

ABSTRACT

Adherence to Gender Roles as a Predictor of Compassion and Self-Compassion in Women and Men

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Previous research has demonstrated consistent differences between men and women in self-reported compassion, but has yielded inconsistent results regarding sex differences in reported capacities for self-compassion. The current project sought to address these equivocal results by examining the relationships among compassion, self-compassion, and identification with traditional gender roles. Participants ($N = 444$) were recruited from a university subject pool and an online survey administration program and were administered the Compassionate Love scale (Sprecher & Fehr, 2005), the Compassion Scale (Pommier, 2010), the Self-Compassion Scale (Neff, 2003a), and the Personal Attributes Questionnaire (Spence, Helmreich, & Stapp, 1974). Overall, results indicated that gender, as opposed to sex differences, accounted for a greater proportion of variance in participants' reported levels of self-compassion. However, inconsistent with initial hypotheses, data suggested that women's and men's adherence to traditional gender roles was associated with higher, rather than lower, self-compassion scores. The implications of these results and directions of future study are discussed.

Adherence to Gender Roles as a Predictor of
Compassion and Self-Compassion in Women and Men

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A Dissertation

Approved by the Department of Psychology and Neuroscience

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Submitted to the Graduate Faculty of
Baylor University in Partial Fulfillment of the
Requirements for the Degree
of
Doctor of Psychology

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Accepted by the Graduate School
August 2012

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ACKNOWLEDGMENTS

The completion of this dissertation was made possible by the contributions of numerous people for whom I hold great gratitude. Thank you to my dissertation chair, Dr. Helen Benedict, for her patience, encouragement, and advocacy. I would also like to thank my dissertation committee members, Dr. Sara Dolan, Dr. Rod Hetzel, Dr. Keith Sanford, Dr. Jo-Ann Tsang, and Dr. Gaynor Yancey for their time, guidance, and expertise. Thanks also go to graduate studies coordinators Nancy Ulman and Laura Sumrall for their attention to detail and untiring commitment to students; I am grateful to have been a recipient of their kindness.

I would also like to acknowledge my clinical supervisors who have both shaped my professional development and impacted me personally. Thank you to Dr. Rod Hetzel for helping me to hang up my parka. Thank you to Dr. Susan Matlock-Hetzel, Dr. Randal Boldt, Dr. Keith Warren, and Dr. Laureen Worden. Their compassion, mentoring, advocacy, and example have touched my heart and have undoubtedly shaped the clinician I have become and the person I will always be becoming.

My deepest appreciation also goes to the people who have inspired, encouraged, and supported me during my graduate school journey. Thank you to my mentor and friend, Dr. G. A. Elmer Griffin, for refusing to write me letters of recommendation for anything but doctoral programs. Thank you to John “Hoppy” McGilvary, Pam Bailey, and “y’all” at Texas Ultra Fit for surrounding me with love and confidence when I needed it most. Finally, thank you to my family and friends for always believing that I would arrive at the place where I am standing now.

DEDICATION

To my parents, Jim and Donna; my brother, Keith; my grandmothers, Polly and Betty;
and my best friends, Mamie, Sherin, and Jaime.

Thank you for being the kind of people who refuse to love any way other than deeply and
who never stop believing. The words on the pages that follow and everything that the
completion of this project represents would not have been possible without your support.

My gratitude for all of you is beyond measure.

CHAPTER ONE

Introduction

Psychology has long focused on the positive intrapersonal and interpersonal effects of caring for and being kind to others in human relationships (cf. Goetz, Keltner, & Simon-Thomas, 2010; Lazarus, 1991; Neff, 2009a; Sprecher & Fehr, 2005; Sprecher, Fehr, & Zimmerman, 2007; Underwood, 2009). Following the influence of Eastern traditions, Western psychology recently has begun to explore the effects of internalizing prosocial feelings, attitudes and behaviors of caring and kindness towards the self (Neff, 2009a). Two constructs that represent both the interpersonal and intrapersonal components of caring and kindness are, respectively, compassionate love (Sprecher & Fehr, 2005) and self-compassion (Neff, 2003a). Recent psychological research on compassion and self-compassion has focused on the characteristics and correlates of each construct, as well as the development and validation of measures for assessing these constructs.

One area that has consistently been examined in the context of both compassion and self-compassion is sex differences. Although research indicates that women report higher levels of compassionate love (Sprecher & Fehr, 2005) and other-focused caring (i.e., compassion for humanity, empathetic concern, perspective-taking, and forgiveness; Neff & Pommier, 2012) than men, differences in self-compassion between men and women have been equivocal (Iskender, 2009; Neff, 2003a; 2003b; Neff, Hsieh, & Dejitterat, 2005; Neff, Kirkpatrick, & Rude, 2006a; Neff & McGehee, 2010; Neff, Pisitsungkagarn, & Hsieh, 2008; Neff, Rude, & Kirkpatrick, 2006b; Neff & Vonk, 2009;

Neff & Pommier, 2012). However, while previous studies have investigated sex differences (i.e., women versus men), research to date has not yet examined gender differences (i.e., feminine versus masculine) in levels of compassion and self-compassion. This oversight is problematic, given that previous research has suggested the impact that gender may have on an individual's thoughts, attitudes, and behaviors (Cialdini & Trost, 1999; Mahalik et al., 2003; Mahalik et al., 2005; Spence, Helmreich, & Stapp, 1974). It is therefore important to consider that gender may serve an important function in the development of compassion or self-compassion or may impact a person's capacities in these domains, either of which may account for inconsistencies in previous research regarding sex differences in compassion and self-compassion. As a result, this project was designed to examine the relationships among gender and participants' expression of compassion and self-compassion, including an exploration of gender differences in compassion and self-compassion.

Compassion

Compassion, as defined by Lazarus (1991), is "being moved by another's suffering and wanting to help" (p. 289). Although this conceptualization embodies the emotional components of showing caring and kindness to others, some researchers have argued that this definition of compassion is limited in that it connotes a detached tone that implies a disconnection from rather than engagement in relationship and, by focusing only on those who are suffering, overlooks a broader humanity (Sprecher & Fehr, 2005; Underwood, 2002, 2009). In order to address the shortcomings of the aforementioned definition, Underwood (2002, 2009) proposed the construct of "compassionate love," defined as "the attitudes and actions related to giving of self for the good of the other"

and as “a self-giving, caring love that values the other highly and has the intention of giving full life to the other” (Underwood, 2009, p. 4). Further, Underwood (2002, 2009) identified key features, or qualities that are necessary for the experience of compassionate love, including a deliberate choice to care for the other; a cognitive understanding of the situation and the needs and feelings of the other and of oneself; valuing and respecting at a fundamental level rather than pitying or patronizing the other; openness and receptivity to a loving connection with the other; and an affective response that reflects emotional engagement.

Based on Underwood’s (2002, 2009) model, Sprecher and Fehr (2005) have offered an operational definition of compassionate love for use in their development of a scale to measure the construct. According to the authors, compassionate love is “an attitude toward other(s), either close others or strangers or all of humanity; containing feelings, cognitions, and behaviors that are focused on caring, concern, tenderness, and an orientation toward supporting, helping, and understanding the other(s), particularly when the other(s) is (are) perceived to be suffering or in need” (p. 630). By this definition, compassionate love is comprised of feelings, attitudes, cognitions, and behaviors that are related to caring for, showing kindness to, or otherwise giving to others, especially those in need. It is important to note that several scholars have provided alternate definitions of compassion or compassionate love that both integrate it with and distinguish it from related constructs (cf. Batson, 1991, as cited in Goetz, Keltner, & Simon-Thomas, 2010; Lazarus, 1991; Post, 2002, as cited in Goetz et al., 2010). However, as compared to these related constructs of prosocial feelings, attitudes, and behaviors, research suggests that compassionate love as defined by Sprecher and

Fehr (2005) is “more encompassing and more enduring” than empathy or sympathy (Sprecher & Fehr, 2005, p. 630) and incorporates the “emotional” and “transcendent” components for which compassion or love alone fail to account (Underwood, 2002).

Further, according to Fehr and Sprecher (2009), compassionate love is best defined using a prototypical conceptualization. As compared to a classical perspective, the prototypical approach to conceptualization is appropriate for use with “natural language concepts [that] lack classical definitions but rather are organized around their clearest cases or best examples” (p. 344). More specifically, because compassionate love is a multidimensional construct consisting of numerous cognitions, feelings and emotions, behaviors, and motivations, the concept is difficult to capture using specific and comprehensive criteria that comprise a classical definition (Sprecher & Fehr, 2009). Therefore, instead of defining the construct in concrete terms, Sprecher and Fehr (2009) have suggested that laypeople conceptualize compassionate love more abstractly and based on numerous features or characteristics (e.g., caring, helping, trust, understanding) thought to best represent and “capture the core meaning of the concept” (p.359). Given this lack of a single classical definition, Fehr and Sprecher (2009) have indicated that two important considerations must be kept in mind when conducting or evaluating an empirical study of compassionate love. First, researchers should be aware that operational definitions of compassionate love that have been derived for scientific purposes may differ from the meanings that laypeople attribute to compassionate love. Second, no operational definition of compassionate love can fully account for a “true definition” of the construct, which means that empirical results based on a specific

conceptualization may not be generalizable to other definitions and must be interpreted accordingly.

Despite these apparent limitations, it is imperative that research focused on compassionate love continue because, as suggested by Underwood (2002), in order to facilitate and grow compassionate love and to see its benefits, an improved understanding of the components and correlates of the construct is necessary. For example, although research has already linked compassionate love to several positive personality, lifestyle, and interpersonal attributes, including empathy, religiosity, and prosocial behavior, respectively (Sprecher & Fehr, 2005), continued empirical investigation of the construct may increase mental health professionals' understanding of the ways to grow a patient's compassion and simultaneously facilitate positive change in the previously described domains. By using interventions informed by such research, clinicians may therefore address both intrapersonal and interpersonal variables that, in addition to benefitting the individual, may also have positive systemic or societal effects (e.g., increasing prosocial behavior, which benefits the self as well as others; Yalom, 2005).

Self-Compassion

Given evidence of the numerous positive intrapersonal and interpersonal correlates of compassion, a recent focus in psychological research and clinical practice is the offering of compassion to the self, measured as the personality trait of self-compassion (Germer, 2009; Gilbert, 1989, 2005; Neff, 2009a). Neff (2003a) has defined self-compassion, or "compassion turned inward," (Neff & McGehee, 2010, p. 226) as consisting of three components including self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification. The first

element, self-kindness versus judgment, suggests that when faced with suffering or pain, self-compassionate individuals show themselves caring and understanding rather than reacting with criticism or judgment. Next, self-compassion involves a sense of common humanity, which refers to an individual's tendency to connect with rather than isolate from others by situating personal difficulty in the context of a broader humanity. Thus, rather than being internalized and personalized in a way that isolates or separates the individual from others, flaws or painful feelings are considered an inherent part of the human condition experienced by all people. Finally, instead of over-identifying or ruminating on areas of dissatisfaction or times of difficulty, self-compassion entails mindfulness, which involves maintaining a balanced awareness of one's suffering in which one neither overlooks nor fixates on her or his current experience.

In developing an understanding of self-compassion, psychological research has also investigated the similarities and differences among self-compassion and other established constructs that conceptualize ways of relating to or perceiving oneself, namely self-esteem (Neff, 2003a; 2003b; 2004; 2009a; 2009b; 2010; Neff et al., 2006a; Neff et al., 2006b; Neff et al., 2008; Neff & Vonk, 2009). Overall, this research has indicated that self-compassion is “associated with many of the benefits of high self-esteem, while having fewer of the downsides associated with self-esteem pursuit” (Neff, 2009a, p. 13). More specifically, although self-compassion and self-esteem have both been linked to positive indicators of psychological well-being, global self-esteem but not self-compassion has also been associated with numerous negative indicators including narcissism, distorted self-perceptions, prejudice, and violence toward individuals who threaten one's self-perceptions (Neff & Vonk, 2009). As an explanation for these

differences, Neff (2003a) has suggested that, unlike self-esteem, which relies on social comparison or a judgmental evaluation that isolates the self from others, self-compassion involves a relating of the self to others by approaching one's own distress with kindness and situating one's struggles into the context of the downfalls and difficulties common to the human experience. As a result, self-esteem is less stable and varies based on external circumstances such as positive evaluations by others and perceived superiority in social comparisons, whereas self-compassion is associated with "more stable feelings of self-worth that [are] less contingent on particular outcomes" (Neff & Vonk, 2009, p. 44).

In addition to the above mentioned advantages of using self-compassion rather than self-esteem to understand an individual's self-perceptions and improve ways of relating to oneself, previous research has suggested that self-compassion is positively related to numerous markers of psychological well-being. Empirical investigation has demonstrated that self-compassion is negatively associated with markers of psychological distress such as self-criticism, depression, and anxiety and positively associated with indicators of well-being such as life-satisfaction, social connectedness, and emotional intelligence (Neff & Vonk, 2009). Overall then, measuring self-compassion provides insight into a person's self-perceptions and related levels of psychological health, while avoiding the negative correlates associated with the construct of self-esteem. It follows that an improved understanding of the components and correlates of self-compassion may inform interventions designed to alleviate symptoms of psychological distress in addition to improving patients' self-perceptions and ways of relating to the self.

The Relationship between Compassion and Self-Compassion

Despite some theoretical arguments that have described self-compassion as an internalization or intrapersonal version of the interpersonal construct of compassion (Neff & McGehee, 2010) and have highlighted the similarities between the two constructs, clinical and common experience may contradict this conceptualization. For example, Neff (2003b) has suggested that “people are often much harsher and unkind toward themselves than they ever would be to others they cared about, or even to strangers” (p. 87). Further, one study has addressed a similar question, namely investigating the relationship between self-compassion and participants’ responses to a question of whether they tend to show more kindness to themselves or others (Neff, 2003a). Responses were rated on a five-point scale (ranging from -2 to 2) with the negative extreme reflecting greater kindness to others, the midpoint reflecting equal kindness to self and others, and the positive extreme reflecting greater kindness to the self. Results from this analysis suggested significant between group differences in that participants highest in self-compassion were more likely to report an equal kindness to self and others, whereas participants lowest in self-compassion were more likely to report greater kindness to others than to the self (Neff, 2003a).

These findings suggest a nonlinear relationship between compassion and self-compassion or, stated differently, that a person who describes her- or himself as compassionate will not necessarily evidence high levels of self-compassion and, similarly, a person who describes her- or himself as self-compassionate will not necessarily show high levels of compassion to others. It is important to reiterate that the aforementioned results were based on the relationship between participants’ self-

compassion and a single question assessing the treatment of others. Still, consistent with the aforementioned, initial research with the measures used in the current study has revealed a weak association between the two constructs (Neff, 2009a). Conversely, one recent study suggests a statistically significant relationship between self-compassion and constructs measuring other-focused concern (i.e., compassion for humanity, empathic concern, altruism, perspective-taking, forgiveness), however, results indicate that the nature of the associations vary based on life experience and sex (Neff & Pommier, 2012). Given the above-described discrepant findings, further research is warranted in order to develop an improved understanding of the relationship between compassion and self-compassion.

Measurement of Compassion and Self-Compassion

Currently, the primary method for assessing compassion is the Compassionate Love scale (Sprecher & Fehr, 2005), which exists in three versions designed to measure compassionate love for (a) a specific other, (b) close others, and (c) strangers and humanity. Consistent with results from earlier work by Fehr and Russell (1991), research has indicated that the highest compassionate love scores are obtained for a specific other, followed by close others, and finally strangers and humanity (Sprecher & Fehr, 2005). Despite these significant differences, however, research has also indicated high variability in the degree of differences between scores as well as significant positive correlations between the different versions of the scale, which suggests overlap in the dimensions of compassionate love being assessed across the scales. As measured by all versions of this scale, compassionate love has been found to be positively and significantly correlated with empathy, religiosity, and prosocial behavior (Sprecher &

Fehr, 2005). With regard to sex differences, consistent with research related to measures of other relational constructs such as empathy and emotional support (Eagly & Crowley, 1986; Penner et al., 1995; Taylor, 2002, as cited in Fehr & Sprecher, 2009), women have consistently scored significantly higher than men across all three versions of the Compassionate Love scale (Fehr & Sprecher, 2009; Sprecher & Fehr, 2005; Sprecher et al., 2007).

Despite the prevalence of the Compassionate Love scale in research, the measure has been criticized for assessing compassion using language that refers to others as “strangers,” which may unnecessarily distance the respondent from others and may consequently “undermine the meaning of compassion” (K. D. Neff, personal communication, September 19, 2010). An alternative measure of compassion designed to address this shortcoming is the Compassion Scale (Pommier, 2010). This measure has been developed based on Neff’s (2003a) three component model of self-compassion and includes six subscales designed to assess kindness versus indifference, common humanity versus separation, and mindfulness versus disengagement (Pommier, 2010). It is important to note, however, that research regarding the Compassion Scale is in its early stages as the measure was developed as a recently completed dissertation project. In an effort to contribute to the research in this domain, the scale will be included in this study.

The current approach for measuring self-compassion is the Self-Compassion Scale (Neff, 2003a), which is designed to assess the three components of the construct using six subscales, including self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification. Neff (2003a) has indicated that previous research has demonstrated high intercorrelations among the

subscales comprising the measure; however, results have also indicated that the common factor of self-compassion accounts for the positive correlations, suggesting that the total score of the measure can be understood as representative of the unitary construct of self-compassion. Of clinical relevance, previous research using this scale has also indicated that levels of self-compassion are negatively correlated with psychological distress and positively correlated with psychological well-being and relationship functioning (Neff, 2009a). Related to the current study, research related to sex differences in self-compassion has produced inconsistent results. While some studies have revealed no significant differences in self-compassion between men and women (Iskender, 2009; Neff & McGehee, 2010; Neff et al., 2006a; Neff et al., 2006b; Neff et al., 2008; Neff & Pommier, 2012), others have indicated that women significantly underscore men in self-compassion (Neff, 2003a; Neff et al., 2005; Neff & Vonk, 2009).

Sex and Gender

In order to better understand the demonstrated sex differences in levels of compassion and the equivocal results found when examining sex differences in self-compassion, the current research intends to investigate gender differences, a variable that has previously been overlooked when assessing compassion and self-compassion. Gender, as compared to the biologically-based distinction of sex, differentiates men and women in terms of traits, activities, interests and behaviors considered characteristic of or consistent with a masculine or feminine identity (Beere, 1990; Unger, 1979). Unger (1979) has suggested that an understanding of this distinction is imperative for psychological research in that “the use of the term *gender* makes it less likely that psychological differences between males and females will be considered explicable

mainly in terms of physiological differences between them” (p. 1093). Therefore, whereas sex delineates men and women biologically or physiologically, gender differentiates between masculine and feminine psychologies, traits, and behaviors.

Gender has been further differentiated by psychologists who have proposed alternative understandings of gender, including essentialist and constructionist perspectives (Bohan, 1993). According to Bohan (1993), essentialist models “portray gender in terms of fundamental attributes that are conceived as internal, persistent, and generally separate from the on-going experience of interaction with the daily sociopolitical contexts of one’s life,” whereas constructionist models argue that gender “is not a trait of individuals” and is instead “a construct that identifies particular transactions that are understood to be appropriate to one sex” (Bohan, 1993, p. 7). Therefore, according to the former, gender is an internal characteristic based on qualities or traits possessed by the individual, whereas the latter argues an external situation of gender constructed by and consisting of social interactions that occur outside of the individual.

Numerous scholars have, according to Bohan (1993), ascribed to an essentialist view of gender (cf. Belenky et al., 1986; Chodorow, 1978; Gilligan, 1982; Miller, 1976). However, critics of the essentialist perspective have argued that the internal situation of gender characteristics overlooks social or cultural contributing factors to a gendered experience, which becomes particularly problematic in the face of gender-specific difficulties or injustices where essentialism exonerates the sociocultural system and instead places the burden of responsibility on members of a specific gender (Bohan, 1993). For example, the essentialist argument that women may be considered

predisposed to depressive symptomatology or men to aggressive acting-out as a result of physiological characteristics or evolutionary pressures overlooks sociocultural factors such as women's chronic strain secondary to the experience of lower status and power (Nolen-Hoeksema, Larson, & Grayson, 1999) or the social expectation that men be self-assertive and dominant (Brooks, 2001; Leadbeater et al., 1999). Additional criticisms have argued that essentialism prescribes a gendered dichotomy whereby a range of characteristics and behaviors is nonexistent and instead women and men are limited to mutually exclusive modes of functioning that are strictly feminine or masculine, respectively. Finally, empirical support for the essentialist perspective is lacking as research has revealed "methodological problems, theoretical inconsistencies, and failures to replicate" the validity of this approach (Bohan, 1993, p. 12).

In contrast, the constructionist understanding of gender accounts for the sociocultural components of a gendered experience, allows for the interchangeability of masculine and feminine behaviors between men and women, and is supported by research that reveals evidence for a contextual rather than internal situation of gender (Bohan, 1993). Further, because gender is the result of sociocultural construction rather than an inherent way of being, gender-specific experiences and difficulties can be understood as more amenable to change and intervention rather than being viewed as inevitable and unchangeable (Bohan, 1993; Brooks, 2001). It is for these reasons that many clinicians and researchers have studied gender in addition to sex and have approached the psychology of gender from a constructionist rather than essentialist perspective (Bohan, 1993; Brooks, 2001; Brooks & Silverstein, 1995; Chesler, 1972; Mahalik et al., 2003; Mahalik et al., 2005).

Consistent with a constructionist viewpoint, many researchers have worked to better understand the socially and culturally constructed rules or ideals that inform gendered attitudes, behaviors, cognitions, and personality attributes (Cialdini & Trost, 1999; Mahalik et al., 2003; Mahalik et al., 2005; Spence, et al., 1974). Mahalik and colleagues (2003, 2005) have referred to these rules as “gender role norms” and have suggested that the aforementioned share the same properties as the broader category of “social norms” (Cialdini & Trost, 1999), which are defined as “rules and standards that are understood by members of a group that guide and/or constrain social behavior without the force of laws” (p. 417 in Mahalik, 2005). According to this conceptualization, men and women are exposed to a variety of masculine and feminine gender role norms that may influence the thoughts, actions, and characteristics that an individual learns or adopts. For example, Parsons and Bales (1955) have suggested that men are often socially assigned “extradomestic, instrumental role responsibilities” and women are often expected to be responsible for “expressive, domestic role responsibilities” (Spence, Helmreich, & Holahan, 1979, p. 1673). A constructionist framework suggests that these socially-assigned roles pressure men to adopt characteristics that reflect agentic qualities, which call for a prioritization of self over others (i.e., a sense of personal competency, goal orientation), whereas women are compelled to adopt communal characteristics that reflect a prioritization of relationships over the self (i.e., social-emotional sensitivity, an interpersonal orientation; Spence et al., 1979).

To clarify, despite these and other socially-prescribed roles and characteristics, it does not necessarily follow that an individual must adhere to expectations to adopt

traditionally feminine or masculine gender roles, where femininity and masculinity represent mutually exclusive endpoints to a single, gendered continuum. Instead, research indicates that feminine and masculine characteristics “form separate dimensions that not only vary independently but also contribute positively to effective functioning in members of *both sexes*” (Spence et al., 1979, p. 1674). Further, research has suggested that women and men may display varying degrees of conformity or nonconformity to gendered role norms (Mahalik et al., 2003; 2005) and may evidence variability in adherence to stereotypically feminine and masculine characteristics (Spence et al., 1979). In other words, women may display masculine characteristics and men may display feminine characteristics and the adoption of these opposite-gender qualities does not negatively impact on an individual’s social adjustment or psychological health.

Measurement of Gender

Consistent with the above described conceptualization of gender, Spence and colleagues have developed the Personal Attributes Questionnaire (PAQ; Spence et al., 1974), which is designed to assess the extent to which a person identifies with feminine and masculine characteristics. Feminine (or “expressive”) traits assessed include: emotional, able to devote self completely to others, gentle, helpful to others, kind, aware of feelings of others, understanding of others, and warm in relations with others. Masculine (or “instrumental”) traits include: independent, active, competitive, can make decisions easily, never give up easily, self-confident, superior, and stand up well under pressure. This measure differs from alternative approaches to assessing a person’s identification with a particular gender or gendered characteristics in that the measure can be administered to both women and men and assesses pro-social gendered personality

characteristics. Conversely, measures like the Conformity to Feminine Norms Index (CFNI; Mahalik et al., 2005) and the Conformity to Masculine Norms Index (CMNI; Mahalik et al., 2003), are designed for administration to a single sex, women or men, respectively. Further, items comprising the PAQ consist of characteristics identified by pilot study participants as socially desirable, or identified by participants' as qualities possessed by the "ideal" man or woman (Spence et al., 1979). In contrast, other measures assess identification with less pro-social characteristics, such as childlike and gullible on the Bem Sex Role Inventory (Bem, 1974) and violence, playboy, power over women, and disdain for homosexuals on the CMNI (Mahalik et al., 2003).

According to Spence and colleagues (1974), assessing women's and men's self-reported identification to feminine and masculine characteristics using the PAQ allows for an improved understanding of a person's relationship to gendered qualities, including the potential positive and negative correlates of adherence and non-adherence to socialized expectations for personality attributes. More specifically, future potential uses for the PAQ may include an examination of variables that may correlate with masculinity and femininity, including sociocultural or interpersonal factors (e.g., compassion) and intrapersonal factors (e.g., self-compassion), both of which may be helpful in designing and implementing clinical assessments and interventions. These suggested uses coupled with research findings concerning sex differences in the compassion and self-compassion literatures, indicate that further research is needed to better understand the associations among gender and self-reported levels of compassion and self-compassion.

Gender, Compassion, and Self-Compassion

Many scholars have considered the consequences of identification with masculine and feminine gender roles as well as the effects of gender role socialization on interpersonal and intrapersonal characteristics (cf. Brooks, 2001; Brooks & Silverstein, 1995; Chesler, 1972; Doyle, 1994; O’Neil, 2008; Leadbeater et al., 1999; Mahalik et al., 2003; 2005). To be specific, in the face of persistent social pressures, narrowly or rigidly adopted gender roles may prove restrictive for the individual (O’Neil, 2008). For example, Brooks (2001) and Brooks and Silverstein (1995) have reflected on the “dark side of masculinity,” or the behaviors associated with traditional masculinity that are harmful to society, including violence, sexual misconduct, substance abuse, and relationship problems. Chesler (1972) and Leadbeater and colleagues (1999) have made similar arguments about the effect of feminine gender role socialization on women, including the stigmatization of women in mental health and women’s tendency toward self-criticality and rumination, respectively. In considering the differences in masculine and feminine gender roles, several feminist scholars have suggested that women and men are socialized to differentially prioritize the self and relationships, with women being encouraged to value relationships over the self and men being encouraged to value the self over relationships (Chodorow, 1974, as cited in Gilligan, 1982; Gilligan, 1982; Jordan, 2010). This conceptualization is evident in Spence and colleagues’ (1974) measure of gender, in which the feminine, or expressive, scale consists primarily of norms that imply a prioritization of relationships over self (e.g., able to devote self completely to others, helpful to others, aware of feelings of others, understanding of others, warm in relations with others), whereas the masculine inventory consists

primarily of norms that imply a prioritization of the self over relationships (e.g., independent, competitive, superior).

An integration of this conceptualization with empirical findings from the compassion and self-compassion literature suggests that a strong identification with traditional gender roles may differently affect women's and men's levels of compassion and self-compassion. For example, Sprecher and Fehr (2005) have indicated that women have consistently outscored men on levels of compassionate love. Examining this sex difference using a gender role orientation framework suggests that women who strongly identify with feminine norms that encourage a prioritization of relationships over the self may describe themselves as more compassionate, whereas men who strongly identify with masculine norms that encourage a prioritization of the self over relationships may describe themselves as less compassionate.

With regard to self-compassion, an analysis by Neff (2003a) has indicated that individuals with higher levels of self-compassion are more likely to report that they are equally kind toward themselves as they are to others, whereas individuals with lower levels of self-compassion are more likely to report an imbalance in this domain. It follows that women and men who identify strongly with traditional gender norms are likely to evidence low levels of self-compassion, but for different reasons. More specifically, people who identify strongly with traditionally feminine gender norms that prioritize relationships over the self are likely to display lower levels of self-compassion as reflected specifically in intrapersonally-oriented subscale scores (i.e., higher self-judgment and lower self-kindness), whereas people who strongly identify with traditionally masculine gender norms that prioritize the self over relationships are likely

to report lower levels of self-compassion as reflected in interpersonally-oriented subscale scores (i.e., higher isolation and lower common humanity). Conversely, women and men who report less identification with traditional gender characteristics and are therefore less likely to be governed by a restrictive range of acceptable values (O’Neil, 2008) that dictate a prioritization of either the self or relationships, will be more likely than their highly conforming counterparts to evidence higher levels of self-compassion.

Overview of Current Study

The current study intended to investigate the relationships among compassion, self-compassion, and feminine and masculine gender characteristics. An improved understanding of these relationships can be utilized to develop new and inform existing clinical assessments and interventions concerning correlates of compassion and self-compassion, namely psychological well-being (Neff, 2003a) and prosocial behavior (Sprecher & Fehr, 2005). In order to further examine these relationships, all participants were administered the Compassionate Love scale (Sprecher & Fehr, 2005), the Compassion Scale (Pommier, 2010), the Self-Compassion Scale (Neff, 2003), and the Personal Attributes Questionnaire (Spence et al., 1974). Participants’ total scores were calculated for each of the measures of compassion and self-compassion as well as the total scores for each of the masculine and feminine PAQ subscales. Data analyses were then conducted to address the following questions:

1. To what degree is compassion associated with self-compassion?
2. To what degree do men and women differ in reported level of compassion?
3. To what degree do men and women differ in reported level of self-compassion?

4. To what degree is identification with feminine gender attributes associated with reported levels of compassion and self-compassion?
5. To what degree is identification with masculine gender attributes associated with reported levels of compassion and self-compassion?
6. Given the equivocal results in research to date regarding sex differences in levels of self-compassion, is sex (i.e., female, male) or gender (i.e., adherence to feminine/masculine traits) a better predictor of self-compassion?

Based on the above-described empirical results and theoretical arguments, the following hypotheses were offered:

1. There will be a weak correlation between participants' compassion and self-compassion scores.
2. Women will evidence higher levels of compassion than men as measured by the Compassionate Love Scale and Compassion Scale.
3. Given the equivocal findings of previous research, no hypothesis will be offered concerning the sex difference in levels of self-compassion as measured by the Self-Compassion Scale.
4. Female and male participants who evidence higher levels of feminine gender attributes, as measured by the PAQ, will obtain higher compassion scores as measured by the Compassionate Love Scale and Compassion Scale and lower levels of self-compassion as measured by the Self-Compassion Scale.
5. Female and male participants who evidence higher levels of masculine gender norms, as measured by the PAQ, will obtain lower compassion scores as

measured by the Compassionate Love Scale and Compassion Scale and lower levels of self-compassion as measured by the Self-Compassion Scale.

6. As compared to sex (i.e., female, male), gender, as measured by the feminine and masculine scales of the PAQ, will explain a greater proportion of variance in participants' self-reported levels of self-compassion (i.e., Self-Compassion Scale total score).

CHAPTER TWO

Methods

Participants

Participants included $n = 163$ undergraduate students from the Department of Psychology and Neuroscience subject pool at a private, medium-sized, religiously-affiliated university located in the southwestern United States and a community sample of $n = 281$ respondents collected using an online survey administration program called Amazon Mechanical Turk, with participation restricted to respondents residing in the United States. Additionally, participants were excluded who completed the questionnaires in an administration time of less than five minutes; who omitted more than three responses to administered measures; or who provided apparently invalid responses (i.e., the same response to all questions, for example answered with all “1s”).

After excluding the aforementioned cases, the final sample included a total of $N = 444$ participants, $n = 163$ of whom were recruited from the university subject pool and $n = 281$ of whom were recruited from Amazon Mechanical Turk. With regard to demographics, the final sample included $n = 132$ men and $n = 312$ women. Of those completing the measures, $n = 25$ subjects did not disclose their age. The mean age of the $n = 419$ participants who did provide their age was $M_{age} = 29.38$ years, $SD = 13.64$ years. The ethnic breakdown of the sample was 75% Caucasian; 7% Hispanic, Latino, or Spanish origin; 6.5% Black, African-American, or African Descent; 6.3% Asian; 3.4% Bi- or Multi-Racial; 1.4% American Indian or Alaska Native; 0.2% Native Hawaiian or Pacific Islander; and 0.2% providing no response. With regard to education, the sample

reported having completed the following: 50% Some College, 19.4% Bachelor's Degree, 17.1% high school diploma or GED, 7.9% Graduate Degree, and 5.6% Associate's Degree.

Procedure

After consenting to participate, subjects completed a series of self-report measures, which assessed demographic information (including age, sex, ethnicity, and educational background), compassion, self-compassion, and conformity to gender role norms. Questionnaires were administered online and could be completed on any internet-accessible personal computer. Given the nature of administration, no direct observations were made while participants completed the self-report measures. However, as stated above, questionnaires completed in an administration time of less than five minutes were presumed to be invalid and were excluded from the final data analysis. Additionally, participants were excluded who omitted more than three responses to administered measures or who provided apparently invalid responses (i.e., the same response to all questions, for example answered with all "1s"). Given the online nature of administration, participants who omitted responses to questionnaire items could not be asked to return to incomplete items nor could their reason(s) for omission be explored.

Upon completion, each participant was debriefed about the purpose of the study (i.e., to examine the relationships among conformity to gender role norms, compassion, and self-compassion) and thanked for their participation. Undergraduate students earned research hours for their participation and, using the Amazon Mechanical Turk online payment system, participants from the community sample received modest financial compensation (\$0.25 USD) for their time.

Measures

Compassion

Participants completed the stranger-humanity version of the Compassionate Love Scale (Sprecher & Fehr, 2005), a 21-item self-report measure designed to assess respondents' compassionate or altruistic love for all of humanity or humankind (e.g., "I spend a lot of time concerned about the well-being of humankind") and specific strangers (e.g., "If I encounter a stranger who needs help, I would do almost anything I could to help him or her"). Each item is rated on a seven-point scale from 1 (*not at all true of me*) to 7 (*very true of me*) and all responses are summed in order to compute an overall compassionate love score. Previous studies have shown that scores yielded by the scale are reliable and valid, as indicated by the psychometric properties of Cronbach's alpha (.95), high item-to-total correlations (ranging from .46 to .81), and convergence and divergence with related measures (Sprecher & Fehr, 2005). In the present study, the obtained alpha level for the Compassionate Love Scale scores was .961 and the item-to-total correlations ranged from .56 to .83.

Participants also completed the 24-item Compassion Scale (Pommier, 2010), which includes brief scales designed to measure respondents' kindness (e.g., "If I see someone going through a difficult time, I try to be caring toward that person"), indifference (e.g., "Sometimes when people talk about their problems, I feel like I don't care"), common humanity (e.g., "Everyone feels down sometimes, it is part of being human"), separation (e.g., "I don't feel emotionally connected to people in pain"), mindfulness (e.g., "I pay careful attention when other people talk to me"), and disengagement (e.g., "When people cry in front of me, I often don't feel anything at all").

All items are rated on a five-point scale (1=*almost never* to 5=*almost always*). Negative items are reverse-coded and total scores on the six subscales are summed in order to compute an overall compassion score. During the development and validation of the 24-item Compassion Scale (Pommier, 2010) research yielded valid and reliable compassion scores that adequately fit the expected six-factor structure (ranging from CFI = .91 to CFI = .97), demonstrated internal consistency reliability with Cronbach's alpha equaling .90, and demonstrated adequate convergent and divergent validity (Pommier, 2010). It is important to note, however, that this scale was developed as part of a recently completed dissertation project and little subsequent research has been conducted using the measure. Despite this limitation, the scale was included in the current study in order to contribute to the research in this domain. For the present study, the Compassion Scale yielded reliable scores with Cronbach's alpha of .932 and item-to-total correlations ranging from .15 to .73 for the total scores.

Self-Compassion

Participants completed the 26-item Self-Compassion Scale (SCS; Neff, 2003), which includes brief scales designed to measure respondents' self-kindness (e.g., "I try to be loving towards myself when I'm feeling emotional pain"), self-judgment (e.g., "I'm disapproving and judgmental about my own flaws and inadequacies"), common humanity (e.g., "When things are going badly for me, I see the difficulties as part of life that everyone goes through"), isolation (e.g., "When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world"), mindfulness (e.g., "When something upsets me I try to keep my emotions in balance"), and over-identification (e.g., "When I'm feeling down I tend to obsess and fixate on everything

that's wrong"). All items are rated on a five-point scale (1=*almost never* to 5=*almost always*). Negative items are reverse-coded and total scores on the six subscales are summed in order to compute an overall self-compassion score. Previous research using the 26-item SCS (Neff, 2003b) has yielded valid and reliable self-compassion scores that have adequately fit the expected six-factor structure (ranging from CFI = .91 to CFI = .93), demonstrated internal consistency reliability for scores from each of the subscales (ranging from .77 to .81), demonstrated adequate test-retest reliability of .93 for the SCS total score, and demonstrated adequate convergent and divergent validity with other self-perception scales (Neff, 2003b). Similarly, the Self-Compassion Scale yielded reliable scores, as measured by Cronbach's alpha of .940 and item-to-total correlations ranging from .36 to .72 for the total scores.

Gender

Participants completed the Personal Attributes Questionnaire (Spence et al., 1974), a 24-item self-report measure designed to assess the extent to which a person identifies with feminine and masculine attributes. Feminine (or "expressive") traits assessed by the measure include: emotional, able to devote self completely to others, gentle, helpful to others, kind, aware of feelings of others, understanding of others, and warm in relations with others. Masculine (or "instrumental") traits include: independent, active, competitive, can make decisions easily, never give up easily, self-confident, superior, and stand up well under pressure. The scale also includes a Masculinity-Femininity (or "androgyny") scale, which includes the following traits: aggressive, submissive, excitable during a crisis, home-oriented, need for others' approval, extent to which feelings are hurt, frequency of crying, and need for security. Respondents are

prompted to use a five-point scale to rate themselves on pairs of contradictory characteristics, such as “Not at all independent 0...1...2...3...4 Very independent” and “Not at all emotional 0...1...2...3...4 Very emotional.” After reverse-coding six negative items on the measure, scores for the subscales are calculated by summing the items corresponding to the relevant subscale, with totals ranging from 0 to 32 and higher scores reflecting higher conformity to the identified feminine or masculine norms. Previous research has demonstrated internal consistency reliability, ranging from .82 to .85 (Helmreich, Spence, & Wilhelm, 1981); demonstrated adequate test-retest reliability of $r = .67$ for women’s scores and $r = .58$ for men’s scores (Yoder et al., 1982); and demonstrated adequate convergent and divergent validity with other related measures of gender (Spence et al., 1974). In the present study, the obtained alpha level for the PAQ masculine subscale scores was .774 with item-to-total correlations ranging from .35 to .62 and the obtained alpha level for the PAQ feminine subscale scores was .806 with item-to-total correlations ranging from .24 to .67. It is important to note that, consistent with previous research that has abandoned the examination of the construct of androgyny by excluding scores for the Masculinity-Femininity subscale in data analyses, the items comprising the Masculinity-Femininity subscale were excluded from this analysis. The total score for the measure would have no interpretive utility and is therefore not calculated.

CHAPTER THREE

Results

The data were analyzed using SPSS 18.0. Prior to completing the hypothesis testing described below, chi-square statistics were calculated to compare distributions of sex, ethnicity, age, and education among respondents from the university subject pool sample and the Amazon Mechanical Turk sample. Results indicated a similar sex [$\chi^2(1, N = 444) = 2.58, p = .10$] distribution between the samples, but suggest that the samples differed with regard to ethnicity [$\chi^2(7, N = 444) = 28.84, p < .001$], age [$\chi^2(51, N = 419) = 269.66, p < .001$], and education [$\chi^2(4, N = 444) = 116.45, p < .001$], the latter two of which were to be expected given that the age and educational range are truncated in the college sample. Given that the distributions did not differ significantly with regard to sex, a variable of interest for the current study, the two samples were combined for all subsequent analyses. Descriptive statistics, including mean and standard deviations for each of the measures are reported in Table 1.

Table 1
Descriptive Statistics (N = 444)

Measure	<i>M</i>	<i>SD</i>
PAQ – Feminine Scale	23.39	4.73
PAQ – Masculine Scale	19.42	5.06
Compassionate Love Scale Total Score	98.09	24.09
Compassion Scale Total Score	95.46	14.42
Self-Compassion Scale Total Score	76.77	18.13

Note. Personal Attributes Questionnaire (PAQ).

To analyze the first hypothesis concerning the association between compassion and self-compassion, a bivariate correlation was calculated between (a) the Self-Compassion Scale and the Compassionate Love scale and (b) the Self-Compassion Scale and the Compassion Scale. Statistical analyses supported this hypothesis, demonstrating a significant, albeit notably weak positive correlation between the Self-Compassion Scale and both the Compassionate Love scale ($r = .17, p < .001$) and the Compassion Scale ($r = .18, p < .001$). For the second hypothesis, differences between women's and men's total scores on (a) the Compassionate Love scale and (b) the Compassion Scale were tested for significance using a t-test ($p < .05$). Results are reported in Table 2 and indicate that women significantly outscored men on both the Compassionate Love scale [$d = .51, t(442) = -4.93, p < .001$] and the Compassion Scale [$d = .68, t(442) = -6.72, p < .001$]. Similarly, to analyze the third hypothesis, differences between men's and women's total scores on the Self-Compassion Scale were tested for significance using a t-test ($p < .05$). Although men did outscore women on the Self-Compassion Scale, this difference in scores was not statistically significant [$d = .17, t(442) = 1.68, ns$].

Table 2
Compassionate Love Scale, Compassion, and Self-Compassion Scale Scores by Sex

Measure	Male ($n = 132$)		Female ($n = 312$)		t
	M	SD	M	SD	
CLS	89.64	23.91	101.67	23.30	-4.93***
CS	88.71	14.82	98.31	13.28	-6.72***
SCS	78.98	17.87	75.84	18.19	1.69

Note. Compassionate Love Scale Total Score (CLS), Compassion Scale Total Score (CS), and Self-Compassion Scale Total Score (SCS).

*** $p < .001$

The fourth hypothesis concerning the associations among participants' endorsement of feminine gender attributes, compassion, and self-compassion was tested

by conducting bivariate correlations with data from participants of both sexes. It was hypothesized that identification with feminine gender norms that reflect a prioritization of relationships over the self (i.e., items comprising the expressive scale of the PAQ) would be positively associated with total scores on the Compassionate Love Scale and Compassion Scale and negatively associated with total scores on the Self-Compassion Scale. Results are reported in Table 3.

Table 3
Correlations: Feminine Traits, Compassion, and Self-Compassion (N = 444)

	PAQ-F	CLS Total	CS Total	SCS Total
PAQ-F	----	.61***	.65***	.13**
CLS Total		----	.70***	.17***
CS Total			----	.18***
SCS Total				----

Note. Personal Attributes Questionnaire Femininity Scale Score (PAQ-F), Compassionate Love Scale Total Score (CLS Total), Compassion Scale Mean Total Score (CS Total), and Self-Compassion Mean Total Score (SCS Total).

** $p < .01$, *** $p < .001$

As hypothesized, the data indicated that participants' identification with feminine traits was significantly positively correlated with self-reported levels of compassion as measured by the Compassionate Love Scale ($r = .61, p < .001$) and Compassion Scale ($r = .65, p < .001$). Further, it was hypothesized that identification with feminine gender norms would be negatively associated with participants' total scores on the Self-Compassion Scale. The data did not support this hypothesis, instead indicating that identification with feminine gender norms was significantly, albeit weakly positively correlated with participants' self-reported levels of self-compassion as measured by the Self-Compassion Scale total score ($r = .13, p < .01$).

This procedure was repeated in order to analyze the fifth hypothesis regarding the associations among identification with masculine gender norms, compassion, and self-compassion. It was hypothesized that identification with masculine gender norms that reflect a prioritization of the self over relationships (i.e., items comprising the instrumental scale of the PAQ) would be negatively associated with levels of compassion as measured by respondents' total scores on the Compassionate Love Scale and Compassion Scale and levels of self-compassion as measured by participants' total scores on the Self-Compassion Scale. In contrast, the data, which are reported in Table 4, indicate that identification with masculine gender norms is significantly, but weakly positively associated with compassion as measured by the Compassion Scale ($r = .10, p < .05$) and not significantly correlated with compassion as measured by the Compassionate Love Scale ($r = .08, ns$).

Table 4
Correlations: Masculine Traits, Compassion, and Self-Compassion (N = 444)

	PAQ-M	CLS Total	CS Total	SCS Total
PAQ-M	----	.08	.10*	.53***
CLS Total		----	.70***	.17***
CS Total			----	.18***
SCS Total				----

Note. Personal Attributes Questionnaire Masculinity Scale Score (PAQ-M), Compassionate Love Scale Total Score (CLS Total), Compassion Scale Total Score (CS Total), and Self-Compassion Scale Total Score (SCS Total).

* $p < .05$, *** $p < .001$

It was also hypothesized that identification with masculine gender norms would be negatively associated with scores from the Self-Compassion Scale. It is important to note that the aforementioned hypothesis is not supported by the data, which are also

reported in Table 4. Instead, identification with masculine gender norms was found to be significantly positively correlated with participants' self-reported levels of self-compassion as measured by total scores on the Self-Compassion Scale ($r = .53, p < .001$).

A regression analysis was used to test the sixth hypothesis, in which respondents' self-compassion was predicted using their reported sex (i.e., female, male) as well as identification with feminine (i.e., PAQ feminine/expressive subscale scores) and masculine (i.e., PAQ masculine/instrumental subscale scores) traits. The three predictors explained a significant proportion of variance in measured levels of self-compassion [$R^2 = .539, F(3, 440) = 59.93, p < .001$] and responses on the feminine and masculine subscales of the PAQ explained unique variance in self-compassion after controlling for the effects of the other variable and participants' reported sex. Correlations and standardized betas are reported in Table 5. Notably, statistical analysis confirmed the hypothesis that gender, as measured by the feminine and masculine subscales of the PAQ would account for the greatest proportion of variance in Self-Compassion Scale scores, whereas reported sex failed to account for a significant proportion of unique variance in participants' self-compassion scores.

Table 5
Summary of Regression Analysis for Variables Predicting Self-Compassion (N = 444)

	Correlation	Standardized Beta
PAQ – Feminine Scale	.13**	.11**
PAQ – Masculine Scale	.53***	.52***
Participants' Sex	-.08*	-.02

Note. Personal Attributes Questionnaire (PAQ).

* $p < .05$, ** $p < .01$, *** $p < .001$

CHAPTER FOUR

Discussion

Findings

Compassion and Self-Compassion

Results from this study indicated that participants' self-reported self-compassion scores were statistically significantly associated with participants' self-reported compassion scores as measured by both measures of compassion. However, it is important to note that the correlations between self-compassion and the measures of compassion were small, indicating a weak relationship between the two constructs. This means that participants who had higher scores on the Self-Compassion Scale were more likely to also demonstrate higher scores on both the Compassionate Love Scale and the Compassion Scale. Notably, these results supported Hypothesis 1, which supposed that participants' compassion and self-compassion scores be only weakly correlated.

Given this weak correlation, it is important to note that research to date has demonstrated discrepant results regarding the relationship between compassion and self-compassion (Neff, 2003a; Neff, 2009a; Neff & Pommier, 2012). There are several possible explanations for these findings. For example, because the same model of compassion is assumed in both the Compassion Scale and the Self-Compassion Scale, it is likely that participants would respond similarly to questions comprising the subscales of kindness, common humanity, and mindfulness that are similar between the two measures. Additionally, and consistent with the description offered by Neff and

McGehee (2010), these data suggest the possibility that self-compassion is a sort of “compassion turned inward” (p. 226) and is, therefore, related to participants’ self-reported capacities for compassion. Finally, because the current study did not include a measure to assess participants’ tendency toward socially desirable responding, it is possible that these results reflect respondents’ efforts to portray themselves in a positive, socially desirable light by endorsing items that convey an apparently pro-social tendency to demonstrate compassion toward self and others. Overall, given the inconsistent nature of existing research, future research should continue to explore the nature of the relationship between compassion and self-compassion.

Sex Differences in Compassion

Consistent with Hypothesis 2, results indicated a statistically significant difference between women’s and men’s scores on measures of compassion, with women evidencing higher self-reported levels of compassion. It is important to note that this result was found for both the Compassionate Love Scale and the Compassion Scale, suggesting that, when asked to report on their capacities for compassion toward others, the women in this sample consistently evidenced greater self-reported compassion than men. These results are supported by previous research (Fehr & Sprecher, 2009; Sprecher & Fehr, 2005; Sprecher et al., 2007) and may be easily understood through the framework of gender role orientation. To be specific, as opposed to men who are socialized to demonstrate more agentic qualities that call for a prioritization of self over others, women are called to display traditionally feminine traits or communal characteristics that, like the construct of compassion, may be more likely to reflect a

caring for others or prioritization of relationships over the self (Spence et al., 1979). This explanation will be further explored below.

Sex Differences in Self-Compassion

In addition to considering sex differences in participants' reported levels of compassion, this project also intended to examine sex differences in participants' reported levels of self-compassion. However, no hypothesis was offered regarding this issue, given the equivocal results of previous research, including some studies that have evidenced no significant differences in self-compassion between women and men (Iskender, 2009; Neff & McGehee, 2010; Neff et al., 2006a; Neff et al., 2006b; Neff et al., 2008; Neff & Pommier, 2012) and others that have indicated that women significantly underscore men on a self-report measure of self-compassion (Neff, 2003a; Neff et al., 2005; Neff & Vonk, 2009). In the current study, results indicated that men obtained higher scores than women on the Self-Compassion Scale, but the difference between men's and women's scores on this measure was not statistically significant. Because of these inconsistent results regarding sex differences (e.g., women versus men) in reported levels of self-compassion, this project also sought to examine differences in reported levels of compassion and self-compassion through the lens of gender (e.g., feminine versus masculine).

Femininity, Compassion, and Self-Compassion

With regard to femininity, identification with feminine gender attributes was assessed using the expressive scale of the PAQ, with higher scores indicating that respondents endorsed attributes determined to be reflective of feminine gender ideals.

Results indicated a statistically significant positive correlation between respondents' scores on the expressive scale of the PAQ and both the Compassionate Love Scale and the Compassion Scale. This suggests that participants who obtained higher femininity scores also self-reported higher levels of compassion. Using a gender role orientation framework, one possible explanation for this finding is that individuals who exhibited high levels of conformity to feminine norms that encourage a prioritization of relationships over the self tended to describe themselves as more compassionate, a characteristic defined by a traditionally feminine social prescription to "[give] of self for the good of the other" (Underwood, 2009, p. 4). However, inconsistent with Hypothesis 4, conformity to feminine gender norms was not associated with lower levels of self-compassion. Instead, results indicated a statistically significant positive, but notably weak correlation between participants' PAQ expressive scale score and total scores on the Self-Compassion Scale. This suggests that, rather than being associated with lower levels of self-compassion, respondents' endorsement of feminine attributes was weakly related to reported compassion toward the self. Given that previous research has not been conducted to explore the relationship between self-compassion and gender (as opposed to sex) differences, it will be important to further assess the relationships among sex, gender, and self-compassion with particular consideration for other factors that might account for variance in self-compassion between women and men (i.e., level of religiosity/spirituality, age, or other cultural factors).

Masculinity, Compassion, and Self-Compassion

Identification with masculine gender attributes was measured using the instrumental scale of the PAQ, with higher scores indicating that respondents endorsed

attributes determined to be reflective of masculine gender ideals. When examining the relationship between participants' reported masculinity and the construct of compassion, data from the current study generally indicated a weak correlation. To be specific, results demonstrated a statistically significant, but notably weak positive correlation between conformity to masculine gender norms and compassion as measured by the Compassion Scale and a non-significant correlation with compassion as measured by the Compassionate Love Scale. This outcome suggests a weak relationship between masculinity and self-reported levels of compassion, which is consistent with the theory that masculine gender role socialization prescribes a prioritization of the self over relationships (Spence et al., 1979), rather than the prioritization of and care in relationships that is an inherent component of compassion.

With regard to the relationship between masculinity and self-reported levels of self-compassion, results from the current study did not support Hypothesis 5, which predicted that participants who identified strongly with masculine gender attributes would evidence lower levels of self-compassion. In fact, findings from this research suggest the opposite, including a statistically significant and large positive correlation between participants' scores on the instrumental scale of the PAQ and participants' total scores on the Self-Compassion Scale. Overall, contrary to stated hypotheses, these results suggest that respondents who evidence greater identification with masculine gender attributes are likely to report higher levels of self-compassion. One possible explanation for this unexpected finding is that the qualities of independence and self-focus that comprise the masculinity subscale of the PAQ account for the strong relationship to self-compassion. To be specific, perhaps participants who identify with masculine attributes that reflect a

willingness to act independently (i.e., autonomous, self-confident, active) are also more able or willing to dedicate greater resources to the self (i.e., self-care, self-understanding; Neff et al., 2008), which may contribute to a stronger tendency toward self-compassion.

This argument is consistent with previous research that has explored the relationship between the cultural factor of self-construal, or an individual's propensity toward interdependence or independence, and self-compassion across samples from Thailand, the United States, and Taiwan (Neff et al., 2008). Of particular interest for the current study are results from the U.S. sample, which indicated that individuals' independent self-construal was a significant predictor of participants' self-compassion scores and that participants' independence and self-compassion scores were significantly positively correlated (Neff et al., 2008). Overall, this study indicated a significant relationship between independence and self-compassion among U. S. residents, which is consistent with the argument that the significant correlation between participants' masculinity scores and self-compassion scores may be partially accounted for by the ideals of independence inherent in the masculinity subscale of the PAQ. Or, stated differently, participants who identify strongly with masculine ideals are like to demonstrate higher levels of self-compassion as a result of the values of independence and a focus on the self that comprise a traditionally masculine gender identity.

Sex and Gender as Predictors of Self-Compassion

Given the overall goal of this research to examine compassion and self-compassion through the lens of gender as opposed to sex differences, the final hypothesis of this study suggested that gender, as measured by the feminine and masculine scales of the PAQ, would predict a greater proportion of variance in participants' self-reported

levels of self-compassion. Consistent with Hypothesis 6, data revealed that participants' responses on the feminine and masculine subscales of the PAQ explained unique variance in self-compassion after controlling for participants' reported sex. Conversely, respondents' sex failed to account for a significant proportion of unique variance in participants' self-compassion scores. These results, therefore, suggest that, when understanding differences in individuals' levels of self-compassion, it may be beneficial to consider the influence of social prescriptions for traditional gender roles as opposed to assessing differences based on biological sex. However, it is important to note that the relationship between gender and self-compassion scores is not in the expected direction. Thus, instead of overall identification with traditional gender roles predicting participants' lower levels of self-compassion, results indicate a statistically significant positive correlation between high instrumental and expressive PAQ scores and participants' self-compassion scores. Specifically, participants' instrumental PAQ scores accounted for the greatest proportion of variance in self-compassion scores, which indicates that participants who describe themselves as possessing masculine qualities like independence, self-confidence, and competitiveness are also likely to describe themselves as self-compassionate.

Several possible explanations exist for these results, including the previously described argument that the relationship between self-compassion and masculinity may be driven by traditionally masculine ideals of independence that allow individuals to devote greater attention, care, and understanding to the self, which thus contributes to a greater capacity for self-compassion. Given the correlational nature of these results, it is also important to consider the directionality of these results, including that individuals

with higher self-compassion may be more likely to exhibit masculine characteristics, or that measures of self-compassion may be biased toward masculine traits. Although many possible explanations should be considered for the aforementioned results, one conclusion is clear: the strong relationship that emerged in this research between masculine traits and self-compassion is deserving of further empirical exploration.

Limitations and Future Research

When reviewing the above-described findings, it is also important to consider the limitations of the current study, the first of which relates to the recruiting and testing of subjects. To be specific, participants for the current study were recruited using online methods, including a university subject pool and an online survey administration program accessible to the general public. Although this method contributed to the convenience of data collection, it also limited the study sample to individuals who have the resources to access internet-ready computers. It is possible that this demographic may confound study results. Similarly, given previous research that has identified participant characteristics that might influence variables of interest in the current study, other unaccounted for demographics may represent possible confounding factors. For example, previous research (Neff et al., 2008; Neff & Pommier, 2012) has indicated that cultural factors (i.e., country of origin, meditation practice) may predict differences in participants' levels of self-compassion. For this reason, future research might benefit from the direct assessment of demographic variables or other participant characteristics that might significantly influence subjects' self-reported compassion, self-compassion, or gender identity (i.e., frequency of meditation/mindfulness practice, religiosity, socially desirable responding, etc.).

Further, the online nature of administration precluded the collection of any observational data and prevented respondents from providing direct feedback or other information related to their participation. As a result, no qualitative reports are available from participants that could potentially clarify the reasons for the obtained results, contribute to alternative understandings of study findings, or suggest possible future directions for research. Additionally, because measures were administered via computer, subjects who submitted questionnaires with missing data could not subsequently be prompted to complete measures. It is, therefore, possible that these results provided an inaccurate estimate of the variance of participants' compassion, self-compassion, and gender role adherence scores as numerous subjects' responses were excluded due to missing data. For this reason, future research involving online administration of test items would likely benefit from a study design that includes forced-choice responses before questionnaires can be submitted.

An additional limitation of the current research includes the self-report nature of measures of compassion, self-compassion, and gender role adherence. Given that results are based on participants' self-evaluations of their attitudes, characteristics, and behaviors related to these constructs, participants were unable to use standardized criteria in evaluating themselves as compared to others or, similarly, it is possible that subjects engaged in socially desirable responding or possessed and reported on distorted views of themselves that would be uncorroborated by collateral reports. Thus, if possible, alternative methods for assessing or verifying subjects' compassion, self-compassion, and gender role adherence would likely benefit future research. These might include collateral reports from subjects' significant others or direct observation by researchers

that might more closely resemble the expression or manifestation of compassion, self-compassion, and gender in a real world setting.

It is also important to note that the correlational nature of this research precludes any conclusions regarding the causality of the findings described herein. Thus, the direction of the relationships among compassion, self-compassion, and gender cannot be determined. This means that, based on these results, it cannot be assumed that traditional gender role socialization *causes* a person to evidence particular levels of compassion or self-compassion or, conversely, that a person's capacities for compassion or self-compassion *cause* her or him to be more or less vulnerable to social prescriptions for gender ideals. So, in order to further understand the relationships among these variables, future research should focus on experimental designs in which interventions are developed and implemented to facilitate the growth of subjects' compassion or self-compassion. For instance, using this approach, researchers could seek to assess changes in participants' levels of self-compassion following a self-compassion-focused intervention. Additionally, in order to further understand the relationships among gender, compassion, and self-compassion, subjects could be grouped based on levels of adherence to traditional gender roles in order to determine whether participants' responsiveness to such an intervention varied based on group membership. However, it is important to note that even these suggestions for future research would be limited in their contributions to an improved understanding of the impact of gender as any manipulation of an individual's gender socialization or gender identity would be unethical and therefore not possible to explore experimentally.

Taken together, these limitations suggest that future research in the areas of compassion, self-compassion, and gender should seek to account for as many influencing demographic variables, cultural factors, or subject characteristics as possible; should strive to develop alternative strategies for the direct observation or measurement of compassion, self-compassion, and gender; and should work toward intervention-focused, experimental research that, rather than merely assessing participants, could potentially effect psychological and/or behavioral change in subjects' capacities for compassion and self-compassion, which are directly related to factors like psychological well-being (Neff, 2003a) and prosocial behavior (Sprecher & Fehr, 2005).

Conclusion

The purpose of the current study was to examine the relationships among gender and participants' self-reported compassion and self-compassion with the hope that results might contribute to an understanding of how gender identity impacts the expression of compassion toward oneself and others. Results supported only two of the initial hypotheses, including that women significantly outscored men on measures of compassion and that gender, as opposed to sex differences, accounted for a greater proportion of variance in participants' reported levels of self-compassion. Although divergent from initial hypotheses, it is also noteworthy that data from the current study indicated that femininity was significantly positively correlated with compassion scores, whereas masculinity was significantly positive correlated with self-compassion scores. This suggests that men and women who identify strongly with traditional expectations for feminine social prescriptions to value relationships over the self are more likely to express higher levels of compassion, whereas men and women who identify strongly with

traditionally masculine social prescriptions to prioritize the self over relationships are more likely to express higher levels of self-compassion.

Overall, these findings suggest that it is the way individuals conform to social prescriptions for traditionally gendered traits (i.e., feminine, masculine) rather than biological sex (i.e., female, male) that more strongly predicts capacities for compassion toward self and others. Additionally, and inconsistent with the initially presented theoretical arguments that suggested the “dark side” of adherence to traditional gender roles, it is possible that individuals who display a tendency toward compliance with social prescriptions of gendered characteristics might actually experience greater levels of compassion and self-compassion than their less compliant counterparts. With this understanding, helping professionals may strive to focus interventions on gendered qualities to facilitate an increase in compassion (i.e., targeting feminine qualities like emotionality, empathy, and investment in relationship), self-compassion (i.e., targeting masculine qualities like independence, self-confidence, and level of activity), and their positive psychological correlates. Conversely, it is possible that measures of the constructs of compassion and self-compassion have been biased by social prescriptions for gender ideals. Regardless of possible explanations for these findings, it is important to remember that these conclusions are based on the results of a single study. As such, it will be important for future psychological research to further explore the relationships among these constructs and cultural factors like gender identity in order to better understand how mental health professionals might facilitate the growth of compassion, self-compassion and their positive correlates, including psychological well-being and pro-social behavior in the populations we serve.

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