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Investigating The Relation Between Self-Compassion And Romantic Relationships

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INVESTIGATING THE RELATION BETWEEN SELF-COMPASSION AND ROMANTIC RELATIONSHIPS

A Thesis
Presented in partial fulfillment of requirements
For the degree of Master of Arts
In the Department of Psychology
The University of Mississippi

by

EMILY JACOBSON

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ABSTRACT

Self-compassion has recently emerged as a component of psychological health. Research on self-compassion processes has grown in recent years, and shows that self-compassion is related to lower levels of psychological distress and higher levels of positive affect. The current study examined the extent to which self-compassion is related to the quality of romantic relationships. Undergraduates at the University of Mississippi (N=261) completed online self-report questionnaires assessing self-compassion and relationship quality. Correlational and hierarchical multiple regression analyses were conducted in order to assess the relation between self-compassion and relationship quality. Results indicated that self-compassion was positively and significantly correlated with relationship quality, and that self-compassion was a unique predictor of relationship quality. Implications of these findings for romantic relationships are discussed.
DEDICATION

To the members of my lab, especially my advisor Kelly Wilson. Thank you for the guidance and for believing in me.
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I. INTRODUCTION

Self-compassion, an important construct in Eastern philosophy, has recently emerged in Western psychology and may have important implications for psychological health (Brown, 1999; Neff, 2003a). We can choose to nurture and develop our compassion skills towards other people, but it may also be important to turn compassion towards our relationships with ourselves (Gilbert, 2009). Self-compassion may be more readily understood after first discussing compassion.

While there is no single agreed-upon definition of compassion, psychologists who study compassion tend to agree that compassion involves mindful awareness of suffering, willingness to experience suffering, and the desire to alleviate it. According to Paul Gilbert (2009), the human capacity for compassion evolved out of caring behavior and altruism. Compassion can be defined as behavior that aims to “nurture, look after, teach, guide, mentor, soothe, protect, offer feelings of acceptance and belonging – in order to benefit another person” (Gilbert, 2009, p. 193). According to McKay and Fanning (2000), compassion can be seen as a combination of understanding, acceptance, and forgiveness.

Research indicates that teaching compassion skills in psychotherapy may play a role in increasing psychological well-being. Gilbert and Procter (2006) developed a treatment method called Compassionate Mind Training, a 12-week program designed to enhance compassion by encouraging clients to practice self-soothing exercises when they experience negative emotions such as anxiety and anger. After testing the treatment protocol on a group of depressed
individuals, participants reported a significant decrease in self-reported symptoms of anxiety and depression (Noorbala, Borjali, Ahmadian-Attari, & Noorbala, 2013).

In essence, self-compassion can be understood as compassion turned inward. In Western psychology, Kristin Neff has spearheaded the research on self-compassion. Neff conceptualizes self-compassion as treating oneself with kindness, as opposed to critical judgment (Neff, 2003a). Neff has described self-compassion as consisting of three components: self-kindness, common humanity, and mindfulness (Neff, 2011). When experiencing distress, Neff (2003a) asserts that individuals may exercise self-compassion by offering kindness and warmth to themselves, as opposed to berating themselves for perceived inadequacies and failures. Additionally, Neff (2011) asserts that individuals with high levels of self-compassion also tend to have a sense of common humanity, viewing their own suffering as an inevitable part of the human condition, as opposed to something that they alone experience. Furthermore, when negative emotions or stressful life circumstances arise, individuals with high levels of self-compassion tend to have a balanced awareness of their negative thoughts and feelings without over-identifying with their emotions (Neff & Germer, 2013). In sum, according to Neff’s conceptualization of self-compassion, individuals who have high levels of self-compassion behave in ways that are comforting to themselves when distressing experiences arise, while also reminding themselves that distress is part of being human.

**Self-compassion Correlates & Interventions**

Studies show that self-compassion is related to many different aspects of mental health. Feldman & Kuyken (2011) demonstrated that self-compassion mediated the effects of Mindfulness-based Cognitive Therapy (MBCT) in a sample of 123 adults with recurrent depression. Leary, Tate, Adams, Allen, and Hancock (2007) found that self-compassion
moderated reactions to distressing events involving failure and rejection in several samples of undergraduate students. Neely, Schallert, Mohammed, Roberts, & Chen (2009) found self-compassion to be a particularly important predictor of college students’ ability to manage their negative emotions in the face of disappointment. A study by Heffernan, Griffin, McNulty, & Fitzpatrick (2010) suggested that self-compassion was positively correlated with emotional intelligence in a sample of 135 nurses. Research by Hollis-Walker and Colosimo (2011) found self-compassion to be a partial mediator of the relation between mindfulness and happiness in a survey study of undergraduates and community members, suggesting that mindfulness may be a more robust predictor of happiness when levels of self-compassion are high. In an international sample of 504 community adults reporting anxiety and depressive symptoms, Van Dam, Sheppard, Forsyth, & Earleywine (2011) examined data from self-reported surveys and found that self-compassion was a robust predictor of severity of symptoms and quality of life, accounting for up to 10 times more variance in the dependent variables (between 10-27%) than mindfulness alone (between 1-3%). These studies indicate self-compassion may play an important role in psychological well-being, quality of life, and the ability to deal with life stressors in healthy and effective ways.

There have been several studies suggesting the utility of self-compassion interventions. Mosewich, Crocker, Kowalski, & DeLongis (2013) tested the effects of a 7-day self-compassion intervention in a group of female varsity athletes, compared to an attention control group. The self-compassion intervention consisted of a psychoeducational component and a series of writing exercises. At posttest, those in the self-compassion group reported higher levels of self-compassion and lower levels of state rumination and self-criticism. Neff & Germer (2013) developed the Mindful Self-Compassion (MSC) program, an 8-week workshop aimed at
teaching self-compassion skills. They tested the efficacy of this intervention in a randomized-controlled trial and found that the workshop increased self-reported self-compassion, mindfulness, and wellbeing among participants.

In addition to the longer treatments described above, several brief self-compassion protocols have been tested. Adams (2007) tested the effects of a self-compassion induction on chronic dieters right after eating an unhealthy food preload, and found that the self-compassion induction reduced the likelihood of overeating in order to compensate for negative feelings about consuming the unhealthy food preload. In a similar study, Leary et al. (2007) had participants recall a rejection, failure or loss that brought up negative self-evaluative feelings. Then, they had participants in the self-compassion condition do a writing exercise designed to increase feelings of self-compassion, which was compared against a self-esteem condition, a writing condition, and a control condition. Compared to the other three groups, those in the self-compassion condition reported less negative affect and an increased perception of being similar to others. Interestingly, those in the self-compassion group were the most likely to attribute blame of the negative events to themselves, but they did not display corresponding negative affect, whereas in the other three groups, attributions were related to negative affect. In other words, individuals in the self-compassion condition were less likely to experience negative emotions than those in the other conditions – regardless of whether or not they attributed blame to themselves.

**Self-compassion in Interpersonal Relationships**

Although there is some research examining the effects of self-compassion on individual wellbeing (detailed above), little research has been done on the link between self-compassion and interpersonal relationships. Research by Crocker and Canevello (2008) demonstrated that individuals with higher levels of self-compassion were more likely to display trust and social
support in their friendships than those with lower levels of self-compassion in a sample of 204 first-semester undergraduate freshmen. In a sample of 506 undergraduates, Yarnell and Neff (2012) demonstrated that individuals high in self-compassion were less likely to experience emotional turmoil when resolving conflict situations than those who were low in self-compassion. Self-compassionate individuals were also more likely to compromise and less likely to self-subordinate when resolving conflicts, and they were more likely to report their resolution choice as being authentic. In a study involving 104 adult couples, Neff and Beretvas (2012) found that individuals who scored high on self-compassion scales were more likely than those who scored low on self-compassion scales to exhibit healthy behavior in their romantic relationships, such as being supportive, and were less likely to be controlling or aggressive towards their partners. Results also indicated that self-compassion was a more robust predictor of positive relationship behavior than self-esteem. In a sample of 109 recently divorced adults, Sbarra, Smith, & Mehl (2012) found that participants who displayed higher levels of self-compassion experienced less divorce-related distress than those with lower levels of self-compassion, suggesting that self-compassion may be related to psychological resilience in times of tumult.

There are several reasons why individuals with high levels of self-compassion might have healthier romantic relationships than those with lower levels of self-compassion. Individuals with high levels of self-compassion tend to be able to meet their own needs in terms of kindness and self-comfort (Neff & Beretvas, 2012). Because of this, these individuals are likely to be able to balance independence with connectedness, which has been shown to be important for healthy relationships (Deci & Ryan, 2000). Furthermore, in times of difficulty, self-compassion facilitates feelings of connectedness with others (Neff, Kirkpatrick, & Rude, 2007). It is likely,
then, that individuals with high levels of self-compassion would have good conflict resolution skills because of their ability to see their partners’ point of view during disagreements and to see their own current difficulties, not as personal hardships, but instead as part of being human (i.e., common humanity). Tirch (2010) asserts that self-compassionate individuals have a mindful, balanced response to suffering, without ruminating on difficult emotions or suppressing them. Because of their nonjudgmental awareness of negative thoughts and emotions, individuals with high levels of self-compassion may be more likely to bring that same sense of mindfulness to resolving disagreements within their relationships.

**Other Variables Related to Relationship Satisfaction**

Besides self-compassion, there are many other variables that may be related to relationship quality. There is a well-established link between alcohol abuse and negative relationship outcomes (Dawson, Grant, Chou, & Stinson, 2007; Leonard & Eiden, 2007), suggesting that individuals who drink heavily tend to have lower-quality relationships than those who drink less. There is also research to suggest that high levels of psychological distress predict lower relationship satisfaction (Stroud, Durbin, Saigal, & Knobloch-Fedders, 2010; Lund & Thomas, 2014). These studies indicate that alcohol consumption and psychological distress may be related to poor relationship outcomes.

Research also suggests that relationship quality may be related to the quality of the individual’s parents’ relationship. Amato and Booth (2001) found that parent reports of marital distress were negatively related to the marital satisfaction of their adult children. Additionally, research by Riggio (2004) suggests that parental conflict is related to an increased anxiety in personal relationships among their adult children. Collectively, this research suggests that perception of the quality of the parental relationship may be related to relationship quality.
The Present Study

The goal of this proposed study is to examine the connection between self-compassion and romantic relationship quality. We predicted that individuals who report high levels of self-compassion would report high levels of relationship quality in their current romantic relationships. We also assessed other common factors that may help explain relationship quality, including psychological distress, alcohol consumption, marital status of parents, and participants’ perception of the quality of their parents’ relationship.
II. METHODS

Demographics

Participants were asked to answer a set of demographics questions about their age, gender, ethnicity, class, and GPA. They were asked to indicate how many serious relationships they have been in for six months or longer. They were asked about the current marital status of their parents (i.e. married, divorced, or other). Participants were also asked to rate their perception of the quality of their parents’ relationship (“On a scale of 1-10, how happy do you think your parents’ relationship is/was?”).

Measuring Relationship Quality

Relationship Satisfaction vs. Dyadic Adjustment

There is a lack of consensus regarding what constitutes a high quality relationship. Various terms have been used to represent the concept of quality in a relationship, and it can be challenging to differentiate between the terms since they tend to be inadequately defined in the literature and highly correlated with one another (Vaughn & Baier, 1999). Two of the main terms that have been used to represent relationship quality are *relationship satisfaction* and *dyadic adjustment* (Heyman, Sayers, & Bellack, 1994). *Relationship satisfaction* can be defined as one’s subjective global evaluation of their relationship (Graham, Diebels, & Barnow, 2011). *Dyadic adjustment* can be defined as a process with an outcome that is determined by the degree of troublesome dyadic differences, interpersonal tensions and personal anxiety, dyadic satisfaction, dyadic cohesion, and consensus on matters of importance to dyadic functioning (Spanier, 1976).
In other words, dyadic adjustment captures more nuances within a relationship than just satisfaction alone.

Some researchers argue that because relationship satisfaction and dyadic adjustment are usually highly correlated, they are measuring the same thing (Cohen, 1985). Others have argued that satisfaction and adjustment are two distinct constructs. Specifically, Spanier (1976) holds that measures of relationship satisfaction are mere snapshots that fail to capture dyadic adjustment, which is a developmental process. Therefore, in order to measure relationship quality for the present study, we included both a measure of global relationship satisfaction and dyadic adjustment.

**Measures**

**Relationship Assessment Scale (RAS)**

The level of satisfaction with one’s relationship was assessed with the Relationship Assessment Scale (RAS; Hendrick, Dicke, & Hendrick, 1998). The RAS has seven items on a Likert-type scale (e.g., “In general, how satisfied are you with your relationship?”). Participants answer each item ranging from 1 (low satisfaction) to 5 (high satisfaction). Example questions include: “How well does your partner meet your needs?” and “How often do you wish you hadn’t gotten into this relationship?” The RAS has 5 positively worded items and 2 negatively worded items, and the negatively worded items are reverse-scored. Scores are summed, with higher scores indicating higher relationship satisfaction. In the original study, this measure demonstrated good internal consistency and construct validity (Hendrick, 1988). In the current study, the Cronbach’s alpha coefficient was .879.

**Dyadic Adjustment Scale – Adapted**
The Dyadic Adjustment Scale (DAS; Spanier, 1976) is a scale developed to assess marital adjustment. The scale contains 32 items and total scores range from 0 to 151, with higher scores representing higher levels of marital adjustment. The DAS has demonstrated good internal consistency ($\alpha=.96$; Spanier, 1976) and test-retest reliability ($\alpha=.87$; Carey, Spector, Lantinga, & Krauss, 1993). The measure has also demonstrated predictive and convergent validity. The measure was adapted to fit our current study population. In the current study, the Cronbach’s alpha coefficient was .925 for the overall scale.

**Self-compassion Scale (SCS)**

The Self-compassion Scale (SCS; Neff, 2003b) was used to measure self-compassion. The SCS is a 26-item measure that maps on well to Neff’s conceptualization of self-compassion. The SCS evaluates self-compassion on three separate subscales: self-kindness, common humanity, and mindfulness. Respondents answer questions on a Likert-type scale from 1 (almost never) to 5 (almost always). Example questions include “I try to be loving towards myself when I’m feeling emotional pain” and “When I see aspects of myself that I don’t like, I get down on myself.” The subscales include equal numbers of positively and negatively worded items, and the negatively worded items are reverse-scored. Scores are summed, with higher scores indicating higher levels of self-compassion. A high level of internal consistency ($\alpha = .93$) was established for this measure in the initial validation, as well as adequate concurrent and discriminant validity (Neff, 2003b). In the current study, the Cronbach’s alpha coefficient for the full scale was .902. The Chonbach alpha coefficient was .837 for the self-kindness subscale, .870 for the self-judgment subscale, .822 for the common humanity subscale, .839 for the isolation subscale, .803 for the mindfulness subscale, and .822 for the overidentification subscale.

**The Depression, Anxiety, and Stress Scales—21**
The Depression and Anxiety Stress Scales-21 (DASS-21; Lovibond & Lovibond, 1995) is a 21-item version of the 42-item self-report measure of depression, anxiety, and stress. The items are scored on a 4-point scale ranging from 0 (did not apply to me at all) to 3 (applied to me very much, or most of the time). Example questions include: “I felt down-hearted and blue” and “I felt that I was using a lot of nervous energy.” This measure demonstrated excellent internal consistency for the Total Scale (α = .93) and good to excellent internal consistency for the Depression (α = .94), Anxiety (α = .87), and Stress (α = .91) subscales (Antony, Bieling, Cox, Enns, & Swinson, 1998). In the current study, the Cronbach’s alpha coefficient was .912 for the overall scale, .853 for the depression subscale, .802 for the anxiety subscale, and .818 for the stress subscale.

**Daily Drinking Questionnaire**

The Daily Drinking Questionnaire (DDQ; R. L. Collins, Parks, & Marlatt, 1985) was used to assess typical drinking quantity (number of drinks consumed in a typical night, number of days per week engaged in drinking). The DDQ has demonstrated good test-retest reliability (S. E. Collins, Carey, & Sliwinski, 2002) and convergent validity (R. L. Collins et al., 1985). For the current study, the Cronbach’s alpha coefficient for mean drinks consumed per week was .759.

**Procedure**

This study utilized a cross-sectional design. Participants were undergraduate volunteers recruited through the Psychology Department subject pool at the University of Mississippi. Participants signed up for the study through online recruiting software, and received .5 research credit hours for their participation. Qualtrics (Enterprise Service Tools; Provo, UT) was used to obtain informed consent and to administer the questions anonymously. Participants were able to answer the questions from any computer location at whatever time they chose. Once participants
accessed the survey, they were administered informed consent describing the study, including risks and benefits, right to withdraw, and confidentiality. They were then asked if they wished to participate in the study. Those who indicated that they still wished to participate in the study were then asked if they were currently involved in a romantic relationship that has lasted for at least three months. Only participants who answered “yes” to this question were included in the study. Participants were then asked to fill out the DASS-21, SCS, RAS, DDQ, DAS, and the Demographics questions. The survey is estimated to have taken approximately 30-45 minutes to complete. Participants were allowed as much time as they needed to complete the survey. After completing the survey, participants were asked to type their full name into a text box in order to receive credit, and were then provided with a debriefing statement and a list of resources they could contact if they were experiencing psychological distress.

**Statistical Analyses**

Statistical Package for Social Sciences (SPSS) was used to conduct all statistical analyses for this study. Participants (N = 523) completed the survey on Qualtrics. Missing data were screened using a missing values analysis, which indicated that 1.5% of values were missing. Little’s MCAR test, a global test of whether values are missing completely at random (MCAR) or not (Little & Rubin, 1989), revealed that values were not MCAR ($\chi^2 (1928, N = 261) = 2412.39, p < .001$). Missing values were imputed using the expectation maximization (EM) algorithm (Meyers, Gamst, & Guarino, 2006). Twenty-seven participants were removed for not completing the survey. Individuals who got at least one bogus item wrong (103 participants) were removed for getting at least one bogus item wrong (77 individuals got one bogus item wrong, and 26 individuals got two bogus items wrong). Twenty-two individuals were removed from the study for repetitious responding in at least two measures. 110 individuals were removed
from the study due to indicating that they were not currently involved in a romantic relationship. 261 participants were included in the analysis.

Prior to analyses, we conducted descriptive statistics on demographic variables (see table 1). We examined whether the data were normally distributed using the Shapiro-Wilk statistics. Examination of Shapiro-Wilk revealed the SCS sum score was normally distributed. However, both of the measures for relationship satisfaction (the RAS and the DAS) were not normally distributed. To handle the non-normal data, we used the non-parametric bootstrapping method (Wright, London, & Field, 2011) with 5,000 iterations when running our regression analyses.
III. RESULTS

Participants

261 students (73.2% female, 70.9% freshmen) completed the survey. The average age of the participants was 18.85 (median=18, SD=2.2). The participants were allowed to choose more than one ethnicity, and 216 (82.2%) identified as Caucasian. The sample consisted of 39 participants who identified as African American (14.9%), 4 who identified as Hispanic (1.5%), 8 who identified as Asian (3.1%), and 2 who identified as Other Ethnicity (0.8%).

Correlational Analyses

Zero-order correlations among the variables are presented in table 2. We found no correlation between self-compassion and number of alcoholic drinks consumed per week. As expected, self-compassion was negatively correlated with psychological distress ($r = -0.494, p < .01$), indicating that individuals with higher levels of self-compassion report lower levels of psychological distress. Also, as expected, individuals who reported higher relationship quality reported drinking less alcohol on average and reported experiencing less psychological distress. Specifically, relationship satisfaction was negatively correlated with number of alcoholic drinks consumed per week ($r = -0.133, p < .05$) and negatively correlated with psychological distress ($r = -0.310, p < .01$). Dyadic adjustment was also negatively correlated with number of alcoholic drinks consumed per week ($r = -0.225, p < .01$) and negatively correlated with psychological distress ($r = -0.278, p < .01$). Both measures of relationship quality were strongly positively correlated with one another ($r = 0.740, p < .01$). Consistent with our original
hypothesis, we found that self-compassion significantly correlated with relationship satisfaction ($r = .246, p < .01$) and dyadic adjustment ($r = .225, p < .01$).

Hierarchical Multiple Regression

Two hierarchical multiple regression analyses were conducted to determine whether self-compassion predicted relationship satisfaction, with the following covariates included: age, gender, ethnicity, perception of parents’ happiness, psychological distress, and average number of alcoholic drinks consumed per week. There were originally 5 categories for ethnicity, but due to small percentages of participants who identified as Hispanic, Asian, and Other (see table 1), these three categories were collapsed into one category (Other) for our analyses. Gender and ethnicity were dummy coded (gender: M=1, F=0; ethnicity: Caucasian=0, African American=1, Other=2). Each hierarchical analysis consisted of two steps. Step 1 included the covariates only. Step 2 included the covariates with the addition of the SCS. A significance level of .05 was used for all statistical tests.

Hierarchical Multiple Regression: Relationship Satisfaction.

Model 1, which included gender, ethnicity, perception of parents’ happiness, mean number of drinks per week, and psychological distress, significantly and positively predicted relationship satisfaction ($R^2 = .149; p<.01$). These findings (see table 3c) show that African Americans reported lower levels of relationship satisfaction than other ethnicities ($B = -.426; SE = .144; 95\% CI = -.715, -.156$), and that higher psychological distress predicted lower levels of relationship satisfaction ($B = -.576; SE = .149; 95\% CI = -.891, -.297$). Additionally, more alcoholic drinks consumed per week predicted lower levels of relationship satisfaction ($B = -.012; SE = .005; 95\% CI = -.022, -.002$). Consistent with our hypothesis, the results of model 2 showed that self-compassion significantly and positively predicted relationship satisfaction, even
while controlling for the other variables (B = .216; SE = .087; 95% CI = .039, .383). However, the effect size was small ($R^2 = .169$; $R^2 \Delta = .020$; $p<.01$). Higher levels of self-compassion predicted higher levels of relationship satisfaction, while controlling for the covariates.

**Hierarchical Multiple Regression: Dyadic Adjustment.**

Model 1, which included gender, ethnicity, perception of parents’ happiness, mean number of drinks per week, and psychological distress, significantly and positively predicted dyadic adjustment ($R^2 = .109$; $p<.01$). These findings (see table 3e) show that higher psychological distress predicted lower levels of dyadic adjustment (B = -11.469; SE = 3.185; 95% CI = -18.018, -5.471). Additionally, more alcoholic drinks consumed per week predicted lower levels of dyadic adjustment (B = -.251; SE = .111; 95% CI = -.471, -.035). Consistent with our hypothesis, the results of model 2 showed that self-compassion significantly and positively predicted dyadic adjustment, even while controlling for the other variables (B = 4.609; SE = 2.086; 95% CI = .295, 8.628). However, the effect size was small ($R^2 = .126$; $R^2 \Delta = .017$; $p<.05$). Higher levels of self-compassion predicted higher levels of dyadic adjustment, while controlling for the covariates.
IV. DISCUSSION

The aim of this study was to examine the relation between self-compassion and romantic relationship quality. There are several predictors of relationship quality that have already been demonstrated in the literature. Before discussing the results pertaining to the main research question that this study addresses (i.e. the relation between self-compassion and relationship quality), we will discuss our findings of how relationship quality relates to alcohol consumption, psychological distress, and perception of parents’ happiness.

Relationship Quality and Other Variables

Alcohol Consumption and Relationship Quality.

The results of this study indicated that, on average, those who drank more alcohol reported lower levels of relationship quality. Specifically, the number of drinks consumed per week predicted lower relationship quality. These findings are consistent with the results in the literature suggesting a link between alcohol abuse and negative relationship outcomes (Dawson et al., 2007; Leonard & Eiden, 2007). Therefore, these results are consistent with our expectations.

Psychological Distress and Relationship Quality.

The results of the present study indicated that those who reported more psychological distress tended to report lower relationship quality. Depression, anxiety, and stress all predicted lower relationship quality. These results are consistent with findings from Stroud et al. (2010) and Lund & Thomas (2014), whose data showed that higher levels of psychological distress
predicted lower relationship quality. The nature of our findings is therefore consistent with what we expected.

**Perception of Parents’ Happiness and Relationship Quality.**

There is some literature suggesting that self-reported relationship quality may be related to the quality of the parental relationship, as reported by the parents (Amato & Booth, 2001; Riggio, 2004). The results of the present study indicated that there was no relation between relationship quality and how happy the participants perceived their parents’ relationship to be. Our failure to replicate these findings could be due to a difference in measurement techniques. We did not directly assess the quality of the participants’ parents’ relationship – we assessed the participants’ perception of how happy their parents’ relationship was. Future research in this area should directly assess the relationship quality of both the study participants and their parents.

**Ethnicity and Relationship Quality.**

One interesting and unexpected finding in our dataset was that African Americans were significantly more likely than other ethnicities to report lower levels of relationship satisfaction, but not dyadic adjustment. African American participants showed lower levels of relationship satisfaction. Existing literature suggests that married African Americans report lower relationship quality than other ethnicities and are more likely than other racial or ethnic groups to get divorced (Broman, 1993, 2005; Bulanda & Brown, 2007). Therefore, our results are in line with these findings. It should be noted, however, that our sample of African Americans in this dataset was small (N=39), which limits our confidence in this finding.

The role of ethnicity in relationship quality is an understudied area. According to Bryant et al. (2010), African Americans deal with stressors that are distinct from the population at large,
including minority status, financial hardship, and racial discrimination. Some research suggests that economic factors directly influence couple interactions and marriage outcomes among African Americans (Bryant, Taylor, Lincoln, Chatters, & Jackson, 2008). For example, Bulanda and Brown found that as unemployment increased among African American males, divorce rates also increased (Bulanda & Brown, 2007). Because African Americans are often significantly more impoverished than other ethnic groups in the United States (Carmen, Proctor, & Smith, 2008), this factor cannot be ignored when looking at the relationship quality among African Americans. Additionally, African Americans experience heavy levels of racial discrimination in the United States (Murry, Brown, Brody, Cutrona, & Simons, 2001), and exposure to high levels of racial discrimination has been shown to lead to poor physical and mental health (Pavalko, Mossakowski, & Hamilton, 2003). Therefore, it makes sense that chronic discrimination might result in negative emotions, which could affect relationship quality (Murry et al., 2008). However, there is a gap in the literature on the link between racial discrimination and relationship quality (Bryant et al., 2010). Future studies need to examine the connection between experiences of racial discrimination and relationship quality.

Furthermore, the question of why African Americans reported lower relationship satisfaction should be addressed. For example, it is possible that many questionnaires measuring relationship satisfaction are measuring different things depending on the ethnicity of the population being studied. The two measures used in this study – the RAS and the DAS – were normed on predominantly European American populations, which could limit the external validity of the measures. Even though the DAS has been shown to be one of the most psychometrically sound measures of adjustment (Follette & Jacobson, 1985), the measure was normed on a sample of 218 Caucasian married couples (Spanier, 1976). The lack of ethnic
diversity in this sample calls into the question the utility of the DAS in measuring the quality of African American relationships. Similarly, the RAS was normed on a sample of 235 undergraduate students enrolled in psychology classes at a large Southwestern university, and the original study failed to mention the ethnicities of the participants (Hendrick, 1988). Therefore, it cannot be concluded that the RAS is a valid measure of relationship satisfaction for African Americans.

Future studies should aim to further explore the relation between ethnicity and relationship quality among African Americans and other ethnic groups. As with many measures used in psychological research, the psychometric properties of the RAS and the DAS in African American populations is unknown. Developing reliable and valid measures for this population would be a prerequisite to understanding the relationship status differences if such differences do exist.

**Self-compassion and Relationship Quality.**

The findings of the present study indicate that those who reported higher levels of self-compassion tended to report having higher-quality romantic relationships. The results of this study provide evidence that self-compassion is related to increased quality in romantic relationships. Given that previous literature has indicated that self-compassion is related to healthy interpersonal behaviors (Yarnell & Neff, 2012; Crocker & Canevello, 2008; Neff & Beretvas, 2012), these results are in line with what we expected to find. We found that self-compassion was positively correlated with relationship quality in two different measures (one measuring relationship satisfaction and the other measuring dyadic adjustment). These results suggest that the more self-compassionate someone reports to be, the higher they report their
relationship quality to be. We also found that self-compassion was a unique and positive predictor of relationship quality above and beyond other variables that predict relationship quality (i.e. drinking and psychological distress), which suggests that self-compassion, on its own, may play a role in creating and maintaining high-quality relationships.

However, even though the results are suggestive of a link between self-compassion and relationship quality, it is not clear from these findings how big of a role self-compassion plays in relationship quality. The correlations between self-compassion and relationship quality fell in the small to medium range in terms of strength. Furthermore, even though self-compassion was found to independently predict relationship quality, it only accounted for between 1.7 and 2% of the unique variance in relationship quality. This indicates that even though self-compassion may be somewhat related to relationship quality, the majority of factors that play a role in relationship quality remain at large. Suggestions for the next steps in this line of research are given in the “future directions” section.

**Limitations**

**Participant Demographics**

One limitation of the present study is that participants were a convenience sample of undergraduate students that consisted primarily of college-aged Caucasian females. In order to generalize the findings to the broader population, future studies should include participants of different ages and ethnicities.

**Length of Relationship**

The length of the participants’ romantic relationships was not assessed in the present study. Participation in the study required only that each individual be currently involved in a
romantic relationship for at least three months. Future research should assess participants’ relationship length to examine how self-compassion may vary depending on the length of a relationship.

**Method of Data Collection**

All data for this study was collected using self-report questionnaires. Self-report data relies on participants’ reports of their own traits and behaviors, and in the case of the present study, there is no way to verify the accuracy of the collected data. Future studies should use behavioral methods of data collection in addition to self-report data to verify the accuracy of the information collected.

**Future Directions**

As mentioned in the discussion, in the current study, self-compassion only accounts for a small percentage of the variance in relationship quality, suggesting that other factors beyond self-compassion might play a larger role in relationship quality. Further research is needed in order to tease out the factors that contribute to a high-quality relationship.

**Direction of Relation.**

While the findings from the current study suggest that higher levels of self-compassion predict higher levels of self-reported relationship quality, the direction of this relation is unclear. That is, it may be that self-compassionate individuals are more likely to enter into high-quality relationships. It may also be that high-quality relationships foster self-compassion in the individuals involved in them. More research is needed to examine the causal relationship between these two variables. It would be worthwhile to conduct a longitudinal study examining
SCS scores over time in individuals during periods when they are single as well as when they are in relationships.

**Measuring Relationship Quality.**

The current study contributes to the literature suggesting that self-compassion may play a role in romantic relationship quality. However, as mentioned earlier, self-compassion did not account for a large portion of the variance in relationship quality. These results are less robust other studies examining similar questions. For instance, Neff & Beretvas (2012) assessed the self-compassion scores of 104 couples and examined whether self-compassion at the couple level (as measured by the combined self-reported self-compassion scores of each partner) was related to overall relationship quality, as measured by the RAS and a scale used to assess relational well-being, which was adapted from instruments used in previous research (Harter, Waters, & Whitesell, 1998; Neff & Harter, 2003). The results indicated that overall couple self-compassion scores were significantly and positively related to overall relationship quality ($r = .46$, $p < .001$). This correlation is nearly twice as strong as the correlations in the current study between self-compassion and relationship quality (self-compassion and relationship satisfaction: $r = .246$, $p < .01$; self-compassion and dyadic adjustment: $r = .225$, $p < .01$).

One possible reason for the difference in results is that Neff & Beretvas’ study included a measure assessing relational well-being in addition to relationship satisfaction. The items assessing relational well-being asked participants about their own self-worth, positive affect, authenticity, and voice (the ability to express opinions) in the relationship (Neff & Beretvas, 2012). It is possible that if the current study had included a measure of relational well-being, the correlation between self-compassion and relationship quality may have been higher. Future
studies should include more measures than just relationship satisfaction and dyadic adjustment when measuring relationship quality.

**Self-compassion Interventions.**

As noted in the introduction, there have been several self-compassion interventions that have been developed for individuals such as Compassionate Mind Training (CMT; Gilbert & Procter, 2006) and the Mindful Self-compassion Program (MSC; Neff & Germer, 2011), which have been shown to effectively increase self-compassion. The current study, as well as other studies, suggests that higher self-compassion may be related to healthier interpersonal relationships. However, there is a lack of experimental evidence suggesting that intervening on self-compassion has any impact on relationship quality. The findings of this and other studies bring about the following question: in what way might self-compassion be relevant to the clinical treatment of distressed couples?

The existing data suggest the potential utility of teaching self-compassion to couples in distressed relationships, yet an intervention aimed at increasing self-compassion to individuals in distressed relationships has not been developed. Future research should explore whether teaching self-compassion to distressed couples increases relationship quality. A study could be conducted in which distressed couples are taught to practice self-compassion skills to see whether practicing these skills helps increase the quality of their relationships. Since previous research has indicated that both CMT and the MSC are beneficial for increasing individual wellbeing, it is possible that these interventions would be useful for improving interpersonal relationships.

We are still in the early stages of exploring the link between self-compassion and romantic relationships. From the research conducted thus far, it seems possible that higher levels
of self-compassion promote healthier relationships. The evidence indicates that self-compassion is beneficial for individual wellbeing, both as a state characteristic and as a learned skill. It remains to be discovered whether utilizing self-compassion techniques in couples work produces an increase in relationship quality.

Furthermore, while studies do exist about the factors that matter for high-quality relationships, there is room for growth in this line of research. To date, we only know part of the story about what contributes to a successful relationship. More longitudinal research must be conducted in order to determine the factors that play a role in creating and maintaining healthy relationships. The current study contributes to the existing literature in this line of questioning, indicating that individuals with higher levels of self-compassion tend to have higher-quality relationships. It remains to be seen which other factors are important for healthy relationships.
LIST OF REFERENCES


Noorbala, F., Borjali, A., Ahmadian-Attari, M. M., & Noorbala, A. A. (2013). Effectiveness of Compassionate Mind Training on Depression, Anxiety, and Self-Criticism in a Group of


LIST OF APPENDICES
APPENDIX A: DESCRIPTIVE STATISTICS OF PARTICIPANTS
Table 1. Descriptive Statistics of Participants \((n=261)\)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
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<td>73.2%</td>
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<tr>
<td>Male</td>
<td>70</td>
<td>26.8%</td>
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</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>18 years old</td>
<td>133</td>
<td>51.0%</td>
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<tr>
<td>19 years old</td>
<td>86</td>
<td>33.0%</td>
</tr>
<tr>
<td>20 years old</td>
<td>27</td>
<td>10.3%</td>
</tr>
<tr>
<td>21 years old</td>
<td>8</td>
<td>3.1%</td>
</tr>
<tr>
<td>22</td>
<td>3</td>
<td>1.1%</td>
</tr>
<tr>
<td>23+</td>
<td>3</td>
<td>1.1%</td>
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<table>
<thead>
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<th>Year in College</th>
<th>Frequency</th>
<th>Percentage</th>
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</tr>
<tr>
<td>Sophomore</td>
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</tr>
<tr>
<td>Junior</td>
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<tr>
<td>Senior</td>
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<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Frequency</th>
<th>Percentage</th>
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<tr>
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<td>African American</td>
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<tr>
<td>Hispanic</td>
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<td>1.5%</td>
</tr>
<tr>
<td>Asian</td>
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<td>3.1%</td>
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<tr>
<td>Other Ethnicity</td>
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<td>0.8%</td>
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APPENDIX B: CORRELATION MATRIX
Table 2. Correlation Matrix examining the relationship among self-compassion (SCS), relationship satisfaction (RAS), relationship satisfaction (DAS), mean drinks per week (DDQ), and depression, anxiety, and stress (DASS-21).

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Corr.</td>
<td>1</td>
<td>.246**</td>
<td>.225**</td>
<td>.000</td>
<td>-.494**</td>
</tr>
<tr>
<td>RAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Corr.</td>
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<td>1</td>
<td>.740**</td>
<td>-.133*</td>
<td>-.310**</td>
</tr>
<tr>
<td>DAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Corr.</td>
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<td>.740**</td>
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<td>-.278**</td>
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<tr>
<td>DDQ</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Pearson Corr.</td>
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<td>-.133*</td>
<td>-.225**</td>
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<td>.048</td>
</tr>
<tr>
<td>DASS-21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pearson Corr.</td>
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<td>-.310**</td>
<td>-.278**</td>
<td>.048</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: 1=SCS, 2=RAS, 3=DAS, 4=DDQ, 5=DASS-21
*p < .05, **p < .01.
Table 3. Hierarchical multiple regression investigating whether self-compassion predicts relationship satisfaction.

3a. Descriptive Statistics for continuous variables.

<table>
<thead>
<tr>
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<td>RAS</td>
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<td>DAS</td>
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<td>DDQ</td>
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3b. Hierarchical Multiple Regression Model Summary-RAS

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R-square</th>
<th>SE</th>
<th>R^2 Change</th>
<th>F Change</th>
<th>df1</th>
<th>df2</th>
<th>Sig. F Change</th>
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<td>1</td>
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<td>.149</td>
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<td>.000</td>
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<tr>
<td>2</td>
<td>.411</td>
<td>.169</td>
<td>.75861</td>
<td>.020</td>
<td>5.939</td>
<td>1</td>
<td>252</td>
<td>.016</td>
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</table>

3c. Bootstrap for Coefficients – RAS

<table>
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<tr>
<th>Model</th>
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<th>se</th>
<th>95% BCA CI</th>
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<td>Ethnicity-Other</td>
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<td></td>
<td>Parent Happiness</td>
<td>.011</td>
<td>.020</td>
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<td>DASS-21</td>
<td>-.576</td>
<td>.149</td>
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<td>Gender</td>
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<tr>
<td></td>
<td>SCS</td>
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<td>.087</td>
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### 3d. Hierarchical Multiple Regression Model Summary – DAS

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R-square</th>
<th>SE</th>
<th>R2 Change</th>
<th>F</th>
<th>df1</th>
<th>df2</th>
<th>Sig. F Change</th>
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### 3e. Bootstrap for Coefficients – DAS

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<td>-.484</td>
<td>-.032</td>
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<td>4.609</td>
<td>2.086</td>
<td>.295</td>
<td>8.628</td>
</tr>
</tbody>
</table>
VITA

Emily H. K. Jacobson

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Oxford, MS 38655  
(206) 941-1616  
Ejacobso@go.olemiss.edu

Education

Doctor of Philosophy  
University of Mississippi, Oxford, MS  
August 2013- Present

Bachelor of Arts  
Oberlin College of Arts & Sciences, Oberlin, OH  
Double Major: English and Sociology  
August 2004 - January 2009

Clinical Experience

Graduate Student Therapist  
August 2015-Present  
University Counseling Center  
University of Mississippi  
Duties include conducting initial assessment interviews, assessing for mood disorders, developing treatment plans, and providing individual therapy for college student clients presenting with relationship difficulties as well as disorders including Adjustment Disorder, Posttraumatic Stress Disorder, Social Anxiety Disorder, and Major Depressive Disorder. Supervisors: Joshua Magruder, PhD, Quinton Edwards, PhD

Graduate Student Therapist  
May 2014-Present  
University of Mississippi  
Psychological Services Center  
Duties include conducting intake interviews, developing treatment plans, and providing individual therapy for clients presenting with a variety of anxiety and mood disorders including Generalized Anxiety Disorder, Major Depressive Disorder, and Attention Deficit Hyperactivity Disorder. Supervisors: Kelly G. Wilson, PhD, Alan M. Gross, PhD, Scott Gustafson, PhD

Education and Research Intern  
July 2014-July 2015
The Baddour Center (Senatobia, MS)
Duties included providing individual therapy to adults with intellectual disabilities, developing behavior plans, and leading a women’s support group, as well as conducting assessments evaluating intellectual functioning, adaptive behavior, and dementia.
Supervisor: Shannon L Hill, PhD

**Patient Care Coordinator**
March 2012-August 2012
Seattle Neuropsychiatric Treatment Center (Seattle, WA)
Managed patient care for a psychiatry group that provides outpatient and inpatient treatment to children and adults diagnosed with treatment-resistant major depression. Assisted in providing education to patients and their families regarding treatment options. Served as a facilitator for communication and coordination of care between patients, clinic psychiatrists, and other outside providers. Duties also included administering mental health status exams, cognitive tests, and clinical rating scales for depression. Facilitated laboratory tests, medication refills, and referrals to outside care providers. Regularly assessed patients’ needs and directed them to appropriate resources.
Supervisors: Kenneth Melman, MD, Christopher Famy, MD

**Crisis Hotline Phone Worker**
August 2010-December 2011
King County Clinic (Seattle, WA)
Provided crisis intervention services to the public, including low-income and ethnically diverse populations. Duties included assisting callers in talking about their concerns, helping them sort through their feelings, and exploring coping strategies. Over 55 hours of professional training and 60 hours working on the phone lines.
Supervisor: Brannon Mark

**Specialized Clinical Training Workshops**

**Acceptance and Commitment Therapy (ACT)**
September 2013
Orlando, FL
ACT Boot Camp: Intensive 50-hour training workshop with a focus on applying acceptance and commitment therapy to a variety of clinical populations. Training topics included exposure to the psychological flexibility model, experiential exercises, case conceptualization, the therapeutic relationship, applying ACT to parents, applying RFT, diversity issues in ACT, dealing with depression, trauma, and stigma, and ACT in college counseling centers.
Instructors: Kelly Wilson, PhD, Steven Hayes, PhD, Benji Schoendorff, PhD, Marie-France Bolduc, PhD, Jacque Pistorello, PhD, Patty Bach, PhD, Aki Masuda, PhD, Tim Weil, PhD, Emily Sandoz, PhD, Josh Pritchard, PhD

**Functional Analytic Psychotherapy (FAP)**
June 2012
University of Washington (Seattle, WA)
20-hour intensive level II workshop for clinicians with a focus on didactics and small group experiential exercises geared to enhance skills in using functional analysis.
Instructors: Robert Kohlenberg, PhD, Mavis Tsai, PhD

**Acceptance & Commitment Therapy (ACT)**
February 2012
Naropa University (Boulder, CO)
20-hour intensive workshop with a focus on teaching ACT principles as well as its connections to mindfulness.
Instructor: Kelly Wilson, PhD, Associate Professor of Psychology, University of Mississippi, Oxford, MS

**Behavioral Activation Therapy (BA)**
August 2011
Two-hour training in Brief Behavioral Activation for depression.
Instructor: Jacqueline K. Gollan, PhD, Associate Professor of Psychiatry and Behavioral Sciences, Northwestern University Feinberg School of Medicine, Chicago, IL

**Research Experience**

**Research Coordinator**
August 2013-Present
University of Mississippi
Mississippi Center for Contextual Psychology
Assisting with all aspects of running an active research lab, including recruiting participants for research studies, lab scheduling, IRB preparation, and overseeing undergraduate research assistants.
Supervisors: Kelly G. Wilson, PhD, Kate Kellum, PhD

**Research Assistant**
September 2012-August 2013
Northwestern University Feinberg School of Medicine, Department of Psychiatry and Behavioral Sciences
*Advancing Neuroscience of Emotional Disorder in Women over the Lifespan*
Duties include phone screening potential study participants using the Structured Clinical Interview for DSM Disorders (SCID), assisting with recruitment, and managing data in SPSS.
Supervisor: Jacqueline K. Gollan, PhD

**Research Coordinator**
November 2011-August 2012
University of Washington, Department of Psychology
*Relationship Improvement Study*
Coordinated all aspects of a treatment development study aiming to increase feelings of closeness and intimacy by helping UW undergraduate students go past their comfort zones in a
single-session intervention. Duties included preparing the IRB application, overseeing research assistants, administering the intervention as a research coach, managing data using SPSS, and developing the treatment protocol for all conditions of the study. Supervisors: Robert Kohlenberg, PhD, Mavis Tsai, PhD

**Research Assistant**  
September 2010-October 2011  
University of Washington, Department of Psychology  
*Brief Mindfulness Study*  
Assisted in developing the research design for a mindfulness study focusing on the effects of a relational mindfulness intervention compared to traditional mindfulness. Duties included assisting in the protocol development for all treatment conditions, preparing the IRB application, writing literature reviews, administering the control condition of the study, and managing data in SPSS. Supervisors: Sarah Bowen, PhD, Robert Kohlenberg, PhD

**SPAFF Coder & Research Assistant**  
June 2010-September 2011  
Relationship Research Institute (Seattle, WA)  
*Couples Together Against Violence Study*  
Provided reliable, accurate data coding in the Specific Affect Coding System (SPAFF) to analyze problem-solving couple interactions. Training consisted of an intensive three-month class on SPAFF, which included Paul Ekman’s Facial Action Coding System. Achieved inter-rater reliability to code over 80 hours of tapes. Supervisors: John Gottman, PhD, Kaeleen Drummey

**Research Assistant**  
December 2009-December 2010  
University of Washington, Department of Psychology  
*Integrated Treatment for Smoking and Depression*  
Coded over 70 hours of psychotherapy tapes using the Cumulative Record of In-Vivo Interactions (CRIVI) behavioral coding system, assisted with grant preparation, wrote and edited research articles, and wrote literature reviews for treatment development study. Supervisors: Robert Kohlenberg, PhD

**Teaching Assistantship Experience**

**Teaching Assistant**  
January 2014-May 2014  
University of Mississippi, Department of Psychology  
Psychology 309: Learning and Conditioning  
Assisting in all aspects of running an undergraduate class, including grading, creating tests and quizzes, maintaining grade records, and teaching study sessions. Instructor: Kelly G. Wilson, PhD

**Teaching Assistant**
August 2013-December 2013
University of Mississippi, Department of Psychology
Psychology 311: Abnormal Psychology
Assisting in all aspects of running an undergraduate class, including grading, creating tests and quizzes, maintaining grade records, and teaching study sessions.
Instructor: Kelly G. Wilson, PhD

Reader & Grader for Undergraduate Clinical Psychology Course
December 2010-March 2011
University of Washington, Department of Psychology
Psychology 489: Clinical Psychology
Performed all grading for undergraduate senior-level class, including exams, assignments and extra credit. Held office hours with students to prepare for exams and go over class material. Duties also included creating electronic grade book and maintaining grade records.
Instructor: Robert Kohlenberg, PhD

Presentations


Jacobson, E.H.K., Hebert, E.R., Kurz, A.S., Wilson, K.G. & Kellum, K.K. (June 2014). Investigating the Relation Between Self-Compassion and Values-Based Action in a Sample of College Students. Presentation at the Association for Contextual Behavioral Science World Conference XII, Minneapolis, MN.


Association for Behavioral and Cognitive Therapies 44th Annual Convention, San Francisco, CA.

Publications


Professional Affiliations

Association for Behavior Analysis International
Association for Contextual Behavioral Science
Association for Behavioral and Cognitive Therapies