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**Validation of the Compassionate and Self-Image Goals  
Scale for the Portuguese population**

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## **Abstract**

The present study presents the validation of the Compassionate and Self-Image Goals Scale for the Portuguese population - a self-report questionnaire that assesses the different motives people can adopt when establishing social relationships. One can have either Compassionate Goals (to be supportive or add to others' welfare), Self-Image Goals (strategic self-presentation and impression management in order for others to admire and desire the self) or both, in the individual.

The factorial structure and psychometric adequacy of the scale were evaluated in two different samples of college students from Portuguese Universities: for the Exploratory Factor Analysis, sample was composed by 291 students (82.8% female; 17.2% male); for the Confirmatory Factor Analysis, sample was composed by 307 students (60.3% female; 39.7% male). Also, convergent validity with other measures thought to be theoretically related was explored.

The results indicate that Compassionate and Self-Image Goals exist as two separate and independent factors. However, 3 items were removed from the original scale, which improved the fit to our data. In addition, the scale showed good psychometric properties, such as internal consistency, and factorial, discriminant and convergent validity. Correlation results suggested that Compassionate Goals were positively associated with social connectedness, describing, kindness, common humanity and mindfulness and negatively with ,anxiety, social avoidance, feelings of shame, fear of compassion for the self; and Self-Image Goals were positively associated with psychological entitlement, shame, all three fears of compassion, depression, anxiety, stress, judgement, isolation and over-identification, and negatively with social connectedness, non-judging, kindness and common humanity.

Thus, the Portuguese version of the CSIGS is a valid and reliable measure to assess the different motives people hold regarding their interpersonal relationships.

**Key-words:** Compassionate Goals; Self-Image Goals; CSIGS.

## Resumo

O presente estudo apresenta a validação da Escala de Objetivos Compassivos e de Auto-Imagem para a população Portuguesa - um questionário de auto-resposta que avalia os diferentes percursos que as pessoas podem adotar ao estabelecer relações sociais. Um indivíduo pode ter tanto objetivos compassivos (de ser solidário ou proporcionar bem-estar aos outros), como objetivos de auto-imagem (auto-apresentação estratégica e gestão da imagem para que os outros o admirem e desejem), ou ambos.

A estrutura factorial e características psicométricas da escala foram avaliadas em duas amostras diferentes de estudantes universitários portugueses: para a análise factorial exploratória, a amostra era composta por 291 alunos (82,8% do sexo feminino; 17,2% do sexo masculino); para a análise factorial confirmatória, a amostra era composta por 307 alunos (60,3% do sexo feminino; 39,7% do sexo masculino). A validade convergente com outras medidas teoricamente relacionadas foi também analisada. Os resultados indicam que os objetivos compassivos e de auto-imagem existem como fatores separados e independentes. No entanto, três itens foram removidos da escala original, o que melhorou o ajuste aos nossos dados. A escala apresentou boas propriedades psicométricas, tais como consistência interna e validades factorial, discriminante e convergente.

Os resultados das correlações sugerem que Objetivos Compassivos estão positivamente associados com a conectividade social, a faceta descrever, bondade, humanidade comum e mindfulness e negativamente com ansiedade, evitamento social, sentimentos de vergonha e medo da compaixão por si; os Objetivos de Auto-Imagem encontram-se positivamente associados com entitlement psicológico, vergonha, medos da compaixão, depressão, ansiedade, stress, julgamento, isolamento e sobre-identificação, e negativamente com conectividade social, não julgar, bondade e humanidade comum.

Desta forma, a versão portuguesa da CSIGS é uma medida válida e confiável para avaliar os diferentes motivos que as pessoas têm a respeito das suas relações interpessoais.

Palavras-chave: Objetivos Compassivos; Objetivos de Auto-Imagem; CSIGS.

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*Um sincero OBRIGADA!*

## Introduction

*Love and compassion are necessities, not luxuries. Without them, humanity cannot survive.” (Dalai Lama XIV)*

The need to belong is a fundamental human motivation. Human beings have a pervasive drive to form and maintain lasting, positive and significant interpersonal relationships (Baumeister & Leary, 1995). This fundamental interpersonal motive presumably has an evolutionary basis. In fact, the desire to form and maintain social bonds would have both survival and reproductive benefits (Buss, 1990). Given this evolutionary advantage, human beings should be hardwired with a set of mechanisms that would drive them to belong to social groups and maintain lasting relationships. Such mechanisms would include a tendency to experience distress when deprived of social contact and a tendency to feel positive affect from social contact. We easily create bonds with others because it's associated with positive emotions; contrary, breaking them is associated with negative emotions, which makes it the reason we try to avoid it (Baumeister & Leary, 1995).

Given the importance of belongingness not only for one's well-being but also for survival, humans may be equipped with several resources that would allow them to monitor their social acceptance for avoiding social devaluation and rejection. In fact, according to sociometer theory (Leary & Baumeister, 2000), self-esteem may have evolved as a monitor of relational value, and thus lower self-esteem would signal that one's relational value has decreased and thus placing the individual at risk for social exclusion. This signal would thus guide people to become more socially acceptable by constructing desired images of the self, in their own eyes and others', which would ultimately lead to social inclusion.

However, recent research (see Crocker, 2011 for a review) has been suggesting that often when people try to get others to recognize their desired qualities, they may be at risk of creating the opposite effect – others' regard for them declines, relationships become less supportive, and well-being drops.

### *Self-Image Goals*

People constantly want to shape the impressions others have of them, trying to convey their positive qualities, and on the contrary “hide” what they and/others perceive has being failures or more undesirable qualities (Schlenker, 2003). Although the impressions people want to create to others may vary regarding the situation and the person (e.g., trying to be chosen for a job, coming across as attractive and interesting for a date, wanting to look reliable and likable for a friendship), there is always an underlying need to try to control how others view the self (Schlenker & Leary, 1982). When people want to create, maintain and defend desirable images of the self, as a way of gaining something for the self, they are said to have self-image goals (Crocker & Canevello, 2008). Building desired images and letting people see it and recognize it is a means to an end that end being, for example, engaging in more friendly relationships, getting a job, or simply being acknowledge for their achievements (Schlenker, 2003). People which hold self-image goals are said to have an *ego-system perspective* (Crocker, in press).

Having high self-image goals is associated with personal traits, views of the self, quality of relationships and emotional states. It has been found that people with self-image goals hold zero-sum beliefs (i.e., believing that for one to succeed others must fail) and also believe they are more deserving than others (psychological entitlement).

This interpretation of the world ultimately leads to feelings of solitude, insecurity and can actually be the source of conflicts and of perceiving others as threats (Crocker & Canevello, 2008). High self-image goals were also related to less self-compassion (i.e., being kind to oneself when facing failures and setbacks, perceiving one’s experiences as part of being human and mindfully holding painful feelings; Crocker & Canevello, 2008; Niiya, Crocker, & Mischkowski, 2014).

Self-image goals may contribute to psychological distress both directly and also through their negative impact on relationships. On the one hand, it has been shown that self-image goals are associated with more anxiety, feelings of loneliness, fear and confusion (Crocker & Canevello, 2008). This may be especially so when people are not certain that they are succeeding in creating a desirable image of the self (Crocker, 2011). On the

other hand, given that self-image goals have negative consequences for relationships (especially long-term relationships) this might lead to anxiety and depression as their needs are not being met by others. A study with roommate dyads found support for this. If people are focusing on controlling others' view on them they may not pay attention to others' needs and consequently not respond to them. Also, other people may not reciprocate support that they think may be motivated by self-interest. In this way, people with self-image goals receive less support from others and their relationships quality worsens (Crocker & Canevello, 2008).

### *Compassionate Goals*

On the contrary, when people hold compassionate goals they are focused on providing support for others, not as a way of acquiring a desirable outcome for them, but genuinely out of concern for others' well-being (Crocker & Canevello, 2008).

When people transcend the self, caring less about how others view them and more about the well-being of others, others are more likely to regard them highly and provide support, and relationship quality improves. Consequently, well-being improves. In other words, people are more likely to get what they want when they stop trying to get it by convincing others to see them in desired ways, and start trying to contribute to the well-being of others (Crocker & Canevello, 2008).

There are many theories that suggest that by giving support to others people can create supportive relationships and, therefore, enlarge their support from others (Axelrod, 1984; Axelrod & Dion, 1988; Buss & Kenick, 1997; Rusbut & Van Lange, 2003; Thibaut & Kelley, 1959). In fact, the more people feel supported and understood, the more they feel close and the more they want to support them in return (Brown & Brown, 2006). This suggests that when people genuinely care about others' well-being and respond to their needs, they end up nurturing closer and wholer relationships, from which will ultimately receive support as well (Crocker & Canevello, 2008).

It is suggested that people with compassionate goals have an *ecosystem perspective*, in other words, they look beyond standards such as nationality or group membership, seeing others as interconnected and

genuinely caring about their welfare and needs. Consistent with this guideline, Crocker and Canevello (2008) found evidence that compassionate goals are associated with non-zero sum beliefs - for one to be successful others don't have to fail – and with less psychological entitlement, that is, they don't see themselves as more deserving than others, and are more compassionate with themselves as well; compassionate goals are also related to self-compassion, closeness, and feelings of clearness and connectedness. Also, it boosted trust and social support over the semester in a study regarding newly-acquainted roommates in college, and further research revealed it also predicted increasing responsiveness (Crocker & Canevello, 2010) and support (Crocker & Canevello, 2011) towards them.

In addition, having compassionate goals has been associated with better self-esteem. It could be the case that people feel better about themselves simply because they feel useful by helping others, which in turn will be there for them as well - reciprocity (Canevello & Crocker, 2010); and/or when people are genuinely interested on other's well-being they feel worthy by doing their part and, therefore, boost their self-esteem (Leary & Baumeister, 2000).

It is also worth noting that people can, and do, have both of these goals, and the activation of one or the other may be dependent on the context.

In sum, it has been suggested that people's goals on their relationships can predict either positive responsiveness when it comes to compassionate goals, or negative responsiveness when it comes to self-image goals. Accordingly, Crocker and Canevello (2008) found support for a paradoxical effect of self-image goals and compassionate goals: on one hand, self-image goals thwart the way others see the self, and affects its self-regard; on the other hand, by having compassionate goals the self can successfully boost its own and others' view of the self.

Given the importance of interpersonal goals, this study sets out to explore whether these goals exist as separate factors, and also how they may be differently related to a set of constructs theoretically related.

It is expected that holding self-image goals, i.e., create a positive image of the self, paradoxically leads to less mental health and well-being; on the other hand, it is hypothesized that focusing on promoting the well-



being of others may have in fact positive effects for the self.

## Methods

### Participants

Participants were 291 university students, recruited from a variety of courses within Portuguese universities. The majority of the sample was female ( $n = 241$ ; 82.8%) compared to 17.2% male ( $n = 50$ ), with ages ranging from 18 to 67 ( $M = 21.81$ ;  $SD = 4.94$ ), and years in school from 12 to 19 ( $M = 13.47$ ;  $SD = 1.51$ ). Regarding marital status, 96.9% ( $n = 282$ ) were single, 1.7% ( $n = 5$ ) were married and 0.7% were divorced ( $n = 2$ ).

The sample used for the Confirmatory Factor Analysis was composed by 307 university students, attending different courses in Portuguese universities. Within the sample, 185 (60.3%) were female and 122 (39.7%) were male, with ages ranging from 18 to 27 ( $M = 21.21$ ;  $SD = 1.87$ ) with an average of 13.94 ( $SD = 5.20$ ) years in school. Regarding marital status, 99.7% ( $n = 306$ ) were single and only 1 was married (0.3%).

### Procedure

Sample collection was conducted in a variety of institutions within different Portuguese universities; the teacher responsible for each class we visited gave us his approval to do so. Participants were also recruited through convenience sampling, from personal contacts of the researchers.

First, participants had access to the informed consent which comprised essential information about the study such as voluntary participation and confidentiality of responses. Then, each participant completed a protocol entailing 9 self-report instruments; it took an average of 30 minutes to complete the self-report questionnaires.

Regarding validation of the Compassionate and Self-Image Goals Scale a few processes were involved. Firstly, we conducted the translation and adaptation of each statement of the measure to portuguese. Then, a back translation was performed (translation of a document that as previously been translated into another language, back to the original language) by an objective person who was not involved in, neither knew about the investigation. Next, the back translation version was compared with the original scale version to assess consistency. Thus, a final version emerged

which was used in a pilot study with a 20-people sample in order to test the comprehensibility of the instrument; each participant left a comment or/and suggestion about the items comprising the scale. Based on the back translation and the pilot study, a final version of the Portuguese Compassionate and Self-Image Goals Scale was obtained.

### **Measures**

*Social Connectedness Scale* (SCS; Lee, Draper, & Lee, 2001)

The SCS has 20 items that measure the psychological sense of belonging, or how individuals cognitively correlate with others in a social manner. The SCS uses a 6-point rating scale (1 = *strongly disagree* to 6 = *strongly agree*). Cronbach's Alpha was .91.

*Psychological Entitlement Scale* (PES; Campbell, Bonacci, Shelton, Exline, & Bushman, 2004; Portuguese version by Duarte & Pinto-Gouveia, 2014)

The PES is a 9-item scale that uses a 7-point likert rating scale (1 = *strongly disagree* to 7 = *strongly agree*). It has good internal validity, as shown by Cronbach's Alpha of .85.

*Depression, Anxiety, Stress Scale – 21* (DASS-21; Lovibond & Lovibond, 1995)

The DASS-21 consists of 21 items, comprising 3 subscales, each with 7 items. The Depression scale measures low self-esteem and motivation, associated with feelings of hopelessness towards life goals; Cronbach's Alpha was .85. The Anxiety scale assesses the connection between persistent anxiety state and the subjective feeling of fear as a response; Cronbach's Alpha was .74. The Stress scale measures high levels of hyperarousal and tension, associated with low levels of resistance to frustration and disappointment; Cronbach's Alpha was .81. Each item is a statement and the participant is asked to indicate the degree to which it applied to him/her in the last week. The DASS-21 uses a 4-point rating scale (0 = *Did not apply to me at all* to 3 = *Applied to me very much, or most of the time*).

*Self-Compassion Scale* (SelfCS; Neff, 2003; Portuguese version by Castilho & Pinto-Gouveia, 2006)

The Self-Compassion Scale measures the way people act towards themselves in a number of situations. It's composed by 6 subscales, with a total of 26 items: (1) self-kindness (e.g., "I try to be loving towards myself when I'm feeling emotional pain"); (2) Self-Judgment (e.g., "When times are really difficult, I tend to be tough on myself"); (3) Common Humanity (e.g., "When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people"); (4) Isolation (e.g., "When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world"); (5) Mindfulness (e.g., "When I'm feeling down I try to approach my feelings with curiosity and openness"); and (6) Over-identification (e.g., "When I'm feeling down I tend to obsess and fixate on everything that's wrong"). Cronbach's Alpha were respectively (1) .83; (2) .83; (3) .83; (4) .81; (5) .77; (6) .82. Cronbach's Alpha for the whole scale was .83.

*Compassionate and Self-Image Goals* (CSIG; Crocker & Canevello, 2008; Portuguese Version by Pinto-Gouveia, Duarte & Lopes, 2014)

The CSIG is a 13-item scale that uses a 5-point rating scale (1 = *not at all* to 5 = *always*). There are 7 compassionate goals' items (e.g., "have compassion for others' mistakes and weaknesses") and 6 self-image goals items (e.g., "avoid the possibility of being wrong"). All items begin with the phrase "In the past week, in the area of friendship, how much did you want to or try to...". In the original study Cronbach's Alpha was .83 for Self-Image Goals and .90 for Compassionate Goals.

*Fears of Compassion Scale* (FCS; Gilbert, McEwan, Matos & Rivis, 2010; Portuguese version by Matos, Duarte, & Pinto-Gouveia, 2012)

The FCS assesses the way people see and feel about compassion in three major areas of their lives: expressing compassion for others; responding to compassion from others; and expressing kindness and compassion towards the self.

It consists of 3 subscales – (1) fear of compassion for others (e.g., "People will take advantage of you if you are too forgiving and

compassionate”); (2) fear of compassion from others (e.g., “Wanting others to be kind to oneself is a weakness”); (3) fear of compassion for self (e.g., “When I try and feel kind and warm to myself I just feel kind of empty”) - with a total of 38 items. It uses a 5-point likert rating scale (0 = *don't agree at all* to 4 = *completely agree*). In the original and the Portuguese version studies, the Cronbach's alphas were .72/.88 for fears expressing compassion for others, .80/.91 for fears of receiving compassion from others, and .83/.94 for fears in giving compassion to self, respectively.

*Five Facet Mindfulness Questionnaire* (FFMQ; Baer, Smith, Hopkins, Krietemeyer & Toney, 2006; Portuguese version by Gregório & Pinto-Gouveia, 2011)

The FFMQ emerged from a study containing five independently questionnaires that yielded five facets of mindfulness. It's composed by 5 subscales, with a total of 39 items: (1) Nonreactivity (e.g., “I perceive my feelings and emotions without having to react to them”) - Cronbach's Alpha was .75; (2) Observing (e.g., “When I take a shower or bath, I stay alert to the sensations of water on my body”) - Cronbach's Alpha was .83; (3) Acting with awareness (e.g., “When I do things, my mind wanders off and I'm easily distracted”) - Cronbach's Alpha was .87; (4) Describing (e.g., “I'm good at finding words to describe my feelings”) - Cronbach's Alpha was .91; (5) Non-judging (e.g., “I criticize myself for having irrational or inappropriate emotions”) - Cronbach's Alpha was .87. It uses a 5-point rating scale (1 = never or very rarely true to 5 = very often or always true).

*Other As Shamer Scale-Brief* (OAS-B; Matos, Pinto-Gouveia, Gilbert & Duarte, 2014)

The OAS-B is a short version of the Other as Shamer Scale (Goss, Gilbert & Alan, 1994) and is composed by 8 items that assess external shame (global judgments of how people think others view them). It uses a 5-point rating scale (0 = *Never* to 4 = *Almost always*). It has good internal consistency, as shown by Cronbach's Alpha .85.

*Social Interaction and Performance Anxiety and Avoidance Scale* (SIPAAS; Pinto-Gouveia, Cunha & Salvador, 2003)

The SIPAAS is a 44-item scale that represents social interactions (19) and performance situations (15), within 2 subscales.

For each situation, respondents were asked to indicate both "the degree of fear or anxiety the situation provokes or would provoke and how frequently they avoid or would avoid that situation. It uses a 4-point rating scale (from 1 = *None*, to 4 = *Severe*, for the distress/anxiety subscale; from 1 = *Never* to 4 = *Usually*, for the avoidance subscale). Internal consistency was good, as shown by Cronbach's Alpha: For the distress/anxiety subscale of the SIPAAS, was .95 in the GP (General Population) group, .94 in the SP (Social Phobia) group and .95 in the OAD (Other Anxiety Disorder) group; For the avoidance subscale, was .94 in the GP group, .92 in the SP group and .95 in the OAD group.

### **Analytic Procedure**

The statistical procedures were computed using Software PASW Statistics (v.20; SPSS Inc., Chicago, IL) and Software AMOS (v.19; SPSS Inc., Chicago, IL).

Initially, several descriptive statistics comprising means, standard deviations and measures of dispersion were calculated. Also, Cronbach's alphas were calculated in order to assess internal consistency of the variables present in study.

For the exploratory study of the factorial structure of the CSIGS we used Principal Components Analysis (PCA) with oblimin rotation, which allows for the factors to be correlated. Items were eliminated based on low factor loadings ( $< .40$ ) and/or cross-loadings between the factors.

To further explore the dimensionality of the CSIGS, and to test whether the factorial structure found would have a good fit to the data, we conducted a Confirmatory Factor Analysis (CFA) in a different sample from the Portuguese population. Structural equation modelling was used, with the maximum likelihood estimation method. To assess the assumption of normality of the items, an evaluation of skewness (Sk) and kurtosis (Ku) was conducted. Based on Kline (2005),  $Sk > |3|$  and  $Ku > |10|$ , which specifies severe deviations from normal distribution. The quadratic Mahalanobis

distance ( $MD^2$ ) was analyzed to identify possible outliers. The subsequent fit statistics were conducted to assess the models' global adjustment: normed chi-square ( $\chi^2/\text{degrees of freedom, } df$ ), goodness-of-fit index (GFI), Tucker–Lewis index (TLI), comparative fit index (CFI) and root mean square error of approximation (RMSEA). It is stated that a good fit is achieved when the  $\chi^2/df$  is 2 or lower, the CFI, GFI and TLI are 0.90 or higher and the RMSEA is 0.10 or lower.

When conducting a CFA, fit indices of the model, factor loadings and discriminant validity should be considered. Following this guideline, we also explored items' factor loadings ( $\lambda$ ) of the variables in study. It is estimated that all items of the factor present values of  $\lambda \geq 0.50$ . Furthermore, the discriminant validity of the measure was explored (indication that a measure is not overly associated to other similar measure, but still different concepts; Messick, 1989). To measure the discriminant validity, we compared the average variance extracted (AVE) of each construct with the shared variance between constructs. "In an AVE analysis, we test to see if the square root of every AVE value belonging to each latent construct is much larger than any correlation among any pair of latent constructs. AVE measures the explained variance of the construct" (Zait & Berteau, 2011, p. 218). Regarding scale reliability, it was calculated using Cronbach's alpha and composite reliability, which offers a rather less biased estimate of reliability than alpha and also is more fitting for multidimensional scales (Marôco, 2010). Pearson product–moment correlation coefficients were used to assess convergent validity of the CSIGS with other measures (SCS; PES; DASS-21; SelfCS; FCS; FFMQ; OAS-B; SIPAAS).

## Results

Descriptive statistics of the variables in the study are presented in Table 1.

Table 1  
Mean Standard Deviation, Skewness, Kurtosis and Cronbach's Alpha for the Variables in Study (N = 291)

	<i>M</i>	<i>SD</i>	Skewness	Kurtosis	$\alpha$
Compassionate Goals	26.66	4.11	-.26	.18	.74
Self-Image Goals	17.83	4.29	-.38	-.02	.76
Social Connectedness	94.7	12.42	-1	1.77	.92

Psychological Entitlement	32.88	8.56	-.17	.09	.81
Social Anxiety	90.71	20.9	.64	.14	.96
Social Avoidance	78.03	19.55	.84	.65	.94
External Shame	6.94	5.21	.74	.52	.91
Fears of Compassion					
for others	21.04	7.48	-.24	-.16	.87
from others	15.72	9.06	.45	.33	.90
for the Self	12.33	10.12	.77	.24	.94
Depression	3.45	3.81	1.36	1.4	.90
Anxiety	3.75	3.96	1.4	1.67	.86
Stress	6.59	4.42	.67	.03	.89
Mindfulness Facets					
Observing	24.25	4.88	-.14	.01	.78
Describing	26.23	5.34	.33	.05	.90
Acting with Awareness	26.62	5.42	.15	-.06	.89
Non-judging	26.71	5.81	-.02	.23	.88
Nonreactivity	19.97	3.45	-.25	.95	.66
Self-compassion					
Kindness	14.84	3.42	.11	.46	.83
Judgement	14.19	3.97	.11	-.13	.85
Common Humanity	12.94	3.13	-.03	-.19	.81
Isolation	10.59	3.32	.14	-.21	.80
Mindfulness	12.47	2.79	.02	-.03	.77
Over-identification	11.52	3.01	.07	-.24	.74
Total	81.85	15.45	.07	.19	.70

### Exploratory Factor Analysis

We conducted an EFA, with Principal Components and with oblimin rotation, to explore whether the items of the CSIGS would load on the intended factors (CG e SI).

According to the rule eigenvalue > 1, 3 factors were initially extracted, explaining 55% of the total variance. The KMO was .843 and Bartlett's Test of Sphericity was significant. However, the analysis of the items' loadings on the three factors extracted led us to conclude that a three-factor structure wasn't appropriate (i.e., it didn't reflect the theoretical model and there were several cross-loadings). Also, the examination of the initial Scree Plot suggested a two-factor structure.

Thus, we specified the extraction of a two-factor solution. These two factors explained 47% of the variance, and were similar to the original factors, with few exceptions. Specifically, one compassionate goals' item ("Avoid doing things that aren't helpful to me or others") loaded more on the self-image goals factor (.64), and two compassionate goals' items (items

4 and 10) loaded on both factors, although higher on the intended factor. All items loaded highly on the factors ( $\geq .45$ ). The correlation between compassionate and self-image goals was .32.

We then conducted another EFA, excluding items 1, 4 and 10. Deleting these items resulted in a clearer factor structure, comparable to the original scale. This solution explained 51% of the total variance. The KMO was .798 and Bartlett's Test of Sphericity was significant. All items presented high factor loadings ( $> .55$ ) on the intended factors. The correlation between compassionate and self-image goals was .27. All items' standardized loadings and communalities regarding the initial and final solutions are presented in Table 2.

Table 2  
Summary of Factor Loadings and Communalities of the Compassionate and Self-Image Goals Scale (CSIGS)

Item	Initial Solution			Final Solution		
	1	2	h <sup>2</sup>	1	2	h <sup>2</sup>
2. avoid the possibility of being wrong	.75		.55	.71		.51
7. avoid taking risks or making mistakes	.73		.53	.74		.54
6. avoid being rejected by others	.68		.47	.71		.50
9. avoid showing your weaknesses	.65		.39	.68		.45
1. avoid doing things that aren't helpful to me or others	.64		.43	-	-	-
2. get others to recognize or acknowledge your positive qualities	.59		.41	.61		.45
13. convince others that you are right	.57		.31	.57		.32
11. be supportive of others		.85	.66		.87	.72
12. make a positive difference in someone else's life		.75	.54		.78	.61
5. have compassion for others' mistakes and weaknesses		.73	.51		.71	.50
8. be constructive in your comments to others		.65	.47		.65	.48
10. avoid doing anything that would be harmful to others	.32	.51	.47	-	-	-



4. avoid being selfish or self-centered

.31 .45 .39 - - -

Note. 1 - Self-Image Goals; 2 -Compassionate Goals;  $h^2$  = communalities; Items 1, 4 and 10 were eliminated from the initial solution to the final solution

### Confirmatory Factor Analysis

Next, we conducted a Confirmatory Factor Analysis to test whether the two-factor solution obtained with 10 items would fit a different sample from the Portuguese population.

We specified a model in which the six self-image goals 'items loaded on the Self-image Goals factor only, and the four compassionate goals items loaded on the Compassionate Goals factor only (Figure 1).

Model fit indices indicated that, in general, the two-factor model showed good fit to the data,  $\chi^2/df = 3.013$ ,  $p < .001$ ; TLI = .87; CFI = .90; RMSEA = .081;  $p = .003$ .

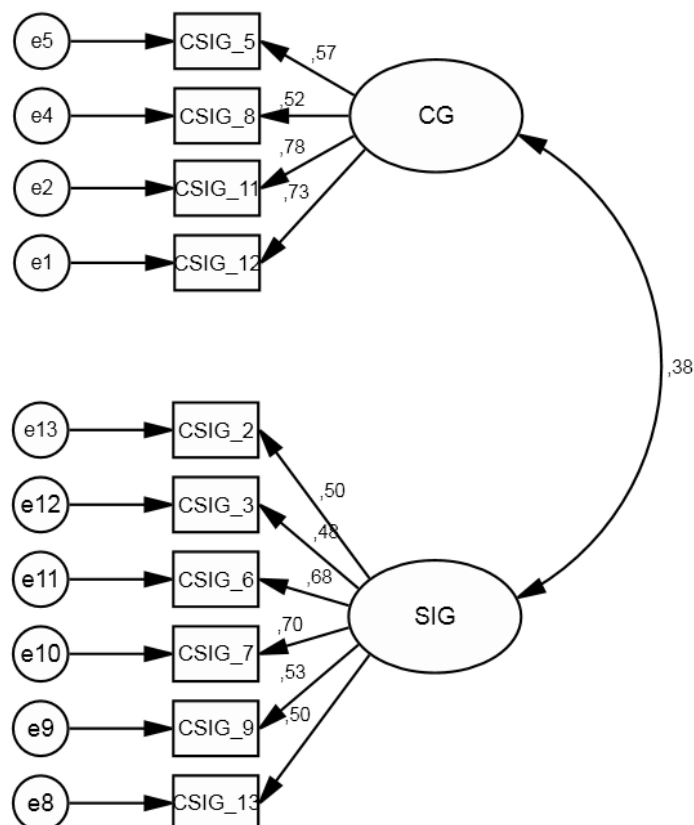


Figure 1. Standardized factor loadings of the 10 individual items of the Compassionate and Self-Image Goals Scale on the respective factor, and correlation between the latent variables. Rectangles represent the observed variables (scale's

items) and ellipses represent the latent variables (CG = Compassionate Goals and SIG = Self-Image Goals). Error terms are represented by circles.  $\chi^2/df = 3.013$ ,  $p < .001$ ; TLI = .87; CFI = .90; RMSEA = .081;  $p = .003$ .

### Scale's reliability and validity.

Items' standardized loadings ( $\lambda$ ) ranged from .48 to .78. The AVE was .55 for Compassionate Goals and .43 for Self-Image Goals (this was close to the cutoff point of .50). Discriminant validity was assessed through the comparison between the AVE and the square correlation between the factors ( $r^2 = .14$ ). These results indicate a good discriminant validity between Compassionate Goals and Self-Image Goals.

The composite reliability was very good ( $> .70$ ), with .74 for Compassionate Goals, and .84 for Self-Image Goals. Internal consistency assessed through Cronbach's alpha was .74 for Compassionate Goals and .76 for Self-Image Goals. Item's properties (means, standard deviations, correlation coefficients with total scale and Cronbach's Alpha if item deleted) are presented on Table 3.

Table 3

*Means, standard deviations, correlation coefficients with total scale and Cronbach's Alpha ( $\alpha$ ) if item deleted for CSIGS Items (N = 285)*

	<i>M</i>	<i>SD</i>	Corrected item- total correlation	$\alpha$ if item deleted
Item 2	2.99	1.11	.51	.74
Item 3	3.06	.98	.52	.74
Item 5	3.87	.82	.34	.76
Item 6	2.76	1.19	.51	.74
Item 7	3.20	1.03	.51	.74
Item 8	3.72	.76	.40	.75
Item 9	3.01	1.07	.44	.75
Item 11	4.13	.67	.35	.76
Item 12	3.90	.82	.40	.75
Item 13	2.80	.97	.36	.76

### *Convergent Validity*

Convergent validity was assessed by computing Pearson correlations between CSIGS and self-report measures that evaluate theoretically related constructs. Overall, the pattern of correlations found was as expected and suggested that CSIGS has good convergent validity (Table 4). Specifically, higher levels of Self-Image goals were associated with more psychological entitlement, social anxiety, feelings of shame, fear of compassion (from others, for others and for the self), stress, judgment and isolation and less social connectedness, non-judging, kindness and common humanity.

In contrast, Compassionate Goals were positively associated with social connectedness, describing, kindness, common humanity and mindfulness and negatively with anxiety, social avoidance, feelings of shame, fear of compassion for the self.

Table 4

*Pearson Product-moment Correlations Between Self-Image and Compassionate Goals and the other Variables in Study*

	Self-Image Goals	Compassionate Goals
Self-Image Goals	1	.29**
Compassionate Goals	.29**	1
Social Connectedness	-.14*	.25**
Psychological Entitlement	.16**	.03
Social Anxiety	.14*	-.10
Social Avoidance	.13*	-.19**
External Shame	.16**	-.12**
Fears of Compassion		
for others	.25**	-.07
from others	.26**	-.12*
for the Self	.21**	-.19**
Depression	.20**	-.11
Anxiety	.19**	-.17**
Stress	.25**	-.12*
Mindfulness Facets		
Observing	.05	.09
Describing	-.15*	.17**
Acting with Awareness	-.15*	.12*
Non-judging	-.32**	.04
Nonreactivity	-.09	.14*
Self-compassion		
Kindness	-.19**	.17**

Judgement	.31**	-.05
Common Humanity	-.17**	.22**
Isolation	.26**	-.11
Mindfulness	-.15*	.17**
Over-identification	.19**	-.03
Total	-.26**	.16**

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*Note.* \*\*the correlation is significant at the 0.01 level

\*the correlation is significant at the 0.05 level

### Discussion

The presence of self-image and compassionate goals can shape the way people interact with others, predicting more or less mental health, well-being and distress, according to the individual's own characteristics, the surrounding environment and life experiences.

The purpose of this study was to test whether the self-image and compassionate goals exist as separate factors and how they may be differently related to a set of constructs theoretically related.

In a general manner, the Exploratory Factor Analysis allowed us to determine that the two-factor structure proposed by the original authors was replicated almost completely in this study. This two-factor structure explained 51% of the total variance. However, 3 compassionate goals' items revealed problematic. Specifically, one compassionate goals' item (item 1) loaded on the unintended factor and two compassionate goals' items (items 4 and 10) loaded on both factors, and thus all three items were removed from the scale. Item 1 ("Avoid things that aren't helpful to me or others") loaded more on the self-image goals rather than in the compassionate goals factor, which might be caused by a misinterpretation of the content of the item by the participants. In fact, it could be that participants may have responded to the first part of the sentence (avoidance doing things that aren't helpful to me), which seems to reflect more self-image goals, than to the last part, which reflects more compassionate goals. This finding is in accordance with the results found by Niiya, Crocker, & Mischkowski (2014) in a sample of Japanese students. Also, items 4 ("Avoid being selfish or self-centered") and 10 ("Avoid doing anything that would be harmful to others"), loaded significantly on both factors. We can speculate that this can be due to culture influences, given that one is taught from early childhood that being unselfish, altruistic, generous and respectful of others are desirable qualities.

Thus, people can avoid being self-centered and cause harm to others in order to create and maintain a positive and desirable image of the self in the eyes of others, and not so much because one truly cares about the welfare of others.

Next, we conducted a Confirmatory Factor Analysis, to assess if the two-factor solution obtained with 10 items would fit a different sample from the Portuguese population. We specified a model in which the six self-image goals' items loaded on the Self-image Goals factor only, and the four compassionate goals' items loaded on the Compassionate Goals factor only.

The model fit indices indicated that the two-factor model showed good fit to the data. In a previous study, Niiya, Crocker, & Mischkowski (2014) also specified a two-factor model, but the results in our study proved to be a better fit.

In our study, the correlation between the factors was .38. Positive correlations between the two goals were also found in previous studies (Crocker & Canevello, 2008; Niiya, Crocker, & Mischkowski, 2014) which suggest that the compassionate and self-image goals are not mutually exclusive; One can have both or only one, depending on the environment and life experiences. Also, people can change their goals, as they are conceived as psychological states that can fluctuate over time; consequently as people's goals change, their relationship behaviors should change too.

We thus confirmed our hypothesis that compassionate and self-image goals exist as separate and independent factors and can be reliably distinguished from each other, which was reinforced by the discriminant validity.

The scale also showed convergent validity with other constructs that we hypothesized would be associated with having compassionate and self-image goals. In general, the pattern of correlations found supports convergent validity of the measure. Specifically, Compassionate Goals were positively associated with social connectedness, describing, kindness, common humanity and mindfulness and negatively with anxiety, social avoidance, feelings of shame, and fear of compassion for the self; by contrast Self-Image Goals were positively associated with psychological entitlement, shame, all three fears of compassion, depression, anxiety, stress, judgement, isolation and over-identification, and negatively with social

connectedness, non-judging, kindness and common humanity.

We supposed that those with self-image goals would most likely feel more entitled (feel that they deserve more than others). In fact, people with self-image goals mainly focus on their own needs and desires than on others', while wanting others to identify and acknowledge their enviable traits in order to obtain what they want (Crocker & Canevello, 2008). According to Crocker, Olivier and Nuer (2009), the role of creating, sustaining, and protecting desired self-images grow into a resource to fulfill their needs by showing others what they are worth. Consistent with our hypothesis, psychological entitlement appears to be positively associated with self-image goals, as was also found in previous studies (Moeller, Crocker & Bushman, 2009). It appears that people with higher levels of entitlement adopt self-image goals in order to create and inflate desired images of the self (Moeller, Crocker & Bushman, 2009), which can ultimately damage relationships with others, as they tend to have zero-sum beliefs (Crocker, Olivier & Nuer, 2009). Narcissism, specifically entitlement, is counter-productive (Morf & Rhodewalt, 2001); people adopt self-image goals (i.e. flaunting) to be admired by others; however, such strategies come across negatively for being shallow (Crocker & Canevello, 2008; Feeney & Collins, 2001, 2003; Schlenker & Leary, 1982; Turan & Horowitz, 2007) and, in the end, fail. Crocker and Canevello (2008) also found similar results, specifically a significant negative correlation between entitlement and compassionate goals.

It was also expected that both shame and all three types of fears of compassion (for others, from others, for the self) would be positively correlated with self-image goals, and negatively correlated with compassionate goals.

External shame refers to what is known as stigma consciousness and awareness (Pinel, 1999). These are appraisals fixated on those aspects we consider others would cast-off if they became public; in other words, external shame refers to how one thinks others see the self (Allan *et al.*, 1994; Goss *et al.*, 1994). Consequently, we suggest that people may indulge in self-image goals as a way to contradict this tendency. Following this guideline when trying to look desirable to others (self-image goals), one do not wish to appear weak. The attachment literature suggests that avoidant

personalities understand support seeking as a weakness and may identify grieving others with disdain (Collins & Read, 1994; Feeney & Collins, 2001; Mikulincer, Shaver, Gillath, & Nitzberg, 2005). By allowing others and the self to be compassionate towards the self, and the self to be compassionate towards others, individuals with high fears of compassion may fear they look dependable and vulnerable to the eyes of others and, thus, an easy target. These individuals may then avoid receiving and giving support to others which, ultimately, may lead to isolation (Depue & Morrone-Strupinsky, 2005; Gilbert, 2000, 2007, 2009, 2010a; Mikulincer & Shaver, 2007).

Regarding self-compassion and based on our results, it was also found a positive association between compassionate goals and self-compassion, and a negative association between self-image goals and self-compassion, as would be expected. According to Neff (2003), self-compassion comprises being sensitive and open to one's own anguish, not avoiding neither disconnecting from it, creating the yearning to lighten one's suffering and to restore oneself with humanity. It also includes present broad-minded understanding to one's agony, weaknesses and failures, so that one's experience is seen as part of the larger human experience. Because of its non-judgmental and unified nature, it should also frustrate propensities towards narcissism, self-centeredness, and diminish social comparison which has been linked with efforts to sustain self-esteem. Thus, in order to be compassionate to others, one first must be compassionate to the self so it can achieve the wisdom to help others in need. However, by adopting self-image goals it lessens the ability to be self-compassionate and to forgive one's flaws or mistakes since it might damage the way others see the self. Similar correlations were found in Crocker and Canevello (2008) investigation.

As for mindfulness, we found a negative association with self-image goals and a positive association with compassionate goals. Mindfulness is defined by Jon Kabat-Zinn (1994) as "paying attention in a particular way: on purpose, in the present moment, and non-judgmentally". We found evidence that the non-judging facet of mindfulness is negatively associated with self-image goals, which comprises a tendency to look good in ones' and others' eyes. Solely by trying to astound others, the self is making an effort to suppress the not-so-desirable qualities, thus judging. People often

mistaken the self with the self-image and subsequently understand and react to threats to their sought after images as if their safety or endurance was in jeopardy (Crocker, Olivier & Nuer, 2009). By putting thoughts and feelings into context, one is less likely to react poorly to automatic evaluations regarding others or the self (Atkins & Parker, 2012). When self-image goals are present, there's almost a creation of an identity, which ultimately is a concept. Mindfulness is associated with disbanding concepts, by seeing thoughts and feelings in context, and being in contact with the present moment (Atkins & Parker, 2012), which makes it the opposite of self-image goals' aim, which is focused on the future. On the contrary, by being intentionally in contact with the present moment, it allows one to embody the true self, allowing people to be more aware of others as they are directing their attention to the surrounding, and less focused on the self, which is consistent with the presence of compassionate goals.

Humans are social creatures, who need to engage in relationships with others in order to be well, both physical and mentally (Bowlby, 1969; Deci & Ryan, 2000; Moslow, 1968), revealing the need to belong and to feel cared for (Baumeister & Leary, 1995). In the present study, we found that feelings of connectedness are strongly positively associated with compassionate goals and negatively with self-image goals. By being compassionate with others and truly caring about their needs and well-being, one ends up, even if unconsciously, feeling closer and bonding with them. Thus, the more one as compassionate goals towards people, the more connected one feels. Consequently, when self-image goals are present, one is not truly concerned with the well-being of others, approaching others as a mean to an end, not creating the special bond that is connectedness. Interestingly, in Crocker and Canevello (2008) study, they found that social connectedness is positively correlated with both compassionate and self-image goals.

Consistent with the literature, we found that both social anxiety and social avoidance are negatively correlated with compassionate goals and positively with self-image goals. People who adopt self-image goals evaluate and judge others and themselves, and in return expect evaluation and judgment from others as well. Also, they are worried about the impressions others create of them, which in turn leads to self-consciousness and social



anxiety (Crocker, Olivier & Nuer, 2009). Contrary, when adopting compassionate goals (focused on others' needs and wants), the less anxious they feel, because one is not paying attention to the self, lessening the need to avoid certain social situations. DSM-V supports this statement in its very definition of social anxiety disorder – “marked or intense fear or anxiety of social situation in which the individual may be scrutinized by others (...) the individual fears that he or she will be negatively evaluated” – because one's not paying attention, one doesn't feel being talked about behind one's back. Accordingly, in Crocker and Canevello's (2008) study, social anxiety was positively associated with both goals, even though only significantly with self-image goals.

Finally, we hypothesized that Compassionate and Self-Image Goals might be associated with Anxiety, Depression and Stress. Self-image goals appear to be positively associated with all three of these constructs. We suggest that this association exists on the account that when trying to display one's best features, one is never satisfied with the result; plus, it may not be recognized by others, thus leading to depression, anxiety and stress. As said earlier, Self-Image Goals may have a role in psychological distress; their emotional costs extend to symptoms of psychological disorders, specifically anxiety and depression (Crocker, Breines, & Flynn, 2007). Crocker et al. (2010), found that chronic self-image goals did, in fact, increase anxiety and depression; especially when one is not sure that others are perceiving the correct image of the self (Crocker, 2011); plus, by not attending with honest interest in others' needs, their own needs are not met by others, decreasing the relationship value and leading to psychological distress (Crocker & Canevello, 2008).

Interestingly, in our study stress has the highest correlation (.25), which can indicate that as individuals make an effort to appear desirable to others they become hypervigilant of the self, always self-monitoring their emotions and actions, which ultimately leads to constant high levels of stress.

In a general manner, we found only moderate correlations with other measures used in our study; moderate correlations were also found in previous studies (Crocker, 2008).

Although our study presents some promising results, there are some limitations that should be considered. The sample in our study (EFA) is biased, because it's consisted by mostly women ( $n = 241$ ) and only a few man ( $n = 50$ ); also, it's a student only population. Thus, it is unclear whether our results can be generalized to other populations. We cannot be sure on how self-image and compassionate goals act in older populations, and in different contexts (i.e. employed populations, clinical populations, ...). Further research should be done in order to achieve solid conclusions on this matter.

Since it's a cross-sectional study, we are not able to establish causal relationships between the constructs, only experimental and longitudinal research can establish relations of causality.

Because we found some problems with 3 items and had to eliminate them to better fit our data, we advise that further research should be done, to assess whether these items are problematic as well in other samples. If so, they ought to be replaced or modified to avoid such issues. In addition, new ways to assess compassionate and self-image goals should be created (other than self-report questionnaires) in order to achieve better correlations with associated constructs.

According to our results, the presence of compassionate goals appears to be related with positive traits, which can be beneficial to people's well-being and mental health; on the contrary, self-image goals appear to be associated with less mental health and well-being. Abelson et al. conducted a clinical trial in which the participants were directed into a stressful situation, specifically a social evaluation (Trier Social Stress Test -TSST) in order to activate the hypothalamic pituitary adrenal (HPA) axis. Authors examined the impact of an intervention based on stress-reducing effects of compassionate goals (Crocker & Canevello, 2012; Davidson & McEwen, 2012; Konrath & Brown, 2012). Authors arranged to change participants from the competitive and self-enhancing orientation normally stimulated by the TSST to pro-social orientation, focused on others. The results indicate that a compassionate goals' intervention significantly diminished stress hormone reactions to the TSST. This intervention was based on proof that when pursuing compassionate goals on a daily basis, higher connectedness and perception of social support and diminished competitiveness are

reported (Crocker & Canevello, 2008) it can moderate HPA axis activity. Focusing on others appear to have psychological significance in the context of social evaluative menace, and can moderate HPA axis activity, specifically, inhibit it (Heinrichs et al., 2003; Kirschbaum et al., 1995; Levine, 2000; Rosal et al., 2004; Turner-Cobb et al., 2000). It “may involve direct inhibitory input from prefrontal brain areas that process social information. It could also involve an hypothesized «caregiving system» that facilitates social bonding and dampens HPA axis reactivity” (Abelson et al., 2014, p. 67).

These effects appear to be truly promising and further studies should be done to study the effectiveness of interventions comprising the development of compassionate goals to our health.

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