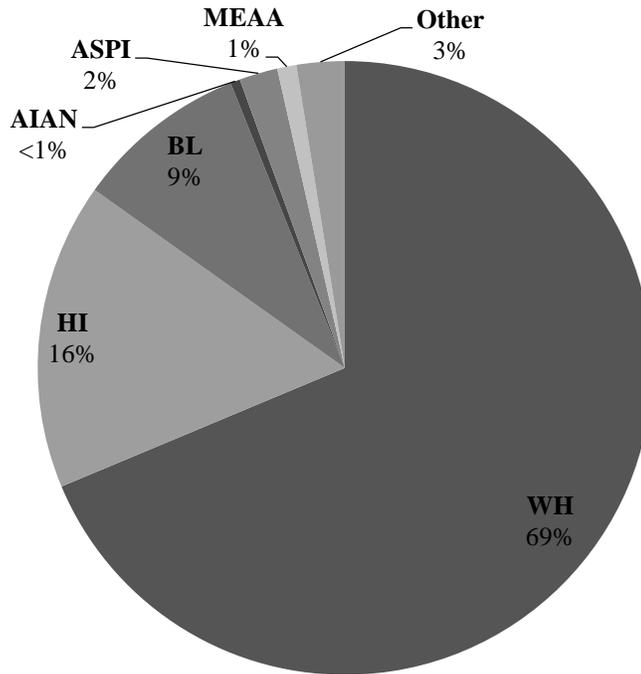
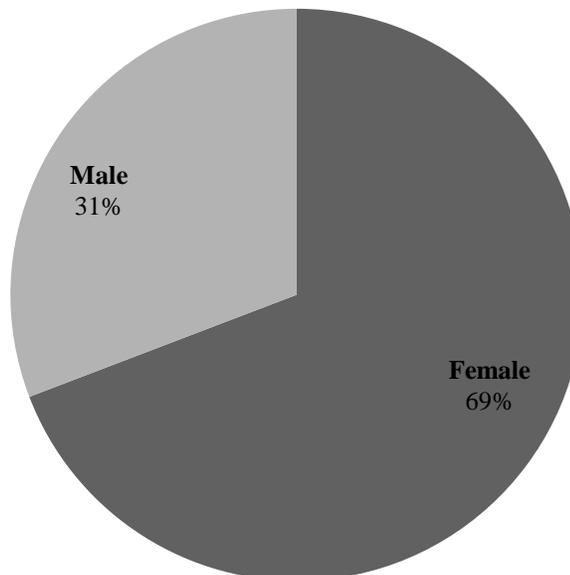*Figure 2 Key

WH = White/Caucasian   AIAN = American Indian or Alaska Native
HI = Hispanic/Latino   MEAA = Middle Eastern/Arab American
BL = Black/African American   ASPI = Asian or Pacific Islander

Figure 3
Participant Gender

Descriptive Statistics and Correlational Analysis

The mean score of loneliness was 46.89 with a standard deviation of 10.984,

while the mean score of self-compassion was about 2.832 with a standard deviation of

about .744. The Pearson product-moment correlation coefficient can be found in Table 1.

The results showed a moderate negative correlation between measures of self-compassion

and loneliness (p<.01).

Table 1

Correlation

		UCLALSV3	SCS-SF
UCLA Loneliness Scale (Version 3)	Pearson Correlation	1	-.555[**]
	Sig. (2-tailed)		.000
	N	198	198
Self-Compassion Scale— Short Form	Pearson Correlation	-.555[**]	1
	Sig. (2-tailed)	.000	
	N	198	198

** Correlation is significant at the 0.01 level (2-tailed)

Chapter 5: Discussion

Outcome

As predicted, a moderate negative correlation was found between scores of loneliness and scores of self-compassion in the sample of undergraduate students. Because these results were very unlikely to have happened by chance, it is appropriate to conclude that the constructs are related. The results of this study not only support the initial hypothesis that self-compassion would have a moderate negative correlation with loneliness, but they also validate prior claims of the significant relationship between self-compassion and loneliness (Akin, 2010). Additional analyses demonstrated no significant differences between genders regarding scores on the UCLA Loneliness Scale (version 3) and scores on the Short Form of the Self-Compassion Scale.

Limitations of the Study

Although the correlation found between self-compassion and loneliness is significant, it does not explain the specifics of how the two constructs interact and why they are related. As such, it remains to be seen whether self-compassionate training would be an effective treatment for chronic loneliness. Furthermore, although limited demographics do not necessarily diminish the significance of the relationship that was found, it is important to note that the age, ethnicity, gender, and religion of the participants in this study are far from representative of the young adult population, especially because all participants attend a Christian university. Had the sample been randomized, it may have had more validity. The instruments and method of data collection also include limitations. The measures of self-compassion and loneliness are

self-report inventories that may have been misinterpreted by participants, and the setting in which the participants chose to take the online survey was not controlled in any way.

Suggestions for Future Research

The findings from this study as well as the findings from the study conducted by Akin (2010) should be re-tested in larger and more diverse samples for validation. Because research has indicated both directly and indirectly that higher levels of self-compassion will predict lower levels of loneliness, future research should be geared towards examining whether psychological interventions involving self-compassion are effective treatments for those who experience loneliness. One way this can be done is through randomized controlled trials involving participants that have high scores on the UCLA Loneliness Scale. These trials can use treatments that are able to incorporate a focus on self-compassionate training, such as mindfulness meditation, cognitive behavioral therapy, or lovingkindness meditation. Overall, more research is needed regarding the relationship between self-compassion and loneliness in order to examine causality, predict outcomes, and design treatments for those who feel isolated and alone.

Conclusion

Although the need for social connection is a central component of the human condition, there is much more research to be done before loneliness can be better understood and more effectively treated. To the knowledge of the researcher, this is one of only a few existing studies regarding the relationship between these specific self-perception and social perception processes. By demonstrating a moderate negative relationship between measures of self-compassion and loneliness, the results of this study offer additional incentive for researchers to study self-compassion as a potential treatment

for loneliness. Perhaps, by examining what it means to have a self-compassionate

attitude toward oneself, researchers will be able to better understand how to alter one's

social perception, and, consequently, enhance feelings of social connectedness. If a self-

compassionate mindset is consistently found to have a significant relationship with

measures of loneliness, it could eventually be used as a predictor of the extent to which

human beings experience these painful feelings of separation from others.

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Appendix A: UCLA Loneliness Scale

This scale is publicly accessible online.

Scale:
INSTRUCTIONS: Indicate how often each of the statements below is descriptive of you.

Statement	Never	Rarely	Sometimes	Often
*1. How often do you feel that you are "in tune" with the people around you?	1	2	3	4
2. How often do you feel that you lack companionship?	1	2	3	4
3. How often do you feel that there is no one you can turn to?	1	2	3	4
4 How often do you feel alone?	1	2	3	4
*5. How often do you feel part of a group of friends?	1	2	3	4
*6. How often do you feel that you have a lot in common with the people around you?	1	2	3	4
7. How often do you feel that you are no longer close to anyone?	1	2	3	4
8. How often do you feel that your interests and ideas are not shared by those around you?	1	2	3	4
*9. How often do you feel outgoing and friendly?	1	2	3	4
*10. How often do you feel close to people?	1	2	3	4
11. How often do you feel left out?	1	2	3	4
12. How often do you feel that your relationships with others are not meaningful?	1	2	3	4
13. How often do you feel that no one really knows you well?	1	2	3	4
14. How often do you feel isolated from others?	1	2	3	4
*15. How often do you feel you can find companionship when you want it?	1	2	3	4
*16. How often do you feel that there are people who really understand you?	1	2	3	4
17, How often do you feel shy?	1	2	3	4
18. How often do you feel that people are around you but not with you?	1	2	3	4
*19. How often do you feel that there are people you can talk to?	1	2	3	4
*20. How often do you feel that there are people you can turn to?	1	2	3	4

Scoring:
The items with an asterisk are reverse scored. Keep scoring on a continuous basis.

Appendix B: Self-Compassion Scale—Short Form

This scale is publicly accessible online.

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost never				Almost always
1	2	3	4	5

_____1. When I fail at something important to me I become consumed by feelings of inadequacy.

_____2. I try to be understanding and patient towards those aspects of my personality I don't like.

_____3. When something painful happens I try to take a balanced view of the situation.

_____4. When I'm feeling down, I tend to feel like most other people are probably happier than I am.

_____5. I try to see my failings as part of the human condition.

_____6. When I'm going through a very hard time, I give myself the caring and tenderness I need.

_____7. When something upsets me I try to keep my emotions in balance.

_____8. When I fail at something that's important to me, I tend to feel alone in my failure

_____9. When I'm feeling down I tend to obsess and fixate on everything that's wrong.

_____10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

_____11. I'm disapproving and judgmental about my own flaws and inadequacies.

_____12. I'm intolerant and impatient towards those aspects of my personality I don't like.

Scoring: Negative subscale items are reverse scored.

Appendix C: Email Invitation

Recipients: All traditional undergraduate students from the researcher's university with a university email address

Subject Header: Invitation to participate in psychology experiment

Message:

Dear student,

You have been invited to participate in a psychology experiment that explores the connection between self-perception and social perception. The way we view ourselves can dramatically influence the quality we have in our relationships. That is why I would be so grateful if you could take 5-10 minutes of your time to respond to my online survey and help me gather data for this important research.

You have the opportunity of learning more about yourself and about others through participating in this study. If you participate, your answers will remain completely anonymous and your information will be kept confidential. You would also be helping one of your fellow peers to further her research.

Below is a link to the survey, should you wish to participate:
[A link to the survey was included here]
Note: I am only collecting the data of students who are 18-25 years old. If you lie outside this age range, I am sorry, and I thank you for considering participation in this survey.

If you have any additional questions, please contact me at [Researcher's email address].

Sincerely,
[Researcher's name]

If you wish to receive no further communication from the researcher, please email [Researcher's email address] with the message "unsubscribe", or call [Researcher's phone number].

Appendix D: Informed Consent Document

Please read the following information before agreeing to participate in this survey.

About the Research: The purpose of this study is to examine the relationship between the way we feel about ourselves and the way we feel about our relationships with others. Prior research has indicated that the perceptions we have of ourselves influence our perceptions of social connectedness. Therefore, the researcher anticipates that this study will demonstrate a significant relationship between self-perception and social perception.

Procedure: You will complete a 35-question survey that will first ask for your age, gender, and ethnicity, and then ask you to rate how often you think or feel certain ways about yourself or about others. The survey should take about 5-10 minutes to complete.

Benefits of this Study: You will be contributing to new knowledge about the relationship between the way we view ourselves and the way we view our connections with others, and you will be helping a fellow student to conduct a successful study.

Risks or discomforts: Participating in this study should not involve any risk or discomfort. If a certain question makes you uncomfortable, you may choose to withdraw from participating in the study at any time. There are no penalties for withdrawal.

Confidentiality: Your responses will be kept confidential. The researcher will NOT know your name, email address, or IP address when you respond to this survey. Each survey will remain anonymous and used for scholarly purposes only, and the anonymous data will only be able to be viewed by the researcher and Responsible Primary Investigator (RPI).

Voluntariness: Participation is completely voluntary and you may discontinue at any time without penalty. If you discontinue the survey, your results will not be saved.

Whom to contact: Please contact RPI [RPI's name] at [RPI's email address] if you have any questions or concerns about the research. For questions about your rights as a participant, please contact the [Researcher's university] Institutional Review Board at [University IRB's phone number] or via email at [University IRB's email address].

By clicking the "submit" button below, you acknowledge that you are 18-25 years old, you have read this information, and you agree to participate in this research with the knowledge that you are free to withdraw your participation at any time without penalty.

Appendix E: Debriefing Document

Thank you for taking the time to be a part of this study!
Please read the following information before submitting the survey.

Details of the Research:
Previously, you were informed that the purpose of this study was to examine the relationship between self-perception and social perception. Now that you have completed the survey, I can divulge more information about the study:

The specific purpose of this study was to examine the relationship between self-compassion and loneliness. Self-compassion is defined as a kind and non-judgmental attitude toward oneself during difficult circumstances or instances of failure, while loneliness is defined as the perception of inadequate connections with others. In this survey, you were assessed according to the UCLA Loneliness Scale (version 3) and the Self-Compassion Scale—Short Form. The hypothesis was that higher levels of self-compassion would predict lower levels of loneliness.

To ensure that your responses in this survey were spontaneous and not influenced by prior knowledge about the specific concepts being measured, I did not provide you with all of these details prior to your participation.

Confidentiality:
If you have changed your mind and decided that you do not want your data to be used in this research, please exit this page without pressing the submit button. Your data will be removed from the study and permanently deleted without penalty.

Further Questions/Concerns:
Please contact RPI [RPI's name] at [RPI's email address] with any questions or concerns about the research. You may also call the RPI at [RPI's phone number] if you feel you have been injured or harmed by this research. If you have any questions about your rights as a participant in this study, please contact the [Researcher's university] Institutional Review Board at [University IRB's phone number] or via email at [University IRB's email address].

Final Report:
If you would like to receive a copy of the final report of this study (or a summary of the findings) when it is completed, feel free to contact me at [Researcher's email address].

Once you are finished, please press the submit button below to communicate that you have read the information on this page and still want your responses to be used in the study.