

**THE IMPACT OF SELF-COMPASSION AND THE MEDIATING  
EFFECTS OF SOCIAL MEDIA ON RELATIONAL INTIMACY**

by

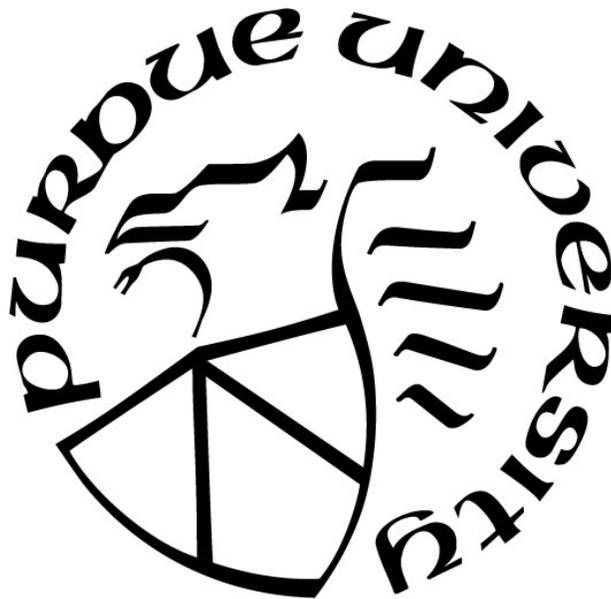
**Margaret K. Kapitan**

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**THE PURDUE UNIVERSITY GRADUATE SCHOOL  
STATEMENT OF COMMITTEE APPROVAL**

Dr. Anne B. Edwards, Chair

Department of Behavioral Sciences

Dr. Megan J. Murphy

Department of Behavioral Sciences

Dr. Zubeyde S. Gulvas

Department of Behavioral Sciences

**Approved by:**

Dr. Megan J. Murphy

Department of Behavioral Sciences

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## ABSTRACT

Author: Kapitan, Margaret, K. MS

Institution: Purdue University

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Title: The Impact of Self-Compassion and the Mediating Effects of Social Media on Relational Intimacy.

Committee Chair: Anne B. Edwards

The current research study examined the way one's relationship with self affects their relational intimacy with others, while accounting for the role of social media has in influencing this effect. This study uses self-compassion to examine one's relationship with self and expands on the current knowledge that self-compassion influences one's relationships. It was hypothesized that self-compassion would be positively associated with relational intimacy and negatively associated with social media use. A total of 173 participants contributed to this study. No significant relationship was found between self-compassion and social media use, as measured by social media use integration in to social routines and emotional connection, and integration into social routines. There was a significant positive relationship between self-compassion and relational intimacy but no support for social media use was a significant mediating variable.

## CHAPTER 1: INTRODUCTION

### Statement of the Problem

The concept of self-compassion became more prominent in mental health conversations in 2003; it has helped to shape the view that one's relationship to self impacts one's ability to relate to others (Neff, 2003). While this overall concept is not new, the idea that compassion specifically shapes this interaction provides a new lens. Psychologists began looking at the idea of relationship to self through the concept of self-esteem. Neff (2011) aimed to further the field of psychology's understanding of relationship to self through the ideas of compassion rooted in Buddhist philosophy. From this perspective, one can only show true compassion, love, or kindness to others once they have been able to do so within themselves.

Using Neff's (2003) concepts, self-compassion views relationship to self as parallel, or mirroring one's relationship to their world and everyone in it. When self-compassion is viewed as the starting point to compassion for others, or for intimate partners, it becomes important to consider impacting factors. How is self-compassion influenced by one's surroundings, specifically by communication styles and social behaviors? One cannot examine modern social behavior without significant focus on social media use; it impacts the way any user meets social and relational needs. In a modern context, it is vital to examine social media as a major pillar of communication and social behavior. Social networking sites have taken over as a major communication modality, where the most popular social networking site, Facebook, has 1.47 billion active daily users and 2.23 billion active monthly users as of June 30<sup>th</sup>, 2018 (Facebook Newsroom, 2018). Instagram, an image-based social networking site, has a user community of over 1 billion people (Instagram, 2018). In 2017, Twitter had 330 million users worldwide

(Thompson, 2018). These statistics give one a glimpse of how influential social media has become, not only regarding communication, but its expansive reach and accessibility.

The current area of research measured how self-compassion impacts relationship intimacy while measuring the moderating effects of social media use. Social media was examined as a modern and dominant form of communication, with the potential to influence one's sense of self in relation to others. As Bowen (1978) describes, people are inclined to be social creatures, striving to balance individuality and togetherness. With Bowen's (1978) ideas considered in current time, social media is simply a specific modality in which this togetherness need can be satisfied. There has been previous research measuring these variables separately, but there is no current research that examines how social media use and self-compassion interact and, in turn, how this interaction of these variables impact relational intimacy.

## CHAPTER 2: SIGNIFICANCE OF THE PROBLEM

### Self-Compassion

**Differentiation.** Before discussing self-compassion viewed through our current conceptualizations, it is important to look at the theoretical roots for the concept of relationship to self. Differentiation of self is a concept that was created by Bowen (1978). It is described as a process of achieving a balance between independence and interdependence, beginning in childhood and persisting throughout adulthood. In this process, ideally one will be able to separate their own thoughts and feelings from those of others, and act according to their self. Further, Bowen (1978) states that those with high differentiation of self will go through this independence and interdependence process and ultimately still maintain intimacy in their relationships with others. Bowen (1978, p. 69) states, “As differentiation increases, individuality is better developed, togetherness needs are less intense, and emotional reactivity is better modulated.”

Bowen (1978) did not create the term self-compassion. Bowen’s (1978) ideas about differentiation of self evolved into the ideas of self-soothing (Wright, 2009). Bowen (1978) predicted that one’s potential to self-soothe would be dependent on their level of differentiation. From a Bowenian perspective, self-soothing is the “capacity to calm oneself while in a state of emotional distress” (Wright, 2009, p. 30). This capacity is theorized to develop from the coping skills that existed in one’s family of origin (Wright, 2009). Thus, the process of self-soothing is one of breaking patterns of chronic, or persisting, anxiety through focus on one’s emotional process and security. Individuals practice self-soothing by identifying their emotional processes, learning ways to cope with their emotional patterns, and beginning to think differently about

problems. These are the theoretical roots from which the ideas around self-compassion were born (Wright, 2009).

These ideas have clearly changed over time, but it is important to underline how the work of Bowen (1978) and the ideas around differentiation helped to create the space to consider one's relationship to self in theory and clinical work. Neff (2003) sought to expand on the conceptualization of relationship to self, which had shifted into the field of psychology through the concept of self-esteem. Neff (2011) saw that the concept of self-esteem, viewed as self-improvement, had several negative potential side effects: self-righteousness, narcissism, prejudice, self-absorption, and narcissism. Inspired by Salzberg (1995) and Buddhist philosophy, she began to shift the focus from self-esteem to self-compassion. She believed that self-compassion was the answer to improving one's relationship to self while simultaneously improving their compassion to others, without the potential negatives of focusing solely on self-esteem (Neff, 2011).

At its core, self-compassion works to create a positive and nurturing relationship to oneself. To understand self-compassion, one must examine compassion as a whole; to connect to and be aware of the pain of others and to actively provide kindness or hold a desire to decrease their suffering (Wispé, 1991). Self-compassion takes this concept and applies it to one's relationship with self: "being touched by and open to one's own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one's suffering and to heal oneself with kindness" (Neff, 2003, p. 87). Having self-compassion allows one to relate to self as they would to a loved one; a process that, unlike self-involvement or narcissism, actually works to increase our compassion and decrease judgement of others. Thus, as one provides patience and kindness to self, they are more readily able to provide it to others. This is in direct opposition to

assumptions that self-compassion relates to self-centeredness. Instead, compassion is thought of as expanding upon itself; internal compassion increases capacity for external compassion.

**Factors of self-compassion.** Self-compassion research became more prominent in 2003 due to the work of Neff (2003). Self-compassion, as it has been brought into conversation by Neff (2003), is examined through three factors: self-kindness, common humanity, and mindfulness. Self-compassion is linked to emotional resilience and an activated caregiving system (Gilbert & Proctor, 2006).

The first factor of self-compassion is self-kindness (Neff, 2003). Self-kindness can be understood as the antithesis of self-criticizing and judgement. The second factor, common humanity, involves perspective. With the view of common humanity, one can see oneself as part of the whole, decreasing feelings of isolation and increasing feelings of togetherness and connection. When one views themselves through the human condition, imperfection is normalized, and struggle is not an individually isolated event. The third and final factor, mindfulness, provides internal perspective wherein negative thoughts, experiences, or feelings are not seen with disproportionate importance. It is important to note that this process does not mean that problems or struggles are minimized or ignored, rather they are viewed and accepted purely as they are and worked on through the lens of self-compassion. These factors, while distinct, work together to build upon one another (Neff, 2003).

**Self-compassion, culture, and gender.** Neff (2011) discusses the impact of cultural norms on self-compassion. Western culture encourages compassion for others and discourages compassion to self; one should stoically navigate their challenges, without showing emotion or recognizing the difficulty they are facing (Neff, 2011). Within western culture, one should further consider social expectations between genders. Women are encouraged to be strongly

empathetic, to put others' needs before their own, and to be primary emotional caretakers. Men are discouraged from attending to their own emotions as well as the emotions of others. Both norms are at odds with true self-compassion: one cannot only attend to others as deserving of emotional nurturing, nor can they ignore the need for nurturing altogether and reach self-compassion. When considering gendered upbringing in our society, or the raising of children based on perceived gender and associated gender ideologies, one must examine how self-compassion fits with such ideologies and is thus incorporated into socialization. Baker and McNulty (2011) studied how self-compassion affects relationship maintenance, with consideration to the moderating effects of conscientiousness and gender. For men with high reports of conscientiousness, self-compassion was associated with high motivation to correct mistakes in their relationships and higher use of constructive problem-solving behavior and accommodations. For women, self-compassion was positively associated with high motivation to correct mistakes in their relationship (Baker & McNulty, 2011).

In Neff's (2003) pilot study for the self-compassion scale, women were found to have significantly lower scores for self-compassion when compared to men. Women in this study were found to have higher reports of self-judgement, isolation, and over-identification, all sub-factors of self-coldness. While this study found that women were more likely to score higher on self-coldness sub-factors, they were not found to have significant different scores for self-kindness and common humanity than did men. These findings suggest that men and women are similar in the ways in which they are kind to themselves, and the ways they relate to others, yet women are more likely to engage in harsh self-talk feel cut off from others, and to over-identify with their emotional experiences (Neff, 2003). This study highlights the importance of

considering how socialization impacts self-relating, where self-coldness behaviors are normalized for women.

**Self-compassion in romantic relationships.** Neff and Beretvas (2013) examined the role of self-compassion in healthy relationship behavior. They hypothesized that self-compassion would correlate with better relational well-being and more productive actions taken toward romantic partners, with consideration of attachment style using the Self-Compassion Scale. They found that self-compassion was significantly positively related to individual reports of relational well-being, as well as overall relationship quality. Individual self-compassion was linked to higher partner relationship satisfaction, where self-compassionate behavior was associated with positive perception of self-behavior and partner attitudes (Neff & Beretvas, 2013). The result of this study is that self-compassion is related to positive actions taken within relationships, and this positively affects relationship quality.

Yarnell and Neff (2013) examined how self-compassion relates to balancing needs of self and needs of the other in conflict situations with significant others, namely parents, close friends, or romantic partners. They examined level of self-compassion with conflict resolution styles, which consists of the tendency to compromise versus subordinate personal needs. Self-compassion was also examined in its influence on authenticity in conflict resolution and amount of emotional turmoil and relational well-being. Their research found that high self-compassion was correlated with higher likelihood of relational compromise and greater authenticity and relational wellbeing. They found that higher self-compassion was linked to lower self-subordinate needs and lower reports of emotional turmoil (Yarnell & Neff, 2013). This study highlights how self-compassion impacts healthy relationship problem solving behaviors and overall relational well-being.

Jacobson, Wilson, Kurz, and Kellum (2018) examined how self-compassion impacted the quality of romantic relationships. Using the self-compassion scale (Neff, 2003) and a modified version of the dyadic adjustment scale (Spanier, 1989), they examined how self-compassion influenced relationship satisfaction and dyadic adjustment. Their findings showed that self-compassion had a positive correlation with relationship satisfaction (the degree to which a person feels satisfied with their partner) and a positive correlation with dyadic adjustment as an overall mean of the subscales (Jacobson et al., 2018).

**Fear of self-compassion.** Joeng and Turner (2015) examined how self-compassion, fear of self-compassion, compassion from others, and sense of importance mediated the relationship between self-criticism and depression. They believed that self-critical individuals may fear self-compassion due to a perception that self-compassion would decrease their ability to give compassion to others or meet expectations. Joeng and Turner (2015) also believed that accepting compassion from others could be difficult for self-critical individuals, as it may call them to increase their self-compassion. Self-compassion was examined as a mediator between self-criticism and depression, as self-kindness, common humanity, and mindfulness work against the self-criticism. Joeng and Turner (2015) found that self-compassion, fear of self-compassion, and importance to others did mediate the relationship between self-criticism and depression. Self-compassion was found to mediate the relationship between internalized self-criticism and depression, where internalized self-criticism was defined as the “sense that one cannot measure up to his or her own idealized standards” (Joeng & Turner, 2015, p. 454). Self-compassion was found to mediate the relationship between comparative self-criticism and depression, where comparative self-criticism comes from measuring self-worth against other’s perceived worth (Joeng & Turner, 2015).

Self-criticism and self-judgement may occur without much prompting; most of us participate in these behaviors daily. When faced with a comparison point, such as other people, these behaviors increase. Social media allows people constant exposure to the lives of others, creating a constantly open door for self-criticism and self-judgement. It also creates an environment in which people feel compelled to share about their lives. These two influences, social comparison plus feeling compelling to disclose personal information, puts users in an interesting position: how can people position themselves within a comparative environment, while still sharing about themselves? The assumption may be that people only share the information that they want to be out in a comparative environment and may not disclose more sensitive or distressing aspects of themselves or their lives. Being able to disclose personal distress is critical in the ability to receive support, impacting one on individual and relational levels. Dupasquier, Kelly, Moscovitch, and Vidovic (2017) believed that those who fear receiving compassion may be more likely to not disclose distress, and thus less likely to receive support or achieve interpersonal intimacy. They studied how fear of compassion impacted distress disclosure and how self-compassion could alter the fear of outside compassion and perceived risk of personal disclosure. Dupasquier, Kelly, Moscovitch, and Vidovic (2017) found that self-compassion, as a moderator, decreased the strength of the relationship between fearing compassion and viewing personal disclosure as risky. This study demonstrates that one's level of self-compassion influences the ability to receive compassion in return within relationships with others, and that self-compassion allows one to feel they can reach out for soothing and comfort when they are distressed. It is important to note that this study only used female participants, so the findings can only be applied to females.

## **Influence of Social Media**

**Social media connection.** Jenkins-Guarnieri, Johnson, and Wright (2013) examined the ways people use and connect with social media. They focused specifically on young adults and their habits and connections to Facebook as a social media platform. Jenkins-Guarnieri et al. (2013) created two subscales to measure these connections. The first is integration into social routines, which was defined as “the degree to which social media is integrated into the social behavior and daily routines of users,” (Jenkins-Guarnieri et al., 2013, p. 39). The next subscale was social media integration and emotional connection, which measured how emotionally invested individuals were to their social media accounts. Together, these subscales aim to gather information regarding social media influence on day to day activity and communication, and how important it is to individuals (Jenkins-Guarnieri et al., 2013).

**Social comparison.** The “Lake Wobegon effect,” a term used by psychologists coined from Keillor (1956), describes the human tendency to think of themselves as better than everyone else around them. Neff (2011) describes this tendency as intrinsic and bi-directional, relating to our survival instincts. When we self-aggrandize, it is a safety mechanism; we are temporarily soothing our egos and verifying our place within the larger social group. When we criticize ourselves, we are still seeking our acceptance from the larger group through taking the step-down position. “Even though the alpha dog gets to eat first, the dog that shows his belly when snarled at still gets his share,” as Neff (2011, p. 24) states. This implies that humans struggle with having a stable relationship with self, or sense of self, when faced with comparing themselves with others. Because this dichotomous better versus worse social comparison is a natural human reaction, it is crucial that we understand means of social comparison have impacted this phenomenon, i.e. social media. If social media provides increased social

comparison, then it could be correlated with decreased levels of self-compassion, specifically common humanity, which would be the absence of unrealistic social comparison.

Facebook, with its 1.09 billion active daily users (Facebook Newsroom, 2016) should be considered a major modality of interpersonal connection; it is important to consider how this dominant mode of communication influences relationships. Instagram--a mobile, image-based social net-working site--has grown extensively over the last few years, and currently has 400 million users, 55% of which are 18 to 29 years old (Instagram, 2015). Social media gives users the opportunity to share the positive and negative aspects of their life to a larger audience with relative ease.

Valkenburg (2017) discussed how social media impacts self-effects and reception effects. Individuals use social media to disclose personal and self-related information to larger audiences of their choosing. Self-effects are operationalized as the effects of messages, written and consumed, on cognitions: knowledge, beliefs, emotions, attitudes, and behaviors. Valkenburg (2017) describes the effects of posting and consuming as mutually cyclical; the sender is as impacted by the content they post as the consumer is, and vice versa. Individuals are more likely to internalize sent and consumed messages through biased scanning and inviting feedback from others (Valkenburg, 2017).

**Facebook.** Bevan, Cummings, Kubiniec, Mogannam, Price, and Todd (2015) examined the association between personal disclosure behaviors and the likelihood of sharing and privacy among 599 Facebook users, age 18 or above. This study examined types of relational disclosure; individuals were more likely to disclose positive life changes directly, through status updates, and negative life changes indirectly, through photos without captions, or information changes.

This study underlined individual perceptions of shame, and the desire to showcase positive aspects of life.

**Instagram.** Dumas, Maxwell-Smith, Davis, and Giuliettie (2017) studied how participants engage in interpersonal, 'like' based behaviors on Instagram. Using 198 young adults (18 to 29 years old) as participants, they found that users engaged in different behavior to seek likes: normative or deceptive. Normative approval seeking behaviors consisted of usage of hashtags and filters. Deceptive approval seeking behaviors consisted of buying likes or altering appearance. The difference between these types of approval seeking behavior was that normative like seeking was associated with a stronger sense of peer belonging. On the other hand, deceptive approval seeking behavior was associated with a weak sense of peer belonging (Dumas et al., 2017). Other-based approval is seen as a characteristic of low levels of differentiation, and lack of the self-soothing behaviors that are associated with being highly differentiated.

Stapleton, Luiz, and Chatwin (2017) examined the role of social comparison in 237 Instagram users, aged 18-29. Contingent self-worth is described as the process of basing one's value on the approval or disapproval of peers, namely Instagram followers in this study. Self-esteem was examined in relation to contingent self-worth, meaning how other-based approval influences one's identity. This study found that social comparison on Instagram was a mediating variable in the relationship between contingent self-worth and self-esteem. Those whose self-worth is contingent upon other-based approval use social media for self-validation and increase their positive sense of self-worth (Stapleton, et al., 2017).

**Social media and self-compassion.** Slater, Varsani, and Diedrichs (2017) studied how the type of social media consumption interacts with one's level of self-compassion. Specifically, they studied how the exposure of fitspiration images and self-compassion quotes interacted with

women's body satisfaction, their body appreciation, negative mood, and self-compassion.

Fitspiration is a term coming from hashtag use on social media, to refer to fitness inspiration.

Slater, Varsani, and Diedrichs (2017) compared those who viewed only fitspiration media, those who viewed only self-compassion quotes, and those who viewed both on self-compassion. They found that women who viewed just the fitspiration images reported significantly less self-compassion. Women who viewed self-compassion content reported significantly higher self-compassion, compared to the control group. Women who viewed a combination of both types of content had greater reports of self-compassion than those who only consumed fitspiration media (Slater et al., 2017).

### **Effects on Intimacy**

**Social media and relationships.** Jackson and Luchner (2018) examined the relationship between imagined feedback and the emotional response to that feedback when using Instagram, an image based social media site. Results indicated that there was a correlation between interpersonal feedback on Instagram and the perception of that feedback being rewarding or threatening. When one is highly preoccupied with connecting to others, they found that these individuals are more likely to perceive feedback as satisfying or threatening and were more likely to focus on maintaining interpersonal relationships (Jackson & Luchner, 2018).

**Relevance to therapists.** Self-compassion and social media separately, through the previously stated research, have a clear correlation with one's relationships. Therapists and mental health clinicians can use the information gathered from this research to have a better understanding of how clients' use of social media may be associating with their levels of self-compassion and, in turn, their relational intimacy. Specifically, this research opens discussion for

therapists and clinicians regarding how self-compassion has systemic, or external, effects on communication through social media and within intimate relationships.

### **Research Question and Hypotheses**

This study examines the influence of social media use on the relationship between self-compassion and relational intimacy. The following research questions and hypotheses aim to meet research goals.

Research Question 1: Does how a person relates to social media mediate the relationship between self-compassion and relational intimacy?

Hypothesis 1: Self-compassion will be positively associated with social integration and emotional connection to social media, and integration of social media into social routines.

Hypothesis 2: Self-compassion will be positively associated with relational intimacy, but when relation to social media is introduced into the model, that association will lose significance.

## **CHAPTER 3: METHODOLOGY**

### **Design**

The independent variables in this design is self-compassion. The dependent variable is relationship intimacy. This design will include two control variables, age and gender. Self-compassion has three factors measuring self-kindness, common humanity, and mindfulness. Social media use has two factors, social integration, and emotional connection and integration into social routines. Relational intimacy has one factor: expression of positive feelings.

### **Participants**

Data were collected from individuals in committed dyadic relationships, whose relationships had been established for at least six months. Respondents had to reside in the United States. The respondents did not participate as a dyad; rather the individual, as part of the relationship, was the intended unit of analysis. Participants were 18 years or older. The participants were gathered through online surveys, which ensured they had internet access, and thus access to social media. The aim was to gather data from about 200 participants.

The survey contained screening questions to ensure that the participants meet the criteria for participation. The onset of the survey contained screening questions for participant age and relationship status.

### **Measures**

The survey included three scales with significant overall reliability and validity. The scales used were the Self-Compassion Scale, Social Media Use Integration Scale, and the Functional Analytic Psychotherapy Intimacy Scale. A total of 14 demographic questions were used in the survey.

## **Demographic Information**

The first section of the survey included 14 questions aimed to gather demographic information about the participants, as well as general information regarding their connection to the variables social media and relationships. Information gathered included age, gender, partner's gender, education level, household income, relationship status and length, how social media is used, and the types of social media used.

## **Self-Compassion Scale**

The Self-Compassion Scale, or the SCS, by Neff (2003) was used to measure self-compassion (see Appendix A). The SCS is a 26-item Likert type scale with 6 factors measuring self-kindness, self-judgement, common humanity, isolation, mindfulness, and over-identification. Self-kindness, common humanity, and mindfulness measured self-compassion and self judgement, isolation, and over identification measured self-coldness. The scale used a 5-point Likert type scale, with responses ranging from “almost never” to “almost always.” Sample items included, “I try to be understanding and patient towards those aspects of my personality I don't like,” and “When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people”. The self-compassion scale, when measuring self-compassion as one factor, yielded a Cronbach's alpha = .92 (Brenner, Heath, Vogel, & Crede, 2017).

## **Social Media Use Integration Scale**

The Social Media Use Integration Scale, or the SMUIS, was created by Jenkins-Guarnieri, Johnson, and Wright (2013) to measure the integration of social behavior, routine use, and the importance and emotional connection one has to social media (see Appendix B). The

SMUIS is a 10 item Likert type scale with two subscales: the social integration and emotion connection scale, with 6 items, and the integration into social routines scale, with 4 items, where 1 = strongly disagree and 6 = strongly agree. Cronbach's alpha = .92 for the SMUIS total scale. For the first subscale, social integration and emotional connection, Cronbach's alpha = .89. For the second subscale, integration into social routines, Cronbach's alpha = .83. Sample items include, "I get upset when I can't log onto Facebook" and "Using Facebook is a part of my everyday routine". Both subscales were used in this analysis. The original scale used "Facebook" so the scale was adapted to include different modalities of social media, thus "Facebook" was adapted to say, "social media."

### **Functional Analytic Psychotherapy Intimacy Scale**

The Functional Analytic Psychotherapy Intimacy Scale, or the FAPIS, was created by Kanter, Knott, Lee, Leonard, Norton, Singh, Smith, and Wetterneck (2014) to assess intimacy related behavior in adults (see Appendix C). The FAPIS includes 3 subscales: hidden thoughts and feelings, with 5 items; expression of positive feelings, with 4 items; and honesty and genuineness, with 5 items; Cronbach's alpha = .93 for the scale overall. Cronbach's alpha = .85 for the expression of positive feelings scale which is the scale utilized in the current study. This subscale was utilized as it aims to measure how the behaviors with self impact behaviors between partners, thus expression of positive feelings is most applicable. Examples of questions for this subscale include rating the statement, "I expressed loving, caring feelings toward this person" and "I was open and loving with this person." Participants responded to the statements using a Likert type scale measuring their applicability, where 0 = not at all and 6 = completely. This scale was adapted to only include romantic partners, with whom the participant has been with for at least 6 months, which was part of the inclusion criteria.

### **Procedure**

This study was distributed through Amazon's Mechanical Turk, or MTurk. MTurk can be accessed by users online. It was used as it is more diverse demographically than other data sampling sights (Buhrmester, Kwang, & Gosling, 2011). The researcher gained permission for survey distribution from Purdue University's Institutional Review Board. Participants were asked screening questions prior to their participation in this survey to confirm they are at least 18 years of age and have been in a committed dyadic relationship for at least 6 months. Those not eligible for the survey, as assessed by the screening questions, were sent to the end of the survey. The survey participants remained anonymous, as the survey did not ask for names or identifying information. Incentive for completion of the survey was a payment of \$2.00. For the five total variables, including control variables, in order to detect a medium effect size, 125 is the ideal sample size for the present study (Cohen, 1992). To ensure that there was enough eligible participant data collected, a total of 200 participants completed the survey, and ineligible data was screened.

### **Data Analysis**

To address the research question, a mediator model was used. Mediators, like social media influencing self-compassion and relational intimacy in this study, are used to "explain how external physical events take on internal psychological significance," (Baron & Kenny, 1986, p. 1176). To address hypothesis 1, two multiple regression analyses were conducted. In the first multiple regression analysis, self-compassion was the independent variable, age and gender were control variables, and social media use integration and emotional connection was the dependent variable. For the second multiple regression analysis, the same independent variables as hypothesis 1 were used, controlling for age and gender, and social media use integration into

social routines as the dependent variable. To address hypothesis 2, a hierarchical multiple regression was conducted: in step one, self-compassion was the independent variable, age and gender were control variables, and relational intimacy was the dependent variable. In the second step, social media use integration and emotional connection and social media use integration into social routines were added to the regression model.

## **CHAPTER 4: RESULTS**

### **Data Screening**

After the survey was posted to MTurk, a total of 229 people participated. Of those respondents, 173 were eligible for analysis. Those excluded from the survey were dropped because they did not complete the survey or were not eligible after responding to the screening questions and those who took less than 2 minutes to go through the survey were not included. Participants with incomplete scale data, entries missing more than 75% of the assessment responses, were dropped. Data from the survey were analyzed using Statistical Package for the Social Sciences program, SPSS, version 25. Standard data screening analyses were observed, and data were screened for outliers and missing data.

### **Demographics**

Those who participated in this study ranged from 19 to 59 years of age. The majority of participants identified as male (57.9%). There were more participants in dating relationships, (52.8%) than engaged (7%) or married (40.2%). Most participants met their partner in person 69.3%, followed by meeting them online, 30.7%. Education demographics indicated that 44.2% of participants had a Bachelor's degree, followed by 20.6% with some college, 14.1% with an Associate's degree, 11.1% with a Graduate degree or more, 10.6% with a High school diploma or GED, and .5% with less than a high school diploma. Facebook, 89.4%, Instagram, 64.8%, and Twitter, 61.3%, were the mostly commonly used social media platforms followed by LinkedIn, 25.6%, other, 13.6%, and Tumblr, 6.5%. Most participants use social media for keeping in touch with family and friends, 87.9%, followed by using it for news and information 70.4%, for work

and marketing, 39.7%, to meet new people, 37.7%, and for shopping, 31.7%. See following tables for further detail.

Table 1. Age of sample (N = 173)

	Minimum	Maximum	Mean	Std. Deviation
Age	19	59	32.99	8.27

Table 2. Gender of sample (N = 173)

	Frequency	Percentage
Man	100	57.8%
Woman	71	41.0%
Prefer not to answer	2	1.2%

Table 3. Gender of sample's partners (N = 173)

	Frequency	Percentage
Man	72	41.6%
Woman	98	56.6%
Nonbinary	1	.5%
Prefer not to answer	2	1.2%

Table 4. Relationship status (N = 173)

	Frequency	Percentage
Dating	91	52.6%
Engaged	14	8.1%
Married	68	39.3%

Table 5. How participants met their intimate partner (N = 173)

	Frequency	Percentage
Online	48	27.7%
In person	125	72.3%

Table 6. Length of relationship (N = 173)

	Minimum	Maximum	Mode	Mean	Std. Deviation
Years	1	43	2	11.72	7.33

Table 7. Level of education (N = 173)

	Frequency	Percentage
Less than a high school diploma	1	.6%
High school diploma or GED	17	9.8%
Some college	38	22.0%
Associate degree	25	14.5%
Bachelor degree	74	42.8%
Graduate degree or above	18	10.4%

Table 8. Current household income (N = 173)

	Frequency	Percentage
Less than \$10,000	5	2.9%
\$10,000-\$19,000	7	4.0%
\$20,000-\$29,000	21	12.1%
\$30,000-\$39,000	23	13.3%
\$40,000-\$49,000	27	15.6%
\$50,000-\$59,000	27	15.6%
\$60,000-\$69,000	13	7.5%
\$70,000-\$79,000	19	11.0%
\$80,000-\$89,000	2	1.2%
\$90,000-\$99,000	12	6.9%
\$100,000-\$149,000	13	7.5%
More than \$150,000	4	2.3%

Table 9. How participants use social media (N = 173, percentages can total more than 100%)

	Frequency	Percentage
Facebook	155	89.6%
Instagram	109	63.0%
LinkedIn	33	19.1%
Snapchat	45	26.0%
Twitter	110	63.6%
Tumblr	11	6.4%
Other	25	14.5%

Table 10. Reasons for social media use (N = 173, percentages can total more than 100%)

	Frequency	Percentage
To keep in touch with family and friends	153	88.4%
To meet new people	62	35.8%
For work and marketing	69	39.9%
For news and information	127	73.4%
For shopping	58	33.5%

The scales used in this study included the Self-Compassion Scale, Social Media Use Integration Scale, and the Functional Analytic Psychotherapy Intimacy Scale. The Self-Compassion Scale's range for possible responses was between 1 and 6, with a total of 26 items, where the composite score is the mean of all items together,  $SD = .829$ , Cronbach's alpha = .951. The Functional Analytic Psychotherapy Intimacy Scale's range of possible responses was between 1 and 6, with one prefer not to answer option and a total of 4 items,  $SD = .831$ , Cronbach's alpha = .787. Social Media Use Integration Scale had a range of response between 1 and 7, with 10 total items,  $SD = 1.087$ , Cronbach's alpha = .841.

Correlation analyses were run to determine the relationships between variables. Self-compassion and relational intimacy were significantly related,  $r = .232$ ,  $p < .01$ . Social media use integration and emotional connection and social media integration into social routines were

significantly related,  $r = .678, p < .01$ . Social media use integration and emotional connection and age were significantly related,  $r = -.143, p < .05$ .

Table 11: Correlation table

	1.	2.	3.	4.	5.	6.
1. Self-compassion	-	-.134	.034	.232**	.127	-.071
2. SM integration and emotional connection	-	-	.678**	-.068	-.143*	.112
3. SM integration into social routines	-	-	-	.072	-.014	.133
4. Relational intimacy	-	-	-	-	-.055	-.012
5. Age	-	-	-	-	-	.170*
6. Gender	-	-	-	-	-	-

\*\* denotes significance  $p < .01$

\* denotes significance  $p < .05$

Data screening procedures were used to screen out unusable data from the data set.

Univariate descriptive statistics were used to check for outliers and out of bounds data. Amounts of missing data were small and missing at random, and cases with random, small amount of missing data were kept in the data set. A histogram was generated for each variable, which indicated skewed results on the Functional Analytic Psychotherapy Intimacy Scale responses.

The scale responses indicated a ceiling effect: there was an abnormal distribution of results, with a high report rate of high levels of intimacy.

Hypothesis 1 was addressed using two multiple regression analyses. The first regression analysis used self-compassion as an independent variable and social media use integration and emotional connection as the dependent variable, controlling for age and gender. The regression model for hypothesis 1 was not significant,  $F(3,172) = 2.51, p = .06, R^2 = .042$ , and adjusted  $R^2 = .025$ .

Table 12: Coefficients for hypothesis 1 regression 1

Predictor	B	Standard Error	Beta	<i>T</i>	<i>P</i>
Constant	4.783	.585		8.171	.000
Self-Compassion	-.187	.121	-.117	-1.551	.123
Gender	.299	.205	.112	1.459	.146
Age	-.020	.012	-.124	-1.619	.107

Dependent Variable: Social Integration and Emotional Connection

The second regression analysis for hypothesis 1 used self-compassion as an independent variable and social media integration into social routines as the dependent variable, controlling for age and gender. The overall model was not significant,  $F(3,172) = .75, p = .52, R^2 = .013$ , and adjusted  $R^2 = .004$ .

Table 13: Coefficients for hypothesis 1 regression 2

Predictor	B	Standard Error	Beta	<i>T</i>	<i>P</i>
Constant	4.329	.340		12.714	.000
Self-Compassion	.038	.070	.041	.539	.590
Gender	.171	.119	.111	1.431	.154
Age	-.004	.007	-.043	-.555	.580

Dependent Variable: Integration into Social Routines

Hypothesis 2 was addressed using a hierarchical multiple regression analysis. First, self-compassion was the independent variable, and relational intimacy was the dependent variable, controlling for age and gender. In the first model of the hierarchical regression, the overall model was significant,  $F(3,166) = 3.67, p = .014, R^2 = .062$ , and adjusted  $R^2 = .045$ . The same was true in the second model,  $F(5,164) = 164, p = .003, R^2 = .103$ , and adjusted  $R^2 = .076$ .

The hierarchical regression showed that self-compassion was significantly positively related to relational intimacy ( $\beta = .081, t = 3.165, p = .002$ ), but social media use as measured by social media use integration and emotional connection and integration into social routines, was not a significant mediator ( $\beta = -.194, t = -1.937, p = .054$ ). Social media use integration and emotional connections was not significantly related to relational intimacy. However, there was a significant positive relationship between social media integration into social routines and relational intimacy ( $\beta = .269, t = 2.739, p = .007$ ). See Table 14 for further detail. Cronbach's alpha for the scale was .644.

Table 14: Coefficients for hypothesis 2

	Predictor	B	Standard Error	Beta	<i>t</i>	<i>P</i>
Model 1	Constant	4.565	.395		11.793	.000
	Self-Compassion	.255	.081	.241	3.165	.002
	Gender	.007	.139	.004	.048	.962
	Age	-.010	.139	.004	.048	.208
Model 2	Constant	3.913	.546		7.165	.000
	Self-Compassion	.217	.081	.205	2.683	.008
	Gender	-.012	.138	-.007	-.086	.931
	Age	-.012	.008	-.109	-1.421	.157
	SIEC	-.132	.068	-.194	-1.937	.054
	ISR	.318	.116	.269	2.739	.007

Dependent Variable: Relational Intimacy

The overall results of the study indicate that hypothesis 1 was not supported: self-compassion was not significantly positively associated with social integration and emotional connection to social media and integration of social media into social routines. Hypothesis 2 was partially supported. Self-compassion was significantly positively associated to relational intimacy. Both factors of social media were not found to be significant mediating variables in the relationship between self-compassion and relational intimacy.

## CHAPTER 5: DISCUSSION

The aim of this study was to better understand the correlation between self-compassion and relational intimacy, while examining the role of social media in this relationship. The study used social media as a mediating variable, to understand how it influences the previously researched links between self-compassion and intimacy. Previously completed studies not only showed links between self-compassion and intimacy (Neff, 2003; Neff, 2011; Neff & Beretvas, 2013; Yarnell & Neff, 2013), but also links between self-compassion and social media use (Slater et al., 2017; Stapleton, et al., 2017), and social media use and relational intimacy and satisfaction (Bevan et al., 2015; Dumas et al., 2017).

This study did not find support for hypothesis 1: self-compassion was not found to be significantly positively associated with social media use, as measured by social integration and emotional connection and integration into social routines. This study found partial support for hypothesis 2. Self-compassion was significantly positively correlated with relational intimacy. However, the hypothesis that social media use would be a significant mediator was not supported. The study found that one factor of social media use, integration into social routines, had a significant positive relationship to relational intimacy.

This study specifically examined intimacy behaviors within couple relationships, but the results add to the growing body of research indicating a connection between relationship to self and relationships with others. The current study supported the theoretical work of Neff (2003; 2011), showing a clear connection between self-compassion and relational intimacy. Her work on self-compassion maintains that self-compassion influences our ability to be compassionate with others, allowing us to create deeper intimacy within our relationships, (Neff, 2003; Neff,

2011; Neff & Beretvas, 2013; Yarnell & Neff, 2013). The findings of Neff and Beretvas (2013), showing a connection between self-compassion and relationship well-being and overall relationship quality, were also supported by the current research. Self-compassion and relational intimacy being significantly positively related in the current study supports the findings of Yarnell and Neff (2013), who found self-compassion to be related to relational compromise, relationship authenticity, and relational well-being.

The connection between self-compassion and relational intimacy found in the current study adds support to the findings of Jacobson et al. (2018). Jacobson et al. (2018) found correlation between self-compassion and relationship satisfaction and dyadic adjustment.

This study supports the past findings of Baker and McNulty (2011). Their research indicated a connection between self-compassion and relationship maintenance. The current study examined intimacy behaviors, which can be considered part of relationship maintenance. However, Baker and McNulty (2011) found gender to be an important control variable, which the current study found no significant influence of gender.

When considering these results, one must first consider the nature of self-compassion not only as a concept, but as it is measured through the SCS. Self-compassion and self-coldness can easily be interpreted as opposites. However, as Neff (2003) points out, these are not mutually exclusive ways of relating to self: one may practice both compassionate and cold behaviors and self-thoughts. It is also important to note that there are several factor combinations possible between each sub-factor. For example, a participant may have had a high score for common humanity and a low score for mindfulness, indicating a different way of being compassionate to self than a participant who scored high for mindfulness but low for self-kindness. These scores

could come out to a similar overall score for self-compassion, though they indicate very different ways of relating to self.

Second, it is important to note that the results of the relational intimacy scale in this study demonstrated a ceiling effect. The ceiling effect, in which a large portion of participants responded with responses at the high score for the survey, showed abnormally distributed data (Ho & Yu, 2015). A large portion of participants responded with high self-scores of expression of positive feelings. There are a few possibilities to consider given these responses. First, there is no way to discern how participant self-bias impacted their response: participants may perceive themselves as making more significant attempts to express positive feelings than choices that better match their reality. According to Neff (2011), this positively skewed view of self and actions is related to the behaviors linked to self-compassion. Individuals are inclined to view themselves on opposite ends of a spectrum when evaluating their worth (Neff, 2011). This tendency comes from social comparison being a necessary part of human survival (Neff, 2011). For the present study, one should consider that this tendency impacted participant responses, especially considering that self-compassion scale, a self-evaluating variable, was at the onset of the survey.

One should also consider the control variables used in the present study: age and gender. The SMUIS original study did not indicate that the scale showed significant differences in results between genders (Jenkins-Guarnieri et al., 2013). The SCS development study (Neff, 2003) had 166 men, and 225 women, whereas the current study had more men than women. The current study did not find any significant difference between the self-compassion responses of men versus women. As previously discussed, gendered upbringing and gender norms would suggest higher self-compassion scores for men, and lower self-compassion scores for women. However,

this is not supported by the data of this study, suggesting that there is not a difference in self-compassion among the gender groups that people were raised with. This could indicate that the SCS fits with the experiences of self-compassion for all genders.

Age was used as a control factor in this study, namely due to the social media use variable and the strong link between age and social media use. However, levels of self-compassion could also be impacted by age. Though this study only included adults, adolescents and young adults, those who are developmentally still exploring their identity, may struggle with self-compassion more. There is not currently an adaptation of the self-compassion scale to use with children or adolescents.

Last, social media use, the mediating variable in the present study, should be re-examined. Social media use, as previously discussed, is widely used and accepted as a modality of communication. The present study found that social media use integration into social routines was associated with relational intimacy, but integration and emotional connection was not significantly related to relational intimacy. These results indicated that social media *use* rather than connection is associated with increased relational intimacy. This may imply that individuals who use social media as part of their social routine include relationship maintenance and intimacy behaviors in these routines. It may also imply that emotional connection to social media is associated with decreased intimacy behaviors. This creates the question: are people using social media as a routine route for connection within their intimate relationships? It is possible that social media should not be examined outside of normal interpersonal communication, as it is simply interpersonal communication. When considering social media presence and the variable social media integration into social routines and emotional connection, perhaps social media is

merely a direct reflection of how one prioritizes interpersonal communication and emotionally connects with their interpersonal relationships.

### **Clinical Implications**

The current research examined the relationship between self-compassion and relational intimacy, with consideration of social media use on this relationship. This study did not find significant results for hypothesis 1, and partial significant results in hypothesis 2. This study still offers considerations and insights for mental health clinicians and researchers that work with individuals and couples.

When this study examined correlations between variables, it found a strong relationship between the variables self-compassion and relational intimacy, similar to Neff and Beretvas (2013), who found that self-compassion was associated with positive actions taken within a relationship. This was also similar to the findings of Yarnell and Neff (2003) who found that self-compassion was associated with relational well-being, compromise, and authenticity. Considering that this assumption played a major role in present study, this correlation provides further evidence to the growing body of literature that states self-compassion influences compassion to others and relationships with others. Researchers can use this supporting research to continue examining the types of intimacy self-compassion influences, and the types of relationships most impacted by one's level of self-compassion. Clinicians can use knowledge of this correlation to support self-compassion work within couple relationships, to not only improve individual relationship to self, but increase intimacy and inter-partner compassion.

The first hypothesis of this study assumed that self-compassion would be positively associated with social integration and emotional connection to social media, and self-compassion would be positively associated with the integration of social media into social routines, controlling

for age and gender. There was no significance found in the regression analyses used to test this hypothesis. With consideration to the previous research on relationship to self, self-compassion, and social media use, this study did not align or corroborate their findings. This is unlike the study by Slater, Varsani, and Dierdrichs (2017), which had found that social media consumption, superficially the type of content being consumed, was significantly related to the user's level of self-compassion. This tells mental health clinicians and researchers that there is more to this connection to be examined. This implies that assumptions about these variables, and their influence on self-compassion and social media use are not straightforward. Rather, the present study suggests that there are other variables that have yet to be examined or considered, that impact this relationship. With this, researchers can use this information to search for other influential variables. Mental health clinicians can use this information as encouragement to examine more systemic influences on self-compassion, and more of the influence of social media on their lives as individuals and within their relationships. Clinicians can consider the access to and encouraged or discouraged use of social media from families, friends, and intimate partners as potential systemic influences for social media use. They may also consider how these influence transgenerational norms of social comparison.

This study did not find social media to be a significant mediator in the relationship between self-compassion and relational intimacy. However, there was a significant relationship between social media integration into social routine and relational intimacy. This should be explored in more detail in future research. These results pose the question: does one's behavior (routine) involving social media create space for more intimacy within relationships? Further, why does social integration and emotional connection to social media not have the same impact?

### **Limitations**

The current study had a few limitations that must be mentioned. First, the study was short: time needed to realistically complete the survey was less than a couple of minutes. Further, the heading to the survey did not contain any topics that could be easily considered triggering to participant. The payment for the survey was \$2.00. Considering all these factors, it is possible that participants went through the survey quickly, without considering as deeply whether their responses truly matched their lived experiences: the data were screened, and those who very clearly rushed through the survey were not included, however this could still be a potential limitation.

This current study measured the variables of self-compassion, social media use, and relational intimacy through the lens of the individual. While this was intentional, as self-compassion begins on an internal level then reaches into interpersonal levels, this survey did not account for the scores for these variables with each participant's partners. Without information from partners within the participants' relationships, we are unable to examine the impact partners had on each participants' scoring. In addition, the survey did not screen for potential partner abuse or manipulation, thus the current study has no way of examining any coercion by partners in participant response. In addition to partner effects on participant responses, one must consider the nature of the variables being measured in this survey, and participant's ability and willingness to report honestly on themselves and their behaviors.

This study did not gather any demographic information for race, ethnicity, or religion. Thus, there is no way to know how these variables could have impacted the responses, and they could not be utilized as control variables.

This study was also limited by available scales for the variables of self-compassion and social media use. Currently, self-compassion research is limited to Neff's (2003) scale. Neff (2003) has faced criticism over the factor structure of the self-compassion scale (Brenner et al., 2017). Neff (2003) indicated that the SCS is best used as either a 6 factor or single factor measure, meaning it should either measure self-compassion as a cumulative score, or measure each sub-factor. Brenner, Heath, Vogel, and Crede (2017) suggest that the SCS should use a two-factor structure instead. They cite that previous research (Buss, 2003; Gilbert, 2005; Gilbert, McEwan, Matos, & Ravis, 2011) has found that self-compassion and self-coldness interact with different systems within the brain: the safeness system interacts with self-compassion and the defense system interacts with self-coldness, yet both systems are actively engaged within one's day to day interactions with their surroundings. Brenner, Heath, Vogel, and Crede (2017) found in their evaluation of the SCS that one-factor use of the SCS did not fit the data, and a two-factor model of the SCS, in three different examples, showed a superior fit to the data. The current study used the SCS as a one-factor measure, as Neff (2003) intended, where the self-coldness scores were reverse coded, and a composite self-compassion score was generated from all six sub-factors.

The pilot study for the SMUIS by Jenkins-Guarnieri, Johnson, and Wright (2013) was limited by underrepresented racial and ethnic diversity. Additionally, all participants in the original study were not from a random sample, predominately using college age students. The current study contained more diversity in participants, so it is possible that the SMUIS is not a good fit for populations outside of college-aged students. Further, the current study adapted the original format of the SMUIS by changing the term "Facebook" to "social media." This change, intended to cover a wider modality of social media use, could have impacted responses. It is

possible that participants had a different reaction to the term “social media” than they would have if the survey kept the original term “Facebook.”

### **Suggestions for Future Research**

Future research should be done to expand on each of these variables. Self-compassion research is still relatively new to the mental health field, and more research should focus on systemic factors that influence one’s level of self-compassion, and factors that influence one’s ability to adapt their level of self-compassion. More specifically, research should continuously examine the role of gender in one’s level of self-compassion, with a more immediate focus on society’s ever-expanding understanding and view of gender constructs within each culture.

The current study used a scale to measure intimacy through the intimacy seeking behaviors of the participant. Future research should examine intimacy through a different lens: perception of returned intimacy attempts, the success of intimacy attempts, and the motivating factors related to intimacy seeking behaviors.

Social media use integration and emotional connection and age were significantly related in the present study. This information should be examined through the lens of generational norms and expectations of social media use by researchers. Future research should also consider the modality of social media use, and how it impacts self-compassion and relational intimacy. It should consider how one accesses social media, such as via a phone, laptop, tablet, etc., impacts how they relate to social media, how it impacts social media’s integration into social routines and emotional connection.

## **Conclusion**

The hypotheses of the current study were not supported. This study did not find a significant correlation between, self-compassion and relational intimacy, nor did this study find that social media played a mediating role in this relationship. This study still provides insight for future research and provides feedback for the fit of each scale used. While previous studies indicated relationships between each combination of this study's variables separated, this study did not support those findings, nor the implication that all three variables would relate to one another. Future research may provide insight to inconsistencies between current and past research regarding self-compassion, social media, and relational intimacy. It is important that future research continue to examine the role that social media plays as a mediating variable, especially as it becomes more and more integrated into culture social norms.

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## **APPENDIX A. PARTICIPANT INFORMED CONSENT**

### **RESEARCH PARTICIPANT CONSENT FORM**

The Impact of Self-Compassion and the Mediating Effects of Social Media on Relational Intimacy

Margaret K. Kapitan

Department of Behavioral Sciences

Purdue University Northwest

#### **What is the purpose of this study?**

You are being asked to participate in a study designed by Dr. Anne B. Edwards and Margaret K. Kapitan of Purdue University Northwest. We aim to understand how self-compassion, and your participation in social media, has impacted intimacy in your romantic relationship.

#### **What will I do if I choose to be in this study?**

If you choose to participate, you acknowledge that you are above the age of 18, are in a committed dyadic relationship for at least six months and live in the United States. You will be asked to complete a survey assessing your level of self-compassion, your relationship with social media, and intimacy-based behaviors in your relationship. You are free not to answer any particular questions if they make you feel uncomfortable or withdraw your participation at any time without penalty.

#### **How long will I be in the study?**

The survey should take approximately 15 minutes to complete.

#### **What are the possible risks or discomforts?**

Breach of confidentiality is a risk. To minimize this risk, only the researchers listed above will access the data from this study, and no personally identifying information will be collected during the study. The questions may make you feel uncomfortable or result in emotional distress. You can go to [aamft.org](http://aamft.org) or [therapists.psychologytoday.com](http://therapists.psychologytoday.com) to find someone to speak to about any distress that may come of participating in this survey.

#### **Are there potential benefits?**

There are no clear direct benefits from participating in this study. Rather, you will be partaking

in research that may contribute to the understanding of self-compassion and social media's impact on relational intimacy.

**Will I receive payment or other incentive?**

You will receive payment of \$2.00 for participating in this research project, so long as you meet the study inclusion criteria, you complete all relevant questions in the survey, and you complete the appropriate verification question to ensure your active participation.

**Will information about me and my participation be kept confidential?**

There is no personal identifying information on this survey; responses will remain anonymous and will be used only in combination with the responses of other participants in this and related studies. Additionally, you may choose not to answer particular questions or to withdraw your participation at any time, without penalty. All data gathered in this study will be accessed by the researchers. The data file will be used for preparation of research reports related to this study and kept for a period of three years after publication of any articles related to this study. The project's research records may be reviewed by departments at Purdue University responsible for regulatory and research oversight. IP addresses will not be linked to identifying information.

**What are my rights if I take part in this study?**

Participation in this study is voluntary. You may choose not to participate, and if you agree to participate, you can withdraw your participation before the data is gathered at any time without penalty or loss of benefits to which you are otherwise entitled.

**Who can I contact if I have questions about the study?**

If you have questions, comments, or concerns about this research project, you can talk to one of the researchers. Please contact Dr. Anne Edwards at [abedwards@pnw.edu](mailto:abedwards@pnw.edu) or Margaret Kapitan at [mkapitan@pnw.edu](mailto:mkapitan@pnw.edu). If you have questions about your rights while taking part in the study or have concerns about the treatment of research participants, please call the Human Research Protection Program at (765) 494-5942, email ([irb@purdue.edu](mailto:irb@purdue.edu)), or write to: Human Research Protection Program - Purdue University Ernest C. Young Hall, Room 1032 155 S. Grant St., West Lafayette, IN 47907-2114

**Documentation of Informed Consent**

By clicking "I agree to the terms of this survey" I agree that I have had the opportunity to read this consent form and have the research study explained. I have had the opportunity to ask questions about the research study, and my questions have been answered. I am prepared to

participate in the research study described above. I certify that I am above the age of 18, in a committed dyadic relationship for at least six months, and a resident of the United States, and agree to participate in this study.

- I agree to the terms of this survey. (1)
- I do not agree to the terms of this survey. (2)

## APPENDIX B. SELF-COMPASSION SCALE

### Self-Compassion Scale

#### 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 C. SOCIAL MEDIA USE INTEGRATION SCALE

### Social Media Use Integration Scale

Please indicate how much you agree or disagree with the following statements

Strongly Disagree

Strongly Agree

1

2

3

4

5

6

1. \_\_\_ I feel disconnected from friends when I have not logged into my social media accounts
2. \_\_\_ I would like it if everyone used social media to communicate
3. \_\_\_ I would be disappointed if I could not use social media at all
4. \_\_\_ I get upset when I can't log on to my social media accounts
5. \_\_\_ I prefer to communicate with others mainly through social media
6. \_\_\_ Social media plays an important role in my social relationships
7. \_\_\_ I enjoy checking my social media accounts
8. \_\_\_ I don't like to use social media
9. \_\_\_ Using social media is part of my everyday routine
10. \_\_\_ I respond to content that others share using social media

## APPENDIX D. FUNCTIONAL ANALYTIC PSYCHOTHERAPY INTIMACY SCALE

### Functional Analytic Psychotherapy Intimacy Scale

Please answer the following questions about your relationship with your intimate partner. Please read each statement carefully and then circle the number which best describes how much the statement was true for you DURING THE PAST WEEK, INCLUDING TODAY.

Not At All                      A Little                                      A Lot                                      Completely

0                      1                      2                      3                      4                      5                      6

1. \_\_\_ I expressed loving, caring feelings toward this person.
2. \_\_\_ I was open and loving with this person.
3. \_\_\_ I attempted to get closer to this person.
4. \_\_\_ I expressed my feelings about this person directly to him/her.