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THE CONTRIBUTION OF SELF-ESTEEM, SELF-COMPASSION, AND SELF-ACCEPTANCE/SELF-CONDEMNATION IN PREDICTING PSYCHOPATHOLOGY AND WELL-BEING

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ABSTRACT

THE CONTRIBUTION OF SELF-ESTEEM, SELF-COMPASSION, AND SELF-ACCEPTANCE/SELF-CONDEMNATION IN PREDICTING PSYCHOPATHOLOGY AND WELL-BEING

Persefoni N. Andronikos

Many self-concepts have developed over time. This study investigated the relationship between self-esteem, unconditional self-acceptance (USA)/irrational self-condemnation, and self-compassion. Each of these aspects of the self is thought to lead to disturbance, yet the relationship of these concepts to each other and which has the unique influence on psychopathology and well-being, is unclear. The current study sampled 303 adults from the United States of America who completed scales measuring each of the self-constructs and anxiety, depression, anger, and flourishing during the COVID-19 pandemic. The results indicated mostly medium to large, correlational relationships amongst the self-constructs, as well as the self and positive and negative emotions. Evidence supported the self as four separate constructs. Total self-compassion accounted for the most unique variance in predicting anxiety and anger, while self-compassion and USA accounted for the greatest variance in predicting depression and flourishing. Self-compassion was also deconstructed by subscale to examine its relation to each criterion variable. However, total self-compassion was deemed the strongest predictor of positive and negative emotions. The interplay of subscales leads to a strong sense of self, evidenced by decreased psychopathology and increased well-being. These findings should inform future therapeutic treatment plans and interventions.

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Introduction

Statement of the Problem

The role of concepts about the self in psychopathology is a topic of great interest in psychology. Self-attitudes are related to psychopathology as well as positive mental health. Many theories concerning self-concept have developed over time; amongst these is self-compassion (Neff, 2008), self-esteem (Rosenberg, 1965), and self-acceptance (Ellis, 1976). Each of these aspects of the self is thought to lead to disturbance, yet the relationship of these concepts to each other and which has the largest influence on psychopathology and well-being is unclear. Dryden (2013) argued that there are similarities between self-compassion and unconditional self-acceptance (USA) is (1976; 1995) proposed unconditional self-acceptance (USA) as s a distinct component of Rational Emotive Behavior Therapy (REBT), whereas self-esteem and self-compassion have roots in Cognitive Behavior Therapy (CBT). Self-esteem (Rosenberg, 1965) is associated with narcissism, depression, and anxiety, yet the relationship is unclear due to the overlap between self-esteem and narcissism (Neff, 2008; Ortho et al., 2008; Sowislo & Orth, 2013).

Self-compassion is a nuanced area of research, led by the pioneer of the field, Dr. Kristin Neff. Unlike self-esteem, self-compassion is argued to be a healthier way of relating to the self without evaluation and is related to positive mental health outcomes and reduced negative outcomes (Neff et al., 2007). Self-compassion accounts for more of the variance than self-esteem in predicting negative outcomes, such as reactive anger, and is not related to narcissism (Neff, 2008). Each of these individual self-constructs might be highly related to each other and form one latent variable, or each might contribute to

unique variance in predicting psychopathology. This research attempts to answer these two questions by using self-esteem, self-acceptance, self-compassion, and self-condemnation to predict psychopathology and positive mental health (i.e., flourishing).

Review of Literature

Self-Compassion

Self-compassion is defined as kindness and understanding towards the self (Germer & Neff, 2013). It is how we treat ourselves when faced with adversity or suffering (Neff, 2015). Neff (2008) describes three components of self-compassion, each containing a positive and negative pole: self-kindness, common humanity, and mindfulness. Self-kindness entails treating oneself with acceptance, understanding, and warmth (Germer & Neff, 2013; Neff, 2003; Neff, 2015). Its negative pole, or uncompassionate behavior, in other words, is referred to as self-judgment. When one makes a mistake or believes one is less than others, another thought usually follows involving self-blame and criticism. Neff (2008) proposed that self-kindness can involve speaking to oneself as one would a good friend, examining all of the factors involved without criticism. Speaking in this manner allows one to look at future areas of improvement, examine the factors that influenced this behavior, and see oneself as a person of worth. Speaking to oneself in a nurturing and warm manner leads to a positive experience of evaluation and empowerment. The alternative (i.e., self-judgment), which is critical and harsh, often leaves one feeling frustrated, inadequate, and helpless (Neff, 2008).

Common humanity includes accepting that all human beings are fallible (Germer & Neff, 2013; Neff, 2003). Its negative pole, or uncompassionate behavior, is considered to be isolation. Rather than feeling less than and alone (i.e., isolation), one gains the perspective that this event or feeling is not uncommon. The commonality involved in humans' capability to make mistakes allows one to broaden one's self-evaluation by

realizing that mistakes are a part of the human condition. This leads one to seek guidance and help from others, which weakens feelings of shame (Germer & Neff, 2013).

Mindfulness involves a balanced awareness of one's thoughts and emotions, both positive and negative (Germer & Neff, 2013; Neff, 2003). Its negative pole, or uncompassionate behavior, is referred to as over-identification. Acknowledging and understanding one's feelings is crucial to providing self-compassion. On the contrary, minimizing, ignoring, and abandoning one's feelings does not lead to an honest, insightful perspective of the self. This problem involves escaping the confrontation of negative emotions. Thus, one cannot understand, seek support, learn, and grow from these experiences for which you are not mindful. Mindfulness also involves recognizing that one's negative thoughts or feelings are a part of one moment out of many that people experience in life (Neff & McGehee, 2010). When one gets stuck in these moments (i.e., over-identification), it often leads to generalizing negative thoughts or feelings to attributes of the self versus situational components. Self-compassion focused CBT involves mindfulness training. Hedman-Lagerlöf et al. (2018) conducted a systematic review and meta-analysis of randomized controlled trials involving patients diagnosed with common mental disorders (CMDs; depression, generalized anxiety disorder, social anxiety disorder, etc.). Hedman-Lagerlöf et al. (2018) concluded mindfulness-based interventions (MBIs) to have low to no evidence in the treatment of CMDS. Thus, MBIs should not be the first line of treatments for CMDs. However, as mindfulness is a component of self-compassion, this will be investigated in the current study.

Regarding gender differences and self-compassion, in the United States, women tend to be less self-compassionate but more compassionate to others than men (Yarnell et al.,

2015). These results were replicated in a meta-analysis conducted by Yarnell et al. (2019), examining the role of gender orientation in self-compassion. Yarnell et. (2019) suggest socialization as a contributory factor in gender differences. Additionally, those high in both feminity and masculinity were found to be the most self-compassionate.

Neff et al. (2007) investigated the relationship between positive psychological health and personality traits. A correlational study was conducted utilized 177 undergraduate studies from a Southwestern United States university. Neff et al. (2007) found self-compassion positively associated with psychological strengths such as happiness, optimism, positive affect, wisdom, personal initiative, curiosity, exploration, agreeableness, extroversion, and conscientiousness. Self-compassion is also negatively associated with negative affect and neuroticism (Neff et al., 2007). Barnard and Curry (2011) conducted empirical and theoretical research on self-compassion and other constructs of the self, concluding self-compassion is related to well-being. In developing a measure of self-compassion, Neff (2003) presented a series of studies concluding self-compassion to be significantly correlated with positive mental health outcomes. Moreover, Neff (2008) conducted a large online sample in Denmark and found self-compassion to account for more variance over and above self-esteem in negatively predicting self-esteem instability, self-esteem contingency, social comparison, reactive anger, public self-consciousness, and self-rumination.

MacBeth and Gumley (2012), in their meta-analytic study, investigated the relationship between self-compassion and psychopathology and found a large effect size for correlations between self-compassion with depression, anxiety, and stress. Moreover, Germer and Neff (2013) reviewed empirical research and found self-compassion to

facilitate resilience by moderating one's responses to aversive life occurrences. Neff (2015) reviewed the psychometric validity of the Self-Compassion Scale (SCS) and found supporting evidence that an increase in the three components of self-compassion predicted diminished depression, stress, and anxiety and elevated happiness and life satisfaction. Greenberg et al. (2018) explored the interaction of depressive symptoms, mind wandering, and self-compassion in a depressed adult sample. They found that higher self-compassion was related to lower mind-wandering (involved in depression) and greater depressive severity. Thus, self-compassion served a buffering effect for depression severity.

The relationship between self-compassion and anger has been minimally researched. However, Fresnics and Borders (2017) explored the mediating role of anger rumination between self-compassion and anger and aggression, controlling for trait mindfulness. Two hundred and one undergraduates from a small Northeast United States university participated. Fresnics and Borders (2017) found a negative association between self-compassion and recent episodes of anger and aggression. Additionally, self-compassion appeared to predict less anger. In summary, additional research is needed to understand the relationship between these two constructs.

Flourishing is a measure of well-being created by Seligman (2011) and a component of positive psychology. Seligman (2011) shifted his focus from happiness and life satisfaction to well-being, as life satisfaction is often dependent on one's current mood. Positive psychology aims to increase flourishing, which is based on the well-being theory, known as "PERMA." The five pillars included in this theory are positive emotion, engagement, relationships, meaning, and accomplishment (Seligman, 2011). The

relationship between self-compassion and flourishing has been minimally researched. However, Akin and Akin (2015) investigated the predictive role of self-compassion on flourishing in a sample of 278 Turkish undergraduate students. Akin and Akin (2015) found that the self-compassion subscales of self-kindness and mindfulness positively predicted flourishing. The subscales of self-judgment, over-identification, and isolation negatively predicted flourishing. Common humanity did not significantly predict flourishing.

Satici et al. (2013) found similar results in their study, which investigated the relationship between flourishing and self-compassion. Satici et al. (2013) surveyed 347 Turkish undergraduate students, discovered a moderate, positive correlation between self-kindness and mindfulness, and flourishing. A weak, positive relationship was established between common humanity and flourishing. These three subscales positively predicted flourishing. A moderate, negative correlation was found between self-judgment, isolation, and over-identification, and flourishing. These three factors also negatively predicted flourishing. Fong and Loi (2016) researched the mediating role of self-compassion in student psychological health. Fong and Loi (2016) surveyed 306 international tertiary students and discovered a moderate, positive relationship between self-compassion and flourishing. Additionally, higher self-compassion was strongly associated with higher well-being (Fong & Loi, 2016). In summary, international research presents a moderate association between self-compassion and flourishing. However, additional research is needed to understand the relationship between these two constructs.

Self-Esteem

Self-esteem is defined by Rosenberg (1965) as a global, positive or negative attitude toward the self. It is evaluative in comparison to personal standards or others (Sowislo & Orth, 2013). Neff and Vonk (2009) propose that people inflate their self-evaluations, which creates a divide between the self and others. This tendency might also lead to viewing others as less than worthwhile than the self (Neff, 2008; Neff & Vonk, 2009). Theoretically, self-compassion and self-esteem both include the advantages of positive self-affect and a strong sense of self-acceptance. However, Bushman and Baumeister (1998) argued that the attempt to maintain self-esteem is related to narcissism from research conducted on U.S. undergraduate students.

Moreover, Crocker and Carnevale (2013) discussed that the pursuit of high self-esteem might be detrimental to well-being from an empirical standpoint. This is due to the tendency to give up things in one's life (such as achievements) in pursuit of high self-esteem. Those who chase the mirage of self-esteem can experience emotional instability due to negative feedback, disappointments, and mistakes (Crocker & Carnevale, 2013), which do not match their high self-view.

Meta-analyses conducted on the relationship between self-esteem, anxiety, and depression revealed that low self-esteem contributes to depression (Ortho et al., 2008; Sowislo & Orth, 2013). Self-esteem predicted anxiety and vice versa. The reciprocal relationship is not present in self-esteem and depression, wherein low self-esteem is an outcome of depression rather than a cause (Ortho & Robins, 2013; Sowislo & Orth, 2013). Macinnes (2006) investigated self-esteem, self-acceptance, depression, anxiety, and psychological well-being in a clinical sample. Specifically, this sample contained

fifty-eight participants with a diagnosis of severe and enduring mental health problems. Self-esteem was found to be more strongly related to affect. Higher levels of self-esteem were concluded as indicative of lower levels of depression.

Conclusions are unclear regarding the theoretical findings of self-esteem and aggression. Salmivalli (2001) explored the theoretical and empirical relationship between self-esteem and aggressive behavior. She proposed a change in the qualitative description of self-esteem, such that it should be viewed as a continuum versus high and low. "Higher" self-esteem, described as narcissistically refusing to see anything negative in oneself, appeared to be associated with aggressive behavior (Salmivalli, 2001). As narcissism and self-esteem share common variance, it is challenging to differentiate the two in research.

Kirkpatrick et al. (2002) investigated self-esteem, aggression, and narcissism based on the evolutionary view of self-esteem (Kirkpatrick & Ellis, 2001). The researchers found qualitatively separate domains of self-esteem that predicted aggression differentially. For example, the domain of self-perceived superiority was positively associated with aggression, whereas the domain of social inclusion was inversely associated with aggression. Furthermore, context was determined to be an important factor affecting the dynamic between self-esteem and aggression. Specifically, self-assessed mate value was the sole self-esteem domain to predict aggression significantly in a laboratory study. Overall, Kirkpatrick et al. (2002) concluded overall estimates of self-esteem to be weak predictors of aggression versus domain-specific estimates. These findings are congruent with Kirkpatrick and Ellis's (2001) theory, as well as Bushman and Baumeister's (1998) arguments.

Bushman and Baumeister (1998) explored the relationships between self-esteem, narcissism, and aggression. Specifically, narcissism and insult are associated with high levels of aggression. Baumeister et al. (2000) conclude, from theoretical findings, that those with high self-esteem are at risk for becoming aggressive when their positive self-view is threatened. Specifically, threatened egotism (i.e., favorable self-appraisals) is related to aggression more strongly than low self-esteem (Baumeister et al., 1996; Baumeister et al., 2000; Bushman and Baumeister, 1998). Additionally, DiGiuseppe and Tafrate (2007) conclude, based on clinical data and case studies, that those with high self-esteem experience anger and act aggressively more so than those with low self-esteem.

The relationship between self-esteem and flourishing has not been well researched. Johnstone and Mulherin (2020) investigated the relationship between self-esteem and flourishing in a sample of primarily Australian women ages 16-24 who transitioned to motherhood in the past 12 months. Self-esteem had a strong, positive relationship to flourishing (Johnstone & Mulherin, 2020). Additionally, self-esteem significantly predicted flourishing. Those with higher self-esteem had increased well-being (measured by The Flourishing Scale, Diener et al., 2009). Wang et al. (2017) conducted a cross-sectional study investigating the relationships between occupational stress, burnout, and well-being among manufacturing workers. This was accomplished by assessing the mediating roles of psychological capital and self-esteem. Participants included 1219 (primarily male) factory workers in Northern China. Wang et al. (2017) concluded self-esteem and flourishing to have a moderate, positive correlational relationship. Furthermore, self-esteem accounted for a significant portion of the variance

in predicting flourishing. In summary, additional research is needed to understand the relationship between these two constructs.

Unconditional Self-Acceptance (USA)/Irrational Self-Condemnation

Ellis created Rational Emotive Behavior Therapy (REBT) and proposed the concept of USA. This construct is considered an alternative to self-esteem, which involves comparing oneself with others and what is considered socially appropriate versus the USA, which accepts oneself unconditionally the way you are (Ellis, 1995). The most critical aspect of USA is the refusal to evaluate oneself (Chamberlain & Haaga, 2001). USA is conceptualized as accepting the self, including strengths and weaknesses (Hoffman et al., 2013). Ellis (1995) proposed a theoretical formulation, arguing self-esteem to be a dysfunctional way of evaluating one's global worth as a person (i.e., self-rating). As there is no objective basis for determining worth, it is impossible to evaluate the self accurately (Ellis, 1976). In *The Myth of Self-Esteem*, Ellis (2005) argued that people's evaluation of self affects their functioning and it is impossible to consistently view one's self highly at all times. Self-esteem involves judging one's actions and behaviors as "good" or "bad" based on what society deems socially appropriate or desirable. Thus, self-esteem is thus conditional. Baumeister et al. (2005) describe various examples of the myth of self-esteem in everyday life, such as school, interpersonal skills. Due to the lack of an objective basis or yardstick for measuring one's skills or qualities, we are inaccurate reporters, often rating ourselves higher than others' perceptions of us.

Current literature depicts positive relationships between USA and happiness, life satisfaction, and general psychological well-being (Chamberlain & Haaga, 2001; Macinnes, 2006). For example, Chamberlain and Haaga (2001) investigated correlational

relationships between USA and psychological health, controlling for self-esteem, in a nonclinical, adult sample. Those who were more unconditionally self-accepting were also lower in depression and anxiety and higher in happiness and general well-being (Chamberlain & Haaga, 2001). Additionally, Macinnes (2006) concluded that the clinical sample, compared to the general population, were more likely to have lower self-acceptance and self-esteem and higher levels of anxiety, depression, and poor psychological health. Self-acceptance was also more positively strongly correlated with general psychological well-being. Flett et al. (2003) conducted a study utilizing a sample of U.S. undergraduate university students to investigate the correlational relationships across perfectionism, USA, and depression. The findings indicated that lower USA was related to greater depression. Falkenstein and Haaga (2013) summarized empirical evidence of USA to be related to low anxiety, low narcissism, and low depression proneness. Higher self-acceptance is also related to a greater ability to examine one's behavior in an unbiased manner and be open to criticism.

Congruent data were found amongst inverse relationships between USA and anxiety, anger, depressive symptoms, self-reported depression proneness, and neuroticism (Chamberlain & Haaga, 2001; Davies, 2006; Stankovic & Vukosavljevic-Gvozden, 2011). Davies (2006) found congruent results in a nonclinical sample of 106 participants. A causal link was demonstrated between rational/irrational thinking and unconditional/conditional self-acceptance. In a study utilizing 323 undergraduate and graduate Siberian students, Stankovic & Vukosavljevic-Gvozden (2011) found USA to have significant negative associations with trait anger and anxiety. Suinn and Hill (1964) also found supporting evidence for increased anxiety and lowered USA in a sample of

U.S. undergraduate students. The authors explained that anxiety disrupts one's ability to relate positively to oneself. Additionally, Oltean & David (2018) conducted a meta-analysis utilizing 26 studies from various countries. The researchers found rational beliefs to be inversely related to psychological distress. Unconditional self-acceptance (compared to other rational beliefs) and psychological distress shared the largest correlational relationship (Oltean & David, 2018).

USA and self-compassion are similar yet different constructs. Dryden (2013) explored their similarities while arguing for clarification. Both constructs share the absence of self-judgment and fallibility and the promotion acceptance, compassion, and change. Although mindfulness is not a core component of USA (rather a consequence of), USA and self-compassion can be viewed as compatible constructs. USA (as an individual construct) and flourishing have yet to be researched. Thus, studies are needed to develop a foundation.

Self-condemnation is a type of irrational belief (Global Evaluation; component of REBT) considered to be the opposite of USA. Buschmann et al. (2018) conducted a study utilizing a large nonclinical sample of U.S. undergraduate students. Findings revealed that self-downing contributes to the foundational process of depressive and anxious automatic thoughts. In a sample of Northern Irish undergraduate students, high levels of self-downing were also related to more negative evaluations of one's own life (in association with the prediction of anxious and depressive symptoms; Oltean et al., 2017). Regarding anger, Martin and Dahlen (2004) found self-downing to be associated with trait anger and anger suppression.

Additionally, Vîsla et al. (2016) conducted a meta-analysis using 83 studies. The researchers concluded that irrational beliefs were positively related to multiple types of distress, including anxiety, depression, and anger. However, self-downing was not significantly related to distress. Overall, empirical findings suggest self-downing to be related to anxiety and depression and inversely related to anger. The relationship between self-downing and flourishing has yet to be researched. Thus, studies are needed to develop a foundation.

Hypotheses

Hypothesis 1a

Self-esteem will be negatively correlated to depression, anxiety, and flourishing and positively correlated to anger.

Hypothesis 1b

Self-acceptance will be negatively correlated to depression, anger, anxiety, and positively correlated to flourishing. Irrational self-condemnation will be positively correlated to depression, anger, anxiety, and negatively correlated to flourishing.

Hypothesis 1c

Self-compassion will be negatively correlated to depression, anger, and anxiety, and positively correlated to flourishing.

Hypothesis 2a

There will be a strong, positive correlation between self-compassion and unconditional self-acceptance. There will be a strong, negative correlation between self-compassion and unconditional self-acceptance with irrational self-condemnation.

Hypothesis 2b

There will be a strong, negative correlation between both unconditional self-acceptance and self-compassion with self-esteem. Self-esteem will be positively correlated to irrational self-condemnation.

Hypothesis 3

Unconditional self-acceptance will account for significant unique variance in predicting well-being and psychopathology, but not over and above self-compassion. Self-

compassion will account for the most unique variance in predicting well-being (flourishing) and psychopathology (anxiety, depression, and anger).

Hypothesis 4

Unconditional self-acceptance and self-compassion will form one latent variable of the self, whereas self-esteem and irrational self-condemnation will form a second latent variable.

Method

Participants

The final sample included 303 adults (at least 18 years of age), recruited from St. John's University, Psychology courses (*n* = 76) as well as online platforms, including Facebook, Instagram, and other social media groups in hopes of recruiting a large sample size due to the current popularity of social media. I created a post and shared it with my followers on Facebook and Instagram. I also shared this post in the following Facebook groups: Low self-esteem, anxiety, and depression, Said no school psychologist ever, School psych to school psych, Anger management support group, Stress/anx/PTSD and anger management support group, Hofstra Greek club, WeightWatchers, Alpha Phi Hofstra, Self-compassion/Kristin Neff (unofficial), Self-love tribe, Team SELF, ~Anxiety and Dep Support Group~, Depression and Anxiety, Self-Confidence Self-Worth & Self-Esteem – Dare to Discover EFT Tapping, Me, Myself & Anxiety. Data were collected from March 25 to May 29, 2020.

A total of 418 individuals attempted the survey. However, due to incomplete submissions (i.e., he/she did not complete one or more scale(s) and responses from non-native English speakers, 115 participants were excluded from the data set. The demopgraphic information is summarized in Table 1. Of the 303 adults included in the study, 93.4% lived in the United States (*n* = 283). Approximately 54.1% of participants lived in New York (*n* = 164), 10.9% lived in Massachusetts (*n* = 33), and 4.0% lived in Ohio (*n* = 12), as well as 3.3% in New Jersey (*n* = 10), 2.6% in Florida (*n* = 8), 2.3% in California (*n* = 7), and 1.0% in Colorado (*n* = 3).

Thirty-five percent of individuals surveyed identified as Roman Catholic (*n* = 106), 21.5% as Christian (*n* = 65), 10% as agnostic (*n* = 32), 8.3% as Orthodox Catholic (*n* = 25), 6.9% as other (*n* = 21), 6.3% as atheist (*n* = 19), and 5.3% as Jewish (*n* = 16). 71.6% identified as White (*n* = 217) and 29.4% identified as nonwhite (*n* = 85; 3.6%, 10.6%, 3.3%, .7%, 2.6%, 4.0%, 3.3%). 81.2% identified as females (*n* = 246), 17.2% as males (*n* = 52), .3% as fluid (*n* = 1), 0.3% non-binary (*n* = 1). The participants included native English speakers (92.7%, *n* = 281). A total of 99 participants (32.7%) were between the ages of 18-24, 30.0% (*n* = 91) were between 25-34, 11.9% (*n* = 36) were between 35-44, 10.9% (*n* = 33) were between 45-54, 11.2% (*n* = 34) were between 55-64, 3.0% (*n* = 9) were between 65-74, and 0.3% (*n* = 1) omitted a response.

Twenty-seven percent of individuals held a master's degree (*n* = 81), 20.1% attended some college (*n* = 61), 19.1% held a bachelor's degree (*n* = 58), 16.2% a high school diploma (*n* = 49), 9.6% a doctoral or professional degree (*n* = 29), and 6.3% an associate's degree (*n* = 19). The largest percentage (22.4) of participants reported $150,000 or more as household income (*n* = 68). 16.2% (*n* = 49) reported earning $100,000 to $149,999. Thirty-seven (12.2%) individuals currently participate in psychotherapy or counseling, while 137 (45.2%) participated in the past. 98.7% of participants (*n* = 299) are not currently involved in drug or alcohol treatment, or medicated (85.5%, *n* = 259).

Table 1

Demographic Characteristics of the Sample

Baseline characteristic	*n*	%
St. John's University student	76	25.1
English as native language	281	92.7
Gender		
Female	246	81.2
Male	52	17.2
Age		
18-24	99	32.7
25-34	91	30.0
35-44	36	11.9
45-54	33	10.9
55-64	34	11.2
Country of residence		
United States	283	93.4
State of residence		
New York	164	54.1
Massachusetts	33	10.9
Race		
White	241	79.5
Hispanic	36	11.9
Religion		
Roman Catholic	106	35
Christian	65	21.5
Agnostic	32	10.0
Highest level of education completed		
Master's	81	26.7
Some college	61	20.1
Bachelor's	58	19.1
High School Diploma	49	16.2
Household income		
$150,000 or more	68	22.4
$100,000-$149,999	49	16.2
Currently enrolled in psychotherapy or counseling	37	12.2
Previously enrolled in psychotherapy or counseling	137	45.2
Currently enrolled in drug or alcohol treatment	2	.7
Currently taking psychotropic medication	42	14.2

Note. Please refer to the "Participants" subsection for more information.

Procedure

An invitation to participate was posted on St. John's University's online recruitment program (SONA) for undergraduate psychology students who received course credit for their participation. A recruitment announcement was also made on Facebook to a number of groups, as well as Instagram. Participants interested in the study were provided with a link to complete it online. The study was administered using Qualtrics software. Once the link was opened, participants were provided with logistical and ethical information and electronic consent before beginning the survey. Participants' responses were anonymous and contained a demographic form (Appendix A), Anger Disorder's Scale, Short Form (ADS-S; Appendix B), Self-Downing/Self-Acceptance scale from The Attitudes and Belief Scale-2 Short Form (ABS-2; Appendix C), Rosenberg's Self-Esteem Scale (Appendix D), Self-Compassion Scale (SCS; Appendix E), Generalized Anxiety Disorder 7-Item Scale (GAD-7; Appendix F), Patient Health Questionnaire (PHQ-9; a measure of depression; Appendix G), and The Flourishing Scale (Appendix H).

Measures

Demographics. Participants completed a demographics questionnaire that inquired about information about the self. This included the participant's age, identified gender, race, ethnicity, religion, educational background, and socioeconomic status. The participants were asked if he/she currently (or previously) received psychotherapy or counseling, or drug or alcohol treatment program, and the duration of service implementation.

Anger Disorders Scale, Short Form (ADS-S). The ADS-S is a self-report instrument that includes 18 statements measuring one's anger. Both Anger-In and Anger-Out were assessed. Anger-In refers to feelings and thoughts associated with anger, whereas Anger-Out refers to physical acts of anger. The measure contains 18 items, takes approximately 5 to 10 minutes to complete, and was administered electronically. This measure utilizes *T*-Scores and percentiles. Both the ADS and ADS-S were normed on a sample size greater than 1,400 people, ages ranging between 18 and 76. In terms of reliability, the internal consistency of the ADS-S Total score is estimated at .86 (.97 for ADS). Test-retest reliability range from .83 to .92. Construct, and both the ADS and ADS-S demonstrated discriminative validity. Key areas measured are as follows: provocations, arousal, cognition, motives, behaviors. A total score was generated.

The Self-Downing/Self-Acceptance Scale. The Self-Downing/Self-Acceptance scale is a subgroup of items derived from The Attitudes and Belief Scale-2 (ABS-2; DiGiuseppe et al., 2018). The ABS-2 includes 72 items. It is a self-report measure and provides a representation of Ellis' irrational and rational beliefs. Three factors comprise this measure: cognitive processes, irrationally versus rationally worded items, belief content. Belief content includes affiliation, achievement, and comfort. The subscales established excellent internal reliability, good internal consistency, significant correlations with a measure of psychopathology, and discriminate validity (DiGiuseppe et al., 2021). ABS-2 established adequate to excellent internal consistency. Good construct validity was demonstrated by significant correlations with other psychological constructs such as depression, anxiety, life satisfaction, and well-being (DiGiuseppe et al., 2018). The Self-Downing/Self-Acceptance scale contains 18 items that involve irrational self-

condemnation versus rational self-acceptance in the belief content domain. The participants answer using a five-point Likert scale, ranging from strongly disagree (1) to strongly agree (5).

Rosenberg's Self-Esteem Scale. The Rosenberg Self-Esteem Scale contains ten items representing global self-worth, including positive and negative feelings about the self, through self-report. The participants answer using a four-point Likert scale, ranging from strongly agree (1) to strongly disagree (4). Five items are reversed scored. The total score is out of 40, and higher scores indicate higher self-esteem. The Rosenberg Self-Esteem Scale demonstrated good reliability and construct validity (Wongpakaran & Wongpakaran, 2012).

Self-Compassion Scale (SCS). The Self-Compassion scale is a valid self-report measure and contains 26 items (Neff, 2003). Participants answer using a five-point Likert scale, ranging from almost never (1) to almost always (5). A total self-compassion score is derived as well as six subscale scores: self-kindness, self-judgment, common humanity, isolation, mindfulness, over-identification. Five of the items (negative subscale) are reversed scored. Self-compassion, as a factor, accounted for a minimum of 90% of reliable variance in SCS scores across five different populations, including college students and adults practicing Buddhist meditation and nonclinical and clinical community adults (Neff, 2015).

Generalized Anxiety Disorder 7-Item Scale (GAD-7). The GAD-7 scale is a self-report screener and symptom monitory for one's generalized anxiety. Participants answer by using a four-point Likert scale, ranging from not at all sure (0) to nearly every day (3), on the frequency of symptoms (presented in items) over the last two weeks. A

checklist is included, which asks to what extent do the reported problems (if any) affect the ability to function daily. A total score is produced. Four symptom severity categories are provided: minimal, mild, moderate, severe. The GAD-7 is a reliable and valid measure (Jordan et al., 2017).

Patient Health Questionnaire (PHQ-9). The PHQ-9 scale is a tool used for the initial diagnosis of Major Depressive Disorder (MDD). It is part of the Patient Health Questionnaire. Participants answer by using a four-point Likert scale, ranging from not at all (0) to nearly every day (3), on the frequency of symptoms (presented in items) over the last two weeks. A checklist is included, asking to what extent the reported problems (if any) affect the ability to function daily. A total score is produced. Five depression severity categories are provided: minimal, mild, moderate, moderately severe, severe. Reliability and validity are good psychometric properties of this measure (Kroenke, et al., 2001).

The Flourishing Scale. The Flourishing Scale is a self-report measure used to assess psychological well-being, a construct included in Positive Psychology. It includes items related to relationships, self-esteem, purpose, and optimism (Diener et al., 2009). Participants answer eight items using a seven-point Likert scale, ranging from strongly disagree (1) to strongly agree (7), indicating their agreement on each item. A total score is produced by adding the responses. Scores range from eight to 56. A high score represents an individual with abundant resources and strengths (Diener et al., 2009). This scale has good psychometric properties and is related to other psychological well-being measures (Diener et al., 2009).

Statistical Analyses

All analyses in this study were conducted using IBM SPSS. The statistical significance level for all the tests was set at a *p*-value at or below 0.05. Descriptive statistics about the participants' backgrounds were analyzed. T-test and partial correlation testing were conducted to examine the correlations amongst all four measures of the self. These four measures were also examined using exploratory factor analysis (EFA) to determine the representation of one common latent variable. Each of the four self-constructs (i.e., construct variables) were entered into a stepwise regression analysis to determine their predictability (beta value) in predicting anxiety, depression, anger, and flourishing. The construct variables were entered in the following order: self-esteem, self-acceptance/self-condemnation (entered on the same step), self-compassion.

Results

Pearson Correlations, One-Way Analyses of Variance, and Independent Samples t-Test

Pearson correlations were gathered on the self-constructs, the self in relation to age and income, and positive and negative emotions (Tables 2, 5-7). A One-Way Analyses of Variance (ANOVA) was conducted to examine the differences between education levels and self-constructs (Table 3). The first analysis examined the correlation between the self in relation to age and income. Small, positive correlations were found between self-compassion and self-acceptance in relation to age and income as well as self-esteem in relation to income. Small, negative correlations were found between self-condemnation in relation to age and income. All correlations were significant at or below the 0.01 level, with the exception of the correlation between self-esteem and age. The second analysis (an ANOVA) examined the differences between education levels and self-constructs. The results were significant for all self-constructs, with the exception of self-acceptance and the self-compassion subscale of over-identification.

Another analysis conducted explored the gender differences in self-constructs. Levene's Test for Equality of Variances and the t-test for Equality of Means were utilized. Results showed that there was no significant difference between genders (Table 4), with the exception of self-acceptance. Males reported higher rates of self-acceptance, compared to females.

Addtionally, an analysis conducted explored the correlational relationship between self-compassion and other self-constructs. To test hypotheses 2a, I correlated self-compassion and other self-constructs. A large, positive correlation was found

between total self-compassion and unconditional self-acceptance, r (303) = .74, p < .01, as well as a large, negative correlation to irrational self-condemnation, r (303) = -.69, p < .01. Medium to large, positive associations were present between the self-compassion subscales and unconditional self-acceptance (mindfulness, r (303) = .65, p < .01, kindness, r (303) = .62, p < .01, isolation, r (303) = .62, p < .01, common humanity, r (303) = .61, p < .01, self-judgment, r (303) = .65, p < .01, and over-identification, r (303) = .58, p < .01). Medium to large, negative associations were present between the self-compassion subscales and irrational self-condemnation (mindfulness, r (303) = -.57, p < .01, kindness, r (303) = -.56, p < .01, isolation, r (303) = -.63, p < .01, common humanity, r (303) = -.50, p < .01, self-judgment, r (303) = -.63, p < .01, and over-identification, r (303) = -.58, p < .01). These results support hypothesis 2a.

To test hypothesis 1c, I correlated measures of self-compassion with anxiety, depression, anger, and flourishing. Medium, negative associations were found between total self-compassion and anxiety, r (303) = -.43, p < .01, depression, r (303) = -.521, p < .01, and anger, r (303) = -.46, p < .01. Medium, negative correlations were present between the self-compassion subscales and anxiety, (mindfulness, r (303) = -.34, p < .01, kindness, r (303) = -.36, p < .01, isolation, r (303) = -.36 p < .01, common humanity, r (303) = -.28, p < .01, self-judgment, r (303) = -.43, p < .01, and over-identification, r (303) = -.40, p < .01), depression (mindfulness, r (303) = -.39, p < .01, kindness, r (303) = -.44, p < .01, isolation, r (303) = -.50 p < .01, common humanity, r (303) = -.34, p < .01, self-judgment, r (303) = -.48, p < .01, and over-identification, r (303) = -.45, p < .01), anger (mindfulness, r (303) = -.41, p < .01, kindness, r (303) = -.38, p < .01, isolation, r (303) = -.43, p < .01, common humanity, r (303) = -.27, p < .01, self-

judgment, r (303) = -.40, p < .01, and over-identification, r (303) = -.44, p < .01). Medium, positive associations were found between self-compassion and its subscales with flourishing (total self-compassion, r (303) = .57, p < .01, mindfulness, r (303) = .48, p < .01, kindness, r (303) = .51, p < .01, isolation, r (303) = .50, p < .01, common humanity, r (303) = .44, p < .01, self-judgment, r (303) = .49, p < .01, and over-identification, r (303) = .45, p < .01). These results support hypothesis 1c.

I then correlated measures of self-esteem with unconditional self-acceptance, irrational self-condemnation, and self-compassion to test hypothesis 2b. Large, negative associations were present between self-esteem and unconditional self-acceptance, r (303) = -.73, p < .01, as well as total self-compassion, r (303) = -.71, p < .01, and its subscales (mindfulness, r (303) = -.60, p < .01, kindness, r (303) = -.61, p < .01, isolation, r (303) = -.65, p < .01, common humanity, r (303) = -.45, p < .01, over-identification, r (303) = .18, p < .01, and self-judgment, r (303) = -.70, p < .01). Lastly, a large positive correlation was found between self-esteem and irrational self-condemnation, r (303) = .73, p < .01. These results support hypothesis 2b.

I correlated measures of self-esteem with anxiety, depression, anger, and flourishing to test hypothesis 1a. Small, negative correlations were present between self-esteem and anxiety, r (303) = -.22, p < .01, depression, r (303) = -.33, p < .01, and anger, r (303) = -.21, p < .01. A medium, positive association was present between self-esteem and flourishing, r (303) = .37, p < .01. These results partially supported hypothesis 1a.

I correlated measures of unconditional self-acceptance with self-esteem, irrational self-condemnation, and self-compassion to test hypotheses 2a and 2b. Large, negative correlations were present between unconditional self-acceptance and irrational self-

condemnation, r (303) = -.83, p < .01, as well as self-esteem, r (303) = -.73, p < .01. A large, positive relationship was present between unconditional self-acceptance and total self-compassion, r (303) = .74, p < .01, as well as its subscales (mindfulness, r (303) = .65, p < .01, kindness, r (303) = .62, p < .01, isolation, r (303) = .62, p < .01, common humanity, r (303) = .61, p < .01, over-identification, r (303) = .58, p < .01, and self-judgment, r (303) = .65, p < .01). These results support hypotheses 2a and 2b.

I correlated measures of unconditional self-acceptance with anxiety, depression, anger, and flourishing to test hypothesis 1b. Medium, negative correlations exist between unconditional self-acceptance and anxiety, r (303) = -.42, p < .01, depression, r (303) = -.54, p < .01, and anger, r (303) = -.35, p < .01. A large, positive association was present between unconditional self-acceptance and flourishing, r (303) = .61, p < .01. These results support hypothesis 1b.

I correlated measures of irrational self-condemnation with self-esteem, unconditional self-acceptance, and self-compassion to test hypotheses 2a and 2b. Large, negative correlations were present between irrational self-condemnation and unconditional self-acceptance, r (303) = -.83, p < .01, as well as total self-compassion, r (303) = -.69, p < .01. Medium, negative associations were present between irrational self-condemnation and self-compassion subscales (mindfulness, r (303) = -.57, p < .01, kindness, r (303) = -.56, p < .01, isolation, r (303) = -.63, p < .01, common humanity, r (303) = -.50, p < .01, over-identification, r (303) = -.58, p < .01, and self-judgment, r (303) = -.63, p < .01). Lastly, a small, negative relationship was present between irrational self-condemnation and self-esteem, r (303) = -.31, p < .01. These results support hypothesis 2a and and partially support hypothesis 2b.

I correlated measures of irrational self-condemnation with anxiety, depression, anger, and flourishing to test hyposthesis 1b. Medium, positive associations was present between irrational self-condemnation, anxiety, r (303) = .41, $p < .01$, depression, r (303) = .50, $p < .01$, and anger, r (303) = .34, $p < .01$. A medium, negative relationship was found between irrational self-condemnation and flourishing, r (303) = -.54, $p < .01$. These results support hypothesis 1b.

Table 2

Correlations amongst Age, Income, and Self-Constructs

Variables	Age	Income
Self-Compassion	.291	.184
Self-Acceptance	.238	.228
Self-Condemnation	-.312	-.203
Self-Esteem	.044*	.205

Note. All correlations (two-tailed) are significant at or below the 0.01 level, with the exception of the correlation between self-esteem and age (indicated by an *).

Table 3

One-Way Analyses of Variance in Age and Self-Constructs

Measure	Sum of Squares	df	Mean Square	F	Sig.
SC Over-Identification	11.898	7	1.700	1.786	.090
SC Self-Judgment	19.944	7	2.849	3.646	.001
SC Common Humanity	11.479	7	1.640	2.169	.037
SC Isolation	20.792	7	2.970	2.995	.005
SC Self-Kindness	13.787	7	1.970	2.669	.011
SC Common Humanity	13.506	7	1.929	2.577	.014
Self-Compassion Total	12.803	7	1.829	3.173	.003
Self-Condemnation Total	13.515	7	1.931	2.415	.020
Self-Acceptance Total	7.603	7	1.086	1.661	.118
Self-Esteem Total	.808	7	.115	3.704	.001

Note. SC = Self-Compassion; Highly educated people scored higher on self-constructs, with the exception of performance on self-acceptance and SC over-identification subscales.

Table 4

Gender Differences in Self-Constructs

	Males		Females		*t*	*p*
	M	*SD*	*M*	*SD*		
Self-Esteem	.014	1.03	-.007	1.00	.135	.893
Self-Acceptance	.287	.844	-.058	1.03	2.263	.024
Self-Condemnation	-.192	.813	.034	1.04	-1.472	.142
Self-Compassion	.201	.904	-.042	1.021	1.587	.114

Note. Males, $n = 52$; females, $n = 246$; df = 296. This table displays *t* test results investigating gender differences (males and females) amongst the self-constructs. Levene's Test for Equality of Variances and the t-test for Equality of Means were utilized. The significance displayed is two-tailed ($p \leq 0.5$). The variances in males and females are considered equal in all self-constructs with the exception of self-acceptance.

Table 5

Correlations among the Self-Constructs

Variables	Self-Esteem	Rational Self-Acceptance	Irrational Self Condemnation
Rational Self-Acceptance	.315		
Irrational Self-Condemnation	-.309	-.833	
Self-Compassion	.268	.738	-.688

Note. All correlations (two-tailed) are significant at or below the 0.01 level.

Table 6

Correlations among the Self-Constructs and Self-Compassion Subscales

Variables	Over-Identification	Self-Judgment	Common Humanity	Isolation	Kindness	Mindful-ness
Self-Esteem	.183	.297	.144*	.253	.22	.230
Rational Self-Acceptance	.576	.652	.613	.618	.621	.651
Irrational Self-Condemnation	-.575	-.631	-.500	-.628	-.555	-.573
Self-Compassion	.822	.879	.761	.845	.868	.868

Note. All correlations (two-tailed) are significant at or below the 0.01 level, with the exception of the correlation between self-esteem and common humanity (indicated by an *). *$p \leq .05$

Table 7

Correlations among the Self-Constructs, Well-Being, and Psychopathology

Variables	Anxiety	Depression	Anger	Flourishing
Self-Esteem	-.223	-.330	-.209	.366
Rational Self-Acceptance	-.423	-.535	-.349	.601
Irrational Self-Condemnation	.407	.500	.343	-.539
Self-Compassion	-.433	-.521	-.463	.569

Note. All correlations (two-tailed) are significant at or below the 0.01 level.

Partial Correlations

Partial correlations were conducted on self-acceptance and self-compassion while controlling for self-esteem, and for self-compassion and self-condemnation while controlling for self-esteem. A large, positive association was found between self-acceptance and self-compassion (r (300) = .76, p < .001). A medium, negative association was found between self-condemnation and self-compassion (r (299) = -.66, p < .001).

Exploratory Factor Analysis

I performed an exploratory factor analysis (EFA) on the self-constructs to test hypothesis 4. The results of the *KMO* (Kaiser-Meyer-Olkin) coefficient (.962), Barlett Sphericity Test (11,688.7), and Chi-Square statistic were significant (p<0.05). Thus, the data were appropriate for the EFA (Tabachnick & Fidell, 2018). Principal axis factoring extraction and Oblimin rotation were utilized to identify the factor structure. All items of the self-constructs scales were entered. A 7 factors solution with eigenvalues greater than 1.0 emerged, accounting for 34.50% of the variance. These results appear in Table 8. A

scree plot was utilized as a visual representation of factor loadings, and a visual analysis of the scree plot (Figure 1) confirmed the results. The line curved from the leveled line at the fourth factor. Thus, the scree plot supported a four-factor model.

Table 8

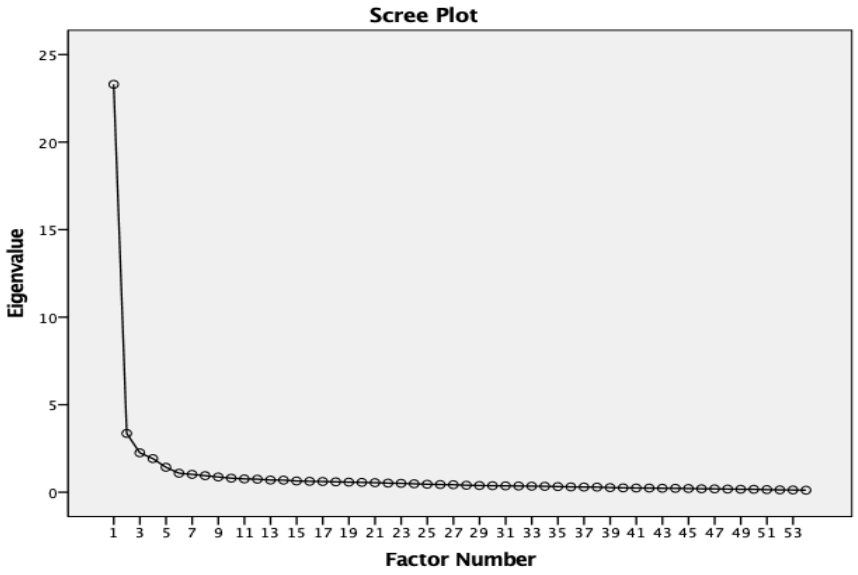
Number of Factors Extracted Using the Eigenvalue Greater Than 1 Rule

Factors	Initial Eigenvalues		
	Total	% of Variance	Cumulative %
1	23.30	43.15	43.15
2	3.36	6.23	49.38
3	2.26	4.18	53.56
4	1.93	3.57	57.13
5	1.43	2.65	59.78
6	1.09	2.02	61.80
7	1.03	1.90	63.70

Note. N = 302. Extraction Method: Principal Axis Factoring.

Figure 1

Scree plot of the Self-Construct items



As the eigenvalues supported a seven-factor model, a seven-factor pattern matrix was conducted containing all self-construct items. The extraction method was principal

axis factoring with an oblique (Promax with Kaiser Normalization) rotation. Item-total correlations greater than .30 were considered acceptable (Tabachnick & Fidell, 2018). Due to a lack of significant factor loadings and redundancy of item loading, factors five, six, and seven were rejected. After examination of the loadings, four factors were evident – Factor 1: rational self-acceptance and irrational self-condemnation; Factor 2: self-compassion subscales of common humanity, kindness, and mindfulness, Factor 3: self-compassion subscales of isolation, over-identification, and self-judgment, Factor 4: self-esteem. The remaining three factors were uninterpretable due to the low item-total correlations. These results appear in Table 9. These results do not support hypothesis four.

Table 9

Results From a Factor Analysis of the Self-Constructs

Pattern matrix	1	2	3	4
RSE01	.027	-.078	.067	**.700**
RSE02	-.188	.026	**-.319**	**-.370**
RSE03	.008	-.126	.171	**-.798**
RSE04	.025	-.040	.000	**.664**
RSE05	.141	-.083	.203	**.539**
RSE06	-.162	.089	**-.321**	**-.366**
RSE07	-.018	.066	-.070	**.798**
RSE08	.127	-.135	**.392**	**.316**
RSE09	**.346**	-.148	.176	**.477**
RSE10	-.111	.000	-.162	**-.598**
IRSC01	**-.813**	.005	.012	.079
IRSC02	**-.699**	.117	-.101	-.018
IRSC03	**-.807**	.037	.186	-.034
RSA01	**.465**	.019	-.053	.143
RSA02	**.441**	.175	.177	.006
RSA03	**.656**	.185	.079	-.069
IRSC04	**-.835**	-.077	.001	.011
RSA04	**.729**	.037	-.036	.107

RSA05	**.704**	.053	-.106	.123
RSA06	**.543**	.111	.073	.084
IRSC05	**-.475**	.034	-.080	-.268
IRSC06	**-.759**	.031	**-.407**	.264
IRSC07	**-.719**	-.067	**-.319**	.253
IRSC08	**-.826**	-.044	-.013	-.009
IRSC09	**-.484**	-.023	-.184	-.157
RSA07	**.599**	.099	-.043	-.019
RSA08	**.515**	.202	-.133	.247
RSA09	**.656**	.115	-.070	.189
JUD01	.129	.038	**.602**	-.014
OVD01	.088	.016	**.682**	-.117
CMHU01	.095	**.585**	-.120	.071
ISO01	.225	-.204	**.663**	.061
KIND01	.005	**.526**	.130	.170
OVD02	.284	-.021	**.610**	-.094
CMHU02	.232	**.732**	-.266	-.091
JUD02	-.078	.085	**.718**	.051
MIND01	.036	**.450**	.034	.089
CMHU03	.172	**.685**	-.162	-.108
JUD03	.086	.062	.452	.092
KIND02	-.149	**.653**	.242	.064
ISO02	-.072	.144	.543	.152
MIND02	-.066	**.673**	.128	.105
CMHU04	.122	**.658**	.027	-.055
JUD04	.021	-.089	**.798**	.028
MIND03	.115	**.554**	.175	.082
ISO03	-.099	.133	.687	.004
KIND03	-.135	**.697**	.213	.131
OVD03	-.160	.046	.507	-.039
JUD05	-.108	.245	.606	.070
MIND04	-.023	**.688**	.168	-.092
KIND04	.057	**.395**	.368	-.082
OVD04	-.142	.093	.581	-.077
ISO04	.111	.038	.688	-.072
KIND05	.029	**.660**	.145	-.055

Note. N = 303. The following abbreviations were utilized: RSE = Rosenberg's self-esteem, IRSC = irrational self-condemnation, RSA = rational self-acceptance, JUD =

self-compassion subscale of self-judgment, OVD = self-compassion subscale of over-identification, CMHU = self-compassion subscale of common humanity, ISO = self-compassion subscale of isolation, KIND = self-compassion subscale of self-kindness, MIND = self-compassion subscale of mindfulness.

Stepwise Linear Regression Analyses

Stepwise linear regression analyses were conducted to assess the impact of the self-constructs on positive and negative emotions. In other words, these analyses were conducted to test hypothesis 3 (Table 10). Gender differences were not found in contruct variables. Thus, gender was excluded from the regression analyses. The first analysis examined self-esteem, self-condemnation, self-acceptance, and self-compassion and their ability to predict anxiety. Self-esteem was entered first, and while it significantly predicted anxiety, it accounted for the least variance, $R^2 = .10$, $F\ (1, 300) = 14.45$, $p < .001$. Due to the structural and statistical similarities of the scales, self-acceptance and self-condemnation were included in the same step (Step 2). Self-condemnation and self-acceptance were entered second and significantly predicted anxiety, $R^2 = .27$, $F\ (1, 300) = 15.94$, $p < .001$. Lastly, self-compassion was entered and explained the most variability, thus deeming itself the strongest predictor of anxiety ($R^2 = .33$, $\beta = –.38$, $p < .001$). Self-compassion ($sr = -.29$) was also the sole factor to significantly predict anxiety at Step 3. The proportion of the variance significantly increased with this model. These findings were consistent during the reversal of order (i.e., self-compassion was entered at Step 2, and self-condemnation and self-acceptance were entered at Step 3). Self-compassion was the sole factor to significantly predict anxiety in both models (i.e., when entered at either Step 2 or 3).

To investigate the unique variance of each self-compassion subscale, an additional regression analysis was conducted. Self-esteem, self-condemnation, self-acceptance, and the six self-compassion subscales (over-identification, common humanity, isolation, mindfulness, self-judgment, self-kindness) were entered in this specific order. The self-compassion subscales improved the model's fit, accounting for the greatest increase in the variance in predicting anxiety, $R^2 = .37$, $F\ (1, 300) = 8.17$, $p = .006$. The constructs individually did not significantly predict anxiety. When comparing their direct relation to anxiety, mindfulness accounted for the most variance ($sr = -.15$), followed by self-judgment, common humanity, self-kindness, isolation, and over-identification.

The second analysis examined self-esteem, self-condemnation, self-acceptance, and self-compassion and their ability to predict anger. Self-esteem was entered first, and while it significantly predicted anger, it accounted the least amount of variance, $R^2 = .043$, $F\ (1, 300) = 13.55$, $p < .001$. Self-condemnation and self-acceptance were entered second and accounted for an additional portion of the variance, $R^2 = .140$, $F\ (1, 300) = 16.69$, $p < .001$. Lastly, self-compassion was entered and explained the most variability, thus deeming itself the strongest predictor of anger ($R^2 = .22$, $\beta = –.44$, $p < .001$). Self-compassion ($sr = -.31$) was also the sole factor to significantly predict anger at step 3.

To investigate the unique variance of each self-compassion subscale, an additional regression analysis was conducted. Self-esteem, self-condemnation, self-acceptance, and the six self-compassion subscales were entered in the order previously described (i.e., in the model predicting anxiety). The self-compassion subscales significantly improved the fit of the model, accounting for the greatest proportion of the

variance in predicting anger, $R^2 = .25$, F (1, 300) = 7.49, $p < .001$. Over-identification was the strongest predictor of anger, (sr = -.17).

The third analysis examined self-esteem, self-condemnation, self-acceptance, and self-compassion and their ability to predict depression. Self-esteem was entered first, and while it significantly predicted depression, it accounted for the least amount of variance, $R^2 = .11$, F (1, 300) = 38.16, $p < .001$. Self-condemnation and self-acceptance were entered second and significantly predicted depression, $R^2 = .33$, F (1, 300) = 48.45, $p <$ .001. Lastly, self-compassion was entered and explained the most variability, $R^2 = .35$, β = –.23 p = .001. All self-constructs, with the exception of self-condemnation, were statistically significant at step 3. When examining each self-construct at the final step, self-acceptance (sr = -.15) accounted for the most variance, while self-compassion (sr = -.19) also contributed unique variance in predicting depression.

To investigate the unique variance of each self-compassion subscale, an additional regression analysis was conducted. Self-esteem, self-condemnation, self-acceptance, and the six self-compassion subscales were entered in the order previously described (i.e., in the model predicting anxiety). The self-compassion subscales significantly improved the fit of the model, accounting for the greatest proportion of the variance in predicting depression, $R^2 = .38$, F (1, 300) = 3.72, p = .001. When comparing the subscales to the other self-constructs in step 3, self-esteem (sr = -.20), self-acceptance (sr = -.19), and self-compassion subscale of isolation (sr = -.10) significantly predicted depression..

The fourth analysis examined self-esteem, self-condemnation, self-acceptance, and self-compassion and their ability to predict flourishing. Self-esteem was entered first,

and while it significantly predicted flourishing, it accounted for the least amount of variance, $R^2 = .13$, $F\ (1, 300) = 46.49$, $p < .001$. Self-condemnation and self-acceptance were entered second and significantly predicted flourishing, $R^2 = .40$, $F\ (1, 300) = 66.50$, $p < .001$. Lastly, self-compassion was entered and explained the most variability, $R^2 = .43$, $F\ (1, 300) = 14.13$, $p < .001$. All self-constructs, with the exception of self-condemnation, were statistically significant at step 3. Self-acceptance (*sr* = .22) and self-compassion (*sr* = .21) were the strongest predictors of flourishing.

To investigate the unique variance of each self-compassion subscale, an additional regression analysis was conducted. Self-esteem, self-condemnation, self-acceptance, and the six self-compassion subscales were entered in the order previously described (i.e., in the model predicting anxiety). While the self-compassion subscales significantly improved the model's fit and accounted for the greatest proportion of the variance in predicting flourishing, $R^2 = .44$, $F\ (1, 300) = 2.991$, $p = .008$. When comparing the subscales and the other self-constructs in step 3, self-esteem (*sr* = .23), self-acceptance (*sr* = .22), and self-compassion subscale of self-kindness (*sr* = .13) significantly predicted flourishing.

Table 10

Stepwise Regression Predicting Well-Being and Psychopathology from Self-Constructs

Model Predicting Anxiety							R Square
Self-Esteem							.10
Self-Condemnation, Self-Acceptance							.27
Self-Compassion							.34
Anxiety	*B*	SE *B*	β	t-value	p-value	Correlation	Partial Correlation
Model 1							
Self-Esteem	-1.74	.46	-.31	-3.81	<.001	-.31	-.31

Model 2							
Self-Esteem	-.76	.45	-.14	-1.68	.096	-.31	-.14
Self-Condemnation	1.13	.73	.21	1.56	.12	.48	.13
Self-Acceptance	-1.42	.74	-.27	-1.91	.058	-.49	-.16
Model 3							
Self-Esteem	-.69	.44	-.12	-1.59	.12	-.31	-.14
Self-Condemnation	.49	.72	.09	.66	.51	.48	.06
Self-Acceptance	-.52	.76	-.10	-.68	.50	-.49	-.06
Self-Compassion	-2.15	.61	-.38	-3.51	<.001	-.55	-.29

Model Predicting Depression	R Square
Self-Esteem	.11
Self-Condemnation, Self-Acceptance	.33
Self-Compassion	.35

Depression	*B*	SE *B*	β	t-value	p-value	Zero-order Correlation	Partial Correlation
Model 1							
Self-Esteem	-1.95	.32	-.34	-6.12	<.001	-.34	-.34
Model 2							
Self-Esteem	-1.03	.29	-.18	-3.540	<.001	-.34	-.20
Self-Condemnation	.79	.50	.14	1.57	.118	.50	.10
Self-Acceptance	-2.19	.50	-.38	-4.35	<.001	-.54	-.24
Model 3							
Self-Esteem	-.99	.28	-.17	-3.46	<.001	-.34	-.20
Self-Condemnation	.49	.50	.08	.976	.330	.50	.06
Self-Acceptance	-1.45	.55	-.25	-2.65	.008	-.54	-.15
Self-Compassion	-1.34	.41	-.23	-3.25	.001	-.52	-.19

Model Predicting Anger	R Square
Self-Esteem	.04
Self-Condemnation, Self-Acceptance	.14
Self-Compassion	.22

Anger	*B*	SE *B*	β	t-value	p-value	Correlation	Partial Correlation
Model 1							
Self-Esteem	-1.98	.54	-.21	-3.68	<.001	-.208	-.208
Model 2							
Self-Esteem	-.97	.54	-.101	-1.79	.075	-.21	-.10
Self-Condemnation	1.49	.93	.16	1.61	.109	.343	.09

Self-Acceptance	-1.77	.93	-.19	-1.90	.06	-.35	-.11
Model 3							
Self-Esteem	-.84	.52	-.09	-1.64	.103	-.21	-.10
Self-Condemnation	.57	.90	.06	.63	.529	.343	.04
Self-Compassion	-4.20	.740	-.44	-5.68	<.000	-.46	-.31

Model Predicting Flourishing	R Square
Self-Esteem	.13
Self-Condemnation, Self-Acceptance	.40
Self-Compassion	.43

Flourishing	*B*	SE *B*	β	t-value	p-value	Correlation	Partial Correlation
Model 1							
Self-Esteem	2.95	.43	.37	6.82	<.001	.37	.37
Model 2							
Self-Esteem	1.55	.38	.19	4.06	<.001	.37	.23
Self-Condemnation	-.70	.66	-.09	-1.07	.287	-.54	-.0.6
Self-Acceptance	3.80	.66	.47	5.78	<.001	.60	.32
Model 3							
Self-Esteem	1.49	.37	.19	3.99	<.001	.37	.23
Self-Condemnation	-.25	.65	-.03	-.39	.697	-.54	-.02
Self-Acceptance	2.69	.71	.33	3.79	<.001	.60	.22
Self-Compassion	2.02	.54	.25	3.76	<.001	.57	.21

Discussion

This study investigated self-constructs as they relate to each other, psychopathology, and well-being. The sample consisted of 303 adults who completed measures related to the self, psychopathology, and well-being. Analyses of the demographic data revealed older, wealthier individuals to be more self-compassionate and self-accepting and fewer negative self-beliefs. Wealthier individuals also had higher self-esteem. Additionally, highly educated individuals practiced more self-compassion, self-condemnation, and self-esteem. Overall, education, income, and age are associated with self-constructs. This finding might be due to the opportunity to develop a strong sense of self over time. Through education, one could be exposed to ideas of the self and ways to develop it. Education typically leads to earning more income, which may increase one's sense of accomplishment. These relationships are complex, and thus, there is more to uncover to understand its implications fully. My intention is for these findings to add to the conversation and deepen our understanding. Moreover, males reported higher rates of self-acceptance compared to females. This is congruent with previous findings (Matud et al., 2019). Regarding gender differences and self-compassion, in the United States, women tend to be less self-compassionate but more compassionate to others in comparison to men (Yarnell et al., 2015). It is possible that the contradictory finding in this present study resulted from a small sample size.

I hypothesized that self-esteem would be negatively related to depression, anxiety, and flourishing and positively related to anger. This hypothesis was partially supported. The results indicated weak, negative associations between self-esteem and anxiety, depression, and anger and a weak, positive relationship to flourishing. These findings are

congruent with previous research. While Crocker & Carnevale (2013) argued that chasing the mirage of self-esteem may be detrimental to well-being, the weak, positive relationship found in this study may be attributed to their evaluative nature. For example, flourishing and self-esteem involve feelings of contentment and satisfaction with oneself. While a causal relationship cannot be inferred, their association may be due to minor commonalities amongst the constructs.

Regarding self-acceptance, I hypothesized that this self-construct will be negatively related to depression, anger, and anxiety, as well as positively related to flourishing. This hypothesis was validated by the current findings. The results demonstrated a weak, negative association between self-acceptance and anger, as well as moderate, negative associations with anxiety and depression. These findings are congruent with previous research. A strong, positive relationship was discovered between self-acceptance and flourishing, which establishes our understanding of their relationship from a correlational lens.

In summary, regarding correlational associations, self-acceptance is most closely related to flourishing and minimally related to anger. Self-acceptance may be most closely related to flourishing as the former construct is a crucial component to finding meaning and fulfillment in one's life. Self-acceptance and anger share a weak, inverse relationship, possibly due to their oppositionality—specifically, acceptance is not a core component of anger. Often individuals strongly disagree with other's actions, which fuels their contentment.

The correlational relationships between self-compassion and anger, anxiety, depression, and flourishing were investigated. I hypothesized that self-compassion would

be negatively related to depression, anger, and anxiety, and positively related to flourishing. This hypothesis was validated by the current findings. The results demonstrated moderate, negative associations between self-compassion and anger, depression, and anxiety, as well as a moderate, positive association with flourishing. Similar findings were evident in the relationships between self-compassion subscales and positive and negative emotions. The current findings are congruent with previous research, except for the strength of the relationships (moderate found in the current study versus large found in a meta-analysis conducted by MacBeth and Gumley (2012).

The relationships between self-compassion and other self-constructs were studied. I hypothesized the existence of a strong, positive correlation between self-compassion and unconditional self-acceptance, as well as a strong, negative correlation between self-compassion and irrational self-condemnation. The hypothesis was confirmed as a strong, positive association was found between self-compassion (total and subscale performance) and self-acceptance, as well as a strong, negative association with self-condemnation. These findings are congruent with previous research, as similarities between self-compassion and USA are evident (Dryden, 2013). Both constructs are rooted in embracing yourself for who you are in the present moment while acknowledging your challenges as part of human suffering. Self-compassion and self-condemnation can be conceptualized as mutually exclusive constructs due to their conceptual differences.

I hypothesized that there would be a strong, negative correlation between unconditional self-acceptance and self-compassion with self-esteem. This hypothesis was not supported as weak, positive relationships were found between self-esteem and self-acceptance, as well as self-compassion. Theoretical similarities among these constructs

(i.e., positive self-affect and a strong sense of self-acceptance) may be responsible for these weak but statistically significant relationships. I hypothesized self-esteem to be positively related to irrational self-condemnation. This was not supported, as self-esteem was found to have a weak, negative relationship with self-condemnation. This finding may be related to the positive evaluative feature of self-esteem, which is contradictory to self-condemnation. However, as the relationship is weak, additional contributory factors may be present. In summary, a small, negative association was found between self-esteem and self-condemnation. Small, positive relationships were established between self-esteem and self-acceptance, as well as self-compassion.

The relationships of the self-constructs to each other were investigated. I hypothesized that USA and self-compassion would form one latent variable of the self, whereas self-esteem and irrational self-condemnation will form a second latent variable. The results from exploratory factor analyses disproved this hypothesis as the self-constructs formed four separate factors, factor one, self-esteem, Factor 1: rational self-acceptance and irrational self-condemnation, Factor 2: self-compassion subscales of common humanity, kindness, and mindfulness, Factor 3: self-compassion subscales of isolation, over-identification, and self-judgment, Factor 4: self-esteem. The factor loadings are congruent with each corresponding theoretical concept, except for self-compassion. While self-compassion and self-esteem are both considered to include the advantages of positive self-affect and a strong sense of self-acceptance, the findings supported the notion that they are separate constructs. The loadings of Factors 1 and 4 are related to their corresponding theoretical foundations. Self-acceptance and self-condemnation (Factor 1) are components of REBT and opposite constructs (i.e., the

refusal to evaluate oneself (Chamberlain & Haaga, 2001)). USA refers to unconditionally self-acceptance, whereas self-condemnation refers to an overly critical, negative evaluation of oneself. Self-esteem (Factor 4) was established as an individual construct, separate from self-condemnation, and it refers to a global, positive, or negative attitude toward the self.

Self-compassion (Factors 2 and 3) is divided into two factors. Mindfulness, self-kindness, and common humanity loaded on to a factor, and self-judgment, isolation, and over-identification loaded on to another. A possible explanation could be the conceptual differences between these factors, such that common humanity, mindfulness, and self-kindness are part of the positive pole (or subscale of self-compassion). In contrast, self-judgment, over-identification, and isolation are part of the negative pole. This finding differs from previous research conducted by Neff et al. (2017), as well as Neff et al. (2019). Neff et al. (2017) found a 6-factor correlated model displayed best fit across samples of four populations when compared to 2 and 1-factor models using a confirmatory factor analysis. Neff et al. (2019) concluded that both the 6-factor and 1-factor models demonstrated the best fit when analyzing secondary data drawn from 20 samples, using a confirmatory factor analysis and exploratory structural equation modeling.

The differences observed in the current study versus previous research might be attributed to statistical analyses employed and demographic variability in the sample. Specifically, the current study utilized an exploratory factor analysis, allowing items across constructs to load on related factors. Moreover, the demographics of the current study's sample (predominantly, high achieving, high socioeconomic status, White

females in the United States) is not comparable to the diversity captured in the studies conducted by Neff et al. (2017) and Neff et al. (2019).

I hypothesized self-compassion would account for the most unique variance in predicting psychopathology and well-being, as well as unconditional self-acceptance would account for significant unique variance in predicting psychopathology, but not over and above self-compassion. The stepwise linear regression analyses revealed the self-constructs to significantly predict each dependent variable, and account for additional variance at each step. Overall, self-esteem was found to account for the least variance in predicting positive and negative emotions. While differences in levels of self-esteem were not explored in this study, some conclusions can be deduced. For example, the current findings support self-esteem's predictive power and inverse relationship to depression (Ortho et al., 2008; Sowislo & Orth, 2013), as well as its weak predictive power of aggression (Kirkpatrick et al., 2002). It disproves the findings by Ortho & Robins (2013) and Sowislo & Orth (2013), which argue that self-esteem to be a predictor of anxiety. Moreover, self-esteem, self-acceptance, and self-compassion subscales of isolation and self-kindness were the strongest predictors of flourishing and depression when the self-constructs were compared with self-compassion subscales. Self-esteem's predictive power and correlational relationships are mostly congruent with previous research (Johnstone and Mulherin, 2020; Wang et al., 2017). However, self-esteem was the weakest predictor of positive and negative emotions when compared to total self-compassion. Incongruent findings could be due to differences in samples and the exclusion of self-compassion as a factor.

Overall, self-compassion and self-acceptance accounted for the most variance, when compared to self-esteem and self-condemnation. Specifically, self-compassion was the strongest predictor of anxiety and anger. Self-acceptance and self-compassion accounted for a comparable amount of variance when predicting depression and flourishing. The importance of self-acceptance is evident by the unique variance accounted for when predicting positive and negative emotions as well as its correlational relationships. This claim is also supported by previous research (Buschmann et al., 2018; Chamberlain & Haaga, 2001; Davies, 2006; Falkenstein & Haaga, 2013; Flett et al., 2003; Macinnes, 2006; Martin & Dahlen, 2004; Oltean, et al., 2017; Stankovic & Vukosavljevic-Gvozden, 2011; Vîsla et al., 2015). Self-compassion was deemed tas having the most unique variance over and above the contribution of all the self constructs Its statistical power is congruent with previous research (Neff et al., 2017; Neff et al., 2019). However, as this is a relatively new construct (in comparison to others investigated in this study), this is a significant finding for the field. Self-compassion's predictive strength may be attributed to its comprehensive, conceptual framework, encompassing both positive and negative responses to human suffering. For example, common humanity emphasizes human connection and counteracts isolation. Mindfulness accounts for one's present awareness of the moment and counteracts over-identification. Self-kindness reflects positive self-talk and counteracts self-judgment. Together, these facets present a dynamic, holistic approach to understanding human suffering (Neff, 2015). As mentioned, self-compassion power lies within its subscales and their dynamic interaction. The subscales provide specific conceptualizations of positive and negative self-compassion, whereas self-acceptance is an abstract concept in comparison. Self-

compassion provides anchors of self-reflection, enabling us to reflect inwards as well as outwards to acknowledge that suffering is part of the human experience. These components foster self-acceptance. Thus, self-compassion and self-acceptance work hand-in-hand to decrease psychopathology and increase well-being.

The self-compassion subscales were entered into each model to investigate its role in predicting psychopathology and well-being when accounting for self-acceptance and self-condemnation. When predicting anxiety, the subscales significantly improved the fit of the model, accounting for the most variance. While constructs individually did not significantly predict anxiety, mindfulness was the strongest predictor of anxiety comparatively. This finding may be due to perseveration and rumination experienced with anxiety. Maintaining an awareness of the present moment counteracts this tendency. When predicting anger, the subscales were the best fit of the model, and over-identification was the strongest predictor. Anger often involves being cognitively fixated or stuck on the corresponding cognitive distortion (i.e., “He shouldn’t have done that!”).

Moreover, when predicting depression, the subscales were the best fit. However, self-esteem, self-acceptance, and self-compassion subscale of isolation significantly predicted depression. It is possible that the more negative one evaluates oneself, as well as less accepting, the more depressed one may feel in return. Additionally, isolation involves a lack of physical and emotional connection with others, which perpetuates depression. Lastly, when predicting flourishing, the subscales were the best fit. However, self-esteem, self-acceptance, and self-compassion subscale of self-kindness significantly predicted flourishing. Maintaining a positive self-regard through acceptance appears to be related to well-being. Treating oneself with acceptance, understanding, and warmth leads

to increased well-being. Overall, total self-compassion, in comparison to its individual subscales, appears to be a stronger predictor of positive and negative emotions. Its dynamic interaction of subscales leads to a strong sense of self, evidenced by decreased psychopathology and increased well-being (Neff, 2015).

Strengths, Limitations, and Directions for Future Research

The current study contains several strengths and limitations. A strength is the expansion of research in the field on the self, psychopathology, and well-being. Specifically, the self is often discussed in the theoretical and empirical literature. However, the distinction between constructs was unclear. This study provided evidence regarding the relation of self-esteem, self-acceptance/self-condemnation, self-compassion to each other, and anxiety, depression, anger, and flourishing. Self-compassion and flourishing are the newest psychological constructs investigated. Thus, research is ongoing. This study contributes to our understanding of these domains.

The present study's sample is both a strength and a limitation. Specifically, I recruited many participants ($N = 303$), which increased the statistical power of this research. Additionally, participants resided in various locations across the United States and were currently (or previously) enrolled in therapy. However, the sample's cultural and racial diversity was poor. The sample was predominantly high achieving, high socioeconomic status, White females in the United States. While males and females did not statistically differ (discussed in the "Results" section), future research should investigate said findings with more diverse samples.

Another limitation is the time in which this study took place. Participants were surveyed from March to May 2020 during the COVID-19 pandemic. In New York State,

where most participants resided, the Governor closed non-essential businesses and required wearing facial masks and social distancing (i.e., maintaining 6 feet distance from others). The effects of the pandemic on mental health at this time are largely unknown. However, Asmundson, Paluszek, Landry, Rachor, McKay, and Taylor (2020) found that individuals with anxiety-related disorders were more negatively affected by COVID-19.

Additionally, data collected by Taylor, Landry, Paluszek, Fergus, McKay, and Asmundson, (2020) revealed the presence of COVID stress syndrome, which was not a component of the current study. Thus, further research should focus on replication with a similar sample to understand the role of the COVID stress syndrome with the current findings. Utilization of the COVID Stress Scales (Taylor, Landry, Paluszek, Fergus, McKay, and Asmundson, 2020) is recommended in future replication. Lastly, future research should be conducted in longitudinal studies to understand the development of self-constructs with psychopathology and well-being.

Implications for Practice in School Psychology

Many implications for the field of school psychology are present. While the sample included individuals at least 18 years of age, this study provided findings regarding the relation of the self-constructs, psychopathology, and well-being. These constructs develop in childhood and continue over the course of human development. By utilizing the information presented in this study, we can inform treatment plans and interventions to foster the development of the self. School psychologists are trained in counseling and assessment. Thus, an understanding of self-constructs and their differences, as well as how they relate to positive and negative emotions, is crucial. Counseling techniques based on individual differences and area(s) of need should focus on teaching and increasing one's self-compassion and self-acceptance in an effort to decrease psychopathology and increase well-being. Individuals have a tendency to be self-critical. Thus, responding in a kind and compassionate manner when faced with suffering or adversity can improve students' social and academic experiences. School-wide interventions can also be implemented based on self-compassion and self-acceptance. For example, a school-wide initiative can be made to restructure our words in a self-compassionate framework. Such an intervention would contribute to the development of this construct. Additionally, psychoeducation regarding these constructs should be provided to all students to increase awareness and contribute to their social/emotional toolkit. An emphasis on ways to increase well-being and decrease psychopathology is crucial.

Conclusion

The goals of this study included investigating the self-constructs with each other and to psychopathology and well-being. The results indicated that the self-constructs are related but separate entities based on theoretical and empirical evidence concluded by this study. Correlational relationships of varying strengths and directionality were found. The self-constructs are divided into four separate factors. Self-compassion was found to be the strongest predictor of anxiety and anger. Self-acceptance and self-compassion were the strongest predictors of depression and flourishing. Self-compassion loses strength as a construct when divided into its preexisting subscales. The current study provides support for the statistical power of self-compassion as a psychological construct. Interventions and future research should take into consideration these findings during treatment planning and investigating differences across demographically diverse samples.

Appendix A
Demographics Form

Q1 If you are a St. John's University student, what is your SONA ID number?

_____

Q2 Is English your native language?

- ○ Yes (1)
- ○ No (2)

Q3 If "No," how long have you spoken and read English (in years)?

_____
___

Q4 What is your identified gender?

- ○ Male (1)
- ○ Female (2)
- ○ Transexual male (3)
- ○ Transexual female (4)
- ○ Fluid (5)
- ○ Non-binary (6)
- ○ Other (7) _____
- ○ Do not wish to say (8)

Q6 Please select your age range.

- ○ 18 - 24 (1)
- ○ 25 - 34 (2)
- ○ 35 - 44 (3)
- ○ 45 - 54 (4)
- ○ 55 - 64 (5)
- ○ 65 - 74 (6)
- ○ 75 - 84 (7)
- ○ 85 or older (8)

Q8 In which country do you currently reside?

▼ Afghanistan (1) ... Zimbabwe (1357)

Q9 In which state do you currently reside?

▼ Alabama (1) ... I do not reside in the United States (53)

Q11 Choose one or more races that you consider yourself to be:

- ☐ Caucasian/White (1)
- ☐ Black/African Heritage (2)
- ☐ Hispanic (3)
- ☐ Caribbean African (4)
- ☐ Native American (5)
- ☐ East Asian (6)
- ☐ South Asian (7)
- ☐ Native Aboriginal Heritage (8)
- ☐ Other (9) _____

Q12 What is your religion?

- ○ Christian (1)
- ○ Roman Catholic (2)
- ○ Orthodox Catholic (Greek, Russian, Serbian, Coptic Ortodox) (3)
- ○ Protestant Christian (4)
- ○ Jewish (5)
- ○ Hindi (6)
- ○ Muslim (7)
- ○ Buddhist (8)
- ○ Jainism (9)
- ○ Atheist (10)
- ○ Agnostic (11)
- ○ Other (12) _____

Q15 What is the highest level of school you have completed or the highest degree you have received?

- ○ No high school (1)
- ○ Some high school (2)
- ○ GED Diploma (3)
- ○ High school degree (4)
- ○ Some college (5)
- ○ Associate degree in college (2-year) (6)
- ○ Bachelor's degree in college (4-year) (7)
- ○ Master's degree (8)
- ○ Doctoral or professional degree (e.g., Ph.D., PsyD, MD, JD, AudD) (9)

Q17 Please indicate your entire household income in (previous year) before taxes.

- ○ Less than $10,000 (1)
- ○ $10,000 to $19,999 (2)
- ○ $20,000 to $29,999 (3)
- ○ $30,000 to $39,999 (4)
- ○ $40,000 to $49,999 (5)
- ○ $50,000 to $59,999 (6)
- ○ $60,000 to $69,999 (7)
- ○ $70,000 to $79,999 (8)
- ○ $80,000 to $89,999 (9)
- ○ $90,000 to $99,999 (10)
- ○ $100,000 to $149,999 (11)
- ○ $150,000 or more (12)

Q18 Are you currently receiving any psychotherapy or counseling?

- ○ Yes (1)
- ○ No (2)

Q19 If “Yes,” for how long have you received psychotherapy or counseling?

_____

Q20 Have you received psychotherapy or counseling in the past?

- ○ Yes (1)
- ○ No (2)

Q21 If “Yes,” for how long did you receive psychotherapy or counseling in the past?

_____

Q22 Are you currently in a drug or alcohol treatment program?

- ○ Yes (1)
- ○ No (2)

Q23 If “Yes,” for how long have you been in a drug or alcohol treatment program?

_____

Q30 Are you currently taking any psychotropic medication (i.e. medication for emotional or behavioral problems)?

- ○ Yes (1)
- ○ No (2)

Q31 If “Yes,” for how long have you been taking psychotropic medication?

_____

Appendix B
Anger Disorder's Scale, Short Form (ADS-S)

For each statement below, select the response that best describes you.

My anger has been a problem for me…

- ○ a week or less or not at all (1)
- ○ a month or less (2)
- ○ about three months (3)
- ○ about six months (4)
- ○ a year or more (5)

I have been so angry that I became aware of my heart racing…

- ○ never or rarely (1)
- ○ about once a month (2)
- ○ about once a week (3)
- ○ about several times a week (4)
- ○ almost every day (5)

I use my anger to control others...

- ○ never (1)
- ○ rarely (2)
- ○ occasionally (3)
- ○ often (4)
- ○ always (5)

I got angry and lost control of my behavior.

- ○ never or rarely (1)
- ○ about once a month (2)
- ○ about once a week (3)
- ○ about several times a week (4)
- ○ almost every day (5)

When I get angry, I yell or scream at people...

- ○ never or rarely (1)
- ○ about once a month (2)
- ○ about once a week (3)
- ○ about several times a week (4)
- ○ almost every day (5)

When I get angry, I boil inside, do not show it, and keep things in...

- ○ never or rarely (1)
- ○ about once a month (2)
- ○ about once a week (3)
- ○ about several times a week (4)
- ○ almost every day (5)

I get frustrated and angry about...

- ○ almost nothing (1)
- ○ only one thing in my life (2)
- ○ several things in my life (3)
- ○ many things (4)
- ○ almost everything (5)

When I get upset with people, I push or shove them around...

- ○ never or rarely (1)
- ○ about once a month (2)
- ○ about once a week (3)
- ○ about several times a week (4)
- ○ almost every day (5)

I get angry if someone makes me look bad in front of others...

- ○ never (1)
- ○ rarely (2)
- ○ occasionally (3)
- ○ often (4)
- ○ always (5)

When I get angry about something, I cannot get it out of my mind...

- ○ never or rarely (1)
- ○ about once a month (2)
- ○ about once a week (3)
- ○ about several times a week (4)
- ○ almost every day (5)

Even though I do not show it, my anger usually continues for...

- ○ only a few minutes (1)
- ○ a few hours (2)
- ○ several days (3)
- ○ about a week (4)
- ○ a month or more (5)

I feel bitter and think that I have had more bad breaks than others...

- ○ never (1)
- ○ rarely (2)
- ○ occasionally (3)
- ○ often (4)
- ○ always (5)

I believe that if you let people get close to you they will let you down or hurt you...

- ○ never (1)
- ○ rarely (2)
- ○ occasionally (3)
- ○ often (4)
- ○ always (5)

When I feel angry, I just want to make the tension go away...

- ○ not at all (1)
- ○ some of the time (2)
- ○ about half of the time (3)
- ○ most of the time (4)
- ○ every time (5)

When I get angry with someone, I refuse to do the things that he or she expects of me...

- ○ never or rarely (1)
- ○ about once a month (2)
- ○ about once a week (3)
- ○ about several times a week (4)
- ○ almost every day (5)

When I am angry with someone, I have tried to find ways to make that person fail without them knowing I did it...

- ○ never (1)
- ○ once in my life (2)
- ○ several times in my life (3)
- ○ many times in my life (4)
- ○ to most people with whom I have been angry (5)

When I get angry with somebody, I try to stop others from hanging out with that person...

- ○ never or rarely (1)
- ○ about once a month (2)
- ○ about once a week (3)
- ○ about several times a week (4)
- ○ almost every day (5)

When I feel angry toward somebody, I want to get revenge on that person...

- ○ not at all (1)
- ○ some of the time (2)
- ○ about half of the time (3)
- ○ most of the time (4)
- ○ every time (5)

Appendix C

Self-Downing/Self-Acceptance Scale from The Attitudes and Belief Scale-2 (ABS-2)

For each item below please choose from the following:

0. If you STRONGLY DISAGREE
1. If you SOMEWHAT DISAGREE
2. If you are NEUTRAL
3. If you SOMEWHAT AGREE
4. If you STRONGLY AGREE

1.	If important people dislike me, it shows what a worthless person I am.	⓪ ① ② ③ ④
2.	When I feel tense, nervous, or uncomfortable, I think it show what a bad worthless person I am.	⓪ ① ② ③ ④
3.	If important people dislike me, it is because I am an unlikable, bad person.	⓪ ① ② ③ ④
4.	When important people dislike me, I realize that it does not reflect my worth as a person.	⓪ ① ② ③ ④
5.	When I fail at important tasks, I can accept myself entirely even if I fail.	⓪ ① ② ③ ④
6.	I am a good person and I can accept myself, even if I fail at important tasks.	⓪ ① ② ③ ④
7.	If I do not do well at important tasks, it makes me a worthless person.	⓪ ① ② ③ ④
8.	I have worth as a person even if I do not perform well at important tasks.	⓪ ① ② ③ ④
9.	Even when I feel tense, nervous, or uncomfortable, I know that I am just as worthwhile as other people.	⓪ ① ② ③ ④
10.	If I am rejected by someone I like, I can accept myself and still recognize my worth as a person.	⓪ ① ② ③ ④
11.	When I experience hassles, I believe I am a worthless person because of that.	⓪ ① ② ③ ④
12.	I believe that I would be a worthless person if I do poorly at tasks that are important to me.	⓪ ① ② ③ ④
13.	I would be a worthless person if I failed at work, school, or other activities that are important to me.	⓪ ① ② ③ ④
14.	When people I like reject me or dislike me, it is because I am a bad or worthless person.	⓪ ① ② ③ ④
15.	When I experience discomfort in my life, I tend to think that I am not a good person.	⓪ ① ② ③ ④
16.	When people whom I want to like me disapprove of me, I know I am still a worthwhile person.	⓪ ① ② ③ ④
17.	Even when my life is tough and difficult, I realize that I know I am just as good as anyone else is.	⓪ ① ② ③ ④

18.	When my life becomes uncomfortable, I realize that I am still a good person.	⓪ ① ② ③ ④

Appendix D
Rosenberg's Self-Esteem Scale

Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.

On the whole, I am satisfied with myself.

- ○ Strongly Agree (1)
- ○ Agree (2)
- ○ Disagree (3)
- ○ Strongly Disagree (4)

At times I think I am no good at all.

- ○ Strongly agree (1)
- ○ Agree (2)
- ○ Disagree (3)
- ○ Strongly disagree (4)

I feel that I have a number of good qualities.

- ○ Strongly agree (1)
- ○ Agree (2)
- ○ Disagree (3)
- ○ Strongly disagree (4)

I am able to do things as well as most other people.

- ○ Strongly agree (1)
- ○ Agree (2)
- ○ Disagree (3)
- ○ Strongly disagree (4)

I feel I do not have much to be proud of.

- ○ Strongly Agree (1)
- ○ Agree (2)
- ○ Disagree (3)
- ○ Strongly disagree (4)

I certainly feel useless at times.

- ○ Strongly Agree (1)
- ○ Agree (2)
- ○ Disagree (3)
- ○ Strongly disagree (4)

I feel that I'm a person of worth, at least on an equal plane with others.

- ○ Strongly agree (1)
- ○ Agree (2)
- ○ Disagree (3)
- ○ Strongly disagree (4)

I wish I could have more respect for myself.

- ○ Strongly agree (1)
- ○ Agree (2)
- ○ Disagree (3)
- ○ Strongly disagree (4)

All in all, I am inclined to feel that I am a failure.

- ○ Strongly agree (1)
- ○ Agree (2)
- ○ Disagree (3)
- ○ Strongly disagree (4)

I take a positive attitude toward myself.

- ○ Strongly agree (1)
- ○ Agree (2)
- ○ Disagree (3)
- ○ Strongly disagree (4)

Appendix E
Self-Compassion Scale (SCS)

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

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

Almost never				Almost always
1	2	3	4	5

_____
1. I'm disapproving and judgmental about my own flaws and inadequacies.
_____ 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
_____ 3. When things are going badly for me, I see the difficulties as part of life that everyone
goes through.
_____ 4. When I think about my inadequacies, it tends to make me feel more separate and cut
off from the rest of the world.
_____ 5. I try to be loving towards myself when I'm feeling emotional pain.
_____ 6. When I fail at something important to me I become consumed by feelings of inadequacy.
_____ 7. When I'm down and out, I remind myself that there are lots of other people in the world
feeling like I am.
_____ 8. When times are really difficult, I tend to be tough on myself.
_____ 9. When something upsets me I try to keep my emotions in balance.
_____ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
_____ 11. I'm intolerant and impatient towards those aspects of my personality I don't like.
_____ 12. When I'm going through a very hard time, I give myself the caring and tenderness I
need.
_____ 13. When I'm feeling down, I tend to feel like most other people are probably happier
than I am.
_____ 14. When something painful happens I try to take a balanced view of the situation.
_____ 15. I try to see my failings as part of the human condition.
_____ 16. When I see aspects of myself that I don't like, I get down on myself.
_____ 17. When I fail at something important to me I try to keep things in perspective.
_____ 18. When I'm really struggling, I tend to feel like other people must be having an easier
time of it.
_____ 19. I'm kind to myself when I'm experiencing suffering.

_____ 20. When something upsets me I get carried away with my feelings.
_____ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.
_____ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.
_____ 23. I'm tolerant of my own flaws and inadequacies.
_____ 24. When something painful happens I tend to blow the incident out of proportion.
_____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.
_____ 26. I try to be understanding and patient towards those aspects of my personality I don't like.

Appendix F
Generalized Anxiety Disorder 7-Item Scale (GAD-7)

Over the last 2 weeks, how often have you been bothered by the following problems?

Feeling nervous, anxious, or on edge

- ○ Not at all sure (1)
- ○ Several days (2)
- ○ Over half the days (3)
- ○ Nearly every day (4)

Not being able to stop or control worrying

- ○ Not at all sure (1)
- ○ Several days (2)
- ○ Over half the days (3)
- ○ Nearly every day (4)

Worrying too much about different things

- ○ Not at all sure (1)
- ○ Several days (2)
- ○ Over half the days (3)
- ○ Nearly every day (4)

Trouble relaxing

- ○ Not at all sure (1)
- ○ Several days (2)
- ○ Over half the days (3)
- ○ Nearly every day (4)

Being so restless that it's hard to sit still

- ○ Not at all sure (1)
- ○ Several days (2)
- ○ Over half the days (3)
- ○ Nearly every day (4)

Becoming easily annoyed or irritable

- ○ Not at all sure (1)
- ○ Several days (2)
- ○ Over half the days (3)
- ○ Nearly every day (4)

Feeling afraid as if something awful might happen

- ○ Not at all sure (1)
- ○ Several days (2)
- ○ Over half the days (3)
- ○ Nearly every day (4)

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

- ○ Not difficult at all (1)
- ○ Somewhat difficult (2)
- ○ Very difficult (3)
- ○ Extremely difficult (4)

Appendix G
Patient Health Questionnaire (PHQ-9)

Over the last *2 weeks*, how often have you been bothered by any of the following problems?

Little interest or pleasure in doing things

- ○ Not at all (1)
- ○ Several days (2)
- ○ More than half the days (3)
- ○ Nearly every day (4)

Feeling down, depressed, or hopeless

- ○ Not at all (1)
- ○ Several days (2)
- ○ More than half the days (3)
- ○ Nearly every day (4)

Trouble falling or staying asleep, or sleeping too much

- ○ Not at all (1)
- ○ Several days (2)
- ○ More than half the days (3)
- ○ Nearly every day (4)

Feeling tired or having little energy

- ○ Not at all (1)
- ○ Several days (2)
- ○ More than half the days (3)
- ○ Nearly every day (4)

Poor appetite or overeating

- ○ Not at all (1)
- ○ Several days (2)
- ○ More than half the days (3)
- ○ Nearly every day (4)

Feeling bad about yourself - or that you are a failure or have let yourself or your family down

- ○ Not at all (1)
- ○ Several days (2)
- ○ More than half the days (3)
- ○ Nearly every day (4)

Trouble concentrating on things, such as reading the newspaper or watching television

- ○ Not at all (1)
- ○ Several days (2)
- ○ More than half the days (3)
- ○ Nearly every day (4)

Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual

- ○ Not at all (1)
- ○ Several days (2)
- ○ More than half the days (3)
- ○ Nearly every day (4)

Thoughts that you would be better off dead, or of hurting yourself

- ○ Not at all (1)
- ○ Several days (2)
- ○ More than half the days (3)
- ○ Nearly every day (4)

If you checked off *any problems*, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- ○ Not difficult at all (1)
- ○ Somewhat difficult (2)
- ○ Very difficult (3)
- ○ Extremely difficult (4)

Appendix H
The Flourishing Scale

Below are 8 statements with which you may agree or disagree. Using the 1–7 scale below, indicate your agreement with each item by indicating that response for each statement.

1. Strongly disagree
2. Disagree
3. Slightly disagree
4. Mixed or neither agree nor disagree
5. Slightly agree
6. Agree
7. Strongly agree

I lead a purposeful and meaningful life.

- ○ 1 Strongly disagree (1)
- ○ 2 Disagree (2)
- ○ 3 Slightly disagree (3)
- ○ 4 Mixed or neither agree nor disagree (4)
- ○ 5 Slightly agree (5)
- ○ 6 Agree (6)
- ○ 7 Strongly agree (7)

My social relationships are supportive and rewarding.

- ○ 1 Strongly disagree (1)
- ○ 2 Disagree (2)
- ○ 3 Slightly disagree (3)
- ○ 4 Mixed or neither agree nor disagree (4)
- ○ 5 Slightly agree (5)
- ○ 6 Agree (6)
- ○ 7 Strongly agree (7)

I am engaged and interested in my daily activities.

- ○ 1 Strongly disagree (1)
- ○ 2 Disagree (2)
- ○ 3 Slightly disagree (3)
- ○ 4 Mixed or neither agree nor disagree (4)
- ○ 5 Slightly agree (5)
- ○ 6 Agree (6)
- ○ 7 Strongly agree (7)

I actively contribute to the happiness and well-being of others.

- ○ 1 Strongly disagree (1)
- ○ 2 Disagree (2)
- ○ 3 Slightly disagree (3)
- ○ 4 Mixed or neither agree nor disagree (4)
- ○ 5 Slightly agree (5)
- ○ 6 Agree (6)
- ○ 7 Strongly agree (7)

I am competent and capable in the activities that are important to me.

- ○ 1 Strongly disagree (1)
- ○ 2 Disagree (2)
- ○ 3 Slightly disagree (3)
- ○ 4 Mixed or neither agree nor disagree (4)
- ○ 5 Slightly agree (5)
- ○ 6 Agree (6)
- ○ 7 Strongly agree (7)

I am a good person and live a good life.

- ○ 1 Strongly disagree (1)
- ○ 2 Disagree (2)
- ○ 3 Slightly disagree (3)

- ○ 4 Mixed or neither agree nor disagree (4)
- ○ 5 Slightly agree (5)
- ○ 6 Agree (6)
- ○ 7 Strongly agree (7)

I am optimistic about my future.

- ○ 1 Strongly disagree (1)
- ○ 2 Disagree (2)
- ○ 3 Slightly disagree (3)
- ○ 4 Mixed or neither agree nor disagree (4)
- ○ 5 Slightly agree (5)
- ○ 6 Agree (6)
- ○ 7 Strongly agree (7)

People respect me.

- ○ 1 Strongly disagree (1)
- ○ 2 Disagree (2)
- ○ 3 Slightly disagree (3)
- ○ 4 Mixed or neither agree nor disagree (4)
- ○ 5 Slightly agree (5)
- ○ 6 Agree (6)
- ○ 7 Strongly agree (7)

References

Akin, A., & Akin, U. (2015). Examining the predictive role of self-compassion on flourishing in Turkish university students. *Anales de Psicología*, 31(3), 802–807. https://doi-org.jerome.stjohns.edu/10.6018/analesps.31.3.192041

Asmundson, G. J. G., Paluszek, M. M., Landry, C. A., Rachor, G. S., McKay, D., & Taylor, S. (2020). Do pre-existing anxiety-related and mood disorders differentially impact COVID-19 stress responses and coping? *Journal of Anxiety Disorders*, *74*, N.PAG. https://doi-org.jerome.stjohns.edu/10.1016/j.janxdis.2020.102271

Barnard, L. K., & Curry, J. F. (2011). Self-compassion: Conceptualizations, correlates, & interventions. Review of General Psychology, 15, 289–303.

Baumeister, R. F., Bushman, B. J., & Campbell, W. K. (2000). Self-esteem, narcissism, and aggression: Does violence result from low self-esteem or from threatened egotism? *Current Directions in Psychological Science, 9*(1), 26-29.

Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. D. (2005). Exploding the Self-Esteem Myth. *Scientific American Mind*.

Baumeister, R. F., Smart, L., & Boden, J. M. (1996). Relation of threatened egotism to violence and aggression: The dark side of high self-esteem. *Psychological Review, 103*(1), 5-33. http://dx.doi.org.jerome.stjohns.edu:81/10.1037/0033-295X.103.1.5

Bernard, M. E. (Ed.). (2013). The strength of self-acceptance: Theory, practice and research. New York, NY, US: Springer Science + Business Media.

Bushman, B. J., & Baumeister, R. F. (1998). Threatened egotism, narcissism, self-esteem, and direct and displaced aggression: Does self-love or self-hate lead to violence? *Journal of Personality and Social Psychology, 75,* 219–229.

Buschmann, T., Horn, R. A., Blankenship, V. R., Garcia, Y. E., & Bohan, K. B. (2018). The relationship between automatic thoughts and irrational beliefs predicting anxiety and depression. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, *36*(2), 137-162.

Chamberlain, J. M., & Haaga, D. A. (2001). Unconditional self-acceptance and psychological health. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, *19*(3), 163-176.

Crocker, J., & Carnevale, J. J. (2013). Letting Go Of Self-Esteem. *Scientific American Mind*.

Davies, M. F. (2006). Irrational beliefs and unconditional self-acceptance. I. Correlational evidence linking the key features of REBT. *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 24*(2), 113–124.

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D., Oishi, S., & Biswas-Diener, R. (2009). New measures of well-being: Flourishing and positive and negative feelings. *Social Indicators Research, 39,* 247-266.

DiGiuseppe, R., Gorman, B., Raptis, J., Agiurgioaei-Boie, A., Agiurgioaei, F., Leaf, R., & Robin, M. W. (2021). The Development of a Short Form of an Irrational/Rational Beliefs Scale. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 1-35.

DiGiuseppe, R., Leaf, R., Gorman, B., & Robin, M. W. (2018). The development of a measure of irrational/rational beliefs. *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 36*(1), 47-79.

DiGiuseppe, R., & Tafrate, R. C. (2007). *Understanding anger disorder*. New York: Oxford

University Press.

Dryden W. (2013) Unconditional Self-Acceptance and Self-Compassion. In: Bernard M. (eds) The Strength of Self-Acceptance. Springer, New York, NY

Ellis, A. (1976). RET abolishes most of the human ego. *Psychotherapy: Theory, Research, and Practice, 13*, 343-348.

Ellis, A. (1995). Changing rational-emotive therapy (RET) to rational emotive behavior therapy (REBT). *Journal of Rational-Emotive and Cognitive Behavior Therapy,* 13, 85-89.

Ellis, A. (2005). The myth of self-esteem: How rational emotive behavior therapy can change your life forever. Amherst, NY, US: Prometheus Books.

Falkenstein M. J., & Hagga D. A. F. (2013) Measuring and Characterizing Unconditional Self-Acceptance. In: Bernard M. (eds) The Strength of Self-Acceptance. Springer, New York, NY

Fong, M., & Loi, N. M. (2016). The Mediating Role of Self-compassion in Student Psychological Health. *Australian Psychologist*, 51(6), 431–441. https://doi-org.jerome.stjohns.edu/10.1111/ap.12185

Flett, G. L., Besser, A., Davis, R. A., & Hewitt, P. L. (2003). Dimensions of perfectionism, unconditional self-acceptance, and depression. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, *21*(2), 119-138.

Fresnics, A., & Borders, A. (2017). Angry rumination mediates the unique associations between self-compassion and anger and aggression. *Mindfulness*, *8*(3), 554-564.

Germer, C. K., & Neff, K. D. (2013). Self-compassion in clinical practice. *Journal of clinical psychology*, *69*(8), 856-867.

Greenberg, J., Datta, T., Shapero, B. G., Sevinc, G., Mischoulon, D., & Lazar, S. W. (2018). Compassionate hearts protect against wandering minds: Self-compassion moderates the effect of mind-wandering on depression. *Spirituality in Clinical Practice, 5*(3), 155-169. doi:http://dx.doi.org.jerome.stjohns.edu:81/10.1037/scp0000168

Hedman-Lagerlöf, M., Hedman-Lagerlöf, E., & Öst, L. (2018). The empirical support for mindfulness-based interventions for common psychiatric disorders: A systematic review and meta-analysis. *Psychological Medicine*, 48(13), 2116-2129. doi:10.1017/S0033291718000259

Hoffman, L., Lopez A. J., & Moats M. (2013) Humanistic Psychology and Self-Acceptance. In: Bernard M. (eds) The Strength of Self-Acceptance. Springer, New York, NY

Johnstone, M., & Mulherin, K. (2020). From distress to flourishing towards a strengths-based approach for young mothers, *Journal of Reproductive and Infant Psychology*, *38*(2), 166-183, doi: 10.1080/02646838.2019.1621277

Jordan, P., Shedden-Mora, M. C., & Löwe, B. (2017). Psychometric analysis of the Generalized Anxiety Disorder scale (GAD-7) in primary care using modern item response theory. *PloS one*, *12*(8), e0182162. doi:10.1371/journal.pone.0182162

Kirkpatrick, L. A., & Ellis, B. J. (2001). Evolutionary perspectives on self-evaluation and self-esteem. In G. Fletcher & M. Clark (Eds.), *The Blackwell handbook of social psychology: Vol. 2: Interpersonal processes* (pp. 411–436). Oxford, England: Blackwell.

Kirkpatrick, L. A., Waugh, C. E., Valencia, A., & Webster, G. D. (2002). The functional domain specificity of self-esteem and the differential prediction of aggression. *Journal of personality and social psychology*, *82*(5), 756.

Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of general internal medicine*, *16*(9), 606–613. doi:10.1046/j.1525-1497.2001.016009606.x

MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion & psychopathology. *Clinical Psychology Review, 32*, 545–552.

Macinnes, D. L. (2006). Self-esteem and self-acceptance: An examination into their relationship and their effect on psychological health. *Journal of Psychiatric and Mental Health Nursing, 13*(5), 483–489.

Martin, R. C., & Dahlen, E. R. (2004). Irrational beliefs and the experience and expression of anger. *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 22*(1), 3–20.

Matud, M. P., López-Curbelo, M., & Fortes, D. (2019). Gender and psychological well-being. *International journal of environmental research and public health*, *16*(19), 3531.

Neff, K. D. (2003). Development and validation of a scale to measure self-compassion. *Self and Identity, 2*(3), 223-250.

Neff, K. D. (2003). Self-Compassion: An Alternative Conceptualization of a Healthy Attitude Toward Oneself. *Self and Identity, 2*(2), 85-101. https://doi.org/10.1080/15298860309032

Neff, K. D. (2008). Self-compassion: Moving beyond the pitfalls of a separate self-concept. In J. Bauer & H. A. Wayment (Eds.) *Transcending Self-Interest: Psychological Explorations of the Quiet Ego* (95-105). APA Books, Washington DC.

Neff, K. D. (2015). The self-compassion scale is a valid and theoretically coherent measure of self-compassion. *Mindfulness*, *7*(1), 264-274.

Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of research in personality*, *41*(1), 139-154.

Neff, K. D., & McGehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity*, *9*(3), 225–240. https://doi.org/10.1080/15298860902979307

Neff, K. D., Rude, S. S., & Kirkpatrick, K. L. (2007). An examination of self-compassion in relation to positive psychological functioning and personality traits. *Journal of research in personality*, *41*(4), 908-916.

Neff, K. D., Tóth-Király, I., Yarnell, L. M., Arimitsu, K., Castilho, P., Ghorbani, N., ... & Mantzios, M. (2019). Examining the factor structure of the Self-Compassion Scale in 20 diverse samples: Support for use of a total score and six subscale scores. *Psychological assessment*, *31*(1), 27.

Neff, K. D. and Vonk, R. (2009), Self-Compassion Versus Global Self-Esteem: Two Different Ways of Relating to Oneself. *Journal of Personality, 77*(1), 23-50. doi:10.1111/j.1467-6494.2008.00537.x

Neff, K. D., Whittaker, T. A., & Karl, A. (2017). Examining the factor structure of the Self-Compassion Scale in four distinct populations: Is the use of a total scale score justified?. *Journal of Personality Assessment*, *99*(6), 596-607.

Oltean, H., & David, D. O. (2018). A meta-analysis of the relationship between rational beliefs and psychological distress. *Journal of Clinical Psychology*, *74*(6), 883–895. https://doi-org.jerome.stjohns.edu/10.1002/jclp.22562

Oltean, H. R., Hyland, P., Vallières, F., & David, D. O. (2017). An empirical assessment of REBT models of psychopathology and psychological health in the prediction of anxiety and depression symptoms. *Behavioural and cognitive psychotherapy*, *45*(6), 600-615.

Orth, U., Robins, R. W., & Roberts, B. W. (2008). Low self-esteem prospectively predicts depression in adolescence and young adulthood. *Journal of personality and social psychology*, *95*(3), 695.

Orth, U., & Robins, R. W. (2013). Understanding the link between low self-esteem and depression. *Current directions in psychological science*, *22*(6), 455-460.

Ostrowsky, M. K. (2010). Are violent people more likely to have low self-esteem or high self-esteem?. *Aggression and Violent Behavior*, *15*(1), 69-75.

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.

Salmivalli, C. (2001). Feeling good about oneself, being bad to others? Remarks on self-esteem, hostility, and aggressive behavior. *Aggression and violent behavior*, *6*(4), 375-393.

Satici, S.A., Uysal, R. and Akin, A., 2013. Investigating The Relationship Between Flourishing And Self-Compassion: A Structural Equation Modeling Approach. *Psychologica Belgica*, 53(4), pp.85–99. DOI: http://doi.org/10.5334/pb-53-4-85

Seligman, M. (2011). *Flourish: A visionary new understanding of Happiness and Well-being.* New York, Atria Paperback.

Sowislo, J. F., & Orth, U. (2013). Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychological bulletin*, *139*(1), 213.

Stankovic, S., & Vukosavljevic-Gvozden, T. (2011). The relationship of a measure of frustration intolerance with emotional dysfunction in a student sample. *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 29*, 17–34.

Suinn, R. M., & Hill, H. (1964). Influence of anxiety on the relationship between self-acceptance and acceptance of others. *Journal of consulting psychology*, *28*(2), 116.

Tabachnick, B. G., & Fidell, L. S. (2018). *Using multivariate statistics* (7th ed.). Pearson.

Taylor, S., Landry, C. A., Paluszek, M. M., Fergus, T. A., McKay, D., & Asmundson, G. J. G. (2020). COVID stress syndrome: Concept, structure, and

correlates. *Depression and Anxiety*, *37*(8), 706–714. https://doi-org.jerome.stjohns.edu/10.1002/da.23071

Taylor, S., Landry, C. A., Paluszek, M. M., Fergus, T. A., McKay, D., & Asmundson, G. J. G. (2020). Development and initial validation of the COVID Stress Scales. *Journal of Anxiety Disorders*, *72*, 102232. https://doi-org.jerome.stjohns.edu/10.1016/j.janxdis.2020.102232

Vîslă, A., Flückiger, C., Grosse Holtforth, M., & David, D. (2016). Irrational beliefs and psychological distress: A meta-analysis. *Psychotherapy and psychosomatics*, *85*(1), 8-15.

Wang, Z., Liu, H., Yu, H., Wu, Y., Chang, S., & Wang, L. (2017). Associations between occupational stress, burnout, and well-being among manufacturing workers: Mediating roles of psychological capital and self-esteem. *BMC Psychiatry, 17*. https://doi-org.jerome.stjohns.edu/10.1186/s12888-017-1533-6

Wongpakaran, T., & Wongpakaran, N. (2012). A comparison of reliability and construct validity between the original and revised versions of the Rosenberg Self-Esteem Scale. *Psychiatry investigation*, *9*(1), 54–58. doi:10.4306/pi.2012.9.1.54

Yarnell, L. M., Stafford, R. E., Neff, K. D., Reilly, E. D., Knox, M. C., & Mullarkey, M. (2015). Meta-analysis of gender differences in self-compassion. *Self and Identity, 14*(5), 499–520. https://doi.org/10.1080/15298868.2015.1029966

Yarnell, L. M., Neff, K. D., Davidson, O. A., & Mullarkey, M. (2019). Gender differences in self-compassion: Examining the role of gender role orientation. *Mindfulness, 10*(6), 1136–1152. https://doi.org/10.1007/s12671-018-1066-1

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