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Brief Report

An examination of self-compassion in relation to positive psychological functioning and personality traits

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Abstract

This study examined the relation of self-compassion to positive psychological health and the five factor model of personality. Self-compassion entails being kind toward oneself in instances of pain or failure; perceiving one's experiences as part of the larger human experience; and holding painful thoughts and feelings in balanced awareness. Participants were 177 undergraduates (68% female, 32% male). Using a correlational design, the study found that self-compassion had a significant positive association with self-reported measures of happiness, optimism, positive affect, wisdom, personal initiative, curiosity and exploration, agreeableness, extroversion, and conscientiousness. It also had a significant negative association with negative affect and neuroticism. Self-compassion predicted significant variance in positive psychological health beyond that attributable to personality.

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Keywords: Self-compassion; Self-attitudes; Self-criticism; Self-acceptance; Positive psychology; Big five

1. Introduction

Neff (2003a, 2003b) has recently proposed the construct of self-compassion as a healthy form of self-acceptance. Self-compassion represents a warm and accepting stance towards those aspects of oneself and one's life that are disliked, and entails three main components

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(Neff, 2003b). First, it involves being kind and understanding to oneself in instances of suffering or perceived inadequacy. It also involves a sense of common humanity, recognizing that pain and failure are unavoidable aspects of the shared human experience. Finally, self-compassion entails balanced awareness of one's emotions—the ability to face (rather than avoid) painful thoughts and feelings, but without exaggeration, drama or self-pity.

Several studies have found that self-compassion is a powerful predictor of mental health. For example, self-compassion is negatively associated with self-criticism, depression, anxiety, rumination, thought suppression, and neurotic perfectionism, while being positively associated with life satisfaction and social connectedness (Neff, 2003a). Increased self-compassion has been found to predict enhanced psychological health over time (Gilbert & Proctor, *in press*; Neff, Kirkpatrick, & Rude, *in press*), and to explain lessened stress following participation in a widely implemented stress-reduction program (Mindfulness-Based Stress Reduction; Shapiro, Astin, Bishop, & Cordova, 2005). Self-compassion appears to have academic benefits as well. Neff, Hseih, and Dejjitthirat (2005) found that self-compassion was linked to intrinsic interest in learning and healthier coping strategies after failing an exam.

Research has shown that self-compassion can be empirically differentiated from self-esteem. Although self-esteem and self-compassion are moderately correlated, self-compassion is a stronger unique (negative) predictor of social comparison, anger, need for closure, public self-consciousness, self-rumination, contingent self-worth and unstable self-worth (Neff, 2005). Moreover, self-esteem is significantly correlated with narcissism whereas self-compassion is not (Neff, 2003a, 2005). Neff et al. (*in press*) found that self-compassion was associated with reduced anxiety after considering one's greatest weakness, but that self-esteem did not provide such a buffer. In a series of controlled experiments, Leary, Tate, Adams, and Allen (2006) demonstrated that self-compassion was associated with more emotional balance than self-esteem when participants encountered potentially humiliating situations, received unflattering inter-personal feedback, or remembered past negative life events.

While this body of research is promising, there is more to be learned about self-compassion if it is to gain widespread acceptance as a psychologically adaptive mindset. For instance, most of the research conducted on self-compassion so far has focused on its negative association with psychopathology. The positive psychology movement has argued that it is necessary to consider well-being not only in terms of the absence of psychopathology, but also in terms of human strengths and potentials (Seligman & Csikzentmihalyi, 2000). We feel that self-compassion is an important human strength as it invokes qualities of kindness, equanimity, and feelings of inter-connectedness, helping individuals to find hope and meaning when faced with the difficulties of life. Thus, the current study looked at the association of self-compassion with *positive* aspects of well-being identified as potential benefits of a self-compassionate stance—happiness, optimism, positive affect, wisdom, personal initiative, and curiosity and exploration.

In addition, self-compassion has not yet been examined in relation to the five-factor model of personality, a needed undertaking so that self-compassion can be viewed from the perspective of this well-known personality framework. We expected there to be overlap between self-compassion and the big five, particularly neuroticism, given that feelings of self-judgment, isolation, and rumination inherent in the *lack* of self-compassion are similar to those described by the neuroticism construct. However, we expected that self-compassion would also predict well-being after accounting for shared variance with personality

traits. For instance, we thought that self-compassion would account for unique variance in reflective wisdom, happiness and optimism due to the increased perspective, resilience, and warmth associated with self-compassion—strengths that are captured less well by the five personality dimensions.

2. Method

Participants included 177 undergraduate students (57 men; 120 women; *M* age 20.02 years; *SD* = 2.25) who were randomly assigned from an educational-psychology subject pool at a large Southwestern university. The ethnic breakdown of the sample was 56% Caucasian, 25% Asian, 14% Hispanic, 5% Mixed Ethnicity, and 1% Other. While meeting in groups of no more than 30, participants filled out a self-report questionnaire containing all study measures.

2.1. Measures

2.1.1. Self-compassion

Participants were given the 26-item Self-Compassion Scale (SCS; Neff, 2003a), which assesses six different aspects of self-compassion (negative aspects are reverse coded): Self-Kindness (e.g., “I try to be understanding and patient toward 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 think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world”), Mindfulness (e.g., “When something painful happens I try to take a balanced view of the situation”), and Over-Identification (e.g., “When I’m feeling down I tend to obsess and fixate on everything that’s wrong.”). Responses are given on a five-point scale from “Almost Never” to “Almost Always.” Research indicates the SCS has an appropriate factor structure and demonstrates concurrent validity (e.g., correlates with social connectedness), convergent validity (e.g., correlates with therapist ratings), discriminate validity (e.g., no correlation with social desirability or narcissism), and test–retest reliability ($\alpha = .93$; Neff, 2003a, 2005). All scale reliabilities can be found in Table 1.

2.1.2. Wisdom

Participants completed the 39-item Three-Dimensional Wisdom Scale (3D-WS; Ardel, 2003), which measures three aspects of wisdom: cognitive (e.g., “In this complicated world of ours the only way we can know what’s going on is to rely on leaders or experts who can be trusted”), reflective (e.g., “I always try to look at all sides of a problem”), and affective (e.g., “I can be comfortable with all kinds of people”). Ardel (2003) has demonstrated that the scale has content validity (as assessed by three independent judges), convergent validity (high scores on the scale were linked to peer nominations of wisdom), discriminant validity (e.g., no significant relation to income or social desirability) and test–retest reliability ($\alpha = .85$).

2.1.3. Personal initiative

The 9-item Personal Growth Initiative Scale (PGIS; Robitschek, 1998) assesses an individual’s active involvement in changing and developing as a person (e.g., “If I want to change something in my life, I initiate the transition process”). Robitschek (1998)

Table 1
Reliability for study measures (Cronbach's Alpha) and inter-correlations between variables

Measures	SCS	HAP	OPT	PA	NA	W-C	W-R	W-A	PI	CE	N	E	O	A	C
α	.91	.88	.78	.89	.85	.68	.67	.72	.88	.70	.84	.79	.74	.80	.81
Happiness	.57*	—													
Optimism	.62*	.58*	—												
Pos. affect	.34*	.42*	.37*	—											
Neg. affect	-.36*	-.30*	-.38	.04	—										
Wis.-cognitive	.11	.13	.19*	-.03	-.14	—									
Wis.-reflective	.61*	.47*	.59*	.22*	-.39*	.44*	—								
Wis.-affektive	.26*	.35*	.27*	.10	-.22*	.43*	.47*	—							
Pers. initiative	.45*	.58*	.52*	.47*	-.25*	.09	.38*	.15	—						
Curiosity/explor.	.28*	.33*	.34*	.37*	-.08	.34*	.37*	.18*	.44*	—					
Neuroticism	-.65*	-.55*	-.60*	-.28	.52*	-.23*	-.56*	-.22*	-.44*	-.27*	—				
Extroversion	.32*	.60*	.39*	.19*	-.15*	.16*	.28*	.44*	.34*	.24*	-.34*	—			
Openness to exp.	-.05	.02	.03	-.05	.01	.52*	.18*	.19*	.04	.40*	.07	.15	—		
Agreeableness	.35*	.30*	.38*	.06	-.30*	.22*	.44*	.56*	.16*	.08	-.29	.40*	.01	—	
Conscientious.	.42*	.47*	.45*	.40*	-.28*	.22*	.50*	.32*	.69*	.29*	-.45*	.28*	-.05	.34*	—

Note. SCS, Self-Compassion Scale; W-C, cognitive wisdom; W-R, reflective wisdom; W-A, affective wisdom; PI, personal initiative; CE, curiosity and exploration; HAP, happiness; OPT, optimism; PA, positive affect; NA, negative affect; N, neuroticism; E, extroversion; O, openness to experience; A, agreeableness; C, conscientiousness.

* $p \leq .05$.

reports evidence for the scale's concurrent validity (e.g., moderate positive correlations with assertiveness, instrumentality, and internal locus of control), discriminant validity (e.g., no correlations with SAT scores or social desirability) and test-retest reliability ($\alpha = .74$).

2.1.4. Curiosity and exploration

Participants completed the Curiosity and Exploration Inventory (CEI; Kashdan, Rose, & Fincham, 2004). The 4-item curiosity and exploration subscale measures strivings for novel information and experiences with items such as "Everywhere I go, I am out looking for new things or experiences." The CEI has been shown to demonstrate convergent validity (e.g., significant correlations with confident ratings), discriminant validity (e.g., no correlation with social desirability, independence from positive affect) and test-retest reliability ($\alpha = .80$) in prior research (Kashdan et al., 2004).

2.1.5. Happiness

Participants' happiness was assessed with the 4-item Subjective Happiness Scale (SHS; Lyubomirsky & Lepper, 1999). On this measure, two items ask respondents how happy they are using absolute and relative ratings, while two items describe happy and unhappy individuals and ask respondents the extent to which the statements describe them.

2.1.6. Optimism

The well-known 6-item Life Orientation Test-Revised (LOT-R; Scheier, Carver, & Bridges, 1994) was used to measure optimism. It includes items such as "I'm always optimistic about my future."

2.1.7. Positive and negative affect

This study employed the widely used Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988). The 10-item negative affect subscale assesses the degree to which participants are experiencing moods such as “upset” or “nervous”; the 10-item positive affect subscale assesses moods like “excited,” and “proud.”

2.1.8. Personality characteristics

Major broad-band personality traits were measured with the standard 60-item NEO Five-Factor Inventory, Form S (NEO-FFI S; Costa & McCrae, 1992).

3. Results and discussion

First, we used a one-way ANOVA to check for sex or ethnic differences in self-compassion, and none were found. Results were therefore collapsed by gender and ethnicity for subsequent analyses. (All of the following results were also checked to ensure they did not interact with gender or ethnicity). Zero-order correlations between the SCS and other variables examined in this study are presented in Table 1. Note that self-compassion was significantly correlated with all of the positive health constructs examined.

Happiness and optimism—two important features of positive mental health—were strongly associated with self-compassion. Greater happiness may stem from (and also facilitate) the feelings of warmth, inter-relatedness, and equilibrium that people experience when they are self-compassionate. Research has also shown that happy people are less likely than unhappy people to ruminate on negative life events (Lyubomirsky, 2001)—as are self-compassionate individuals (Neff, 2003a). The contented mindset of self-compassion and its associated adaptive coping skills (Neff et al., 2005) may also help to maintain optimistic expectations about the future (Scheier et al., 1994). In fact, feelings of compassion for self and others have been linked to higher levels of brain activation in the left prefrontal cortex, a region associated with joy and optimism (Lutz, Greischar, Rawlings, Ricard, & Davidson, 2004).

Results indicated that self-compassionate individuals experienced significantly more positive and less negative mood generally. However, we do not interpret this to mean that self-compassion is merely a “Pollyanish” form of positive thinking. Although self-compassion is associated with positive affect, it stems from the ability to hold difficult negative emotions in non-judgmental awareness without denial or suppression (Neff et al., *in press*).

Results indicate that self-compassion was strongly related to reflective wisdom, modestly related to affective wisdom, and positively but non-significantly related to cognitive wisdom. According to Ardel’s (2003) formulation, reflective wisdom refers to the ability to see reality as it is and to develop self-awareness and insight. It is likely that self-compassion and reflective wisdom overlap in a variety of ways, resulting in the strong association between the two constructs. Research shows that self-compassionate individuals make more accurate self-appraisals (i.e., without self-enhancement or self-deprecation) than those lacking the trait (Leary et al., 2006), suggesting that self-compassion may enhance wisdom because it provides the emotional safety needed to see the self clearly. Affective wisdom assesses constructive emotions towards others, such as feelings of kindness and sympathy. The positive link between self-compassion and affective wisdom suggests that concern for the self and others are related. While self-compassion is considered to be part of a more general compassionate stance, the reason a stronger association was not

obtained may be because individuals who lack self-compassion tend to say they are kinder to others than to themselves (Neff, 2003a), so that being uncaring towards oneself does not necessarily translate into a lack of other-focused concern. Self-compassion was not significantly related to cognitive wisdom, which assesses the ability to understand people and the real world. This type of “street smarts” does not appear to require self-compassion.

Self-compassion was significantly related to personal initiative, defined by Robitschek (1998) as being actively involved in making changes needed for a more productive and fulfilling life. Because self-compassionate individuals are not harshly self-critical, they may be more able to acknowledge areas of weakness that need changing. This is important because people are sometimes reluctant to be self-compassionate out of fear of self-indulgence (Neff, 2003b). While focusing exclusively on pleasure for oneself might lead to self-indulgence, compassion involves desiring health and well-being for the self rather than pleasure per se (Brach, 2003). In many instances, giving the self pleasure actually harms well-being (e.g., taking drugs, over-eating, watching too much television), while promoting one’s health often involves a certain amount of displeasure (e.g., exercising, dieting, reading a difficult but rewarding novel). Thus, the desire for well-being inherent in self-compassion is likely to engender productive, positive change.

Results indicate that self-compassion was also significantly related to curiosity and exploration, a process that involves giving attention to and pursuing novel and challenging experiences (Kashdan et al., 2004). This suggests that having an open and accepting stance towards oneself is related to being open to the world in general. Self-compassionate individuals may be more curious about life because they tend to be intrinsically motivated and have less fear of failure when faced with difficult challenges (Neff et al., 2005). Conversely, this curiosity may facilitate the willingness to hold one’s pain in compassionate awareness.

In terms of the five personality traits of the NEO-FFI, self-compassion had the strongest association with neuroticism, with greater self-compassion leading to significantly lower levels of neuroticism. This supports past findings of a significant negative relationship between self-compassion and markers of maladjustment such as depression, anxiety, and rumination (Neff, 2003b). Self-compassion also demonstrated a significant positive correlation with agreeableness, suggesting that the kind, connected, and emotionally balanced stance of self-compassion is associated with a greater ability to get along with others (note that self-compassion has also been linked to greater social connectedness in past research; Neff, 2003a). Self-compassionate individuals were significantly more likely to be extroverted—perhaps because they are less likely to worry about the impression they make on others, a concern that can lead to shy and withdrawn behavior. Extroversion scores may also be a reflection of feelings of social inter-connectedness that are part of self-compassion. A significant link was also found between self-compassion and conscientiousness. This suggests that the emotional stability provided by self-compassion may help engender (and be engendered by) more responsible behavior, and further underlines the distinction between self-compassion and self-indulgence.

The one trait that was not significantly associated with the SCS was openness to experience. This finding was surprising, given the receptive, non-judgmental nature of self-compassion. However, openness to experience measures the characteristics of having an active imagination, aesthetic sensitivity, and preference for variety in addition to open-mindedness (Costa & McCrae, 1992), and it may be these dimensions of the trait that are unrelated to self-compassion. This interpretation is supported by the fact that self-compassion was significantly linked to curiosity and exploration. Future research should examine this issue

by employing the Revised NEO Personality Inventory, which measures separate facets of each personality trait.

To demonstrate that self-compassion was not redundant with personality dimensions, we conducted regression analyses to determine whether self-compassion predicts unique variance in positive functioning over and above the big five. First, we created a composite of all the relevant outcome variables: happiness, optimism, positive affect, negative affect (reverse coded), wisdom (cognitive, reflective, and affective), personal initiative, and curiosity and exploration. (Most of these variables were significantly inter-correlated, and exploratory factor analysis indicated that a single factor could explain 40% of their shared variance, with all variables displaying factor loadings that were above .40. Thus, use of a composite variable to represent positive functioning was considered appropriate.) As indicated in Table 2, self-compassion predicted significant variance in positive functioning beyond that predicted by personality traits. Results suggest that self-compassion is not redundant with established personality constructs in terms of predicting optimal functioning, and that self-compassion taps into certain aspects of positive well-being not fully captured by the five-factor model of personality.

4. Conclusion

Overall, study findings provided strong support for the contention that self-compassion does more than ameliorate psychopathology—it also predicts positive psychological strengths. Approaching painful feelings with self-compassion is linked to a happier, more optimistic mindset, and appears to facilitate the ability to grow, explore, and wisely understand oneself and others. The current research was conducted using self-report scales, of course, so common method variance may have impacted results (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003). Though other research has found links between self-compassion and well-being using more varied methods (e.g., behavioral tasks, experience sampling, mood inductions; Leary et al., 2006; Neff et al., in press), current results should be interpreted with caution until confirmed using other methodologies. Another limitation of the correlational analyses employed in this study is that they cannot determine if self-compassion *causes* or is *caused by* positive psychological traits or personality. It is likely that both

Table 2
Standardized regression coefficients for personality traits and self-compassion predicting positive functioning

Predictor	Model 1	Model 2
Neuroticism	-.40*	-.25*
Extroversion	.21*	.20*
Openness to experience	.21*	.21*
Agreeableness	.06	.02
Conscientiousness	.39*	.36*
Self-compassion	—	.27*
ΔR^2	—	.04*
ΔF	68.65*	22.99*
Total adjusted R^2	.67	.71

Note. The outcome variable of positive functioning represents a composite of happiness, optimism, positive affect, negative affect (reverse coded), wisdom (cognitive, reflective, and affective), personal initiative, and curiosity and exploration.

* $p < .001$.

influences are operating simultaneously. For instance, neurotic individuals may be more likely to lack self-compassion due to their anxious and pessimistic mindset, but increased self-compassion may also reduce neurotic tendencies (and/or reduce their harmful effects given that disliked personal traits are not compounded by harsh self-judgment). It is unlikely that self-compassion is merely the end result of positive psychological states or traits, however, because self-compassion occurs precisely when negative personal traits or life events are encountered and acknowledged. Moreover, well-controlled research using a self-compassion mood induction (Leary et al., 2006) has found that engendering a self-compassionate mindset directly enhances emotional well-being.

Although self-compassion is new on the scene of Western psychology, it is actually a central tenet of Buddhist thought (e.g., Brach, 2003), one of the world's oldest wisdom traditions. Another Buddhist construct currently having an impact in the West is mindfulness—a state of non-judgmental awareness that involves the clear seeing and acceptance of mental and emotional phenomena as they arise in the present moment (Baer, 2003). In fact, a contributing factor to the success and popularity of mindfulness-based therapeutic techniques may be that these approaches tend to include an explicit focus on self-compassion (Shapiro et al., 2005). Gilbert and Proctor (in press) have developed a compassion-based therapeutic approach to treating habitually self-critical individuals called Compassionate Mind Training that appears highly promising. There are also reasons to believe that it is easier to enhance self-compassion than self-esteem (Swann, 1996). For these reasons, future research efforts should be aimed at understanding how to increase self-compassion among clinical and non-clinical populations, and should examine the impact of self-compassion on physiological as well as mental health.

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