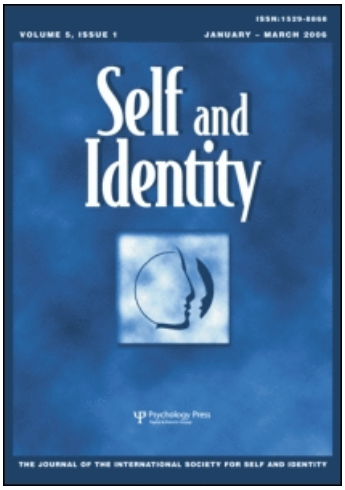

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Kristin D. Neff[a]; Pittman McGehee[a]
[a] University of Texas, Austin, Texas, USA

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Self-compassion and Psychological Resilience Among Adolescents and Young Adults

KRISTIN D. NEFF
PITTMAN McGEHEE

University of Texas, Austin, Texas, USA

Self-compassion is an adaptive way of relating to the self when considering personal inadequacies or difficult life circumstances. However, prior research has only examined self-compassion among adults. The current study examined self-compassion among adolescents ($N = 235$; $M_{age} = 15.2$) and included a sample of young adults as a comparison group ($N = 287$; $M_{age} = 21.1$). Results indicated that self-compassion was strongly associated with well-being among adolescents as well as adults. In addition, family and cognitive factors were identified as predictors of individual differences in self-compassion. Finally, self-compassion was found to partially mediate the link between family/cognitive factors and well-being. Findings suggest that self-compassion may be an effective intervention target for teens suffering from negative self-views.

Keywords: Adolescence; Identity; Self-evaluation; Self-compassion; Well-being.

Identity formation is one of the major tasks of adolescence (Erikson, 1968; Grotevant & Cooper, 1985). The emotional difficulties of the teen years often stem from concerns with self-evaluation. Adolescents may ask themselves "Am I a worthy person?", "What do other people think of me?", or "Am I as good as others?" A continual process of self-evaluation and social comparison occurs as teens attempt to establish their identity and place in the social hierarchy (Brown & Lohr, 1987; Harter, 1990). The intense pressures faced by most adolescents, such as stress over academic performance, the need to be popular and "fit in" with the right peer crowd, body image, concerns with sexual attractiveness, and so on, means that the self-evaluations of teens are often unfavorable (Harter, 1993; Simmons, Rosenberg, & Rosenberg, 1973; Steinberg, 1999). Negative self-judgments are strongly implicated in the high rates of anxiety, depression, and attempted suicide found during this period (Harter & Marold, 1994; Laufer, 1995).

While Western psychologists and educators have frequently focused on enhancing self-esteem as a response to adolescents' negative self-evaluations (Mecca, Smelser, & Vasconcellos, 1989), self-esteem is difficult to raise (Sedikides, 1993; Swann, 1996). Also, most school-based self-esteem programs have failed (Baumeister, Campbell, Krueger, & Vohs, 2003). More troubling, the need for high self-esteem has been

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Correspondence should be addressed to: Kristin D. Neff, 1 University Station, D5800, University of Texas at Austin, Austin, TX 78712, USA. E-mail: kristin.neff@mail.utexas.edu

found to contribute to certain problematic behaviors, including bullying, aggression, self-enhancement bias, and narcissism (Baumeister, Bushman, & Campbell, 2000; Baumeister, Smart, & Boden, 1996; Crocker & Park, 2004). Thus, encouraging the pursuit of high self-esteem among adolescents is not necessarily a desired or productive goal.

The construct of self-compassion provides an alternative model for thinking about self-views that may promote resilience among adolescents. Put simply, self-compassion is compassion turned inward. Self-compassion refers to the ability to hold one's feelings of suffering with a sense of warmth, connection, and concern. Neff (2003b) has proposed three major components of self-compassion. The first is self-kindness, which refers to the ability to treat oneself with care and understanding rather than harsh self-judgment. The second involves a sense of common humanity, recognizing that imperfection is a shared aspect of the human experience rather than feeling isolated by one's failures. The third component of self-compassion is mindfulness, which involves holding one's present-moment experience in balanced perspective rather than exaggerating the dramatic story-line of one's suffering. (The process of getting carried away with one's negative emotions is termed "over-identification"; Neff, 2003b). These components combine and mutually interact to create a self-compassionate frame of mind. Compassion can be extended towards the self when suffering occurs through no fault of one's own—when the external circumstances of life are simply painful or difficult to bear. Self-compassion is equally relevant, however, when suffering stems from one's own foolish actions, failures, or personal inadequacies.

Research suggests that self-compassion is strongly related to psychological well-being, including increased happiness, optimism, personal initiative, and connectedness, as well as decreased anxiety, depression, neurotic perfectionism, and rumination (see Neff, 2009, for a review). Self-compassion appears to have similar psychological benefits as self-esteem but is associated with fewer downsides such as ego-defensiveness or narcissism (Leary, Tate, Adams, Allen, & Hancock, 2007; Neff, 2003a). Neff and Vonk (2009) found that when compared to trait levels of self-esteem, self-compassion was associated with more non-contingent and stable feelings of self-worth over time. Self-compassion also offered stronger protection against social comparison, public self-consciousness, self-rumination, anger, and close-mindedness.

Self-compassion is likely to be highly relevant to the adolescent experience. The feelings of self-acceptance and self-kindness entailed by self-compassion should lead to fewer harsh judgments when adolescents confront disliked aspects of themselves. The ability to frame one's experience in light of the common human experience should provide a sense of interpersonal connectedness that can help teens cope with fears of social rejection (Collins, 1997). The mindful aspect of self-compassion should help prevent adolescents from obsessively ruminating on pessimistic thoughts and emotions, a process that often leads to psychological dysfunction (Nolen-Hoeksema, 1991). To date, however, no empirical research has examined whether self-compassion predicts well-being among adolescents. A main purpose of this study, therefore, was to determine if self-compassion would be associated with the same mental health benefits among adolescents that have been found in older populations. It was predicted that self-compassionate adolescents would report more social connectedness and less anxiety and depression, similar to prior findings with adults (Neff, 2003a; Neff, Pisitsungkagarn, & Hseih, 2008).

Another important goal of this study was to examine factors that may contribute to the development of self-compassion (or lack thereof) among adolescents. It was

thought that family experiences might play a key role. Gilbert (1989, 2005) argued that self-compassion taps into an evolved mammalian physiological system guiding attachment and care-giving behavior. When accessed via other people's displays of kindness and concern or through self-directed thoughts and emotions, individuals experience feelings of connectedness and soothing when given care. In contrast, self-criticism taps into the threat-focused physiological systems of social ranking, which involve aggressive dominance and fearful submission. Thus, individuals raised in safe, secure, and supportive environments should be more able to relate to themselves in a caring and compassionate manner. Those raised in insecure, stressful, or threatening environments should be colder and more critical toward themselves (Gilbert & Proctor, 2006). In this study, it was expected that adolescents who reported experiencing maternal criticism and stressful family relationships would report less self-compassion, while those who felt supported by mothers or who came from functional families would report greater self-compassion.

Similarly, self-compassion was expected to be associated with internal working models of attachment. Bartholomew and Horowitz (1991) described four different types of attachment in the adolescent and adult period, which vary according to levels of avoidance and anxiety. The avoidance dimension relates to expectations about others as trustworthy and supportive, whereas the anxiety dimension relates to the individual's beliefs about self-worth. *Secure* attachment, characterized by trust and comfort with intimacy, corresponds to low avoidance and low anxiety. *Preoccupied* attachment, characterized by jealousy and clinging, corresponds to low avoidance and high anxiety. *Fearful* attachment, characterized by distrust of others and feelings of inadequacy, corresponds to high avoidance and high anxiety. *Dismissing* attachment, characterized by downplaying the importance of relationships and inflating self-worth, corresponds to high avoidance and low anxiety. Theoretically, greater attachment security should be positively associated with self-compassion, as individuals with a secure attachment schema should be able to tap into feelings of self-care more readily. We expected the insecure attachment styles to be negatively linked to self-compassion. Those who do not expect support in relationships or who are anxious about whether the self is worthy of care should have limited access to self-compassionate feelings.

There is another construct specific to the developmental stage of adolescence that may help predict self-compassion levels. The introspection of the teen years often leads to adolescent egocentrism (Elkind, 1967), meaning that the perspectives of self and other are not clearly differentiated and integrated. In particular, adolescents sometimes display "the personal fable"—believing that their experiences are unique and that others cannot possibly understand what they are going through (Lapsley, FitzGerald, Rice, & Jackson, 1989). The personal fable may contribute to a lack of self-compassion if one's difficulties and failings are not recognized as being a normal part of what it means to be human.

Finally, we thought self-compassion might play a mediating role in personal well-being. A great deal of research has highlighted the fact that maternal support, good family functioning, and attachment security are associated with positive psychological health (e.g., Barber & Harmon, 2002; Cooper, Shaver, & Collins, 1998; Crittenden, Claussen, & Sugarman, 1994; Steinberg, 1990). Self-compassion may be one of the pathways through which family factors impact well-being. External family relationships may be reflected in how individuals relate to themselves (in either a healthy or maladaptive manner), which in turn impacts mental health. An adolescent with a secure attachment bond, supportive mother, and functional family is likely to

have more self-compassion than one with a problematic family environment, given that care and compassion have been appropriately modeled by others. Thus, in addition to providing direct support and care in times of suffering, good family relationships may indirectly impact functioning by fostering compassionate inner dialogues. On the other hand, dysfunctional family relationships are likely to translate into self-criticism, negative self-attitudes and a lack of self-compassion, meaning that both internal and external coping resources are restricted.

Self-compassion may also help explain the link between the personal fable and poor mental health. Aalsma, Lapsley, and Flannery (2006) found that believing one is totally unique is associated with depression and suicidal ideation. This may be partly due to low levels of self-compassion. When adolescents cannot integrate their own experiences with those of others, they may be even harder on themselves, feel more isolated in their failures, and over-dramatize their personal problems (i.e., they will lack the three components of self-compassion). This, in turn, is likely to exacerbate feelings of depression, anxiety, and isolation.

The current study examined these issues in a group of adolescents attending high school and also young adults attending college. The inclusion of the older group allowed us to determine if self-compassion levels were similar among adolescents and young adults. Given that much of the prior research on self-compassion has been conducted with college samples, college students were deemed an appropriate comparison group. Including two age groups also allowed us to examine whether self-compassion displays a similar pattern of association with other variables among adolescents and young adults. In summary, it was hypothesized that self-compassion would provide similar psychological health benefits for adolescents as have been found with young adults and that maternal support, family functioning, attachment style, and the personal fable would be significant predictors of self-compassion. It was also hypothesized that self-compassion would partially mediate the link between well-being and maternal support, family functioning, attachment style, and the personal fable.

Method

Participants

Participants included 235 adolescents (48% male, 52% female; $M_{age} = 15.2$ years, range 14–17) and 287 young adults (43% male, 57% female; $M_{age} = 21.1$ years, range 19–24). The adolescents were from a private high school in a large southwestern city in the United States, and the young adults were from a college in the same city. Adolescents were recruited by sending out a school-wide notice to teens and their parents, and no compensation for participation was provided. Young adults were recruited through a subject pool and received course credit for participation. The socioeconomic backgrounds of both groups were similar (largely middle class), as was their ethnic composition (adolescents were 79% Caucasian, 7% Hispanic, 1% Asian, 13% mixed/other; young adults were 68% Caucasian, 9% Hispanic, 17% Asian, 7% mixed/other).

Measures

Self-compassion. Participants were given the 26-item Self-Compassion Scale (SCS; Neff, 2003a). The SCS includes six subscales: Self-Kindness (5 items, e.g., ''I try to be

understanding and patient towards those aspects of my personality I don't like''); Self-Judgment (5 items, e.g., ''I'm disapproving and judgmental about my own flaws and inadequacies''); Common Humanity (4 items, e.g., ''I try to see my failings as part of the human condition''); Isolation (4 items, e.g., ''When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world''); Mindfulness (4 items, e.g., ''When something painful happens I try to take a balanced view of the situation''); and Over-Identification (4 items, e.g., ''When I'm feeling down I tend to obsess and fixate on everything that's wrong''). Confirmatory factor analyses conducted when the scale was created determined that a single higher-order factor of self-compassion could explain the inter-correlations between the six subscales (NNFI = .90; CFI = .92), meaning that one can examine the six subscales separately or else as an overall score (see Neff, 2003a, for details). For the purposes of this study, only total self-compassion scores were analyzed. Responses on the SCS are given on a 5-point scale ranging from ''*Almost Never*'' to ''*Almost Always*,'' with higher scores representing greater self-compassion. Research indicates that the SCS demonstrates concurrent validity (e.g., correlates negatively with self-criticism), convergent validity (SCS scores are significantly correlated with therapist ratings of self-compassion), discriminant validity (e.g., no correlation with social desirability or narcissism), and test–retest reliability (Neff, 2003a; Neff, Kirkpatrick, & Rude, 2007). Past research with American samples has also demonstrated good internal consistency for the SCS (.90–.95 for overall scores and .75–.86 for subscale scores). Internal consistency (using Cronbach's alpha) for this and all other study measures obtained with current study participants are presented in Table 1.

Depression. The study employed a revised version of the Beck Depression Inventory (BDI; Beck & Steer, 1987), a well-known 21-item questionnaire with good psychometric properties that assesses cognitive, affective, motivational, and somatic symptoms of depression. Responses were given on a 4-point scale (ranging from 0 to 3), with higher scores representing more depressed affect. The items having to do

TABLE 1 Means, Standard Deviations, Cronbach's Alphas, and T-Tests for All Study Measures

	Adolescents			Young adults			*t*-test			
	M	*SD*	α	*M*	*SD*	α	*t*	*df*	*p*	η^2
Self-compassion	2.97	0.62	.90	2.99	0.61	.93	0.24	520	.81	.00
Depression*	0.47	0.40	.90	1.40	0.34	.88	28.46	520	.00	.61
Anxiety	2.48	0.76	.93	2.55	0.70	.93	1.19	519	.24	.00
Connectedness	4.15	0.88	.93	4.08	0.93	.95	0.91	519	.36	.00
Maternal support	4.26	0.58	.82	4.35	0.63	.88	1.57	519	.12	.01
Family functioning*	3.98	0.84	.97	4.22	0.72	.97	3.56	518	.00	.02
Attachment style										
Secure	3.27	1.16	—	3.35	1.12	—	0.78	515	.44	.00
Preoccupied*	2.82	1.22	—	2.54	1.16	—	2.58	515	.01	.01
Fearful	2.61	1.28	—	2.56	1.32	—	0.37	515	.71	.00
Dismissive	2.82	1.25	—	2.88	1.20	—	0.49	515	.63	.00
Personal fable	3.01	0.62	.74	3.00	0.56	.73	0.29	517	.77	.00

Note: *Means between age groups differed significantly at $p < .05$.

with suicidal ideation and interest in sexual activity were dropped from the scale so that it would be suitable for the adolescent sample, yielding a total of 19 items.

Anxiety. The study employed the Spielberger State-Trait Anxiety Inventory – Trait form (Spielberger, Gorsuch, & Lushene, 1970), a commonly used 20-item anxiety questionnaire that has been found to have good psychometric properties. Responses were given on a 5-point scale from "*Almost Never*" to "*Almost Always*," with higher scores representing greater anxiety.

Connectedness. The Social Connectedness Scale (Lee & Robbins, 1995) measures the degree of interpersonal closeness that individuals feel between themselves and other people, both friends and society. Sample items include: "I feel disconnected from the world around me." Responses were given on a 5-point scale ranging from "*Strongly Agree*" to "*Strongly Disagree*," with higher scores representing a stronger sense of belonging. The 8-item scale has been shown to have good internal and test–retest reliability in past research (Lee & Robbins, 1995, 1998).

Maternal support. Participants were given the maternal subscale of the Family Messages Measure (Stark, Schmidt, & Joiner, 1996), a 12-item scale that assesses perceptions of supportive versus critical messages from one's mother regarding the self (e.g., "My mother tells me that I am a good person" or "My mother tells me I can't do anything right"). Responses were given on a 5-point scale ranging from "*Almost Never*" to "*Almost Always*," with higher scores representing more positive messages. The scale was developed for use with children and adolescents and demonstrated good psychometric properties.

Family functioning. Participants completed the commonly-used Index of Family Relations (Hudson,1992), a 25-item self-report scale that assesses family functioning (e.g., "Members of my family argue too much" or "Members of my family are really good to one another"). Responses were given on a 5-point scale ranging from "*Almost Never*" to "*Almost Always*," with higher scores representing better family functioning and lower scores representing more stress and conflict.

Attachment. The Relationship Questionnaire (Bartholomew & Horowitz, 1991) is a self-report measure designed to assess four distinct attachment styles: secure, preoccupied, fearful, and dismissing. Respondents are given four short paragraphs describing each attachment style before rating how each description corresponds to their general relational style on a 7-point Likert scale from 1 (*Not at all like me*) to 7 (*Very much like me*). The RQ has demonstrated test–retest reliability over 8-month and 4-year periods (Kirkpatrick & Hazan, 1994; Scharfe & Bartholomew, 1994). Griffin and Bartholomew (1994) found evidence for construct, discriminant, and convergent validity of the RQ in three separate studies.

Personal fable. Participants completed the personal uniqueness subscale of the New Personal Fable Scale (Lapsley et al., 1989). This 13-item measure consists of items such as "No one has the same thoughts and feelings I have," anchored on a 5-point Likert scale ranging from "*Strongly Disagree*" to "*Strongly Agree*". The psychometric properties of the measure have been generally sound (Goosens, Beyers, Emmen, & Van Aken, 2002). In the current study, however, two items displayed low item-total correlations. Interestingly, both items focused on the degree to which

participants felt special or significant (''There isn't anything special about me'' and ''I often feel that I am insignificant and that I don't really matter''), potentially tapping into feelings of self-worth rather than feelings of personal uniqueness. These two items, therefore, were dropped from the scale.

Results

Means, standard deviations, and Cronbach's alpha are reported for all measures included in the study (see Table 1). *T*-tests examining age-group differences in study variables are also reported in Table 1. Note that there was not a significant difference in self-compassion levels reported by adolescents and young adults. In terms of sex differences, self-compassion was not found to differ by sex among the adolescent sample ($M = 3.01$, $SD = 0.61$ for males, and $M = 2.94$, $SD = 0.63$ for females); $t(230) = 0.93$, $p = .35$. However, there was a significant sex difference found among the young-adult sample, with females reporting less self-compassion than males ($M = 3.07$ for males, $SD = 0.57$, and $M = 2.92$, $SD = 0.63$ for females); $t(285) = 1.97$, $p = .05$.

Table 2 presents partial correlations (with sex partialled out) between all study variables, with results for each age group presented separately. We controlled for sex to ensure that any observed differences in the pattern of correlations between age groups were not gender related. As expected, self-compassion was associated with well-being among adolescents as well as young adults. Self-compassion evidenced a significant negative correlation with depression and anxiety and a significant positive correlation with feelings of social connectedness. No significant differences in the strength of correlations were found between adolescents and young adults when compared (all $ps > .05$).

In terms of potential predictors of self-compassion, our hypotheses were also supported. As can be seen in Table 2, maternal support and family functioning were significant predictors of self-compassion. Attachment style also predicted self-compassion, with secure attachment positively associated with self-compassion, and preoccupied and fearful attachment negatively associated with self-compassion. (The one exception was dismissive attachment, which was not significantly linked to self-compassion.) The personal fable was also a significant predictor of self-compassion, with greater egocentrism being linked to less compassion for oneself. Again, no significant differences in the strength of correlations between age groups were found.

We next tested whether self-compassion partially mediated the link between well-being outcomes and maternal support, family functioning, attachment security, or the personal fable. We decided to conduct our analyses for the sample as a whole given that no significant age-group differences were found in correlations between self-compassion and other study variables. Age and sex were controlled for in analyses, however, to help insure that group differences in well-being did not confound results. We decided to calculate an overall well-being score by taking the mean of depression, anxiety and connectedness scores. This approach allowed us to simplify analyses, and is similar to Diener and colleagues' approach to analyzing subjective well-being (e.g., Diener, 1994; Diener & Diener, 1996). Depression and anxiety were reverse coded so that higher scores represented greater well-being, and scores were weighted appropriately so that depression, anxiety, and connectedness each contributed one-third of the total variance in well-being.

In order to test for mediation, we followed guidelines set out by Baron and Kenny (1986). In order to conclude that a mediating relationship exists, three conditions

TABLE 2 Partial Correlations (Controlling for Sex) Between Study Variables among Adolescents/Young Adults

	Depress.	Anxiety	Connect.	M. Supp.	Fam. Func.	Secure A.	Preocc. A.	Fearful A.	Dismiss. A.	Pers. fab.
Self-cmp.	−.60*/−.51*	−.73*/−.67*	.51*/.43*	.28*/.26*	.33*/.32*	.24*/.39*	−.22*/−.23*	−.18*/−.27*	.08/.05	−.28*/−.33*
Depress.	–	.77*/.73*	−.64*/−.55*	−.40*/−.31*	−.47*/−.27*	−.29*/−.41*	.19*/.20*	.26*/.25*	−.01/−.12	.35*/.40*
Anxiety		–	−.66*/−.69*	−.37*/−.39	−.43*/−.39*	−.36*/−.44*	.21*/.33*	.29*/.32*	−.06/−.16*	.35*/.38*
Connect.			–	.28*/.43*	.38*/.41*	.40*/.48*	−.23*/−.26*	−.37*/−.35*	−.02/.02	−.51*/−.46*
M. Supp.				–	.55*/.58*	.13/.27*	−.09/−.09	−.02/−.16*	.03/−.04	−.17*/−.21*
Fam. Func.					–	.24*/.22*	−.15*/−.09	−.21*/−.22*	−.12/.00	−.24*/−.33*
Secure A.						–	−.03/−.04	−.39*/−.51*	−.11/−.16*	−.24*/−.43*
Preocc. A.							–	.01/−.02	−.17*/−.31*	.16*/.07
Fearful A.								–	.21*/.20*	.29*/.39*
Dismiss. A.									–	.06/.14*

Notes: *$p < .05$. Self-cmp. = Self-compassion, Connect. = Connectedness, M. Supp. = Maternal Support, Fam. Func. = Family Functioning, Secure A. = Secure Attachment, Preocc. A. = Preoccupied Attachment, Fearful A. = Fearful Attachment, Dismiss. A. = Dismissive Attachment, Pers. Fab. = Personal Fable.

must be met: (1) There must be a significant relationship between the predictor and the outcome variable; (2) there must be a significant relationship between the predictor and the mediating variable; and (3) there must be a significant relationship between the mediator and the outcome variable when mediator and predictor are entered into the same regression equation, and their relation must reduce the direct effect of the predictor on the outcome. In order to test the first condition, we correlated maternal support, family functioning, attachment styles, and the personal fable with the outcome variables of depression, anxiety and connectedness, respectively. All correlations were significant at $p < .05$. The second condition was already met, as evidenced by the correlations shown in Table 2. (The one exception was the link between self-compassion and dismissive attachment, which was non-significant. For this reason, dismissive attachment was not included in our analyses.) We then conducted regression analyses to test for mediation in three steps. The first step regressed well-being on age and sex as a control, the next step regressed well-being on either maternal support, family functioning, attachment, or the personal fable, and the last step added self-compassion to the model.

As can be seen in Table 3, self-compassion explained significant additional variance in well-being over and above maternal support. Similar findings were obtained for family functioning, attachment, and the personal fable. In each case the direct contribution of the initial predictor variable was reduced, but still contributed significant variance to well-being after accounting for self-compassion. This suggests that self-compassion partially mediated the link between the predictors of maternal support, family functioning, attachment, and the personal fable and the outcome of well-being. Sobel (1982) tests of mediation were conducted, and it was found that self-compassion was a significant mediator for all the predictor variables examined (Maternal Support, $z = 5.96$; Family Functioning, $z = 7.17$; Secure Attachment, $z = 7.02$; Preoccupied Attachment, $z = 4.83$; Fearful Attachment, $z = 4.95$; Personal Fable, $z = 7.11$; all $ps < .001$).

Finally, a regression analysis was conducted that included all eight predictor variables simultaneously (maternal support, family functioning, secure, preoccupied, fearful and dismissive attachment, the personal fable and self-compassion). This allowed us to determine whether self-compassion would contribute to well-being while controlling for the combined impact of the other variables. As seen in Table 4, self-compassion contributed to well-being even after controlling for the other factors.

Discussion

First, it is worth noting that the Self-Compassion Scale was found to be reliable for use with adolescents, suggesting that the scale can be used for research purposes with teens from a similar socioeconomic and educational background as those participating in the current study.

Analyses indicated that overall self-compassion levels were similar between adolescents and young adults, and no significant differences between the two groups were found. This indicates that adolescents in high school display approximately the same degree of self-compassion as young adults in college. Of course, young adults in college are not fully mature, and issues of identity formation are still salient in this period (Arnett, 2000). It may be that adolescents would evidence less self-compassion when compared with older adults, but the young adults examined in this sample were too close in age and maturity to reveal developmental trends. In

TABLE 3 Standardized Regression Coefficients for either Maternal Support, Family Functioning, Attachment Style, or the Personal Fable Predicting Well-being, with Sex and Age Entered as Control Variables in Step 1 and Self-compassion Entered as a Potential Mediating Variable in Step 3

	Step 2	Step 3
Maternal support	.39*	.25*
Self-compassion	–	.54*
ΔF	104.51*	288.82*
ΔR^2	.15*	.27*
Family functioning	.44*	.26*
Self-compassion	–	.51*
ΔF	129.29*	241.32*
ΔR^2	.18*	.23*
Secure attachment	.44*	.27*
Self-compassion	–	.51*
ΔF	138.86*	238.90*
ΔR^2	.19*	.23*
Preoccupied attachment	−.26*	−.13*
Self-compassion	–	.57*
ΔF	39.69*	290.26*
ΔR^2	.07*	.30*
Fearful attachment	−.34*	−.22*
Self-compassion	–	.45*
ΔF	74.86*	286.13*
ΔR^2	.12*	.28*
Personal fable	−.46*	−.29*
Self-compassion	–	.51*
ΔF	154.46*	255.76*
ΔR^2	.21*	.23*

Notes: $N = 522$. *$p < .001$.

TABLE 4 Standardized Regression Coefficients for Maternal Support, Family Functioning, Attachment Style, the Personal Fable and Self-compassion Predicting Well-being (with Sex and Age Entered as Control Variables in Step 1)

Maternal support	.15**
Family functioning	.09*
Secure attachment	.17**
Preoccupied attachment	−.11**
Fearful attachment	−.11*
Dismissive attachment	.07*
Personal fable	.17**
Self-compassion	.36**
ΔF	84.48**
ΔR^2	.52**

Notes: $N = 522$. *$p < .05$; **$p < .001$.

fact, Neff and Vonk (2009) found a small but significant correlation between self-compassion and age in a large community sample in Denmark that included many older participants, suggesting that self-compassion levels may increase later in life. Also, given that this study employed a cross-sectional rather than longitudinal design, definitive conclusions regarding developmental changes in self-compassion would be premature.

In terms of the patterns of association between self-compassion and other study variables, findings for adolescents and young adults were remarkably similar. As was expected, self-compassion was a significant predictor of mental health among adolescents as well as young adults. Those with more self-compassion reported less depression and anxiety as well greater feelings of social connectedness (*r*s ranged from .43 to .73), with both groups evidencing moderate to strong effect sizes (Cohen, 1988). This suggests that prior findings on the mental-health benefits of self-compassion (obtained largely with college-aged samples) also hold for adolescents in high school.

This study also examined possible contributing factors to self-compassion. First, maternal support was associated with significantly greater self-compassion, while maternal criticism was linked to less self-compassion. Self-compassion levels were also significantly predicted by degree of family functioning more generally. Adolescents and young adults from harmonious, close families were more self-compassionate, whereas those from stressful, conflict-filled homes were less self-compassionate. How individuals treat themselves in times of suffering or failure may be modeled on family experiences. If parents are angry, cold or critical to their children, they may be colder and more critical towards themselves. If parents are warm, caring and supportive, this may be reflected in children's inner dialogues.

This interpretation is supported by the finding that self-compassion is linked to attachment styles. Adolescents and young adults with a secure attachment style reported significantly higher levels of self-compassion, as expected. According to Bartholomew's model, secure attachment involves trusting others to be supportive and feeling secure in one's worth as a person. The sense of worth and connection experienced by securely attached individuals may facilitate the development of self-compassion. Adolescents and young adults with a preoccupied attachment style, which involves being needy or dependent on others to provide a sense of self-validation, reported having less self-compassion. If people look to external sources to feel okay about themselves, they may find it more difficult to self-generate feelings of acceptance. Similarly, adolescents and young adults with a fearful attachment style—characterized by lack of trust in others and doubts about personal worth—may not have the emotional foundation needed to provide themselves with compassion. Interestingly, there was no significant relationship between having a dismissing attachment style and self-compassion. The dismissive attachment style involves a certain degree of self-deception because it denies the importance of interpersonal relationships. Thus, it may be that dismissive individuals are less able to accurately describe the degree to which they are self-compassionate, which could account for the lack of association.

In terms of the strength of the relationship between self-compassion and family factors, modest or moderate effect sizes (*r*s ranged from .18 to .39) were generally observed. This suggests that while maternal support, family functioning and attachment are involved in the ability to give oneself compassion, they do not determine how self-compassionate one is.

It is interesting to consider whether oxytocin might contribute to the link between family variables and self-compassion. Studies have shown that increased levels of

oxytocin increase feelings of trust, calm, safety, generosity, and connectedness (Carter, 1998; Feldman, 2007), and are linked to secure attachment and maternal care (Marazziti, 2005; Uvnäs-Moberg, 1998). Oxytocin is also released when people give or receive compassion (Keltner, 2004). It may be that supportive and compassionate family interactions increase oxytocin levels, creating a mindset more conducive to self-compassion. This idea is worth investigating in future research.

Our results supported the prediction of an association between adolescent egocentrism and self-compassion. In particular, those who displayed the personal fable—the sense that the self's experiences are unique and not shared by others—reported significantly lower levels of self-compassion. (Correlations ranged from .28 to .33, indicating a modest to moderate relationship between variables.) One of the key features of self-compassion is understanding and recognizing that suffering, failure, and disappointment are all part of life—something we all go through. Without much life experience, however, adolescents and young adults may not have learned that the pain they are going through is normal and natural. This sense of isolation may exacerbate self-criticism and self-pity, running counter to the ability to feel compassion for oneself in the struggle of life.

This study also examined whether self-compassion might play a mediating role between family variables and well-being. The link between dysfunctional family relationships and psychological problems has been well documented. It was thought that some of these problems may be related to the reduced self-compassion engendered by poor family relationships. In the current study, it was found that self-compassion was a significant partial mediator between maternal support and well-being (measured in terms of depression, anxiety, and connectedness). Self-compassion was also a significant partial mediator between family functioning and well-being, as well as secure, preoccupied, or fearful attachment and well-being. This suggests that one way parents may influence their children's functioning is by fostering self-compassionate or self-critical inner dialogues. In some ways, self-compassion can be viewed as an internal reflection of the parent–child relationship. A history of caring parenting may lead to more care given by the self to the self, whereas non-supportive parenting may lead to harsh self-criticism, thus continuing the cycle of dysfunction. Given the correlational nature of these findings, however, conclusions regarding the directionality of influence between these variables must remain tentative.

This study examined whether some of the psychopathology associated with the personal fable might also be attributed to reduced self-compassion levels. Once again, it was found that self-compassion was a significant partial mediator between the personal fable and well-being. This suggests that individuals' perceptions of their experiences as unique may negatively impact well-being by undermining their ability to be self-compassionate. Without recognizing how failures and suffering are shared by others, it is harder to feel compassion for the imperfection, hardship, and loss entailed in the human experience.

Finally, we examined whether self-compassion predicted well-being while simultaneously accounting for the impact of maternal support, family functioning, attachment style, and the personal fable. Self-compassion significantly contributed to well-being while controlling for the other factors, suggesting that the mental-health benefits of self-compassion were not confounded with the influence of family relationships or adolescent egocentrism. This is an encouraging finding given that self-compassion can be enhanced with practice (Gilbert & Procter, 2006). It may be easier and more pragmatic for some individuals to learn how to be self-compassionate than to improve their complicated family dynamics.

Limitations and Implications

Several limitations should be noted in this study. First, the participants in the study were largely white and middle class, and it should not be assumed that the same pattern of findings would hold in a more diverse population. The study was also limited in its ability to examine developmental changes in self-compassion given the study's cross-sectional design and the fact that the adult comparison group was still quite young. Because of the correlational analyses employed in this study, moreover, no conclusions about causality can be drawn. For instance, it may be that emotional well-being leads to more compassionate ways of treating oneself, rather than the other way around. Similarly, emotional well-being may lead to more positive descriptions of family functioning. Self-compassionate individuals may also be more understanding towards their families, leading them to describe their family relationships in more positive terms. Variables of family functioning, self-compassion, and well-being may also simultaneously and mutually interact in a complex fashion. One way to avoid the ambiguity of correlational research is to manipulate self-compassion in the lab. Researchers are just now starting to use experimental inductions of self-compassion to determine how it changes behavior (e.g., Leary et al., 2007; Adams & Leary, 2007), and further studies along these lines are needed to gain a better understanding of how self-compassion relates to functioning.

Still, the results of the current study support the idea that self-compassion plays a role in adolescent well-being. Given the well-known difficulties of the period, it may be that attempts to help adolescents develop greater self-compassion could be beneficial. Self-compassion may provide a way for adolescents to experience positive feelings towards themselves without engaging in the problematic process of self-judgment and evaluation. For those individuals who come from dysfunctional families, self-compassion may provide a way to learn new ways of self-to-self relating that are more balanced and supportive. Self-compassion could also help individuals soothe the pain associated with their family problems, to see their parents as human beings who are also imperfect and struggling, and to recognize that interpersonal conflict is universal and shared aspect of the human experience. For these reasons, efforts are currently underway to develop a self-compassion intervention for adolescents. We have pilot tested one intervention already: a weekend retreat for high-school students that introduced the concept of self-compassion and provided group and individual exercises designed to enhance compassionate feelings toward oneself. To the authors' knowledge, such an intervention has not been attempted before. Adolescents reported appreciating the self-compassion concept, and empirical data will be collected once the design of the intervention is finalized to help determine if it is effective. If self-compassion interventions do turn out to be successful, it may be that schools should start placing greater emphasis on the development of students' self-compassion to help them cope with the difficulties of growing up. This approach could help avoid the problems associated with self-esteem programs in the schools (Baumeister et al., 2003; Twenge, 2006), while still helping adolescents relate to themselves in a positive, productive manner.

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