Drew University
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The Integration of Self-Compassion Programs into School Curriculums

A Thesis in Psychology

by

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**Abstract**

During adolescence, drastic changes in physicality, social schemas and psychological health present emerging young adults with an array of challenges. Without effective coping strategies, they are more vulnerable to the development of various mental health disorders. Self-compassion has been shown to predict psychological health and overall well-being in the presence of adversity. Given this, the current study tested the effectiveness of an intervention at improving adolescents' self-compassion. Thirty-one 9th and 10th grade students who attended a private K-12th school were automatically enrolled in an 8-week self-compassion implemented during the school day. Eight students consented to data collection to measure their self-compassion, stress, optimism, self-reflection/insight, and happiness before and after the program. A repeated measures ANOVA revealed there was no significant main effect of time, indicating that the participants' self-compassion scores after the program did not increase compared to the scores they had before the program. There was a strong positive correlation between the change in self-compassion scores and pre- happiness scores, indicating that students with a relatively high change in their self-compassion also tended to have relatively high pre-happiness scores. The small sample size is indicative of the difficulties faced while implementing this program into the school day. The results of this study speak to the need for continued research to discover ways to reduce the barriers of integrating related programs into school curriculums; its incorporation could be one method to help students successfully navigate the challenges of adolescence and beyond.

**The Integration of Self-Compassion Programs into School Curriculums**

Self-compassion is the ability to extend kindness and understanding toward yourself during instances of perceived failure and inadequacy, as well as to take care of yourself in times of suffering (Neff, 2021). Self-compassion consists of three elements: self-kindness, common humanity and mindfulness. Self-kindness is the ability to be warm and understanding toward oneself during moments of suffering and failure, common humanity is the ability to recognize that feelings of inadequacy are part of the shared human experience, and mindfulness is the willingness to observe one's negative thoughts and emotions with openness, clarity, and balance. Having compassion for yourself is no different than having compassion for others; just as compassion involves noticing the suffering of others and the desire to help relieve their pain, self-compassion entails extending the same support to yourself during your own struggles (Dahm & Neff, 2015).

Self-compassion opposes the self-critical approach to failure, which worsens feelings of guilt, shame, unworthiness, and inferiority; It provides a non-judgmental environment for one to safely confront their weaknesses (Warren et al., 2016). The unique role of self-compassion in accepting personal shortcomings has been shown to be more effective at inspiring self-motivation. Because the embodiment of self-compassion welcomes mistakes, the individual is more likely to use failure as a learning opportunity for future growth (Breines & Chen, 2012). Self-compassion also plays a key role in determining how concerned one is about others' perceptions of them. Those with higher levels of self-compassion were less fearful of being evaluated by others because it provides them an unwavering sense of belonging independent of external evaluations. Overall, their sense of self-worth is more stable because their competence is not contingent on social approval which is bound to fluctuate over time (Neff & Vonk, 2009).

Self-compassion is also associated with healthy, productive, and balanced conflict-resolution skills. Those with higher levels of self-compassion are more likely to value the needs and desires of both themselves and others, and respond to turmoil in a more peaceful manner. The ability to successfully solve interpersonal conflict enhances the quality and connection of their relationships (Neff & Yarnell, 2013). Additionally, the ability for one to rely on their own feelings of self-worth and acceptance has been linked to the growth of stronger adaptive communication skills (i.e., participation, asking questions, and seeking help). This is a skill that is highly beneficial for academic achievement and ultimately valuable in the workforce (Long & Neff, 2018).

The studied benefits of self-compassion are particularly applicable to the experiences of adolescents. This transitional phase between childhood and adulthood marks a period of rapid psychological, physical, and behavioral changes that expose adolescents to a multitude of challenges (Neff & McGehee, 2010). The desire for them to be accepted and recognized as popular and attractive is especially strong during these years, and can often lead to feelings of inadequacy, increasing their susceptibility to developing a negative self-image (Harter, 1993). They are also frequently pressured to do well in middle and high school so they can attend a good college and ultimately land a successful career. While well-intended, this pressure can be counterproductive, and can ultimately hinder their ability to thrive in school (Horowitz & Graf, 2019). Without knowledge of effective coping mechanisms to properly manage the difficulties of this period, adolescents are more vulnerable to the development of various psychological disorders (Bluth et al., 2018).

Self-compassion has been positively correlated with happiness and life satisfaction and negatively correlated with anxiety, depression, and stress. That is, those with higher levels of

self-compassion tend to be happier and more content with their lives, experience less stress, and are less susceptible to the development of anxiety and depression (MacBeth & Gumley, 2012). In another study, individuals aged 13-18 with higher levels of self-compassion were found to have a lower physiological stress response and reported greater emotional well-being than those with lower self-compassion (Bluth, 2015). Learning to practice self-compassion may help adolescents effectively manage the variety of stressors with which they are faced during this period.

With decreased stress, enhanced psychological resilience, improved self-worth, and greater life satisfaction being just some of the benefits associated with the embodiment of self-compassion (Neff & McGehee, 2010), it is clear that finding strategies for effectively cultivating one's capacity for self-compassion is extremely important. Self-compassion interventions have been one method shown to significantly improve self-compassion levels (Zeller et al., 2014), but have been primarily studied among young adult and adult populations. A majority of relating adolescent research has been focused on exploring the link between self-compassion and psychological well-being, as opposed to testing various interventions and their effectiveness in improving one's individual capacity for self-compassion (Blanton & Bluth, 2013; Galla, 2016; Klingle & Van Vliet, 2017).

Given the lack of research about self-compassion interventions within the adolescent population, a pilot study was conducted to test the effectiveness of an intervention at improving adolescents' self-compassion. Thirteen participants aged 13-19 attended an after-school self-compassion workshop that met for four sessions. The Self-Compassion for Youth Scale (SCS-Youth) was used to measure the students' pre-and post-intervention self- compassion scores. The SCS-Youth Scale consists of three subscales: Self-Kindness, Common Humanity, and Mindfulness. In the pilot study, there was a significant main effect of time on participants'

total self-compassion scores, indicating that the participants' scores increased significantly from before attending the workshop to after. There was a significant increase of the scores on the Common Humanity, and Mindfulness sub-scales (p < 0.05), but no significant increase in scores on the Self-Kindness sub-scale (Greiner, 2021). Figure 1 shows the interaction between time and measure on all three subscales. The significant increase of the scores on the Common Humanity and Mindfulness subscales ($p < 0.05$) drove the overall effect of the intervention on the participants' self-compassion scores.

**Figure 1**
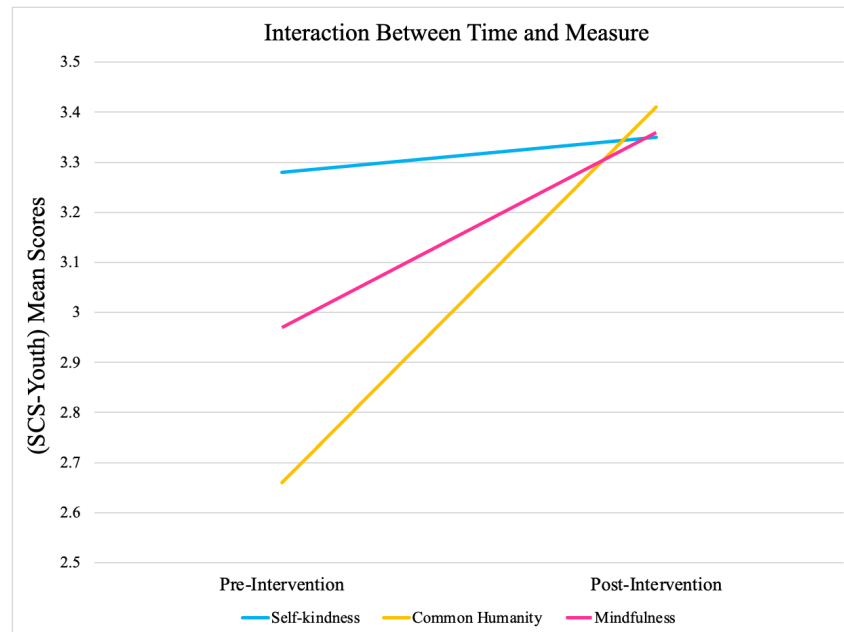


The primary conclusion was that the intervention effectively improved participants' self-compassion, however there were a number of improvements that could have been made to the program as well as several limitations that needed to be addressed.

The information gained in the pilot study referenced above is valuable but presented several limitations that served as a reference for the development of the current study. For example, participants in the previous study volunteered to attend the intervention after school; it

is possible they may have shared a stronger desire to learn about self-compassion than those who did not participate. The potential for selection bias was eliminated in the current study because the school chose to implement the program into their 9th-10th grade curriculum, which required all students to attend the workshop regardless of interest. The program was designed to accommodate eight 25-minute sessions which temporarily replaced students' weekly advisory meetings, whereas the previous study met for just four sessions. The current study added measures of stress, optimism, self-reflection/insight, and happiness that are valuable to consider when investigating self-compassion in the unique life stage of adolescents/teens.

The following outlines the improvements that were made to the self-compassion program used in the pilot study:

The first change made to the program was the presentation of the material. The previous program was prepared as a typed document that the guidance counselor used to instruct the class. The current program was delivered via presentation (one per week) using the program Canva, which included visual aids (i.e., graphics, text, videos) in an attempt to make the content more engaging.

The second change made was the decision to dedicate a portion of each session to guided class discussions. The guidance counselor who ran the program observed conversation that happened naturally among participants through their engagement in the activities. She says, "One of the most powerful parts of these workshops was the vulnerability of the participants. They shared experiences and thoughts with their peers in very real and raw ways. In turn, their peers responded with support, ideas, and encouragement. The connection among participants seemed tangible at times. This is not something I have seen many times over the course of my ten years of working with adolescents. Truly remarkable." (Greiner, 2021). The idea was to include

discussion questions in hopes to promote further conversation and vulnerability among classmates to help them better recognize the humanness of struggle and imperfection.

The third change to the program was the inclusion of more mindfulness techniques (e.g., loving kindness, noting, body scanning). In the previous study, although participants' mindfulness increased following the intervention, only one technique was introduced. The hope was that by providing more variety, individuals would have a greater likelihood of resonating with a specific technique which could potentially lead to longer-term benefits.

The fourth change to the program was the addition of a weekly journaling activity. Consistent journaling was found to be effective at bringing awareness to the way individuals speak to themselves and encouraging them to relate to oneself in a kinder way (Neff, 2019). In the pilot study, there was no increase in participants' pre- and post-intervention self-kindness scores, meaning students did not report greater feelings of understanding towards themselves during moments of perceived failures. So, in an attempt to increase participants' self-kindness scores, each session began with the exercise titled "Self-compassion Journal" to promote a regular journaling practice for students (Neff, 2023).

Self-reflection and insight are thought to play a significant role in one's ability to generate change in self-directed behavior (Grant et. al., 2002). Considering this, it would be important to investigate connections between individual differences in self-reflection/insight and improvements in self-compassion levels following the intervention. Self-reflection/insight could potentially be an important mechanism in producing individual changes in self-directed behavior, (i.e., negative self-talk) that are targeted by the self-compassion intervention. During late-adolescence the processes of self-reflection and insight are rapidly developing (Rankin,

2014), so it could be argued that deficits in this mechanism could have important implications for how effectively interventions are received by those within this developmental stage.

Self-compassion was found to predict optimism and psychological well-being in a sample of elderly individuals (Imtiaz & Kamal, 2016). Those who are optimistic believe the outcome of future circumstances will be positive and favorable, so it is logical that one with this attitude would also be more inclined to speak to themselves in a positive manner (Scheier & Carver, 1985). While this direct link has yet to be studied within different age groups, the results indicate the potential for self-compassion to also foster optimism in adolescent populations as well.

The current study also served to provide some insight into two other gaps in the self-compassion intervention literature that were not addressed in the pilot study. Research suggests that interventions can be an effective tool to increase adolescent's self-reported self-compassion, however there is limited knowledge regarding adolescents' perceived challenges during the process of developing self-compassion (Greiner, 2021). A better understanding of these obstacles can help inform the creation of a program to best address the barriers and promote a quicker adoption of the skills necessary to navigate the challenges of adolescence (Bluth, 2015; Greiner, 2021). The current study collected responses about students' self-compassion beliefs, experiences of the intervention activities, and perceived challenges of the program.

Additionally, access to interventions may not always be feasible due to environmental or systemic barriers. To the researcher's knowledge, there is no existing research on the implementation of a self-compassion intervention during the school day as part of a high-school curriculum. The strong potential for self-compassion interventions to drastically improve the

well-being of adolescents speaks to the importance of developing accessible programs that meet a variety of needs.

*The current study has three goals:*

1) To test the effectiveness of the refined self-compassion intervention

2) Investigate potential relationships between self-compassion and stress, optimism, self-reflection/insight, and happiness

3) Collect data to inform the development of a comprehensive and effective self-compassion program that can be practically implemented in middle/high schools across the US

    An eight-week self-compassion program was implemented into the curriculum for 9th-10th grade students. The program consisted of 25-minute weekly sessions that took place once a week for a total of eight weeks. The participants completed a questionnaire measuring their self-compassion, stress, optimism, self-reflection/insight, and happiness before and after the intervention in order to detect any changes in their scores.

*It was hypothesized that:*

1) Students' self-compassion scores would increase after attending all eight sessions of the program.

2) Students' optimism, happiness, and self-reflection/insight scores would increase, and stress scores would decrease after attending all eight sessions of the program.

3) Self-reflection/insight, optimism, and happiness will predict an increase in self-compassion scores.

## Method

### *Participants*

Thirty-one students who attend a private K-12 school in central Pennsylvania were invited to participate in the study. Students in grades 9th through 10th were automatically enrolled in the self-compassion program as part of the school's curriculum, and were recruited by the school's guidance counselor to complete the questionnaire. Following IRB approval, eight students ($N$=8) between the ages of 14 and 16 assented to data collection following parental consent.

### *Procedure*

Eight students filled out a questionnaire which consisted of 5 measures: (the 17-item Self-Compassion Scale for Youth Scale, the 10-item Perceived Stress Scale, the 10-item Life Orientation Test, the 20-item Self-Reflection and Insight Scale, and the 4-item Subjective Happiness Scale) via Qualtrics to assess their self-compassion, stress, optimism, self-reflection/insight, and happiness levels. They were also asked to answer four questions about their perception of self-compassion before starting the program. After eight weeks upon the conclusion of the program, all participants completed the same questionnaire again (the 17-item Self-Compassion Scale for Youth Scale, the 10-item Perceived Stress Scale, the 10-item Life Orientation Test, the 20-item Self-Reflection and Insight Scale, and the four-item Subjective Happiness Scale) via Qualtrics in order to detect any changes in their self-compassion, stress, optimism, self-reflection/insight, and happiness levels after completing the program. They were also asked 14 questions regarding their experience taking the self-compassion program.

*Intervention*

The self-compassion workshop was an eight-week program that met once a week for a total of eight sessions. The sessions were each 25 minutes long and took place on Wednesday mornings during 9th-10th grade students' advising period. Sessions were led by the school's guidance counselor who has over ten years of experience working with adolescents within school environments.

Each session consisted of three components: journaling, mindfulness/meditation, and class discussion. Students were asked to think about the past week and reflect upon the following: anything about which they felt bad about, any difficult experiences that caused pain, and any moments when they may have judged themselves. This exercise titled "self-compassion journal" was taken from Kristen Neff's website, where she notes that consistent engagement in this activity helps one's self-compassion practice to become even stronger and translate more easily into daily life (2023). Because of this, each session began with this same writing exercise to encourage a regular journaling practice. Students were also provided with different journaling prompts to help with inspiration. After ten minutes of journaling, students were introduced to a new meditation/mindfulness technique via video and were given an opportunity to practice it. During the remaining portion of each session, students were encouraged to share any thoughts about their understanding of self-compassion, opinions about the activities, and/or provide encouragement to their peers. The guidance counselor was also provided with guided discussion questions to pose to the class when there was no natural discussion.

*The following provides a description of the updated self-compassion program:*

**Session 1:** Introduction to self-compassion. Explains class layout and provides an overview of activities.

**Session 2:**

*Journaling (activity done weekly):* "Think about the past week. Take 5 minutes to write about: difficult experiences that caused you pain, anything you felt bad about, moments when you may have judged yourself. It can be uncomfortable to think about these things. We aren't used to reflecting on unpleasant moments/emotions. If you don't feel comfortable writing these things down, that is okay."

*Journaling Prompts:*

1. What stressful circumstance(s) are you currently facing?

2. If you had a friend in the same situation, what advice would you give them?

3. What is currently making you feel disappointed?

4. How would a friend/loved one encourage you about this situation?

5. Notice how you have spoken to yourself lately. Are there any mean words you should stop using?

"Now write yourself some kind, understanding, words of comfort: If you can't think of any, here are some examples: I forgive myself, I am happy with who I am, I accept myself, I'm doing the best I can, I appreciate all the ways that I am unique, I love myself just as I am today, I trust myself, I am not less for making mistakes. I am more because I learn from them, I am grateful to be the person I am, it's ok to not be ok, I allow myself to feel whatever I need to."

*Meditation/Mindfulness:*

    *(How to Practice Mindfulness* - 1 minute YouTube video)

"It's easy for our minds to think up reasons to question our self-worth and bring us down. If we get rejected by a crush, the mind might say, "Ugh, I'm stupid.""

"If we make a mistake and feel embarrassed, the mind might react with, "This proves I'm not good enough.""

"This negative self-talk can be crushing if we buy into it."

(*How To Be Nicer to Yourself* - 2-minute YouTube video)

"Meditation can help us make space between: ourselves & our thoughts and feelings. It is impossible to stop thinking, so we don't try to turn off or silence our inner voice during meditation. Instead, we learn to view thoughts like, "I'm always wrong" or "I'm not worth it" for what they really are: just thoughts. NOT truths. No matter how many times we've said the same nasty thing to ourselves."

(Mini Meditation, Unwind - 1 minute YouTube video)

*Class Conversation:*

1. Any thoughts about the videos we watched today?

2. Was journaling challenging/uncomfortable for you?

3. Do you think meditation could actually be useful for you?

4. Did you have trouble thinking of kind/comforting words?

**Session 3:**

*Introduction:* (Headspace Animation - Accepting the Mind - 1 minute YouTube video)

*Journaling:* Weekly exercise

*Journaling Prompt:*

"What emotions have you felt this week? Think about/write down at least three.

If you need some help… Happy, stressed, angry, sad, worried, annoyed, exhausted, hopeless, disgusted, frustrated, overwhelmed, excited, confused, lonely, calm, motivated, proud,

disappointed, embarrassed, guilty, hopeful, satisfied, restless, jealous, hurt, optimistic, nervous, uncomfortable, relieved, content, insecure, resentful, inferior, confident, furious, peaceful, etc."

*Meditation/Mindfulness:*

"All our feelings are healthy and are natural parts of being a human. We all get sad, happy, focused, angry, low. We can feel terrified, excited, courageous, invincible – all at the same time. The key to all of this is acknowledging the feeling, but not necessarily trying to change it."

(Calming Meditation for Identifying Emotions - 3.5-minute YouTube video)

*Class Conversation:*

1. Why do you think acknowledging our emotions can feel uncomfortable?

2. Do you ever have trouble naming the emotions you are feeling?

3. Do you think it is important for us to be in tune with our emotions?

**Session 4:**

*Introduction:* (Headspace Animation - The Shared Human Condition - 1.5-minute YouTube video)
*Journaling:* Weekly exercise

*Journaling Prompts:*

1. Who in your life is nonjudgmental, safe, and genuinely has your best interest at heart?

2. How can you spend more time with these people?

3. What stressful circumstance(s) are you currently facing?

4. If you had a friend in the same situation, what advice would you give them?

5. Are you holding a grudge against someone? What do you need to do to forgive and forget?

"Everyone goes through struggles and challenges in life! Talking about it with others can help us understand that challenges are an expected part of life."

*Meditation/Mindfulness:*

(Loving-Kindness Technique - 1.5-minute video)

(Loving-Kindness Meditation - 3-minute video)

*Class Conversation:*

1. How can we help one another feel less alone with our struggles/challenges?

2. What do we all have in common besides our genes that make us human?

3. What do you wish was different about your school community?

4. What do you love about your school community?

**Session 5:**

*Introduction:* (Headspace animation - The Underlying Calm - 1.25-minute YouTube video)

*Journaling:* Weekly exercise

*Journaling Prompts:*

1. Notice how you have spoken to yourself lately. Are there any mean words you should stop using?

2. What is one expectation you have of yourself that you can stop pressuring yourself to meet?

3. Is there an impossible standard you're holding yourself to? How can you adjust that standard to be more realistic?

*Meditation/Mindfulness:*

(Noting Technique - 1.5-minute YouTube video)

(Grounding Exercise - 3-minute YouTube video)

*Class Conversation:*

1. What worries you about the future? What helps you feel better about the future?

2. What are you looking forward to in the upcoming week?

3. What do you think stands between you and happiness?

**Session 6:**

*Journaling:* Weekly exercise

*Journaling Prompts:*

1. How would you like to feel today?

2. What in your life right now are you grateful for?

3. What emotions have you been having a hard time feeling lately? What's one thing you can do to cultivate this feeling?

*Meditation/Mindfulness:*

(Tips on How to Stop Negative Self-Talk from a Clinical Psychologist - 4-minute YouTube video)

"Our thoughts and emotions have physical effects on our bodies: butterflies in your stomach, changes in heart rate, muscle tension or relaxation, chills down your spine, shallow or deep breathing, heaviness or lightness in your body"

(Body Scan Technique - 2 minutes) This technique can help us become aware of any physical discomfort we might be experiencing.

"Your body knows what you need - listen to it! When we notice how our bodies feel, we can attempt to alleviate our physical discomfort, which can improve how we handle intense emotions, situations, thoughts, etc."

"For example: I notice my heart races really fast when I'm feeling nervous & stressed. I close my eyes & take a few big deep breaths. My heart rate slows down & I notice my body begins to relax. I feel significantly less nervous & stressed & am able to continue my day."

"Let's repeat these phrases to ourselves (quietly or out loud!!): "Thank you brain for keeping me safe. I'm Okay." "I am not my thoughts." "I will pay attention to what you need.""

*Class Conversation:*

1. We as humans often ignore our body's needs. (Ex; not resting when tired/not drinking when thirsty/not eating when hungry) Why do you think that is? How can we do a better job listening to our bodies?

2. What is preventing you from being compassionate to yourself? What is one small step you can take to overcome this obstacle?

**Session 7:**

*Journaling:* Weekly exercise

*Meditation/Mindfulness:*

(Ted Talk - The Art of Being Your Own Best Friend ~ 14 mins)

"You can be your own best friend or your own worst enemy. The choice is yours."

*Class Conversation:*

1. How can you be a better friend to yourself?

2. What are the benefits of befriending yourself?

3. Why do you think we often treat our friends better than we treat ourselves?

"People will come and go from your life, but you will have yourself forever."

**Session 8:**

*Journaling:* "The last writing exercise will be a little different - it will be challenging, but all the work you've done during the past several weeks will help you!"

"Part One: Everybody has something about themselves that they don't like; something that causes them to feel shame, to feel insecure, or not "good enough." Your particular inadequacy is

connected to so many things you didn't necessarily choose: your genes, your family history, life circumstances – things that are out of your control."

"Remember: Imperfection and feelings of failure & inadequacy are part of being a human"

Try writing about an issue that tends to make you feel inadequate or bad about yourself (ex: physical appearance, school or relationship issues…)

1. What emotions come up when you think about this aspect of yourself? Try to just feel your emotions exactly as they are without judgment

Part Two: Imagine a friend who is unconditionally loving, accepting, kind & compassionate. They can see all your strengths and all your weaknesses, (including what you just wrote about). This friend: Is kind and forgiving towards you, loves and accepts exactly as you are, with all your human imperfections, understands your life history & the millions of things that have happened in your life to create you as you are in this moment, wants you to be healthy & happy.

Write a letter to yourself from the perspective of this imaginary friend – focusing on the perceived inadequacy you tend to judge yourself for.

1. What would this friend say to you about your "flaw" from the perspective of unconditional understanding & compassion?

2. How would they convey the deep compassion they feel for you, especially when you judge yourself so harshly?

3. What would they write to remind you that you are only human and all people have strengths & weaknesses?

"When you are feeling bad about yourself, take a look at the letter you just wrote. Remember: love, acceptance, and worth can all be found within yourself."

*Class Conversation:*

1. Have you learned anything about yourself during this program?

2. Do you find it easier to talk to others about difficult emotions / situations?

3. Do you think you are more aware of your thoughts & feelings?

4. How can we continue to practice self-compassion after this program?

5. Do you feel any more connected to your peers?

**Measure**

  The Self-Compassion Scale for Youth (SCS-Youth) (Neff et al., 2021) is composed of 17-items and consists of three subscales: Self-Kindness, Common Humanity, and Mindfulness (and some reverse scored items) and is designed to assess individual differences in self-compassion. Example items are: "I'm really hard on myself when I do something wrong," and "When I notice things about myself that I don't like, I get really frustrated." Participants indicated their responses to each item using a 5-point scale ranging from *1 = Almost never and 5 = Almost always*. To compute a total self-compassion score, the negative items were reverse-scored, and all 17 items were averaged. The potential range in values was from 1 to 5, with higher scores indicating greater self-compassion.

  The Perceived Stress Scale (PSS) is a 10-item questionnaire designed to assess stress levels in people 12 and older (Cohen et al., 1983). It evaluates the degree to which an individual has perceived life as unpredictable, uncontrollable and overloading during the previous month. Example items are: "How often have you been upset because of something that happened unexpectedly?" and "How often have you felt that you were on top of things?" Participants indicated their responses to each item using a 5-point scale ranging from *1 = Almost never and 5 = Almost always.* To compute a total perceived stress score, the negative items were

reverse-scored, and all 10 items were averaged. The potential range in values was from 1 to 5, with higher scores indicating higher stress.

The Revised Life Orientation Test (LOT-R) is a 10-item questionnaire designed to assess how optimistic or pessimistic people feel about the future (Stefan & Cheie, 2022). Example items are: "In uncertain times, I usually expect the best," and "I rarely count on good things happening to me." Participants indicated their responses to each item using a 5-point scale ranging from *1 = Almost never and 5 = Almost always.* To compute a total life orientation score, the negative items were reverse-scored, and all 10 items were averaged. The potential range in values was from 1 to 5, with higher scores indicating greater optimism.

The Self-Reflection and Insight Scale (SRIS) is a 20-item questionnaire designed to measure the tendency for individuals to reflect on oneself and the extent to which one has clarity and understanding into their thoughts, feelings and behaviors (Grant, et al., 2002).  Example items are: "I usually know why I feel the way I do," and "I don't often think about my thoughts." Participants indicated their responses to each item using a 5-point scale ranging from *1 = Almost never and 5 = Almost always.* To compute a total self-reflection and insight score, the negative items were reverse-scored, and all 20 items were averaged. The potential range in values was from 1 to 5, with higher scores indicating higher tendencies for self-reflection and insight.

The Subjective Happiness Scale (SHS) is a 4-item questionnaire developed to assess an individual's overall happiness (Lyubomirsky & Lepper, 1999).  An example item asks participants to report to what extent they identify themselves as being a happy person using a 5-point scale where *1 = not a very happy person and 5 = a very happy person.*  To compute a total happiness score, the negative items were reverse-scored, and the 4 items were averaged. The potential range in values was from 1 to 5, with higher scores indicating greater happiness

## Results

Eight students between the ages of 14-16 were enrolled in the study. The participants completed the Self-Compassion for Youth Questionnaire (SCS-Youth), the Perceived Stress Scale (PSS), the Revised Life Orientation Test (LOT-R), the Self-Reflection and Insight Scale (SRIS), and the Subjective Happiness Scale (SHS) both before and after attending the workshop.

The SCS-Youth questions were divided into three subscales; Self-Kindness, Common Humanity, and Mindfulness which each represent a different aspect of self-compassion. The eight participants received a score in each of the three subscales which were calculated from the average score of the questions that make up each category. The highest possible score to obtain in each of the subscales was a 5, indicating the most possible self-compassion, and the lowest score, 1, indicating the least possible self-compassion. The average of these three subscales was calculated to provide a single total self-compassion post-intervention score. Results displaying the mean and standard deviation of the three subscales scores pre-and post-intervention are summarized in Table 1.

**Table 1**

*The (SCS-Youth) Scale Pre- and Post- Intervention Mean Scores and Standard Deviation*

|  | Pre-Intervention | | Post-Intervention | |
| --- | --- | --- | --- | --- |
|  | M | SD | M | SD |
| Total SCS-Youth Score | 3.09 | .242 | 3.21 | .256 |
| Common Humanity | 2.78 | .476 | 3.32 | .389 |
| Self-Kindness | 3.06 | .292 | 3.26 | .305 |
| Mindfulness | 3.50 | .261 | 3.21 | .434 |

The highest possible score to obtain for the Perceived Stress Scale (PSS) was a 5, indicating the most possible stress, and the lowest score, 1, indicating the least possible stress. The highest possible score to obtain for the Revised Life Orientation Test (LOT-R) was a 5, indicating more optimistic tendencies, and the lowest score, 1, indicating more pessimistic tendencies. The highest possible score to obtain for the Self-Reflection and Insight Scale (SRIS) was a 5, indicating a greater tendency for self-reflection, and the lowest score, 1, indicating a lesser tendency for self-reflection. The highest possible score to obtain for the Subjective Happiness Scale (SHS) was a 5, indicating the most possible happiness, and the lowest score, 1, indicating the least possible happiness. Results displaying the mean and standard deviation of these four scales pre- and post-intervention are summarized in Table 2.

**Table 2**

*Pre- and Post- Intervention Mean Scores and Standard Deviation*

|  | Pre-Intervention | | Post-Intervention | |
| --- | --- | --- | --- | --- |
|  | M | SD | M | SD |
| PSS | 3.20 | .348 | 3.08 | .387 |
| LOT-R | 2.66 | .218 | 2.89 | .280 |
| SRIS | 3.20 | .246 | 3.20 | .379 |
| SHS | 2.42 | .561 | 2.59 | .472 |

The experiment used a 2 (time) x 3 (self-compassion subscale) repeated measures ANOVA to investigate the effectiveness of the program on participants' Self-Compassion for Youth (SCS-Youth) scores. The results of the two-way repeated-measures ANOVA revealed that there was no significant main effect of time $F(1, 7) = .264$, $p = .154$, indicating that participants' overall self-compassion scores did not increase from before the intervention to after.

There was a significant main effect of measure (subscale) $F_{(2, 14)} = 4.496$, $p = .031$, indicating that without considering the effect of the program, the scores on the three subscales were not equal. On average, participants' mindfulness scores were higher than their common humanity scores ($p = .02$) without considering the impact of the intervention.

There was a significant interaction between time and measure $F_{(2, 14)} = 4.661$, $p = .028$, suggesting that the changes of the scores from pre-and post-intervention did not happen equally across all subscales. A pairwise comparison revealed a significant increase in participants' common humanity scores ($p = 0.04$) from before attending the program to after. There were no significant changes in the self-kindness and mindfulness subscales, and the increase on the common humanity subscale alone was not enough to drive the overall effect of the intervention on participants' self-compassion scores. It also revealed that at the pre-test, scores on the mindfulness subscale were significantly higher than the common humanity score ($p = .002$), as well as the self-kindness score ($p = .026$). There was no significant difference between the common humanity score and self-kindness scores at the pre-test. There were also no significant differences between the three subscales at the post-test. Figure 1 shows the interaction between time and measure on all three subscales.

**Figure 1**

*Line graph of the interaction between time and measure*
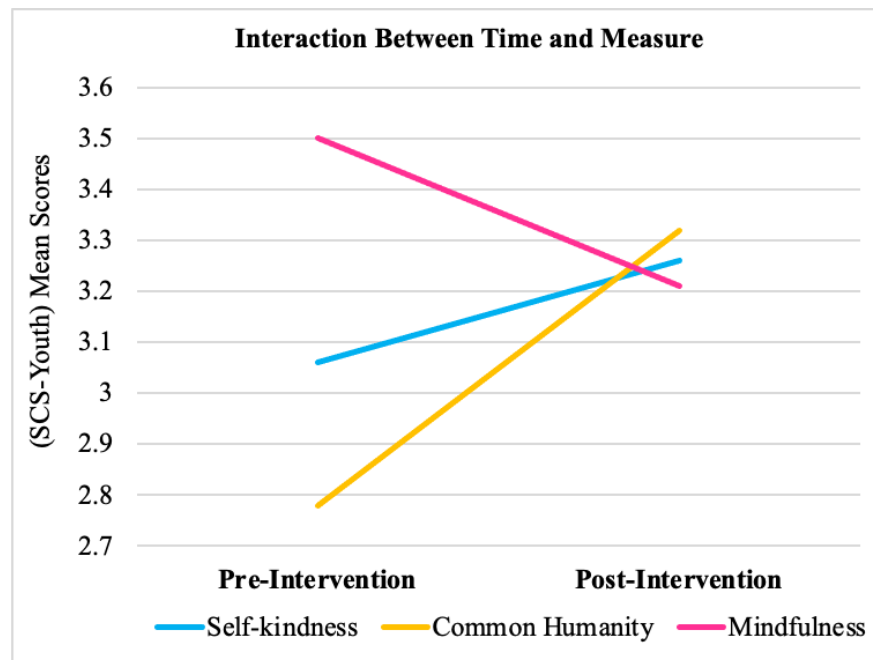


Participants were given the opportunity to provide written feedback about their experience in the course. When asked about the journaling component of the program, one student shared: *"My parents don't listen most of the time so it's nice to be able to write it down and get it out of my head."* Another participant shared their opinion regarding the class conversation aspect: *"It was good to know that it was a safe space where many people could relate to the topics discussed and to share their views and opinions on it."* No conclusions about the efficacy of the journaling and class conversation components of the program can be drawn from this qualitative data, but the positive feedback is encouraging nonetheless.

Paired samples t-tests were conducted to investigate any differences in participants' Perceived Stress (PSS), Revised Life Orientation (LOT-R), Self-Reflection and Insight (SRIS),

and Subjective Happiness (SHS) scores. There was a marginally significant increase in participants' $r = 0.69$, $p = 0.06$ (LOT-R) scores, suggesting that participants' optimism scores increased from before attending the program to after. There was no significant difference ($p > .05$) for the other scales.

A correlation was conducted to detect any relationships between participants' pre-Perceived Stress (PSS), Revised Life Orientation (LOT-R), Self-Reflection and Insight (SRIS), and Subjective Happiness (SHS) scores and the change in their self-compassion scores. Because the sample size was so small ($N = 8$), the correlations were interpreted according to their effect sizes. There was no relationship between the Perceived Stress Scale (PSS) and the change in self-compassion scores $r = -.01$, $p = .09$. There was a weak negative correlation between the change in self-compassion scores and pre- Revised Life Orientation (LOT-R) scores $r = -0.27$, $p = 0.52$, indicating that students with a relatively high change in their self-compassion scores also tended to have relatively low pre- optimism scores. There was a weak negative correlation between the change in self-compassion scores and Self-Reflection and Insight (SRIS) scores $r = -0.15$, $p = 0.72$, indicating that students with a relatively high change in their self-compassion scores also tended to have relatively low pre- self-reflection/insight scores. There was a marginally significant strong positive correlation between the change in self-compassion scores and pre- Subjective Happiness (SHS) scores $r = 0.69$, $p = 0.06$, indicating that students with a relatively high change in their self-compassion scores also tended to have relatively high pre-happiness scores.

The regression model for predicting change in self-compassion from Self-Reflection and Insight (SRIS), Revised Life Orientation (LOT-R), and Subjective Happiness (SHS) was statistically significant, $F(3,4) = 18.17$, $p = .009$. According to the value of the adjusted $R^2$,

approximately 88% of the variance in the change of self-compassion scores can be explained by the combination of Self-Reflection and Insight (SRIS), Revised Life Orientation (LOT-R), and Subjective Happiness (SHS) scores. These three measures individually were also predictive of change in self-compassion scores. The unique contribution of LOT-R to the model is significant, $b = -.604$, $t(18.17) = -3.67$, $p = .020$, indicating that a 1-point increase in LOT-R scores is associated with a -.604 decrease in self-compassion scores. The unique contribution of SRIS to the model is also significant, $b = -.539$, $t(18.17) = -3.57$, $p = .02$, indicating that a 1-point increase in SRIS scores is associated with a -.539 decrease in self-compassion scores. Lastly, the unique contribution of SHS to the model is significant, $b = .428$, $t(18.17) = 7.04$, $p = .002$, indicating that a 1-point increase in SHS scores is associated with a .428 increase in self-compassion scores.

## Discussion

The aim of the present study was to test the effectiveness of an improved self-compassion intervention and investigate potential relationships between self-compassion and stress, optimism, self-reflection/insight, and happiness. It was hypothesized that participants' self-compassion scores would increase after attending the program, but this was not supported. However, there was a significant increase in participants' common humanity scores, suggesting that participants came away from the program with a greater understanding that suffering and inadequacy are part of the shared human experience. This finding was also present in the pilot study which inspired the decision to dedicate a portion of each lesson to a class discussion to further encourage vulnerability and connection among participants. Given that common humanity was the one subscale to increase in both the pilot and current study, it could be valuable for future programming to allocate a greater focus on this construct.

There was no increase in participants' mindfulness scores, indicating that students did not come away from the program with a better ability to observe their thoughts and feelings as they are, without judgment. At the pre- test, mindfulness scores were significantly different from the common humanity and self-kindness scorers, which may suggest that the participants initially had stronger mindfulness skills than common humanity and self-kindness skills. It is possible that the program was not helpful for students who already had somewhat strong mindfulness skills before the program began. However, it should be noted that although these subscales are part of the self-compassion measure on a 1-5 scale, it may not be that they can be compared in a meaningful way.

There was also no increase in participants' self-kindness scores, meaning students did not report greater feelings of understanding towards themselves during moments of perceived failures. This finding was also present in the pilot study, and therefore a journaling component was added to each session in the current study in an attempt to target students' self-kindness scores. Given that there was still no increase in participants' self-kindness scores, future studies should investigate alternative activities in pursuit of improving one's self-kindness.

It was also hypothesized that the intervention would increase participants' optimism, happiness, and self-reflection/insight scores and decrease their stress scores, but this was not fully supported. There was a marginally significant increase in students' optimism scores following the intervention, suggesting that participants came away from the program with an increased belief that future circumstances will be positive and favorable. Past research has suggested that self-compassion has the potential to predict optimism, and while students' overall self-compassion did not increase, it is possible that the positive nature of the intervention inspired individual tendencies for optimistic thinking (Imtiaz & Kamal, 2016).

The last hypothesis was that self-reflection/insight, optimism, and happiness would predict an increase in self-compassion scores, meaning that pre- scores on each of these variables would lead to an increase in self-compassion. While these three variables (LOT-R, SRIS, and SHS) predicted a change in self-compassion scores, only the Subjective Happiness (SHS) scores predicted the change in the hypothesized direction. The results indicated that higher initial happiness scores predicted an increased change in self-compassion scores from pre- to post- test. This could suggest that those who are happier are more likely to benefit from the program. Conversely, contrary to the hypothesis, higher initial Self-Reflection and Insight (SRIS) and Revised Life Orientation (LOT-R) scores predicted a decreased change in self-compassion scores from pre- to post- test. It is possible that those who were more optimistic and/or had a greater ability for self-reflection to begin with were not able to take anything novel away from the program, halting any improvement in their self-compassion. It should be noted that due to the extremely small sample size ($N = 8$), the addition of just one participant has the potential to significantly change the results of this analysis.

The previous study's intervention effectively increased participants' self-compassion scores, and given the updates made to the program for the current study, the expectation was to get similar results. While there was a statistically significant increase in participants' common humanity scores, it was not enough to drive the overall effect of the intervention. Given that the outcome of the current study design did not go as expected, the remainder of this paper will offer information to consider when designing and implementing such programs into school curriculums. Table 3 displays the differences between the original and current self-compassion program.

**Table 3**

*Self-Compassion Program Comparisons*

|  | Original Program | Current Program |
|---|---|---|
| Implementation | After school day | During school day |
| Program Length | 2 weeks (2 sessions/week) | 8 weeks (1 session/week |
| Session Length | 1 hour | 25 minutes |
| Participation | Voluntary | Required |
| Class Size | 13 students | 31 students |

The plan for the current study was to increase the small sample size of the original study ($N = 13$), however, the researcher's efforts were unsuccessful. Out of the 31 students who were enrolled in the self-compassion course, only 25% ($N = 8$) returned both assent and parental consent forms for data collection. In the original study, students volunteered to attend the self-compassion workshop after school. The completion of pre- and post- surveys was listed as a component of the course, so all of the attendees also participated in data collection. In the current study, because all 9th and 10th grade students who attended the private school were required to attend the self-compassion program, informed consent was only needed for the collection of data. It is possible that the language of the form elicited a legal framework that made students and their parents reluctant to participate. Additionally, to the researcher's knowledge, parents were not informed about the integration of the self-compassion program into their child's school day curriculum prior to receiving a consent form about the intent to collect pre- and post- data. This could have added to parental hesitation about data collection as well as overall suspicion about the program. One parent also openly expressed concern about the protection of their

child's data, and because the small private school environment yields connectivity, it is possible that this concern spread amongst the community and inhibited participation.

As a college preparatory institution, the primary focus of the school is to prepare students beginning in 8th grade to pursue higher education. One hundred percent of the school's students attend college after graduation. With such a strong emphasis on academic achievement, it is possible that parents and students are more resistant to the inclusion of programming meant to promote social and emotional wellbeing. It would be beneficial for future studies to investigate this program in schools with varying demographics (i.e., larger, public, lower socioeconomic status, etc.).

The current program was increased from two to eight weeks in length. Because there were more sessions, more material was able to be incorporated. However, the sessions were reduced from an hour in length to 25 minutes in order to accommodate the school day schedules of the 9th and 10th grade students. Participants were given an opportunity to share anything they believed would have improved their experience in the course, and interestingly three out of the eight students expressed that longer sessions would be more helpful because they felt rushed. The decreased session length could have contributed to the results incongruent with the hypothesis.

Another variable that is worth considering is the size of the class. There were only 13 student attendees in the original program, compared to the 31 who attended the program in the present study. Two students offered feedback saying that smaller groups would have improved their experience in the course. Additionally, information about student attendance was not recorded. Therefore, it is possible that some participants did not attend all eight sessions of the program. In future studies, this data would be important to include because it could point to

differences in outcomes among those who experienced the entire program compared to those with inconsistent attendance.

Before the program started, students were asked to rate how happy they were about the opportunity to participate in the program on a scale of 1-5, where 1= *not happy* and 5=*extremely happy*. The average response was a 2.12, indicating that students were generally not happy about attending the program. Although the participants of the original study were not asked this question, it is assumed that they had generally favorable views about the program given that participation was voluntary. It is possible that such programming is only effective for those who want to learn how to be self-compassionate.

Another factor worth discussing is the ongoing parental concerns about social and emotional learning (SEL). Some parents who are against SEL have argued that schools should focus exclusively on academic performance and that social and emotional development should be up to the caregivers in the students' home environment. Parental resistance has made it increasingly difficult to introduce activities and programming into school communities meant to support the healthy growth of students' soft skills (Zhao, 2020).

*To conclude, the researcher compiled the main takeaways from the original and current study to provide suggestions to inform future self-compassion programming:*

1) Educate the community about social emotional learning prior to implementation of the program. Sudden integration could potentially create parental suspicion.
2) Keep an open line of communication with parents and students about the intent for data collection and its importance to help minimize concern.

3) Consider the demographics of the school community and assess whether there are any specific factors (i.e., socioeconomic status, size) that could increase the challenge of integrating the program.

4) Possibly first offer a voluntary program to help gauge students' general attitudes and interests towards learning about social and emotional skills prior to introducing programming within the curriculum.

5) Allow for each session to be of greater duration than 25 minutes. An optimal amount of time has not been determined, but it could be estimated to be between 45 minutes and an hour.

6) Offer the course within smaller groups of students. An optimal size has not been determined, but it could be estimated to be between 5 and 15 individuals.

7) Record attendance of participants throughout the duration of the program.

Although the results of the present study suggest that this program was not effective at improving the self-compassion levels of participants, it is important to consider the extremely small sample size ($N = 8$) amongst the other limitations of the study. The significant increase of participants' common humanity scores still suggest that interventions have the potential to improve middle and high school students' self-compassion, and could ultimately help them navigate the challenges of adolescence and beyond. The numerous benefits associated with self-compassion for adolescents speaks to the importance of continued research about integrating related programming into schools and discovering ways to reduce the related barriers.

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