Self-Compassion From the Adolescent Perspective: A Qualitative Study

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Abstract
Although recent research has pointed to the potential benefits of self-compassion for youth, relatively little is known about the perspectives and lived experience of adolescents as they extend compassion toward themselves. The purpose of this phenomenological study was to gain an in-depth understanding of self-compassion from the adolescent perspective. Six adolescents, who had experienced a variety of life difficulties, were interviewed about their experiences of self-compassion in the context of their daily lives. Data were analyzed for common themes using interpretative phenomenological analysis. The resulting themes included putting oneself at the center, maintaining a positive outlook, engaging in pleasurable activities, connecting positively with others, working on self-improvement, making oneself attractive to others, accepting oneself, and experiencing emotional balance. Findings from this study add to self-compassion research by bringing attention to the contextualized meaning and experiences of self-compassion from the adolescent perspective. Directions for future research and limitations of the study are discussed.

Keywords
self-compassion, adolescents, well-being, qualitative, interpretative phenomenological analysis

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As adolescence was first described as a time of storm and stress (Hall, 1904), much has changed in how psychologists view this stage of human development. Although most psychologists now reject the belief that adolescence is universally a period of extreme emotional and social turmoil (Arnett, 1999), there is a general consensus that adolescents face significant challenges en route to adulthood. Among these challenges are conflicts with parents, changes in mood, higher rates of risk-taking behavior, and stressors related to academics and interpersonal relationships (Allen & Allen, 2009; De Jong, Sportel, De Hullu, & Nauta, 2012; Larson & Sheeber, 2009; Swahn & Bossarte, 2007). Given the myriad of changes facing adolescents in several areas of their lives, it is not surprising that individuals in their teen years may struggle with building a positive self-concept.

In Western psychology, self-concept is commonly understood as a multidimensional construct encompassing perceptions, representations, and evaluations of oneself across multiple life domains (Harter, 1999; Manning, Bear, & Minke, 2006). According to proponents of the tripartite model of self (Brewer & Gardner, 1996; Tanti, Stukas, Holloran, & Foddy, 2008), a person’s self-concept develops at three basic levels of the self: individual, relational, and collective. The individual self is comprised of the unique set of traits and characteristics that differentiate a person from others. At the relational level, significant interpersonal relationships shape how a person regards the self. For example, interactions with one’s parents and close friends play a role in the development of self-worth. Collective aspects of self include a person’s affiliation with a particular group, such as gender or ethnicity. Importantly, major changes in one’s social world reverberate through each of the three levels, with associated shifts in self-concept (Brewer & Gardner, 1996).

Through the lens of the tripartite model, changes to an adolescent’s self-definition are due in large part to the significant cognitive changes that occur during this time, most notably the ability to engage in abstract thinking (Piaget, 1950; Tanti et al., 2008). Not only do adolescents become adept at reflecting on their own thoughts, but they also become intensely preoccupied with how they exist in the minds of others. This self-focus is at the heart of adolescent egocentricism. Conceptualized as one’s failure to distinguish between one’s own concerns and the concerns of others (Elkind, 1967), egocentricism implies lack of awareness of one’s immediate surroundings, as opposed to intentional selfishness (Mitchell, 1992). A related concept is the imaginary audience, whereby an adolescent feels as if on stage, constantly being observed and potentially judged by others (Elkind, 1967). In addition, adolescents often see their own experiences as unique and different from those of other people, thereby adding to potential feelings of being misunderstood and alone (Elkind,
1967). Together, these cognitive developments may contribute to heightened emotional vulnerability and self-criticism.

Defined in the literature as a harsh or persecutory-like way of relating to the self (Gilbert & Procter, 2006; Shahar et al., 2006), self-criticism is associated with an increased risk of depression and anxiety (Blatt, Shahar, & Zuroff, 2001; Campos & Mesquita, 2014; Cunha & Paiva, 2012) and may seriously compromise short-term functioning and long-term development (Derdikman-Eiron et al., 2011; Essau, Lewinsohn, Olaya, & Seeley, 2014; Seeley & Lewinsohn, 2009). Adolescents who are highly self-critical are also more prone to externalizing behaviors in addition to internalizing problems (Shahar et al., 2006). Furthermore, self-critical adolescents have a greater tendency to downplay or dismiss positive life events, which might otherwise help boost resilience (Shahar & Priel, 2003).

Despite the above-noted risks, adolescence is a developmental period that also offers youth the opportunity to cultivate healthy ways of viewing and relating to themselves. A positive manner of relating to oneself, in contrast to harsh self-criticism, may be especially important for youth when confronted with difficult life circumstances (Neff, Hseih, & Dejitthirat, 2005). Resilience theory, which concerns itself with healthy human functioning in the face of adversity, emphasizes strengths and processes within the individual, as well as external resources, that contribute to positive developmental trajectories (Zimmerman, 2013). These “promotive factors” may reduce the negative impact of risk factors, in some cases inoculating adolescents against future adversity (Fergus & Zimmerman, 2005, p. 399).

One promotive factor that may hold promise in this regard is self-compassion. Founded largely upon Eastern philosophical beliefs and practices, self-compassion has only recently appeared as an empirical area of study in Western psychology (Neff, 2003a). Simply defined, self-compassion is compassion turned inward. According to Neff (2003a, 2003b) self-compassion is comprised of three central components: self-kindness, mindfulness, and common humanity. Self-kindness refers to the ability to treat oneself with care and understanding while withholding harsh self-judgments. Mindfulness refers to the ability to be in the present moment while neither overidentifying with nor ignoring one’s feelings of suffering. Finally, common humanity is about recognizing that we are all fallible humans who, from time to time, will experience suffering. This understanding provides a sense of connection with fellow human beings, and knowing that others suffer as we do helps to decrease feelings of isolation and separation (Neff, 2003a, 2003b).

Research has shown that self-compassion is strongly related to psychological well-being (Neff, 2009; Zessin, Dickhauser, & Garbade, 2015). Based on a recent meta-analysis of the empirical literature, Zessin et al. (2015) concluded
there is strong evidence supporting self-compassion as an important factor in psychological, cognitive, and affective well-being. Self-compassion is associated with positive emotions, decreased negative affect, increased life satisfaction, and a more optimistic outlook when experiencing adversity (Neff et al., 2005; Yamaguchi, Kim, & Akutsu, 2014; Zessin et al., 2015). Individuals who are self-compassionate tend to report lower levels of rumination, procrastination, and perfectionistic tendencies (Leary, Tate, Adams, Allen, & Hancock, 2007; MacBeth & Gumley, 2012; Neff, 2003a; Neff et al., 2005; Siros, 2014). Self-compassion also appears to be associated with overall well-being and reduced depressive symptoms in both Western and Asian cultures (e.g., Neff, Pisitsungkagarn, & Hsieh, 2008).

To date, most self-compassion research has focused on adult populations, thus potentially overlooking the significance of age and development as important factors in shaping the experience of self-compassion. That said, recent research indicates that some of the mental health benefits associated with self-compassion in adults may exist among youth. Within adolescent populations, higher levels of compassion toward oneself are related to lower levels of anxiety (Bluth, Gaylord, Campo, Mullarkey, & Hobbs, 2016; Muris, 2016; Neff & McGehee, 2010), depression (Bluth, Gaylord, et al., 2016; Castilho, Carvalho, Marques, & Pinto-Gouveia, 2017; Neff & McGehee, 2010; Xavier, Pinto-Gouveia, & Cunha, 2016; Zeller, Yuval, Nitzan-Assayag, & Bernstein, 2015), suicidality (Zeller et al., 2015), nonsuicidal self-injury (Xavier et al., 2016), perceived stress (Bluth & Blanton, 2015), and rumination (Galla, 2016). Furthermore, positive associations have been found between adolescents’ self-compassion and emotional well-being (Bluth, Campo, Futch, & Gaylord, 2017), perceived life satisfaction (Bluth, Gaylord, et al., 2016), distress tolerance (Bluth et al., 2017), and sense of community (Akin & Akin, 2015). Along with psychological benefits may appear physiological benefits, in the form of lower systolic blood pressure, heart rate, and cortisol levels (Bluth, Roberson, et al., 2016).

Some studies have also explored the relationship between self-compassion and resilience among adolescents. For example, self-compassion may be important in promoting resilience in maltreated youth (Tanaka, Wekerle, Schmuck, & Paglia-Boak, 2011; Vettese, Dyer, Li, & Wekerle, 2011). Self-compassion may also serve as a protective factor among adolescents struggling with negative evaluations about the self. For instance, in a longitudinal study, Marshall et al. (2015) followed 2,448 adolescents in their transition from Grades 9 to 10. Of most significance were the findings that self-compassion may serve as a means of protecting students who have low self-esteem. This is in keeping with previous research where self-compassion has been recommended as a strategy to foster healthier self-evaluations among
adolescent female athletes prone to shame (Mosewich, Kowalski, Sabiston, Sedgwick, & Tracy, 2011).

Together, existing studies highlight the potential value of self-compassion in promoting adolescents’ mental health and well-being. What appears to be currently lacking in the literature, however, is qualitative research on how adolescents perceive and experience self-compassion in the context of their daily lives. With its emphasis on participants’ perspectives and uncovering the richness of lived experience, qualitative research may help scholars and practitioners gain a deeper understanding of how adolescents view and experience self-compassion. Such an understanding may help inform interventions aimed at fostering self-compassion in this population.

The purpose of the present qualitative study was to gain an in-depth understanding of how adolescents experience self-compassion in their daily lives. Our investigation centered on two main research questions:

**Research Question 1:** How do adolescents conceptualize self-compassion?

**Research Question 2:** What are the underlying experiences of self-compassion among adolescents?

To address these questions, this study utilized an interpretative phenomenological analysis (IPA) methodology (Smith, Flowers, & Larkin, 2009), as described below.

**Method**

IPA (Smith et al., 2009) is a well-established hermeneutic approach to qualitative research where the objective is to explore human meaning and experiences (Smith, Flowers, & Osborn, 1997). This methodology allows the researcher to explore the research question in a flexible nonprescriptive manner, thus facilitating a more thorough investigation of complex questions (Smith et al., 1997). Further, with IPA, the researcher makes sense of people’s unique experiences while maintaining the researcher as an integral part of the interpretive process (Smith et al., 1997).

At the time of this study, the first author was a graduate student in counseling psychology (supervised by the second author), having come to the field with a background in child/adolescent education and psychology. Her interests and perspectives as a researcher were influenced by her experiences counseling and teaching youth. Additionally, her knowledge and understanding of self-compassion were informed by her graduate training and by her collaboration on the second author’s research team. To this project, the second author brought expertise in qualitative research methods as well as an
interest in how self-compassion could be applied to emotion regulation in the context of psychotherapeutic interventions.

Participants

Participants were recruited from an alternative high school program (Grades 10-12) designed for students who, due to various personal issues and life circumstances, were unable to excel in traditional school settings. Recruitment occurred through poster advertisements placed at the students’ school and through a brief information session during the weekly school assembly. Students who expressed an interest in taking part in the study were given a study package that included the study information letter, participant assent and parent consent forms, and a brief demographics form. As part of the assent/consent process, potential participants and their parents had the opportunity to ask questions about the study. Each participant was also asked to provide a pseudonym to help maintain anonymity. Prior to recruitment, ethics approval was granted by the university research ethics board and by the regional school board.

A total of six adolescents participated in the study. In keeping with IPA methodology, the sample size was kept small to allow for an in-depth analysis of the phenomenon of interest (Smith et al., 1997). The sample included four females (Mya, Lily, Stephanie, and Hannah) and two males (Bill and Toby) between the ages of 15 and 17. Of the six participants, four identified as European Canadian, one as French Canadian, and one as Aboriginal. This group of adolescents was also characterized by the high-risk nature of the issues they had experienced in the past, which for some included, but was not limited to, gang activity, drug and alcohol abuse, and engaging in physical violence. For others, recent experiences included trauma (e.g., sexual assault), mental illness, and attempted suicide. Although many of these concerns were from the recent past (i.e., within the last year or two preceding the interview), all participants were enrolled full-time in school and reported they were no longer engaged in high-risk activities. Based on self-report, all six participants had taken part in psychotherapy or counseling at some point in the year preceding the research interviews. Finally, the majority of participants resided with a single parent or were living in a blended family.

Data Collection

All participants took part in individual in-person semistructured interviews conducted by the first author. Each interview began with a brief discussion aimed at establishing rapport, followed by open-ended questions relating to
the phenomenon of self-compassion (e.g., “What does self-compassion mean to you?” and “Can you tell me about a time in your life where you were self-compassionate and describe this to me in as much detail as possible?”). Participants were also asked to speak about the influence of self-compassion in their lives. The semistructured nature of the interviews allowed for additional questions to be asked depending upon the content and direction of the conversation. Each initial interview lasted between 45 and 60 minutes and was audio-recorded. All recordings were later transcribed verbatim. Following the first interview, both authors completed an initial review and analysis of the data and discussed areas in need of further clarification or elaboration, to be addressed in the follow-up interview.

Approximately 3 months after the initial interview, the first author conducted follow-up interviews with each participant. The follow-up interview served several purposes. Firstly, it gave participants an opportunity to read the transcript from the initial interview in order to ensure comfort with and accuracy of the information presented. Secondly, the follow-up interview served as a member check in that it enabled the researchers to clarify understanding, check assumptions, and discuss initial interpretations with the research participants. Finally, the follow-up interview helped to ensure that the discussion of self-compassion had been covered in significant detail.

**Data Analysis**

Data analysis was aimed at finding common patterns across participant interviews, while also attending to the idiographic nature of each participant’s experience. In keeping with methods specified by Smith et al. (2009), data analysis began with the first author reading and re-reading the transcribed interviews, while noting concepts and patterns related to the meaning and experience of self-compassion as articulated by the participants. This process allowed the researcher to gain a holistic sense of each interview and to interpret details in a larger context. Next, each transcript was coded using ATLAS.ti, a qualitative data analysis software program useful for organizing qualitative data. Transcripts were initially coded at a low level of abstraction, based on units of meaning (e.g., phrases, sentences, paragraphs) within the data that were related to the target phenomenon. Analysis then moved to a higher level of abstraction by clustering the codes into common themes across participant accounts (Smith et al., 1997). When a theme appeared across three or more participant accounts, it was selected as a superordinate theme, as is consistent with IPA research (Smith et al., 1997). This process was iterative and involved many revisions, checking back and forth to ensure that the proposed themes fit the data.
To maximize the rigor and trustworthiness of the findings, extensive memoing occurred throughout data collection and analysis. In addition to serving as part of an audit trail for the project, the memos provided a means of acknowledging and bracketing preexisting assumptions that could unknowingly bias the interpretative process. Throughout data analysis, the second author reviewed the codes and themes developed by the first author. Consistent with the recommendations of Smith et al. (2009), peer review occurred throughout data analysis. In this process, the second author reviewed multiple iterations of codes and themes developed by this first author. This facilitated the further development and refinement of codes and themes and helped ensure that codes and themes were well grounded in the data, fit with one another, and made sense.

Findings

Participants’ experiences and conceptualizations of self-compassion centered on eight main themes. Six of the themes were present for all participants and included putting oneself at the center, maintaining a positive outlook, engaging in pleasurable activities, connecting positively with others, working on self-improvement, and making oneself attractive to others. The two remaining themes, accepting oneself and experiencing emotional balance, were apparent for five of the six participants. In the description of themes below, participants’ names and any other potentially identifying information have been changed.

Putting Oneself at the Center

For all participants, self-compassion meant making themselves a priority rather than revolving around the needs and opinions of other people. In most instances, this meant participants placed their own needs above the needs of others when required, especially when dealing with personal adversity. This aspect of self-compassion can be seen in the case of Hannah, aged 17, who learned to focus on her own needs after experiencing a sexual assault:

I don’t think a lot of people realize that you need to take care of yourself first, . . . and I guess that is being kind to yourself, when you sit back and realize that you are in a bad place and that you need help. Realizing that is the kindest thing you can do for yourself.

Several participants spoke about the importance of voicing their needs in social situations and relationships. Lily, aged 17, stated,
You have to speak up for what you like . . . Before, I used to not speak up and would just be kind of quiet in the background, except now I kind of realize that if I want to be happy, I have to give some input on how I can be happy.

In many cases, self-compassion also meant giving less weight to other people’s negative judgments and opinions. An example can be found in 15-year-old Mya’s description of how, after becoming intoxicated at a party and being sexually assaulted, she overcame the ensuing shame and judgment of others by shifting her focus inward rather than outward:

I feel like you have to kind of just love yourself no matter what’s going on around you, because if you believe what everybody else is saying then it will just damage you . . . It just makes more sense to put aside what everybody else thinks and just grow from the experiences and figure out what you can do to love yourself more.

Similarly, Toby, aged 15, explained that self-compassion meant

You take care of yourself, you look out for who you are, and it doesn’t really matter what other people think of you . . . You want to be you and you feel great about yourself.

For some participants, focusing on their own needs meant having down-time, which allowed for self-reflection and a sense of renewal, away from the public sphere. Lily described the connection between self-compassion and a time-out from her busy life:

[It takes] my mind off of reality for a while, for two to three days. And [when] coming home you have a fresh start . . . even if it’s just going to Mexico for a week once a year.

**Maintaining a Positive Outlook**

A major aspect of self-compassion, from the standpoint of participants, was the practice of maintaining a positive outlook during times of hardship. Hannah stated,

Usually I try to keep myself up and look on the brighter side of things. When I am not doing as well in school as I should, there is usually something else I am doing good in. If I am not doing well in school then my social life is awesome.
The importance of focusing on the positive was similarly articulated by Mya, who reflected on how self-compassion helped her cope with academic difficulties:

If you’re hating on yourself all day and you’re hurting, you’re not really going to feel the motivation to figure out what is going on in your life, even with school . . . Today I was like, “It’s a new day, I can figure it out, better things will happen” . . . Positivity helps resolve what’s next . . . If you think positive, positive things will happen and if you think negative, negative things will happen.

As can be seen in the quote above, self-compassion was sometimes regarded as an important foundation for generating hope for the future.

**Engaging in Pleasurable Activities**

For all participants, self-compassion meant engaging in activities for the purposes of pleasure. Such activities also seemed to be a form of distraction that helped participants cope with distressing events. In the case of Hannah, being self-compassionate meant practicing sports, which helped take her mind off her parents’ divorce:

When bad things are going on between my parents, I try to keep myself occupied with the things I love to do like snowboard. If I am feeling bad I will go [snowboarding] and it is like therapy for me. It’s not just a sport, it’s therapy, and after that I just feel so great and I forget about everything. When things get really rough for me, I do the things I like to do to keep my mind somewhere else other than where the drama is.

Self-compassion, from 16-year-old Stephanie’s perspective, meant doing something “nice” for herself. She stated, “You sort of just do stuff you like, to treat yourself, and you forget about the bad.” In this case, “bad” related to her moving to a new city with her family, an experience that resulted in feelings of isolation. Stephanie explained how eating cheese, a particularly enjoyable treat for her, was an act of self-compassion during this difficult transition:

Because you’re doing something for yourself that makes you happy, . . . and it nourishes your body at the same time. It is a double compassion.

**Connecting Positively With Others**

For all participants, self-compassion meant interacting with and relating to people in positive ways. For example, several participants regarded spending time with others as an act of self-compassion. This was the case for Bill, aged
15, who, despite suffering from social anxiety, actively sought opportunities to socialize with others. In his words,

If you don’t have friends and are sitting at home sulking all day, then you’re not going to be happy. And if you’re not happy with yourself, then you can’t be kind to yourself.

The quality of connections with friends and family, and not just the act of connection itself, was important. As Stephanie stated,

If you are around people that aren’t nice, then it isn’t showing [yourself] compassion. But if you’re around people that are good to you and [are] your friends, it’s cool . . . They’re nice and it’s the right environment.

Some participants believed that self-compassion helped improve their interpersonal relationships. Bill, who experienced conflict with family members in the past, described how being compassionate toward himself impacted his relationship with his father and brother:

[Self-compassion] changed my relationship with my dad because now we get along a lot better. And with my little brother, he doesn’t annoy me as much, . . . I can tolerate him more.

By being self-compassionate, several participants found that they were more caring toward others. Lily articulated this experience when she stated, “When I’m kind and happy with myself, I’m usually kinder to my family and want them to be happy too.” In addition, some participants described how being compassionate toward themselves helped them become more open toward other people or, conversely, how self-compassion elicited greater openness from others. As Mya indicated,

Now that I am working on myself and working on accepting me and loving myself, it is like my friends are more open to me . . . Even just small things, like somebody was like, “I forgot my eyeliner,” I could just be like, “Hey I have some in my bag,” like being nice . . . It kind of changes who you are when before I would have been like, “That sucks, see you later” . . . It kind of changes your personality and how open you are, how nice you are, how you interact with people.

**Working on Self-Improvement**

From the perspective of participants, self-compassion included efforts aimed at bettering themselves. These efforts often meant making positive life changes and avoiding self-destructive behavior. Self-improvement in this context did
not seem to be about a lack of self-acceptance or a rejection of the self, but instead underscored the importance of personal choice and development. Mya, for instance, recalled a time when her typical means of coping with difficulties was to use drugs and alcohol. In an effort to improve herself, Mya started doing sit-ups whenever the urge to use drugs arose:

> It’s like you kind of just do something for a couple minutes and let the feeling pass until it comes back again and then instead of doing something unhealthy, you just do something that will improve yourself.

Some participants described how, in the midst of situations and events that could not be controlled, working on self-improvement allowed participants to focus on aspects of their lives that were within their control. Speaking in the context of her parents’ divorce, Hannah reflected on how being self-compassionate meant focusing on aspects of her life she could control. She stated, “Whenever things happen I’m like, ‘what am I going to do? I’m going to improve myself!’ So, [I] work out, I eat healthy, I do the things I like to do that make me happy.”

For Bill, self-compassion meant being willing to change and improve negative aspects of his life. Bill explained that as a young teen, he became involved in a street gang and spent much of his time in physical fights with rival gangs. Several years into this gang life, he was offered an opportunity to move to another city. Bill was confronted with a difficult decision: to leave the only life he had ever known, or to begin a fresh start. As Bill explained, making the decision to move was an act of self-compassion, as “I was helping myself not fight.” Self-compassion allowed him to “hang out with a better crowd than people who were fighting, drinking, and doing drugs, . . . so I made myself sober.” This, in turn, allowed him to “be a better person.”

**Making Oneself Attractive to Others**

For all participants, self-compassion was expressed by putting their best face forward in social situations and interpersonal interactions. This often meant putting effort into their physical appearance and hygiene, which in turn helped make them attractive to their peers. Although it felt intrinsically rewarding to look their best, this theme represents how participants expressed a deeper social motivation for doing so. Specifically, presenting well appeared to be a means of connecting positively with others. Toby, for instance, reflected on how investing in his physical appearance was an act of self-compassion in the sense that it increased the possibility for interaction with his peers.
If I’m dressed up really terribly and I don’t look very presentable, [others] are going to be like, “Oh, I don’t think I want to talk to that guy right now.” Or, if I’m dressed nicely and I have a clean shirt, some clean pants, they’ll be like, “Oh, this guy looks presentable, maybe I will talk to him, maybe I will . . . interact with him.”

For Stephanie, being self-compassionate meant taking care of herself by showering and paying attention to her physical appearance. Again, an important purpose here seemed to be aimed at connection and acceptance from others:

If you don’t shower and stuff and you come to school stinky every day, you aren’t respecting yourself enough to get up and shower, and that is definitely a factor [of self-compassion] . . . Because [peers at school] won’t want to talk to you if you stink.

Similarly, Bill explained how paying attention to his personal hygiene impacted his interpersonal relationships and how he related to himself:

Because if you don’t stay clean, people are going to start commenting on it and then eventually people are going to make you feel gross so it will be hard to be self-compassionate if you feel gross.

Accepting Oneself

Participants viewed self-acceptance as a major aspect of self-compassion. This involved accepting themselves and acknowledging their perceived flaws rather than denying or hiding them. In the case of Hannah, who struggled with a negative body image and disordered eating in the past, self-acceptance was about both expressing and embracing her flaws. Hannah explained,

For me, there [were] some things that I didn’t like about myself. Instead of hating on it, I just embrace it because you can’t really do anything about it.

Stephanie also reflected on the value of developing a more accepting stance toward her physical body. From her perspective, accepting herself meant loving herself in her most natural state, without needing to modify or mask her appearance. She described self-compassion as “loving” herself and “not [caring] if you have faults.” Stephanie expanded on this by saying:

If you always worry about how you look then you don’t love yourself . . . If you don’t love yourself then you might put on some makeup, [I might] put on [a]
girdle to hide my hips and my gut and then [I] would need to put on my extra double push-up bra and then put on my butt-padded underwear . . . [It’s] changing you, your appearance. So changing like a part of you.

Another example of self-acceptance as a core aspect of self-compassion was provided by Lily, who described how she responded to the suicide of a close friend: “I just have to keep going and accept who I am and love who I am.”

**Experiencing Emotional Balance**

Self-compassion was closely related to experiencing emotional balance and control. An important element of emotion regulation was being able to tap into feelings of relaxation in response to feeling overwhelmed or distressed. Lily, for example, described self-compassion as “being relaxed, and just trying to not over-think everything.” Stephanie explained how self-compassion enabled her to turn around a bad day: “What you do [with the bad day] is about being kind to yourself . . . like how you turn it around.” She further stated, “If you’re kind to yourself then you won’t freak out . . . because you’re relaxed with yourself.” Bill also described how being self-compassionate helped him cope constructively with anxiety. Rather than berating himself when he felt a panic attack arise, he would “listen to my music and try to calm myself down.”

For some participants, self-compassion was associated with positive affect, as several participants used the terms *self-compassion* and *happiness* interchangeably. Reflecting on the relationship between self-compassion and happiness, Hannah stated,

I think for me it is all the same because when I am happy I am really awesome to myself, I’m feeling great, it’s a good day. For other people being happy could just be happy [with] their job or doing good in school, but . . . they are not happy about themselves. For me, when I am happy, I am happy about everything.

Similarly, self-compassion and happiness were closely related for Bill:

Times where I wasn’t [self-compassionate] I was really depressed, and when I was being kind to myself, I was really happy and enjoying everything.

**Discussion**

The purpose of this study was to gain an in-depth understanding of the meaning and experiences of self-compassion from the perspectives of six adolescents who had faced a range of personal challenges. Analysis of participant
interviews culminated in eight central themes: putting oneself at the center, maintaining a positive outlook, engaging in pleasurable activities, connecting positively with others, working on self-improvement, making oneself attractive to others, accepting oneself, and experiencing emotional balance. Several of these themes are consistent with previous research and theory where self-compassion has been associated with self-acceptance (e.g., Gilbert, 2009; Neff, 2003a), positive interpersonal relations (e.g., Gilbert, 2009; Neff & McGehee, 2010), positive attitude (e.g., Ferguson, Kowalski, Mack, & Sabiston, 2014; Neff, Hseih, & Dejithirat, 2005), and emotion regulation (e.g., Ferguson et al., 2014; Gilbert & Procter, 2006; Neff, 2003a, 2003b).

A salient finding was participants’ view of self-compassion as accepting the self as is, while engaging in efforts at self-improvement. This juxtaposition of acceptance and change can perhaps be explained by self-compassion’s capacity to provide a sense of safeness (Gilbert, 2009) such that adolescents are open to considering changes to the self without triggering defensiveness or overwhelming feelings of insufficiency (Neff, 2011). Being able to consider and act upon one’s desire for personal growth may also be understood as a promotive factor (Zimmerman, 2013), wherein an adolescent is able to cope with difficult life circumstances constructively, rather than in a destructive manner. For instance, rather than use drugs or alcohol as a means of mitigating stress, Mya focused on self-improvement and chose to do sit-ups. Adopting a self-compassionate mind-set enabled her to make changes in her behavior, thus echoing the suggestions of other researchers that self-compassion may be an important starting point for change (Breines & Chen, 2012; Neff, 2011; Neff, Rude, & Kirkpatrick, 2007).

The current findings also seem to reaffirm previous research findings by drawing attention to how adolescents may perceive engagement in pleasurable activities as an act of self-compassion. The importance of such activities has been highlighted in existing literature on adolescent development and well-being (e.g., Coatsworth, Palen, Sharp, & Ferrer-Wreder, 2006; DesRoches & Willoughby, 2014; Scales, Benson, & Roehlkepartain, 2011). For the adolescents in this study, pleasurable activities were often viewed as a self-compassionate distraction from stressful life events, in much the same way one might comfort and distract a distressed friend by engaging in enjoyable activities. Such actions may be viewed as a form of self-directed compassionate behavior, which is a key element of self-compassion in the literature (Gilbert, 2009). Although the goal of self-compassion is not long-term avoidance of difficult emotions, there may be occasions when paying attention to one’s experience of suffering may be too overwhelming. In these instances, redirecting one’s thoughts and engaging in a new behavior, if only temporarily, may be the more compassionate response rather than “pushing through emotional pain” (Germer...
& Neff, 2013, p. 866). With this in mind, the current findings suggest that for adolescents, short-term avoidance of negative emotions may in some contexts be construed as self-compassionate behavior.

A further contribution to how self-compassion is understood is the theme of putting oneself at the center, whereby participants shifted attention away from others and instead made their own needs a priority. Attention to the self, as a key element of self-compassion for the adolescents in this study, is consistent with Gilbert’s (2009) conceptualization of self-compassion as including the practice of taking time to “nurture and nourish” oneself (p. 234). In the context of adolescent development, this theme may offer a novel way of understanding the self-centeredness that typically characterizes adolescence. By recognizing self-focus as a potential act of self-compassion, placing oneself at the center may be seen as a positive means of replenishing reserves and setting healthy personal boundaries. Further, from a developmental lens, attending to one’s own needs might be an example of how the individual and relational selves (Brewer & Gardner, 1996) are at play in the experience of self-compassion. The need to focus inward suggests that, for adolescents, self-compassion may involve prioritizing the individual self over the relational self when necessary. This transition, from “other” focused to “self” focused is consistent with existing research indicating that during adolescence, young people in Western cultures develop a greater sense of individuality and seek a balance between the personal and social aspects of identity (Tanti et al., 2008).

Additionally, participants emphasized the importance of making oneself attractive to others as an act of self-compassion. The ways in which individuals present themselves to the world can have significant implications for how individuals are perceived by others and themselves (Crocker & Caneyello, 2008; Rosen & Underwood, 2010). The perceptions of others become especially salient in adolescence as this period is marked by an increased concern with the opinions of peers (Elkind, 1967). In other words, to present well is to be perceived well, and to be perceived well may influence one’s experience of self. From a compassion-focused perspective, if individuals believe they are viewed positively by others, this can elicit feelings of safeness, calmness, and affiliation, which, according to Gilbert (2009), are key aspects of self-compassion. In this way, increasing attractiveness may be understood as deeply intertwined with the desire to be valued by others, which in turn produces feelings of connection, safeness, and enhanced well-being (Gilbert, 2009).

Although participants clearly placed importance on interpersonal connection, a sense of being connected to others through one’s struggles was not apparent in the data. This seems to diverge from Neff’s (2003a) conceptualization of self-compassion as including the awareness that all humans
experience suffering. However, these findings seem to be developmentally appropriate among adolescents, given that this stage of life is often characterized by feelings of being alone in one’s struggle (Elkind, 1967). Yet there is also evidence to suggest that with time and maturation, this sense of isolation is likely to dissipate (Bluth & Blanton, 2015).

The current findings also call attention to the significance of the collective self (Brewer & Gardner, 1996) as adolescents place great value on group membership and feeling accepted by others. Including others in the experience of self-compassion, as is consistent with previous findings (Neff, 2011; Neff & McGehee, 2010), seems especially apropos given the developmental phase of adolescence. Perhaps it follows that as one’s sense of self undergoes transition, so too does one’s experience of self-compassion. In this way, self-compassion among adolescents might be thought of as a dynamic process that ebbs and flows, where the foci shifts from intrapersonal to interpersonal and back again, just as individuals are each making sense of their place in the social world.

**Limitations**

An examination of potential differences across gender and age were outside the scope of this study, given its exploratory nature and small sample size. However, the meaning and experience of self-compassion may differ depending on gender and age. Further, participants were mainly from European Canadian backgrounds, which meant that the themes that arose in this study are embedded primarily within a Western perspective.

In addition, as part of the recruitment process, this study sought to attract participants who felt they could speak to the subject matter. As a result, individuals who struggled to understand or relate to the topic of self-compassion may have been less likely to volunteer for the study. Next, all six participants had been through particularly difficult life experiences (e.g., sexual assault, gang activity, drug and alcohol abuse). It is possible that the findings may reflect perspectives that are distinct from those of adolescents who have not faced similar challenges. Further, given that participants had taken part in counseling prior to being involved in this study, it is unclear whether self-compassion was discussed, as the specifics of therapy were beyond the purview of this study.

**Implications and Future Directions**

Overall, we believe these qualitative findings extend and enrich previous research on adolescent resilience by providing an in-depth understanding of
how adolescents themselves experience self-compassion as they encounter adversity in their lives. Thus, our study illuminates self-compassion as a promotive factor from the participant perspective. Findings from this study have several possible implications for helping professionals working with youth. Given participants’ identification of self-focus as a core aspect of self-compassion, attention to the self could be normalized and validated, with special care taken to avoid pathologizing compassionate self-focus as a form of negative self-centeredness. Adolescents could also be helped to identify and assert their own needs as a form of self-care. For example, emotion-focused interventions that emphasize acknowledgment and expression of adaptive needs (Greenberg, 2004) could be integrated with assertiveness training to strengthen adolescents’ ability to communicate their needs to others. Approaches that help enhance adolescent resilience by fostering self-acceptance, especially those with a strong humanistic or person-centered element (see Rogers, 1961), might be helpful. At the same time, adolescents could be empowered through exploring actions that they could take to improve their lives in meaningful and constructive ways. An approach such as acceptance and commitment therapy (ACT; Hayes, Luoma, Bond, Masuda, & Lillis, 2006), which emphasizes both acceptance-based processes as well as actions that promote valued changes, is consistent with a view of self-compassion that encompasses both self-acceptance and self-improvement. Helping professionals could also facilitate dialogue about aspects of adolescents’ lives that are within their control versus situations where control is lacking. Difficult life circumstances and perceived lack of control might be framed as signals to utilize self-compassion, thus teaching adolescents how to navigate life’s challenges in the future. Further, adolescents could be encouraged to maintain a positive outlook through pointing to their strengths and evidence of resilience. Self-compassion might also be promoted through the intentional scheduling of enjoyable activities. Such planning may provide adolescents with a “healthy coping” toolkit that they can rely on when needed.

Finally, as it relates to self-compassion interventions, there is research, albeit limited, to support the use of self-compassion-based skill building as a means of mitigating stress and negative affect and promoting positive well-being among adolescents. For instance, in one study, researchers investigated the outcome of a 6-week mindful self-compassion group, attended by a community-based sample of 14- to 17-year-old adolescents. Each week, participants took part in a 90-minute class where the topics included but were not limited to an introduction to mindfulness and self-compassion, differentiating self-compassion from self-esteem, and developing a compassionate inner voice. Compared with the wait-list control
group, participants in the mindful self-compassion group reported an increase in perceived life satisfaction and a decrease in anxiety, depression, and stress (Bluth, Gaylord, et al., 2016). In a more recent study, Bluth and Eisenlohr-Moul (2017) found that adolescents who took part in an 8-week mindful self-compassion group showed a significant decrease in self-reported stress, along with increased resilience, curiosity, and gratitude.

Together, these findings are significant as they indicate that self-compassion levels can be changed among adolescents and that group support is a tenable method of offering this support. Yet, access to groups may not always be feasible, as adolescents may encounter systemic or environmental barriers to support. Therefore, future research might explore alternative methods for teaching and fostering self-compassion among adolescents. Although preliminary research has investigated the potential of using an online application to increase self-compassion among youth, additional research and testing is still needed in this area (Donovan et al., 2016).

Furthermore, future research might examine the potential roles of gender and gender socialization in the meaning and experience of self-compassion. This seems especially significant given recent findings that female adolescents tend to have lower levels of self-compassion when compared with same-age males (Bluth & Blanton, 2015; Cunha, Xavier, & Castilho, 2015). In addition, researchers might seek to better understand the phenomena of self-compassion from the perspective of adolescents who are either low or high in self-compassion. By investigating the perspective and experiences of adolescents on either end of the continuum, researchers and practitioners may gain a better understanding of the challenges that adolescents face in developing self-compassion as well as ways in which potential obstacles might be overcome. Finally, conducting research with adolescents from various cultural backgrounds would be a valuable next step in helping uncover potential commonalities and differences, if any, in how adolescents from diverse cultures conceptualize and experience self-compassion.

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References


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