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Increasing Self-Compassion: Review of the Literature and Recommendations

Lauren Stutts

Public Health Department, Davidson College, Davidson, NC 28031.

Depression is a common symptom among college students and is often accompanied by negative thoughts about oneself. Self-compassion is a technique students can use to combat those negative thoughts. Self-compassion is an emotion-regulation strategy in which the individual engages in self-kindness, particularly after a mistake, failure, and/or rejection. This paper reviews the concept of self-compassion, assessment of self-compassion, and interventions that have been shown to increase self-compassion. Self-compassion is associated with lower levels of psychopathology and higher levels of well-being. It is theorized to work by buffering against a self-critical ruminative process after a mistake, failure, and/or rejection. Self-compassion is most commonly assessed through a validated scale that measures overall self-compassion and its six subscales: self-kindness, common humanity,

mindfulness, self-judgment, isolation, and over-identification. Multiple self-compassion interventions have been shown to increase self-compassion and improve psychological health. These interventions are varied and contain strategies such as mindfulness meditation, loving kindness meditation, and changing self-talk. Details of those interventions and practical strategies that individuals, students, and professors can use to increase self-compassion are described. Overall, self-compassion is a valuable tool that can help individuals cope with mistakes, failure, and/or rejection.

Key words: self-compassion; college students; mindfulness-based stress reduction; loving kindness interventions

The American College Health Association (2019) found that 20% of college students reported experiencing depression in the past 12 months. During college, a time of marked transition, students experience multiple stressors in the areas of relationships, resources, expectations, academics, environment, and diversity (Hurst et al., 2013). The COVID-19 pandemic added to that stress when it resulted in students transitioning from in person to remote learning in spring 2020. For example, a qualitative study with college students in fall 2020 found that students reported the following challenges during the pandemic: negative emotions, lack of motivation, concern of safety of self and others, difficulties with online learning, problems adjusting to a new environment, and societal challenges such as racial injustice and increased political polarization (Madrigal and Blevins, 2021). Another study found that COVID-19 stress was associated with higher anxiety and depression in college students in fall 2020 (Oh et al., 2021).

One key feature of depression is being self-critical, which includes negative thoughts about oneself, particularly after a mistake, failure, and/or rejection (American Psychiatric Association, 2013). Conversely, self-compassion is an emotion-regulation strategy in which the individual engages in self-kindness, particularly after experiencing a mistake, failure, and/or rejection (Neff, 2003a). It is characterized by three primary components and their counterparts: self-kindness (caring toward self) and its counterpart of self-judgment (negative thoughts toward self), common humanity (understanding that all people make mistakes and struggle) and its counterpart of isolation (feeling alone in

suffering), and mindfulness (awareness of the present) and its counterpart of over-identification (fixation on negative thoughts/feelings) (Neff, 2003b).

Self-compassion is thought to improve psychological health by buffering against a self-critical ruminative cognitive process (Neff, 2003a). For instance, when a student's grant submission is rejected, students with low self-compassion would likely berate themselves for errors they made and interpret the rejection globally as an overall failure of self. They will likely feel discouraged and may not want to resubmit the grant. In contrast, students with high self-compassion will remind themselves that it was a competitive process, and they did the best they could with the resources they had. In addition, they'll likely reflect on how they can learn from the rejection and improve for the next grant submission.

Self-compassion has been found to have physiological and neurobiological effects. Bluth and colleagues (2016) found that individuals who had high self-compassion had a lower stress response (i.e., systolic blood pressure) when experiencing social stress compared to those with low self-compassion. Furthermore, a study using functional magnetic resonance imaging found a negative relationship between self-compassion and ventromedial prefrontal cortex-amygdala connectivity when college students were given negative feedback (Parrish et al., 2018). As such, having lower self-compassion when receiving negative feedback was associated with a stronger threat response.

Moreover, self-compassion has been associated with lower levels of psychopathology (MacBeth and Gumley,

2012) and higher levels of well-being (Zessin et al., 2015). MacBeth and Gumley (2012) found a correlation of $-.54$ between self-compassion and psychopathology (i.e., depression, anxiety, and stress) in a meta-analysis across 14 articles. In addition, Zessin and colleagues (2015) found a correlation of $.47$ between self-compassion and well-being (i.e., cognitive well-being, positive affect) in a meta-analysis across 65 articles.

Self-compassion has been explored extensively in college students. For example, Stutts and colleagues (2018) found that self-compassion served as a moderator between perceived stress and depression among college students. There was a stronger relationship between stress and depression among individuals with low levels of self-compassion and a weaker relationship between those variables among individuals with high levels of self-compassion. As such, self-compassion served as a protective factor against stress and depression. Examining different variables within the same sample, Stutts and Blomquist (2018) found that self-compassion served as a moderator between weight/shape concerns and disordered eating. There was a stronger relationship between weight/shape concerns and disordered eating among individuals with low levels of self-compassion and a weaker relationship between those variables among individuals with high levels of self-compassion. Therefore, self-compassion seems to buffer students from developing disordered eating.

Furthermore, the impact of self-compassion on positive outcomes has been explored in college students. Marshall and Brockman (2016) found that self-compassion was a significant predictor of better emotional well-being in college students. Moreover, Yarnell and Neff (2013) found that students who were higher in self-compassion had a better ability to compromise and resolve social conflicts than students who were lower in self-compassion.

In addition, demographic variables have been investigated in relation to self-compassion. For example, a meta-analysis found that men have higher levels of self-compassion than women, though the effect size was small (Yarnell et al., 2015). Research has not found differences in self-compassion by race/ethnicity or sexual orientation (Lockard et al., 2014). While the majority of research has been on young adults, research shows that self-compassion confers the same benefits in an older adult population (Brown et al., 2019). However, more research is needed on how self-compassion manifests in different populations.

SELF-COMPASSION ASSESSMENT

The Self-Compassion Scale is the most common form of assessment of self-compassion (Neff, 2003b). There is a 26-item version that results in an overall score of self-compassion and scores on six subscales: self-kindness, common humanity, mindfulness, self-judgment, isolation, and over-identification (Neff, 2003b). In addition, there is a 12-item short-form that is best for assessing self-compassion overall (Raes et al., 2011). An example item is "I try to be loving toward myself when experiencing emotional pain." Individuals rate how frequently they behave in a certain manner on a scale from 1 (*almost never*) to 5 (*almost always*). The scores are averaged and can range

from 1 to 5 with higher scores indicating higher self-compassion. This scale has been shown to be reliable and valid (Neff, 2003b; Raes et al., 2011). There is a free self-compassion assessment at this website: <https://self-compassion.org/self-compassion-test/>.

The assessment of self-compassion is limited, however, in that it is a self-report measure. Individuals may perceive themselves as more or less self-compassionate than they truly are. This misperception could be unintentional if the individual is not self-aware or intentional if the individual does not want to come across as having low self-compassion. Close family members or friends could be interviewed as part of the assessment process to ascertain what others' see and hear regarding self-compassion statements and behaviors from the individual. However, that type of assessment also could contain biases from the family member/friend.

SELF-COMPASSION INTERVENTIONS

Based on the numerous benefits of self-compassion, interventions that target self-compassion are important to address. Fortunately, self-compassion is a skill that can be learned rather than a permanent trait (Neff and Germer, 2013). A meta-analysis found that self-compassion interventions have a moderate effect on improving self-compassion across 27 studies (Ferrari et al., 2019). They found that these interventions had a strong effect on improving eating behaviors and reducing rumination; a moderate effect on psychopathology (e.g., depression and stress) and mindfulness; and a small effect on positive/negative affect and life satisfaction. Furthermore, this study found that these interventions were effective for a variety of populations including clinical patients, community members, and college students. There was a stronger effect for group-based delivery of self-compassion interventions compared to individual-based delivery. They hypothesized that this result may be because the group provided connections with others, which potentially helped increase common humanity and reduce isolation.

Self-compassion interventions also have been effective when disseminated online (Nadeau et al., 2021). Nadeau and colleagues (2021) randomized women to two groups: 1) a 10-week course designed to reduce self-judgment and increase self-compassion; or 2) a wait-list control group. This course consisted of psychoeducation about self-compassion, experiential exercises on self-compassion, case interviews, and assignments outside of the session (e.g., journaling). Compared to the wait-list control group, women in the course had significant increases in self-compassion and reductions in self-judgment right after the intervention. Those effects were sustained one month after the intervention as well. This research indicates that an online intervention is effective for women, but research needs to examine if this type of intervention would be effective for men.

One key type of self-compassion intervention is mindfulness meditation (Berghoff et al., 2017) since mindfulness (being attentive to the present moment) is a critical component of self-compassion (Neff, 2003b). Mindfulness has a long and complex history that is rooted in

Buddhist practices (Wilson, 2014). Wheeler and colleagues' (2017) review study on the neuroscience of mindfulness found that mindfulness confers many neurobiological benefits. For example, there is greater activity in the prefrontal cortex, anterior cingulate cortex, and insular cortex in individuals with high dispositional mindfulness. Furthermore, there is less activity in the amygdala in those individuals. Collectively, these neurobiological benefits suggest that mindfulness is beneficial for emotion regulation.

A specific mindfulness meditation program was developed by John Kabat-Zinn (1990) and includes a variety of formal and informal meditation practice; some examples of the practice include deep and focused breathing, body scan meditation, walking meditation, and eating meditation. This type of program is typically referred to as Mindfulness-Based Stress Reduction (MBSR) (Kabat-Zinn, 2003). A meta-analysis examining the effectiveness of MBSR found that it had large effects on stress and moderate effects on anxiety, depression, and quality of life in healthy individuals (Khouri et al., 2015). In addition, a meta-analysis found that MBSR had a small effect on depression and anxiety in individuals with chronic medical diseases (Bohlmeijer et al., 2010). Two meta-analyses found particular increases in self-compassion following MBSR in healthcare professionals (Kriakous et al., 2021) and employees (Janssen et al., 2018).

Taylor and colleagues (2022) conducted a study examining the effect of a mindfulness-based program in undergraduate students. Students were randomized to an 8-week mindfulness-based program or a control group that did not receive the program. The mindfulness-based program consisted of psychoeducation, formal mindfulness practices (8- to 15-minute guided meditations), informal brief meditations (3-minute breathing exercise), reflective journal writing of their experience, and three 1-hour discussions about mindfulness with other students in the program. Overall, students were advised to engage in 20-30 minutes of meditations per day for eight weeks. The intervention group had significant increases in self-compassion from pre-test to post-test. Moreover, scores on the specific self-compassion subscale of common humanity increased, whereas isolation decreased.

Berghoff and colleagues (2017) examined the effect of mindfulness meditation on college students with a relatively short time commitment. They randomized students to a 10- or 20-minute daily meditation intervention that lasted for just two weeks. Students listened to audio recordings daily that instructed them to attend to their breathing in the present moment and to be compassionate toward oneself if they had difficulty with concentration. Ten minutes of silent practice were added to the 10-minute meditation for the 20-minute group. They found that after the intervention, both groups had decreases in stress and increases in mindfulness and self-compassion. However, significantly larger increases in self-compassion were found in the 20-minute group. As such, it appears that even a short burst of mindfulness meditation daily over two weeks can improve one's psychological functioning.

Krieger and colleagues (2019) conducted an online

randomized controlled study assessing the effectiveness of a mindful-based compassionate living intervention (MBCL) in individuals with high levels of self-criticism. Individuals in the MBCL condition completed eight modules over eight weeks, whereas individuals in the control condition did not complete any intervention but had access to the modules after the study. The MBCL intervention consisted of the following topics: introduction to the program/mindfulness, the three affect regulation systems, stress reaction and self-compassion, inner patterns, the compassionate mode, self and others, and common humanity. Each module contained psychoeducation and practical exercises. Participants in the MBCL condition had significantly higher self-compassion scores after the intervention compared to participants in the control condition. This effect was maintained even six months after the intervention.

In addition to MBSR and MBCL, loving kindness meditation is another intervention that can be used to increase self-compassion (Shahar et al., 2015; Mantzios et al., 2021). Shahar and colleagues (2015) randomized participants who had high levels of self-criticism into a 7-week loving kindness intervention or a wait-list control group. Participants in the intervention group attended 90-minute sessions each week that emphasized meditations targeted to increase warmth and compassion toward the following (one each week): themselves, a benefactor, a dear friend, a friend in need, a neutral person, and a difficult person. The last session included an emphasis on gratitude. The loving kindness group had significant decreases in self-criticism and increases in self-compassion post-intervention, whereas the control group did not experience changes in those variables. Another study examined the effectiveness of loving kindness meditation compared to loving kindness coloring in college students (Mantzios et al., 2021). Participants in the loving kindness meditation group listened to a 13-minute long recording on loving kindness. Participants in the loving kindness coloring group were given a mandala design to fill in with colored pencils. Individuals were instructed to write the following on the mandala: me/myself/I, name of a family member/friend, a neutral person, a challenging person, and all people. Subsequently, as participants colored, they were instructed to say something positive toward the individual (e.g., "May you be safe"). Self-compassion increased from pre-test to post-test in both groups (but no differences between groups), indicating that there are multiple ways that loving kindness interventions can be administered.

One simpler method of increasing self-compassion that does not require completing a formal program is changing self-talk. Kross and colleagues (2014) found that when individuals talked to themselves in the second or third person (i.e., using you or their own name), they appraised challenges as less threatening than individuals who talked to themselves in the first person. For example, someone using the third person when dealing with a rejection could say, "Lauren, it's okay that your grant was rejected," compared to using first-person language, "I failed because my grant was rejected." This technique is theorized to work because it distances oneself more from the rejection. We also are likely to be kinder to others than to ourselves and

GENERAL PRACTICAL STRATEGIES TO INCREASE SELF-COMPASSION
<ul style="list-style-type: none"> • Engage in regular mindfulness meditation practice (free videos on YouTube with search terms “mindfulness meditation” or “loving kindness meditation” and free audio downloads at https://self-compassion.org/). • Journal about your feelings and respond to negative feelings with self-compassion. • Talk to yourself in the third person and/or as you would talk to a friend when experiencing failure/rejection. • Surround yourself with friends who also exhibit self-compassion. • Seek counseling if negative self-talk is interfering with your life. • Review https://self-compassion.org/ for more information and resources.
STRATEGIES FOR STUDENTS
<ul style="list-style-type: none"> • Prepare for potential rejection/failure in advance (e.g., “My paper may get rejected and that’s okay. If so, I will learn from the experience, revise it, and resubmit to another journal”). • Express compassion to peers when mistakes occur (e.g., “That was a good guess on the answer. I didn’t know what it was either, but it was brave of you to share.”). • Practice moments of mindfulness periodically but particularly during stressful times of the semester (e.g., going outside for 5 minutes and focusing on what you see, smell, etc.). • Create boundaries with your schedule and say “no” without guilt when you need a break to take care of yourself. • Reach out to friends, professors, and others who support you by expressing words of compassion to you when you make a mistake.
STRATEGIES FOR PROFESSORS
<ul style="list-style-type: none"> • Highlight the value of self-compassion in writing on the syllabus and verbally at the beginning of the semester to set the tone of the course. • Model self-compassion when you make mistakes in real time. • Prime students to approach constructive feedback in a self-compassionate way prior to giving back tests, feedback on papers, etc. • Share research on the benefits of self-compassion in classes. • Call out statements of “judgment” that occur during the class (e.g., if a reading contains a quote of self-judgment, then discuss how that can be a problem). • Emphasize experiences of “common humanity” (e.g., “We all are experiencing extra stress during the COVID-19 pandemic”). • Lead the students in brief moments of mindfulness periodically during the semester (e.g., before a test, potentially having the class take a minute to just focus on their breath).

Table 1. Practical strategies for increasing self-compassion.

talking in the third person feels like talking to a friend.

PRACTICAL STRATEGIES FOR STUDENTS & PROFESSORS

Table 1 contains some general practical strategies to help individuals increase their self-compassion. Some of these strategies may not be a good fit for everyone, however. For example, some individuals may not feel comfortable journaling or engaging in meditation. Therefore, this list is simply meant to be an array of tools that individuals can consider using.

Specific strategies for students and professors also are described in Table 1. In particular, students would benefit from applying self-compassionate principles when experiencing academic challenges and failures. Professors can inform, model, and integrate the practice of self-compassion in their classes.

CONCLUSION

Self-compassion is a valuable tool that individuals can use to cope with mistakes, failure, and/or rejection. Future research needs to examine the optimal frequency and length of self-compassion interventions that will confer the best outcomes. Moreover, future studies should address the effectiveness of these interventions in diverse populations and cultures. Ultimately, continuing this research is beneficial as self-compassion can improve the psychological functioning of individuals in our society.

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Received March 4, 2021; revised August 20, 2021; accepted August 22, 2021.

Address correspondence to: Dr. Lauren Stutts, Public Health Department, PO Box 7135, Davidson College, Davidson, NC 28035. Email: lastutts@davidson.edu