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Dialogues between Distanced and Suffering I-Positions: Emotional Consequences and Self-Compassion

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ABSTRACT

The aim of the study was to investigate the role of temporal dialogues and self-compassion in coping with emotions connected to difficult past situations. In this study, we used the dialogical chair procedure, where we asked participants to narrate a difficult, past negative experience by moving from "here and now" to that time and place (Suffering-I/past-I), and to narrate the same past event from a current perspective (Distanced-I/current-I). Additionally, fifty seven participants completed three measures: The Positive and Negative Affect Schedule (PANAS); the Self-Compassion Scale (SCS); and the rating scales for functions of dialogue (criticism, support, instruction, and evaluation). The study showed that self-compassion predicts lower negative affect after an internal dialogue about difficult past events, but this effect is not mediated by functions of dialogue. On the other hand, dialogue functions are associated with higher levels of positive affect after dialogue, while self-compassion does not appear to be significant here.

Introduction

Suffering is one of the most common experiences in human existence. When something horrible happens, people tend to feel sadness, despair, or sorrow, and suffer with the strong belief that this moment is never ending. There are at least three variables that contribute to alleviating unpleasant feelings: passing of time, acquiring more life experiences and distancing that is the ability to step back and reflect on the situation without immediate action (Kross & Ayduk, 2017).

Creating distance is one of the main functions of temporal dialogues (Łysiak & Oleś, 2017; Łysiak & Puchalska-Wasyl, 2019) which are one type of internal dialogues theorized by Hermans. His dialogical self theory (Hermans, 2003, p. 90) conceptualizes the self "*in terms of dynamic multiplicity of voiced positions in the landscape of mind intertwined as this mind is with minds of other people.*" In open dialogical space and time, autonomous I-positions interact with each other, reflecting the different roles a person can play (e.g., *I as a child, I as a mother, I as a teacher*) in different times and places. A situation where the internal dialogue concerns the exchange of views

between voices representing two different and distant-in-time points of view, we define as temporal dialogues (Łysiak & Puchalska-Wasyl, 2019). In temporal dialogue, different time perspectives imply different views and emotions as a reaction to a given situation. As a result, temporal dialogues can perform several important functions, namely: creating distance, redefining the past, giving advice, and acquiring wisdom (Łysiak & Oleś, 2017; Łysiak & Puchalska-Wasyl, 2019).

Taking different temporal positions also allows people to reward or punish themselves, motivate themselves to work toward goals, regulate their social interactions, and manage their thoughts and emotions (Sobol-Kwapińska & Oleś, 2010). However, the emotional states, as a consequence of conducting an internal dialogue, can be not only positive but also negative (Oleś et al., 2010). On the one hand the dialogue between temporal I-positions triggers emotions depending on the discussed difficult situation, and on the other hand, in the messages, one voice directs to the other. Sometimes we can criticize ourselves, support ourselves, or give ourselves advice for life. For example, while an individual fails, he or she often reflects on what happened and how it happened. When we try to analyze the situation from different points of view, different voices often appear in our minds. Sometimes the internal critical perspective emerges with a punitive voice: "How could you do that?" "What is wrong with you?" "You should be ashamed." Alternatively, the supportive and helpful voices might reply: "You had the right to make a mistake. Nothing happened." These examples of internal voices seem to be a common experience for most people.

Brinthaupt et al. (2009) propose four functions performed by self-talk: self-criticism, self-reinforcement, self-management, and social assessment. Self-criticism includes feeling discouraged about oneself and criticizing oneself for something said or done; self-reinforcement concerns feeling proud of something done and when something good has happened; self-management is giving oneself instructions or directions about what to do or say; and social assessment is wanting to replay something said to another person and imagining how other people respond to the things one said. We assumed that these functions refer also to the messages that one I-position sends to the other during their internal dialogue. In the present study, we called these functions, respectively: Criticism (self-criticism), Support (self-reinforcement), Instruction (self-management), and Evaluation (social assessment). In our opinion, the function of the message sent by one I-position to another may be related to the individual's capacity for self-compassion during the internal dialogue concerning a difficult situation.

Kristin Neff (2003, p. 224) conceptualized *self-compassion* as "*being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience.*" Being self-compassionate involves being aware of internal suffering and realizing its universality, with tolerance of the unpleasant feelings of the suffering, along with having the motivation to relieve it (Ondrejková et al., 2020; Strauss et al., 2016). The previous research confirmed that self-compassion predicts many indicators of well-being (Zessin et al., 2015), dealing positively with conflicts (Wong & Yeung, 2017) and failures (Neff et al., 2005), and preventing depression (Neff et al., 2007).

Our research is focused on temporal dialogues understood as the situation when the individual's past negative experience is told from two temporal perspectives: past

and current ones. Because the difficult situation happened some time ago, the emotions are rather "cold" and the person is distanced while telling the story from the current perspective. Therefore, we call this I-position Distanced-I. In turn, the I-position situated in the past by being closer to the experience is more emotional and is called Suffering-I. The aim of our study is to determine how self-compassion and the functions of messages from Distanced-I (Criticism, Support, Instruction, and Evaluation) influence emotional state after a temporal dialogue about a difficult past situation. In this context, we pose two hypotheses. Since Brinthaupt (2019) found that experiencing positive emotions is strongly related to the frequency of self-reinforcing (and possibly self-managing) self-talk, we hypothesize:

> H1a. In dialogue between Distanced-I and Suffering-I, supportive and instructive messages from Distanced-I predict positive emotional states.

It is also known that negative emotions and states such as negative self-evaluation, self-criticism, self-blame, and guilt decrease with a higher level of self-compassion (Hiraoka et al., 2015; Lee et al., 2001). Additionally, a self-compassionate stance is associated with less shame (Woods & Proeve, 2014). Johnson and O'Brien (2013) asked student participants to recall an experience of shame before completing a writing task. Participants who wrote about the experience from a self-compassionate perspective experienced less shame and negative affect afterwards. Thus, we also hypothesize:

> H1b. In dialogue between Distanced-I and Suffering-I, self-compassion predicts lower negative emotional states.

Results by Gilbert et al. (2011) showed that some individuals, particularly those high in self-criticism, can find self-compassion challenging and even can be fearful of it. Self-criticism has been identified as a trans-diagnostic process related to a variety of negative clinical outcomes (Shahar et al., 2012). Brinthaupt (2019) found that experiencing negative emotions is most strongly associated with the frequency of self-critical self-talk. Taking these findings into account, we pose the second hypothesis:

> H2. Critical and evaluative dialogue messages mediate the relationship between self-compassion and a negative affective state after dialogue. In other words, we expect that self-compassion reduces the likelihood of critical and evaluative dialogues, which translates into a lower level of negative emotions after the dialogue is completed.

Method

Participants

The sample comprised 57 adults (M_{age} = 22.72, SD = 2.3) with 53% women. Participants were mainly recruited through advertisements posted on social media and communications addressed to university students. The study lasted from 30 to 60 minutes. It was conducted at the university in a room with the two chairs needed for the procedure (see further) and a desk at which the researcher sat. Participants were tested individually – during the session one researcher and one participant were present. The information given to participants was as follows: "This is a study on how people tell stories from different time perspectives. The procedure consists of two parts – an

experimental part that will be recorded using a voice recorder and a questionnaire part." They were also instructed about the remuneration (approx. €10). All procedures performed in the study complied with ethical standards approved by the ethics committee at the authors' university.

Measures

The Positive and Negative Affect Schedule (PANAS)

To measure positive and negative affect, the Positive and Negative Affect Schedule (PANAS; Watson et al., 1988) was used in its two versions. One version measures affect as a state and another measures affect as a trait. Each version is a list of 20 adjectives reflecting 10 positive (e.g., excited, active) and 10 negative affects (e.g., afraid, ashamed). The lists are slightly different. Taking subsequent affects into account, respondents indicated to what extent they feel them at the moment (version measuring affect as a state) or usually (version measuring affect as a trait). To do so, they used a 5-point scale (1 = *only slightly or not at all*, 5 = *extremely*). In each version, the intensity of positive and negative affect is calculated separately. We used the PANAS scale three times: before and after the dialogue (state) and at the end of the procedure (trait). The positive and negative affect schedule showed satisfactory reliability, with Cronbach's α respectively, .86 and .87.

Self-Compassion Scale (SCS-SF)

The general level of self-compassion was measured by the short version of the Self-Compassion Scale (SCS-SF) by Neff (2003). It consists of 12 items (e.g., "When I fail at something that's important to me, I tend to feel alone in my failure") with a near perfect correlation with the long scale when examining total scores (Raes et al., 2011). Participants rated each item on a 5-point frequency scale (1 = *almost never,* 5 = *almost always*). The global SCS-SF score had satisfactory internal consistency (α = .81).

Rating scales for functions of dialogue messages

In order to capture the function of messages sent by Distanced-I to Suffering-I, we used four rating scales inspired by the Self-Talk Scale (STS; Brinthaupt et al., 2009). Using a 5-point scale (1 = *very little or not at all,* 5 = *very much*), the participants rated each function: "How your current-I wanted to (1) criticize/(2) support/(3) instruct/(4) evaluate your past-I."

Procedure

The procedure combined qualitative (the dialogical chair procedure) and quantitative (scales) methods. With the written consent of the participant, the dialogical part of the study was recorded. The steps of the procedure were as follows:

1. Completing the PANAS for the first time to measure affect as a state (treated as baseline – a control condition). Participants were instructed to rate how they were feeling currently.

2. Next, two chairs were placed in front of the participants: the left symbolizing the past-I and the right the current-I. Sitting on the chair of the past, the participant was asked to take the past perspective and recall and describe a specific experience that was difficult, marked with negative emotions. These stories concerned both situations such as failing an exam or a quarrel with a partner, as well as traumatic experiences such as abandonment or the death of a parent. The participants' narratives lasted approximately from 1 to 3 minutes. The researcher did not ask any follow-up or prompting questions. It was important to embed in this experience as much as possible not only in space but also in language. Therefore, the participant was asked to use present forms: "I am," "I am doing," "I am saying," etc., as if they were describing a situation they are currently experiencing. We called this perspective "Suffering-I." Next, the participant was asked to change a chair.

3. Sitting on the "current-I" chair, the participants were asked to describe the same negative, difficult past experience but from a current perspective. They were asked to tell the story as it is recalled in their mind now. Therefore, the participants were asked to use the past tense: "I was," "I was doing," "I was saying," etc. We called this perspective "Distanced-I." The conditions of the study were counterbalanced, with 50% of the participants asked to sit first in a chair representing the past, and 50% starting with a chair representing the present. There were no differences in the main measures based on the chair order.

4. After the story was told from both perspectives, the participants were asked to sit on the chair of Distanced-I. From this perspective, the participant listened to the recorded narrative told by Suffering-I and instructed to pay attention to the feelings that emerged while listening.

5. In the next step, the participant was asked to formulate a message from Distanced-I to past Suffering-I. The instruction was: "After listening the narrative, try to say something from the current Distanced-I position to your Suffering-I". Then, he/she changed chair, so as to take the past perspective of Suffering-I and respond to Distanced-I. The instruction was: "What would your Suffering-I respond to the message from Distanced-I?"

6. After such a dialogical exchange, the emotions as a state were measured using the PANAS (the second measurement). As in the first step, participants were instructed to rate how they were feeling currently.

7. At the end of the whole procedure, the PANAS was completed a third time to measure affect as a trait. Respondents were instructed to rate how they usually feel. They also filled out the Self-Compassion Scale and estimated the function of dialogue messages on four scales.

Results

To test our hypotheses we conducted correlation analysis, mixed effects modeling, and mediation analysis. We also explored the data to find effects we did not postulate explicitly. All analyses were performed using R program with psych (Revelle, 2021), lme4 (Bates et al., 2015), and process (Hayes, 2013) packages.

Descriptive statistics and correlations between variables

Table 1 presents descriptive statistics and correlations between self-compassion, positive and negative affect (measured both as a state after the dialogue and as a trait), as well as four functions of dialogue messages sent by the Distanced-I to the Suffering-I.

Correlations suggest a moderate relationship between negative affect – as a state and trait – and self-compassion: the higher the self-compassion disposition, the lower the level of negative emotions, both in everyday life (trait) and after the dialogue between the two I-positions. We did not observe any significant correlations between negative affective state and functions of dialogue messages. We also did not find significant correlations between self-compassion and positive affect. However, significant relationships were observed between the positive affect after the dialogue (state) and supportive, instructive, and evaluative dialogue messages. Moreover, supportive and instructive messages correlated with positive affect understood as a trait. Positive correlations were also found between supportive and instructive messages as well as between evaluative and instructive and critical messages. Self-compassion was not related to any of the functions of dialogue messages.

Regression analyses

We hypothesized (H1a) that in the dialogue between Distanced-I and Suffering-I, supportive and instructive messages from Distanced-I predict positive emotional states. To test H1a, a hierarchical regression analysis was conducted (Table 2). In the first step, we included only the positive affect trait that explained 17% of the variance of positive affect understood as a state and measured after the dialogue. After including four messages' functions in the second step, this effect decreased and was nonsignificant. Including dialogue messages functions explained an additional 19% of variance of positive affect after the dialogue. However, only instructive messages were an independent and significant predictor of positive affective state. Thus, H1a was confirmed partially.

Self-compassion was hypothesized to improve coping with personally difficult situations, such as a failure or a social rejection. However, it seems to matter less in neutral or positive situations. Therefore, hypothesis 1b predicted that in the dialogue

Table 1. Descriptive statistics and correlations between variables.

	1	2	3	4	5	6	7	8	9
1. Positive Affect_State									
2.Negative Affect_State	-.47***								
3. Negative Affect_Trait	-.13	.33*							
4. Positive Affect_Trait	.43***	.04	-.20						
5.Self-compassion	.22	-.41**	-.63***	.16					
6.Support	.35**	-.06	-.03	.30*	.07				
7.Criticism	.13	.23	.20	-.07	-.15	-.15			
8.Instruction	.55***	-.14	.03	.38**	.02	.40**	.23		
9.Evaluation	.40**	.03	.001	0.19	-.04	.22	.30*	.30*	
M	3.11	1.88	2.32	3.41	2.75	4.05	2.40	3.95	2.16
SD	0.92	0.81	0.72	0.63	0.68	1.08	1.25	1.09	1.26

Note. Affect states are measured after a dialogue.
*$p < .05$.
**$p < .01$.
***$p < .001$.

Table 2. Results of hierarchical regression of positive affect after the dialogue on positive affect trait and functions of dialogue messages.

Predictors	B	SE	Beta	CI	p
Step 1			$R^2_{adjusted}$ = .17		
(Intercept)	1.00	0.62	0.00	−0.24 − 0.24	0.109
Positive Affect_Trait	0.62	0.18	0.43	0.18 − 0.68	0.001
Step 2			$R^2_{adjusted}$ = .36, ΔR^2 = .19, p < .002		
(Intercept)	0.17	0.64	−0.00	−0.21 − 0.21	0.796
Positive Affect_Trait	0.32	0.17	0.22	−0.02 − 0.47	0.068
Support	0.08	0.11	0.09	−0.16 − 0.34	0.472
Criticism	0.00	0.09	0.01	−0.24 − 0.25	0.967
Instruction	0.30	0.11	0.36	0.09 − 0.63	0.009
Evaluation	0.16	0.09	0.23	−0.01 − 0.47	0.064

between Distanced-I and Suffering-I, self-compassion will be associated with lower negative emotional states (measured after the dialogue). At the same time, self-compassion was not expected to predict a negative affect state at the control condition (baseline; the first step of the procedure). To test H1b, we specified a mixed-effects model with three main effects of (1) self-compassion (a predictor), (2) condition (a moderator with two levels: baseline vs dialogue), (3) negative affect trait (a covariant), and the interaction effect between self-compassion and condition. The negative affective state was a within-person dependent variable. We allowed the intercept in the model to vary between persons. The multilevel regression equations were as follows:

$$\text{negative affect state} = B_0 + B_1 * \text{self-compassion} + B_2 * \text{condition} + B_3 * \text{negative affect trait} +$$
$$B_4 * \text{self-compassion} * \text{condition} + e_{residual}$$
$$B_0 = \gamma_0 + \mu$$

where, γ_0 is a subject mean and μ is a within subject variance.

Table 3 presents the results of the analysis. Fixed effects explained 27% of negative emotion state variance. Residual variance of negative affective state ($e_{residual}$ = 0.24) was twice as large as between subjects variance (μ = 0.11), and the intraclass correlation (ICC = 0.31) suggests moderate within-person dependence of observations.

We found a significant interaction effect between self-compassion and condition. Analysis of simple effects in each of the conditions indicates that self-compassion significantly predicted negative affect measured after the dialogue between Distanced-I and Suffering -I, but not at the baseline condition ($B = -0.06$, $SE = 0.14$, $p = .64$; see

Table 3. Results of mixed-effects model with negative affect after the dialogue as a dependent variable.

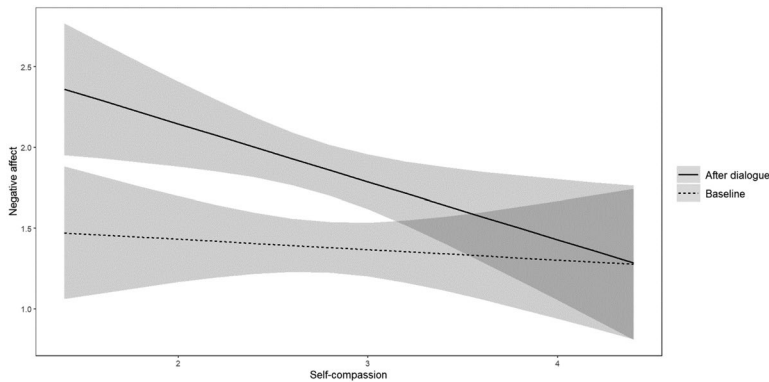| Predictors	Negative Affect after Dialogue				
	B	SE	Beta	95% CI	p
(Intercept)	2.46	0.58	0.35	0.12 − 0.58	0.003
Self-compassion	−0.36	0.14	−0.36	−0.64 − -0.09	0.010
Condition (baseline vs dialogue)	−1.30	0.39	−0.71	−0.98 − −0.44	<0.001
Negative Affect_Trait	0.17	0.12	0.18	−0.06 − 0.42	0.133
Self-compassion * Condition	0.29	0.14	0.30	0.03 − 0.57	0.031

Figure 1. Negative affect as a function of interaction between condition (baseline vs dialogue) and self-compassion.

Table 4. Results of mixed-effects model with positive affect after the dialogue as dependent variable.

Predictors	Positive Affect after Dialogue				
(Intercept)	0.48	0.48	−0.14	−0.36 – 0.08	0.218
Self-compassion	0.21	0.13	0.18	−0.04 – 0.40	0.114
Condition (baseline vs dialogue)	0.21	0.50	0.28	−0.02 – 0.58	0.070
Positive Affect_Trait	0.61	0.10	0.49	0.33 – 0.65	<0.001
Self-compassion * Condition	0.00	0.17	0.00	−0.30 – 0.30	0.997

Figure 1). This effect is in line with thinking that self-compassion is related with lower negative affect but only in stressful situations. We hypothesized that self-compassion predicts lower negative emotional states measured after the dialogue between Distanced-I and Suffering-I. Thus, H1b was fully supported.

We did not hypothesize the relationship between self-compassion and positive affective state after dialogue, but we explored this relationship using a similar mixed-effects model as in the case of negative affective state. Results are presented in Table 4. The fixed effects explained 32% of affective state variability. The intraclass correlation (ICC = .07) suggested weak within-person dependence of observations. Residual error ($e_{residual}$ = 0.24) was much greater than unexplained between-person variance ($\mu = 0.11$). We found only one significant predictor of the positive affective state: positive affect considered as a trait. Self-compassion, condition, and the interaction between these two variables did not predict positive affect significantly.

Mediational analyses

To test hypothesis H2, that critical and evaluative dialogue messages mediate the relationship between self-compassion and negative affective state after dialogue, we performed two analyses using the *process* R script. The procedure proposed by Hayes (2013) allows for including a covariant into the mediational model as well as computing bootstrap confidence intervals (*CI*) for regression parameters. Although pair-wise correlations between dialogue messages functions and self-compassion were nonsignificant (Table 1), we decided to check whether including a covariant (negative affect as a trait) allows for detection of the subtle relationship between target variables.
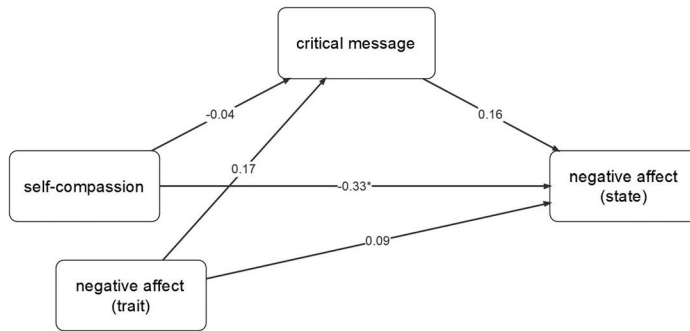
Figure 2. The mediational model of the relationship between self-compassion and negative affect after the dialogue, with critical message as a mediator and negative affect trait as a covariant.
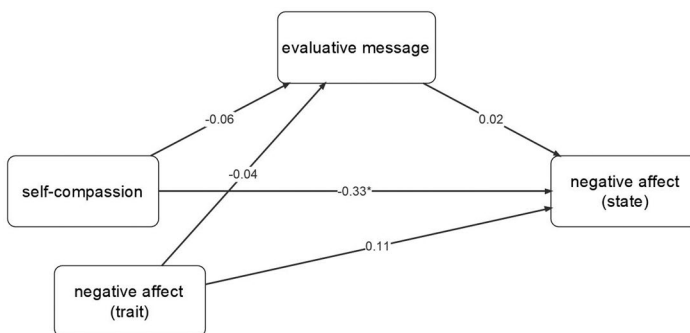

Figure 3. The mediational model of the relationship between self-compassion and negative affect after the dialogue, with evaluative message as a mediator and negative affect trait as a covariant.

We performed two mediational analyses using 1,000 bootstrap samples to estimate 95% *CI*. In both models, negative affective state after the dialogue was a dependent variable, self-compassion was a predictor, and negative affect as a trait was a covariant. In the first model, the critical dialogue message was a hypothesized mediator (Figure 2). We found significant direct effect of self-compassion on negative affective state (95% *CI*: [-.77, −.01]), however we did not observe the mediation effect of critical message ($B = 0.008$, 95% *CI*: [-.14, .08]). In the second model (Figure 3), we also did not observe a significant mediation effect of evaluative message ($B = −.001$, 95% *CI*: [-.08, .05]). Thus, H2 was not confirmed.

Although we did not specify any hypotheses regarding instructive and supportive messages, to explore the data we also tested mediation models including also these variables. However, neither instructive ($B = −.01$, 95% *CI*: [-.13, .05]) nor supportive ($B = .004$, 95% *CI*: [-.09, .04]) messages significantly mediated the relationship between self-compassion and negative affective state, even if negative affect trait was controlled. Concluding, there is no mediation of dialogue messages in the self-compassion effect on the negative affective state after dialogue between Distanced-I and Suffering-I. This means that high self-compassion is accompanied by low negative affect, but this is neither associated with a decrease in the frequency of critical and evaluative messages directed at oneself, nor with an increase in supportive and instructive messages.

Dialogue with oneself is not a mechanism through which self-compassion can lower negative affect in difficult situations.

Discussion

The aim of the study was to investigate the role of internal temporal dialogues and self-compassion in dealing with emotions related to difficult past experiences. Respective to hypothesis 1a, we found that an instructive dialogue message was a predictor of positive affective states after the dialogue on adverse situations. This result supports Brinthaupt's (2019) idea that the self-regulatory functions of self-talk matter particularly in the face of negative experiences like disruption of plans or failures – they allow one to engage in desirable behaviors or to stop engaging in undesirable behaviors. Participants' stories ranged from experiences such as failing an exam or arguing with a partner to traumas such as abandonment or the death of a parent. While experiencing those difficult situations (in real time or as a recollection), the individual's resources are activated to deal with it. Salas et al. (2018) showed that usage of inner speech is positively related to positive reappraisal, which is focusing on positive aspects of an adverse experience to enhance positive feelings (McRae & Mauss, 2016). According to researchers (Salas et al., 2018), individuals who use internal speech more frequently have fewer problems paying attention to and acknowledging their emotions. They suggest that the act of talking to oneself may facilitate the process by which people become aware of inner states in moments of negative arousal, thus acquiring a more reflective stance toward present emotional experience. This is consistent with the thinking that self-talk plays a role in metacognition, self-awareness, and self-understanding (Morin, 2011). It is possible that when a reflective attitude occurs, instructive dialogue messages can become particularly effective in self-regulation, which we observed in our study as an increase in the positive affect state after dialogue. Moving from the Distanced-I position to the Suffering-I is reminiscent of the process of changing positions between an active conversationalist and an attentive listener (Wahlström, 2016). The Distanced-I appears to be an interlocutor with instructive properties that are empathically attuned to affect within a good dialogue that can enhance positive emotional processing (Stiegler et al., 2018).

With caution, a dialogical exchange with positive affect at the end can be compared to the processes that occur in psychotherapy, where the patient works through his/her difficult experiences and as a result makes a positive reformulation of the past. In this context, internal dialogical activity can be treated as a tool to facilitate therapeutic change, but at the same time as a target of psychological interventions (Hermans & Dimaggio, 2004; Neimeyer, 2006).

In hypothesis 1b we expected that self-compassion is related to a lower level of negative emotions measured after dialogue about a difficult situation, whereas we did not expect any relationship between positive affect and self-compassion. In line with this, we found that self-compassion significantly predicted negative affect measured after the dialogue. This effect is consistent with the results of Choi et al. (2014) who found that self-compassion buffered against negative affect induced by social comparisons but did not elevate positive emotions.

Previous research has shown that the higher the self-compassion, the higher ability to cope with painful and stressful experiences (Johnson & O'Brien, 2013). According to Neff

(2003), being self-compassionate can be viewed as a strategy of emotion regulation. Gilbert and Irons' (2005) study support this thesis. They claim that in stressful situations self-compassion activates the "self-relief" system, which is connected to feelings of safety and therefore regulates negative emotions. This could explain not only that we did not observe correlations between self-compassion and positive affect, but also that in our study self-compassion did not predict negative affect in a control (baseline) condition.

Gilbert's compassion focused therapy (2010) assumes that people need to treat themselves in a compassionate manner in order to internalize and strengthen their own compassionate voices. An authentic dialogical exchange between the Distanced-I and Suffering-I emerges at the dialogical interface between current emotions and the emotions of the other position with its context and history (Hermans & Hermans-Konopka, 2010). In this sense, a dialogue in which I-positions treat each other with respect and their emotions can be revealed should be seen as a process promoting self-compassion development. Thus, the dialogical self-theory with the "society of mind" (Hermans, 2002) seems to be the ideal space for activating the compassionate voices toward oneself; however, appropriate training with self-compassion techniques should be proposed for individuals.

Contrary to hypothesis 2 that critical and evaluative dialogue messages mediate the relationship between self-compassion and negative affective state, no mediation model was confirmed. Self-compassion is negatively related to negative affect, but not via dialogue messages. In the context of our result showing that positive emotions correlate with the dialogue messages, we can agree with Watson and Tellegen (1985) that positive and negative emotions are independent dimensions . Presumably, different mechanisms are associated with an increase in positive emotions in a difficult situation and with a decrease in negative emotions. As a result, positive affect responds to instruction and positive reformulation, while negative emotions do not depend on dialogue messages.

In conclusion, self-compassion predicts lower negative affect after an internal dialogue about difficult past events, but this effect is not mediated by dialogue messages. On the other hand, dialogue messages are associated with higher levels of positive affect after dialogue, whereas self-compassion does not seem to be very important here.

Limitations

Several limitations constrain the results of this study. First, the results should be treated with caution as the specific sample makes it impossible to generalize the results. Participants in this study were undergraduates, with a limited number of experiences and perception of time, so future studies should test whether self-compassion is related to internal dialogicality and affect among middle-aged and elderly people. Additionally, we did not control the participants' ability to provide internal dialogues and no training was given before the procedure was conducted. It is also possible that participating in the chair procedure might have affected the SCS scores.

Further research

The results of the study show that instructive dialogue messages have a positive impact on positive emotional states after the dialogue, while self-compassion helps a person

to struggle with negative ones. In many ways, these findings encourage future research. First, when thinking about the development of Dialogical Self Theory, it would be worth undertaking research on the structure and functions of the dialogical self, as well as affect and well-being, in people with high and low self-compassion. Do people with low self-compassion build their well-being only on the basis of raising positive affect, or have they created mechanisms of lowering negative affect other than self-compassion? To what extent is the self-compassionate voice developed by these people a useful way to lower negative affect? Can self-compassion change the ways in which people "see" past emotional events, regardless of their experience of negative affect? Further research should also focus on the question of what mediates the relationship between self-compassion and negative affect, given that dialogue messages do not. Research using the dialogical chair procedure on participants struggling with past difficulties, especially during the process of counseling or psychotherapy, could also be informative.

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