Supplemental Material

1. Guided by the reviewer's comment, we asked five research assistants to read each open-ended responses from Study 1 and coded the severity and thematic content of each flaw. The research assistants were asked to code each self and partner flaw according to what the person emphasized as either, 1 = personality (e.g., not confident in myself, stubborn, emotional, etc), 2 = physical qualities (e.g., body image, short, etc), 3 = accomplishments = (e.g., not doing well in school, haven't done anything in life), 4 = relationships (e.g., insensitive to my partner's needs). The five research assistants discussed and resolved any inconsistencies. Among self-flaw responses in Study 1, 98 were coded as personality, 20 as relationships, 7 as physical qualities, and 2 as accomplishments. For partner-flaw responses in Study 1, 86 were coded as personality, 30 as relationships, 10 as accomplishments, and 1 physical qualities. In terms of severity, the same research assistants were asked to rate: In general, how severe do you this this flaw is? 1 (*not at all*), 2 (*somewhat*), 3 (*very much*). The average severity rating for self-flaws is $M = 2.08$, $SD = 0.39$, ICC = .71 and for partner-flaw is $M = 1.97$, $SD = 0.40$, ICC = .67. To test whether highly self-compassionate and less self-compassionate people reported similar type of flaws, we conducted median split on the self-compassion variable. We then ran two separate chi-square tests. We found that highly and less self-compassionate primary participants did not differ on the type of self-flaws reported, $x^2 = 1.86$, $p = .60$. Also, we found that highly and less self-compassionate partners also did not differ on the type of partner-flaws reported, $x^2 = 2.69$, $p = .44$. Self-compassion is associated with less self-flaw severity ($r = -.39$, $p < .001$) and less partner-flaw severity ($r = -.27$, $p = .003$).

For Study 3, three research assistants who coded Study 2 were asked to code using the same coding scheme as Study 2. The three research assistants discussed and resolved any inconsistencies. Among self-flaw responses in Study 3, 58 were coded as personality, 22 as relationships, and 5 as accomplishments. For partner-flaw responses in Study 3, 61 were coded as personality, 15 as relationships, and 10 as accomplishments. In terms of severity, the same research assistants were asked to rate: In general, how severe do you this this flaw is? 1 (*not at all*), 2 (*somewhat*), 3 (*very much*). The average severity rating for self-flaws is $M = 1.71$, $SD = 0.42$, ICC = .42 and for partner-flaw is $M = 1.73$, $SD = 0.44$, ICC = .62. To test whether highly self-compassionate and less self-compassionate people reported similar type of flaws, we conducted median split on the self-compassion variable for both the self and partner. We then ran two separate chi-square tests. We found that highly and less self-compassionate primary participants did not differ on the type of flaws reported, $x^2 = .35$, $p = .84$. Also, we found that highly and less self-compassionate partners also did not differ on the type of flaws reported, $x^2 = 3.53$, $p = .17$. Self-compassion for the primary participant is associated with less self-flaw severity ($r = -.22$, $p = .041$). Self-compassion for the partner is also associated with less partner-flaw severity ($r = -.21$, $p = .047$).

2. We re-conducted our key analyses by separating the self-compassion construct into its three subscales. To be specific, in Study 1 we found that self-kindness ($r = .44$, $p < .001$; $r = .25$, $p = .005$), common humanity ($r = .41$, $p < .001$; $r = .21$, $p = .017$), and mindfulness ($r = .33$, $p < .001$; $r = .18$, $p = .041$) were all correlated with acceptance of self and partner, respectively. Next, we examined whether the indirect effect of acceptance of self holds when we compute the self-compassion construct with only self-kindness and common humanity predicting acceptance

of partner. We found that the indirect effect of acceptance of self is significant, even after controlling for mindfulness and self-esteem (point estimate = .11, 95% CI [.02, .21]; Study 1).

We re-analyzed Study 2's data in a similar manner. In the partner condition, we found that self-kindness (r = .56, p < .001; r = .17, p = .016), common humanity (r = .53, p < .001; r = .13, p = .06), and mindfulness (r = .52, p < .001; r = .26, p < .001) were all correlated with acceptance of self and partner, respectively. In the acquaintance condition, we found that self-kindness (r = .58, p < .001; r = .31, p < .001), common humanity (r = .46, p < .001; r = .25, p < .001), and mindfulness (r = .44, p < .001; r = .25, p < .001) were all correlated with acceptance of self and acquaintance, respectively. Next, we examined whether the indirect effect of acceptance of self holds when we compute the self-compassion construct with only self-kindness and common humanity predicting acceptance of partner. We found that the indirect effect of acceptance of self between self-compassion and acceptance of partner is significant, even after controlling for mindfulness and self-esteem (point estimate = .10, 95% CI [.02, .21]; Study 2).

In Study 3, we computed self-compassion with only the self-kindness and common humanity subscales and re-examined the mediation model in Figure 5 (see p. 43): Actor effects for primary participants: non-significant indirect effect of primary participants' acceptance of their own flaw (point estimate = .01, 95% CI [-.05, .06]) and a significant serial indirect effect of primary participants' acceptance of their own flaw and acceptance of their partners' flaw (point estimate = .05, 95% CI [.003, .11]). Actor effects for the partner: non-significant indirect effect of partners' acceptance of their own flaw (point estimate = .01, 95% CI [-.09, .09]) and a significant serial indirect effect of partners' acceptance of their own flaw and acceptance of the primary participants' flaw (point estimate = .04, 95% CI [.001, .10]). Partner effects: a significant serial indirect effect of primary participants' acceptance of their own flaw and acceptance of their partners' flaw on the relation between primary participants' self-compassion and partners' feeling that their flaw is accepted by the primary participant (point estimate = .08, 95% CI [.03, .14]) and a significant serial indirect effect of partners' acceptance of their own flaw and acceptance of the primary participants' flaw on the relation between partners' self-compassion and primary participants' feeling that their flaw is accepted by the partner (point estimate = .06, 95% CI [.003, .16]).

3. In Study 1, the indirect effect of acceptance of partners' flaws was significant (point estimate = .06, 95% CI [.01, .15]). However, the indirect effect is no longer significant after controlling for self-esteem (point estimate = .04, 95% CI [-.02, .12]). More importantly, the indirect effect of acceptance of own flaws as the mediator remained significant even after controlling for self-esteem (point estimate = .11, 95% CI [.02, .22]).

In Study 2, the indirect effect of acceptance of partners' flaws was significant (point estimate = .03, 95% CI [.003, .09]). The indirect effect remained significant after controlling for self-esteem (point estimate = .04, 95% CI [.002, .11]). The indirect effect of acceptance of acquaintances' flaws was significant (point estimate = .08, 95% CI [.03, .15]). The indirect effect remained significant after controlling for self-esteem (point estimate = .13, 95% CI [.05, .22]). However, these indirect effects of acceptance of partners and acquaintances are smaller than the indirect effects of acceptance of self to acceptance of partners' flaws (point estimate = .13, 95% CI [.04, .23]; point estimate controlling for self-esteem = .11, 95% CI [.02, .21]) and acceptance of

acquaintances' flaws (point estimate = .20, 95% CI [.11, .32]; point estimate controlling for self-esteem = .17, 95% CI [.08, .29]).

In Study 3, we tested the reverse mediation of our partner effects, which is the most important effect in this study. Specifically, we found that a non-significant serial indirect effect of primary participants' acceptance of their partners' flaw and acceptance of their own flaw on the relation between primary participants' self-compassion and partners' feeling that their flaw is accepted by the primary participant (point estimate = -.01, 95% CI [-.02, .02]). Moreover, we found a non-significant serial indirect effect of partners' acceptance of the primary participants' flaw and acceptance of their own flaw on the relation between partners' self-compassion and primary participants' feeling that their flaw is accepted by the partner (point estimate = -.01, 95% CI [-.01, .01]).

4. In Study 2, we found that self-compassion was positively associated with acceptance of romantic partner's procrastination ($r = .20$, $p = .004$) and acceptance of acquaintance's procrastination ($r = .30$, $p < .001$). These two correlations did not significantly differ ($Z = 1.06$, $p = .28$), indicating that self-compassionate people are equally accepting of their romantic partners' and acquaintances' procrastination. We believe the trend that you are referring to had to do with the comparison between $r = .43$ and $r = .29$? Acceptance of own flaw was positively correlated with acceptance of partners' procrastination ($r = .29$, $p < .001$; see Table 2) and acceptance of acquaintances' procrastination ($r = .43$, $p < .001$; see Table 3). These two correlations did not differ significantly ($Z = 1.60$, $p = .11$), indicating that acceptance of own flaw is positively associated with acceptance of the flaws of a romantic partner and acquaintance equally well. On the other hand, however, a non-significant difference in the size of the correlations does not have to mean that self-compassion did not impact acceptance of partner and acquaintance differently. The same is true for acceptance of own flaw and acceptance of partner/acquaintance. Perhaps, the trends between these correlations may suggest that there is some degrees of difference that may be further explored in future research.

5. Regarding Study 2, we performed exploratory factor analysis (Principal Component extraction) with varimax rotation to ensure that the 12 items we used to measure self-acceptance, partner-acceptance, and acquaintance-acceptance belonged together. A one-factor solution was suggested by the scree test (Cattell, 1969). This factor accounted for 41.16% of the variance in self-acceptance, 39.89% of the variance in partner-acceptance, and 41.98% of the variance in acquaintance-acceptance. The mean loading was .62 for the self-acceptance items, .63 for the partner-acceptance items, and .61 for the acquaintance-acceptance items. Finally, to test whether our a priori self-acceptance, partner-acceptance, and acquaintance-acceptance scale appropriately captured the construct, we retained the varimax-rotated factor scores from the principal component analysis and correlated it with scores on the scale. All three scores correlated .99 with the corresponding factor scores.

Regarding primary participants in Study 3, we performed the same exploratory factor analysis (Principal Component extraction) with varimax rotation on the 12 items we used to measure self-acceptance, partner-acceptance, and acceptance of partner. Once again, a one-factor solution was suggested by the scree test. This factor accounted for 38.16% of the variance in self-acceptance, 42.01% of the variance in partner-acceptance, and 39.75% of the variance in felt-acceptance. The

mean loading was .60 for the self-acceptance items, .61 for the partner-acceptance items, and .59 for the felt-acceptance items. We also retained the varimax-rotated factor scores from the principal component analysis and correlated it with scores on the scale. All three scores correlated between .82 - .99 with the corresponding factor scores.

Regarding participants' romantic partner in Study 3, we performed the same exploratory factor analysis (Principal Component extraction) with varimax rotation on the 12 items we used to measure self-acceptance, partner-acceptance, and acceptance of partner belonged together in Study 3. A one-factor solution was suggested by the scree test (Cattell, 1969) for all three measures. This factor accounted for 32.54% of the variance in self-acceptance, 35.79% of the variance in partner-acceptance, and 39.75% of the variance in felt-acceptance. The mean loading was .55 for the self-acceptance items, .57 for the partner-acceptance items, and .59 for the felt-acceptance items. Finally, to test whether our a priori self-acceptance, partner-acceptance, and felt-acceptance scale appropriately captured the construct, we retained the varimax-rotated factor scores from the principal component analysis and correlated it with scores on the scale. All three scores correlated between .80 - .87 with the corresponding factor scores.

In short, our a priori scale captured almost the entire variance of the empirically-determined factor across all three studies. This suggests that the items we used to assess each of the three acceptance measures are captured by its own underlying acceptance factor. Together, then, these additional analyses suggest that the items are captured by one underlying acceptance factor.