Self-compassion decreases acceptance of own immoral behaviors ☆

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ABSTRACT

Self-compassion, which is a kind attitude toward oneself, has been well documented to promote psychological health. This research extended the literature by examining how self-compassion would predict the acceptance of one's own immoral behavior. Study 1 recruited participants in China, measured their trait self-compassion, and instructed them to judge hypothetical moral transgressions. Study 2 recruited participants in the United States, manipulated state self-compassion, and measured judgments on real immoral behaviors. Two studies, with samples from different cultures, consistently revealed that higher self-compassionate people accepted their own moral transgressions less. These findings not only enrich the literature about how self-compassionate individuals react to their own moral violations but also link self-compassion to moral behaviors and concerns.

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1. Introduction

Compassion, defined as aroused feelings in response to others' sufferings that could motivate someone to offer help, has been argued to be a fundamental source of moral judgment (Goetz, Keltner, & Simon-Thomas, 2010; Haidt, 2003). For example, having compassion toward others is associated with moral concerns about harmful behaviors (Graham et al., 2011). Nevertheless, little is known about how compassion turned inward, or self-compassion (Neff, 2003a), would influence people's moral judgment on their own behaviors. Self-compassion entails kindness, empathy, understanding, acceptance, patience, and forgiveness toward the self (Gilbert & Irons, 2005; Neff, 2003b). It seems tempting to predict that higher self-compassion would be associated with more acceptance and tolerance of one's own moral transgressions. However, self-compassion, as a healthy self-attitude, disposes people to acknowledge and remedy their own mistakes and predicts stable self-worth and low self-serving bias (Breines & Chen, 2012; Neff & Vonk, 2009). In this case, we hypothesized that higher self-compassion would predict less acceptance of one's own moral transgression.

1.1. Self-compassion and its psychological effects

Self-compassion is conceptualized as a healthy and kind attitude toward oneself (Neff, 2003a). It derives from Buddhist philosophy and is composed of three components: self-kindness, common humanity, and mindfulness (Neff, 2003b). Self-kindness refers to being kind and non-critical toward one's own sufferings. With self-kindness, people admit that inadequacies and failures are inevitable, and they also accept their own pains and mistakes with gentleness (Neff, 2009). Common humanity means to regard one's own sufferings as shared human experience and recognize that the external factor (e.g., parenting history) may impact one's own behaviors. By admitting that sufferings are not restricted to "me" and that they cannot have complete control over their circumstances, people acknowledge their failures and sufferings with understanding rather than taking them personally (Neff, 2009). Mindfulness requires balanced awareness to negative feelings rather than being overly absorbed by them or suppressing them. It is a non-judgmental, open, and receptive mind state (Neff, 2009).

The three components of self-compassion are not mutually exclusive; rather, they are closely interconnected (Neff, 2003b). For example, mindfulness can be enforced by admitting one's own sufferings with kindness and treating them as a shared human experience, and self-kindness can prevent people from being overwhelmed by negative self-feelings. Given the intertwining relationship among the three components, the present research would treat self-compassion as an overarching factor. We focused on how the overall self-compassion would impact moral hypocrisy rather than separating self-compassion into different components and examining their respective influences.

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The literature has accumulated a host of positive outcomes of self-compassion (Neff, Kirkpatrick, & Rude, 2007; Neff, Rude, & Kirkpatrick, 2007), no matter by sampling across different cultures and age groups (Neff & McGehee, 2010; Neff, Pisitsungkagarn, & Hsieh, 2008). For example, self-compassion predicts more self-acceptance (Neff, 2003a) and subjective well-being (Neely, Schallert, Mohammed, Roberts, & Chen, 2009; Neff, Kirkpatrick et al., 2007). It is also associated with less depression (Raes, 2010) and less negative self-feelings resulting from one's own faults (Leary, Tate, Adams, Allen, & Hancock, 2007). It is noteworthy that, although self-compassion is positively related to self-esteem, they are two distinct constructs (Neff & Vonk, 2009). Compared with self-esteem, self-compassion shows a stronger negative correlation with social comparison (Neff & Vonk, 2009). Self-esteem is linked to self-centered tendencies such as narcissism, while self-compassion is not (Leary et al., 2007; Neff & Vonk, 2009).

1.2. Self-compassion and moral judgment

Positive effects, such as high self-kindness and self-acceptance (Neff, 2003a, 2003b), imply that self-compassionate people are likely to accept and tolerate their own moral mistakes. However, existing evidence has shown that higher self-compassion as a healthy self-attitude is linked to less self-serving bias and more stable self-worth, which may decrease people's acceptance of their own immoral behaviors.

When in the face of threats to self-worth or self-image due to inadequacy, failure, and negative performance, people higher in self-compassion are less likely to engage in defensive and self-serving responses; rather, they are more likely to rectify mistakes, improve themselves, alleviate sufferings, and overcome obstacles. For example, Breines and Chen (2012) found that people who received self-compassion manipulation, relative to those in the control condition and those in the self-esteem induced condition, were more likely to believe that their weaknesses were amendable, spent more time preparing for a test that they initially failed, and avoided repeating the same moral transgression in the future. Correlational studies also showed that trait self-compassion was negatively associated with fear of failure in learning (Neff, Hsieh, & Dejitterat, 2005) and the level of anxiety when people were ego-threatened (Neff, Kirkpatrick et al., 2007). Because of the low defensive and self-serving tendency, self-compassionate people might be less likely to accept their own moral transgressions.

Self-compassionate people not only acknowledge and rectify their mistakes (Breines & Chen, 2012) but also have realistic self-appraisals and stable self-worth. In particular, people with higher self-compassion are less likely to perceive others' neutral feedback as negative, such that they better align their self-appraisal to the truth (Leary et al., 2007). They are also less susceptible to self-worth threats than individuals with low self-compassion. An over-eight-month longitudinal survey sequentially assessed participants' self-compassion levels twelve times and showed that self-compassion predicted less fluctuation of self-worth (Neff & Vonk, 2009). Meanwhile, self-compassionate people tend not to evaluate themselves relative to others (Neff, 2003a, 2003b) or boost their self-worth by exceeding others (Neff et al., 2005; Neff & Lamb, 2009), which might facilitate them to maintain stable self-feelings.

The realistic self-appraisals and the stable self-worth presumably dispose self-compassionate individuals to accept their own moral transgressions less. Evidence showed that people tend to elevate their own moral standards when their self-worth was threatened (Jordan & Monin, 2008). In particular, participants who completed a tedious task viewed themselves as more moral than those who rebelled to complete the task, and this effect was eliminated after participants received a manipulation of self-affirmation (Jordan & Monin, 2008). Given that people with higher self-compassion have more stable self-feeling and less fluctuation of self-worth (Neff & Vonk, 2009), they may be less likely to tolerate and accept their own immoral acts as a protection of their self-worth.

1.3. Current research

Given the literature showing that self-compassion is associated with low self-serving bias and stable self-worth, we predicted that if people engaged in any moral transgressions, individuals with higher self-compassion would accept their own immoral behaviors less. We conducted two studies to test the above hypothesis. Study 1 measured trait self-compassion and assessed moral judgment by hypothetical moral transgressions. Study 2 manipulated state self-compassion and measured judgment on real immoral behaviors.

2. Study 1

2.1. Method

2.1.1. Participants and design

G*power 3.1.9.2 was employed to compute the required sample sizes. Previous research (Schnall, Haidt, Clore, & Jordan, 2008) showed that the influence of induced dirtiness on moral judgment was at a medium level; thus, we set the effect size $f^2 = 0.01$. With the probability level of 0.05, the power of 0.85, and the number of predictors as 1, a total of 92 participants were required. 94 students from two classes in a university in northern China participated in the research for 10 RMB (approximately US $1.58). Two participants were excluded because of missing data on the measure of self-compassion, resulting in 92 participants in the final sample (11 men; age 20–23, $M_{age} = 21.45$, $SD_{age} = 0.60$).

2.1.2. Procedure and materials

After providing the informed consent form, participants read four moral transgression scenarios adopted from the previous research (Lammers, Stapel, & Galinsky, 2010; Wang, Chen, Poon, Jin, & Yang, 2016). The scenarios included breaking traffic rules in the case of being late for an appointment, keeping a stolen and abandoned bike, picking up a wallet and keeping money in it, and plagiarizing in a test, were used to measure moral judgment. Participants imagined that they were focal protagonists of these transgressions and indicated how *acceptable* these behaviors were on a 9-point scale (1 = *not at all*, 9 = *very much*). The scores of four transgressions were averaged to index moral judgment ($M = 2.92$, $SD = 1.62$, $\alpha = 0.78$), with higher scores indicating more lenient moral judgment.

Then, the Self-Compassion Scale (SCS; Neff, 2003b) was used to measure participants' dispositional self-compassion. SCS has six factors (i.e., self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification) and consists of 26 items. We translated the scale into Chinese, which exhibited acceptable internal consistency ($\alpha = 0.85$).

Participants indicated the frequency that they performed the described acts (e.g., "I try to be understanding and patient toward aspects of my personality I don't like" for the self-kindness factor; "I'm intolerant and impatient towards those aspects of my personality I don't like" for the self-judgment factor; "I try to see my failings as part of the human condition" for the common humanity factor; "When I fail at something that's important to me I tend to feel alone in my failure" for the isolation factor; "When something upsets me I try to keep my emotions in balance" for the mindfulness factor; and "When something upsets me I get carried away with my feelings" for the over-identification factor) on a 7-point scale (1 = *almost never*, 7 = *almost always*). Their scores on three negatively worded sub-scales (i.e., self-judgment, isolation, and over-identification) were reversed first, and then the means of each sub-scale were calculated and averaged to form a composite score of self-compassion, with higher scores indicating more self-compassion ($M = 4.36$, $SD = 0.67$).

Mood was measured by items adopted from previous research ("Currently I feel happy/cheerful/satisfied/sad/unhappy/dejected"; 1 = *not at all*, 5 = *very much*; Lammers et al., 2010). The scores of

positive mood items (i.e., happy, cheerful, and satisfied) and negative mood items (i.e., sad, unhappy, and dejected) were averaged respectively (positive mood: $M = 4.41$, $SD = 1.29$, $\alpha = 0.92$; negative mood: $M = 2.34$, $SD = 1.34$, $\alpha = 0.94$). Information on gender and age was also collected.

2.2. Results and discussion

Trait self-compassion and negative mood were negatively correlated ($r = -0.282$, $n = 92$, $p = 0.007$) and no significant correlation between trait self-compassion and positive mood was observed ($r = 0.14$, $n = 92$, $p = 0.184$). Then, the scores of moral judgment were regressed on the scores of SCS. The results revealed that high self-compassion predicted low scores of moral judgment ($b = -0.64$, $SE = 0.25$, $t = -2.60$, $p = 0.011$, $f^2 = 0.05$). Moreover, controlling gender ($p = 0.654$), positive mood ($p = 0.614$), and negative mood ($p = 0.116$) did not change the results ($b = -0.54$, $SE = 0.26$, $t = -2.08$, $p = 0.040$, $f^2 = 0.05$).

Consistent with our hypothesis, higher trait self-compassion predicted lower acceptance of one's own immoral behaviors. Participants with higher self-compassion uphold harsh moral judgment of themselves more than those with lower self-compassion. However, the findings were correlational in nature, and the measure of moral judgment only involved hypothetical moral transgressions. As a necessary extension, Study 2 replicated and improved Study 1 by manipulating self-compassion to establish a causal relationship and by measuring moral judgment on real immoral behavior.

3. Study 2

3.1. Method

3.1.1. Participants and design

G*power 3.1.9.2 was employed to compute the required sample sizes first. Based on the previous research (Breines & Chen, 2012; Study 4), we decided to set effect size Cohen's d as 0.63. Then, with the probability level of 0.05, the power of 0.85, and the allocation ratio N_1/N_2 as 1, a total of 94 participants were required. The data collection was suspended as soon as the required sample size was achieved. As a result, 99 participants were recruited from Amazon's Mechanical Turk (for a review, see Buhrmester, Kwang, & Gosling, 2011) to complete an online task for US $0.3. They were randomly assigned to either the self-compassion condition or the control condition.

Participants were instructed to assign one easy task and one difficult task between themselves and another participant. As in past research (Valdesolo & DeSteno, 2008), distributing the easier task to themselves was immoral and selfish, and only these responses would be retained. Nine participants assigned the better task to others. In addition, five participants failed in the manipulation check. Therefore, their responses were removed and there were 85 participants left, among which, one was Italian, one was Ukrainian, one was Puerto Rican, one was Russian, and 81 were American (52 men; age 18–68, $M_{age} = 34.41$, $SD_{age} = 10.57$).

3.1.2. Procedure and materials

After reading an online informed consent form, participants were informed that they would complete one of two five-minute tasks (green task vs. red task) at the end of the experiment. The green task consisted of interesting and easy assignments (i.e., a brief survey and a short photo hunt) and would be followed by a lottery game in which they might win an extra reward of five dollars, while the red task consisted of boring and difficult assignments (i.e., math problems and a mental rotation task), and there would be no lottery game afterwards. Participants were also told that the program would randomly assign some decision makers, who could choose one task and leave the other to the following participants. Otherwise, participants needed to complete tasks left by previous decision makers. Actually, all the participants

were chosen as the decision maker, and only participants who assigned the easier task (i.e., the green one) to themselves would be included in later data analysis.

Next, participants completed the manipulation of self-compassion (Breines & Chen, 2012; Study 4). All the participants identified a personal weakness. Then participants in the self-compassion condition described the weakness in a caring, compassionate, and understanding approach with at least 50 words. Participants in the control condition described one of their hobbies with at least 50 words. We evaluated participants' answers to check whether they had shown themselves self-compassion.

Afterwards, participants reported how they currently felt *content/happy/upset/sad* on a 7-point scale ($1 = not\ at\ all$, $7 = very\ much$; Breines & Chen, 2012). The scores on *content* and *happy* were averaged to indicate positive mood ($M = 5.02$, $SD = 1.23$, $r = 0.57$), and the scores on *upset* and *sad* were averaged to indicate negative mood ($M = 2.01$, $SD = 1.35$, $r = 0.74$). As previous research has shown that anger, guilt, and envy impacted moral judgment (Polman & Ruttan, 2012), participants also reported how they currently felt *angry/guilty/envious* ($1 = not\ at\ all$, $7 = very\ much$). Participants then answered which task they had assigned to themselves in order to check whether they remembered the choice correctly. They also evaluated how *fair* and *acceptable* their behavior was on a 9-point scale ($1 = not\ at\ all$, $9 = very\ much$). Scores were reversed first and then averaged ($M = 6.68$, $SD = 1.86$, $r = 0.70$).

We then measured participants' detection of the research hypothesis by the Perceived Awareness of the Research Hypothesis scale (PARH; Rubin, Paolini, & Crisp, 2010). Participants reported their agreements on four items (e.g., "I knew what the researchers were investigating in this research"; $1 = completely\ disagree$, $7 = completely\ agree$). Scores were reversed, when necessary, and then averaged. Higher scores indicate that participants were more likely to detect the research hypothesis ($M = 3.20$, $SD = 1.62$, $\alpha = 0.93$). Finally, the information on nationality, gender, and age was collected. We also asked participants whether they had attended similar research before.

3.2. Results and discussion

Nine participants assigned the better task (i.e., green task) to others. Two participants provided incorrect answers to the question about which task they had assigned to themselves. Then we checked participants' answers in the self-compassion manipulation and found that two participants only described their weakness but did not show any self-compassion. Another participant reported that he had attended similar research before. Therefore, these 14 participants' responses were removed, which left a total of 85 valid responses, with 42 participants in the self-compassion condition and 43 in the control condition.

Using independent t-tests, we found that self-compassion manipulation did not significantly influence positive mood ($M_{self-compassion} = 4.80$, $SD_{self-compassion} = 1.20$; $M_{control} = 5.24$, $SD_{control} = 1.23$, $t(83) = -1.69$, $p = 0.094$), negative mood ($M_{self-compassion} = 2.06$, $SD_{self-compassion} = 1.42$; $M_{control} = 1.97$, $SD_{control} = 1.30$, $t(83) = 0.32$, $p = 0.749$), angry feeling ($M_{self-compassion} = 1.45$, $SD_{self-compassion} = 0.86$; $M_{control} = 1.77$, $SD_{control} = 1.27$, $t(83) = -1.34$, $p = 0.184$), guilty feeling ($M_{self-compassion} = 2.10$, $SD_{self-compassion} = 1.66$; $M_{control} = 2.00$, $SD_{control} = 1.50$, $t(83) = 0.28$, $p = 0.782$), or envious feeling ($M_{self-compassion} = 1.79$, $SD_{self-compassion} = 1.42$; $M_{control} = 2.07$, $SD_{control} = 1.45$, $t(83) = -0.91$, $p = 0.366$). Self-compassion manipulation didn't significantly influence scores' of the PARH scale either ($M_{self-compassion} = 3.09$, $SD_{self-compassion} = 1.57$; $M_{control} = 3.31$, $SD_{control} = 1.67$, $t(83) = -0.62$, $p = 0.536$).

We further used an independent t-test to compare participants' evaluation on their own behavior, finding that participants who received self-compassion manipulation evaluated their own selfish behavior as less acceptable and fair ($M_{self-compassion} = 6.21$, $SD_{self-compassion} = 2.03$) than those in the control condition ($M_{self-compassion} = 7.14$, $SD_{self-compassion} = 1.57$, $t(83) = -2.35$, $p = 0.021$, Cohen's $d = -0.52$). Meanwhile,

controlling the mood ($p_{angry} = 0.515$, $p_{guilt} = 0.800$, $p_{envy} = 0.484$, $p_{positive\ mood} = 0.133$, $p_{negative\ mood} = 0.211$), gender ($p = 0.937$), and scores of PARH ($p = 0.948$) did not change the results (F (1, 76) = 5.12, $p = 0.026$, $\eta_p^2 = 0.063$). Therefore, the self-compassion manipulation decreased participants' acceptance of their real immoral behavior, which was consistent with the findings of Study 1.

4. General discussion

Self-compassion, as a healthy attitude toward oneself, is associated with many positive psychological functions such as subjective well-being (Neely et al., 2009; Neff, Kirkpatrick et al., 2007), self-esteem (Leary et al., 2007; Neff & Vonk, 2009), and low depression (Raes, 2010). The current research additionally showed that people with higher self-compassion tolerated and accepted their own moral transgression less. In particular, Study 1 recruited Chinese participants, assessed their trait self-compassion, and measured moral judgment on hypothetical moral transgressions; Study 2 recruited participants residing in the United States, elevated state self-compassion, and measured moral judgment on real immoral behaviors. It was consistently found that high self-compassionate people accepted their own moral transgressions less than low self-compassionate people.

The current research helped to disentangle the possible relationship between self-compassion and moral judgment. Self-compassion, on one hand, entails high self-acceptance and low self-criticism (Neff, 2003a, 2003b); thus, it seems to increase individuals' acceptance of their own moral transgression. On the other hand, as a healthy self-attitude, self-compassion predicted less self-serving bias and self-worth fluctuation (Breines & Chen, 2012; Neff & Vonk, 2009). Instead of denying the fact, self-compassionate people treat their negative behaviors with care and actively remedy these behaviors (Breines & Chen, 2012; Leary et al., 2007). Therefore, self-compassionate people may be less likely to deny their own immoral acts as a defensive strategy to protect their self-worth. Our findings advocate the second possibility. Therefore, self-compassion not only contributes to their psychological health but also attenuates the tolerance of their own moral transgressions.

It is noteworthy that two studies recruited participants from distinct populations and cultures and revealed consistent findings. Study 1 sampled from mainland China and Study 2 from the United States. Although stemming from eastern Buddhist philosophy (Neff, 2003b), self-compassion has been found to carry positive effects to people from different cultures. For instance, no matter the sampling in Taiwan, Thailand, or the United States, self-compassion is positively related to well-being (Neff et al., 2008). It also predicts low depression and high life satisfaction in a Hong Kong population (Yang, 2016). By showing that self-compassion was linked to less acceptance of one's own immoral behaviors in both western and eastern culture samples, we provide further evidence that self-compassion is a general and cross-cultural healthy construct.

The current research provides insights for understanding how self-compassionate individuals react to their own deficits. Relative to low self-compassionate people, high self-compassionate people entail less criticism and negative feelings toward their own mistakes and inadequacies (Leary et al., 2007; Neff et al., 2005). Meanwhile, they are not indifferent to their own problems; rather, they actively remedy their faults, for example, by preventing themselves from committing the same moral transgressions in the future (Breines & Chen, 2012) and by constructively solving problems in intimate relationships (Baker & McNulty, 2011). What, if not self-criticism, generates self-compassionate people to actively rectify their mistakes? Our findings demonstrate that higher self-compassionate people endorse harsher moral judgment of themselves and accept their own moral violations less. This strict self-judgment presumably further disposes self-compassionate people to rectify their faults, even without criticism or over-identified emotions.

More broadly, our findings imply that self-compassion may influence other aspects of moral judgment, such as individuals' moral concerns. According to the Moral Foundations Theory, a human being's morality is constructed on five foundations (i.e., Harm/Care, Fairness/Reciprocity, Ingroup/Loyalty, Authority/Respect, and Purity/Sanctity; Graham et al., 2011), and people with different cultures or political beliefs may be concerned with different foundations while building their moral systems (Buchtel et al., 2015; Graham, Haidt, & Nosek, 2009). Having compassion toward others is linked to concern with harm/care moral foundation (Graham et al., 2011). Similarly, self-compassion may influence individuals' moral concerns. The likelihood is supported by evidence that self-compassion manipulation could make White students engage in activities promoting racial justice (McConnell, 2015), which implies that self-compassion may lead people to concern more about fairness.

Establishing a relationship between self-compassion and moral judgment also implies that self-compassion is associated to moral behaviors. Mindfulness, a core element of self-compassion, is negatively associated with cheating behaviors (Ruedy & Schweitzer, 2010) and criminality (Rainforth, Alexander, & Cavanaugh, 2003). Similarly, self-compassion may prevent immoral behaviors and increase ethical ones, especially considering that it makes people endorse harsh judgment on own moral violations. Moreover, mindfulness skills can be trained, and the training is helpful to treat disorders and change behaviors (Baer, 2003). Mindfulness-Based Stress Reduction (MBSR) has further been shown to increase self-compassion (Shapiro, Brown, & Biegel, 2007). The future research may explore whether mindfulness-based training can impact people's judgment of their own immoral behaviors.

Even though we employed diverse methods and samples and revealed consistent findings, our research is not without limitations, which can serve as avenues for future investigations. For example, our research did not investigate how self-compassion decreased the acceptance of own immoral behaviors. The low self-serving bias and the stable self-worth accompanying self-compassion are possible mechanisms. Future studies can compare self-compassionate people's judgements of their own and others' immoral acts to test their self-serving bias. The internalization of moral rules may be another explanation. Compassion toward others is linked to the internalization dimension of moral identity (Reed & Aquino, 2003). In a similar vein, self-compassionate people may be prone to internalize moral rules and endorse elevated moral standards on self, thus accepting own moral transgression less.

5. Conclusion

The current research is among the first to explore the relationship between self-compassion and moral judgment of self. Study 1 recruited participants from China, measured trait self-compassion, and assessed moral judgment on hypothetical immoral behaviors. Study 2 recruited participants from the United States, temporarily elevated state self-compassion, and assessed moral judgment of real behaviors. It was consistently found that people with higher self-compassion accepted their own moral transgressions less. The finding not only expands the benign effects of self-compassion but also links self-compassion to moral concerns and moral behaviors.

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