

The Importance of Self-Compassion in Terms of Self Psychology

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Abstract: Self-compassion has fostered a new way to build connectedness with oneself and affirmed the importance of offering compassion to oneself. However, there have been numerous arguments about the similarity with other self-related concepts, yet they have neglected its importance in self-psychology. For instance, self-compassion could be seen as an important element in Kohut's concept of self in illustrating the self-object and self-experience theory, thus leading to a healthy self. Additionally, the self-schemas (self-esteem and self-efficacy) have been sufficiently shown to be associating with and predicting positive psychological outcomes and have further demonstrated the positive relations with self-compassion. Self-compassion thus demonstrated that similar features have been shared among the self-schemas. Moreover, with the claim that self-compassion was more precise than self-esteem, self-compassion should be emphasized by self-psychology then to develop a new era of "true self-esteem".

Keywords: self-compassion; self-psychology; self-schema; self-esteem



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1. Introduction

In daily lives, people, especially parents, always remind themselves or their children to show love and mercy to others, in particular, to their friends or people around. However, how often do people remember to show love and kindness to themselves? How often do people comfort themselves and say "you are doing great and you are lovable" when they are experiencing negative emotions or suffering from sadness? People seldom show compassion towards themselves, nor are they able to be aware of the importance of self-compassion to the self. According to Neff (2003) [1], self-compassion embraces self-kindness by showing kindness and warmth to oneself when dealing with negative emotions, instead of imposing cruel judgment and self-criticism upon the failure. Self-compassion includes individuals to common humanity while treating one's experiences as part of their life involvement rather than escaping and isolating life difficulties. The sense of common humanity refers to recognizing and accepting that humans are not perfect and that all people make mistakes and go through failure and difficulties. Additionally, self-compassion also contains mindfulness, which enables the individual to become aware of and feel painful thoughts and be capable of balancing the negative form [1].

The concept of self-compassion is derived from traditional eastern philosophy—Buddhism [1]. Buddhist philosophy has mainly promoted the idea of mercy, which includes loving-kindness and compassion. The conception of mercy emphasized the engagement in happiness and removing hardness; thus, compassion also refers to being sympathetic and concerning individuals' suffering and pain. It is known that the ultimate propagation of Buddhism is having individuals show compassion to others and treat others' sufferings as their own, which has led to the development of another Buddhist concept—"egolessness" (Anatman). However, the over accentuation of "egolessness" (Anatman) has been considered as neglecting the nature of mercy. Buddhism has first emphasized the awareness and understanding of one's intrapersonal relations before relating your emotions to others. In other words, one should care about oneself before one cares for others. Additionally, one of the aspects of being "egoless" (Anatman) requires the elimination of sufferings.

Goldman (1981) pointed out that “egolessness” (Anatman) has aimed to advocate for the realization, contemplation, and acceptance of the current moment through expressing and experiencing the true emotions of self, and it enables the pain to be let go. It has focused on awareness rather than repressing or avoiding pain. Therefore, it has fostered a new way to build connectedness with oneself and affirmed the importance of offering compassion to oneself, applied to western psychology and developed self-compassion. In the existing field of literature, there is plenty of research demonstrating the positive effect of self-compassion on mental health, as well as on regulating healthy behaviors [2–5]. Despite the positive demonstration of self-compassion in the field of psychology, the importance of self-compassion in self-psychology is being neglected.

2. Literature Review

2.1. Self-Compassion in Kohut’s Self Psychology

Freud’s psychoanalytic theory, the most well-known theory in the clinical field, has outlined the structural model of human minds, the id, ego, and superego, and the ego is defined as the reality and human’s own conscious mind. Although Freud had once used “self” in *Das Ich* (1923) [6] in defining Narcissism in the 1900s, he did not state the relations between “self” and the scientific concept of ego [7,8]. Hartmann (1950) [9] has then redefined the concept of “self”. According to Hartmann (1950), self refers to a representation in the ego of the whole person, in which is constructed by analogy with representations of objects [7,8], while this also leads to the object-relations theory of psychoanalysis. After all, there were several self-related theories; for instance, the psychoanalytic theories and gestalt theory, which have focused on the development of self-structures that require the formation of self-awareness and self-regulating capacities.

Among those, Kohut’s publication of *The Restoration of the Self* (1977) [10] has provided a flip side of the traditional “structural theory” (id, ego, and superego). He has surrogated Hartmann (1950)’s [9] conceptualized “self” (object-relations theory) as only a content of mind [11], and stated that the self should have a broader sense in psychology, in which the self should be put at the center to examine human’s psychological development in regard to health and disease [10].

Kohut (1979) [10] defined that the self is established through self-object ties to the external environment or other people [12], and is then maintained when self-objects and their functions have been transformed into a psychological structure. In Kohut’s (1977) [10] concept of self-object, although experiences (or objects) were tied to other people, or can be called the external environment, these in-taken objects should be interpreted, maintained, restored, or consolidated subjectively, being a kind of self-experience [13]. Through subjective self-object ties and experiences, a person is helped to maintain a stable self-structure. Nevertheless, despite self-experiences that should not be separated from a person, the individual should not be controlled by an object’s need or extensive reliance on the responses of others, but should demonstrate their own self and take internal and self-object needs into account.

It is considered important that self-object ties help to affirm, validate, and facilitate a person’s internal and external experiences, which enables one to understand oneself, also providing a holding and soothing function for recognizing and supporting the evolution of self [14]. Kohut (1977) [10] has also indicated that the emotional integration process throughout the construction of self-experiences helped consolidate the persons’ self-esteem and self-confidence, which also lead to a positive development of self-soothing capacities, anxiety tolerance, and overall sense of well-being.

Kohut’s confession enlightened the theory of self and the self-object relationships’ containment of interpersonal relationships, while this can also be indicated in the looking-glass self-theory and the development of social self. A healthy self requires a sufficient self-object environment, developing internal structures and consistent patterns of experience. A healthy self can internally regulate self-esteem and calm and soothe the self [15]. However, an unhealthy self, which refers to disrupted self-object relationships, results in narcissistic

insult or self-hate, and may lead to depression or anxiety. Hence, self-psychology and the self-object theory can be said to evidence the importance of the evolving self and having a healthy self.

While self-compassion could be seen as an important element in Kohut's concept of self, a healthy self, equipped with emotional integration, self-understanding, and self-soothing function, is considered in concordance with the elements of self-compassion. Regarding the importance of self-object ties and experiences for self-development, negative self-experiences or self-object disruption (unhealthy self) lead to negative self-image or representation, and even depression or anxiety. Self-object ties also reflect the subject interpretation of the object (external environment) that negative interpretation may lead to self-criticism or self-hatred. Therefore, as a consequence of that, self-compassion is considered to enable people to present their experiences with an attitude of kindness and self-acceptance and facilitate people to adapt to themselves [16].

Moreover, the degree of relating to oneself within self-compassion is also worth noting. Magnus, Kowalski, and McHugh (2010) [17] reported that self-compassion was negatively correlated with external and introjected motivations; in other words, self-compassionate individuals tend to be less influenced by out-groups or environment, as they have involved a greater feeling of self-worth and being more related to one's own feelings. In response to that, different kinds of negative scenarios were shown to alter the level of self-compassion [18]. Individual self-compassion showed a higher correlation with personalizing thoughts and individual negative events, such as getting an unsatisfying grade on an individual test and being the one who led to losing in a team athletic competition. In general, individuals tend to only exaggerate the worst aspects of their own inadequacy; however, the self-compassion rate in failing an individual event such as an important test has shown a superior negative correlation with catastrophizing thoughts. In other words, a self-compassionate individual would show self-kindness and self-understanding after events that were their own fault. Additionally, self-compassion has shown a significant association effect of self-compassion with personality traits, self-consciousness, social comparison, self-rumination, and closed-mindedness [19]. This indeed supports the contiguous relationship between self-compassion and the individual self.

In this connection, the highlighted aspects of self-compassion are in line with the self-object theory raised by Kohut (1977) [10]. As aforementioned, the self-object theory requires the connection with others to develop individual self-experiences, while the gained self-experience should be a part of the self. It proposed the essentiality of subjective responding rather than the reliance on external interfere. In return, given that the component, common humanity, derived from self-compassion embraces the idea of accepting one's flaws as part of the life experience, the taken self-experiences can be treated as the common humanity, and are able to generate a positive psychological function with a healthy self. Thereby, self-compassion provides an individual with emotional safety and diminished self-condemnation. Self-compassionate individuals are then able to transform maladaptive patterns of thoughts into motivating enforcement for improvement and change.

2.2. Self-Compassion and Other Self-Related Concepts

Self-compassion is considered a newly developed psychological concept in recent decades; hence, there were numerous arguments about the similarity with other self-related concepts. Self-esteem is considered a symbolic concept for illustrating the psychological stance of oneself. Psychology studies have reported the associating effect of high self-esteem with most of the psychological benefits of high self-esteem. However, Neff (2003, 2011) [1,20] has identified various drawbacks of maintaining high self-esteem.

It is problematic that high self-esteem is associated with self-enhancement bias [21], where people have overrated themselves. Moreover, self-esteem involves the process of self-evaluation and the judgment of self-worthiness, which is against the component of self-compassion that the awareness of failure should not entail judgmental thoughts, either praise or criticism. Other than having a biased self-evaluation, individuals with extensive

high self-esteem have a strong sense of social comparison, which considers puffing the “self” up while putting others down [20], and leads towards narcissism, self-centeredness, and other negative mentalities [22,23]. Owing to that, self-compassion is seen as able to provide equilibrium and mental benefits and prevent the risks of extreme positive psychological status.

Other than self-esteem, there are similar concepts, like self-pity and self-empathy [1]. The nature of being compassionate and feeling pity for others was quite distinct. Feeling pity for others is considered as separating your emotions from them instead of being compassionate and feeling how others feel. Similarly, being self-pitying may be considered as having negative self-compassion, as the individual has disconnected with others and over-identified with the deficiency, and that is seen as isolation, while the individual with high self-compassion is able to be aware of their own inadequacy while not forgetting others are also experiencing a similar condition. Conceptually, the feeling of self-acceptance is based on a sense of shared humanity, which does not separate the self from others [1]. Indeed, the concept of self-empathy [24–26] had touched the elements of self-compassion [1], illustrating the role of acceptance, caring, and reconnection towards the self [26]. Self-empathy had been theoretically mentioned as enabling stable progress of self-representations that enhance mental well-being; however, less research has been done to prove and document it [1]. Therefore, self-compassion cultivates the sense of social connectedness, as the eastern cultural ideology does, but without upholding the western culture of having an overly individualistic self-focus. This stimulation is also consistent with the consubstantial concept of the Buddhist philosophy, which has emphasized the interconnectedness between oneself and others.

2.3. Self-Compassion and Self-Schema

The concept of a schema, which is the fundamental concept of Beck’s cognitive theory of depression [27], can be indicated in different forms of self-referenced cognitive mechanisms, including self-esteem, self-efficacy, and self-compassion [28]. Beck’s cognitive theory of depression involves three cognitive aspects—the cognitive triad, schemata, and cognitive distortions. A negative schema represents a person’s generalized attitudes, beliefs, and assumptions about the cognitive triad, which includes negative thinking patterns about the self, the future, and the world [27,29,30], which lead to cognitive distortions. Cognitive distortions are the results of a dysfunctional schema, which involves faulty informational-processing while engaged in the self-reflective and self-genitive process, and then exhibiting a negative self-referential bias [29]. While different classes of self-schema—Intermediary beliefs, conditional rules, and core beliefs [29]—are being seen to guide a person’s interpretation of experiences and regulate their emotional response, they have been seen to be representable by self-referenced cognitive aspects. Therefore, other than components under the self-concept theory [31,32], it is likely that showing compassion towards oneself also plays a role within the interpretation of experiences, as a result of self-compassion also being used as a form of self-schema [33–35]. Additionally, self-esteem, self-efficacy, and self-compassion are being categorized as three of the self-concept goals in reducing mental disorder [36]; thus, self-compassion should be structured under the self-concept model.

Moreover, Neff (2003) [1] narrated that the concept of self-compassion is considered as partially resonated from humanistic psychology. Maslow (1968) illustrated that humans should not fear acknowledging their selves, including their own emotions, capacities, and potentialities, thus reducing the cause of psychological illness and protecting their self-esteem. It can be said that self-efficacy is considered to correspond to the statement of Maslow’s (1968) on humanistic psychology that people should be aware of their capability and potentialities. Self-efficacy is shown to be positively related to the positive components of self-compassion and is negatively predicted by over-identification [37,38]. In addition to the hopelessness of future and career prospects suffered by students today, career and talent development self-efficacy was shown to be positively correlated with self-compassion [39].

Other than the concept of general self-efficacy, Bandura (1991, 2006) [40,41] also indicated that individuals may result with diverse self-efficacy levels in different task or situations, depending on the characteristics of the particular individual. For example, an individual who suffers from musculoskeletal pain is more likely to have a lower pain tolerance self-efficacy than those who do not. Self-compassion was shown to be correlated with various task-specific or situational-specific forms of self-efficacy, such as HIV symptom self-efficacy [33] or pain self-efficacy [42]. Research has also evidenced with regression that self-compassion did predict specific forms of self-efficacy, like self-regulatory self-efficacy or pain self-efficacy [42,43]. Despite that, the prediction of self-compassion by self-efficacy, such as exercise (task-specific), remains under-examined.

Nevertheless, the positive correlation between self-compassion and self-esteem is commonly examined and discussed [2,44–46]. Self-compassion is evoked to prevent high self-esteem, which also avoids leading to egoistic illusion and self-regulation failure [47]. Moreover, self-compassion was proven to be associated with physical-related self-esteem, like appearance self-worth and physical self-perception [48,49]. Research showed that self-compassion was significantly associated with body mass index (BMI), body image, reduced body dissatisfaction and body appreciation; as well as the athletic abilities and physical appearance domain measured within the self-perception profile [50]. Additionally, with regard to self-compassion being seen as a coping strategy and an influential component of healthy behavior engagement, including physical activity, the relationship between self-compassion and physical activity engagement and other proactive physical-related behavior is mediated by body appreciation, relieving negative perception of poor body image, body surveillance, and body shame [48,49,51–54]. A longitudinal regression study showed that self-esteem was anterior of the development of self-compassion over four years, but not vice versa [55]. Numerous studies have indicated that self-compassion can be significantly distinguished from self-esteem and even results in more comprehensive outcomes in predicting both negative and positive mental well-being, as well as ego-focused activity. The partial correlation between self-compassion and anxiety was still significant after the controlling of self-esteem and shown additional variance after adding self-compassion in the hierarchal regression analysis of positive mental well-being and self-esteem [19,35,56]. Additionally, self-compassion was the only component that shielded the effect of perceived stress on negative effects during stressful events in particular, which corresponds to the emotional equilibrium function of self-compassion [56,57]. Self-compassion could be a conjecture of “true self-esteem” claimed by Deci and Ryan (1995) [1,19,58]. Self-compassion was able to provide more powerful protection against ego-defensive drawbacks, followed by the maintenance and pursuit of high self-esteem. Self-compassion was also associated with a higher stability of self-worth when compared to global self-esteem. As such, self-compassion was proposed to be a universal and extensive construct in representing global self-esteem [35,56].

3. Conclusions

Given that self-compassion was demonstrated to be revealed by Kohut’s self-psychology, by enlightening the self-object and self-experience theory, self-compassion indeed supports the contiguous relationship between self-compassion and the individual self, thus achieving a healthy self. Moreover, the self-schemas have been sufficiently shown to associate with and predict positive psychological outcomes, such as preventing anxiety and depressive symptoms, and then have further demonstrated the positive relations with self-compassion, such as engaging in the self-reflective, self-genitive, and self-soothing process; thus, it demonstrated that similar features have been shared among the three concepts [38]. Therefore, despite self-esteem being one of the positive self-schema, the disadvantages brought by negative self-referential bias as well as social comparison, with the acclamation of self-compassion, were more precise than global self-esteem; therefore, self-compassion should be emphasized by self-psychology to develop a new era of true self-esteem.

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References

1. Neff, K. Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self Identity* **2003**, *2*, 85–101. [[CrossRef](#)]
2. Zessin, U.; Dickhäuser, O.; Garbade, S. The relationship between self-compassion and well-being: A meta-analysis. *Appl. Psychol. Health Well-Being* **2015**, *7*, 340–364. [[CrossRef](#)] [[PubMed](#)]
3. Marsh, I.C.; Chan, S.W.; MacBeth, A. Self-compassion and psychological distress in adolescents—A meta-analysis. *Mindfulness* **2018**, *9*, 1011–1027. [[CrossRef](#)] [[PubMed](#)]
4. Terry, M.L.; Leary, M.R. Self-compassion, self-regulation, and health. *Self Identity* **2011**, *10*, 352–362. [[CrossRef](#)]
5. Sirois, F.M.; Kitner, R.; Hirsch, J.K. Self-compassion, affect, and health-promoting behaviors. *Health Psychol.* **2015**, *34*, 661.
6. Freud, S. *Das Ich und das Es* (1923); Sigmund Freud Studienausgabe; Severus: Hamburg, Germany, 2000; Volume 3, pp. 273–330.
7. Wolf, E.S. Advances in self psychology: The evolution of psychoanalytic treatment. *Psychoanal. Inq.* **1991**, *11*, 123–146. [[CrossRef](#)]
8. Wolf, E.S. *Treating the Self: Elements of Clinical Self Psychology*; Guilford Press: New York, NY, USA, 2002.
9. Hartmann, H. Comments on the psychoanalytic theory of the ego. *Psychoanal. Study Child* **1950**, *5*, 74–96.
10. Kohut, H. *The Restoration of the Self*; University of Chicago Press: Chicago, IL, USA, 1977.
11. Birtchnell, J. Interpersonal theory: Criticism, modification, and elaboration. *Hum. Relat.* **1990**, *43*, 1183–1201. [[CrossRef](#)]
12. Jacobs, L. Insights from psychoanalytic self psychology and intersubjectivity theory for Gestalt therapists. *Gestalt J.* **1992**, *15*, 25–60.
13. Stolorow, R.D.; Brandchaft, B.; Atwood, G.E. *Psychoanalytic Treatment: An Intersubjective Approach*; Routledge: London, UK, 2014.
14. Bacal, H.A. Does an object relations theory exist in self psychology? *Psychoanal. Inq.* **1990**, *10*, 197–220.
15. Baker, H.S.; Baker, M.N. Heinz Kohut's self psychology: An overview. *Am. J. Psychiatry* **1987**, *144*, 1–9. [[PubMed](#)]
16. Baker, S. Working in the present moment: The impact of mindfulness on trainee psychotherapists' experience of relational depth. *Couns. Psychother. Res.* **2016**, *16*, 5–14. [[CrossRef](#)]
17. Magnus, C.; Kowalski, K.; Mchugh, T. The Role of Self-compassion in Women's Self-determined Motives to Exercise and Exercise-related Outcomes. *Self Identity* **2010**, *9*, 363–382. [[CrossRef](#)]
18. Leary, M.R.; Tate, E.B.; Adams, C.E.; Batts Allen, A.; Hancock, J. Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *J. Personal. Soc. Psychol.* **2007**, *92*, 887. [[CrossRef](#)] [[PubMed](#)]
19. Neff, K.D.; Vonk, R. Self-compassion versus global self-esteem: Two different ways of relating to oneself. *J. Personal.* **2009**, *77*, 23–50. [[CrossRef](#)] [[PubMed](#)]
20. Neff, K.D. Self-compassion, self-esteem, and well-being. *Soc. Personal. Psychol. Compass* **2011**, *5*, 1–12. [[CrossRef](#)]
21. Sedikides, C.; Gregg, A.P. Self-enhancement: Food for thought. *Perspect. Psychol. Sci.* **2008**, *3*, 102–116. [[CrossRef](#)]
22. Aberson, C.L.; Healy, M.; Romero, V. Ingroup bias and self-esteem: A meta-analysis. *Personal. Soc. Psychol. Rev.* **2000**, *4*, 157–173. [[CrossRef](#)]
23. Cichocka, A.; de Zavala, A.G.; Marchlewska, M.; Olechowski, M. Grandiose delusions: Collective narcissism, secure in-group identification, and belief in conspiracies. In *The Psychology of Conspiracy*; Routledge: London, UK, 2015; pp. 60–79.
24. Jordan, J.V. *Relational Development: Therapeutic Implications of Empathy and Shame*; Work in Progress, No. 39, Working Paper Series; Stone Center: Wellesley, MA, USA, 1989.
25. Jordan, J.V. Empathy and self-boundaries. In *Women's Growth in Connection: Writings from the Stone Center*; Jordan, J.V., Kaplan, A.G., Miller, J.B., Stiver, I.P., Surrey, J.L., Eds.; Guilford: New York, NY, USA, 1991; pp. 67–80.
26. Jordan, J.V. Empathy, mutuality and therapeutic change: Clinical implications of a relational model. In *Women's Growth in Connection: Writings from the Stone Center*; Jordan, J.V., Ed.; Guilford: New York, NY, USA, 1991; pp. 283–290.
27. Beck, A.T.; Weishaar, M. Cognitive therapy. In *Comprehensive Handbook of Cognitive Therapy*; Springer: New York, NY, USA, 1989; pp. 21–36.
28. Eller, L.S.; Rivero-Mendez, M.; Voss, J.; Chen, W.T.; Chaiphilarsaridi, P.; Ipinge, S.; Tyer-Viola, L. Depressive symptoms, self-esteem, HIV symptom management self-efficacy and self-compassion in people living with HIV. *AIDS Care* **2014**, *26*, 795–803. [[CrossRef](#)]
29. Clark, D.A.; Guyitt, B.D. Schema theory in depression. In *Treating Depression: MCT, CBT, and Third Wave Therapies*; John Wiley & Sons: Hoboken, NJ, USA, 2016; pp. 117–143.
30. Segal, Z.V. Appraisal of the self-schema construct in cognitive models of depression. *Psychol. Bull.* **1988**, *103*, 147. [[CrossRef](#)] [[PubMed](#)]

31. Shavelson, R.J.; Hubner, J.J.; Stanton, G.C. Self-concept: Validation of construct interpretations. *Rev. Educ. Res.* **1976**, *46*, 407–441. [[CrossRef](#)]
32. Stein, K.F.; Markus, H.R. The organization of the self: An alternative focus for psychopathology and behavior change. *J. Psychother. Integr.* **1994**, *4*, 317. [[CrossRef](#)]
33. Denckla, C.A.; Consedine, N.S.; Bornstein, R.F. Self-compassion mediates the link between dependency and depressive symptomatology in college students. *Self Identity* **2017**, *16*, 373–383. [[CrossRef](#)]
34. Ehret, A.M.; Joormann, J.; Berking, M. Examining risk and resilience factors for depression: The role of self-criticism and self-compassion. *Cogn. Emot.* **2015**, *29*, 1496–1504. [[CrossRef](#)]
35. Neff, K.D.; Rude, S.S.; Kirkpatrick, K.L. An examination of self-compassion in relation to positive psychological functioning and personality traits. *J. Res. Personal.* **2007**, *41*, 908–916. [[CrossRef](#)]
36. Machin, J.E.; Adkins, N.R.; Crosby, E.; Farrell, J.R.; Mirabito, A.M. The marketplace, mental well-being, and me: Exploring self-efficacy, self-esteem, and self-compassion in consumer coping. *J. Bus. Res.* **2019**, *100*, 410–420. [[CrossRef](#)]
37. Manavipour, D.; Saeedian, Y. The role of self-compassion and control belief about learning in university students' self-efficacy. *J. Contextual Behav. Sci.* **2016**, *5*, 121–126. [[CrossRef](#)]
38. Muris, P.; Otgaar, H.; Petrocchi, N. Protection as the mirror image of psychopathology: Further critical notes on the self-compassion scale. *Mindfulness* **2016**, *7*, 787–790. [[CrossRef](#)]
39. Nalipay, M.J.N.; Alfonso, M.K.S. Career and Talent Development Self-Efficacy of Filipino Students: The Role of Self-Compassion and Hope. *Philipp. J. Psychol.* **2018**, *51*, 101–120. [[CrossRef](#)]
40. Bandura, A. Social cognitive theory of self-regulation. *Organ. Behav. Hum. Decis. Process.* **1991**, *50*, 248–287. [[CrossRef](#)]
41. Bandura, A. Guide for constructing self-efficacy scales. *Self-Effic. Beliefs Adolesc.* **2006**, *5*, 307–337.
42. Wren, A.A.; Somers, T.J.; Wright, M.A.; Goetz, M.C.; Leary, M.R.; Fris, A.M.; Keefe, F.J. Self-compassion in patients with persistent musculoskeletal pain: Relationship of self-compassion to adjustment to persistent pain. *J. Pain Symptom Manag.* **2012**, *43*, 759–770. [[CrossRef](#)]
43. Dowd, A.J.; Jung, M.E. Self-compassion directly and indirectly predicts dietary adherence and quality of life among adults with celiac disease. *Appetite* **2017**, *113*, 293–300. [[CrossRef](#)] [[PubMed](#)]
44. Marshall, S.L.; Parker, P.D.; Ciarrochi, J.; Sahdra, B.; Jackson, C.J.; Heaven, P.C. Self-compassion protects against the negative effects of low self-esteem: A longitudinal study in a large adolescent sample. *Personal. Individ. Differ.* **2015**, *74*, 116–121. [[CrossRef](#)]
45. Barry, C.T.; Loflin, D.C.; Doucette, H. Adolescent self-compassion: Associations with narcissism, self-esteem, aggression, and internalizing symptoms in at-risk males. *Personal. Individ. Differ.* **2015**, *77*, 118–123. [[CrossRef](#)]
46. Kwan, V.S.; Kuang, L.L.; Hui, N.H. Identifying the sources of self-esteem: The mixed medley of benevolence, merit, and bias. *Self Identity* **2009**, *8*, 176–195. [[CrossRef](#)]
47. Baumeister, R.F. *Self-Concept, Self-Esteem, and Identity*; Dunedin Academic: Edinburgh, UK, 1999.
48. Albertson, E.R.; Neff, K.D.; Dill-Shackelford, K.E. Self-compassion and body dissatisfaction in women: A randomized controlled trial of a brief meditation intervention. *Mindfulness* **2015**, *6*, 444–454. [[CrossRef](#)]
49. Hogan, C. Relationship Between Self-Compassion, Self-Perception, and Stuttering Severity. *Grad. Indep. Stud. Commun. Sci. Disord.* **2017**, *5*. Available online: <https://ir.library.illinoisstate.edu/giscsd/5> (accessed on 20 January 2020).
50. Messer, B.; Harter, S. *The Self-Perception Profile for Adults: Manual and Questionnaires*; Department of Psychology, The University of Denver: Denver, CO, USA, 2012.
51. Barnett, M.D.; Sharp, K.J. Maladaptive perfectionism, body image satisfaction, and disordered eating behaviors among US college women: The mediating role of self-compassion. *Personal. Individ. Differ.* **2016**, *99*, 225–234. [[CrossRef](#)]
52. Breines, J.; Toole, A.; Tu, C.; Chen, S. Self-compassion, body image, and self-reported disordered eating. *Self Identity* **2014**, *13*, 432–448. [[CrossRef](#)]
53. Thall, M.S. Exercise & Physical Activity in Middle-Aged Women: The Role of Self-Compassion. Ph.D. Thesis, The Ohio State University, Columbus, OH, USA, 2014.
54. Cox, A.E.; Ullrich-French, S.; Tylka, T.L.; McMahon, A.K. The roles of self-compassion, body surveillance, and body appreciation in predicting intrinsic motivation for physical activity: Cross-sectional associations, and prospective changes within a yoga context. *Body Image* **2019**, *29*, 110–117. [[CrossRef](#)] [[PubMed](#)]
55. Donald, J.N.; Ciarrochi, J.; Parker, P.D.; Sahdra, B.K.; Marshall, S.L.; Guo, J. A worthy self is a caring self: Examining the developmental relations between self-esteem and self-compassion in adolescents. *J. Personal.* **2018**, *86*, 619–630. [[CrossRef](#)] [[PubMed](#)]
56. Krieger, T.; Hermann, H.; Zimmermann, J.; Grosse Holtforth, M. Associations of self-compassion and global self-esteem with positive and negative affect and stress reactivity in daily life: Findings from a smart phone study. *Personal. Individ. Differ.* **2015**, *87*, 288–292. [[CrossRef](#)]
57. Allen, A.B.; Leary, M.R. Self-Compassion, stress, and coping. *Soc. Personal. Psychol. Compass* **2010**, *4*, 107–118. [[CrossRef](#)] [[PubMed](#)]
58. Neff, K.D.; Pisitsungkagarn, K.; Hsieh, Y.P. Self-compassion and self-construal in the United States, Thailand, and Taiwan. *J. Cross-Cult. Psychol.* **2008**, *39*, 267–285. [[CrossRef](#)]