




Positive, not negative, self-compassion mediates the relationship between self-esteem and well-being

Ruchi Pandey , Gyanesh Kumar Tiwari* , Priyanka Parihar 
and Pramod Kumar Rai 

Department of Psychology, School of Humanities & Social Sciences, Doctor Harisingh Gour Vishwavidyalaya, Sagar, Madhya Pradesh, India

Objectives. The study examined the predictive strengths of self-esteem, and positive and negative self-compassion for hedonic and eudaimonic well-being as well as assessed the relative mediating roles of positive and negative self-compassion for the relationships among self-esteem, and hedonic and eudaimonic well-being.

Design. A correlational design was employed through which self-esteem, self-compassion, and hedonic and eudaimonic well-being were measured.

Methods. One hundred thirty-four male ($M = 25.11$, $SD = 1.66$) and 138 female ($M = 21.89$, $SD = 1.87$) participants were chosen by a convenient sampling.

Results. The findings evinced that there were significant positive correlations among self-esteem, positive self-compassion, and hedonic and eudaimonic well-being while negative self-compassion exhibited small positive correlations with both the well-being measures (criterion). The regression analyses showed that self-esteem and positive self-compassion reflected significant predictive strengths for hedonic as well as eudaimonic well-being while negative self-compassion did not. This was also true for the social and psychological aspects of well-being. The β values reflected that positive self-compassion did show a higher contribution for both the well-being measures as compared to self-esteem.

Conclusions. The findings evinced that positive, not negative, self-compassion mediated the relationship between self-esteem and hedonic well-being as well as self-esteem and eudaimonic well-being. Moreover, self-esteem and self-compassion have predictive strengths for both kinds of well-being. The findings showed the relevance of self-esteem and self-compassion to underscore well-being. The implications and directions for future researchers have been discussed.

Practitioner points

- Contrary to the earlier findings suggesting self-esteem and self-compassion carrying relevance to explicate performance and well-being of people with individualistic and collectivistic cultures,

*Correspondence should be addressed to Gyanesh Kumar Tiwari, Department of Psychology, School of Humanities & Social Sciences, Doctor Harisingh Gour Vishwavidyalaya, Sagar, 470003, Madhya Pradesh, India (email: gyaneshpsychology@gmail.com).

respectively, the findings of this study suggest both the constructs to be useful to understand the well-being of people with both the values belonging especially to the fast-changing societies like India.

- The study also suggests reconceptualization and empirical verification of self-compassion that will make it more effective for enhancing and promoting interventions for positive life outcomes.

Self-concept plays a pivotal role in shaping the functioning, performance, and outcomes of individuals. A number of self-concepts have been proposed by psychologists to explicate the adaptive and maladaptive life outcomes. Self-esteem is one of the many important dimensions of self that has been observed to be closely linked with the well-being and performance of individuals. Rosenberg (1965) has defined self-esteem as a favourable or unfavourable attitude towards the self. Self-esteem denotes a person's sense of value or worth (Blascovich & Tomaka, 1991) that has been assumed to be rooted in trust, unconditional love, and security of childhood progressing with the evaluations of others (Seligman, Reivich, Jaycox, & Gillham, 1996). The self-esteem works best when relatedness, competence, and autonomy, the basic psychological nutrients of life, are in equilibrium (Ryan & Deci, 2004). It has been posited that self-esteem develops through the internalization of cultural practices and values (Ryan & Deci, 2004) that promote positive affect, personal growth, and psychological well-being (Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004). The researchers have argued that self-esteem carries survival value for the individuals by promoting a securely attached style that, in turn, promotes happiness and well-being (Pyszczynski *et al.*, 2004). In essence, self-esteem may underlie pride, positive relationships, and functioning that are translated into happiness, well-being, and other positive outcomes for the individuals (Leary, Tambor, Terdal, & Downs, 1995). The researchers have argued that self-esteem is the essential part of the subjective quality of life and has strong links with positive affect and life satisfaction (Diener, 1984), lowered anxiety, and depressive symptoms (Crandall, 1973).

Recent past has witnessed an unprecedented upsurge in the empirical investigation of self-compassion, a construct borrowed from Buddhism. Self-compassion has been defined as a set of positive self-attitudes that surfaces during pain, adversity, failures, and adequacies or general life difficulties of the life of people (Neff, Tóth-Király, & Colosimo, 2018). According to Neff (2003b), self-compassion represents the balance between three bipolar dimensions, namely self-kindness/self-judgement, common humanity/isolation, and mindfulness/over-identification. The researchers have reported self-compassion to be related to a multitude of positive life outcomes such as well-being (Neff & Germer, 2017; Neff *et al.*, 2018; Verma & Tiwari, 2017a, 2017b). In this context, social mentality theory is relevant that explains the probable mechanisms behind self-compassion and its impacts (Gilbert, 2000). The social mentality theory suggests that intrapersonal relationships are guided by the same principles as the interpersonal relationship (Gilbert, 2000). According to Gilbert (2000), social mentalities represent a set of internal systems that engender useful patterns in cognition, affect, and behaviour of individuals that, in turn, facilitate individuals to fulfil the social expectations (Gilbert, 2000). For instance, care-seeking, mating, cooperation, and competition signify well-known and effective social mentalities that help to face the demands of survival. The social mentalities are regulated by higher cognitive processes of self-awareness, imagination, and reflection that direct individuals to involve in useful roles with others. It has been further posited that social mentalities get incited by internal and external cues and are relevant for both relationships with self and others (Gilbert, 2000).

The self-compassion measure based on Neff (2003a) model has been charged with unsatisfactory psychometric properties (Pfattheicher, Geiger, Hartung, Weiss, &

Schindler, 2017). The adherents of the Neff's approach argued that construct validity and incremental predictive validity of self-compassion scale have well been established and its composite scores have been shown to be positively correlated with happiness, optimism, life satisfaction, body appreciation, perceived competence, and motivation (Hollis-Walker & Colosimo, 2011; Neff, Pisitsungkagarn, & Hsieh, 2008) and negative correlations with depression, anxiety, stress, rumination, self-criticism, perfectionism, and fear of failure (Breines, Toole, Tu, & Chen, 2014; Finlay-Jones, Rees, & Kane, 2015; Neff, 2003a). These arguments did not satisfy the questions raised by some researchers about the positive and negative aspects inherent in the self-compassion scale. It has been argued that self-judgement, isolation, and over-identification exhibit clear similarities with social withdrawal and loneliness (Rubin & Coplan, 2004), and self-absorption and self-focused rumination (Lyubomirsky & Nolen-Hoeksema, 1995). Muris, van den Broek, Otgaar, Oudenhoven, and Lennartz (2018) have recently testified face and empirical validity of positive and negative self-compassion and found positive self-compassion to be linked with adaptive coping and healthy functioning while negative self-compassion to be associated with maladaptive coping, anxiety, and depression (Allen & Leary, 2010; Muris *et al.*, 2018; Sirois, Molnar, & Hirsch, 2015).

The present study

It is apparent from the above discussion that self-esteem and self-compassion have achieved a status of well-established and accepted self-constructs with empirical validity of their promotive and strengthening potentials for a variety of positive life outcomes. The researchers have observed a moderate association between self-esteem and self-compassion (Neff, 2003a; Neff, Kirkpatrick, & Rude, 2007). Self-esteem entails an evaluative attribute that reflects the values and likings of the individuals in comparison with others (Harter, 1999). Thus, higher self-esteem is indicative of the comparative social standing, uniqueness, and an above-average position of an individual (Heine, Lehman, Markus, & Kitayama, 1999). Self-esteem has been argued to have cultural and social affiliations particularly higher relevance and usefulness in understanding the behaviours of the individuals belonging to the individualistic societies. Self-esteem differs from one culture to another, and this diversity in self-esteem has significant implications to understand its associated outcomes for Indian people (Mascolo, Misra, & Rapisardi, 2004). For example, the researchers have proposed that individualism and collectivism coexist in India (Kim, 1994; Sinha & Tripathi, 1994) and there is a great diversity of self-concepts in India (Mascolo *et al.*, 2004). Due to the growing inclination towards the postmodern way of life, self-esteem may be argued to be cultivated in a collectivistic culture like India where it may coexist with individualism.

Self-compassion is originated as a means of liberation from worldly pain and failures in India by Buddhism with the absence of any kind of evaluation, comparison, and side effects. In essence, self-compassion carries positive self-attitudes with three distinct but mutually inclusive dimensions that find their expressions in the face of perceived inadequacies of life common to all human being. Moreover, self-compassion does not arise out of any kind of relative evaluation but gets originated because individuals are human beings (Neff, 2012). Conceptually, self-esteem and self-compassion have both similarities and distinctions in their genesis, development, dynamics, and their impacts on the functioning and performance of the individuals. It has been posited that self-esteem has its origin in the materialistic cultures with extreme adherence to the positivistic, individualistic, and materialistic values. Similarly, self-compassion offers more emotional

stability, connectedness, accepting, autonomy-supporting, greater relationship satisfaction, and attachment security as well as less detached, controlling, and verbally or physically aggressive than those lacking self-compassion (Neff, 2012). Likewise, people with higher self-esteem get benefitted with lowered depression and anxiety as well as other life outcomes (McKay & Fanning, 1995).

There is a disagreement among the researchers about the unitary and bifactor nature of the self-compassion. Neff *et al.* (2018) have advocated for unitary nature of self-compassion while others argued that the proposed construct contains both positive and negative dimension with dissimilar implications for a variety of life outcomes such as social withdrawal and loneliness (Rubin & Coplan, 2004), adaptive coping and healthy functioning, as well as maladaptive coping, anxiety, and depression (Allen & Leary, 2010; Muris *et al.*, 2018; Sirois *et al.*, 2015). The conceptualization of self-compassion by Neff (2003a) carries both positive and negative aspects have been reported in a sizable number of studies. For example, positive self-compassion has shown a negative link with mental health problems while negative self-compassion exhibited a stronger positive association with poor mental health indices in a meta-analytic review (Muris & Petrocchi, 2017). These conclusions were also mirrored in other studies that came up with similar findings (Muris, 2016; Pfattheicher *et al.*, 2017; Raes, Pommier, Neff, & Van Gucht, 2011). The trait neuroticism has also showed a negative association with positive aspect and positive relationship with negative aspect of self-compassion (López *et al.*, 2015; Ormel *et al.*, 2013). To reply this criticism, Neff and her associates conducted a series of studies that attempted to justify their earlier position of the conceptualization of self-compassion (Cleare, Gumley, Cleare, & O'Connor, 2018; Neff, 2016a, 2016b; Neff, Whittaker, & Karl, 2017). But, these arguments were not acceptable to the critiques who argued that the scale based on the conceptualization of Neff (2003a, 2003b) may have satisfactory internal validity but lacks external validity (Muris *et al.*, 2018). Thus, it would constitute a good question to answer whether the conceptualization self-compassion by recent theorists carries empirical validity for hedonic and eudaimonic well-being.

It is explicit that self-esteem and self-compassion carry similar but mutually exclusive processes and mechanisms underlying their role in shaping life outcomes. It has been argued that self-compassion is a positive self-attitude that has a close link with self-esteem (Neff, 2011). Self-compassion helps individuals to respond to their negative experiences and threats of life and, thus, overlaps with self-esteem. The above discussion makes it clear that self-esteem and self-compassion carry significance to explicate the nature and dynamics of the well-being of individuals. Review of the earlier studies makes it explicit that self-esteem and self-compassion represent positive self-resources that may have an inevitable role in shaping the well-being of individuals. There is a paucity of studies that have assessed their relative impacts on well-being in a single study. In addition, individualism and collectivism have both been reported to coexist in India. In this background, the present study examined the mediating and predictive roles of positive and negative self-compassion among self-esteem, and hedonic and eudaimonic well-being of the adults.

Objectives

1. To understand the nature of association among self-esteem, positive self-compassion, negative self-compassion, and hedonic and eudaimonic well-being,

2. To estimate the variance accounted for by self-esteem, and positive and negative self-compassion in the scores of hedonic and eudaimonic well-being, and
3. To understand the relative mediating roles of positive and negative self-compassion among the relationships of self-esteem, and hedonic and eudaimonic well-being.

Hypotheses

The following hypotheses have been formulated for the study:

1. There will be positive correlations among self-esteem, positive self-compassion, and hedonic and eudaimonic well-being, whereas low positive or negative correlations will be observed among the scores of negative self-compassion, and hedonic and eudaimonic well-being.
2. The self-esteem and positive self-compassion will account for significant variance in the scores of hedonic and eudaimonic well-being while negative self-compassion will not contribute to these measures.
3. Positive self-compassion will mediate the relationship among the relationships of self-esteem, and hedonic and eudaimonic well-being while no mediation will be caused by negative self-compassion for these measures.

Methods

Participants

A convenient sampling method was used to choose the participants in the study. Data were collected from 300 students attending different undergraduate and postgraduate programmes from the schools of Humanities & Social Sciences, Languages, Commerce, Science and Law at Doctor Harisingh Gour Vishwavidyalaya, Sagar, Madhya Pradesh, India during the Academic Session 2018-19. Initially, 300 participants with an equal number of males and females were chosen for the study. After screening the outliers, the data of only 134 males ($M = 25.11$, $SD = 1.66$) and 138 females ($M = 21.89$, $SD = 1.87$) were used for the final analysis.

Psychometric tools

All the scales employed in the present study were first translated by three researchers from English to Hindi followed by a back-translation from Hindi to English. In addition, their face validity was established by the competent researchers of the field according to the basic constructs before the final decision to use these tools was taken. The following psychometric tools were employed:

Self-esteem Scale

Rosenberg Self-Esteem Scale was used to measure global self-worth (Rosenberg, 1965). The scale comprises of 10 items with a 4-point ranging from strongly agree to strongly disagree. Self-esteem has shown to have a strong relationship with happiness and lowered depression (Baumeister, Campbell, Krueger, & Vohs, 2003).

Self-compassion Scale

Self-Compassion Scale (Neff, 2003a) was employed to measure the self-compassion of the participants. The items of the scale measure the way people respond to their feelings of inadequacy or suffering from self-kindness, self-judgement, common humanity, isolation, mindfulness, and over-identification. It consists of 26 items that capture self-kindness, self-judgement, common humanity, isolation, mindfulness, and over-identification with a five-point scale from almost never to almost always. The internal reliability of the scale has been reported to be satisfactory in many studies across diverse populations (Allen, Goldwasser, & Leary, 2012; Neff & Pommier, 2013).

Mental Health Continuum-Short Form

Hedonic and eudaimonic well-being were measured with the help of Mental Health Continuum-Short Form (MHC-SF; Keyes, 2005). The scale is based on flourishing theory that has its genesis in emotional well-being (Diener, Suh, Lucas, & Smith, 1999), eudaimonic well-being (Ryff, 1989), and social well-being studies (Keyes, 1998). The scale consists of 14 items with a 6-point Likert scale from never to every day. The coefficients of internal consistency reliability for emotional, psychological, and social well-being short and long formats have been reported to be above 0.80 (Keyes, 2005).

Procedure

The data collection for the study was started after procuring the questionnaires, selecting the sample, and collecting their written consents. All the scales were first translated by three researchers from English to Hindi followed by a back-translation from Hindi to English. In addition, their face validity was established by the competent researchers of the field according to the basic constructs. The scales were administered, and the scoring was carried out as per the available instructions. The scores of self-kindness, common humanity, and mindfulness dimensions of self-compassion scale were combined to make a composite score of positive self-compassion. Likewise, the combined scores of self-judgement, isolation, and over-identification were termed as negative self-compassion. After arranging the data as per the requirement of statistical analyses, the same was treated with the help of SPSS 25v (SPSS South Asia Pvt. Ltd., Kacharakanahalli, Bangalore, India). The coefficient of correlation, hierarchical regression analysis, and mediation analysis were carried out by using Andrew Hayes' PROCESS plug-in for SPSS version 25 (Field, 2013).

Results

The results have been presented in two parts. In preliminary analyses, the coefficients of correlation and hierarchical regression analysis have been presented, whereas the second part entails mediation analysis.

Preliminary analyses

The coefficient of correlation and hierarchical regression were employed as statistical tools to explicate the nature and extent of association and predictive strengths of self-esteem, positive self-compassion, and negative self-compassion for hedonic and eudemonic well-being measures.

The positive correlations were observed among the scores of self-esteem and the scores of hedonic well-being, social well-being, psychological well-being, and eudaimonic well-being of the participants. The positive correlations were also observed among the scores of positive self-compassion and the scores of hedonic well-being, social well-being, psychological well-being, and eudaimonic well-being. The scores of negative self-compassion and the scores of hedonic well-being, social well-being, psychological well-being, and eudaimonic well-being evinced low non-significant positive correlations (Table 1).

The regression analysis showed that the predicted value of hedonic well-being was increased by 0.187 and 0.050 units for each unit of self-esteem and positive self-compassion, respectively. Further, self-esteem and positive self-compassion accounted for 4.30% ($R^2 = .043$, $F(1, 270) = 12.105$, $p = .001$) and 5.90% ($R^2 = .059$, $F(1, 269) = 4.698$, $p = .031$) variations in this criterion measure, respectively. Similarly, the predicted value of social well-being was increased by 0.243 and 0.052 units for each unit of self-esteem and positive self-compassion and accounted for 3.00% ($R^2 = .030$, $F(1, 270) = 8.403$, $p = .004$) and 3.70% variation in this criterion measure ($R^2 = .037$, $F(1, 269) = 2.042$, $p = .154$), respectively (Table 2).

Moreover, psychological well-being was increased by 0.280 and 0.144 units for each unit of self-esteem and positive self-compassion causing 5.60% ($R^2 = .056$, $F(1, 270) = 16.018$, $p = .000$) and 13.50% variance in this criterion measure ($R^2 = .135$, $F(1, 269) = 24.533$, $p = .000$), respectively. Lastly, eudaimonic well-being was increased by 0.795 and 0.248 units for each unit of self-esteem and positive self-compassion that also accounted for 4.80% ($R^2 = .048$, $F(1, 270) = 13.736$, $p = .000$) and 7.50% ($R^2 = .075$, $F(1, 269) = 7.841$, $p = .005$) variations in this criterion measure. Conversely, negative self-compassion did not contribute to the scores of any of the criterion measures of well-being (Table 2).

Mediation analysis

To identify and explore the mechanisms involved behind the relationship between predictors and outcome variables, mediation analysis was performed as per the suggestions of Baron and Kenny (1986). A parallel mediation analysis was performed to

Table 1. Coefficients of correlations among the scores of self-esteem, self-compassion, and human flourishing of the participants ($N = 272$)

S. No.	Measures	SE	PSC	NSC	HWB	SWB	PWB	EWB
1.	Self-esteem	1	.506**	.281**	.207**	.174**	.237**	.220**
2.	Positive Self-compassion			-.105	.215**	.162**	.362**	.253**
3.	Negative Self-compassion				.115	.024	.039	.033
4.	Hedonic Well-being					.443**	.476**	.517**
5.	Social Well-being						.438**	.952**
6.	Psychological Well-being							.692**
7.	Eudaimonic Well-being							1

Note. EWB = eudaimonic well-being; HWB = hedonic well-being; NSC = negative self-compassion; PSC = positive self-compassion; PWB = psychological well-being; SE = self-esteem; SWB = social well-being.

** $p < .01$.

Table 2. Summary of hierarchical regression analysis for the variables predicting hedonic and eudaimonic well-being of the participants ($N = 272$)

Measures	Model 1			Model 2			Model 3		
	B	SE B	β	B	SE B	β	B	SE B	β
1. Hedonic Well-Being									
Self-esteem	.187	.054	.207	.119	.062	.132	.074	.067	.082
Positive Self-compassion				.050	.023	.149	.063	.024	.186
Negative Self-compassion							.048	.027	.112
R^2	.043			.059			.070		
F for change in R^2	12.105**			4.698*			3.036		
2. Social Well-Being									
Self-esteem	.243	.084	.174	.173	.097	.124	.173	.105	.124
Positive Self-compassion				.052	.036	.099	.052	.038	.099
Negative Self-compassion							.000	.043	.000
R^2	.030			.037			.037		
F for change in R^2	8.403**			2.042			0.000		
3. Psychological Well-Being									
Self-esteem	.280	.070	.237	.085	.078	.072	.051	.084	.043
Positive Self-compassion				.144	.029	.326	.154	.031	.347
Negative Self-compassion							.036	.034	.064
R^2	.056			.135			.138		
F for change in R^2	16.018**			24.533**			1.065		
4. Eudaimonic Well-Being									
Self-esteem	.765	.206	.220	.430	.236	.124	.396	.257	.114
Positive Self-compassion				.248	.089	.190	.258	.093	.197
Negative Self-compassion							.035	.105	.022
R^2	.048			.075			.076		
F for change in R^2	13.736**			7.841**			0.113		

Note. * $p < .05$; ** $p < .01$.

test the third hypothesis, by using Andrew Hayes' PROCESS plug-in for SPSS version 25 (Field, 2013) to investigate the hypothesis that the relationships among self-esteem, hedonic well-being, and eudaimonic well-being were fully mediated by positive, but not negative self-compassion. The PROCESS Model 4 (parallel mediation) was employed to estimate regression coefficients and follow-up bootstrap analyses with 5,000 bootstrap samples to estimate 95% bias-corrected confidence intervals for specific and total indirect effects. Two models were tested in this study. In Model 1, hedonic well-being was the dependent variable (Y) that was regressed on self-esteem (X), positive self-compassion (M_1), and negative self-compassion (M_2). Moreover, M_1 and M_2 were themselves regressed on X . Thus, M_1 and M_2 represented the mediator variables. The indirect effect estimate of positive self-compassion was 0.085, with the 95% confidence interval not encompassing 0 (0.026–0.151) indicating a significant positive mediation effect, whereas indirect effect estimate of negative self-compassion was 0.028, with the 95% confidence interval encompassing 0 (–0.003 to 0.063) that evinced no mediation effect (Table 3).

In Model 2, eudaimonic well-being was the dependent variable (Y) that was regressed on self-esteem (X), positive self-compassion (M_1), and negative self-compassion (M_2). Moreover, M_1 and M_2 were again regressed on X . Thus, M_1 and M_2 denoted the mediator variables. The indirect effect estimate of positive self-compassion was 0.347, with the 95%

Table 3. Showing total, direct, and indirect effects of self-esteem on hedonic well-being mediated by positive and negative self-compassion

	Effect	SE	CI _{low}	CI _{up}
Total effect of self-esteem on hedonic well-being	0.187	.054	0.081	0.292
Direct effect of self-esteem on hedonic well-being	0.074	.067	−0.058	0.205
Indirect effect of self-esteem on hedonic well-being mediated by positive self-compassion	0.085	.032	0.026	0.151
Indirect effect of self-esteem on hedonic well-being mediated by negative self-compassion	0.028	.016	−0.003	0.063

Table 4. Showing total, direct, and indirect effects of self-esteem on eudaimonic well-being mediated by positive and negative self-compassion

	Effect	SE	CI _{low}	CI _{up}
Total effect of self-esteem on hedonic well-being	0.764	.206	0.358	1.171
Direct effect of self-esteem on hedonic well-being	0.396	.257	−0.109	0.902
Indirect effect of self-esteem on hedonic well-being mediated by positive self-compassion	0.347	.128	0.118	0.616
Indirect effect of self-esteem on hedonic well-being mediated by negative self-compassion	0.021	.060	−0.099	0.140

confidence interval not encompassing 0 (0.118–0.616) that exhibited a significant positive mediation effect, while indirect effect estimate of negative self-compassion was 0.021, with the 95% confidence interval encompassing 0 (−0.099 to 0.140), that did show no mediation effect (Table 4).

Discussion

The findings of the study proved the contention that both self-esteem and self-compassion have a significant role in shaping the nature and extent of hedonic and eudaimonic well-being of the participants. The positive correlations were observed among self-esteem, positive self-compassion, and hedonic and eudaimonic well-being while negative self-compassion did show non-significant small positive correlations with the criterion measures. Likewise, self-esteem and positive self-compassion contributed significant variations in all well-being measures. In essence, positive self-compassion emerged as the most significant predictor for both the criterion measures of well-being followed by self-esteem. These findings get clearer with the positive significant mediating role of positive, not negative, self-compassion in shaping the relationship among self-esteem, and hedonic and eudaimonic well-being. These findings partially Substantiated the proposed hypotheses 1, 2, and 3.

These findings evinced that the insight about the bifactor conceptualization of self-compassion got empirical verification in the differential predictive and mediating roles of positive and negative self-compassion in shaping the two dimensions of well-being in association with self-esteem. The predictive and mediating roles of self-esteem, and positive and negative self-compassion for hedonic and eudaimonic well-being may be explained in terms of the attributes that underlie the mechanisms inherent in these

constructs. It is to be argued that self-esteem carries self-satisfaction, self-attitude, self-worth, self-efficacy, self-respect, social comparison, self-pride, self-perception, relative strengths, and feeling of being virtuous (Rosenberg, 1965). Self-esteem has been reported to have close links with many positive outcomes such as happiness, positive emotions, self-evaluation, positive mood regulation, optimistic thinking, and optimal functioning (Rosenberg, 1965). These attributes of self-esteem may be assumed to catalyse hedonic and eudaimonic well-being. Moreover, the efficacious features of self-esteem may cultivate positive self-compassion and reduce negative self-compassion. In this role, self-esteem may be assumed to buffer the effects of distress and pain caused by life failures and adversities. On the other hand, strengths of self-esteem may be working directly to augment the hedonic, social, psychological, and eudaimonic dimensions of well-being. Similar mechanisms underlying self-esteem have also been inferred by some researchers who have suggested it to benefit the individuals in two fashions, that is, enhanced initiative and pleasant feelings (Baumeister *et al.*, 2003).

In the same fashion, the measure of positive self-compassion carries self-acceptance, self-care, self-kindness, self-tolerance, self-understanding, and patience towards negative self-traits. It also reflects shared common struggle, perception about lack of resources, and common inadequacy. Moreover, positive self-compassion also carries emotional stability, stable perception, and analytical thinking about the failures in important domains of life and open-mindedness towards self during hurtful times (Neff, 2003a; Rai & Tiwari, 2019). Conversely, negative self-compassion denotes self-judgement, isolation, and over-identification that reflect harsh treatment towards self, intolerance towards negative traits of self, self-depreciation, and harsh treatment. Likewise, it also carries a feeling of loneliness, self-comparison, thinking about others, and feeling of loneliness during the failures in important domains of life. Additionally, it reflects indulgence in negative habits, feeling of inferiority, over-identification, and maximization of events (Neff, 2003a). A perusal of the attributes of well-being shows that hedonic well-being carries happiness, interest, enjoyment, and satisfaction while eudaimonic well-being includes social and psychological well-being. Social well-being carries social contribution, social integration, social actualization or social growth, social acceptance, social coherence, or social interest. Psychological well-being contains self-acceptance, environmental mastery, positive relations with others, personal growth, autonomy, and purpose in life (Keyes, 2009).

These attributes of positive and negative self-compassion may be assumed to underlie their dissimilar predictive and mediating roles in shaping the relationships among self-esteem, and hedonic and eudaimonic well-being. Thus, the constructive features of self-esteem and positive self-compassion might be behind their close links with hedonic and eudaimonic well-being. Conversely, the debilitating attributes of negative self-compassion may be assumed to underlie its impoverishing effects for hedonic and eudaimonic well-being. The researchers have argued that self-esteem and self-compassion have close links with each other. Self-compassion has been conceived as an emotionally positive self-attitude having a close link with self-esteem (Neff, 2003a, 2011).

The predictive strengths of positive aspects of self-compassion for the various aspects of well-being may also be understood in terms of social mentality theory that facilitates interpersonal adaptation. It has been suggested that many positive relational processes are incorporated into social mentalities. For example, care-seeking and caregiving constitute significant social mentalities that provide support to individuals in the face of adversity and inadequacies (Hermanto & Zuroff, 2016). Similarly, social mentalities relevant for interpersonal relationships may also be effective and useful for self-processes such as self-compassion (Gilbert, 2005). The effectiveness of social mentalities has been verified in the

therapeutic use of compassion therapy (Gilbert, 2017). Thus, the self-esteem and self-compassion are regulated through these social mentalities that, in turn, may shape hedonic and eudaimonic well-being.

Thus, the findings of the study testify the contention that positive, not negative, self-compassion is facilitative for catalysing the relationship of self-esteem, and hedonic and eudaimonic well-being. The findings also proved the contention that the well-being of Indian people is guided by both individualism and collectivism as has been mirrored in previous research (Kim, 1994; Sinha & Tripathi, 1994). In essence, the findings of the present study evince this fact as both self-esteem and self-compassion have shown their implications to explicate hedonic and eudaimonic well-being.

The findings of the study also evinced that the bifactor model of self-compassion got verified with dissimilar mediating roles of positive and negative self-compassion for well-being measures as claimed by some researchers (Muris *et al.*, 2018). The findings add some new facts with a slight deviation of the claim of Neff *et al.* (2018) who attempted to prove it to be a unitary construct. It was evident in the small non-significant positive correlations among the scores of negative self-compassion, and hedonic and eudaimonic well-being. At the surface level, it may seem paradoxical but when we delve inside, it appears that some of the items that denote negative self-compassion, in fact, conceived as positive in Indian culture. For instance, intolerance and harsh treatment towards self and, kindness and generosity towards others are desirable prescriptions. It makes a compulsive practice of kindness towards others and toughness towards self and thereafter indulging in some compensatory activities to wipe out sin arising from unkind or cruel act towards others. The compensatory act is remorse rather than self-guilt in Indian culture (Rai & Tiwari, 2019). Thus, self-restraining practices are not always treated as negative in Indian culture as these may have some positive outcomes in some cases. Thus, to some extent, it lends support to the assumptions of the bifactor model of self-compassion with the dissimilar mediating and predictive strengths of positive and negative self-compassion for self-esteem, and hedonic and eudaimonic well-being. The findings of the study indicated that it would be more useful to employ items belonging to positive self-compassion, if one is interested to link self-compassion with positive life outcomes like well-being.

Future directions

There is ample opportunity for future researchers to further extend their contributions to the field of self-esteem, self-compassion, and well-being. Understanding the developmental trends in self-esteem and self-compassion in the context of well-being may be a new and worthy addition to this field. More qualitative studies may be carried out to explore further dimensions of self-compassion in the existing theories of their similarities and dissimilarities. The cross-cultural investigations of these construct may strengthen the understanding of the relationship of these positive constructs. The study of self-esteem and self-compassion may be made even more useful by incorporating spirituality (Sharma, Tiwari, & Rai, 2018), forgiveness (Ahirwar, Tiwari, & Rai, 2019; Mudgal & Tiwari, 2017) interdependent happiness (Raj, Tiwari, & Rai, 2019), and positive mental health (Tiwari *et al.*, 2019).

Acknowledgements

The authors have no support to report.

Conflicts of interest

All authors declare no conflict of interest.

References

- Ahirwar, G., Tiwari, G. K., & Rai, P. K. (2019). Exploring the nature, attributes and consequences of forgiveness in children: A qualitative study. *Psychological Thought*, 12(2). <https://doi.org/10.5964/psyc.v12i2.347>
- Allen, A. B., Goldwasser, E. R., & Leary, M. R. (2012). Self-compassion and well-being among older adults. *Self and Identity*, 11, 428–453. <https://doi.org/10.1080/15298868.2011.595082>
- Allen, A. B., & Leary, M. R. (2010). Self-compassion, stress, and coping. *Social and Personality Psychology Compass*, 4(2), 107–118. <https://doi.org/10.1111/j.1751-9004.2009.00246.x>
- Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173–1182. <https://doi.org/10.1037/0022-3514.51.6.1173>
- Baumeister, R. F., Campbell, J. D., Krueger, J. I., & Vohs, K. D. (2003). Does high self-esteem cause better performance, interpersonal success, happiness, or healthier lifestyles? *Psychological Science in the Public Interest*, 4(1), 1–44. <https://doi.org/10.1111/1529-1006.01431>
- Blascovich, J., & Tomaka, J. (1991). Measures of self-esteem. In J. P. Robinson & P. R. Shaver (Eds.), *Measures of personality and social psychological attitudes* (pp. 115–160). San Diego, CA: Academic Press.
- Breines, J., Toole, A., Tu, C., & Chen, S. (2014). Self-compassion, body image, and self-reported disordered eating. *Self and Identity*, 13, 432–448. <https://doi.org/10.1080/15298868.2013.838992>
- Cleare, S., Gumley, A., Cleare, C. J., & O'Connor, R. C. (2018). An investigation of the factor structure of the Self-Compassion Scale. *Mindfulness*, 9, 618–628. <https://doi.org/10.1007/s12671-017-0803-1>
- Crandall, R. (1973). The measurement of self-esteem and related constructs. In J. P. Robinson & P. Shaver (Eds.), *Measurements of social psychological attitudes* (pp. 45–167). Ann Arbor, MI: Institute for Social Research, University of Michigan.
- Diener, E. (1984). Subjective well-being. *Psychological Bulletin*, 95, 542–575. <https://doi.org/10.1037/0033-2909.95.3.542>
- Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 125, 276–302. <https://doi.org/10.1037/0033-2909.125.2.276>
- Field, A. (2013). *Discovering statistics using IBM SPSS statistics*. Thousand Oaks, CA: SAGE Publications Ltd.
- Finlay-Jones, A. L., Rees, C. S., & Kane, R. T. (2015). Self-compassion, emotion regulation and stress among Australian psychologists: Testing an emotion regulation model of self-compassion using structural equation modeling. *PLoS ONE*, 10(7), e0133481. <https://doi.org/10.1371/journal.pone.0133481>
- Gilbert, P. (2000). Social mentalities: Internal “social” conflicts and the role of inner warmth and compassion in cognitive therapy. In P. Gilbert & K. G. Bailey (Eds.), *Genes on the couch: Explorations in evolutionary psychotherapy* (pp. 118–150). Hove, UK: Brunner-Routledge.
- Gilbert, P. (2005). Compassion and cruelty: A biopsychosocial approach. In P. Gilbert (Ed.), *Compassion: Conceptualisations, research and use in psychotherapy* (pp. 9–74). London, UK: Brunner-Routledge.
- Gilbert, P. (2017). A brief outline of the evolutionary approach for compassion focused therapy. *EC Psychology and Psychiatry*, 3(6), 218–227.
- Harter, S. (1999). *The construction of the self: A developmental perspective*. New York, NY: Guilford Press.

- Heine, S. J., Lehman, D. R., Markus, H. R., & Kitayama, S. (1999). Is there a universal need for positive self-regard? *Psychological Review*, 106, 766–794. <https://doi.org/10.1037/0033-295X.106.4.766>
- Hermanto, N., & Zuroff, D. C. (2016). The social mentality theory of self-compassion and self-reassurance: The interactive effect of care-seeking and caregiving. *The Journal of Social Psychology*, 156, 523–535. <https://doi.org/10.1080/00224545.2015.1135779>
- Hollis-Walker, L., & Colosimo, K. (2011). Mindfulness, self-compassion, and happiness in non-meditators: A theoretical and empirical examination. *Personality and Individual Differences*, 50, 222–227. <https://doi.org/10.1016/j.paid.2010.09.033>
- Keyes, C. L. M. (1998). Social well-being. *Social Psychology Quarterly*, 61(2), 121. <https://doi.org/10.2307/2787065>
- Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology*, 73, 539–548. <https://doi.org/10.1037/0022-006X.73.3.539>
- Keyes, C. L. M. (2009). Retrieved October 9, 2019, from Atlanta: Brief Description of the Mental Health Continuum Short Form (MHC-SF) website: <https://www.aacu.org/sites/default/files/MHC-SFEnglish.pdf>
- Kim, U. (1994). Individualism and collectivism: Conceptual clarifications and elaboration. In U. Kim, H. C. Triandis, C. Kagitcibasi, S. C. Choi & G. Yoon (Eds.), *Individualism and collectivism: Theory, method, and application* (pp. 19–40). Thousand Oaks, CA: Sage.
- Leary, M. R., Tambor, E. S., Terdal, S. K., & Downs, D. L. (1995). Self-esteem as an interpersonal monitor: The sociometer hypothesis. *Journal of Personality and Social Psychology*, 68, 518–530. <https://doi.org/10.1037/0022-3514.68.3.518>
- López, A., Sanderman, R., Smink, A., Zhang, Y., van Sonderen, E., Ranchor, A., & Schroevers, M. J. (2015). A reconsideration of the Self-Compassion Scale's total score: Self-compassion versus self-criticism. *PLoS ONE*, 10(7), e0132940. <https://doi.org/10.1371/journal.pone.0132940>
- Lyubomirsky, S., & Nolen-Hoeksema, S. (1995). Effects of self-focused rumination on negative thinking and interpersonal problem solving. *Journal of Personality and Social Psychology*, 69(1), 176–190. <https://doi.org/10.1037/0022-3514.69.1.176>
- Mascolo, M. F., Misra, G., & Rapisardi, C. (2004). Individual and relational conceptualizations of self in India and the U.S. In M. F. Mascolo, & J. Li (Eds.), *Culture and developing selves. New directions for child and adolescent development* (pp. 9–26). London, UK: Jossey-Bass.
- McKay, L. F., & Fanning, P. (1995). *Self-esteem*. New York, NY: St. Martin's Paperbacks.
- Mudgal, S., & Tiwari, G. K. (2017). High level of self-forgiveness facilitates quality of life in males and females. *Vaichariki-A Multidisciplinary Refereed International Research Journal*, 8(3), 154–166.
- Muris, P. (2016). A protective factor against mental health problems in youths? A critical note on the assessment of self-compassion. *Journal of Child and Family Studies*, 25, 1461–1465. <https://doi.org/10.1007/s10826-015-0315-3>
- Muris, P., & Petrocchi, N. (2017). Protection or vulnerability? A meta-analysis of the relations between the positive and negative components of self-compassion and psychopathology: Self-compassion: protection or vulnerability? *Clinical Psychology & Psychotherapy*, 24, 373–383. <https://doi.org/10.1002/cpp.2005>
- Muris, P., van den Broek, M., Otgaar, H., Oudenhoven, I., & Lennartz, J. (2018). Good and bad sides of self-compassion: A face validity check of the Self-Compassion Scale and an investigation of its relations to coping and emotional symptoms in non-clinical adolescents. *Journal of Child and Family Studies*, 27, 2411–2421. <https://doi.org/10.1007/s10826-018-1099-z>
- Neff, K. D. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2(3), 223–250. <https://doi.org/10.1080/15298860309027>
- Neff, K. D. (2003b). 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. (2011). Self-compassion, self-esteem, and well-being. *Social and Personality Psychology Compass*, 5(1), 1–12. <https://doi.org/10.1111/j.1751-9004.2010.00330.x>

- Neff, K. D. (2012). The science of self-compassion. In C. Germer & R. Siegel (Eds.), *Compassion and wisdom in psychotherapy* (pp. 79–92). New York, NY: Guilford Press.
- Neff, K. D. (2016a). Does self-compassion entail reduced self-judgment, isolation, and over-identification? A response to Muris, Otgaar, and Petrocchi (2016). *Mindfulness*, 7, 791–797. <https://doi.org/10.1007/s12671-016-0531-y>
- Neff, K. D. (2016b). The Self-Compassion Scale is a valid and theoretically coherent measure of self-compassion. *Mindfulness*, 7, 1009–1009. <https://doi.org/10.1007/s12671-016-0560-6>
- Neff, K. D., & Germer, C. (2017). Self-compassion and psychological well-being. In E. M. Seppälä, E. Simon-Thomas, S. L. Brown, M. C. Worline, C. D. Cameron & J. R. Doty (Eds.), *Oxford handbook of compassion science* (pp. 371–386). New York, NY: Oxford University Press.
- 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. <https://doi.org/10.1016/j.jrp.2006.03.004>
- Neff, K. D., Pisitsungkagarn, K., & Hsieh, Y.-P. (2008). Self-compassion and self-construal in the United States, Thailand, and Taiwan. *Journal of Cross-Cultural Psychology*, 39(3), 267–285. <https://doi.org/10.1177/0022022108314544>
- Neff, K. D., & Pommier, E. (2013). The relationship between self-compassion and other-focused concern among college undergraduates, community adults, and practicing meditators. *Self and Identity*, 12(2), 160–176. <https://doi.org/10.1080/15298868.2011.649546>
- Neff, K. D., Tóth-Király, I., & Colosimo, K. (2018). Self-compassion is best measured as a global construct and is overlapping with but distinct from neuroticism: A response to Pfattheicher, Geiger, Hartung, Weiss, and Schindler (2017). *European Journal of Personality*, 32(4), 371–392. <https://doi.org/10.1002/per.2148>
- 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, 596–607. <https://doi.org/10.1080/00223891.2016.1269334>
- Ormel, J., Jeronimus, B. F., Kotov, R., Riese, H., Bos, E. H., Hankin, B., . . . Oldehinkel, A. J. (2013). Neuroticism and common mental disorders: Meaning and utility of a complex relationship. *Clinical Psychology Review*, 33, 686–697. <https://doi.org/10.1016/j.cpr.2013.04.003>
- Pfattheicher, S., Geiger, M., Hartung, J., Weiss, S., & Schindler, S. (2017). Old wine in new bottles? The case of self-compassion and neuroticism: Self-compassion and neuroticism. *European Journal of Personality*, 31(2), 160–169. <https://doi.org/10.1002/per.2097>
- Pyszczynski, T., Greenberg, J., Solomon, S., Arndt, J., & Schimel, J. (2004). Why do people need self-esteem? A theoretical and empirical review. *Psychological Bulletin*, 130, 435–468. <https://doi.org/10.1037/0033-2909.130.3.435>
- Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the Self-Compassion Scale. *Clinical Psychology & Psychotherapy*, 18(3), 250–255. <https://doi.org/10.1002/cpp.702>
- Rai, P. K., & Tiwari, G. K. (2019). Self-compassion and positive mental health. In S. Ojha, M. Asthana & U. Ojha (Eds.), *Spirituality & health: Emerging issues* (pp. 175–201). New Delhi, India: Shree Publishers & Distributors.
- Raj, R., Tiwari, G. K., & Rai, P. K. (2019). Assessing the predictive strengths of school organizations and organizational cultures in interdependent happiness of the secondary school teachers. *IAHRW International Journal of Social Sciences Review*, 7(6), 1093–1101.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Rubin, K. H., & Coplan, R. J. (2004). Paying attention to and not neglecting social withdrawal and social isolation. *Merrill-Palmer Quarterly*, 50, 506–534. <https://doi.org/10.1353/mpq.2004.0036>
- Ryan, R. M., & Deci, E. L. (2004). Avoiding death or engaging life as accounts of meaning and culture: Comment on Pyszczynski et al. (2004). *Psychological Bulletin*, 130, 473–477. <https://doi.org/10.1037/0033-2909.130.3.473>

- Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57, 1069–1081. <https://doi.org/10.1037/0022-3514.57.6.1069>
- Seligman, M. E. P., Reivich, K., Jaycox, L., & Gillham, J. (1996). *The optimistic child* (1st HarperPerennial ed.). New York, NY: HarperPerennial.
- Sharma, D. N., Tiwari, G. K., & Rai, P. K. (2018). The spiritual beliefs of cancer survivors: A thematic analysis. *Psychology, Community and Health* (Accepted).
- Sinha, D., & Tripathi, R. C. (1994). Individualism in a collectivist culture: A case of coexistence of opposites. In U. Kim, H. C. Triandis, Ç. Kâğıtçıbaşı, S. C. Choi & G. Yoon (Eds.), *Cross-cultural research and methodology series, Vol. 18. Individualism and collectivism: Theory, method, and applications* (pp. 123–136). Thousand Oaks, CA: Sage Publications.
- Sirois, F. M., Molnar, D. S., & Hirsch, J. K. (2015). Self-compassion, stress, and coping in the context of chronic illness. *Self and Identity*, 14, 334–347. <https://doi.org/10.1080/15298868.2014.996249>.
- Tiwari, G. K., Rai, P. K., Pandey, R., Pandey, R., Verma, Y., Parihar, P., . . . Mandal, S. P. (2019). Self-compassion as an intrapersonal resource of perceived positive mental health outcomes: A thematic analysis. *Mental Health, Religion & Culture* (under Review).
- Verma, Y., & Tiwari, G. K. (2017a). Relative dominance of Sattva and Tamas Gunas (qualities) makes a difference in self-compassion and human flourishing. *International Journal of Education and Psychological Research*, 6(2), 67–74.
- Verma, Y., & Tiwari, G. K. (2017b). Self-compassion as the predictor of flourishing of the students. *International Journal of Indian Psychology*, 4, 10–29. <https://doi.org/10.25215/0403.122>.

Received 17 April 2019; revised version received 21 October 2019