



Universiteit Utrecht

“If you are kind to me, I will thrive.”

Do compassion from others and self-compassion predict subjective well-being? A basic psychological need perspective.

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Abstract

There is substantial evidence for the positive effects of compassion from others and self-compassion on subjective well-being. Moreover, literature shows that individuals can learn how to be more self-compassionate by experiencing compassion from others. From a Self-Determination Theory perspective, basic need satisfaction could provide an explanatory mechanism that can relate concepts to well-being outcomes. Using a cross-sectional design, the present study examined whether compassion from others as well as self-compassion could be associated with subjective well-being and what the role of basic need satisfaction is within these relationships. Furthermore, the exact role of self-compassion within the relationship between compassion from others and basic need satisfaction was explored. 147 participants (54 men and 93 women) with an average age of $M = 31.94$ ($SD = 14.42$), completed the survey that consisted of three questionnaires (MHC-SF, BNSFS & CEAS). Correlation analyses showed a significant relation between compassion from others and subjective well-being ($r = .33$) and self-compassion and subjective well-being ($r = .52$). Results showed that basic need satisfaction plays a significant role within the mediation process of compassion from others and subjective well-being as well as the relationship between self-compassion and subjective well-being. At last, a partial mediation process was found when self-compassion was mediating the relation between compassion from others and basic need satisfaction. Causality cannot be proven, and the directions of the relationships remain unclear. Further research with a larger and more diverse sample is needed to study beyond the current results.

Keywords: compassion from others, self-compassion, basic need satisfaction, SDT, subjective well-being

Introduction

Interest in compassion has been risen in diverse psychological fields, such as integration into psychotherapy in health psychology (Gilbert, 2017). According to Strauss and colleagues (2016) most definitions of compassion emphasize awareness of someone's or one's own suffering, being moved by it, and acting or feeling motivated to help others or themselves. Compassion research has been mostly targeted the provision of compassion, whereas in compassion-focused therapies the focus mainly relies on receiving compassion, either from others or oneself (Gilbert, 2014). These compassion-focused therapies could influence different forms of well-being (Gilbert, 2009). A higher *subjective well-being* (SWB) influences individuals' successfulness across multiple life domains (Lyubomirsky et al., 2005). Keyes (2002) refers to SWB as individuals' evaluations and perceptions of their lives in terms of their psychological and social functioning and their emotional states.

Compassion can be divided into three components; *Compassion for others* referring to a motivation to be helpful, tolerating distress of others and generating a non-judgmental empathic connection with others; *Compassion from others* referring to the quality of caring and supportiveness we receive from individuals around us, and whether these individuals have compassion competencies; Lastly, *self-compassion* focusses on being touched by and open to one's own suffering and generating the desire to heal oneself with kindness (Gilbert et al., 2017). Recently, self-compassion has been found to facilitate several forms of well-being (McKay & Walker, 2021) and the quality of compassion from others has major impact on our capacities for mental well-being (Mikulincer & Shaver, 2017). Despite the evidence of these positive effects, it remains unknown what mechanisms may explain these relationships. For this, satisfaction of the basic psychological needs could provide a fundamental groundwork to elucidate these underlying

processes (Sheldon et al., 2011). Research on these concepts could be informative for developing interventions to enhance SWB. First, relationships between the concepts compassion from others, self-compassion and SWB will be explained. After that, the potential role of satisfaction of the psychological needs will be clarified. At last, the role of self-compassion within the relationship between compassion from others and SWB will be enlightened.

Compassion from others and subjective well-being

There is now abundant evidence in the social support literature showing that the availability of compassionate social support has a significant impact on resilience to distress and a variety of mental health indicators (Guidances & Watch, 2007). For example, receiving compassion within social support has been related to protection from disease and death (Broadhead et al., 1983). Moreover, access to compassionate interactions reduces the influence of unpleasant life events within depression and enhances recovery (George et al., 1989). Hermanto and colleagues (2016) found that being open and receptive to the compassion from others (by care-seeking behavior) buffers the effect of depression and self-criticism. This evidence indicates that experiencing a strong feeling of compassion from others can be related to a better subjective well-being.

Self-compassion and subjective well-being

One way to maintain a better psychological well-being is the availability of self-compassion (Neff, 2011). Having a caring and positive attitude toward oneself helps individuals stabilize their shortcomings and failures. A meta-analysis from Zessin and colleagues (2015) shows that the overall effect size between self-compassion and well-being is $r = .47$. Similarly, in a meta-analysis of Macbeth and Gumley (2012), self-compassion was negatively related to various indices of psychopathology. Research solely focusing on ties of self-compassion with subjective well-being showed positive correlations with life-satisfaction and subjective happiness (Booker & Dunsmore,

2019). Additionally, in a meta-analysis of randomized controlled trials, researchers have found that self-compassion interventions lead to significant improvement in different psychological symptoms (Ferrari et al., 2019). In conclusion, research indicates that self-compassion may be an important explanatory variable in understanding subjective well-being.

Basic Psychological Needs

Sheldon and colleagues (2011) have emphasized a theory that can serve as a mechanism that can relate concepts, like compassion, to well-being outcomes. The Self-Determination theory suggest that with autonomy, competence, and relatedness as the three basic psychological needs, individuals have deep-rooted tendencies towards psychological growth (SDT; Ryan & Deci, 2017). *Autonomy* refers to a sense of healthy and adaptable adjustment, volitional functioning, and a sense of psychological freedom; *Competence* refers to a sense of productiveness within one's interaction with social and material surroundings; and *Relatedness* is described as the feeling to be connected, involved, and having a sense of belonging (Ryan & Deci, 2017). These psychological and social nutrients, when satisfied within the cultural and interpersonal contexts of an individuals' development, can facilitate growth, integration, and well-being.

In light of the SDT perspective, satisfaction of these psychological needs is essential and favorable for individuals' mental well-being (Ryan & Deci, 2000a). On the contrary, need frustration can lead to mental ill-being (Vansteenkiste & Ryan, 2013). Various studies have confirmed that need satisfaction is strongly associated with well-being (Milyavskaya & Koester, 2011; Church et al., 2012). In addition, two meta-analyses of SDT-based studies reported that satisfaction of each psychological need predicts variance in well-being (Ng et al., 2012; Van den Broeck et al., 2016). Thus, to the extent in which people's psychological needs are satisfied, individuals should experience a good SWB (Demir & Özdemir, 2010).

Basic need satisfaction as a mediating factor

One source of the basis of compassion evolves from mammalian caregiving of offspring (Gilbert, 2019). The caregiver needs to be attentive to the needs and distress of others, support growth and fulfil appropriate needs to prevent future distress. Therefore, receiving compassion from others could be need-supportive. Ryan & Deci (2017) provided three dimensions of need-supportive socialization, which are essential for need satisfaction. Autonomy-supportive focuses on the attitude of socializing agents as one of receptivity and facilitating values of others (Vansteenkiste et al., 2019). The compassionate agent can directly express motivational support for the receiver's choices. Relatedness-supportive refers to the feeling that individuals feel supported and develop mutually satisfying relationships (Ryan & Deci, 2000a). Individuals who receive compassion, are more likely to receive emotions that are affiliative and soothing, which are associated with interpersonal closeness (Gilbert et al., 2011). Competence-supportive referring to a socializing agent denoting the experience of effectiveness and mastery (Vansteenkiste et al., 2019). For example, compassion can lead individuals to seek ways to act compassionately in the world, while they experience a wish to alleviate and prevent distress (Gilbert, 2019). As such, SDT provides a mechanism how compassion from others could lead to an enhanced SWB.

Acting towards opportunities for need satisfaction is not simply due to someone's external context (Ryan & Deci, 2000a). Gunnell and colleagues (2017) established that need satisfaction could explain the relationship between self-compassion and well-being. People have inherent capacities to act in the service of their own need satisfaction. A fundamental element for actively engaging with one's surroundings is awareness. The concept of awareness refers to an attention towards oneself and their environment, which ensures individuals to be in greater contact with one's needs (Ryan & Deci, 2017). One way to explore awareness within SDT, could be the concept of self-compassion. Higher levels of self-compassion can boost one's feeling of autonomy by

encouraging individuals to accept their imperfections and promote self-regulation (Neff & Dahm, 2015). Next to that, Neff and colleagues (2005) found that higher levels of self-compassion improve competence perceptions by not harshly judging oneself. Lastly, having more self-compassion can stimulate relatedness, as it facilitates someone to see that their needs are just as real and deserving of care as the needs of others (Yarnell & Neff, 2013). Together, these findings indicate that need satisfaction can facilitate the relationship between self-compassion and SWB.

Compassion from others and self-compassion towards basic need satisfaction

There is some evidence that suggests that one can learn how to be self-compassionate by experiencing compassion from others. When thinking about clinical contexts, individuals may be blocked on being open to receiving compassion, fear closeness, feel isolated, and need to begin to experience compassion from a therapist, before they can become self-compassionate (Gilbert, 2014). Stolorow and colleagues (1987) argued that individuals who experienced their caregivers as supportive and compassionate, tend to be more self-compassionate as adults. Features of compassion are capacity for sympathy and empathic understanding of others' behavior, feelings, and thoughts (Gilbert, 2010). Herewith, compassion can be considered as a form of prosocial behavior which is intended to improve recipients' circumstances (Bierhoff, 2005). Next to that, being reminded of appreciation and feelings of cherishing, attraction, and liking, leads to compassion (Goldman & Greenberg, 2013). Self-compassion seems to be about accepting others' kindness and allowing them to help us. To accomplish this, one must be open to receiving compassion and be aware of its presence (Campion & Glover, 2017). Taken together, it might be that individuals need to receive compassion from others before learning how to be compassionate about oneself.

This Study

Even though compassion from others and self-compassion have been linked to well-being in general (Guidances & Watch, 2007; Zessin et al., 2015), researchers have not included need satisfaction as mediator between compassion from others and subjective well-being. Moreover, only one college student sample has included need satisfaction as mediator within the relationship between self-compassion and subjective well-being (Gunnell et al., 2017), whereas generalization of results is questioned. The present study will explore whether need satisfaction could help explain the relationship between compassion from others and self-compassion on the one hand and subjective well-being on the other. It is expected that a higher subjective well-being will be positively related to compassion from others (hypothesis 1a) and self-compassion (hypothesis 1b). Additionally, it is expected that need satisfaction is mediating the process between compassion from others and subjective well-being (hypothesis 2a) and self-compassion and subjective well-being (hypothesis 2b). Furthermore, it is expected that self-compassion will mediate the relationship between compassion from others and need satisfaction (hypothesis 3).

Method

Design & Procedure

The above-mentioned hypotheses were investigated through a cross-sectional online questionnaire research. Prior to the research, permission was provided by the Faculty Ethics Review Committee (#21-2117). The questionnaires were presented using *Qualtrics*. Participants were approached by Facebook and WhatsApp and were asked to spread the survey further in their social networks. First, we outlined that voluntary participation, privacy and anonymity are guaranteed. Participation could be terminated at any time and the data is exclusively for research purposes, upon which participants could give their informed consent. Besides three questionnaires,

demographic information (i.e., gender, age, and level of education) was gathered. The duration of the questionnaire was 10-15 minutes.

Participants

The inclusion criteria for this non-clinical sample were that participants must be from a Dutch population with an age above 18 years. According to *G*power*, the sample size should have been at least 134 participants. The current sample included 147 participants, (36.73% male, 63.27% female, $M_{age} = 31.94$, $SD = 14.42$, range 18-74). The distribution of the highest level of education is displayed in Table 1.

Table 1

Distribution of level of education

Education	<i>N</i>	(%)
VMBO	5	(3.4)
HAVO	6	(4.1)
VWO/GYMNASIUM	7	(4.8)
MBO	37	(25.2)
HBO	49	(33.3)
WO	38	(25.9)
Other	5	(3.4)
Total	147	(100)

Note. *N* = number of participants, % = percentage of sample

Measurements

Mental Health Continuum – Short Form (MHC-SF). Keyes and colleagues (2008) have made a 14-item version of the *Mental Health Continuum*. Lamers and colleagues (2011) have

translated this version into a valid Dutch version of the MHC-SF. This version consists of three subscales: *emotional well-being* (3 items, e.g., “During the past month, how often did you feel happy?”), *social well-being* (5 items, e.g., “During the past month, how often did you feel that people are basically good?”) and *psychological well-being* (6 items, e.g. “During the past month, how often did you feel that you liked most parts of your personality?”). Answer options were given with a six point-Likertscale from ‘Never’ (0) to ‘Every day’ (5). The internal reliability of the (sub)scales; MHC-SF total, emotional well-being, social well-being, and psychological well-being were rated as high, high, sufficient, and high respectively ($\alpha = .88$, $\alpha = .83$, $\alpha = .75$ & $\alpha = .81$; Nunnally and Bernstein, 1994).

Basic Need Satisfaction and Frustration Scale (BNSFS). Chen and colleagues (2015) have created the BNSFS Dutch version to measure satisfaction and frustration of the psychological needs, which consists of 24 items. The current study only used the Satisfaction scale, divided in *autonomy satisfaction* (4 items, e.g. “I feel my choices express who I really am”), *competence satisfaction* (4 items, e.g. “I feel capable at what I do”) and *relatedness satisfaction* (4 items, e.g. “I feel that people I care about also care about me”). Answer options are given with a five point-Likertscale from ‘Completely Disagree’ (1) to ‘Completely Agree’ (5). The internal reliability of the satisfaction total scale and the autonomy-, competence- and relatedness satisfaction subscales were rated as high, sufficient, insufficient, and high, respectively ($\alpha = .83$, $\alpha = .77$, $\alpha = .66$ & $\alpha = .81$).

The Compassionate Engagement and Action Scales (CEAS). The constructs compassion from others and self-compassion were measured by means of a Dutch translation of the 39-item CEAS (Gilbert et al., 2017; Kleissen, 2016). As by instructions, the three reversed items were not included for measurements. The current study only used two subscales: *Self-compassion* (10 items, e.g. “When I’m distressed or upset by things, I do not tolerate being distressed”), and *Compassion*

from others (10 items, e.g. “When I’m distressed or upset by things, others are emotionally moved by my distressed feelings”). The Cronbach’s alpha for these two subscales was high, i.e., $\alpha = .83$ and $\alpha = .92$.

Data analysis

Processing and analyzing the data were done using IBM SPSS Statistics (Version 28). Firstly, the data was checked for missing values and outliers. After that, (sub)scales were created and reliability analyses were carried out. Next, the assumptions were tested to establish which correlational analyses would be used. Strengths and directions of the relationships between compassion from others, self-compassion and subjective well-being were checked. To interpret the correlation analyses, rules of Cohen (1988) were used. Herewith, a correlation of $r = .10$ can be seen as weak, $r = .30$ as medium and $r = .50$ as strong. Preliminary analyses were performed to check whether gender or age played a role within the analyses of the hypotheses. To test hypotheses 2a, 2b and 3, various mediation analyses were performed using the Process-tool (Hayes, 2017).

Results

First, correlational, and preliminary analyses will be presented. After that, the multivariate analyses are displayed.

Correlational analyses

To investigate whether a Pearson correlation could be performed for hypotheses 1a and 1b, assumptions were tested. Each participant had filled in the questionnaire once, through which the assumption of *independence* was met. The *Shapiro-Wilk* test and visual inspection showed that self-compassion, need satisfaction and subjective well-being did not meet the assumption of *normality*. A visual inspection of scatterplots displayed that all the relationships, except the relationship between need satisfaction and subjective well-being, were not linear. Herewith, the

assumption of *linearity* was violated. These inspections also showed that the amount of variability in scores is not equal to each other, by which the assumption of *homoscedasticity* was breached.

The violations considered; Spearman’s rho correlational analyses were performed (see Table 2). In line with hypothesis 1a, a medium significant positive relation was found between compassion from others and subjective well-being. In line with hypothesis 1b, a strong significant positive relation was found between self-compassion and subjective well-being.

Table 2

Spearman’s rho correlation analyses between the variables (N=147)

Variable	1	2	3
1. Compassion from others	-		
2. Self-compassion	.34**	-	
3. Subjective well-being	.33**	.52**	-
4. Basic need satisfaction	.35**	.45**	.64**

Note. ** $p < .01$, two-tailed.

Preliminary analysis

To check whether gender or age played a role within the multivariate analyses, preliminary analyses were performed. Results displayed that age did not correlate with any of the variables. Moreover, independent samples t-tests did not show any significant differences in the means of variables.

Multivariate analysis

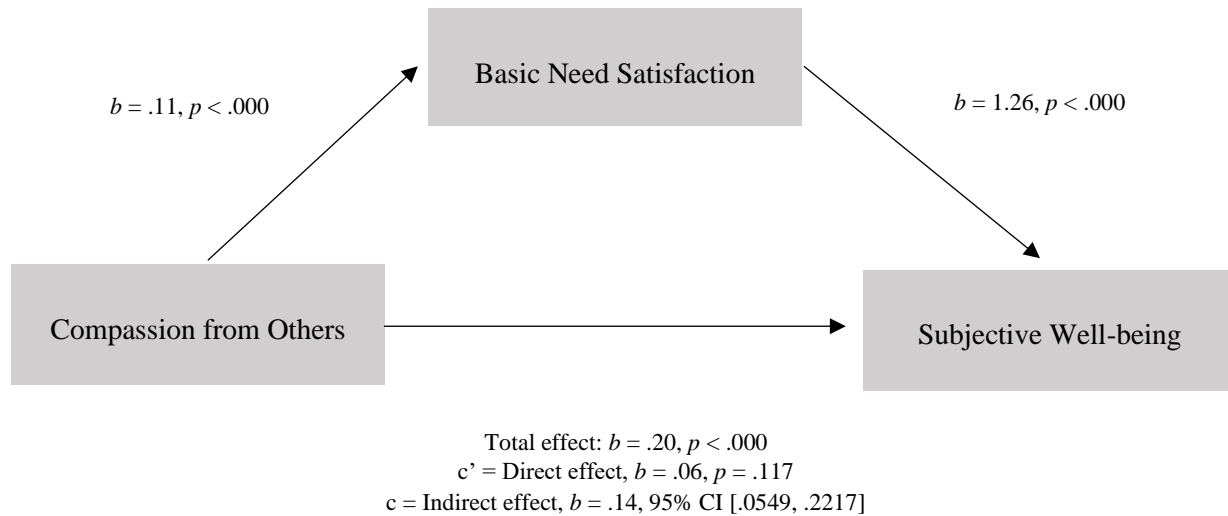
To establish whether need satisfaction mediated the relationship between compassion from others and subjective well-being (hypothesis 2a) and self-compassion and subjective well-being

(hypothesis 2b), two mediation analyses were performed. Another mediation analysis was executed to investigate whether compassion from others predicted need satisfaction through self-compassion (hypothesis 3). Assumptions for multiple regression analyses were checked. A few outliers were detected, but these participants were still considered within the analyses. *Stem-and-Leaf Plots* revealed that compassion from others and need satisfaction did not meet the criteria of *normality*. *Tolerance* in the model of compassion from others and need satisfaction on SWB (Tolerance = .875), the model of self-compassion and need satisfaction on SWB (Tolerance = .799) and the model of compassion from others and self-compassion on need satisfaction (Tolerance = .885) was > 0.1 . Hence, the assumption of *absence of multicollinearity* was met. At last, scatterplots showed absence of any clear pattern of residuals, meaning the assumption of *normality, linearity and homoscedasticity of the residuals* was met.

Investigating hypothesis 2a, we observed a significant initial total effect of compassion from others on subjective well-being, $b = .20, p < .000, 95\% \text{ CI } [.10, .29]$. When need satisfaction was considered as mediating factor, the direct effect was not significant ($b = .06, p = .117, 95\% \text{ CI } [-.02, .14]$), but the indirect effect was significant $b = .14, 95\% \text{ CI } [.06, .22]$. Herewith, the indirect effect displayed a full mediation process. The mediation model is presented in Figure 1.

Figure 1

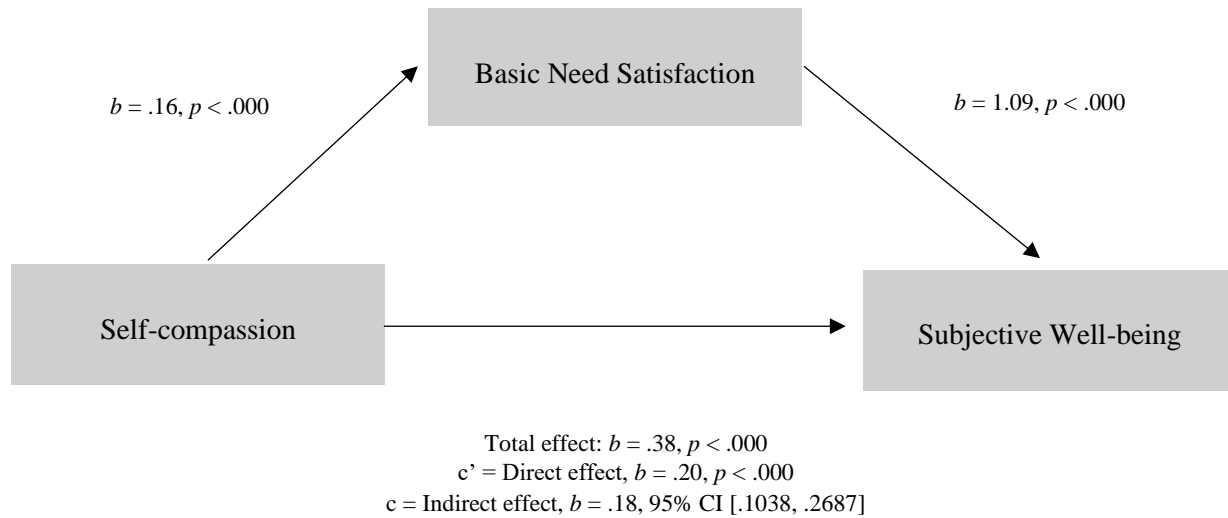
Mediation model of the relationship between Compassion from Others and Subjective Well-being mediated by Basic Need Satisfaction



In function of hypothesis 2b, the initial total effect of self-compassion on SWB was significant, $b = .38, p < .000, 95\% \text{ CI } [.27, .48]$. However, when need satisfaction was considered as a mediating factor, both the direct effect ($b = .20, p < .000, 95\% \text{ CI } [.10, .29]$) and the indirect effect ($b = .18, 95\% \text{ CI } [.10, .27]$) were significant. The total, direct and indirect effect were significant, indicating a partial mediation process. The mediation model is presented in Figure 2.

Figure 2

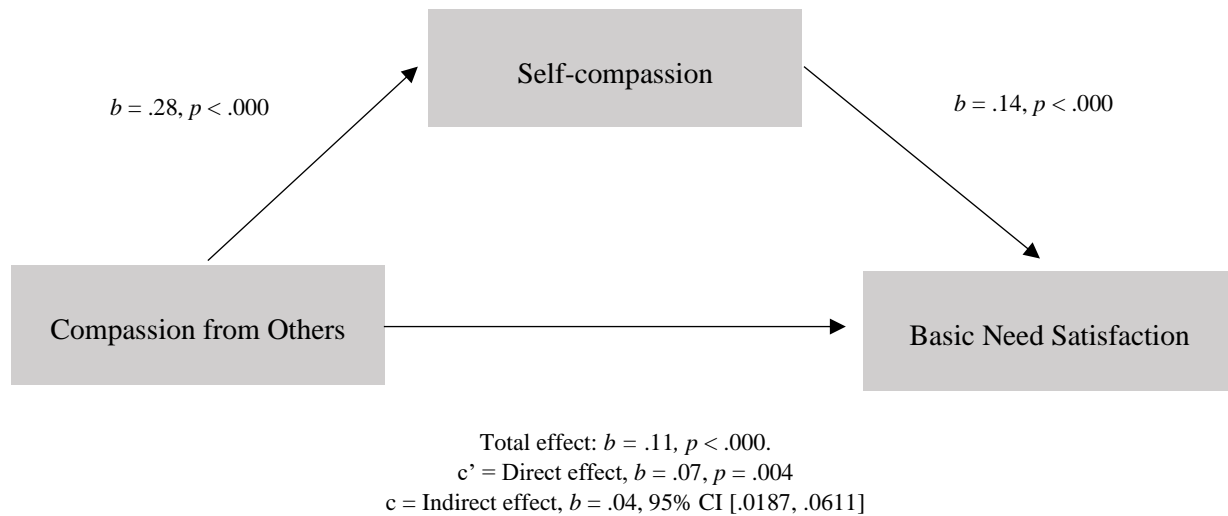
Mediation model of the relationship between Self-compassion and Subjective Well-being mediated by Basic Need Satisfaction



To explore whether compassion from others predicted basic need satisfaction through self-compassion, another mediation analysis was performed. The initial total effect of compassion from others on need satisfaction was significant, $b = .11, p < .000, 95\% \text{ CI } [.06, .15]$. When self-compassion was considered as mediating factor, the direct effect was significant ($b = .07, p = .004, 95\% \text{ CI } [.02, .12]$) as well as the indirect effect ($b = .04, 95\% \text{ CI } [.02, .06]$). All three effects were significant, indicating a partial mediation process, partially confirming hypothesis 3. The mediation model is exhibited in Figure 3.

Figure 3

Mediation model of the relationship between Compassion from Others and Basic need Satisfaction mediated by Self-compassion



Explorative analyses

Following partial confirmation of hypothesis 3, further exploration was deemed interesting. Due to the idea that satisfaction of each need separately can predict variance in well-being (Ng et al., 2012), this might provide insight within this relationship as well. When self-compassion was initiated as mediating factor, the initial relationship between compassion from others and autonomy satisfaction was significant, $b = .10, p = .003, 95\% \text{ CI } [.04, .17]$. Conversely, the direct effect was insignificant ($b = .05, p = .129, 95\% \text{ CI } [-.02, .12]$), but the indirect effect ($b = .05, 95\% \text{ CI } [.02, .08]$) was significant. When competence satisfaction was initiated as outcome variable, the total effect ($b = .05, p = .123, 95\% \text{ CI } [-.01, .11]$) and the direct effect ($b = -.00, p = .974, 95\% \text{ CI } [-.06, .06]$) were insignificant. The indirect effect of compassion from others on competence satisfaction via self-compassion was significant ($b = .05, 95\% \text{ CI } [.02, .08]$). Both analyses indicated a full

mediation process. When relatedness satisfaction was initiated as outcome variable, no mediation process was found.

Discussion

Over the past couple of years, research has presented the positive effects of compassion from others and self-compassion on well-being (Gilbert, 2017). From a SDT perspective, basic need satisfaction could accommodate an explanatory mechanism that can relate concepts to well-being outcomes. Moreover, literature provided some evidence that individuals can learn how to be self-compassionate by experiencing compassion from others. The current study has investigated several relationships between compassion from others, self-compassion, need satisfaction and subjective well-being. In what follows, key findings will be discussed step-by-step.

In accordance with previous literature (Hermanto et al., 2017; Zessin et al., 2015), a positive relationship was found between both compassion from others and self-compassion on the one hand and subjective well-being on the other. Gilbert (2000) argued that innate psychobiological systems, called social mentalities, originally evolve from social interactions. According to the social mentality theory, social roles that are beneficial for survival are formed by behavior, affect and thoughts, which are coordinated by these social mentalities (Gilbert, 2000). For example, individuals' 'care-seeking'-mentality helps them coordinate interactions with others who can provide resources and support when needed, which is beneficial for well-being (Hermanto et al., 2017). Next to that, the relative standard theory (Diener & Ryan, 2009) could likewise explain the positive influence of compassion on well-being. This theory suggests that when conditions of living alter positively, individuals experience a peak in well-being compared to their standards. Eventually, this positive peak will converge to its standard. Thus, compassion may influence the balance in experiences by favoring positive over negative experiences, and weaken the effects of

negative experiences.

A full mediation process was found within the relationship between compassion from others and subjective well-being via need satisfaction, which was in line with the expectations. Thus, a compassionate attitude from others can be a need-supportive one, fostering individuals' feelings of autonomy, competence and relatedness (Ryan & Deci, 2000b). When socializing agents have compassionate attitudes, they could influence their recipients' autonomy by being receptive to others' feelings and perspectives (Vansteenkiste et al., 2019), relatedness by giving feelings of care and affection (Mikulincer & Shaver, 2007), and competence by supporting individuals to seek ways to act compassionately in the world (Gilbert, 2019). While need-supportive environments encourage individuals to thrive, compassion from others could likewise encourage individuals to fulfil their psychological needs. Moreover, considering compassion from others as a social mentality, it can help individuals to coordinate interactions with others who can provide need satisfaction. In addition, from the relative standard theory, receiving compassion from others may influence individuals' balances in basic needs, by favoring need-thriving over need-thwarting experiences.

Within the current results need satisfaction only partially mediated the relationship between self-compassion and subjective-well-being, which was not in line with the article of Gunnell and colleagues (2017). Self-compassion is considered to activate the "soothing system" in regulating emotions, by which it provides reassurance and safeness (Kelly & Dupasquier, 2016). Therefore, self-compassion could be compared to the integrative emotion regulation (IER) process that withholds within the SDT (Roth et al., 2019). Emotion regulation is a central process associated with and supporting autonomous self-regulation, in which IER involves receptively allowing and taking interest in an emotional experience. Herewith, some findings emphasize that individuals who are not self-compassionate have a tendency towards a motivation style that avoids guilt or

anxiety (Magnus et al., 2010) and that self-compassionate individuals are more autonomously motivated (Neff, 2003).

However, limited research has examined self-compassion in relation to self-regulation within the framework of SDT. According to Deci and Ryan (2000a), motivation can be seen as an innate force to understand all kinds of phenomena. These feelings and actions must be self-regulated to achieve self-determination. One concept that could be linked to self-regulation within the SDT is need-crafting. Unlike the convincing evidence that need-supportive socialization figures play a role in satisfaction of psychological needs (Ryan & Deci, 2017), it is far less examined how individuals themselves can contribute to their need-based experiences (Laporte et al, 2021). The process of need-crafting refers to the awareness of individuals' sources for need satisfaction and the tendency to act towards this awareness. In such manner, besides need satisfaction, the amount of need-crafting could also play a role within the relationship between self-compassion and subjective well-being.

Briefly summarized, compassion from others can be seen as need-supportive and awareness makes sure one is conscious of their environmental sources for satisfaction. Thus, a compassionate environment can help individuals develop more self-compassion and facilitates intrinsic ways to craft their needs, which allows them to make need-supportive decisions. Nevertheless, findings showed that the relationship between compassion from others and need satisfaction could only be partially explained by self-compassion. The intention to care for others (compassion for others; Gilbert et al., 2017) could play a role in the explanation of this relationship. Humans have a motivational system to care for others, through which individuals act to be collaborative and affiliative with the purpose of survival (Gilbert, 2015). This intention to care is communicated by interaction. Therefore, the ability to have compassion towards others, can also be influenced by a compassionate environment. In addition, Gagné (2003) showed that autonomous prosocial

behaviors have the capacity to facilitate satisfaction of each of the basic needs. Weinstein and Ryan (2010) even found that prosocial behavior is beneficial for the helpers' well-being, while it satisfies the psychological needs. Herewith, compassion for others could add more clarity to the relationship between compassion from others and need satisfaction.

While self-compassion only plays a small role within this relationship, satisfaction of the three separate needs could enlighten the effects of compassion for SDT research. Within the explorative analysis, when autonomy- and competence satisfaction were predicted by compassion from others via self-compassion, full mediation processes were found. While having a caring attitude towards oneself helps individuals stabilize their shortcomings and failures (Neff, 2011), self-compassion affecting competence satisfaction is not surprisingly. Self-compassion has been linked to characteristics of initiative talking, extraversion and curiosity, all of which can result in a greater competence experience (Neff et al., 2007). Moreover, self-compassion is a coping strategy that helps individuals to face the consequences of their deeds (Gerber & Anaki, 2019) and facilitates taking responsibility for one's actions (Allen & Leary, 2010). Therefore, self-compassion enables individuals to create a direct affinity between their actions and themselves and helps them legitimize their own actions. A sense of autonomy also refers to the ability to feel responsible for their own actions without estranging themselves from them (Ryan et al., 2012). This interpretation of self-compassion meets with the grounds of autonomy and presumably may maintain autonomy satisfaction.

Strengths, limitations, and further research

This cross-sectional design has several strengths. First, expectations of the effects of compassion from others were based on related but indirect concepts like care-seeking behavior (Hermanto et al., 2017). The current study clarified the potential benefits of receiving compassion

on subjective well-being. Moreover, the current study showed novel results exploring the effect of compassion from others on need satisfaction via self-compassion. To ensure the most reliable outcome, some precautions were taken, including using Spearman rho's correlations and the confidence intervals within the mediation analyses were bootstrapped estimates. Furthermore, this study provided a good distribution in level of education. Of course, this study has limitations as well. First, the data does not provide an accurate representation in gender and age of the wider population, rendering generalization of the results questionable. Likewise, this study relied on self-report measurements, which are known for their problems with social desirability (Belli et al., 1999). Besides the tolerable sample size, whether the current findings are efficaciously reliable, a bigger sample size with diverse backgrounds is recommended.

Furthermore, the cross-sectional design cannot draw any conclusions regarding the causality between the study variables (Field, 2017). Where self-compassion was originally conceptualized as being a cross-situational variable, research showed that levels of self-compassion can fluctuate over days (Chan et al., 2019). For instance, these fluctuations can be influenced by the amount of care individuals receive each day. Similarly, Ryan and colleagues (2010) found that there are daily fluctuations in need satisfaction, which can be related to daily variations in well-being. Moreover, the expected role of compassion from others on self-compassion could also be the other way around. Hermanto and Zuroff (2016) initiated that individuals with high levels of self-compassion showed more care-seeking behavior. In similar vein, Fey (1955) found that individuals high on self-acceptance enjoyed greater acceptance by others. Herewith, within the current study causality cannot be proven and the directions remain unclear. Future research using longitudinal or repeated measures designs could shed more light on the potentially mutually reinforcing relationship between compassion from others, self-compassion, need satisfaction and subjective well-being.

Clinical implications

A meta-analysis of compassion-based interventions (CBI; Kirby et al., 2017) provided substantial evidence that CBI's hold promise as a form of intervention to reduce adversity, as well as increase subjective well-being. The current findings contribute to this existing evidence. Where self-compassion interventions have been proven their efficacy (Ferrari et al., 2019), interventions aimed at receiving compassion have not been developed yet. Need-crafting could play a role within the clinical implications of the results (Laporte et al., 2021). Need-crafting can be applied for both the search for compassionate others and learning how to be compassionate about oneself. One intervention element that would benefit from the current findings of self-compassion is the self-soothing task in Emotion-Focused Therapy (Goldman & Greenberg, 2015). Here, the therapist would ask the client to assume the role of an adult caregiver version of themselves and express compassion towards a child version of the self. Moreover, individuals need to begin experiencing compassion from a therapist before they can become self-compassionate (Gilbert, 2014). This provides a way to stimulate clients to seek for compassionate-supportive environments. Learning individuals how to craft their needs leads to proactive ways of need-based functioning, which could lead to a better subjective well-being. Research should further empirically test the effectiveness of self-compassion interventions as well as the role of receiving compassion within forms of psychotherapy.

Conclusion

The present study found that compassion from others as well as self-compassion correlates with subjective well-being. Compassion from others might be seen as need-supportive, whereas the exact role of self-compassion within the relationship with need satisfaction and subjective well-being remains unclear. The current study provides some evidence that while humans can

experience compassion from their surroundings, individuals can learn how to be compassionate about oneself. While awareness makes sure one is conscious of their environmental sources for satisfaction, compassionate environments can help individuals find their way in crafting their own psychological needs. Herewith, a self-compassionate individual can contribute themselves to thrive by acting upon the awareness of their need-based experiences. While this study showed promising findings, future research should focus on these concepts to explore beyond the current results. Integrating these forms of compassion within treatment programs contributes to a change from the commonly used 'Fix-what's-wrong'-approach towards a 'Build-what's-Strong'- approach (Lee Duckworth et al., 2005). The beneficial effects of making individuals more aware of compassion from one's surroundings and towards oneself, exhibits the importance of kindness for humans' subjective well-being.

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Appendix A: Dutch version of the Compassionate Action and Engagement Scale

Only the compassion from others and self-compassion scale have been used.



De Schalen voor Compassievolle Betrokkenheid en Actie

Zelfcompassie

Als dingen voor ons verkeerd lopen en we raken van streek door tegenslag, mislukking, teleurstelling of verlies, kunnen we daar op verschillende manieren mee omgaan. Wij zijn geïnteresseerd in de mate waarin mensen **compassie met zichzelf** kunnen hebben. We definiëren compassie als "een gevoeligheid voor het lijden in jezelf en in anderen, verbonden met de wil om te proberen dit lijden te verlichten en te voorkomen." Dit betekent dat er aan compassie twee aspecten zitten. De *eerste* is het vermogen om gemotiveerd aan de slag te gaan met moeilijke dingen/gevoelens in plaats van te proberen ze uit de weg te gaan of te onderdrukken. Het tweede aspect van compassie is het vermogen om ons te richten op wat ons helpt. Net als een dokter met zijn/haar patiënt. Het eerste gaat om gemotiveerd en in staat te zijn aandacht te schenken aan de pijn en (te leren hoe) deze te doorgronden. Het tweede gaat om het vermogen actie te ondernemen die helpt. Hieronder wordt je een reeks vragen gesteld over deze twee aspecten van compassie. Lees daarom iedere bewering zorgvuldig en denk erover na wat voor jou geldt als je van streek raakt. Rangschik de onderdelen met gebruik van de volgende beoordelingsschaal:

Nooit									Altijd	
	1	2	3	4	5	6	7	8	9	10

Onderdeel 1 – Deze vragen worden gesteld over hoe gemotiveerd je bent en of je in staat bent om met moeilijke of pijnlijke gevoelens – bijvoorbeeld verdriet, boosheid of somberheid door tegenslag, verlies of teleurstelling - om te gaan als je ze ervaart. Dus:

Als ik door dingen van streek raak of pijnlijke gevoelens heb...

1. ben ik *gemotiveerd* om er mee aan de slag te gaan.

Nooit									Altijd	
	1	2	3	4	5	6	7	8	9	10

2. *merk* ik mijn pijnlijke gevoelens *op* en *sta ik voor ze open* als ze in me opkomen.

Nooit									Altijd	
	1	2	3	4	5	6	7	8	9	10

(r)3. vermijd ik het om erover na te denken en probeer mezelf af te leiden en het uit mijn hoofd te zetten.

Nooit									Altijd	
	1	2	3	4	5	6	7	8	9	10

4. word ik *emotioneel geraakt* door mijn pijnlijke gevoelens of situaties.

Nooit									Altijd	
	1	2	3	4	5	6	7	8	9	10

5. *sta* ik de pijnlijke gevoelens *toe* die maken dat ik van streek ben.

Nooit									Altijd
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1 2 3 4 5 6 7 8 9 10

6. *denk ik na* over mijn pijnlijke gevoelens en probeer ze te *begrijpen*.

Nooit

Altijd

1 2 3 4 5 6 7 8 9 10

(r)7. *sta ik niet toe* dat ik van streek ben.

Nooit

Altijd

1 2 3 4 5 6 7 8 9 10

8. *aanvaard* ik mijn pijnlijke gevoelens en sta er *niet kritisch* en *niet veroordelend* tegenover.

Nooit

Altijd

1 2 3 4 5 6 7 8 9 10

Onderdeel 2 – De vragen hebben betrekking op hoe je actief op een compassievolle manier omgaat met emoties, gedachten en situaties die jou van streek maken. Dus:

Als ik door dingen van streek raak of pijnlijke gevoelens ervaar...

1. richt ik mijn *aandacht* op wat mij waarschijnlijk gaat helpen.

Nooit

Altijd

1 2 3 4 5 6 7 8 9 10

2. *bedenk* ik manieren die helpen om te gaan met mijn pijnlijke gevoelens.

Nooit

Altijd

1 2 3 4 5 6 7 8 9 10

(r)3. weet ik niet hoe ik mezelf moet helpen.

Nooit

Altijd

1 2 3 4 5 6 7 8 9 10

4. *onderneem ik actie* en *doe ik de dingen* die me zullen helpen.

Nooit

Altijd

1 2 3 4 5 6 7 8 9 10

5. treed ik mezelf tegemoet met innerlijke gevoelens van *steun*, *hulp* en *aanmoediging*.

Nooit

Altijd

1 2 3 4 5 6 7 8 9 10

OPMERKING VOOR GEBRUIKERS: OMGEKEERDE ONDERDELEN (R) WORDEN NIET OPGENOMEN IN DE SCORE

Compassie voor anderen

Als dingen voor anderen verkeerd lopen en zij raken van streek door tegenslag, mislukking, teleurstelling of verlies, kunnen we op verschillende manieren met hun verdriet omgaan. Wij zijn geïnteresseerd in de mate waarin mensen **compassie voor anderen** kunnen hebben. We definiëren compassie als “een gevoeligheid voor het lijden in jezelf en in anderen verbonden met de wil om te proberen dit leiden te verlichten en te voorkomen.” Dit betekent dat er aan compassie twee aspecten zitten. De *eerste* is het vermogen om gemotiveerd aan de slag te gaan met moeilijke dingen/gevoelens in plaats van te proberen ze uit de weg te gaan of te onderdrukken. Het *tweede* aspect van compassie is het vermogen om ons te richten op wat helpt. Net als een dokter met zijn/haar patiënt. Het eerste gaat om gemotiveerd en in staat te zijn aandacht te schenken aan de pijn en (te leren hoe) deze te doorgronden. Het tweede gaat om het vermogen actie te ondernemen die helpt. Hieronder wordt je een reeks vragen gesteld over deze twee aspecten van compassie. Lees daarom iedere bewering zorgvuldig en denk erover na wat voor jou geldt als **mensen in jouw leven** van streek raken. Rangschik de onderdelen met gebruik van de volgende beoordelingsschaal:

Nooit										Altijd
1	2	3	4	5	6	7	8	9	10	

Onderdeel 1 – Deze vragen worden gesteld over hoe gemotiveerd je bent en of je in staat bent om met moeilijke of pijnlijke gevoelens – bijvoorbeeld verdriet, boosheid of somberheid door tegenslag, verlies of teleurstelling - van anderen om te gaan als zij dat ervaren. Dus:

Als anderen door dingen van streek raken of pijnlijke gevoelens hebben.....

1. ben ik *gemotiveerd* om er mee aan de slag te gaan.

Nooit										Altijd
1	2	3	4	5	6	7	8	9	10	

2. *merk* ik pijnlijke gevoelens in anderen *op* en *sta ik voor ze open* als ze in anderen opkomen.

Nooit										Altijd
1	2	3	4	5	6	7	8	9	10	

(r)3. vermijd ik het om erover na te denken en probeer mezelf af te leiden en het uit mijn hoofd te zetten.

Nooit										Altijd
1	2	3	4	5	6	7	8	9	10	

4. word ik *emotioneel geraakt* door pijnlijke gevoelens of situaties van anderen.

Nooit										Altijd
1	2	3	4	5	6	7	8	9	10	

5. *sta ik* de pijnlijke gevoelens toe die maken dan anderen van streek zijn.

Nooit										Altijd
1	2	3	4	5	6	7	8	9	10	

6. *denk ik na* over de pijnlijke gevoelens van anderen en probeer ze te *begrijpen*.

Nooit **Altijd**
1 2 3 4 5 6 7 8 9 10

(r)7. *sta ik niet toe* dat anderen van streek zijn.

Nooit **Altijd**
1 2 3 4 5 6 7 8 9 10

8. *aanvaard* ik pijnlijke gevoelens van anderen en sta er *niet kritisch* en *niet veroordelend* tegenover.

Nooit **Altijd**
1 2 3 4 5 6 7 8 9 10

Onderdeel 2 – De vragen hebben betrekking op hoe je actief op een compassievolle manier reageert als andere mensen van streek zijn. Dus:

Als anderen door dingen van streek raken of pijnlijke gevoelens ervaren...

1. richt ik mijn *aandacht* op wat anderen waarschijnlijk gaat helpen.

Nooit **Altijd**
1 2 3 4 5 6 7 8 9 10

2. *bedenk* ik manieren die hen helpen om te gaan met hun pijnlijke gevoelens.

Nooit **Altijd**
1 2 3 4 5 6 7 8 9 10

(r)3. weet ik niet hoe ik anderen moet helpen.

Nooit **Altijd**
1 2 3 4 5 6 7 8 9 10

4. *onderneem ik actie* en *doe ik de dingen* die anderen zullen helpen.

Nooit **Altijd**
1 2 3 4 5 6 7 8 9 10

5. toon ik anderen gevoelens van *steun, hulp en aanmoediging*.

Nooit **Altijd**
1 2 3 4 5 6 7 8 9 10

OPMERKING VOOR GEBRUIKERS: OMGEKEERDE ONDERDELEN (R) WORDEN NIET OPGENOMEN IN DE SCORE

Compassie van anderen

Als dingen voor ons verkeerd lopen en we raken van streek door tegenslag, mislukking, teleurstelling of verlies, kunnen anderen op verschillende manieren met ons verdriet omgaan. Wij zijn geïnteresseerd in de mate waarin je voelt dat **belangrijke mensen in je leven compassie kunnen hebben met jouw verdriet**. We definiëren compassie als “een gevoeligheid voor het lijden in jezelf en in anderen verbonden met de wil om te proberen dit lijden te verlichten en te voorkomen.” Dit betekent dat er aan compassie twee aspecten zitten. De *eerste* is het vermogen om gemotiveerd aan de slag te gaan met moeilijke dingen/gevoelens in plaats van te proberen ze uit de weg te gaan of te onderdrukken. Het *tweede* aspect van compassie is het vermogen om ons te richten op wat helpt. Net als een dokter met zijn/haar patiënt. Het eerste gaat om gemotiveerd en in staat te zijn aandacht te schenken aan de pijn en (te leren hoe) deze te doorgronden. Het tweede gaat om het vermogen actie te ondernemen die helpt. Hieronder wordt je een reeks vragen gesteld over deze twee aspecten van compassie. Lees daarom iedere bewering zorgvuldig en denk erover na wat geldt voor **de belangrijke mensen in jouw leven** als jij van streek raakt. Rangschik de onderdelen met gebruik van de volgende beoordelingsschaal:

Nooit									Altijd	
	1	2	3	4	5	6	7	8	9	10

Onderdeel 1 – Deze vragen worden gesteld over hoe gemotiveerd je denkt dat anderen zijn en hoe zij omgaan met jouw moeilijke of pijnlijke gevoelens – bijvoorbeeld verdriet, boosheid of somberheid door tegenslag, verlies of teleurstelling - als jij het ervaart. Dus:

Als ik door dingen van streek raak of pijnlijke gevoelens heb...

1. zijn anderen actief *gemotiveerd* om er mee aan de slag te gaan.

Nooit									Altijd	
	1	2	3	4	5	6	7	8	9	10

2. *merken* anderen mijn pijnlijke gevoelens *op* en *staan ze er voor open* als ze in me opkomen.

Nooit									Altijd	
	1	2	3	4	5	6	7	8	9	10

(r)3. vermijden anderen het om erover na te denken en proberen ze zichzelf af te leiden en het uit hun hoofd te zetten.

Nooit									Altijd	
	1	2	3	4	5	6	7	8	9	10

4. worden anderen *emotioneel geraakt* door mijn pijnlijke gevoelens of situaties.

Nooit									Altijd	
	1	2	3	4	5	6	7	8	9	10

5. *staan* anderen de pijnlijke gevoelens *toe* die maken dat ik van streek ben.

Nooit									Altijd	
	1	2	3	4	5	6	7	8	9	10

6. *denken* anderen *na over* mijn pijnlijke gevoelens en proberen ze deze te *begrijpen*.

Nooit **Altijd**
1 2 3 4 5 6 7 8 9 10

(r)7. *staan* anderen *niet toe* dat ik van streek ben.

Nooit **Altijd**
1 2 3 4 5 6 7 8 9 10

8. *aanvaarden* anderen mijn pijnlijke gevoelens en staan er *niet kritisch* en *niet veroordelend* tegenover.

Nooit **Altijd**
1 2 3 4 5 6 7 8 9 10

Onderdeel 2 – Deze vragen hebben betrekking op hoe anderen actief op een compassievolle manier omgaat met emoties en situaties die jou van streek maken. Dus:

Als ik door dingen van streek raak of pijnlijke gevoelens ervaar...

1. richten anderen hun *aandacht* op wat mij waarschijnlijk gaat helpen.

Nooit **Altijd**
1 2 3 4 5 6 7 8 9 10

2. *bedenken* anderen manieren die mij helpen om te gaan met mijn pijnlijke gevoelens.

Nooit **Altijd**
1 2 3 4 5 6 7 8 9 10

(r)3. weten anderen niet hoe ze mij moeten helpen.

Nooit **Altijd**
1 2 3 4 5 6 7 8 9 10

4. *ondernemen andere actie* en *doen ze de dingen* die me zullen helpen.

Nooit **Altijd**
1 2 3 4 5 6 7 8 9 10

5. treden anderen mij met gevoelens van *steun*, *hulp* en *aanmoediging* tegemoet.

Nooit **Altijd**
1 2 3 4 5 6 7 8 9 10

OPMERKING VOOR GEBRUIKERS: OMGEKEERDE ONDERDELEN (R) WORDEN NIET OPGENOMEN IN DE SCORE

Appendix C: Dutch Version of the Mental Health Continuum Short Form (MHC-SF)

De Mental Health Continuum-Short Form (MHC-SF) is een zelfrapportage vragenlijst die positieve geestelijke gezondheid meet. Het omvat drie kerncomponenten van welbevinden, namelijk emotioneel, psychologisch en sociaal welbevinden, die gezamenlijk de totale positieve geestelijke gezondheid weergeven. De MHC-SF bestaat uit 14 items naar positieve geestelijke gezondheid. Deze items meten emotioneel welbevinden (3 items), sociaal welbevinden (5 items) en psychologisch welbevinden (6 items) en worden gescoord op een 6-puntsschaal van nooit (0) tot elke dag (5).

In de afgelopen maand, hoe vaak had u het gevoel...

	Nooit	Eén of twee keer	Ongeveer 1 keer per week	2 of 3 keer per week	Bijna elke dag	Elke dag
... dat u gelukkig was						
... dat u geïnteresseerd was in het leven?						
... dat u tevreden was?						
... dat u iets belangrijks hebt bijgedragen aan de samenleving?						
... dat u deel uitmaakte van een gemeenschap (zoals een sociale groep, uw buurt, uw stad)?						
... dat onze samenleving beter wordt voor mensen?						
... dat mensen in principe goed zijn?						
... dat u begrijpt hoe onze maatschappij werkt?						
... dat u de meeste aspecten van uw persoonlijkheid graag mocht?						
... dat u goed kon omgaan met uw alledaagse verantwoordelijkheden?						
... dat u warme en vertrouwde relaties met anderen had?						
... dat u werd uitgedaagd om te groeien of een beter mens te worden?						
... dat u zelfverzekerd uw eigen ideeën en meningen gedacht en geuit hebt?						
... dat uw leven een richting of zin heeft?						

