



Available Online at ESci Journals

International Journal of Educational Studies

ISSN: 2312-458X (Online), 2312-4598 (Print)

<http://www.escijournals.net/IJES>

SELF-COMPASSION AND PROACTIVE COPING: MOVING BEYOND ORDINARY TO EXTRAORDINARY COPING

^aSonia Abbondandolo*, ^bMatthew J. Sigal

^aDepartment of Psychology, York University, Canada.

^bDepartment of Psychology, Simon Fraser University, Canada.

ABSTRACT

We investigated the relationship between self-compassion and proactive coping. Participants were 99 undergraduate students at a Toronto university who completed two questionnaires: the Self-Compassion Scale and the Proactive Coping Inventory. As a significant positive correlation was found between the two scales, our results supported the hypothesis that individuals high in self-compassion cope proactively during difficult times. Moreover, among the varying types of coping styles, proactive coping best predicted self-compassion, although emotional support seeking also seems to play an important role. An additional outcome of this study was to assess the validity of the Proactive Coping Inventory with a new sample. It was found to be internally consistent in terms of both Cronbach's alpha and the pattern of correlations among the seven subscales.

Keywords: self-compassion, proactive coping, coping styles, stress, health psychology.

INTRODUCTION

Compassion is a trait that is typically externally defined; people exhibit compassion for others but often fail to possess the same emotion when contemplating themselves and their own plights. Recent research has shown that such behaviour is common for people working in the helping profession. For instance, Killian (2008) found that most therapists have not had any courses or training in professional self-care. In the present study, we explored the relationship between self-compassion and proactive coping. Our overarching goal was to assess degrees of self-compassion in light of personality traits, in order to help individuals, including professionals, cope proactively during difficult times.

Neff (2003a) examined self-compassion and argued that self-compassion comprises three main elements: self-kindness, common humanity, and mindfulness. As such, self-compassionate individuals are kind towards themselves, feel connected to others, and keep their emotions in check. In contrast, individuals who are low in self-compassion are often harsh towards themselves,

feel isolated, and overidentify with their emotions (Neff, 2003a). Self-compassion has been found to correlate with general psychological well-being (Neff, 2004), and other forms of adaptive psychological functioning (Neff, Kirkpatrick, & Rude, 2007), such as shame-free guilt proneness, authentic pride (Mosewich, Kowalski, Sabiston, Sedgwick, & Tracy, 2011), and positive personality traits, specifically, agreeableness and conscientiousness (Neff, Rude, & Kirkpatrick, 2007). Self-compassion has also been found to act as a buffer against the impact of negative events (Leary, Tate, Adams, Allen, and Hancock, 2007).

A related, but distinct, trait in regard to dealing with distress is proactive coping. Greenglass, Schwarzer, Jakubiec, Fiksenbaum, and Taulbert (1999) examined proactive coping and assert that proactive coping comprises three main elements, as the behaviour is both future and positively oriented, and is focused on goal management. According to Greenglass (2008), proactive coping involves anticipating negative events, interpreting these events in a positive light or as challenges, and taking measures to implement effective goal-focused resolutions a priori. Research has found that proactive coping is related to psychological well-

* Corresponding Author:

Email: y.nv@live.com

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being (Uskul & Greenglass, 2005); vitality (Greenglass, 2006), and positive mood and motivational states (Greenglass & Fiksenbaum, 2009). Moreover, proactive coping was found to be positively related to the favorable personality traits of agreeableness and conscientiousness (Hambrick & McCord, 2010), and might mediate the effect that a functional disability has on an individual, as in the case of joint replacement (Greenglass, Marques, deRidder, & Behl, 2005).

Previous research has found links between self-compassion and behavioural outcomes of proactive coping strategies. For instance, individuals high in self-compassion act in ways that promote their health, such as complying with medical recommendations (Terry & Leary, 2011), and are unlikely to procrastinate (Williams, Stark, & Foster, 2008). Moreover, these individuals have high intrinsic motivation, particularly in the physical health context, where they attribute the desire for physical and psychological well-being as incentives for exercising (Magnus, Kowalski, & McHugh, 2010), and monitor and inhibit their eating (Adams & Leary, 2007). Further benefits of self-compassion education have been found in a variety of scenarios, for example helping college women curtail disordered eating habits (Stuart, 2009); assisting smokers in reducing their nicotine dependence (Kelly, Ziroff, Foa, & Gilbert, 2010), and even helping make auditory hallucinations less malevolent in psychotic voice hearers (Mayhew and Gilbert, 2008).

According to Leary, Tate, Adams, Allen, and Hancock (2007), individuals high in self-compassion are not only more likely to take responsibility for their actions, but also more willing to accept their role in negative events than are those low in self-compassion. For example, in matters concerning project failure, Shepherd and Cardon (2009) found that individuals high in self-compassion were better equipped to learn from their experiences than were those low in self-compassion. Furthermore, in matters concerning relationship maintenance, Baker and McNulty (2011) reported that self-compassion was positively related to motivation to correct interpersonal mistakes, particularly among women. In a study about dealing with academic failure, Neff, Hsieh, and Dejitterat (2005) found that self-compassion was negatively associated with detrimental avoidance-oriented strategies, such as denial and mental disengagement. Similarly, Thompson and Waltz (2008) found that individuals high in self-compassion were less likely than

those low in self-compassion to avoid painful memories, which, in turn, helped facilitate the healing process and reduced posttraumatic stress disorder symptom severity. In general, the message from previous research seems clear: self-compassion has important implications for quality of life and symptom severity (Van Dam, Sheppard, Forsyth, & Earleywine, 2011).

In the present study, we aimed to build upon the previous research, focusing on a particular hypothetical question: Does a synergistic relationship exist between self-compassion and proactive coping? Generally, the three facets of self-compassion can be understood as means toward proactive coping, because self-compassion entails: self-kindness, and a positive approach to dealing with negative events; the recognition of a common humanity, and an intent to build social resources particularly during difficult times, and a mindful awareness and, arguably, a goal-oriented approach to problem solving.

To investigate further the relationship between self-compassion and proactive coping, we utilized the subscales of a proactive coping inventory. Each of the seven subscales pertains to a particular proactive coping strategy, and we hypothesized that the proactive coping subscale would be the best predictor of self-compassion, more so than other proactive strategies, such as strategic planning or emotional support seeking.

METHODOLOGY

Participants: Participants were 100 undergraduate students from Toronto, Canada who volunteered and received course credit for their participation in this study. There were 81 females, 16 males, and 3 nondisclosed participants. In terms of age, 50 participants were less than 20 years old, 38 were between the ages of 21 and 25 years, 7 were between 26 and 30 years, and 4 were 31 years or older. One participant failed to complete the survey and was excluded from the analysis, leaving an effective survey sample size of 99 participants.

Measures: The Self-Compassion Scale (SCS) is a 26-item inventory designed by Kristen Neff (2003a) that was created to measure levels of self-compassion. For each item, participants responded using a 5-point Likert scale that ranges from *almost never* to *almost always*. The scale yields an overall self-compassion score, the primary variable of interest in this study, and scores on six subscales: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-

identification. Neff (2003b) claimed that the scale possesses strong internal reliability and reported a Cronbach alpha coefficient of 0.92 for the overall scale and 0.78, 0.77, 0.80, 0.79, 0.75, and 0.81 for each of the six subscales, respectively. Furthermore, Neff found a strong test-retest reliability coefficient of 0.93 for the overall scale and 0.88, 0.88, 0.80, 0.85, 0.85, and 0.88 for each subscale, respectively, as well as reporting strong convergent and discriminant validity.

The Proactive Coping Inventory (PCI) is a 55-item inventory designed by Greenglass et al. (1999) to measure proactive coping tendency. For each item, participants responded using a 4-point Likert scale that ranges from *completely disagree* to *completely agree*. The inventory contains seven subscales, each of which deals with an aspect of proactive coping: proactive coping, reflective coping, strategic planning, preventive coping, instrumental support seeking, emotional support seeking, and avoidance coping. The PCI has strong internal reliability, with Cronbach alpha scores of 0.85 and 0.80 within a Canadian sample and a Polish-Canadian sample, respectively (Greenglass et al., 1999). The scale had also been tested previously for construct validity, having had respondents complete additional scales that measured aspects of coping style.

Procedure: Prior to being tested, participants were

informed that their participation was completely voluntary and that they could withdraw from the study at any time. Furthermore, they were advised that their identity would be kept anonymous and their responses were confidential. The data were collected using self-report measures in a forced-choice response format. Participants were given the two questionnaires in fixed order. Some supplementary demographic information was obtained, including age and gender. Each participant was thanked and debriefed.

RESULTS

In the current study, both measures demonstrated good internal consistency. Across all items, the Self-Compassion Scale yielded a Cronbach’s alpha coefficient of 0.908, and the Proactive Coping Inventory received a 0.916, both of which indicated a high level of internal consistency for this specific sample. However, for the Proactive Coping Inventory, we were more interested in the relationships among subscales than in an overall summary score. Greenglass et al. (1999) reported that positive intercorrelations among all of the subscales, except avoidance coping (which should be negatively related to the others), are expected. Using the average participant response for each subscale, we found a similar pattern (see Table 1). Of all the pairwise correlations, a few coefficients were of particular interest.

Table 1. Correlations of the Proactive Coping Inventory.

	10.	20.	30.	40.	50.	60.
1. Proactive Coping	-					
2. Reflective Coping	0.453 p < 0.001	-				
3. Strategic Planning	0.519 p < 0.001	0.611 p < 0.001	-			
4. Preventive Coping	0.427 p < 0.001	0.645 p < 0.001	0.570 p < 0.001	-		
5. Instrumental Support Seeking	0.300 p < 0.003	0.361 p < 0.001	0.321 p < 0.001	0.330 p < 0.001	-	
6. Emotional Support Seeking	0.317 p < 0.001	0.237 p = 0.018	0.219 p = 0.029	0.187 p = 0.064	0.684 p < 0.001	-
7. Avoidance Coping	-0.174 p = 0.086	-0.018 p = 0.856	0.045 p = 0.659	0.074 p = 0.467	-0.095 p = 0.352	-0.065 p = 0.523

Our primary hypothesis was that self-compassion, as measured by the Self-Compassion Scale, would be positively associated with proactive coping behaviour, which was one of the subscales on the Proactive Coping

Inventory. This bivariate relationship was statistically significant, $r(99) = 0.409, p < 0.001$. Self-compassion was also found to be significantly related to strategic planning, $r(99) = 0.201, p = 0.046$, and to emotional

support seeking, $r(99) = 0.335, p = 0.001$.

To investigate further the relationship between the subscales of the Proactive Coping Inventory, gender, and self-compassion, a series of multiple regression analyses was conducted. Self-compassion was regressed on all seven subscales and on gender. First, the residuals from the full model were plotted against the predicted values to investigate possible violations of heterogeneity of variance, outliers, and the independence of residuals. While there appeared to be slightly more variability in the estimates at the upper end of the range, no serious deviations from the model assumptions were noted. Further, the overall regression modelled self-

compassion reasonably, and was found to be statistically significant, $F(8, 87)=4.201, p < 0.001, R^2 = 0.279$. However, from the set of predictors, only proactive coping and emotional support seeking accounted for significant proportions of the variability in self-compassion, holding the other variables constant (see Table 2). At the other extreme, reducing the model to include only proactive coping on self-compassion yielded a significant extra-sums-of-squares partial F-test, $F(7, 87) = 14.659, p < 0.001$, indicating that some of the other predictors (either independently or in tandem) contribute significantly to the prediction of self-compassion.

Table 2. Simultaneous Regression Analysis for the Self-Compassion Scale with the Coping Subscales of the Proactive Coping Inventory and Gender as Predictors.

	Unstandardized Coefficients		t	Sig.
	B	Std. Error		
Intercept	1.100	0.570	1.930	0.057
Proactive Coping	0.582	0.177	3.286	0.001
Reflective Coping	-0.163	0.165	-0.182	0.329
Strategic Planning	0.091	0.138	0.660	0.511
Preventive Coping	-0.011	0.164	-0.065	0.948
Instrumental Support Seeking	-0.208	0.159	-1.313	0.193
Emotional Support Seeking	0.304	0.110	2.754	0.007
Avoidance Coping	-0.019	0.077	-0.242	0.809
Gender	0.238	0.146	1.626	0.108

The full model was then pared down into a more parsimonious one by removing each of the least significant predictors, in succession, and testing the fit of the resulting model against that of the full model. Consequently, the most parsimonious model, by the lack of significance criterion, was one with only two predictors: proactive coping and emotional support

seeking, partial $F(2, 87) = 1.49, p = 0.22$. The overall fit of this model was significant, $F(2, 96) = 13.084, p < 0.001, R^2 = 0.214$. Table 3 shows the coefficients for the reduced model. The overarching finding was that both proactive coping and the presence of emotional support seeking positively predicted self-compassion scores.

Table 3. Simultaneous Regression for the Parsimonious Model.

	Unstandardized Coefficients		t	Sig.
	B	Std. Error		
Intercept	0.710	0.440	1.613	0.110
Proactive Coping	0.520	0.147	3.533	0.001
Emotional Support Seeking	0.194	0.081	2.387	0.019

DISCUSSION

With the current study, our primary contribution to the existing literature was to investigate the relationship between self-compassion and proactive coping. Our

results supported the hypothesis that individuals high in self-compassion cope proactively during difficult times, as a significant positive correlation was found between the two scales. Moreover, among the varying types of

coping styles, proactive coping best predicted self-compassion, although emotional support seeking also seemed to play an important role. An additional outcome of this study was to assess the validity of the Proactive Coping Inventory with a new sample. As discussed previously, the inventory was again found to be internally consistent, in terms of both Cronbach's alpha and the pattern of correlations among the seven subscales.

However, as with all studies of correlational design, there is an inherent limitation for these results. Primarily, without random allocation, we are unable to conclude that proactive coping causes self-compassion or vice versa. Also, this research was conducted solely on undergraduate students at a particular university. While the results fall in line with our hypotheses, a future study investigating this phenomenon across a broader range of participants would be interesting.

Future research may endeavour to include measures, like the Life Events Checklist, which more accurately focus on trauma, thereby helping to increase content validity and shedding further light on whether or not individuals high in self-compassion cope proactively during difficult times. It would also be interesting to explore how compassion for others relates to self-compassion and proactive coping. In the current study, we did not examine whether or not individuals high in self-compassion who cope proactively also score high in compassion for others. Such an extension may also give rise to real-life applications, as in corporate hiring practices, whereby the quality of compassion extended to others, particularly in the helping professions, is both critical and paramount.

Notwithstanding the aforementioned limitations, the current study does provide preliminary evidence of a relationship between self-compassion and proactive coping – an apparently strong association that was previously disregarded in the literature. Such a finding is consistent with a recent study which demonstrated the predictive role of self-compassion on proactivity more generally; specifically, that self-kindness and mindfulness predicted proactivity positively, whereas isolation and overidentification predicted proactivity in a negative way (Akin, 2014). These findings have important implications for both the individual and for society and are supported by previous research. Batts and Leary (2010) found that individuals high in self-compassion were more likely to cope proactively than

were those low in self-compassion as they possessed an increased desire or focus on minimizing future suffering. These results should inform future clinical practice and promote additional research into the relationship between self-compassion and proactive coping.

ACKNOWLEDGEMENT

The corresponding Author wishes to express her gratitude to her dear mother for her unwavering support and guidance. You are the inspiration for this work, and all work.

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