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Self-Compassion, Social Connectedness, and Interpersonal Competence

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SELF-COMPASSION, SOCIAL CONNECTEDNESS, AND INTERPERSONAL

COMPETENCE

By

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Abstract

Self-compassion has consistently been found to be related to well-being (Barnard & Curry 2011). Most research has focused on the intrapersonal benefits of self-compassion, such as its positive relationships with happiness, optimism, positive affect (Neff & Vonk, 2009), and life satisfaction (Neff, Kirkpatrick, & Rude, 2007). In contrast, little research has addressed how engaging in self-compassion may be beneficial to one's relationships. There is strong evidence that social connectedness (e.g. Lee, Draper, & Lee, 2001; Lee & Robbins, 1998; Mauss et al., 2011; Neff, 2003b) and interpersonal competence (e.g Fiori, Antonucci, & Cortina, 2006; Berkman & Syme, 1979; Delongis, Folkman, & Lazarus, 1988) are positively related to well-being in a variety of ways. The purpose of this study was to investigate whether self-compassion is related to social connectedness and interpersonal competence. Responding to oneself with self-compassion may allow a person to be more present and attentive to others in interpersonal contexts, rather than being self-critical and focused on one's own manner of engaging. Two hundred thirty-one participants were recruited from a university in the pacific northwest and completed the Self-Compassion Scale (SCS; Neff, 2003b), Social Connectedness Scale-Revised (SCS-R; Lee, Draper, & Lee, 2001), and Interpersonal Competence Questionnaire (ICQ; Buhrmester, Furman, Wittenberg, & Reis, 1988). Self-compassion was examined as a global construct. In addition, six components of self-compassion were also explored: "(a) self-kindness—extending kindness and understanding to oneself, (b) common humanity—seeing one's experiences as part of the larger human experience, and (c) mindfulness—holding one's painful thoughts and feelings in balanced awareness," as well as the opposites of these, (self-judgment versus self-kindness, isolation versus common humanity, and over-identification versus mindfulness; Neff, 2003b). Results indicated that: 1) self-compassion and all of its

subscales are significantly related to social connectedness, 2) the self-kindness and isolation subscales of self-compassion are predictive of social connectedness, 3) people reporting a greater tendency toward self-compassion were more likely to report initiating interpersonal interactions with others, engaging in more self-disclosure, and offering more emotional support to others, and 4) the components of self-compassion are all significantly related to the initiation and self-disclosure domains of interpersonal competence, but they have a more complex relationship with emotional support. These results lend further support to the importance of self-compassion to interpersonal functioning and underscore its importance to well-being overall.

Self-Compassion, Social Connectedness, & Interpersonal competence

In recent years, the study of self-compassion has become a burgeoning area of research in western psychology (Neff, 2003a). This rise in interest has occurred in the wake of research on another construct of Buddhist origin, mindfulness. Similar to mindfulness, self-compassion has consistently been found to be related to well-being (Barnard & Curry, 2011). Self-compassion has been found to predict positive affect, happiness, and optimism (Neff & Vonk, 2009), to be positively related to greater life satisfaction (Neff et al., 2007) and to be negatively related to symptoms of stress, anxiety, and depression (Macbeth & Gumley, 2012).

Most research on self-compassion has focused on intrapersonal benefits; however, there is some evidence that self-compassion is also related to more positive interpersonal relationships. For instance, prior research suggests that those higher in self-compassion tend to be more caring and exhibit higher levels of relatedness towards their partners (Neff & Beretvas, 2013). Additionally, high self-compassion is associated with lower avoidance of social situations, and lower rejection sensitivity (Gerber, Tolmacz, & Doron, 2015). Responding to one's self with kindness rather than self-criticism in interpersonal situations may allow a person to initiate more social relationships, extend support to others, and recover from difficult interactions more easily. It may also allow people to share information about themselves more comfortably. Having a greater sense that others share your experiences, both positive and negative (common humanity), may mitigate the negative impact of aversive social encounters and lead to taking more interpersonal risks, such as initiating interactions and self-disclosing.

There is strong evidence that social connectedness (e.g. Lee, Draper, & Lee, 2001; Lee & Robbins, 1998; Mauss et al., 2011; Neff, 2003b) and interpersonal competence (e.g Fiori, Antonucci, & Cortina, 2006; Berkman & Syme, 1979; Delongis, Folkman, & Lazarus, 1988) are

positively related to well-being in a variety of ways. Thus, an empirical investigation of the relationship between self-compassion, social connectedness, and interpersonal competence would further understanding of how self-compassion is related to well-being via interpersonal functioning. At present, there is support for a positive relationship between self-compassion and social connectedness. However, the relationships between the individual components of self-compassion (self-kindness, common humanity, mindfulness, self-criticism, isolation, and over-identification) and social connectedness have not been explored. Given that the common humanity component of self-compassion consists of viewing one's experiences in light of the broader human experience, it is hypothesized that this component drives the relationship between self-compassion and social connectedness.

The purpose of the current study is to add to our understanding of how responding to one's self in a compassionate way may be related to a) having a greater sense of social connectedness and b) greater social competence. This study will add to previous research by looking at these constructs in a more detailed way, that is, by examining several components of self-compassion in addition to the overall construct. It will also add to this literature by looking at a previously unexamined aspect of social relationships, social competence, to test whether self-compassion not only is related to feeling connected, but also whether it is related to enhanced interpersonal behaviors, such as initiating interactions, providing support, and self-disclosing.

Self-Compassion

Definitions/Conceptualizations

In recent years, western psychology has begun to focus on self-compassion as a way of conceptualizing a healthy orientation towards oneself (Neff & Vonk, 2009). This attention

complements the pre-existing psychological literatures on altruism and empathy. Nonetheless, contemplation about self-compassion predates this contemporary attention by centuries. Eastern, specifically Buddhist, traditions have a long history of focus on compassion and self-compassion. The Dalai Lama, an important Buddhist leader, once defined compassion as "a sensitivity to the suffering of self and others, with a deep commitment to try to relieve it" (as cited in Gilbert, 2010, p. 3).

Recently, western scholars have drawn on Buddhist and eastern philosophical thought on compassion, particularly focusing on self-compassion. Neff (2003b), a forerunner in this area, has defined self-compassion as entailing three components: "(a) self-kindness—extending kindness and understanding to oneself, rather than harsh judgment and self-criticism, (b) common humanity—seeing one's experiences as part of the larger human experience, rather than seeing them as separating and isolating, and (c) mindfulness—holding one's painful thoughts and feelings in balanced awareness, rather than over-identifying with them" (Neff, 2003b). Additionally, Neff provides an opposite for each component of self-compassion (self-judgment versus self-kindness, isolation versus common humanity, and mindfulness versus over-identification), effectively creating bipolar continuums for each element.

Neff suggests that one may alleviate suffering by maintaining a kind attitude towards oneself (e.g. "I'm kind to myself when I'm experiencing suffering"). Additionally, a process is specified for how to be aware of suffering—through the mindful process of holding suffering relevant thoughts and feelings in awareness, rather than being consumed by and reacting automatically to them or attempting to block or push them away (e.g. "When something upsets me I try to keep my emotions in balance"). The third component, common humanity, involves reminding oneself of the universality of suffering and being in touch with the reality that you

share the difficulties of life with countless others (e.g. "When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am") (Neff, 2003b).

Empirical Findings

Self-compassion has been associated with a number of positive benefits. It has been shown to predict positive affect, happiness, and optimism (Neff & Vonk, 2009). Additionally, high levels of self-compassion are associated with low levels of negative affectivity, lower levels of mental health symptoms such as depression, anxiety, and stress, as well as greater life satisfaction (MacBeth & Gumley, 2012; Neff, 2003b; Neff et al., 2009). A recent meta-analysis found a large effect size for the relationship between self-compassion and psychopathology across 20 samples taken from 14 studies (MacBeth & Gumley, 2012). Self-compassion has also been found to predict competence, autonomy, and self-awareness (Gerber, Tolmacz, & Doron, 2015). Given the positive relationships between self-compassion and various indicators of well-being, interventions or strategies to increase people's sense of self-compassion may be beneficial.

Some such interventions have been developed and research on these interventions suggests that they increase self-compassion and alleviate negative affect. For example, Odou and Brinker (2014) examined whether a self-compassion intervention would favorably affect negative mood. They first carried out a negative mood induction, then, participants were assigned to write in a self-compassionate (adapted from Leary et al., 2007) or emotionally expressive way (adapted from Pennebaker, 1997). The self-compassionate writing task involved 1) listing ways other people experience similar events, 2) expressing concern, understanding, and kindness to oneself in the same way that one might extend these feelings to a friend, and 3) describing one's feelings about the event objectively and with little emotion. The emotionally

expressive group was encouraged to explore their deepest emotions and thoughts in an uninhibited way. Greater mood improvements were made by those in the self-compassion group. The study also found that mood improvements were predicted by trait self-compassion.

Shapiro and Mongrain investigated the ability of a self-compassion intervention to alleviate depression. Participants wrote letters to themselves providing compassion about a distressing event that occurred during the day, each day for a week. The researchers found that individuals in the self-compassion condition were less depressed up to three months following the intervention, and happier up to 6 months following the intervention, compared with a control group that wrote freely about early memories.

Finally, Breines and Chen (2013) conducted a series of four studies examining support giving schema activation via recalling or actually giving advice to another individual. They found that providing compassion to others appears to result in increased self-compassion. These studies provide preliminary evidence that interventions targeting increases in self-compassion may be a viable means of positively affecting individual wellbeing.

Social Connectedness

Definitions and Distinctions

Social connectedness has been defined as "a cognition of enduring interpersonal closeness with the social world" as a whole (Lee et al., 2001, p. 316). In other words, it represents how connected people feel with the greater social world in which they live, including both close relationships and society at large. Social connectedness is thought to develop as a result of developmental experiences, including parent-child attachment early on, and later peer relationships and group affiliation, with more positive experiences leading to a greater sense of social connectedness (Lee & Robbins, 1995). Someone high in social connectedness is likely to

"feel very close with other people, easily identify with others, perceive others as friendly and approachable, and participate in social groups and activities (Lee, Draper & Lee, 2001). Additionally, one's sense of social connectedness is thought to be durable and would not be greatly impacted by the loss of a friendship or exclusion from a group (Lee & Robbins, 1998). In contrast to social connectedness, related constructs such as "social support, adult attachment, and peer affiliations… represent more discrete, current relationships" (Lee & Robbins, 2000, p. 484).

Social connectedness is positively related to adaptive interpersonal variables and has an inverse relationship with maladaptive interpersonal variables. High social connectedness individuals tend to view the world as a less dangerous or threatening place, feel a greater sense of social belonging, and seek out relationships with others (Lee & Robbins, 1998). Social connectedness has been shown to be inversely related to trait anxiety above and beyond the effects of perceived social support (Lee & Robbins, 1998). High connectedness individuals have been found to be higher on social self-esteem, as well as higher on social identity, which indicates they are more likely to identify with and seek out relationship with group members (Lee & Robbins, 1998). Conversely, low connectedness appears to be associated with dysfunctional interpersonal behaviors, which are related to general psychological distress (Lee et al., 2001). For instance, people with low connectedness tend to evaluate their relationships more negatively, are less assertive, and struggle with intimacy and sociability (Lee et al., 2001). Relatedly, social connectedness has been found to be a construct that is distinct from extraversion and moderates the relationship between extraversion and well-being (Lee, Dean, & Jung, 2008). The researchers found that extraverted individuals tended to experience higher social connectedness, which contributed to their subjective well-being.

Interpersonal Competence

Interpersonal competence may be "broadly defined as the ability to interact successfully with others" and includes social and emotional intelligence, in addition to behavioral skills (Giromini et al., 2016, p. 113). Components of interpersonal competence have been examined through two different approaches: 1) a focus on verbal and nonverbal behavioral skills (social skills) that lead to effective interactions (e.g. social sensitivity or emotional expressivity), and 2) interpersonal task domains, which partitions competence into various areas of performance (e.g. initiation of social interactions or provision of emotional support). There are a variety of important task domains of interpersonal competence that have been identified as important to relationship development. For instance, the abilities to initiate interpersonal interactions and self-disclose appear to be particularly important to interaction satisfaction and success in the early stages of relationship development, while the provision of emotional support appears to be a key factor in the maintenance and growth of established relationships (Buhrmester et al., 1988). These three interpersonal task domains, initiation of social interactions and relationships, self-disclosure of personal information, and provision of emotional support to others will be explored in the present study.

Social competence is linked to positive outcomes in a variety of domains: personal, social, school, work, and family (Hansen, Giacoletti, & Nangle, 1995; Kelly & Hansen, 1987). Specifically, interpersonal competence has been linked with popularity and coping during childhood and adolescence (Asher, 1983; Buhrmester, Furman, Wittenberg, & Reis, 1988), dating success (Twentyman, Boland, & McFall, 1981), professional success (Riggio & Taylor, 2000), parenting (Bartle-Haring & Sabatelli, 1997), and marital satisfaction (Gottman, 1979). In essence, the ability to competently engage with the social world seems to enable success across

interpersonal roles and promote better adjustment. There is a substantial body of research that supports a positive relationship between interpersonal competence and well-being. For example, social interactions and support, which may be established as a result of interpersonal competence, have been shown to improve physical and mental health for older adults (Fiori, Antonucci, & Cortina, 2006). Strong social support networks have also been linked with lower mortality rates (Berkman & Syme, 1979), as well as fewer mental and physical health issues (Delongis, Folkman, & Lazarus, 1988). Further, socially competent individuals are shown to build and use social support networks that buffer against stressful life events (Cohen, Sherrod, & Clark, 1986; Gottlieb, 1985; Sarason, Sarason, Hacker & Basham, 1985). Conversely, chronically lonely people have been judged as less interpersonally competent (Ditommaso, Brannen-McNulty, Ross, & Burgess, 2003; Jones, Hobbs, & Hockenbury, 1982; Spitzberg & Canary, 1985).

Low interpersonal competence is also associated with psychopathology (Segrin, 1990, 1993; Skodol et al., 2005) and is a key feature in many personality disorders (Kim, Pilkonis, & Barkham, 1997; Muralidharan, Sheets, Madesen, Craighead, & Craighead, 2010; Skodol et al., 2005). Clinically depressed individuals exhibit less developed social skills (Youngren & Lesoghn, 1980), less social support (Joiner, 1997), and fewer close relationships (Billings & Moos, 1985; Gotlib & Lee, 1989) (as cited in Campbell, Hansen, & Nangle, 2010). Similarly, individuals with social anxiety exhibit fewer social skills (Leary & Kowalski, 1995) and have less social support (Davidson, Hughes, George & Blazer, 1993). Due to the variety of ways in which interpersonal competence is positively associated with well-being and negatively associated with dysfunction, it is an important target for clinical work.

Self-Compassion and Interpersonal Functioning

Self-compassion has been demonstrated to have various effects on positive interpersonal functioning. It has been found to have a negative association with social comparison, public self-consciousness, self-rumination, and need for cognitive closure, a motivation for "an answer on a given topic, any answer… compared to confusion and ambiguity" (Neff & Vonk, 2009; Kruglanski, 1990, p. 337). These findings suggest that higher self-compassion individuals may find social situations to be less threatening and anxiety provoking. Further, higher self-compassion individuals seem to dwell less on negative interpersonal interactions. Given the many unknowns in interpersonal relationships, being comfortable with cognitive uncertainty would also be a boon. Taken together, these findings indicate that high self-compassion appears related to enhanced interpersonal effectiveness.

People with higher self-compassion report less anxiety when faced with situations that commonly lead to interpersonal anxiety. In a study by Neff and colleagues (2009), participants were asked to respond to questions commonly used during job interviews. They were told that performance in job interviews is highly correlated with being offered the job, as well as job performance. Participants were first asked a filler question, and then to write about their greatest weakness. Those with higher levels of self-compassion reported significantly less anxiety during this task. Interestingly, individuals with higher self-compassion used more first person plural pronouns (i.e. we) and social references, suggesting that self-compassion's ability to buffer self-evaluative anxiety may be aided by maintaining a more interconnected self-concept. It seems that viewing oneself as part of the larger human experience dampens the impact of considering negative personal attributes.

Other findings show self-compassion to be related to greater levels of relational well-being (Neff & Beretvas, 2013; Yarnell & Neff, 2013). Neff and Beretvas (2013) found that those

in relationships with high self-compassion individuals were significantly more likely to report relationship satisfaction. The extent to which people were kind to themselves was associated with how kind they were to romantic partners; for instance, by being accepting and granting autonomy to their partners. Additionally, self-compassion was associated with feeling happy, worthy, and authentic, as well as being able to express one's opinion in the context of one's romantic relationship. In contrast, low self-compassion individuals were reported by their partners as being more domineering and detached. Thus, it seems that self-compassion is positively related to beneficial relational behaviors and inversely associated with negative relating within romantic relationships.

Self-compassion has been shown to be moderately related to social connectedness (r = .41; Neff, 2003b). The authors reasoned that this relationship was likely due to self-compassion involving seeing one's suffering as part of the collective human experience. Thus, when a person with higher self-compassion faces a difficult time, they are more likely to remind themselves that others experience similar hardships, as opposed to seeing themselves as personally deficient, flawed, or alienated. Additionally, Neff posits that individuals who, during childhood, experienced their caregivers as warm, understanding supportive, and compassionate are more likely to develop into more self-compassionate adults (Neff, 2003a). Given that social connectedness is also thought to be developed as a result of healthy early attachments, this relationship between self-compassion and social connectedness seems reasonable.

Clinical interventions can increase self-compassion and social connectedness. One study measured self-compassion and social connectedness 1 week before and 1 week after a gestalt 2 chair exercise. During the exercise, participants were asked to give voice to 1) a self critical voice, and 2) an "experiencing" voice that was the recipient of the criticism, with the end goal of

developing compassion for the vulnerability of the self. Those who experienced increased self-compassion in the experiment also increased in social connectedness, while decreasing in self-criticism, depression, rumination, thought suppression, and anxiety (Neff et al., 2007). This provides additional support to the idea that high self-compassion individuals feel more interconnected and less isolated.

A series of five studies demonstrated how self-compassionate individuals may handle difficult interpersonal events more adaptively than others (Leary, Tate, Adams, Allen, & Hancock, 2007). First, more self-compassionate individuals may have less self-critical evaluations than others when experiencing negative interpersonal interactions, regardless of whether they believe they are responsible for the negative interactions. In study one, individuals were asked to recall the worst thing that had happened to them in the previous four days that was either a) their fault, or b) not their fault. The researchers found that high self-compassion individuals tended to make greater efforts to show self-kindness and understand their emotions after negative events that they believed were their fault. Additionally, high self-compassion individuals tended to experience fewer self-conscious emotions after events that they believed were not their fault. This suggests that more self-compassionate individuals may have less self-critical evaluations than others when experiencing negative interpersonal interactions, regardless of whether they believe they are responsible for the negative interactions. Negative interpersonal events may be less likely to negatively affect the well-being of, or hamper the social engagement of, high self-compassion individuals.

Self-compassion was also shown to predict thoughts reflecting greater equanimity, less personalizing, and less catastrophizing in response to imagined events. In the second study, each participant was asked to respond to an identical set of three hypothetical scenarios in which they

experienced different kinds of failure. The study demonstrated that self-compassion predicted differential responses to identical events, with higher self-compassion individuals experiencing less negative emotional reactions and behavioral inclinations.

When receiving either ambivalent or positive feedback from another person about performance on an unpleasant interpersonal task (talking about themselves for three minutes to another person via a video camera), self-compassion was shown to attenuate reactions to both positive and negative interpersonal events. These findings (studies two and three in the series) demonstrate that individuals higher on self-compassion appear to experience fewer negative thoughts and emotions in response to interpersonal events and exhibit greater composure.

It was also found that the more negative self-perceptions held by low self-compassion individuals are not due to an actual lack of competence. In study four, observers rated low and high self-compassion individuals performing embarrassing tasks. Average ratings did not differ between low and high self-compassion groups; however, high self-compassion individuals rated themselves similarly to observers, whereas low self-compassion individuals rated themselves significantly lower than observers. It may be that due to having more negative, unrealistic self-perceptions, low self-compassion individuals are more reluctant to engage in activities outside of their comfort zone, and specifically, take interpersonal risks.

Lastly, it has been found that individuals who have undergone a self-compassion induction endorse being more responsible for causing negative personal events and simultaneously report less negative affect about the events. In other words, the high self-compassion individuals were able to acknowledge that they played a significant role in the negative events without experiencing an excess of emotional dysregulation. In study five, the researchers induced either self-compassion or self-esteem in separate groups of individuals

through the use of writing tasks (there was also a writing control group that simply described a negative event) after they had recounted experiences of failure, rejection, or loss that they felt poorly about. The self-compassionate writing task consisted of 1) listing ways other people experience similar events (common humanity), 2) expressing concern, understanding, and kindness to themselves in the same way they might extend these feelings to a friend (self-kindness), and 3) describing their feelings about the event objectively and with little emotion (mindfulness). Meanwhile, the self-esteem writing task had individuals 1) write about their positive characteristics, 2) explain how the negative event was not their fault, and 3) describe why the event did not signify anything about their character. Individuals were then asked to rate several variables including their emotions (happiness, sadness, anger, and anxiety), who or what they felt was responsible for causing the negative event (other people, something they did, bad luck, or the type of person they are), and how much they perceived the event to be their fault. Individuals in the self-compassion group endorsed the least negative affect (relative to the self-esteem and descriptive writing groups) and were more likely to indicate that the negative events were caused by the type of person they are. This suggests that self-compassion is associated with taking more personal responsibility for causing negative personal events and mitigating negative affect related to the events. Self-compassion interventions may be useful in enhancing individuals' abilities to clearly evaluate their roles in interpersonal events that do not go well, while at the same time lessening negative emotional responses. This might allow individuals to learn more about how their actions contribute to negative interpersonal events, and experience less blowback from negative social encounters, which might open the door more quickly to initiating future social interactions and self-disclosing.

Taken together these studies suggest that higher self-compassion seems adaptive in the context of interpersonal functioning. The greater equanimity, higher self-kindness, and lower negative affect (even when endorsing greater responsibility for causing negative events) characteristic of high self-compassion individuals may provide them with more stability and composure in weathering negative interpersonal events. Meanwhile, high self-compassion may lead to more social approach behaviors due to the lower negative affect experienced by high self-compassion individuals when they have negative interpersonal encounters. Additionally, individuals who have self-views that are more congruent with the way others perceive them may be able to communicate more clearly with others, enabling them to connect with and relate to others more easily.

Self-compassion inductions have also been shown to reduce negative affect and shame, emotions often involved with interpersonal relationships. In one study, individuals identified an event that had involved "failure, humiliation, or rejection" (Johnson & O'Brien, 2013, p. 950) and wrote self-compassionately about it following the same procedure used by Leary and colleagues (2007). The researchers found that participants who wrote self-compassionately reported significantly less shame and negative affect immediately after and two-weeks after the task when compared with an expressive writing group and no-writing control group. This finding provides additional support for how self-compassion can attenuate negative events, which could have profound implications on individuals' willingness to re-engage in interpersonal interactions after experiencing an interpersonal rejection or humiliation. By increasing individuals' levels of self-compassion, people may become more resilient to negative encounters, allowing them to approach social situations with greater frequency and foster relationship development.

This notion is supported by research that has found that self-compassion is associated with lower avoidance of social situations and rejection sensitivity, which might be interpreted as interpersonal confidence (Gerber et al., 2015). However, heightened self-compassion was also accompanied by higher caregiving avoidance, meaning that those high in self-compassion may avoid taking on caregiver responsibilities for others. This suggests that those higher in self-compassion may be more oriented towards their own desire for autonomy than a need to help others. This research provides further evidence for self-compassion being adaptive to social functioning, while also suggesting that high self-compassion individuals may be less likely to participate in caregiving activities.

As a whole, these findings suggest that high self-compassion individuals may be more likely to exhibit enhanced interpersonal functioning. Specifically, self-compassion has positive relationships with equanimity, authenticity, and social connectedness; meanwhile, it has inverse relationships with social comparison, public self-consciousness, avoidance of social situations, catastrophizing, and rejection sensitivity (Gerber et al., 2015; Leary et al, 2007; Neff & Vonk, 2009). Studies supporting the ability of induced self-compassion to lessen negative affect and shame provide additional evidence for self-compassion's positive effect on interpersonal functioning (Johnson & O'Brien, 2013; Leary et al., 2007).

The Current Study

While prior studies have established a positive relationship between self-compassion and social connectedness, no research has looked at the relationship of social connectedness to the components of self-compassion (self-kindness, common humanity, mindfulness, self-criticism, isolation, and over-identification). Because the common humanity component of self-compassion involves "seeing one's experiences as part of the larger human experience," while

social connectedness represents one's sense of closeness with the broad social world, it seems that common humanity may drive the relationship between self-compassion and social connectedness. Meanwhile, common humanity's antithesis, isolation, would be likely to have an inverse relationship to social connectedness. The current study will explore these relationships.

Thus far, there has been no research explicitly examining the relationship between self-compassion and self-reported social competence across the following domains: initiation of social interactions and relationships, self-disclosure of personal information, and provision of emotional support to others. A better understanding of the relationship between these two constructs may inform interventions aimed at increasing individuals' social competence. On the whole, self-compassion appears likely to have a positive relationship with the interpersonal task domains of initiation, disclosure, and emotional support, as the current literature on self-compassion supports a number of relationships with positive aspects of interpersonal functioning. It seems that the positive components of self-compassion may be associated with these interpersonal task domains for several reasons. For instance, having a greater sense of common humanity with others may lead to more attempts to connect with others via initiating social interactions, self-disclosing, and providing emotional support. The inverse would be true of the isolation component of self-compassion. Additionally, holding one's emotions and thoughts in balanced awareness (mindfulness) may allow individuals to not only have more accurate views of themselves, but also more accurate views of their impact on others. A clearer view of interpersonal interactions might allow individuals to perform more competently in social contexts. In contrast, those high on the over-identification component may be less likely to do well in these interpersonal task domains, which may be related to their tendency to become consumed with their own emotional experiences and thoughts. Finally, exhibiting more self-

kindness may be associated with engaging with others more effectively through the initiation of social interactions, disclosure, and the provision of emotional support. There is already some evidence that those high in self-compassion exhibit more kindness towards partners and provide greater emotional support (Neff & Beretvas, 2013). Self-kindness may also serve as a buffer against anxiety related to initiating social interactions or sharing parts of oneself with others. It may allow individuals to quiet doubting or self-critical thoughts that would prevent them from starting relationships or deepening them through self-disclosure.

Hypotheses

While the relationship between self-compassion and social connectedness has been examined previously, the relationships between the individual components of self-compassion and social connectedness have not been examined. 1) It is hypothesized that there will be a positive correlation between the self-kindness, common humanity, and mindfulness factors of self-compassion, and social connectedness. Conversely, there will be a negative correlation between the self-judgment, isolation, and over identification factors of self-compassion and social connectedness. 2) It is predicted that the common humanity factor of self-compassion will explain the most variance in social connectedness.

3) It is also hypothesized that a positive correlation will be found between the overall self-compassion score and the initiation, disclosure, and emotional support subscales of the interpersonal competence questionnaire. 4) It is hypothesized that there will be a positive relationship between the self-kindness, common humanity, and mindfulness components of self-compassion, and the initiation, disclosure, and emotional support domains of interpersonal competence. Meanwhile, there will be a negative relationship between the self-

judgment, isolation, and over identification components of self-compassion and each of these three domains of interpersonal competence.

Methods

Participants

After obtaining Institutional Review Board (IRB) approval and approval from the research pool coordinator, participants were recruited from the PSYX100 subject pool at the University of Montana.

A power analysis, using G*Power software, with a small effect size (r =0.20) at the .05 alpha level with power set at .80, suggested that the number of participants for a 2 tailed test should be 193 for the correlational analyses. A power analysis, using G*Power software, with a small-medium effect size (f^2=0.07) at the .05 alpha level with power set at .80, suggested that the number of participants should be 202 for the multiple regression analyses with 6 predictors tested and 6 predictors total. Thus, a sample size of 202 was identified as providing sufficient power.

Two hundred thirty-one individuals participated in the study (70.6% female, 28.1% male, and 1.3% transgender). The ethnic breakdown of the sample was 82.7% white, 9.1% Native American, 6.1% Hispanic, 4.3% Asian / Pacific Islander, 2.2% multiracial, 2.2% other, 1% black, and .9% chose not to respond. Regarding missing data, if fewer than 20% of the data points in a subscale was missing, the missing data point(s) was filled in by the average of the other data points in the subscale.

Table 1

Demographics: Sample of 231 Individuals

Variable	Frequency	Percent		
Gender Identity				
Female	163	70.6%		
Male	65	28.1%		
Transgender	3	1.3%		
Sexual Orientation				
Heterosexual	208	90.0%		
Bisexual	11	4.8%		
Gay or Lesbian	8	3.5%		
Other	4	1.7%		
Age				
N	Min.	Max.	M	SD
212	17	54	22.19	6.71

Materials

A demographic survey was used that included questions about age, sex/gender,

race/ethnicity, sexual orientation, relationship status, previous experience with

counseling/therapy, and class standing (see Appendix D).

Self-compassion was measured using the Self-Compassion Scale (SCS; Neff, 2003b).

This 26-item self-report instrument measures the extent to which respondents direct compassion

towards themselves. Participants respond in terms of how they typically act towards themselves

in difficult times. The SCS assesses six different, intercorrelated subscales: self-kindness versus

self-judgment, common humanity versus isolation, and mindfulness versus over-identification.

Overall internal consistency of the SCS is .92, while internal consistency for the individual

subscales are as follows: self-kindness, .78; self-judgment, .77; common humanity, .80; isolation,

.79; mindfulness, .75; over-identification, .81. Test-retest reliability for the SCS is .91 (see

Appendix A). Cronbach's alpha for the SCS in the current study was .92, while internal

consistency for the subscales were as follows: self-kindness = .83; self-judgment = .81; common humanity = .70; isolation = .81; mindfulness = .68; and over-identification = .74. With the exception of the mindfulness subscale, all of these values were equal to or greater than the generally accepted cut-off of .7. Thus, results using the mindfulness subscale should be interpreted with caution.

Social connectedness was measured using the Social Connectedness Scale-Revised (SCS-R; Lee, Draper, & Lee, 2001). It is a 20-item measure that examines the respondent's sense of interpersonal closeness with the social world as a whole, an aspect of belongingness. The social connectedness scale has an internal consistency of .92-.94 (see Appendix B). Cronbach's alpha for the SCS-R in this study was .94.

Interpersonal competence was measured using the Interpersonal Competence Questionnaire (ICQ; Buhrmester, Furman, Wittenberg, & Reis, 1988). The ICQ is a 40-item instrument that measures self-reported interpersonal competence across 5 domains: 1) initiation (e.g. "Carrying on conversations with someone new whom you think you might like to get to know."), 2) negative assertion (e.g. "Telling a companion you don't like a certain way he or she has been treating you."), 3) disclosure (e.g. "Revealing something intimate about yourself while talking with someone you're just getting to know."), 4) emotional support (e.g. "Being a good and sensitive listener for a companion who is upset."), and 5) conflict management (e.g. "Being able to take a companion's perspective in a fight and really understand his or her point of view."). The ICQ has an internal consistency ranging from .77 to .87 per subscale. The test-retest reliability for each of the five scales are high: Initiation, r = .89; Negative Assertion, r =.79; Disclosure, r = .75; Emotional Support, r = .76; and Conflict Management, r - .69 (see Appendix C). In this study, Cronbach's alpha was .83 for the initiation subscale, .84 for the disclosure

subscale, and .91 for the emotional support subscale, which is above the generally accepted cut-

off of .7.

Table 2
Reliability Analyses of the SCS, SCS-R, and ICQ

Scale	α
Self-Compassion Scale	.92
Self-Kindness	.83
Self-Judgment	.81
Common Humanity	.70
Isolation	.81
Mindfulness	.68
Over-Identification	.74
Social Connectedness Scale-Revised	.94
Interpersonal Competence Questionnaire	
Initiation	.83
Disclosure	.84
Emotional Support	.91

Note. SCS = Self-Compassion Scale; SCS-R = Social Connectedness Scale – Revised; ICQ = Interpersonal Competence Questionnaire

Procedure

Undergraduate students signed up to complete the measures at designated times through

the SONA system. The questions involved have a very low likelihood of eliciting distress, so the

survey was administered on-line via Qualtrics.

The participants first read the informed consent form. Those that agreed and signed the

consent were then provided with access to the measures. After completing the questionnaires,

participants received two points of research credit for the 60-minute time block within which

they participated.

The measures were organized such that the SCS, SCS-R, and ACL were counterbalanced.

They were followed by the demographic survey.

Results

Analysis

The distributions of all variables were checked for normality and no evidence of

skewness or kurtosis was found. Pearson correlations were conducted to test the first

hypothesized relationships between the six components of self-compassion and social

connectedness (see Table 4). Our results supported hypothesis 1. There were significant

positive correlations between the self-kindness, common humanity, and mindfulness factors of

self-compassion, and social connectedness. Meanwhile, there were significant negative

correlations between the self-judgment, isolation, and over identification factors of self-

compassion and social connectedness.

Table 3
Descriptive Statistics of the SCS, SCS-R, and ICQ

Variable	*M*	*SD*
Self-Compassion Scale Total	2.92	.63
SCS – Self-Kindness	2.91	.81
SCS – Self-Judgment	3.33	.83
SCS – Common Humanity	3.11	.80
SCS – Isolation	3.15	.95
SCS – Mindfulness	3.14	.72
SCS – Over-Identification	3.14	.87
Social Connectedness Scale - Revised	81.81	19.18
Interpersonal Competence Questionnaire		
ICQ – Initiation	3.04	.81
ICQ – Disclosure	3.08	.76
ICQ – Emotional Support	3.99	.71

Note. SCS = Self-Compassion Scale; SCS-R = Social Connectedness Scale – Revised; ICQ =
Interpersonal Competence Questionnaire

Simultaneous multiple regression was conducted to examine the second hypothesis, that

the common humanity subscale of self-compassion would be most predictive of social

connectedness. The six components of self-compassion were the predictor variables; social

connectedness was the dependent variable. This hypothesis was not supported. The common

humanity component of self-compassion was not a significant predictor of social connectedness.

The overall model was significant and predicted about 40% of the variance in self-compassion

$(R^2=.40, F(6, 223) = 24.58, p<.001$. The isolation $(\beta = -.37, p < .01)$ and self-kindness $(\beta = .23, p < .05)$ components of self-compassion were significant predictors of social connectedness.

Pearson correlations were conducted to test the hypothesized relationship between total self-compassion and the three task domains of interpersonal competence: initiation, disclosure, and emotional support. There were significant positive correlations between all three task domains and self-compassion (see Table 4), which supported our third hypothesis.

Table 4
Correlation Matrix for the SCS, SCS-R, and ICQ

Scales	SCS	SK	SJ	CH	Iso	M	OI	SCS-R	Ini	Disc	ES
SCS	1	-	-	-	-	-	-	-	-	-	-
SK	.81**	1	-	-	-	-	-	-	-	-	-
SJ	-.83**	-.62**	1	-	-	-	-	-	-	-	-
CH	.67**	.61**	-.34**	1	-	-	-	-	-	-	-
Iso	-.76**	-.39**	.68**	-.30**	1	-	-	-	-	-	-
M	.75**	.71**	-.40**	.61**	-.38**	1	-	-	-	-	-
OI	-.78**	-.43**	.71**	-.29**	.64**	-.43**	1	-	-	-	-
SCS-R	.57**	.47**	-.46**	.30**	-.52**	.41**	-.43**	1	-	-	-
ICQ											
Ini	.38**	.28**	-.30**	.27**	-.32**	.31**	-.28**	.54**	1	-	-
Dis	.39**	.38**	-.31**	.34**	-.23**	.36**	-.18**	.46**	.56**	1	-
ES	.17*	.13	-.09	.18**	-.10	.21**	-.09	.34**	.40**	.49**	1

SCS = Self-Compassion Scale; SK = Self-Kindness; SJ = Self Judgment; CH = Common Humanity; Iso = Isolation; M = Mindfulness; OI = Over-Identification; SCS-R = Social Connectedness Scale – Revised; ICQ = Interpersonal Competence Questionnaire; Ini = Initiation; Dis = Disclosure; ES = Emotional Support
*$p<.05$
**$p<.01$.

Our fourth hypothesis, which examined the relationships between the components of self-compassion and aforementioned task domains of interpersonal competence (see Table 4) was tested by conducting additional Pearson correlations. It was partially supported. The initiation and self-disclosure domains of interpersonal competence were significantly correlated with all components of self-compassion in the expected directions. Additionally, the emotional support domain of interpersonal competence was significantly correlated with the common humanity and mindfulness components of self-compassion. However, emotional support was not significantly

correlated with the self-kindness, self-judgment, isolation, and over-identification component of self-compassion.

Discussion

Main Findings

The purpose of this study was to expand our understanding of the concept of self-compassion, particularly, how engaging in self-compassion relates to one's interpersonal functioning. Two areas of interpersonal functioning, social connectedness and social competence, were the focus. The results of the study support the notion that self-compassion is related to social functioning.

As a whole, our hypotheses were partially supported. There were significant positive correlations between the overall self-compassion score, including each of its three positive components (self-kindness, common humanity, and mindfulness), and social connectedness. Conversely, there were significant negative correlations between the self-judgment, isolation, and over identification components of self-compassion and social connectedness. These findings fully supported hypothesis one, which was informed by previous studies that found positive links between overall self-compassion and social connectedness (Neff, 2003b, Neff et al., 2009). These relationships are salient because they suggest that more self-compassionate individuals are likely to have a greater sense of closeness to the social world in which they live. Individuals high in social connectedness are more likely to easily identify with others, view others as friendly and approachable, and participate in social groups and activities (Lee, Draper, & Lee, 2001), which may enhance their quality of life.

While a few previous studies looked at the relationship between global self-compassion and social connectedness (Neff, 2003b; Neff et al., 2007), they did not examine the relationship

between specific components of self-compassion and social connectedness. Examining these relationships is important in helping us to understand whether all components of self-compassion play a role in this relationship. These findings suggest that all the positive components of self-compassion play a role in social connectedness, while the negative components play an inverse role in social connectedness.

Low levels of isolation and the act of extending kindness towards oneself were the components of self-compassion that significantly predicted social connectedness. When those high in isolation are feeling down, focused on their inadequacies or experiencing failure, they tend to feel cut off from others, think they are alone, and assume that others are better off than they are. The data suggests that this pattern of thinking may be more likely in individuals who have a longstanding cognition of interpersonal distance from the social world (i.e., those low on social connectedness). Individuals who have an enduring sense of disconnection from their social world may also feel alone or cut off when facing failure or noticing their own inadequacies. It was noteworthy to find that self-kindness is also an important predictor of social connectedness. Perhaps those who are kinder to themselves when experiencing suffering, failure, or aspects of themselves that they do not like tend to allow themselves to build and acknowledge a sense of connection with their greater social world. It could be that when individuals high on self-kindness experience failure and extend kindness towards themselves, they also become more emotionally available to building social connections with others. If feeling socially connected tends to feel comforting to individuals, those high on self-kindness may grant themselves greater permission to view their social world with a sense of closeness. Further, people who are kind to themselves when experiencing failure may have a general tendency to extend kindness towards themselves and others, which would likely build a sense of social connectedness over time.

Consistent with our prediction, global self-compassion was correlated with the initiation, self-disclosure, and emotional support domains of interpersonal competence. This means that individuals who report higher self-compassion are also more likely to report feeling comfortable about taking steps to start new relationships, appropriately self-disclosing to deepen relationships, and providing emotional support to important others. Self-compassion may be related to these domains of for a number of reasons, to be discussed below.

Prior research has found that high self-compassion individuals view themselves in a way that is more consistent with others' views of them (Leary et al, 2007), which might be interpreted as social mindfulness. This more accurate understanding of how others view them may enable high self-compassion individuals to communicate and connect with others more easily. Additional research has suggested that high self-compassion individuals are more resilient to negative social encounters (Johnson & O'Brien, 2013), and display lower avoidance of social situations and rejection sensitivity (Gerber et al., 2015). These protective qualities may be associated with greater social approach behaviors, less negative affect when social interactions do not go well, and overall, a greater likelihood for high self-compassion individuals to feel more competent in handling a variety interpersonal tasks, such as initiating interactions or sharing personal information.

Interpersonal competences may also influence one's level of self-compassion. For instance, if one is more competent at initiating, building, and maintaining relationships, one may be likely to accrue a well of social experiences that increase one's awareness that others experience hardships like oneself. Having a broad array of social experiences and hearing the perspectives of a multitude of other individuals may also enhance one's ability to take a more objective view of one's own experiences. Finally, if one's social competences lead to supportive

relationships, individuals may learn to show themselves the same kindness that they experience from important others. These findings are congruent with previous research that has established a link between self-compassion and positive interpersonal functioning (e.g., Gerber et al., 2015; Leary et al, 2007; Neff and Beretvas, 2013; Neff & Vonk, 2009).

It is also possible that a third variable is responsible for the relationship between self-compassion and interpersonal competence. For instance, having a secure attachment with one's caregivers early on may lead to the development of a self-compassionate stance and enhance one's ability to form and maintain healthy relationships with others. Having a caregiver relationship characterized by warmth, nurturance, and consistency may plant the seeds for someone to be able to relate to themselves in a kind and balanced way. They may also learn to view others as approachable and to relate with them in a caring and open manner. This is consistent with theorizing by Lee and Robbins (1995) that social connectedness is contribute to by parent-child attachment early on and findings from the self-compassion literature, which suggest that those with higher levels of self-compassion tend to display secure attachment styles during adolescence and young adulthood (Neff & McGeehee).

Our related hypothesis, that all subscales of self-compassion would be correlated with the initiation, self-disclosure, and emotional support domains of interpersonal competence in the expected directions was partially supported. The initiation and self-disclosure domains of interpersonal competence were significantly correlated with all components of self-compassion in the predicted directions, which suggests that all components of self-compassion may play a role in these domains. There are a few possible explanations for these relationships. First, those with a greater sense of common humanity (i.e., who recognize that there is a commonality between their suffering and the suffering of others) may be more likely to experience empathy

for others and make attempts to connect or offer support. This tendency may manifest itself via initiating social interactions, self-disclosing, and offering emotional support. Second, someone who maintains a balanced perspective and emotional composure in the face of hardship may also take a more objective view of interpersonal interactions. Thus, high self-compassion individuals might manage social situations more competently due to their ability to keep their thoughts and emotions in balance, perhaps by more accurately interpreting the social cues of others and being more aware of their impact on others. This might make them more comfortable to initiate social interactions and feel confident in making appropriate self-disclosures. This objectivity might also allow high self-compassion individuals to view the needs of others and themselves in a balanced manner, and offer support emotional support when it seems like it would be well received. Third, being more kind towards oneself may provide a buffer against the anxiety that often accompanies initiating social interaction or opening up to others. This lowered anxiety may enhance social performance, increase the comfort of engaging in these interpersonal tasks, and make reinforcement of these behaviors more likely.

While having a greater sense of common humanity and viewing social interactions in a more objective manner is associated with higher competence in providing emotional support to others, one's level of self-kindness appears unrelated. It may be that self-kindness is simply a poor indicator of one's likelihood of extending kindness towards or taking care of others in a substantive manner, such as by providing emotional support. Although early theorizing on self-compassion suggested that it "tends to enhance feelings of compassion and concern for others" (e.g., Neff, 2003), there is some research that suggests this may be an oversimplified or inaccurate assertion. For instance, research by López and colleagues (2017) suggests that compassion for others and compassion for self are not significantly related and other research has shown that individuals

higher in self-compassion may be more likely to avoid taking on caregiver roles (Gerber et al., 2015).

Taken together, our findings further explain the relationship between self-compassion and interpersonal functioning. In the current sample the relationship between self-compassion and social connectedness was driven primarily by individuals' levels of isolation (inverse relationship) and self-kindness (positive relationship), although there were significant correlations between all components of self-compassion and social connectedness. This study also adds to the literature by demonstrating that there is a significant relationship between self-compassion and domains of interpersonal competence. Thus, interventions aimed at enhancing interpersonal functioning may benefit from targeting self-compassion.

Limitations

There were several limitations of the current study. First, the study was limited by relying heavily on correlational statistics. Therefore, causality cannot be determined. Second, it is difficult to verify the accuracy of self-report data on a variable (e.g., self-compassion) that people may not have good insight about. It is possible that individuals' actual amounts of self-compassion are not consistent with their perceptions of their self-compassion. Third, because the sample consisted predominantly of young adult university students, its generalizability to other populations may be limited. Earlier research (e.g., Neff & Pommier, 2012) has demonstrated that self-compassion may be differentially present amongst diverse groups of individuals, and self-compassion may be differentially related to other variables based on population.

Future Directions

Future studies would benefit from including alternative assessment methods, such as other report, and more diverse samples. Close others may have had the opportunity to observe

how an individual reacts to difficult situations and thus, might provide congruent or contradictory information (e.g., yes, they do tend to lay out the facts in an objective way when faced with a difficult set of circumstance; or no, they often say "why is this always happening to me" when they are faced with a challenge and seem to forget that other people deal with similar problems). Understanding of the relationship between self-compassion, social connectedness and interpersonal competences could be furthered by conducting self-compassion inductions in a randomized controlled trial design to see whether changes on self-compassion are able to produce changes in individuals' levels of social connectedness or social competence over time. Increasing our knowledge of how self-compassion is related to social connectedness and interpersonal competences might strengthen the case even further for individuals to enhance their levels of self-compassion.

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Appendix A

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

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

Almost never				**Almost always**
1	**2**	**3**	**4**	**5**

_____ 1. I'm disapproving and judgmental about my own flaws and inadequacies.

_____ 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.

_____ 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.

_____ 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.

_____ 5. I try to be loving towards myself when I'm feeling emotional pain.

_____ 6. When I fail at something important to me I become consumed by feelings of inadequacy.

_____ 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.

_____ 8. When times are really difficult, I tend to be tough on myself.

_____ 9. When something upsets me I try to keep my emotions in balance.

_____ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

_____ 11. I'm intolerant and impatient towards those aspects of my personality I don't like.

_____ 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.

_____ 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.

_____ 14. When something painful happens I try to take a balanced view of the situation.

_____ 15. I try to see my failings as part of the human condition.

_____ 16. When I see aspects of myself that I don't like, I get down on myself.

_____ 17. When I fail at something important to me I try to keep things in perspective.

_____ 18. When I'm really struggling, I tend to feel like other people must be having an easier

time of it.

_____ 19. I'm kind to myself when I'm experiencing suffering.

_____ 20. When something upsets me I get carried away with my feelings.

_____ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.

_____ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.

_____ 23. I'm tolerant of my own flaws and inadequacies.

_____ 24. When something painful happens I tend to blow the incident out of proportion.

_____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.

_____ 26. I try to be understanding and patient towards those aspects of my personality I don't

like.

Appendix B

Circle the answer that shows how much you agree or disagree with each of the following statements.

1. I feel distant from people.	Strongly Agree 1	2	3	4	5	Strongly Disagree 6
2. I don't feel related to most people.	Strongly Agree 1	2	3	4	5	Strongly Disagree 6
3. I feel like an outsider.	Strongly Agree 1	2	3	4	5	Strongly Disagree 6
4. I see myself as a loner.	Strongly Agree 1	2	3	4	5	Strongly Disagree 6
5. I feel disconnected from the world around me.	Strongly Agree 1	2	3	4	5	Strongly Disagree 6
6. I don't feel I participate with anyone or any group.	Strongly Agree 1	2	3	4	5	Strongly Disagree 6
7. I feel close to people.	Strongly Agree 1	2	3	4	5	Strongly Disagree 6

8. Even around people I know, I don't feel that I really belong.	Strongly Agree 1	2	3	4	5	Strongly Disagree 6
9. I am able to relate to my peers.	Strongly Agree 1	2	3	4	5	Strongly Disagree 6
10. I catch myself losing a sense of connectedness with society.	Strongly Agree 1	2	3	4	5	Strongly Disagree 6
11. I am able to connect with other people.	Strongly Agree 1	2	3	4	5	Strongly Disagree 6
12. I feel understood by the people I know.	Strongly Agree 1	2	3	4	5	Strongly Disagree 6
13. I see people as friendly and approachable.	Strongly Agree 1	2	3	4	5	Strongly Disagree 6
14. I fit in well in new situations.	Strongly Agree 1	2	3	4	5	Strongly Disagree 6
15. I have little sense of togetherness with my peers.	Strongly Agree 1	2	3	4	5	Strongly Disagree 6
16. My friends feel like family.	Strongly Agree 1	2	3	4	5	Strongly Disagree 6

17. I find myself actively involved in people's lives.	Strongly Agree 1	2	3	4	5	Strongly Disagree 6
18. Even among my friends, there is no sense of brother/sisterhood.	Strongly Agree 1	2	3	4	5	Strongly Disagree 6
19. I am in tune with the world	Strongly Agree 1	2	3	4	5	Strongly Disagree 6
20. I feel comfortable in the presence of strangers.	Strongly Agree 1	2	3	4	5	Strongly Disagree 6

Appendix C

Circle the answer that indicates your level of comfort in handling each type of situation.

	1	2	3	4	5
1. Asking out or suggestion to someone new that you get together and do something, e.g. go out together	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
2. Telling a companion you don't like a certain way he or she has been treating you.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
3. Revealing something intimate about yourself while talking with someone you're just getting to know.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
4. Helping a close companion work through his or her thoughts and feelings about a major life decision, e.g. a career choice.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
5. Being able to admit that you might be wrong when a disagreement with a close companion begins to build into a serious fight.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
6. Finding and suggesting things to do with new people whom you find interesting and attractive.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
7. Saying "no" when a date/acquaintance asks you to do something you don't want to do.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
8. Confiding in a new friend/date and letting him or her see your softer, more sensitive side.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
9. Being able to patiently and sensitively listen to a companion "let of steam" about outside problems s/he is having.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
10. Being able to put begrudging (resentful) feelings aside when having a fight with a close companion.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
11. Carrying on conversations with someone new whom you think you might like to get to know.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
12. Turning down a request by a companion that is unreasonable.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
13. Telling a close companion things about yourself that you're ashamed of.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)

	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
14. Helping a close companion get to the heart of a problem s/he is experiencing.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
15. When having a conflict with a close companion, really listening to his or her complaints and not trying to "read his/her mind.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
16. Being an interesting and enjoyable person to be with when first getting to know people.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
17. Standing up for your rights when a companion is neglecting you or being inconsiderate.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
18. Letting a new companion get to know the "real you."	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
19. Helping a close companion cope with family or roommate problems.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
20. Being able to take a companion's perspective in a fight and really understand his or her point of view.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
21. Introducing yourself to someone you might like to get to know (or date).	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
22. Telling a date/acquaintance that he or she is doing something that embarrasses you.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
23. Letting down your protective "outer shell" and trusting a close companion.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
24. Being a good and sensitive listener for a companion who is upset.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
25. Refraining from saying things that might cause a disagreement to build into a big fight.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
26. Calling (on the phone) a new date/acquaintance to set up a time to get together and do something.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
27. Confronting your close companion when he or she has broken a promise.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
28. Telling a close companion about the things that secretly make you feel anxious or afraid.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)

	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
29. Being able to say and do things to support a close companion when s/he is feeling down.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
30. Being able to work through a specific problem with a companion without resorting to global accusations ("you always do that")	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
31. Presenting good first impression to people you might like to become friends with (or date).	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
32. Telling a companion that he or she has done something to hurt your feelings.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
33. Telling a close companion how much you appreciate and care for him or her.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
34. Being able to show genuine empathetic concern even when a companion's problem is uninteresting to you.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
35. When angry with a companion, being able to accept that s/he has a valid point of view even if you don't agree with that view.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
36. Going to parties or gatherings where you don't know people well in order to start up new relationships.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
37. Telling a date/acquaintance that he or she has done something that made you angry.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
38. Knowing how to move a conversation with a date/acquaintance beyond superficial talk to really get to know each other.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
39. When a close companion needs help and support, being able to give advice in ways that are well received.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)
40. Not exploding at a close companion (even when it is justified) in order to avoid a damaging conflict.	1 (poor)	2 (fair)	3 (OK)	4 (good)	5 (extremely good)

Appendix D

Age:

__

Sex/Gender:
      __Female
      __Male
      __Transgender
      __Prefer not to respond

Race/Ethnicity:
      __African American/Black
      __Asian/Pacific Islander
      __Hispanic/Latino
      __Multiracial
      __Native American/American Indian
      __White
      __Not Listed (please specify)
      __Prefer not to respond

Sexual Orientation:
      Do you consider yourself to be:
      __Heterosexual or straight
      __Gay or lesbian
      __Bisexual

Relationship Status:
      __Single, never married
      __Married or domestic partnership
      __Widowed
      __Divorced
      __Separated

Previous Experience with counseling/therapy:
      __Yes
      __No

Class Standing:
      __Freshman
      __Sophomore
      __Junior
      __Senior
      __Graduate student
      __Professional student
      __Continuing education student