Relations between the Self and Others: Recalled Childhood Invalidation, Self-Compassion, and Interpersonal Relationships

by

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RELATIONS BETWEEN THE SELF AND OTHERS: RECALLED CHILDHOOD INVALIDATION, SELF-COMPASSION, AND INTERPERSONAL RELATIONSHIPS

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Self-compassion refers to one’s kind, mindful, and self-referential response to the perception of one’s painful experiences and has been linked to a number of positive aspects of psychological well-being (Neff, 2003a, 2003b). Despite this, thus far, there has been very little research examining how this concept relates to various aspects of social relationships. The current study investigates whether levels of reported self-compassion are related to rejection sensitivity and excessive reassurance seeking from others. Furthermore, aspects of recalled parenting are examined to determine whether those who recalled their parents as unsupportive of their negative displays of emotion also demonstrated low self-compassion, a relationship proposed to be mediated by perceived mattering and experiential avoidance. Questionnaires measuring these constructs were administered online to 241 undergraduate students. Parental validation of negative displays of emotion was found to lead to increased self-compassion, a relationship which was mediated by experiential avoidance and perceived mattering. Parental invalidation was not related to self-compassion. In turn, increased mattering and self-compassion led to lower rejection sensitivity, whereas increased experiential avoidances led to excessive reassurance seeking. Further research in this area is needed in order to experimentally assess the cause and effect relationships between parenting, self-compassion, rejection sensitivity, and reassurance seeking.
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Relations Between the Self and Others: Recalled Childhood (In)Validation, Self-Compassion, and Interpersonal Relationships

The perspective that one takes toward the self can have a profound impact on one’s life, and so it is important to understand the specific relationships between aspects of the self and well-being. Self-compassion is a healthy way of relating to the self which has recently been proposed by Neff (2003b) and is becoming an increasingly studied construct (Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, 2003a, 2003b; Wei, Liao, Ku, & Shaffer, 2011). Self-compassion refers to a person’s kind, compassionate, and self-referential response to the perception of one’s painful experiences (Neff, 2003a, 2003b). According to Neff (2003b):

Self-compassion…involves being touched by and open to one’s own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one’s suffering and to heal oneself with kindness…offering nonjudgmental understanding to one’s pain, inadequacies and failures, so that one’s experience is seen as part of the larger human experience. (p. 224)

Although this construct has been linked to a number of aspects of psychological well-being, thus far, there has been a paucity of research concerning its potential interpersonal correlates. As such, the current study aims to expand the literature of self-compassion to gain further understanding of how this promising psychological characteristic may be related to parenting and other interpersonal situations.

Self-Compassion

Self-compassion has been theorized to involve three components: self-kindness, common humanity, and mindfulness (Neff, 2003b). The self-kindness component refers to being kind and compassionate to the self during instances of pain and suffering, whereas the mindfulness
component highlights the importance of having an awareness of one’s pain without over-identifying or intensely focusing upon it. Finally, common humanity is the recognition that everyone experiences failure and pain. The inclusion of common humanity within the construct of self-compassion asserts that feeling a connectedness to others is a central component of being self-compassionate. Therefore, being self-compassionate may influence and be influenced by an individual’s social relationships.

Self-compassion has been consistently linked to positive psychological well-being. Specifically, higher levels of self-compassion have been associated with lower levels of anxiety (Neff & McGehee, 2010), depression, and rumination (Raes, 2010). Being self-compassionate has also been linked to greater life satisfaction, feelings of social connectedness, higher emotional intelligence, and lower levels of neurotic perfectionism (Neff, 2003a). Neff (2003a) also demonstrated that self-compassion is positively correlated to increased attempts to understand one’s emotions, but negatively correlated with thought suppression. Moreover, Neff, Rude, and Kirkpatrick (2007) demonstrated an association between high self-compassion and greater happiness, optimism, positive affect, curiosity, aspects of wisdom, and the traits of extroversion, agreeableness, and conscientiousness. In contrast, Neff et al. linked low self-compassion with greater negative affect and neuroticism. The authors also found that self-compassion predicted unique aspects of well-being unaccounted for by other personality characteristics.

In many ways, self-compassion is similar to self-esteem, which is an individual’s positive evaluation and feelings of the self (Denissen, Penke, Schmitt, & van Aken, 2008; Tafarodi & Swann, 1995). Both concepts represent positive senses of self-regard and are associated with numerous aspects of well-being, such as happiness and optimism (Neff, 2011). However, as
Neff (2011) discusses at length, global self-esteem can be problematic due to its positive correlation with narcissism, whereas self-compassion is not positively associated with narcissism. Moreover, although the two concepts are highly correlated, self-compassion predicts unique aspects of anxiety and depression when controlling for self-esteem (Neff, 2011). As such, self-compassion and self-esteem have some conceptual overlap but do not describe the same construct. For a more complete discussion, see Neff (2011) and Neff and Vonk (2008).

Despite growing evidence that self-compassion is linked to healthy psychological adjustment, less is understood about interpersonal correlates of this characteristic. Despite the scarcity of research examining parenting and self-compassion, a number of conceptual links exist between concepts relevant to self-compassion and parenting behaviours, suggesting the need to more directly investigate this relationship. Specifically, this study will examine parenting characteristics as potential influences on the development of self-compassion.

**Parenting and Self-Compassion**

Parenting has been shown to have an impact on how children develop and think about themselves. For example, multiple studies have demonstrated that children who perceive their parents as restrictive and rejecting are more likely to be self-critical adults (Ahmad & Soenens, 2010; Brewin, Firth-Cozens, Furnham, & McManus, 1992; Campos, Besser, & Blatt, 2010; Irons, Gilbert, Baldwin, Baccus, & Palmer, 2006; Soenens, Vansteenkiste, & Luyten, 2010; Yu & Gamble, 2009). Similarly, children with insecure attachment relationships are more likely to be self-critical (Besser & Priel, 2005; Irons et al., 2006). Based on this evidence, it is plausible that parenting variables such as control, warmth, support, and attachment may have an effect on psychological well-being and how individuals treat themselves in situations of failure. Whereas self-critics react to failure by rejecting the self, someone who is self-compassionate has the
opposite reaction; they accept the self even in failure. As such, self-compassion may be positively associated with parenting characteristics that typically do not foster self-criticism, such as high degrees of warmth and support.

Evidence from adolescents and young adults suggests that maternal support, healthy family functioning, and secure attachment, defined as higher trust and comfort with intimacy, are related to higher levels of self-compassion (Neff & McGehee, 2010). In contrast, insecure attachment styles, described as either fear of abandonment and closeness or fear of intimacy and trust, were linked to lower self-compassion (Neff & McGehee, 2010). Tanaka, Wekerle, Schmuck, Paglia-Boak, and the MAP Research Team (2011) found that reported emotional and physical abuse and neglect were significantly related to lower self-compassion. Vettese, Dyer, Li, & Wekerle (2011) also demonstrated a link between childhood maltreatment and low self-compassion. The authors also found that self-compassion mediates the relationship between maltreatment and emotional dysregulation. These studies demonstrate that self-compassion is linked to adaptive parenting but less is known about how specific aspects of parenting affect self-compassion levels.

Self-compassionate people are aware of their pain and failure, but treat themselves with kindness and respect (Leary et al., 2007; Neff, 2003a). Individuals with high degrees of self-compassion may have acquired this characteristic through modelling by parents who validate their children’s negative displays of emotion by comforting them, distracting them, or problem solving with them (Sauer & Baer, 2010). In contrast, when parents deny their children’s negative emotional experiences by minimizing, punishing, or dismissing, they are invalidating their children’s emotions and may be sending the message that these emotions are wrong or unimportant, a perspective which the children may adopt. Sauer and Baer (2009) demonstrated
that individuals with invalidating parents were more likely to fear their emotions, suppress their thoughts, and be emotionally vulnerable, with the reverse relationship appearing for individuals with validating parents. Therefore, it seems that parental invalidation is related to children’s approach to their emotions and thoughts, specifically the desire to control and suppress them. Given the relationship between supportive parenting practices and self-criticism as described above, it is possible that parental (in)validation is related to the degree of compassion shown to the self.

The relationship between parental (in)validation and self-compassion may not be a direct relationship. As self-compassion has both intrapersonal components (i.e., mindfulness and self-kindness), and an interpersonal component (i.e., common humanity), the relationship between parental (in)validation and self-compassion may be mediated by intra- and interpersonal characteristics. Specifically, we propose that one potential mediator is the degree to which one accepts one’s inner experiences (i.e., experiential avoidance). It is also possible that the degree to which one perceives oneself as mattering to others also mediates the relationship.

**Experiential Avoidance**

Individuals who are experientially avoidant tend to find unpleasant private events to be so personally distressing that they seek means of avoiding such thoughts, memories, and feelings (Hayes et al., 2004). Hayes et al. have demonstrated strong correlations between experiential avoidance and depression, anxiety, and decreased satisfaction and quality of life. Hayes et al. have also shown that experiential avoidance is moderately and positively correlated with avoidant coping and thought suppression, a characteristic which is related to parental invalidation (Sauer & Baer, 2009).
Parents who invalidate their children’s negative emotions by minimizing, punishing, or dismissing these emotional displays are sending the message that negative emotions are unacceptable and should be avoided or suppressed. Children receiving this message from their parents may subsequently internalize this perspective and learn to avoid and suppress their own internal experience of negative emotions by becoming experientially avoidant. As such, having highly invalidating parents may result in becoming highly experientially avoidant.

Individuals who are unwilling to remain in the presence of negative feelings and memories likely find their personal failures and mistakes to be more unacceptable and distressing than those who remain in the presence of their negative experiences. Moreover, habitual avoidance would result in fewer opportunities to examine and accept one’s failures and to learn to treat oneself kindly in their wake. As such, it is plausible that those who avoid their negative emotions less self-compassionate.

Therefore, experiential avoidance may mediate a relationship between parental (in)validation and self-compassion. In other words, the degree to which parents support their children’s negative emotions may affect children’s desire to control or suppress negative internal events. In turn, the willingness to remain in the presence of internal events which are personally distressing may help foster the practice of compassion toward the self in instances of pain or failure.

Mattering

A second potential mediator between parental validation and self-compassion is perceived mattering. Mattering is “the perception that, to some degree and in any of a variety of ways, we are a significant part of the world around us” (Elliott, Kao, & Grant, 2004, p. 339). In other words, mattering is the recognition that one has a role in the world and is important to
others. Although some theorists have discussed mattering in relation to specific others (e.g., Marshall, 2001), Elliott et al. discuss mattering as a more general perception of having an impact on the world in the sense that a person believes that one’s presence has a significant and positive effect on the well-being of others. To this end, Elliott et al. conceptualized mattering as involving three components: awareness, importance and reliance. Awareness relates to one’s cognizance that others recognize one’s existence; others realize we exist and take notice of us. Importance refers to the understanding of being a significant part of others’ lives, and being of concern to them. The final component is reliance, which refers to the belief that others need and depend on us to fill certain roles and perform specific functions.

Mattering has been linked to a number of aspects of psychological functioning. Elliott et al. (2004) found components of mattering to be positively correlated with perceived social support, self-esteem, private self-consciousness, and public performance self-monitoring. Additionally, those with high mattering scores tended to feel less alienation from others. Raque-Bogdan, Ericson, Jackson, Martin, and Bryan (2011) demonstrated that mattering is also positively correlated with physical and mental health, and negatively correlated with anxious and avoidant attachment. Relevant to the current study, it has also been demonstrated that mattering and self-compassion are positively and moderately correlated (Raque-Bogdan et al., 2011).

To date, there has not been any research which has linked Elliott’s conception of mattering to the notion of parental validation of emotion. However, there is a plausible link between the two in that parents who validate their children’s emotions may be conveying through their actions that their children matter. In contrast, children whose parents who do not support their negative emotions may interpret their parents’ actions as meaning that their feelings
and problems are unimportant. If this invalidation becomes a pattern, children may begin to generalize this and come to believe that they do not matter.

The perception that one matters may, in turn, be related to self-compassion through the belief that, as an important part of the world, they are deserving of compassion. Individuals who believe that they matter to others carry within themselves a sense of their own importance in the world. A person who believes they are of worth to others may perceive themselves as part of a common humanity and as deserving of compassion as any other human being. In contrast, the perception of not mattering may influence individuals to see themselves as undeserving of compassion. As such, it is proposed that mattering may serve as a second mediator between parental (in)validation and self-compassion.

**Interpersonal Outcomes of Self-Compassion**

Finally, there is reason to believe that self-compassion is conceptually linked to how one approaches one’s own social relationships. Self-compassionate people may generally be more psychologically adjusted, and may engage in more adaptive social interactions. As reviewed above, self-compassionate people tend to be more extraverted and agreeable, demonstrate greater optimism, happiness, curiosity, and positive affect, are less neurotic, and have lower negative affect (Neff et al., 2007). As theorized by Neff (2008), individuals with high self-compassion as opposed to high self-esteem are less likely to evaluate themselves in comparison to others and more likely to feel connected with others. Those high in self-compassion may be less likely to feel that their self-worth is threatened by others, resulting in more adaptive reactions to difficult interpersonal situations.

Wei et al. (2011) demonstrated that self-compassion is negatively related to attachment anxiety, meaning that self-compassionate people are less likely to fear abandonment and
rejection in close relationships. Similarly, Raque-Bogdan et al. (2011) also found a negative and moderate relationship between attachment anxiety and self-compassion. In contrast to the work of Wei et al., Raque-Bogdan et al. reported a weak but significant negative correlation between self-compassion and attachment avoidance. Based on these studies, individuals with low self-compassion are more likely to fear abandonment and rejection in their close relationships. In contrast, those with high self-compassion have more secure attachment relationships, and may therefore approach relationships in a more healthful way. In other words, self-compassionate people may desire trust and intimacy but are not overly fearful of rejection and may require less reassurance from companions than those with low self-compassion. These relationships will be explored further, below.

**Rejection Sensitivity**

Individuals who are highly sensitive to rejection “anxiously expect, readily perceive, and overreact to rejection” (Downey & Feldman, 1996, p. 1327). Rejection sensitive people may also have low self-compassion. An individual who is judgmental and critical of the self is essentially rejecting the self in instances of pain and failure. This uncompassionate self is communicating that one is unworthy of acceptance. If such a person were to reach out to others for help, it is likely that they would fear and expect rejection more strongly than someone who is accepting and compassionate toward the self. In other words, if a person shows a lack of compassion to the self, it seems plausible that they would also expect others to show diminished compassion toward them.

In contrast, individuals who accept their failures and negative experiences without harshly criticizing themselves are likely less anxious at the possibility of rejection and expect
acceptance of their requests to a greater degree than those with low self-compassion. Given this, the current study proposes that high self-compassion is related to low rejection sensitivity.

**Reassurance Seeking**

Another aspect of social functioning that could be affected by one’s level of self-compassion is reassurance seeking, namely excessively asking for affirmation from others that they “really care” (Joiner, Alfano, & Metalsky, 1992). Excessive reassurance seeking has been linked to increased negative interpersonal life events (Shaver, Schachner, & Mikulincer, 2005). Having high self-compassion may diminish the degree to which one excessively seeks reassurance.

Leary et al. (2007) demonstrated that individuals who are highly self-compassionate feel less negative affect in the face of failure than those with low self-compassion. Because individuals with high self-compassion feel diminished negative affect, they may feel less need to seek reassurance from others in order to recover from their pain than an individual with low self-compassion and who is feeling much more negative affect. Therefore, one would theoretically expect those with high self-compassion to be less likely to excessively seek reassurance from others.

Moreover, Irons et al. (2006) demonstrated that individuals, who feel a sense of inadequacy from failures and have a persecutory desire to psychologically harm themselves subsequent to failure, are less able to self-reassure when things go wrong. Irons et al.’s described feelings of inadequacy and self-hatred following failure conceptually reflect low self-compassion. Although beyond the scope of the Irons et al.’s research, it could be that these individuals who are unable to self-reassure, and have low self-compassion, would seek reassurance from other sources, namely family and close friends. As such, individuals with low
self-compassion may be less able to provide reassurance to the self and thus engage in excessive reassurance seeking with significant others.

The Current Study

The goal of the current study is gain greater understanding of self-compassion and to extend research of this concept into the interpersonal domain. Specifically, origins and outcomes of self-compassion will be explored by looking at retrospective reports of parenting behaviours and how these relate to current levels of self-compassion. Additionally, the potential mediators (experiential avoidance and mattering) between self-compassion and parental response to strong negative emotions will be investigated. The second area of interest in the current study is the relationship between self-compassion and aspects of interpersonal relationships, notably rejection sensitivity and excessive reassurance seeking.

The following hypotheses will be tested:

1) Greater parental invalidation will be related to lower self-compassion,

2) Experiential avoidance and perceived mattering will mediate the relationship between parental invalidation and self-compassion,

3) Higher levels of self-compassion will predict lower rejection sensitivity, and

4) Higher levels of self-compassion will predict lower reassurance seeking.

A summary of the hypothesized relationships is presented in Figure 1.

*Figure 1. Hypothesized model for inter-relationships of study variables.*
Method

Participants

Undergraduate students (female = 199, male = 42) from the Introductory Psychology research pool at the University of Guelph served as participants. They ranged in age from 17 to 52 years, with a mean age of 18.71 years of age (SD = 3.22). Participation was voluntary and participants were given course credit for their participation.

Measures

Parental validation of emotion. Parental validation of children’s displays of negative emotions was measured with the Socialization of Emotion Scale (SES; Krause, Mendelson, & Lynch, 2003), which is an adaptation of the Coping with Children’s Negative Emotions Scale (Fabes, Poulin, Eisenberg, & Madden-Derdich, 2002). The SES asks adults to retrospectively report their parents’ most typical responses to their negative displays of emotion. Krause et al.’s SES was shortened to 33 items by Sauer and Baer (2010) and demonstrates good internal consistency. This adaptation of the SES consists of six scenarios in which the participant imagines getting upset at typical childhood events (e.g., losing a prized possession) and reports how their parents would have reacted. Specifically, the participant endorses the degree to which the parent would have responded in five or six (depending on the scenario) different ways.

Factor analysis has demonstrated a two-factor structure to the 33-item SES (Sauer & Baer, 2010). One factor measures validation of children’s displays of emotions and contains items which reflect the degree to which parents express encouragement, display emotion-focused reactions (e.g., soothing and distracting), and demonstrate problem-solving reactions. High degrees of validation are thought to reflect encouraging, and supportive environments in which parents positively react to their children’s negative affect. In contrast, the second factor reflects
the degree to which parents invalidate their children’s negative emotions by becoming personally distressed, punishing the child, or minimizing their children’s emotions, and thus, represents less supportive environment. All items are answered on a 7-point Likert scale and measure the typicality of specific parent reactions. Sauer and Baer (2010) demonstrated that invalidation scores correlate with expected measures (e.g., borderline personality disorder symptoms, thought suppression, and fear of emotion) and that validation scores significantly and negatively correlate with borderline symptoms and fear of emotions. Invalidation scores also discriminated between schizotypal personality symptoms and borderline symptoms, suggesting that this is a valid measure for predicted types of psychopathology. The SES is administered twice per participant in order to examine mother and father (in)validation separately.

In the current analyses, validation and invalidation scales were analyzed separately for both mother and father data. Chronbach’s alphas for each scale were calculated to be as follows: SES-Mother Validation (SES-MV) was .96; SES-Mother Invalidation (SES-MI) was .92; SES-Father Validation (SES-FV) was .96; and SES-Father Invalidation (SES-FI) was .91.

**Experiential avoidance.** The Acceptance and Action Questionnaire II (AAQ-II; Bond et al., 2011) was used to assess the tendency to suppress, control, and avoid negatively evaluated internal events. The AAQ-II consists of a single factor with seven items to be answered on a 7-point Likert scale (1 = never true, and 7 = always true). Participants are asked to answer questions pertaining to the degree to which they endorse experientially avoidant responses to thoughts, feelings, memories, and sensations (e.g., “I worry about not being able to control my worries and feelings.”). The AAQ-II correlates strongly with the AAQ-I (Hayes et al., 2004) and has better psychometric consistency (Bond et al., 2011). Bond et al. found the mean alpha coefficient for six samples to be .84 (.78 to .88) and test-retest reliability to range from .79 to .81.
Overall, the AAQ-II has been shown to have good predictive, convergent, discriminant, and concurrent validity (Bond et al., 2011). In the current analyses, Chronbach’s alpha was calculated to be .89.

**Mattering.** Mattering was measured using Elliott et al.’s (2004) Mattering Scale. The Mattering Scale contains 24 items which are conceptually grouped into three subscales: Awareness (e.g., “People do not ignore me.”), Importance (e.g., “No one really needs me.”), and Reliance (e.g., “People tend to rely on me for support.”). Participants rate the degree to which they endorse each item on a 5-point Likert scale (1 = *strongly disagree*, and 5 = *strongly agree*). The scale is reported to have good construct, content, and internal and external discriminant validity (Elliott et al., 2004). Elliott et al. reported Cronbach’s alpha levels for the subscales ranging from .79 to .87. Similar levels were reported by Raque-Bogdan et al. (2011). In the current study, Chronbach’s alpha for the entire scale was calculated to be .93.

**Self-compassion.** The Self-Compassion Scale – Short From (SCS-SF; Raes et al., 2011) was used to measure the self-compassion. The SCS-SF has 12 items and uses a 5-point Likert scale (1 = *almost never*, and 5 = *almost always*). Factor analysis supports a higher-order self-compassion factor and six subscales (Raes et al., 2011). With two items per subscale, each subscale reflects aspects of high or low self-compassion: self-kindness (e.g., “I try to be understanding and patient towards those aspects of my personality I don’t like.”), self-judgment (e.g., “I’m disapproving and judgmental about my own flaws and inadequacies”), common humanity (e.g., “I try to see my failings as part of the human condition”), isolation (e.g., “When I fail at something that’s important to me, I tend to feel alone in my failure.”), mindfulness (e.g., “When something upsets me I try to keep my emotions in balance.”), and over-identification (e.g., “When I’m feeling down I tend to obsess and fixate on everything that’s wrong.”).
SCS-SF scores correlate almost perfectly with long-form SCS total scores, and each subscale correlates strongly with corresponding scales in the long-form (from $r = .89$ to $r = .91$; Raes et al., 2011). The SCS-SF also demonstrates good internal consistency for total score but is more variable for the subscales (Raes et al., 2011). The total scale Chronbach’s alpha in the current study was calculated to be .86.

Additionally, self-compassion was also measured via participant reactions to hypothetical scenarios created by the authors. As seen in Leary et al. (2007), participants with low self-compassion also tended to have more negative affect and thoughts in reaction to situations of personal failure, such as failing a test or loss of a sports game. As such, as an additional measure of self-compassion, scenarios of personal and social failure were presented to participants. Following the example of Leary et al., participants were asked to give their reactions to the scenarios. As seen in Appendix B, a total of four scenarios were presented to participants (e.g., “You’re playing with a band on stage in front of a large crowd. When it is time for your big solo, you forget your part and the performance comes to a halt.”). Following each scenario, participants were asked to rate the likelihood (1 = very unlikely, and 7 = very likely) of having each of three reactions which reflect the three components of self-compassion. Specifically, participants were asked to state how likely they would be to obsess and fixate on their failure (mindfulness), remind themselves that everyone makes mistakes (common humanity), and get upset with themselves (self-kindness). Chronbach’s alpha was .86 for the Self-Compassion Vignettes (SCV).

**Rejection sensitivity.** The Rejection Sensitivity Questionnaire (RSQ; Downey & Feldman, 1996) measures the degree to which individuals anticipate and feel anxious at the possibility of rejection from others (e.g., parents, friends, and romantic partners). For the current
study, the eight scenario version of the RSQ was used. This version of the RSQ presents eight hypothetical situations in which the participants makes a request (e.g., “You ask a friend to do you a big favor.”) and asks participants to report how (a) concerned or anxious they would feel about how the other person will respond, and (b) likely the other person would be to accept them. All items are answered on a 6-point Likert scale (1 = very unconcerned/likely, and 6 = very concerned/likely). Full scale scores are calculated by taking the score of each item the anxiety subscale and multiplying it by the reverse of the score for each item in the likelihood subscale. In order to correct grammar and make questionnaire more comprehensible to participants, wording in two questions was altered very slightly. The RSQ demonstrates good internal and test-retest reliability and validity (Downey & Feldman, 1996). In the current project, Chronbach’s alpha for the full scale was .71.

**Excessive reassurance seeking.** The reassurance seeking subscale of the Depressive Interpersonal Relationships Inventory (DIRI-RS; Joiner, Alfano, & Metalsky, 1992) was used to measure the degree to which one seeks excessive reassurance from others. The DIRI-RS contains four items (e.g., “Do you frequently seek reassurance from the people you feel close to as to whether they really care about you?”) which are answered on a 7-point Likert scale (1 = not at all and 7 = extremely often). An alpha coefficient of .88 has been reported (Joiner et al., 1992; Joiner, Alfano, & Metalsky, 1993). The DIRI-RS has also demonstrated good discriminability and construct validity (Joiner & Metalsky, 2001). In the current analyses, the DIRI-RS demonstrated good internal consistency (Chronbach’s alpha = .88).

**Self-Esteem.** Rosenberg’s Self-Esteem Scale (RSE; Rosenberg, 1965) was used to measure self-esteem in the current study. This scale consists of 10 items which reflect an individual’s evaluation of their own self-worth and feelings about themselves (e.g., “On the
whole, I am satisfied with myself.”). Participants rated the degree to which they agreed with each statement on a scale from 1 (strongly agree) to 4 (strongly disagree). In the current study, Chronbach’s alpha was .91.

**Procedure**

Administration of all questionnaires was online. Participants were first be asked to provide their voluntary consent. Demographic information was then collected and participants were next asked to complete the series of questionnaires outlined above. The order of questionnaires was counterbalanced to minimize order effects. For half the participants, the order of the questionnaires was as follows: DIRI-RS, Dutch Eating Behaviour Questionnaire¹, SCS-SF, SES, Mattering, RSQ, and AAQ. The reverse order was used for the remaining participants. Following test administration, participants were debriefed as to the purpose of the study.

**Results**

**Missing Data**

In the current study, the problem of missing data was managed using the pairwise deletion technique. Specifically, if a case was missing a response on one or more item in a scale, that case was excluded from the analyses for that scale but not from other analyses involving scales with no missing data. Two percent of data were missing on the DIRI-RS, SCS-SF, AAQ-II, RSQ, RSE, and SCV. For the Mattering Scale, 6% of data were missing. The SES subscales had higher levels of missing data due to the instructions to participants to not complete the mother SES scale if they had no female guardian while growing up, and to not complete the father SES scale if they had no male guardian while growing up. These instructions resulted in

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¹ The Dutch Eating Behaviour Questionnaire was used in the data collection process as part of a separate project and will not be discussed in this paper.
the SES-MV having 8.5% missing data, the SES-FV having 13.6% missing data, the SES-MI having 6.5% missing data, and the SES-FI having 12.1% missing data. For father SES, 15 cases were missing as these participants endorsed not having a father or other male guardian in their childhood, and 3 cases were missing within the mother (in)validation scales as they endorsed not having a female guardian in their childhood.

**Descriptive Statistics**

Table 1 illustrates descriptive statistics for each scale. As seen in Table 2, results of correlational analyses demonstrate a number of significant correlations between variables. Importantly, higher SCS-SF scores were associated with lower levels of experiential avoidance, reassurance seeking, and rejection sensitivity. Similarly, individuals with higher self-compassion scores were also significantly more likely to feel that they matter, have higher self-esteem, and report a greater degree of validation from both mothers and fathers. Moreover, those with increased self-compassion scores were likely to also be older and male. SCV scores related to all other variables in a similar manner to SCS-SF scores, with the exception of age and sex, with which it was not correlated. Notably, neither measure of self-compassion correlated significantly with parental SES Invalidation scores.

Correlational analyses also demonstrated that as experiential avoidance increases, reassurance seeking, rejection sensitivity and reported father invalidation tend to also increase. In contrast, low experiential avoidance was associated with increased mattering, parental validation, and self-esteem. Associations between mattering and other study variables were also in the expected directions; higher perceived mattering related to higher parental validation and self-esteem whereas lower mattering was associated with greater reassurance seeking, rejection sensitivity, and father invalidation. Individuals who were sensitive to rejection tended to also be
more prone to reassurance seeking and report greater parental invalidation. They also perceived
themselves as mattering less and having been less validated as a child. Of the SES subscales,
only maternal invalidation was associated with reassurance seeking. However, maternal
invalidation was the only SES subscale to not be associated with experiential avoidance and
mattering.

Table 1. Descriptive Statistics for Study Variables.

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**p < .01; * p < .05.
Initial analyses also demonstrated relationships between sex and several study variables. Being a female was correlated with higher reassurance seeking, reported mother validation, and perceived mattering, and lower self-compassion and reported father invalidation. Independent samples t-tests were conducted to determine whether significant differences existed between men and women. Table 3 demonstrates the descriptive statistics and results of these analyses.

Specifically, male students reported significantly more invalidation from their fathers (Cohen’s $d = .37$) and had higher self-compassion scores (Cohen’s $d = .28$). Female students were more likely to feel that they mattered (Cohen’s $d = .36$), feel validated by their mothers (Cohen’s $d = .29$), and to excessively seek reassurance from others (Cohen’s $d = .27$). As the effect sizes for these differences were not weak, it was deemed appropriate to examine the data for males and females separately in subsequent analyses. Tables 4 and 5 show correlations between study variables for males and females, respectively. Generally, relationships between variables remained of similar magnitude when examining each sex separately. However, neither the RSQ and SES-MI, nor mattering and SES-FI were significantly correlated in the female sample as compared to the full sample. It should also be noted that a number of the significant relationships in the overall sample and the larger female sample were not present in the smaller male sample.

Due to the high correlation of self-esteem and the SCS-SF, an additional correlation matrix was generated to examine the relationships between variables while controlling for the effect of self-esteem. As demonstrated in Table 6, the strength of relationships between the SCS-SF and many of variables diminished. Despite this, relationships between SCS-SF and AAQ-II, SES-MV, RSQ, DIRI-RS, sex, and SCV remained significant.
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Table 4. Correlations Between Variables for Female Participants.

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**p < .01; *p < .05.
Table 5. Correlations Between Variables for Male Participants.

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**p < .01; *p < .05.
Table 6. Correlations Between Study Variables for All Participants while Controlling for Self-Esteem.

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**p < .01; *p < .05.
Overall Model

An overall hypothesized model including variables leading up to self-compassion and arising from self-compassion was tested using structural equation modelling (SEM) in Amos 19. As the number of males was small, only data of female participants were used. Four different models were estimated in order to assess the model with each SES subscale separately (i.e., SES-MV, SES-FV, SES-MI, and SES-FI). In this model, the path from the (in)validation measure to SCS-SF was estimated to be mediated by both mattering and experiential avoidance. SCS-SF was then hypothesized to affect reassurance seeking and rejection sensitivity. Mini “testlets” were created for some of the scales in order to group similar items, or to represent factors within a multidimensional scale. All pathways reported in models are the standardized coefficients.

Figure 2 demonstrates the pathways in the originally hypothesized model for female participants and including mother validation. The fit of the model was poor as evidenced by the following fit indices: $\chi^2 (268) = 550.65, p < .001$; RMSEA .078; CFI = .893; TLI = .870. In this model, we see that the relationship from mother validation to self-compassion was mediated by mattering and experiential avoidance. With the exception of the path from SES-MV to SCS-SF due to the mediation effect, all relationships were in the expected direction and significant at the $p \leq .002$ level. Given that the fit of the other three tested models was equally poor, the models will not be reported here.
Figure 2. Full model from SES-MV to DIRI-RS and RSQ for female participants.
Other possible models fitting the data were tested post-hoc to determine whether they could better account for the data while retaining theoretical integrity. The final model for mother validation is reported in Figure 3. Fit for this model was adequate: \( \chi^2 (267) = 552.30, p < .001; \) RMSEA .069; CFI = .915; TLI = .897; IFI = .917. As seen in the model, the relationship between mother validation and self-compassion was mediated by mattering and experiential avoidance. Specifically, increased mother validation led to decreased experiential avoidance \( (p = .003) \), which led to increased self-compassion \( (p < .001) \). Higher levels of mother validation also had a positive effect on perceived mattering \( (p = .003) \), which led to increased self-compassion \( (p = .007) \). Increased experiential avoidance was related to decreased mattering \( (p < .001) \). As was seen in the originally tested model, the path from SES-MV to SCS-SF was not significant when taking the two mediators into account. As such, this direct pathway was removed from the final model. We also see that mattering has a direct effect on rejection sensitivity \( (p < .001) \) as well as an indirect one through self-compassion to rejection sensitivity \( (p = .003) \). Finally, experiential avoidance was the only predictor of reassurance seeking \( (p < .001) \).

Figure 4 shows the same model but examines instead the influence of father validation. Fit for this model was adequate: \( \chi^2 (267) = 512.84, p < .001; \) RMSEA .068; CFI = .917; TLI = .900; IFI = .919. In this model, the relationships between variables were nearly identical to those in the mother validation model. Father validation led to decreased experiential avoidance \( (p = .003) \), which led to higher self-compassion \( (p < .001) \). Greater father validation increased mattering \( (p < .001) \), which increased self-compassion \( (p = .006) \). Higher experiential avoidance led to decreased mattering \( (p < .001) \). Mattering again had a direct effect on rejection sensitivity \( (p < .001) \) as well as an indirect effect through self-compassion (self-compassion to rejection...
sensitivity: \( p = .003 \). Again, experiential avoidance was the only predictor of reassurance seeking \( (p < .001) \).

The fit of the model for mother invalidation measures was weak: \( \chi^2 (267) = 555.80, p < .001; \) RMSEA .074; CFI = .892; TLI = .868; IFI = .894. As seen in Figure 5, the effect of mother invalidation on experiential avoidance was only marginally significant \( (p = .05) \), although the path from experiential avoidance to self-compassion remained strong \( (p < .001) \). Similarly, the significance of the path from mother invalidation to mattering \( (p = .02) \) was much reduced compared to validation measures. The path from mattering to self-compassion \( (p = .01) \) was similarly reduced, although still statistically significant. Increased experiential avoidance led to decreased mattering \( (p < .001) \). Mattering continued to have both a direct effect \( (p < .001) \) and indirect effect on rejection sensitivity through self-compassion \( (p = .002) \). Increased experiential avoidance led to increased reassurance seeking \( (p < .001) \).

Similar to the model for mother invalidation, the fit for the model examining father invalidation was poor: \( \chi^2 (267) = 547.72, p < .001; \) RMSEA .073; CFI = .890; TLI = .866; IFI = .893. Figure 6 shows that greater father invalidation led to increased experiential avoidance \( (p = .002) \), and that greater experiential avoidance led to decreased self-compassion \( (p < .001) \). In this model, father invalidation did not significantly affect mattering \( (p = .213) \), but increased mattering did lead to increased self-compassion \( (p = .009) \). Increased experiential avoidance led to decreased mattering \( (p < .001) \). Increased mattering directly led to decreased rejection sensitivity \( (p < .001) \) and indirectly affected rejection sensitivity through self-compassion \( (p = .002) \). Increased experiential avoidance led to increased reassurance seeking \( (p < .001) \).
Figure 3. Final model of path from SES-MV to RSQ, and DIRI-RS.
Figure 4. Final model of path from SES-FV to RSQ and DIRI-RS.
Figure 5. Final model of path from SES-MI to RSQ, and DIRI-RS.
Figure 6. Final model of path from SES-FI to RSQ and DIRI-RS.
Discussion

The current study had the goal of determining how self-compassion relates to variables associated with the social domain. Specific hypotheses posited that greater parental invalidation would be related to lower self-compassion, and that experiential avoidance and perceived mattering would mediate the relationship between parental invalidation and self-compassion. It was also proposed that lower levels of self-compassion would predict higher rejection sensitivity and reassurance seeking.

Initial correlations presented support for relationships between high self-compassion and adaptive intra- and interpersonal variables. Most relevant to the study’s hypotheses, individuals who were highly self-compassionate were also likely to believe that they mattered to others, and show less rejection sensitivity. Self-compassionate participants were also less likely to engage in experiential avoidance, a characteristic associated with maladjustment (Bond et al., 2011; Hayes et al., 2004). The relationship between higher self-compassion and lower reassurance seeking is an association seen only in women, although this could be due to low number of men surveyed. Data from self-compassionate participants also suggest that they were more likely to recall higher levels of validation from both their mother and father. In contrast, parental invalidation was not related to self-compassion, a finding that will be discussed more fully in the next section.

Mediation of Path from (In)Validation to Self-Compassion

The hypothesis that experiential avoidance and perceived mattering would mediate the relationship between parental (in)validation and self-compassion was supported in female data. As such, it would appear that the relationship between parental validation and self-compassion is the result of validation affecting both mediating variables, which in turn affect self-compassion. For mother invalidation, however, there were only significant pathways to self-compassion...
through mattering whereas father invalidation only related to self-compassion through experiential avoidance. Although this finding may appear to suggest that there is not an indirect pathway through experiential avoidance for mother invalidation and through mattering for father invalidation, one must recall that the model used takes into account both potential mediators simultaneously. As such, the collinearity between the two mediators may have served to mask the independent effects of each mediator. In other words, the current data show that mattering does not mediate the effect of father invalidation on self-compassion when taking experiential avoidance into account.

These analyses present initial evidence for a relationship between parental validation and self-compassion. Specifically, individuals who recalled their parents as having validated their negative displays of emotions were also more likely to have high self-compassion. However, this is not a direct relationship; instead, experiential avoidance and mattering serve as mediators. For example, a woman who recalled her mother soothing her negative emotions is more likely to believe that she matters to others and to accept her own feelings than someone whose mother validated her negative emotions less frequently. In turn, acceptance of her emotions and believing that she matters may result in increased kindness in her treatment of herself in instances of failure.

These results are consistent with those found by researchers who have examined the relationship between parenting and self-compassion. As discussed earlier, high self-compassion was previously associated with greater maternal support, healthy family functioning, and secure attachment (Neff & McGehee, 2010). These adaptive family environments may provide validation of negative emotion and give ample opportunity for children to stand in the presence of their own negative emotions, learn that they are people who matter, and finally, develop the
ability to be compassionate to the self. In contrast, although children who have been maltreated were less likely to be self-compassionate in previous studies (Tanaka et al., 2011; Vettese et al., 2011), our measure of parental invalidation was not associated with lower self-compassion. It is possible that our study found no relationship between parental invalidation and self-compassion because this link does not, in fact, exist. However, it seems more likely our study failed to demonstrate the link between parental invalidation and self-compassion due to the nature of the sample used. Since we used undergraduate students, our participants may not have experienced the degree of invalidation that clinical samples may have. In contrast to the validation scales, the range and standard deviations of the invalidation scales were more limited, suggesting that our participants may not have experienced the extreme levels of invalidation that may be seen in samples of maltreated individuals as studied by Tanaka et al. and Vettese et al. Therefore, future studies should use both clinical and community samples in order to examine a broader degree of parental invalidation.

When interpreting parental (in)validation data, it is important to keep in mind that these data are retrospective and reported from the child, now an adult, perspective. As such, it is impossible to know the degree to which the data reflect actual childhood events. Sauer and Baer (2010) found that student-report ratings and parent-report ratings of the responding parent were significantly and moderately related. Based on this, there is likely a relatively high correspondence between parent and student recollections of (in)validation, but both sources remain retrospective. Although there is the possibility that retrospective reports of childhood (in)validation do not accurately represent actual events, the data do, at the least, represent the way in which individuals recall their relationship with their parents. As such, we may interpret the data to mean that the conceptualization of the participants’ parents as having been validating
or invalidating of negative emotions affects the degree to which they currently avoid emotion, believe they matter, and are self-compassionate.

Finally, although not originally hypothesized, our final supported a direct link between experiential avoidance and mattering. Specifically, individuals who were highly avoidant of strong emotions tended to have a decreased sense of mattering. This may be explained in a number of ways. Specifically, if one is unwilling to stay in the presence of strong emotion, one may generally avoid relationships in which common negative emotions, such as jealousy, sadness, fear of rejection, and anger, are at times inevitable. This avoidance of emotional relationships may result in fewer opportunities to develop a sense of mattering that comes from strong, healthy relationships. It may also be that, if individuals with high experiential avoidance do happen to experience negative feelings within a relationship, they may feel misinterpret interactions or become dissatisfied with their role in the relationship. This may result in highly experientially avoidant individuals believing that they do not matter others.

**Rejection Sensitivity and Reassurance Seeking**

The second part of the study hypothesized that high self-compassion leads to decreased levels of both rejection sensitivity and excessive reassurance seeking. Initial correlations supported the presence of a relationship between having high self-compassion and being less sensitive to rejection and less likely to excessively seek reassurance from others, although reassurance seeking was not related to self-compassion in men. In the full model using women’s data, we see that increased self-compassion and mattering both lead to less rejection sensitivity but neither affects reassurance seeking. Instead, elevated experiential avoidance singly predicts excessive reassurance seeking.
Downey and Feldman (1996) have suggested that those who are sensitive to rejection have working models that lead them to expect others to reject them. From the current study, the lack of self-compassion may partially explain this belief. People who are kind and compassionate toward themselves are also likely to expect others to be kind and compassionate toward them. They are more likely to expect others to help them when they request help, and are less likely to be anxious about making such a request. As such, being self-compassionate may lead to being less sensitive to rejection.

The final model in our study also demonstrates that individuals who perceive themselves as mattering to others are also less sensitive to rejection. We had not originally proposed this link but it makes sense that individuals who believe they are important to others in general are less anxious and expectant of rejection than those who believe they do not play a significant role in the lives of others. In other words, the belief that one matters to others may lead one to the belief that one’s needs and desires are important to others and therefore, worthy of acceptance. As such, in the current model, low self-compassion and low perceived mattering both contribute to a greater sensitivity to rejection, whereas individuals who believe they matter and treat their suffering selves kindly are not so sensitive.

Based on Irons et al.’s (2006) work on self-criticism and self-reassurance, we had hypothesized that self-compassionate people may be more equipped to self-reassure than their less self-compassionate counterparts and so would not rely as heavily on the reassurance of others. Despite a significant negative correlation between self-compassion and reassurance seeking, this relationship disappeared when taking other study variables into account through SEM. Instead, being avoidant of painful emotions was the single best predictor of excessive reassurance seeking. Although this finding was unexpected, seeking reassurance from others is
likely a strategy to avoid negative feelings. Asking others to tell you how much they love you may serve as a “quick fix” to feelings of inadequacy, doubt, self-loathing, and sadness.

**Fit of Overall Model**

The final purpose of the study was to determine whether the paths from parental (in)validation to self-compassion and from self-compassion to social domain variables could be placed into an overall model that included all variables. Although all hypothesized pathways were statistically significant and in the anticipated direction, the original model was of poor fit for the data. This suggests that our originally hypothesized model did not accurately represent how self-compassion is influenced by or influences other interpersonal variables. However, a final model was created post-hoc and fit the data reasonably well for mother and father validation measures. This final overall model is different from the hypothesized model in a number of ways. First, a direct pathway was added from experiential avoidance to mattering. Second, mattering was added as an additional predictor of rejection sensitivity. Third, experiential avoidance was used as the sole predictor of reassurance seeking. Although these pathways were not originally hypothesized, they make sense based on the rationale described above.

The fit statistics obtained for the final model were reasonable but not as good as would often be desired. However, due to the somewhat exploratory nature of this study, this is believed to acceptable. If the purpose of the study had been to revise and test an existing model, more stringent restrictions to fit indices would need to be upheld. Instead, the goal of the current study was to explore self-compassion as it relates to social perspectives and conceptualize ways that self-compassion may originate. Given the limited research on this topic, it is not surprising that our fit indices are only marginally adequate. Although this information does provide insight into
how self-compassion operates in the social domain, there is still more research needed on the topic in order to solidify our understanding of the construct.

**Limitations**

The current study provides initial data to support the link between parental validation, self-compassion, and perceived rejection and reassurance seeking from others. In interpreting these results, however, one must remember that the current data are correlational in nature and thus cannot demonstrate true cause and effect. Moreover, data were collected at one time-point only, meaning we cannot know with certainty if an individual developed mattering, experiential avoidance, and self-compassion before they developed sensitivity to rejection and reassurance seeking.

Another possible limitation of the study is that the data were collected online at one time through self-report questionnaires. As such, the inherent limitations to self-report measures apply, such as response biases, subjectivity, and external validity. Moreover, there may be some common method variance which reduces the overall fit of the model for SEM and potentially inflates some of the correlations.

Demographic characteristics of the sample limited the generalizability of the findings. Foremost, the sample of men was small which resulted in inadequate power to analyze the data using SEM. As such, this does not inform as to how (in)validation affects self-compassion, and whether self-compassion relates to social orientation variables for men in the same way it does for women. Mean comparisons and correlations suggest that there may be sex differences but without comparable sample sizes, it is impossible to say whether these differences are artifactual. Moreover, examining cultural factors was beyond the scope of the current study. Future studies
would benefit from large samples of both men and women of various ethnicities to examine this issue.

**Areas for Future Research**

Longitudinal data are needed in order to determine the true effect of parental (in)validation on other variables. Objective parental (in)validation data at the time of occurrence would provide more concrete information about parenting behaviours at that time. The measurement of self-compassion at a later time occurrence would help establish whether (in)validation does, in fact, affect self-compassion levels. Until such information is collected, we cannot know the true effect of (in)validation on self-compassion.

As mentioned above, parental invalidation was not found to relate to self-compassion, although other types of maladaptive parenting have in the past (Tanaka et al., 2011; Vettese et al., 2011). Our failure to find a relationship between invalidation and self-compassion may be the result of our use of an undergraduate sample in which there was limited variability and range in invalidation scores. With this in mind, future studies would benefit from examining a broader sample of individuals, such as clinical and nonclinical samples, in order to fully capture the variability in parental invalidation.

Some recent research suggests that self-compassion can be manipulated, induced, or taught (Kuyken et al., 2010; Shapira & Mongrain, 2010). Future studies may want to use control groups and therapeutic instruction of self-compassion while looking simultaneously at the nature of an individual’s interpersonal interactions to determine whether they change over time. This use of a control group would provide clearer information about whether self-compassion can actually influence a person to change their social behaviours and attitudes.
Conclusion

In the current study, we present data which supports the idea that self-compassion is both affected by and affect social attitudes and behaviours. Specifically, parental validation of negative displays of emotion increases a women’s self-compassion, but this relationship is mediated by experiential avoidance and perceived mattering. In turn, increased mattering and self-compassion make an individual less sensitive to rejection from others, whereas increased experiential avoidances prompts people into excessively seeking reassurance. However, in order to understand these relationships more fully, further research using multiple time-points, experimental methods, and a broader sample is needed.
References


Appendix A

List of Acronyms for Variables in Study

RSE = Rosenberg’s Self-Esteem Scale

SCV = Self-Compassion Vignettes

SES-MV = Socialization of Emotion Mother Validation Scale

SES-MI = Socialization of Emotion Mother Invalidation Scale

SES-FV = Socialization of Emotion Father Validation Scale

SES-FI = Socialization of Emotion Father Invalidation Scale

DIRI-RS = Depressive Interpersonal Relationships Inventory – Reassurance Seeking

SCS-SF = Self-Compassion Scale – Short Form

AAQ = Acceptance and Action Questionnaire II

RSQ = Rejection Sensitivity Questionnaire
Appendix B

Self-Compassion Vignettes

Please read the situations below and **imagine** that you are in each situation. Try to think about **how you would react** and **what you would be thinking** if these things were to happen to you in real life. After reading each situation, please respond to the statements that follow as honestly as possible.

Situation 1. You are alone and using a new computer program. Others told you earlier that they found the program easy. However, very quickly you get stuck when trying to figure out how to use the program. Even though the program is functioning properly, every time you try and solve the problem, your solutions don’t work.

How likely would you be to react in EACH of the following ways (select the most appropriate number from 1 to 7):

1) I would obsess and fixate on the fact that I couldn’t figure out how to use the program.

1) Very unlikely
2) 3) 4) Neither likely nor unlikely
5) 6) 7) Very likely

2) I would get upset with myself for not being able to figure out how to use the program.

1) Very unlikely
2) 3) 4) Neither likely nor unlikely
5) 6) 7) Very likely

3) I would try to remind myself that most people have trouble with new things sometimes.

1) Very unlikely
2) 3) 4) Neither likely nor unlikely
5) 6) 7) Very likely
Situation 2. You meet someone in your class who seems really interesting and is the kind of person you would like to know better. After deciding on the perfect thing to say to this person, you approach the person and ask if s/he would like to go grab a coffee together. However, you end up saying the wrong thing, and the person thanks you but says no.

How likely would you be to react in EACH of the following ways (select the most appropriate number from 1 to 7):

1) I would get upset with myself for saying the wrong thing.
   1        2        3        4        5        6        7
   Very unlikely                Neither likely nor unlikely              Very likely

2) I would obsess and fixate on the fact that I had said the wrong thing.
   1        2        3        4        5        6        7
   Very unlikely                Neither likely nor unlikely              Very likely

3) I would try to remind myself that most people say the wrong thing sometimes.
   1        2        3        4        5        6        7
   Very unlikely                Neither likely nor unlikely              Very likely

Situation 3. You study hard for a test. When the results come back, the class average for the test turns out to be 80 percent. You got 60 percent.

How likely would you be to react in EACH of the following ways (select the most appropriate number from 1 to 7):

1) I would try to remind myself that most people get a below average grade sometimes.
   1        2        3        4        5        6        7
   Very unlikely                Neither likely nor unlikely              Very likely
2) I would get upset with myself for getting a below average grade.

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3) I would obsess and fixate on the fact that I’d gotten a below average grade.

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Situation 4. You’re playing with a band on stage in front of a large crowd. When it is time for your big solo, you forget your part and the performance comes to a halt.

How likely would you be to react in EACH of the following ways (select the most appropriate number from 1 to 7):

1) I would obsess and fixate on the fact that I had forgotten my part.

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2) I would try to remind myself that most people forget things sometimes.

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3) I would get upset with myself for forgetting my part.

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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very unlikely</td>
<td>Neither likely nor unlikely</td>
<td>Very likely</td>
<td></td>
<td></td>
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</tr>
</tbody>
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