

The Meaning and Experiences of Self-Compassion Among Adolescents

by

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Abstract

Self-compassion is a growing area of interest for researchers in the field of psychology and other helping professions as it is highly correlated with overall wellbeing (Neff, 2003). However, much of the research to date has focused on self-compassion among adults and from a quantitative lens. The purpose of this phenomenological study was to gain an understanding of the experiences of self-compassion among adolescents by exploring these experiences in-depth. Six adolescents were interviewed about their conceptualizations and experiences of self-compassion. Responses were audio-recorded, transcribed, and analyzed for common themes using Interpretative Phenomenological Analysis (IPA). Based on participants' descriptions of self-compassion, eight themes were developed: putting oneself at the center, maintaining a positive outlook, engaging in pleasurable activities, connecting positively with others, working on self-improvement, upholding one's public image, accepting oneself, and experiencing emotional balance. These findings may contribute to self-compassion research by helping elucidate the meaning and experiences of self-compassion from the adolescent perspective. In light of the findings, implications for counsellors, directions for future research, and limitations of the study are discussed.

Preface

This thesis is an original work by Kirsten Klinger. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, “The meaning and experiences of self-compassion among adolescents”, No. 00040621, October, 22, 2014.

Dedication

This thesis is dedicated to my grandmothers, Frances Klingle and Reinhild Heydemann, who together have taught me the incredible value of education and the power of my own voice.

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Table of Contents

Chapter 1:	
Introduction.....	1
Chapter 2:	
Literature Review.....	4
Changes, Changes Everywhere.....	4
Emotion Regulation.....	14
Adolescent Anxiety and Depression.....	17
Self-Compassion.....	19
Summary.....	27
Chapter 3:	
Methodology.....	28
Philosophical Underpinnings and IPA.....	28
The Researcher.....	32
Participant Recruitment.....	33
Participants.....	34
Data Collection.....	35
Data Analysis.....	36
Enhancing Trustworthiness and Confidence.....	37
Ethical Considerations.....	38
Chapter 4:	
Findings.....	40

Putting Oneself at the Center.....	40
Maintaining a Positive Outlook.....	45
Engaging in Pleasurable Activities.....	48
Connecting Positively with Others.....	49
Working on Self-Improvement.....	52
Upholding One’s Public Image.....	53
Accepting Oneself.....	54
Experiencing Emotional Balance.....	56
Chapter 5: Discussion, Implications and Conclusion.....	59
Discussion.....	59
Limitations.....	76
Future research.....	77
Implications for Counselling.....	79
Conclusion.....	81
References.....	83
Appendix A.....	107
Appendix B.....	108
Appendix C.....	110
Appendix D.....	112
Appendix E.....	113
Appendix F.....	115

Appendix G.....	117
Appendix H.....	118

List of Tables

Table 1.....	41
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The Meaning and Experiences of Self-Compassion Among Adolescents

Chapter 1: Introduction

Since the founding father of adolescent psychology G. Stanley Hall (1904) first proposed of adolescence as a time of Sturm und Drang (storm and stress), the world has changed in considerable ways. While subsequent research has rejected the belief that adolescence is universally a period of storm and stress (Arnett, 1999), there is considerable research to support the notion that adolescence brings with it significant challenges such as conflicts with parents (Kerr & Stattin 2000; Larson & Richards, 1994; Laursen, Coy, & Collins, 1998; Sillars, Canary & Tafoya, 2004), changes in mood (Larson & Richards, 1994; Larson & Sheeber, 2009), and higher rates of risk-taking behaviour (Muilenburg, Johnson, Usdan, Annang, & Clayton, 2007; O'Donnell et al., 2008; Swahn & Bossarte, 2007). Adolescence is also a time fraught with stressors related to academics, interpersonal relationships, body image, and identity (Allen & Allen, 2009; Erikson, 1968; Steinberg, 2002). These challenges are often accompanied by high levels of self-consciousness and negative self-evaluation among this population (De Jong, Sportel, De Hullu, & Nauta, 2012) and are strongly related to high rates of mental health concerns, such as depression (Gemar, Segal, Sagrati & Kennedy, 2001) and anxiety (Clark & Wells, 1995).

While much research has focused on improving negative self-evaluation by increasing self-esteem in adolescents, a relatively new stream of research has shown that an attempt to increase self-esteem may invite a host of other unanticipated issues (Alicke & Govorun, 2005; Baumeister, Campbell, Krueger, & Vohs, 2005; Crocker & Park, 2004; Twenge, 2006). For instance, many school-based programs aimed at increasing self-esteem have been shown to be ineffective and that while high self-esteem may temporarily reduce anxiety, this improvement is

often short-lived (Baumeister et al., 2005; Crocker & Park, 2004; Twenge, 2006). Although self-esteem does indeed enhance one's perceived feeling of attractiveness, likability, intelligence, and kindness (Alicke & Govorun, 2005), self-esteem is often accompanied by a need to feel superior in order to feel good, meaning that others may be seen as inferior (Neff, 2011a). In addition, self-esteem's contingency on factors outside of the self, including how one is perceived by others, may put adolescents at risk of internalizing unfavourable or negative peer evaluations, which may have implications for adolescent mental health.

An alternative to the concept of self-esteem is self-compassion, defined as the ability to turn compassion inward (Neff, 2003a). Self-compassion is comprised of three central tenets: mindfulness, or the ability to hold painful emotions in balanced awareness without over-identifying with these feelings; treating oneself with kindness; and recognizing that we are all humans and make mistakes (Neff, 2003a). Research has shown that self-compassion is strongly related to positive psychological wellbeing and improved self-evaluations, as well as decreased anxiety, depression, neurotic perfectionism, and rumination (Neff, 2009). To date, the majority of research has explored self-compassion in adult populations and from a quantitative lens. However, given the promising findings from previous self-compassion research, researchers have started to investigate self-compassion among other populations, including adolescents. For instance, research suggests that self-compassion among adolescents is strongly associated with wellbeing, as adolescents who are higher in self-compassion report fewer symptoms of anxiety and depression (Neff & McGehee, 2010). Additionally, self-compassion has been shown to mediate the relationship between childhood maltreatment and emotion dysregulation in adolescence and young adulthood, thus offering further support in favour of self-compassion as a contributing factor in mental health among adolescence (Vettese, Dyer, Li, & Wekerle, 2011).

However, while these correlational studies are of great importance, what is missing from this research is the adolescent perspective, which helps provide a more contextualized understanding of how self-compassion is experienced. In turn, developing an understanding of this perspective may help researchers and practitioners gain a deeper understanding and a more balanced view related to how adolescents view and experience self-compassion, with potential implications for self-compassion interventions for adolescents. Additionally, given that the vast majority of self-compassion research to date has been quantitative in nature, it is of wonder how self-compassion is actually experienced in day-to-day life. Adopting a qualitative approach is essential in opening up the conversation about self-compassion.

Therefore, the purpose of this study was to gain a better understanding of how adolescents experience self-compassion in their daily lives by asking two main questions: (a) How do adolescents conceptualize self-compassion? and (b) What are the underlying experiences of self-compassion among adolescents? This study used a phenomenological method of investigation known as Interpretative Phenomenological Analysis (IPA; Smith, Flowers, & Larkin, 2009) to uncover salient themes across participant interviews.

This thesis is organized into four main sections. The first section situates this study by presenting previous research and literature on adolescent development, changes and challenges related to the adolescent experience, and the role of self-compassion in wellbeing. The second section outlines the methodology of the current study and includes information on participants, data collection, and data analysis. The third section details the findings from this study including themes across participants, while the fourth and final section discusses the findings in relation to pre-existing literature, along with limitations of the study, implications for counselling practitioners, and directions for future researchers.

Chapter 2: Literature Review

Adolescence, a term derived from the Latin name *adolescere*, meaning “to grow into adulthood,” is generally thought of as a time of great transition, as the individual moves from childhood to adulthood and prepares for the future (Steinberg, 2002, p. 3). Although the age boundaries of adolescence were at one time conceptualized as youth between the ages of 13 to 19, this age range has undergone changes in the past century as physical maturity begins earlier and independent living commences later in life (Steinberg, 2002). In an effort to distinguish between younger and older adolescents, some consider *early adolescence* as the period between 10 to 13 years of age; *middle adolescence* as the period between 14 to 18 years of age; and *late adolescence* as the period between 19 to 22 years of age (Steinberg, 2002).

Before reviewing the literature on adolescent self-compassion, it is essential to begin to understand what the “self” is referring to. In other words, what does the self mean in adolescence? And, how might adolescent conceptualizations of the self change and evolve over time? In order to unpack these questions, I will be discussing several seminal works on the topic of adolescent development. To begin with, I will briefly highlight Piaget’s theory of cognitive development as a way of understanding the cognitive changes that surface during adolescence. Next, I will discuss Elkind’s theory of egocentrism, Erikson’s theory of psychosocial development, the tripartite model of self-concept, and social cognitive theory as ways of understanding adolescent identity development.

Changes, Changes, Everywhere

The self under construction: Cognitive development.

As previously discussed, adolescents go through considerable changes en route to adulthood (Steinberg, 2002). One aspect includes changes in cognition, as more sophisticated

ways of thinking begin to develop. As part of these advancements in thinking, adolescents experience changes related to how they think about themselves, others, and the world.

According to Piaget, all children progress from one intellectual stage of development to the next in a predetermined sequence (Shaffer, Wood, & Willoughby, 2002). Piaget suggested that by age 11 or 12 most children have reached the *formal-operational* stage where the emerging adolescent develops the ability to think rationally and abstractly while hypothesizing and philosophizing about real or imagined events. Where the pre-adolescent is capable of effectively answering the “what” questions, the formal-operational thinker is more adept at tackling the “why” question, in turn acting as an intuitive scientist (Inhelder & Piaget, 1958). At this stage, adolescents are also more able to explore alternative sides of a problem, are increasingly introspective, and think more comprehensively and systematically about the future (Piaget, 1950).

This ability to engage in hypothetical and abstract thinking becomes of great importance in the transition from childhood to adulthood, when adolescents are required to think and plan for the future. However, these advancements in thinking are not without their challenges. For it is this abstract and hypothetical thinking ability that enables the adolescent to imagine a vast number of outcomes or possible scenarios and ask more complex questions of the world and of the self such as “Who am I?” and “Who will I become?”, all of which have the potential to overwhelm the adolescent who is embarking on substantial life changes (Steinberg, 2002).

Moreover, as adolescents are able to reflect on their own thoughts, they also develop the ability to consider the potential thoughts of others, which is at the heart of egocentrism. Defined as “the inability to clearly differentiate the nature of the subject-object interaction, or the subject-object relationship” (Muuss, 1982, p. 250), egocentrism implies lack of awareness

of one's immediate surroundings, as opposed to intentionality and selfishness (Mitchell, 1992). David Elkind (1967, 1981) outlined two types of egocentricism: the imaginary audience and personal fables. According to Elkind (1967, 1981), the imaginary audience is the belief that one is constantly being viewed by others, as if on stage, which brings to light the adolescent's feelings of self-consciousness. As Elkind (1967) suggested:

When the young person is feeling critical of himself, he anticipates that the audience — of which he is necessarily a part — will be critical too. And, since the audience is his own construction and privy to his own knowledge of himself, it knows just what to look for in the way of cosmetic and behavioral sensitivities. (p. 1030)

For example, the adolescent who is self-conscious of having gained weight assumes all others are equally as aware of this weight gain, in turn exacerbating the painful feelings associated with self-consciousness. In contrast, the personal fable is the belief that one's experiences are unique from all others, thereby making the individual unique and potentially misunderstood (Elkind, 1967). For instance, an adolescent may believe no one can possibly understand what it is like to experience a break-up and that "only he can suffer with such agonized intensity, or experience such exquisite rapture" (Elkind, 1967, p. 1031).

However, with cognitive changes and greater focus shifted inward, challenges can arise when the adolescent fails to differentiate the problem from the self (e.g., "I am the problem" versus "I have a problem") whereby "the entire objective scope of the problem is converted into a subjective 'me' problem; a conversion in which matters of circumstance and larger social forces lose all significance" (Mitchell, 1992, p. 23). Additionally, with increased self-awareness (Erikson, 1968), conceptualized as the cognitive process of focusing on the self (Steinberg, 2002), comes the potential to see the self in a less than desirable light. For example, some

adolescents may experience greater self-consciousness, characterized by a heightened awareness of both interior and exterior aspects of the self (Rankin, Lane, Gibbons & Gerrard, 2004).

Although similar to self-awareness in that both processes involve a self-focus, self-consciousness is understood as a more affective process as it relates to feelings of discomfort and vulnerability (Adams, Abraham, & Markstrom, 2000). More specifically, self-consciousness theory delineates between two types of self-consciousness: private and public (Buss, 2001).

Private self-consciousness relates to excessive concern over private thoughts, emotions and behaviours; surfaces as an individual difference in adolescence; and is predictive of adjustment difficulties in adulthood (Fenigstein, 1987; Fenigstein, Scheier, & Buss, 1975; Rankin, Lane, Gibbons & Gerrard, 2004). Public self-consciousness, on the other hand, refers to the awareness of the self as a social object and can result in greater conformity and reduced autonomy (Fenigstein, 1987; Fenigstein, Scheier, & Buss, 1975; Ryan & Kuczkowski, 1994). Private self-consciousness increases between the ages of 13 to 18 and is both an antecedent and concomitant of Major Depressive Disorder (MDD; Seeley & Lewinsohn, 2009).

Similarly, self-criticism, much like the name suggests, is criticism turned inward and refers to critical, hostile or persecutory ways of relating toward the self (Gilbert & Proctor, 2006). Self-criticism in early adolescence and adulthood has been shown to increase the individual's vulnerability to depressive symptoms while reducing the effectiveness of depression-related treatments (Blatt, Shahar, & Zuroff, 2001). Self-critical adolescents are also more likely to downplay or dismiss positive life events, in turn failing to benefit from some of the protective factors that can come when experiencing positive events (Shahar & Priel, 2003). What becomes especially problematic in the context of self-critical adolescents is the increased vulnerability that comes after experiencing a personal failure (Blatt & Zuroff, 1992). For

example, as Luthar and Blatt (1995) suggested, adolescents high in self-criticism have higher rates of depression when facing academic and interpersonal relationship difficulties. Therefore, helping adolescents develop kinder ways of relating to the self may be especially helpful in combating negative self-evaluations and increased self-consciousness.

Taken together, changes to adolescent cognitive capabilities resulting in greater self-focus and egocentricism can bring about problems for the adolescent, especially when thoughts are negative in nature, such as in the case of self-criticism. Moreover, given that most adolescents will at certain times adopt more egocentric thinking (e.g., I am alone in this and no one understands), this may lead to feelings of isolation and of being misunderstood. For adolescents who feel alone in their struggle, self-compassion may be especially necessary in helping them recognize that all humans face challenges, as part of the collective experience.

The self under construction: Identity development.

While potentially problematic at times, egocentricism is nonetheless an integral part of adolescent development as it is this self-focused attention that facilitates identity development (Mitchell, 1992). In focusing inward, the adolescent is able to learn more about the self, and discover ways in which he or she is similar to and different from others, thus helping carve out a self-identity. According to Erikson (1968), the identity development process is integral to the formation of a healthy personality in adulthood. As part of this process, Erikson maintained that the individual must progress from one developmental stage to the next while resolving developmentally-appropriate crises along the way. For example, during the emergence of adolescence, individuals face issues of identity versus identity confusion or diffusion, whereby they attempt to develop a sense of self and achieve individuation, or differentiation from others (Erikson, 1968). In other words, to progress through to the next stage of development the

adolescent must resolve the conflict between developing a coherent sense of self versus an incoherent or disjointed sense of self, known as identity diffusion (Steinberg, 2002).

In an effort to resolve this crisis of identity versus identity confusion, adolescents often rely on relationships with others, including peers and parents, to help guide development. For in these relationships the adolescent learns more about the self, including individual strengths and weaknesses (Erikson, 1968). As Erikson (1968) suggested,

[Adolescents] are sometimes morbidly, often curiously, preoccupied with what they appear to be in the eyes of others as compared with what they feel they are, and with the question of how to connect the roles and skills cultivated earlier with the ideal prototype of the day. (p. 128)

Although Erikson's psychosocial development model as first proposed in 1968 is still relied upon today, subsequent researchers have proposed modified and alternative theories of adolescent development (Luyckx, Goossens, Soenens, & Beyers, 2006; Luyckx Goossens, Soenens, Beyers, & Vansteenkiste, 2005; Marcia, 1988). For example, in contrast to Erikson's view of adolescent development as a step-by-step process, a social psychological perspective of self-concept development maintains a different point of view, as identity development is conceptualized as a dynamic and active process (Markus & Wurf, 1987). One variation of the social psychological perspective is the tripartite model of self-concept (Brewer & Gardner, 1996). This model identifies three aspects of *self*, which include: the individual self, the relational self, and the collective self. Where the individual self is made up of unique and individual characteristics that set the individual apart from others, the relational and collective selves include the greater social network (Brewer & Gardner, 1996). In this case, the relational self involves connection through close relationships with others, whereas the collective self

refers to how the individual categorizes or sees the self in relation to greater society as a whole. From this perspective, many of the changes in identity that take place during adolescence are due in part to the significant social changes that occur during this time (Tanti, Stukas, Halloran, & Foddy, 2008). As Tanti et al. (2008) explained,

People progressing through adolescence generally experience greater exposure to the social world....In theory, the impact of these changes is likely to be reflected by significant shifts in the makeup of a person's tripartite self-concept during adolescence. (p. 264)

Also adopting a social psychological perspective, social cognitive theory draws attention to the social environment as a change agent whereby the developmental change process is inextricably linked to and embedded within a social context (Bandura, 2005). Social cognitive theory maintains that the individual is an agent of change while also taking into account the significance of "transactional life events" in shaping the individual's development (Bandura, 2005, p. 2). In this case, the adolescent influences the environment and the environment influences the adolescent. As part of this, the beliefs that adolescents hold about the possibility for change are central to this agentic process. As Bandura (2005) stated,

There are many pathways through life and, at any given period, people vary substantially in how successfully they manage their lives in the milieus in which they are immersed. The beliefs they hold about their capabilities to produce results by their actions are an influential personal resource in negotiating their lives through the life cycle. (p. 1)

According to this same theory, if adolescents believe they have little control over their lives, it follows that this may negatively impact how they deal with stressors and can lead to more pessimistic ways of seeing the self and the world (Bandura, 2005).

Returning to the purpose of this study, and keeping in mind the changes adolescents experience in how they see themselves and experience the world around them, this opens the door for various types of self-concepts to form. Some adolescents may see themselves as strong, capable, and worthy of love whereas others may see themselves as weak, useless, and unlovable. The changing ways in which adolescents *see* themselves may have implications for how adolescents *feel* about themselves. With this in mind, self-compassion may play an important role in helping adolescents relate to themselves with kindness and compassion despite undergoing challenging and confusing changes to the self. While increasing self-compassion seems an appropriate goal in working with adolescents, little is actually known about how adolescents experience self-compassion. Therefore, this study is intended to help fill in this gap.

Social transitions.

During adolescence, family dynamics often shift and can cause stress as the adolescent's needs and capabilities change (Steinberg, 2002). With the desire for greater autonomy and freedom comes the potential for parent-child conflict as both parties attempt to navigate through the changing relationship. If the adolescent's autonomy is compromised or met with parental infringement, parent-adolescent conflict may ensue (Nucci, Hasebe, & Lins-Dyer 2005; Smetana, 2005; Sorkhabi, 2010). Given these changing dynamics, both parent and adolescent must re-negotiate their relationship and their corresponding roles.

With a shift away from the family as the primary social group, changes also occur in the amount of time spent with family, as adolescents develop new relationships outside of the home (Steinberg, 2002). Because of this, adolescents spend considerably less time with their parents and more unsupervised time with their peers. Moreover, adolescence also brings about changes in sexual development as adolescents begin to explore their sexuality (Steinberg, 2002). This

heightened sexual awareness means that adolescents also encounter several developmental challenges such as changes to the body, accepting feelings associated with sexual maturation, and making healthy and responsible decisions related to sexual behaviour (Brooks-Gunn & Paikoff, 1993).

Changes also surface in how adolescents approach school and work as many adolescents balance full-time school and part-time work (Purtell & McLoyd, 2013). Although gaining work experience in adolescence has several positive outcomes, such as creating a strong work ethic, developing greater economic independence, and establishing effective time management skills, there is also the possibility that taking on these new roles can be stressful and difficult to balance with the demands of school (Mortimer, Harley, & Staff, 2002).

Similarly, transitioning to high school may be met with both excitement and trepidation. While the move to high school often means increased autonomy and freedom, there is also added pressure related to achievement and the increasing complexity of coursework (Steinberg, 2002). For example, in a study investigating the types of stress experienced by adolescents, De Anda and colleagues (2000) surveyed over three hundred grade ten and 11 students. The most commonly reported stressors included concerns about the future (e.g., career and future life plans) and school-related stressors such as tests, grades, homework, and expectations about school (De Anda et al., 2000). A more recent study by De Vriendt et al. (2012) revealed similar findings.

With changes occurring in nearly every realm of life, and without a roadmap to help guide the adolescent along the steep terrain from adolescence to adulthood, it is inevitable that some will flourish, while others will struggle. Taken together, it is clear that the changes and tasks that adolescents are confronted with during this stage of development have the potential to

shake up the ground beneath their feet, in turn causing substantial stress for some. Therefore, developmental researchers have turned their attention to the impact of adolescent stress.

Adolescent stress.

Given the aforementioned rapid and challenging transitions, adolescent stress is an area of growing concern in the field of developmental research (Byrne, Davenport, & Mazanov, 2007). While stress has been conceptualized in several different ways, one way to understand the concept of stress is to see it as a response to one's environment. According to Lazarus and Folkman (1984), stress is "[the] relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her wellbeing" (p. 19). In other words, when the individual evaluates the situation and feels unable to cope with the difficulty, the experience of stress may follow.

Stress in adolescence has been associated with a number of adverse health outcomes including obesity (De Vriendt et al., 2012; Tajik, Mohd Zulkefli, Baharom, Minhat, & Latiff, 2014; Wilson & Sato, 2014), substance use (Goldbach, Tanner-Smith, Bagwell, & Dunlap, 2014; Pant et al., 2013), along with internalizing problems such as depression and anxiety (Moksnes, Espnes, & Haugan, 2014). While some of these issues surface as a result of the developmental tasks associated with adolescence, individual differences also account for and contribute to how stress is experienced (King, Molina, & Chassin, 2008). For instance, two adolescents who receive a failing grade on a math exam may vary considerably in how they interpret and make sense of this failing grade. Whereas one adolescent might become highly anxious and have difficulty sleeping and eating as a result, the other adolescent might shrug it off and think nothing of it. So it follows that simply being exposed to a stressful life event is insufficient in causing stress. Put simply, stress isn't stress until we perceive it as stress. While

there are many individual aspects that might account for the differences in how stress is experienced, one aspect worth discussing is the notion of emotion regulation.

Emotion Regulation

Born out of research in the 1980s and early 1990s (Campos, Barrett, Lamb, Goldsmith, & Stenberg, 1983), emotion regulation has been proposed as a key developmental task in adolescence (Allen & Manning, 2007; Allen & Miga, 2010). According to Thompson (1994), “emotion regulation consists of the extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features, to accomplish one’s goals” (p. 27). Put another way, emotion regulation is the ability to identify and assimilate emotional information while managing one’s response to these emotions (Zeman, Cassano, Perry-Parrish, & Stegall, 2006). Here, of course, the focus of emotion regulation is the regulation *of* emotion, as opposed to regulation *by* emotion.

While emotion regulation research has grown in popularity over the past two decades, there still remain considerable confusion and differing opinions about the construct, mechanism, and evolution of emotion regulation (Gross, 2007). Therefore, the purpose of this discussion will be to briefly highlight the importance of emotion regulation in relation to the adolescent experience.

To begin with, it is important to understand that the process of emotion regulation is not fixed or static. Rather, emotion regulation capabilities change depending on the environment, situational factors (e.g., levels of stress), the type of emotions experienced (e.g., anger versus sadness), and the age or developmental stage of the individual (Campos, 2011; Gross & Thompson, 2007; Zimmermann & Iwanski, 2014). In terms of the developmental trajectory of emotion regulation, the ability to regulate emotions is a process that develops over time and in

tandem with other developmental processes in the social, cognitive, and biological domains (Zeman et al., 2006). For example, with the advent of language production in toddlerhood, a toddler is for the first time able to verbalize concerns to another. In this case, the toddler communicates with a caregiver when in distress, thus facilitating emotion regulation in the form of caregiver support and comfort (Zeman et al., 2006). Adolescents, on the other hand, have much more developed emotion regulation strategies compared to their younger counterparts, meaning that in theory the adolescent and young adult will rely less on others to help regulate emotional responses. This increase in emotion regulation capabilities is due in large part to the maturational changes that take place during adolescence, thus facilitating more advanced executive functioning capabilities, along with the capacity to monitor and evaluate emotional responses (Thompson, 2011).

There is also evidence to suggest that emotion regulation in adolescence becomes more flexible as adolescents gain greater insight into their actions and behaviours, thus allowing for a choice in how adolescents respond to emotional information (Zimmermann, 1999). Moreover, with age comes the potential for insight and the development of alternative ways of regulating emotions. For instance, adolescents who rely on multiple emotion regulation strategies are less likely to experience internalizing problems compared to adolescents who rely on a limited number of strategies or no strategy at all (Lougheed & Hollenstein, 2012).

However, given that adolescence brings with it exposure to novel emotional demands, the adolescent's ability to regulate emotions may be challenged. The ability to regulate emotions may also be made difficult when taking into consideration the heightened importance placed on peer relationships. Not only are adolescents more vulnerable if and when faced with negative evaluations from peers, but adolescents are also more susceptible to vicariously experience

negative emotions when faced with the distress of another (Elkind & Bowen, 1979; Larson & Sheeber, 2009; Steinberg, 2002). Additionally, for some adolescents, the event causing distress does not even need to have occurred for it to have a negative impact, as the simple thought of a negative event may be sufficient to cause upset (Larson & Richards, 1994).

Despite being challenging at times, emotion regulation is of great importance when considering its role in psychosocial adjustment (Bradley, 2000). For example, in one study examining the relationship between emotion regulation and adjustment, one hundred and fifty two adolescent participants completed an Experience Sampling Form (ESF) aimed at assessing emotional responses to everyday lived experiences (Silk, Steinberg, & Sheffield Morris, 2003). Participants were cued (using a beeping wrist watch) to record their thoughts and feelings every hour for the duration of one week. As part of the study, participants also completed several self-report measures assessing for adjustment (e.g., internalizing and externalizing behaviours). The results of the study revealed that adolescents who reported greater emotional intensity and lability (i.e., fluctuations) of anger, sadness, and anxiety reported more symptoms of depression when compared to adolescents who were able to regulate their emotional responses (Silk, Steinberg, & Sheffield-Morris, 2003). These findings are consistent with previous findings (Dahl, 2001; Rosenblum & Lewis, 2003).

Therefore, assisting adolescents in developing greater control over emotional responses, both in terms of intensity and lability, seems an important factor in mitigating internalizing problems. Given the findings that self-compassion is strongly associated with reduced levels of internalizing problems in adult and adolescent populations (Neff, 2003a; Neff & McGehee, 2010), the relationship between self-compassion and emotion regulation among adolescents is an area of research in need of exploration. Moreover, given that self-compassion has been

proposed as an adaptive coping strategy (Neff, 2003a), wherein the individual is able to convert negative emotions to more positive ones, this may have significant implications for how adolescents deal with negative emotions and mood-related difficulties. However, given the current dearth of research investigating self-compassion among adolescents, more information is needed in order to understand the relationship between self-compassion and emotion regulation from the adolescent perspective. Emotion regulation among adolescents becomes especially important when considering that, with greater highs and lows, adolescents are more likely to experience mood-related difficulties such as anxiety and depression, which can have far-reaching and negative outcomes for the individual (Berndt & Koram, 2000; Essau, Lewinsohn, Olaya & Seeley, 2014).

Adolescent Anxiety and Depression

Due in part to the prevalence of stressful life events and changes to the individual, it is perhaps of little wonder that researchers and practitioners report a significant increase in the prevalence of psychopathology during adolescence (Silk et al., 2003; Steinberg, 2002). While prevalence rates for Major Depressive Disorder (MDD) range from 1% for pre-pubertal adolescents to 3% in post-pubertal adolescents (Angold & Costello, 2001), sub-syndromal levels of depression are reported in 20 to 50% of adolescents (Hankin, 2006), thus highlighting depression as a significant concern among adolescents. Similarly, anxiety disorders among adolescents is an all too common concern as prevalence rates range from 10 to 31.9% (Merikangas et al., 2010).

Adolescent depression and anxiety are associated with short-term consequences related to lower psychosocial functioning, academic difficulties, and lower levels of subjective wellbeing (e.g., Derdikman-Eiron et al., 2011; Lewinsohn et al., 1994; Scheier & Botvin, 1997).

Furthermore, individuals who experience depression and anxiety during adolescence are at risk for additional difficulties. For instance, individuals who experience an episode of MDD during adolescence are at greater risk of experiencing decreased overall life satisfaction, challenges with inter-personal relationships, suicidal ideation, nicotine dependence, academic and employment difficulties, and early parenthood (Berndt & Koram, 2000; Fergusson & Woodward, 2002; Rao, Hammen & Daley, 1999; Seeley & Lewinsohn, 2009). Adolescents with depression are also at increased risk of a re-occurrence of depression and other co-morbid disorders, such as anxiety, in adulthood (Fergusson & Woodward, 2002; Fombonne, Wostear, Cooper, Harrington, & Rutter, 2001; Harrington, Fudge, Rutter, Pickles, & Hill, 1990; Lewinsohn, Rohde, Klein, & Seeley, 1999; Rao, Hammen, & Daley, 1999). In terms of anxiety in adolescence, similar research findings exist. For instance, in a study investigating psychosocial outcomes of adolescents with anxiety, eight hundred and sixteen adolescents were interviewed and completed self-report measures twice throughout adolescence and again at the ages of 24 and 30. Among the participants, anxiety in adolescence predicted several outcomes at the age of 30: anxiety, poor overall adjustment, poor adjustment at work, familial issues, chronic stress, problems with coping, substance use and abuse, and a decrease in overall life satisfaction (Essau, et al., 2014).

It is clear that adolescent mental health concerns have far-reaching implications for the individual. While there are various ways of mitigating depressed mood and anxiety among adolescents, one possible approach may be to consider protective factors or ways of buffering adolescents against the stressors they are likely to encounter during this developmental period. With this in mind, self-compassion offers promising potential.

Self-Compassion

Definition and theory.

Self-compassion has been a growing area of interest for researchers in the area of positive psychology. According to Neff (2003a), one of the pioneers in self-compassion research, self-compassion is defined as the ability to turn kindness inward and is comprised of three central tenets: self-kindness, mindfulness, and humanity. In this context, self-kindness refers to the ability to treat oneself with care and understanding while withholding critical self-judgments. Mindfulness refers to the ability to sit in the present circumstances while neither over-identifying with nor ignoring feelings of suffering. Finally, humanity is about recognizing we are all humans and make mistakes. Moreover, given that the human experience involves suffering, self-compassion involves a shift in thinking so that the experience of suffering is seen as part of the collective experience and that which connects us all (Neff, 2003a).

With a similar focus on the significance of treating oneself with kindness, Gilbert offers a psycho-evolutionary perspective on compassion and self-compassion as grounded in social mentality theory (Gilbert, 1989, 2000, 2005). According to social mentality theory, humans have evolved as social creatures, meaning that the brain has developed and evolved in order to respond to social cues and external stimuli. Born out of social mentality theory, Gilbert's conceptualizations of compassion and self-compassion are deeply intertwined with three hypothesized emotion systems: the threat and self-protection system, the incentive and resource-seeking system, and the soothing and contentment system. As theorized, the threat and self-protection system serves a valuable function in activating and preparing the body for fight or flight and alerting us to possible dangers that threaten our survival. In response to threat, the amygdala in the brain is activated, cortisol is released into the blood stream and the individual prepares for battle (Gilbert, 2009). In contrast, the incentive and resource seeking system can be

thought of as the system where the individual experiences positive feelings, such as excitement as a result of achieving a goal. This system is hypothesized to play an important role in creating feelings of drive and motivation. Finally, and perhaps of greatest significance as it relates to self-compassion, the soothing and contentment system is associated with feelings of warmth, safety, and wellbeing. This system is hypothesized to create feelings of peacefulness and contentment and is also important in eliciting feelings of belonging and of being valued (Gilbert, 2009).

According to Gilbert, compassion can flow in several different ways: towards others, from others, and towards the self (Gilbert, 2014). Self-compassion, in this sense, is the ability to soothe the self when in distress and relate to the self with compassion and understanding while adopting a non-critical stance. According to Gilbert and Proctor (2006),

Self-compassion arises from the utilization of these competencies for self-to-self relating: that is, we develop genuine concern for our well-being; learn to be sensitive, sympathetic and tolerant of our distress; develop deep understanding (empathy) of its roots and causes; become non-judgmental/critical and develop self-warmth. (p. 358)

Empirical research.

To date, there has been a great deal of quantitative research in the area of self-compassion with adults (Adams & Leary, 2007; Berry, Kowalski, & Fleming, 2007; Gilbert & Proctor, 2006; Iskender, 2009; Leary, Tate, Adams, Allen, & Hancock, 2007; Mayhew & Gilbert, 2008; Neely, Schallert, Mohammed, Roberts, & Chen, 2009; Neff, 2003a; Neff, 2003b; Neff, Hseih, & Dejithirat, 2005; Neff, Kirkpatrick, & Rude, 2007; Neff, Rude, & Kirkpatrick, 2007; Neff, Pisitsungkagarn, & Hseih, 2008; Werner, et al., 2012). According to a 2012 meta-analysis investigating the association between self-compassion and mental health, self-

compassion is related to lower levels of mental health symptoms (MacBeth & Gumbley, 2012). More specifically, self-compassion is correlated with reduced rumination and perfectionistic tendencies and is negatively correlated with procrastination and fear of failure (Neff, 2003a; Neff, Hsieh, & Dejitterat, 2005; Sirois, 2014). Self-compassion has been associated with greater acceptance of one's own negative emotions (Leary et al., 2007; Neff, 2003a), while being associated with positive emotions such as happiness, optimism, and the ability to effectively cope with life's challenges (Neff et al., 2005; Yamaguchi, Kim & Akutsu, 2014).

Self-compassion has also been shown to improve outcomes for individuals facing negative life circumstances. In five separate yet related studies, Leary et al. (2007) asked five hundred and twenty undergraduate participants ranging in age from 17 to 22 to reflect on and respond to both real and imagined negative life events that had the potential to induce feelings of failure, rejection, and embarrassment. Leary et al. found that self-compassion buffered participants' negative responses when visualizing a distressing event. Moreover, individuals who scored higher in self-compassion tended to have fewer negative and self-critical thoughts, were less likely to catastrophize a negative event, and more likely to endorse the statement, "my situation is no worse than someone else's." In these studies, self-compassion was also negatively correlated with anxiety, sadness, and self-consciousness and was positively correlated with a more positive perceived outcome, as well as greater mindfulness and more positive self-talk. Mosewich, Kowalski, Sabiston, Sedgwick and Tracy (2011) discovered similar findings when investigating the relationship between self-compassion, shame, and negative self-evaluations among one hundred and fifty one adolescent female athletes. In this study, self-compassion was negatively correlated with shame proneness, as well as fear of failure, and fear of negative evaluation. Similar results have been found on the benefits of self-

compassion and self-soothing interventions as a means of improving general wellbeing and depressive symptoms (Barnard & Curry, 2012; Diedrich, Grant, Hofmann, Hiller, & Berking, 2014; Johnson & O'Brien, 2013; Kelly, Zuroff, & Shapira, 2009; Raes, 2011; Shapira & Mongrain, 2010).

Preliminary research investigating self-compassion among adolescents indicates that the same mental health benefits associated with self-compassion in adult populations exist in adolescent populations. For instance, Neff and McGehee (2010) assessed adolescents ages 14 to 17 using the Self- Compassion Scale (SCS) while simultaneously assessing for depression and anxiety. The results indicated a negative correlation between self-compassion and anxiety as well as depression. Additionally, researchers found a positive correlation between social connectedness and self-compassion.

In another study investigating self-compassion among adolescents, Tanaka, Wekerle, Schmuck, and Paglia-Boak (2011) explored the relationship between childhood maltreatment and resiliency factors, in this case self-compassion. Five hundred and sixty one participants, ranging in age from 14 to 17, took part in this study and were either a direct recipient of child protective services or living in foster care, group housing, independent housing, or with family of origin. Participants were given a series of questionnaires assessing childhood maltreatment (including physical, emotional, and sexual abuse along with physical and emotional neglect) as well as an assessment of self-compassion levels. The results indicated that physical maltreatment, emotional abuse, and emotional neglect were significantly associated with lower levels of self-compassion. As the authors of this study suggested, “self-compassion may be an amenable target that would support the resilience of maltreated youths and may provide a useful complementary approach to current conceptual models informing child welfare practice” (p.

896). Echoing these same sentiments, researchers Vettese, Dyer, Li and Wekerle (2011) found that self-compassion was negatively correlated with childhood maltreatment and emotional regulation difficulties, even after controlling for maltreatment history. Together, what these studies seem to have in common is that they all highlight the value of self-compassion among adolescence. More specifically self-compassion seems to be helpful in counteracting feelings associated with self-criticism, judgment, and internalizing problems. However, what is missing from these correlational studies is the adolescent voice and perspective, which is essential in developing a more holistic understanding of self-compassion among adolescents.

Compassion-based interventions.

Alongside empirical research investigating self-compassion, Gilbert and colleagues (e.g., Gilbert & Irons, 2005; Gilbert & Proctor, 2006) developed a therapeutic approach known as Compassion Focused Therapy (CFT). Although CFT is a type of cognitive behavioral therapy (CBT), wherein the goal is to change the nature of one's thoughts, CFT is not about evaluating thoughts as faulty or illogical, as is typically the case in CBT. Rather, the aim of CFT is to approach one's negative thoughts with acceptance, kindness, and warmth irrespective of whether or not the thoughts are logical. By approaching negative thoughts in this way, the client is better able to generate feelings of safeness, contentment, warmth, and self-acceptance rather than self-judgment, shame, or criticism. CFT approaches include techniques such as compassionate training through imagery, mindfulness, and developing self-compassionate thoughts and feelings (Gilbert, 2009).

Imagery is an important aspect of CFT as it allows the client to tap into feelings of warmth and contentment without actually engaging with external stimulus. For example, clients may be encouraged to visualize a compassionate other and construct a representation of that

individual or object in their mind's eye. In so doing, the goal is that the client will tap into feelings of safety and contentment when visualizing the compassionate other (Gilbert, 2009).

Additionally, when working with distressing thoughts and feelings, the client is taught to accept these thoughts and feelings as part of the human experience. Rather than run from negative feelings and fears, clients are encouraged to acknowledge the fears, consider the adaptive and functional purpose of emotions, and replace self-judgment with self-acceptance and compassion.

In a pilot study investigating the relationship between negative self-evaluations and self-compassion interventions, researchers Gilbert and Irons (2004) recruited self-critical adult participants attending a self-help group for depression. The intervention was comprised of psycho-education workshops aimed at educating participants about self-compassion.

Researchers also kept track of the ease with which participants engaged in critical thinking and self-soothing by asking participants to keep a journal documenting their progress. The results indicated a significant improvement in the participants' ability to self-soothe. In a similar study, Gilbert and Proctor (2006) found that compassion-focused therapy had a significant impact on self-attacking, feelings of inferiority, and shame among adult mental health patients with severe and long-term difficulties.

While these findings are promising, there is a considerable gap investigating compassion-focused interventions in adolescence. That said, the results of one case study evaluating the impact of CFT on an adolescent female experiencing Post-traumatic Stress Disorder (PTSD) revealed a significant reduction in symptoms of PTSD and depression as well as self-criticism (Bowyer, Wallis, & Lee, 2014). According to the researchers, the training helped the participant “develop self-soothing dialogues and a compassionate sense of safeness

that she was then able to access in order to end her feelings of current threat and state of shame” (p. 253).

Based on existing studies, it seems fair to say that self-compassion interventions have promising potential in mitigating feelings of shame, inferiority, self-criticism, and depression. While future research will hopefully continue to investigate the usefulness of these interventions with adolescents, it is also necessary to develop an understanding of how self-compassion is both conceptualized and experienced from the adolescent perspective as this may inform such interventions. As an example, if adolescents experience self-compassion by being in nature, it would be important to incorporate nature into the interventions used with adolescents. Taking into account the adolescent perspective helps ensure that interventions are applicable to the adolescent experience, which may have implications for treatment effectiveness. However, given that no such research to date has investigated adolescent conceptualizations and experiences of self-compassion, little is known about how adolescents actually understand and use self-compassion in their day-to-day lives.

Self-esteem versus self-compassion.

Before bringing this discussion of self-compassion to a close, it is important to discuss a related, yet distinct concept: self-esteem. Since the 1970s, there has been a fascination with the construct of self-esteem. With the emergence of research related to self-esteem came the strongly held belief that the benefits of high self-esteem and the consequences of low self-esteem may have diverse and far-reaching effects (Branden, 1984; Smelser, 1989). More recently, however, research has drawn attention to several shortcomings related to self-esteem. Of particular relevance seems to be the often contingent and fluid nature of self-esteem, which may be especially salient for adolescents who tend to rely on external feedback to increase

feelings of self-worth (Burwell & Shirk, 2006). For example, in a study investigating aspects of self-esteem and psychopathology in adolescents, researchers found that adolescents who reported higher levels of contingent self-esteem (i.e., the extent to which self-esteem is contingent on factors outside the self) were more likely to report symptoms of anxiety and disordered eating compared to adolescents who reported lower levels of contingent self-esteem (Bos, Huijding, Muris, Vogel, & Biesheuvel, 2010). Additionally, given the comparative and evaluative aspects inherent in self-esteem, adolescents may be at increased risk of experiencing negative self-evaluations given the lack of full control they may have over matters outside of the self.

In contrast to self-esteem, self-compassion is associated with less catastrophizing, less internalizing, less extreme reactions to negative life events, greater self-acceptance, and the tendency to assume greater personal responsibility (Leary, et al., 2007; Neff, 2011a). Perhaps of greatest consequence to the adolescent experience, self-compassion is negatively correlated with self-worth instability, social comparison, public self-consciousness, rumination, and anger (Neff & Vonk, 2009). Self-compassion has also been purported to act as a buffer for those low in self-esteem as individuals low in self-esteem with higher self-compassion tend to report being less upset and more accepting when receiving neutral feedback compared to individuals low in self-esteem and self-compassion (Leary et al., 2007).

To help explain the differences between self-compassion and self-esteem, Gilbert (2005) proposed that self-compassion is more likely to promote emotion regulation as it activates feelings of safeness and contentment (i.e., tapping into the self-soothing system), whereas self-esteem tends to focus on evaluations of the self, which can increase feelings of defensiveness.

Therefore, self-compassion is believed to act as a buffer when encountering negative life events and may pick up where self-esteem falls short (Neff, 2011b).

Summary

In conclusion, the findings related to self-compassion may be of particular significance for adolescents given the ubiquity of self-consciousness, negative self-evaluations, and emotional dysregulation during the transition from childhood to adulthood. Self-compassion interventions may be especially useful in mitigating negative self-evaluations and depression among adolescents. Although the existing quantitative research on self-compassion in adolescence is a good start, simply knowing that self-compassion is associated with wellbeing is important, but insufficient. What is absent from the existing research on self-compassion are qualitative studies that provide an in-depth, contextualized understanding of self-compassion as perceived and experienced by adolescents. Such an understanding is essential, as inclusion of the adolescent perspective may help inform future research and interventions designed to strengthen self-compassion in youth. The aim of the current study is to add to the knowledge and understanding of self-compassion among adolescents by addressing this gap in research.

Chapter 3: Methodology

This study used a phenomenological methodology known as Interpretative Phenomenological Analysis (IPA; Smith, et al., 2009). IPA makes sense of participants' experiences by seeking to understand the cognitive, affective, linguistic and physical being, while maintaining the researcher as an integral part of the sense-making process (Smith, Flowers, & Osborn, 1997). This methodology is best used in studies where the objective is to explore the meaning behind the experiences (Smith et al., 1997), in this case, the experience of self-compassion. IPA is an especially fitting method of analysis when the researcher intends to ask complex, broad and open questions (Smith et al., 1997). Lastly, in keeping with the open-ended nature of qualitative research, this methodology allows the researcher to explore the research question in a flexible non-prescriptive manner, thus facilitating a more thorough exploration (Smith et al., 1997).

Philosophical Underpinnings and IPA

In order to appreciate IPA, it is helpful to gain a better sense of the philosophical underpinnings that have been influential in shaping this qualitative research approach.

Phenomenology.

Phenomenology, as outlined by Husserl, Heidegger, Merleau-Ponty and Sartre, draws attention to the importance of experience, perception, language, and culture while also focusing on the researcher and the participant as embedded in relationships (Smith, et al., 2009). The phenomenological perspective is concerned mainly with the phenomena of interest. According to this perspective, the objects and subjects that we encounter in our daily lives do not exist as separate from our experience and perceptions of them (Willig, 2008). Furthermore, much as one's perception of an object depends upon the angle from which one views the object,

phenomenology holds that the experience of an event will depend on how the event is perceived, referred to as intentionality (Willig, 2008).

IPA has been influenced by several key philosophers. Husserl, for example, drew attention to the importance of consciousness as it relates to our lived experience. In order to engage in phenomenological inquiry, the individual must stop to reflect on their awareness of an experience, for it is in the awareness or consciousness of the experience that the individual begins to interact with the phenomena with greater intentionality (Smith et al., 2009). Husserl also highlighted the importance of bracketing biases, known as *epoche*, whereby the researcher is mindful of their own taken-for-granted assumptions, in order to understand and be fully aware of the phenomena in question (Smith et al., 2009). Heidegger, a former student of Husserl, highlighted the importance of relationships with others and the world, as we are always in relation to something (Smith et al., 2009). As opposed to Husserl, Heidegger stressed the importance of interpretation and the role of the interpreter, as perception of the phenomena alone is impossible to tease apart from the experience and interpretation of the phenomena (Smith et al., 2009). Therefore, according to Heidegger, we cannot fully bracket our experiences from the phenomena of interest. Similarly, Merleau-Ponty emphasized the relationship between oneself (the body) and the world — that which he identified as *body-subjects*, whereby an individual's experience of an event will differ greatly from another's experience given one's own subjective embodiment of the experience. Adopting a more existential phenomenological view, Sartre, who maintained the perspective that we are constantly in the process of evolving, created a starting point for phenomenological analysis given his past examination of the human condition (Smith et al., 2009). More specifically, Sartre drew attention to the notion of the individual as embedded in a greater social context and within relationships. This immersion, of

course, has implications for how an individual experiences and perceives the world and the self, which is an important consideration when conducting IPA (Smith et al., 2009).

As influenced by phenomenological theory, Smith et al. (2009) remind researchers that phenomenology is the examination of experience, and that experience is based on the experience of something. Therefore, where IPA is concerned, the everyday lived experience is worth investigating when it moves from an everyday experience to *an experience* (Smith et al., 2009). Moreover, although bracketing biases is considered a common practice in IPA research, it is often difficult to achieve in practice given that the researcher is always interpreting the participant's experience (Smith et al., 2009; Willig, 2008).

Hermeneutics.

Put simply, "hermeneutics is the theory of interpretation" (Smith et al., 2009, p. 21). Originally developed as a method of interpreting biblical texts, hermeneutics evolved as a philosophical approach to interpretation and has been used in many types of works, including psychology (Smith et al., 2009). Schleiermacher, one of the first to write about hermeneutics as a generic form, stressed the importance of interpretation as an art rather than a mechanical endeavour, thus placing importance on the interpretation of both the writer and the text (Smith et al., 2009). Relating back to the notion of bracketing, Gadamer too held the belief that one has pre-conceived opinions or understandings of a phenomenon prior to its investigation. Furthermore, Gadamer had a deep appreciation for the complex nature of interpretation as the researcher attempts to bracket prior held beliefs while simultaneously recognizing the influence these beliefs have in shaping the entire interpretation process (Smith et al., 2009). As such, it is challenging to pinpoint the intersection whereby one's preconceptions meet one's interpretation. To account for this issue, the hermeneutic circle, adopted by hermeneutic writers, is a means of

interpreting text by looking at it from both the whole and its parts and engaging in an iterative and interpretation process (Smith et al., 2009). In keeping with hermeneutics, IPA holds that one must be aware of the dual roles of the researcher in trying to understand another's experience while simultaneously trying to bracket one's own experience. On the topic of interpretation and bracketing, Smith et al. (2009) stated:

Making sense of what is being said or written involves close interpretative engagement on the part of the listener or reader. However, one will not necessarily be aware of all one's preconceptions in advance of the reading, and so reflective practices, and a cyclical approach to bracketing, are required. (p. 35)

IPA has also been referred to as a double hermeneutic. This term refers to the multiple levels of meaning-making that occurs in the process of IPA research: The participant makes sense of his or her experience (first-order meaning-making) and the researcher makes sense of the participant's experience (second-order meaning making). Additionally, a double hermeneutic also exists in the interview process as the researcher adopts an empathic line of questioning in an effort to learn about and deeply understand the participants experience, all the while recognizing that the experience is under investigation and will be analyzed in the process of sense-making (Smith et al., 2009).

Idiography.

Lastly, idiography, or the study of the particular (Smith et al., 2009), focuses on the single case as opposed to stressing generalizability to a larger population, which is more nomothetic in nature. This notion of the individual case becomes especially paramount to IPA research when the researcher moves from a single case to more general themes across participants. Thus, IPA stresses the importance of a small sample sizes. For this reason IPA is in

some ways similar to a case study as seen in the initial stages of the research process (Smith et al., 2009). However, the researcher inevitably moves from the specific experience of each participant (i.e., case study of one) to a larger examination of participants' experiences when forming a more comprehensive thematic analysis. As Smith et al. (2009) explained, IPA research should be able to highlight the shared experiences, or themes, while simultaneously giving voice to individual accounts.

The Researcher

Given the role of the researcher in the research process, it is important to discuss potential biases that may surface (Creswell, 2012). To begin with, the topic of self-compassion among adolescents was of particular interest to me given my past struggles with self-compassion as an adolescent. Additionally, throughout my undergraduate degrees in psychology and elementary education, and my master's degree in counselling psychology, I worked with adolescents in several different capacities, which included individual and group therapy. As part of these experiences, I had the opportunity to observe firsthand the ubiquitous nature of self-consciousness and self-criticism among adolescents. Therefore, increasing self-compassion seemed like a natural intervention to help improve adolescent wellbeing. Also, given previously discussed research, I believe self-compassion interventions may serve as a promising remedy when dealing with adolescent self-criticism.

Additionally, as part of my graduate work, I was involved in a research study investigating compassion and self-compassion in undergraduate students prior to conducting my study. With this prior exposure to compassion and self-compassion research, I adopted a view of self-compassion as set forth by Neff (2003a) and could identify with this conceptualization given my own life experiences. Therefore, it was especially important for me to approach my

study with an open mind given that adolescents' conceptualizations and experiences of self-compassion may not fit with prior help conceptualizations of the construct. This tension between maintaining an open mind while bracketing my pre-existing beliefs about self-compassion came to a head in one interview in particular when I asked a participant about her experience of self-compassion to which she responded that self-compassion was about eating cheese. By remaining open to the differences that existed in her conceptualization and experience of self-compassion, I was able to probe for greater detail and in doing so learned more about how she conceptualized and experienced self-compassion in her life. For this reason, considerable bracketing of prior held assumptions was required in the early stages of the interview process so as to allow for the phenomena of self-compassion among adolescents to shine through.

Participant Recruitment

Prior to participant recruitment, ethics approval was sought through the University of Alberta as well as a public school board in the Edmonton area. Upon ethics approval, I approached the principal and counsellor at a local school where I was given permission to collect data at the school. Participant recruitment included poster advertisement (see Appendix A) as well as an information session where I presented a brief description of the study at the school assembly. Interested participants were asked to contact me either in-person (after the assembly) or via phone or email, as indicated on the recruitment poster. Once participants expressed interest in taking part, they were asked to provide me with contact information, in this case their phone numbers, and were given a package of study information including the study information letter, participant assent and parent consent forms, along with a demographics form (see Appendix B to G). When possible, parents were contacted prior to the interview in order to discuss the study, answer questions, and obtain verbal consent in addition to written consent.

Once all consent forms had been signed, participants were asked to contact me to schedule a time to conduct the interview.

Participants

A total of six participants took part in this study including four females and two males. This study is in keeping with qualitative research design where sample sizes are kept small to allow for in-depth exploration of phenomena (Polkinghorne, 2005) while taking into consideration the laborious nature of case-by-case analysis (Smith et al., 1997). Of these six participants, four identified as European-Canadian, one identified as European-Canadian/French-Canadian, and one identified as European-Canadian/ Aboriginal. Participants ranged in age from 14 to 17. The age range for participants was carefully considered in the design of the study and was chosen for several reasons. Firstly, in order to maintain a fairly homogenous sample it was important that all participants be in high school, rather than have participants in both junior high and high school, in which case participants' experiences could be vastly different. Therefore, 14 was chosen as the cut-off age for participants given that this allowed younger participants in high school to participate. Given that the age of majority is set at 18 in the province where data was collected, the age of 17 was chosen as a cut-off so as to include only adolescents and not adults.

The second and more theoretical rationale for why this age group was chosen stems from Neff and McGehee's (2010) correlational study investigating self-compassion among adolescents. While Neff and McGehee's quantitative study did not assess participants' understanding or conceptualizations of self-compassion, their preliminary research does lend support for further study in the area of adolescent self-compassion among individuals ages 14 to 17 (Neff & McGehee, 2010). This is certainly not to say that younger adolescent perspectives

should be ignored, but rather that it would be important to ensure that the phenomena of interest be accessible to participants, especially according to IPA research where the intent is to deeply understand the phenomena.

Data collection

All participants took part in individual in-person semi-structured interviews. This is in keeping with IPA wherein research interviews are semi-structured so as to allow for the phenomena of interest to be explored in sufficient depth. The semi-structured interview schedule consisted of five open-ended questions, with additional prompts to help facilitate a more in-depth discussion with each participant (see Appendix H for the interview schedule). Semi-structured interviewing allowed for a degree of flexibility in the types of questions asked, thus providing richer data, while providing consistency across participant interviews. In designing the interview schedule, I adopted a funneling technique in order to appropriately sequence the topics covered, starting first with the more general topics and then moving to the more salient or emotionally-laden topics (Smith et al., 1997). Each interview opened with a brief discussion aimed at establishing rapport, along with several demographic-related questions (i.e., age of participant, pseudonym, etc.) followed by open-ended questions relating to the phenomena of self-compassion. Questions included: “What does self-compassion mean to you?” and “Can you tell me about a time where you were self-compassionate and describe this to me in as much detail as possible?” Participants were also asked to speak to the influence of self-compassion in their lives. Each initial interview lasted between 45 minutes to one hour and was audio-recorded. Following the initial interviews, all recordings were transcribed verbatim, and I began initial coding of the interview data. I completed the initial coding prior to the second (follow-up) interview in order to establish follow-up questions and to assess the accuracy of initial

interpretations.

Follow-up interviews were conducted with each participant approximately 3 months after the initial interview. The follow-up interview served several purposes: Firstly, it gave participants an opportunity to read the transcript from the initial interview in order to ensure comfort with and accuracy of the information as presented. Secondly, the follow-up interview enabled me to clarify my own understanding, check assumptions, and discuss initial interpretations with the research participants. Finally, the follow-up interview allowed for a level of depth to be reached in order to ensure that the discussion of self-compassion had been covered in significant detail. After completing the follow-up interview, participants were given a \$25 gift card for a local movie theatre as a token of gratitude for participation. Follow-up interviews were later transcribed verbatim and both the first and second interviews were analyzed using Atlas.ti, a qualitative data analysis software program useful for organizing qualitative data.

Data Analysis

The primary aim of data analysis was to discover common themes across participants, while remaining mindful of the individual voice of each participant. In keeping with traditional forms of content analysis as set forth by Smith et al. (2009), I began by reading and re-reading the transcribed interviews, known as the preliminary exploratory analysis phase (Creswell, 2012), while considering possible concepts or themes. The purpose of this phase is to begin to develop a sense of the data as a whole. Next, I coded the transcript data at a relatively low level of abstraction by looking at the individual accounts of self-compassion. I then proceeded to code at to a higher level of abstraction by grouping the codes into common themes and sub-themes, a process known as clustering (Smith et al., 1997). This process is iterative and involves many

revisions, checking back to ensure that the proposed themes fit with the transcription data. From this point, certain themes were selected based on the recurrence of the theme. If a theme re-appeared across 3 or more participant interviews (i.e., one half or more) then the theme was selected as a central theme. This is in keeping with IPA research, wherein the researcher is given freedom to select the number of recurrences needed to determine a super-ordinate theme (Smith et al., 2009). The final stage of data analysis included writing up an in-depth description of each theme.

Enhancing Trustworthiness and Confidence

Given that qualitative research is inherently interpretive, the researcher is as much a part of the study as the participants (Creswell, 2012). Therefore, trustworthiness is an important consideration to attend to when addressing the area of qualitative research. One area of concern lies in the interpretation of the content given the somewhat subjective nature of this type of data collection. Focusing on the importance of bracketing in IPA research, I relied on memoing throughout the data collection and analysis process as a means of acknowledging and separating pre-existing assumptions that could unknowingly influence the interpretation process.

It is also important that interpretation of data and findings be reviewed by a source outside of the researcher. For the purpose of this study, I employed member checking and peer-review in order to ensure greater accuracy of interpretations. Member checking allows the researcher to check the accuracy of the data with the research participants (Creswell, 2012). In this case, participants were asked to read the first transcript in full in order to confirm the accuracy of the data collected. Trustworthiness was also enhanced through follow-up interviews, in which I confirmed the accuracy of my initial interpretations. As part of my research, I also conducted several peer-reviews, wherein I consulted with my research

supervisor, Dr. Van Vliet, who assisted in the further development and refinement of codes and themes, all the while providing an outside perspective. Finally, in order to increase transferability, in this case “the extent to which the findings can be transferred to other settings or groups” (Polit & Hungler, 1999, p. 717), a rich description of the participant experiences was provided in order to give the reader sufficient depth and context.

Ethical Considerations

Given that all participants were below the age of majority and considered vulnerable persons under the law, special care and attention was paid to potential ethical issues. To begin with, because the interview questions asked participants to recall instances where they were self-compassionate, it was possible that this could result in temporary recall of an upsetting or distressing event. Therefore, prior to conducting the interview, participants were reminded of the voluntary nature of participation, that they could stop the interview at any time, and that they did not have to answer questions if they do not wish to. Additionally, in order to ensure participant’s safety, I monitored for signs of distress throughout the interview process, which meant keeping a close eye on both verbal and non-verbal signs of distress. Participants were also free to ask questions at any time throughout the study, either in-person (during interviews) or via telephone or email, as this information was provided to all participants at the outset of the study. In addition to the researcher and supervisor’s contact information, a list of counselling resources was provided to all participants as included in the Study Information Letter (see Appendix D for a list of counselling resources). Lastly, in asking participants to divulge details about their lives, special care and attention was paid when anonymizing the data. Any information that could potentially identify a participant was removed and each participant was given a pseudonym of their choosing, which was to be used throughout the interview and transcription process. All

computer files and audio recordings were stored on a password-protected computer and all paper-documents were kept in a locked filing cabinet so as to ensure the security of the data.

Chapter 4: Findings

Participants' experiences and conceptualizations of self-compassion centered on eight main themes which included: putting oneself at the center; maintaining a positive outlook; engaging in pleasurable activities; connecting positively with others; working on self-improvement; upholding one's public image; accepting oneself; and experiencing emotional balance. Within these main themes, several sub-themes emerged, which are discussed below. The occurrence of these themes across participants is displayed in Table 1 below.

Putting Oneself at the Center

For all participants, self-compassion was experienced as an inward journey where they put themselves at the center of their world rather than becoming absorbed and wrapped up in the lives of those around them. In most instances, putting themselves at the center meant participants put their own needs before the needs of others and advocated for themselves. Additionally, putting themselves at the center also meant focusing less on the opinions of others and having downtime, which for many meant being in a reflective state.

Putting one's own needs first.

Being self-compassionate, for many participants, meant focusing inward and putting their own needs first rather than favouring the needs of others. For Hannah, putting her own needs first had been a struggle at times as she tried to find a balance between the needs of others and her own. Hannah explained:

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

Table 1
Occurrence of themes

Participant Name	Putting oneself at the center	Maintaining a positive outlook	Engaging in pleasurable activities	Connecting positively with others	Working on self-improvement	Upholding one's public image	Accepting oneself	Experiencing emotional balance
Bill	*	*	*	*	*	*	*	*
Hannah	*	*	*	*	*	*	*	*
Lily	*	*	*	*	*	*	*	*
Mya	*	*	*	*	*	*	*	*
Stephanie	*	*	*	*	*	*	*	*
Toby	*	*	*	*	*	*	*	*

Note: Asterisk denotes when a theme was relevant for the participant.

Hanna added,

It's like the saying "You need to love yourself before you love anyone else"....I used to put people before [me] and [take] care of people before me and you need to look out for yourself because in the end you matter the most and you need to take care of yourself because if you're not taking care of yourself how do you expect to take care of someone else?

Lily echoed these same beliefs when discussing how she has learned the importance of relying on and helping herself. In the past, Lily often turned to those around her for compassion.

However, more recently, she shifted away from relying on others for compassion and instead learned to provide this to herself. Lily stated:

Lately I haven't [wanted] to hear about everyone else's problems because I have my own to worry about....A lot of other people need to learn self-love and self-compassion. A lot of people don't know about it so they go looking for other people to help them and you can't really....I can't help anyone else until I help myself.

Advocating for oneself.

For several participants, putting oneself at the center took the form of advocating for oneself. Although similar to putting oneself first, advocating for oneself was distinct as it related to expression and giving voice to one's needs. This was an active and public stance rather than passive and private. Hannah described standing up for herself while in an emotionally abusive relationship:

There was a lot of emotional abuse through it all, and allowing that to happen is not being kind to yourself at all. Being kind to yourself is not allowing that to happen, saying "no" and sticking up for yourself and not [letting] others bring me down.

Lily also discussed the value of voicing her own needs, something that she had been unaccustomed to in the past:

You have to speak up for what you like....Before I used to not speak up and would just be kind of quiet in the background, except now I kind of realize that if I want to be happy, I have to give some input on how I can be happy.

Focusing less on others' opinions.

The notion of focusing less on others' opinions was a consistent thread that wove its way through the experiences of most participants as it often came up in how they defined and discussed experiences of self-compassion. Focusing less on others' opinions meant that participants were more inclined to look inward for answers and were less likely to give weight to the often negative opinions and judgments of others. As Mya recalled, after feeling external shame and judgment from others after drinking too much at a party one weekend, she got through this difficult time by shifting her focus inward rather than outward. Mya explained:

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

Lily also experienced self-compassion as focusing less on others' opinions and used the example of dying her hair, a beauty regimen that she followed religiously. Lily explained how the simple act of dying her hair every few weeks was an act of self-compassion as it was all for her and all about her. Lily stated:

I do it all for myself....When I do my hair, I don't do it for anyone else and I don't care what anyone else thinks. I do it for myself because it's what I like.

Similarly, for Toby, self-compassion meant: “You take care of yourself, you look out for who you are you and it doesn’t really matter what other people think of you... You want to be you and you feel great about yourself.” Toby went on to say:

Sometimes I just don’t give a shit about what people think about me. Sure, I don't dress perfectly [and] I'm not like your stereotypical teenager who everyone wants to be. I just dress the way I want....Just live the way I want to live and no one else can tell me how to live it.

Stephanie also discussed self-compassion in relation to caring less about what others think as she defined self-compassion as,

To not care what other people think about you....Just be chill....Because people can say rude things and if you just put it aside then it causes less trouble,... less drama.

Finally, Hannah reflected on how she showed herself compassion after experiencing a sexual assault. To make matters worse, after being sexually assaulted, Hannah dealt with significant criticism and judgment from others and explained:

I just learned to not let it get to me....I just thought, “They don’t know the story.” They would say I deserved it and stuff, it's my fault, I'm a whore....I just knew, that's not who I am, they don’t know me and they don’t have the right to [know me] if they are going to sit back and judge me...

Having downtime.

Having downtime was an important element of self-compassion for several participants as it allowed them to engage in self-reflection and take time away from the public eye in an effort to emerge rejuvenated. For Stephanie there was something valuable about creating an escape, be it in the form of a vacation or just relaxing at home. She explained:

Because you take a break,...you have time to yourself to think about stuff and just chill out for a bit and then you can go back to whatever you were doing before....It gets your mind off things... like anything that is bad in your life or brings you down.

Lily also described a similar connection between self-compassion and a time-out from her busy life:

[Take] my mind off of reality for a while, for two to three days, and [when] coming home you have a fresh start....Even if it's just going to Mexico for a week once a year,... that's self-kindness,...going away. Giving myself a break.

This downtime also meant Lily stepping away from technology at times, such as disconnecting from her cell phone during her nightly bath, which was seen as an act of self-compassion. When asked more about this, Lily stated:

With your cell phone you are always looking at social media and everyone is always talking in the group message....Sometimes you just [have to] be alone to reflect, and it's winter and that's my time. I like to be alone during this time and really just focus on what I need to get done.

Maintaining a Positive Outlook

For all participants, being self-compassionate meant maintaining a positive outlook during times of difficulty. Maintaining a positive outlook often meant focusing on the positives and being hopeful.

Focusing on positives.

In the case of most participants, self-compassion meant actively focusing on the positive aspects of life. Participants realized that shifting their focus to a more positive mindset was a choice and, therefore, required a commitment to that choice. As Hannah and Mya indicated, for

example, there are many instances in life where it would be easy to feel pulled down by the negative, whether it's a bad grade in school or feeling unsatisfied with one's physical appearance. However, rather than focus on the events or the aspects of themselves that cause upset, these participants chose to look at the positives. Hannah stated:

Usually I try to keep myself up and look on the brighter side of things. When I am not doing as well in school as I should, there is usually something else I am doing good in. If I am not doing well in school then my social life is awesome.

Hannah also described being surrounded by negativity, be it toxic relationships with friends, gossip, rumours, or challenges with her parents. Self-compassion, according to Hannah, meant protecting herself from this negativity by surrounding herself with positives:

For me it's not really the thoughts I have, it's more the negativity around me with the drama and stuff that goes on. I just try to put myself in a bubble away from it... and just surround [my]self with positives.

Mya, too, held similar beliefs about making the choice to see herself through a more positive lens:

I was really insecure about my weight and how I [looked] and everything. So then...I would look in the mirror and I would be like, "You are pretty, you're beautiful, you're a good person" and all this and even now, above my mirror I have a "to-do" list from one to five and it is like, look yourself in the eyes and say you are beautiful, and like all this stuff so that every morning I pick out three things I like about how I look and that is something that has helped because I do that all the time now.

Mya elaborated:

Instead of looking in the mirror in the mornings and being like, "Well my hair didn't straighten properly, or this didn't go well" you can think about all the good things, like my eye shadow makes my eyes look good or this outfit is nice. Kind of like that. Just changing your point of view to good, not bad.

Lily also discussed the importance of positive thinking and self-compassion. By remaining self-compassionate Lily was able to think more positively. As Lily indicated, "When I am self-compassionate and being peaceful with myself, I usually don't think about the bad."

Being hopeful.

Self-compassion, for most, was an important foundation for generating hope for the future. In the case of Hannah, after experiencing a sexual assault, she felt ashamed and judged by those around her. She initially found it very challenging to show herself compassion, but with time she was able to adopt a kinder way of being towards herself, which in turn changed her perspective and gave her greater hope for the future. Hannah stated, "Now...I just think of myself a lot different. I made it through that, I can make it through anything."

Similarly, Mya discussed challenges with academics and school attendance, which had been an on-going issue for her in the past. In not finding the academic success she would have hoped for, Mya beat up on herself and felt downtrodden. For Mya, adopting a self-critical stance made it difficult to think positively, which interfered with her motivation when at school. By maintaining a sense of positivity and allowing herself a fresh start, Mya seemed able to enhance hopefulness for the future. Mya indicated:

If you're hating on yourself all day and you're feeling like a hurting case, you're not really going to feel the motivation to figure out what is going on in your life, even with school....Today I was like, "It's a new day, I can figure it out, better things will

happen"...Positivity helps resolve what's next....If you think positive, positive things will happen and if you think negative, negative things will happen. It's the law of attraction.

Engaging in Pleasurable Activities

For all six participants, self-compassion meant taking time for themselves and doing a pleasurable activity with the purpose of feeling good. Also inherent in these pleasurable activities seemed to be an element of distraction and coping as participants described taking their mind off distressing events. In the case of Hannah, being self-compassionate meant doing a preferred activity, which distracted her during her parents' divorce. Hannah explained:

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

Self-compassion, from Stephanie's perspective, meant doing something nice for herself. She stated, "You sort of just do stuff you like, to treat yourself, and you forget about the bad."

Stephanie also explained how eating cheese, a particularly enjoyable treat for her, was an act of self-compassion, "Because you're doing something for yourself that makes you happy...and it nourishes your body at the same time. It is a double compassion." For Lily, having sleepovers was an act of self-compassion. As she reflected on the importance of having a fun night with a positive group of female friends, Lily stated, "Sleepovers are therapy because you just get to stay up all night and talk and watch movies, watch chick-flicks."

Connecting Positively with Others

For all participants, self-compassion influenced and involved others. Some participants stated that spending time with others was in and of itself an act of self-compassion, while others described the ways in which being self-compassion positively influenced their relationships with other people. More specifically, participants discussed spending time with others, having smoother relationships with others, experiencing greater care towards others, and experiencing greater openness.

Spending time with others.

According to several participants, being self-compassionate meant reaching out and spending time in the company of others. For Stephanie, self-compassion was about spending time with her friends and family, while also being selective in the company she keeps. She stated:

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

According to Bill, a participant who spoke about his significant challenges with social anxiety, spending time with others was a fear that he wanted to overcome, especially after leaving his former group of friends when moving from one country to another. Socializing with others was Bill's way of being self-compassionate, for in doing so it pushed him out of his comfort zone, thus enabling him to connect with others. Bill described the relationship between self-compassion and socializing with others by saying, "If you don't have friends and are sitting at home sulking all day, then you're not going to be happy and if you're not happy with yourself then you can't be kind to yourself."

Having smoother relationships with others.

Being self-compassionate often resulted in smoother relationships with others, almost as a consequence of turning kindness inward. In the case of Stephanie, being self-compassionate impacted her ability to trust her significant other. She explained:

If you don't like yourself then you could be like, "Oh, well I guess I'm not good enough," and, "He could be [with] some girl that's prettier than me right now." But if you love yourself, then you don't have all that and you just trust that he likes you....If you love yourself then you can trust that he would like you enough and that there is nobody else that he wants because you are good enough.

Bill, who experienced past difficulties with family members, described how in being kinder to himself he was more open to spending quality time with his dad and brother:

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

Experiencing greater care towards others.

By being self-compassionate, several participants experienced greater care towards others. Mya, for example, was able to show greater kindness towards her significant other when he was dealing with issues related to his physical appearance, a struggle that Mya herself shared. As she explained,

I noticed that he is very negative with himself and he will look in the mirror and be like, "Oh my god, I'm ugly" and then walk away. I will bring him into the bathroom and I'll say, "Look in the mirror," and he will look in the mirror and I'll be like, "Repeat after me: I'm the man." I make him repeat everything after me and then you can kind of just see [how] his mood changes.

Lily had a similar experience and explained how in turning kindness inward she was more likely to turn kindness outward towards others. Lily stated, “When I’m kind and happy with myself, I’m usually kinder to my family and want them to be happy too.” For Toby, showing others compassion reflected back on him, which helped him become more self-compassionate. When asked about the importance of showing others compassion and how this relates to self-compassion, Toby stated:

I reflect [kindness towards others] and it reflects back on me...and then I feel it back,...so, like, basic kindergarten talk. When we [are] kind to others, they will be kind to you.

Experiencing greater openness.

According to most participants, being more self-compassionate resulted in greater openness in relationships with others. In some instances, being self-compassionate meant participants were more open towards others, whereas for others they experienced greater openness from others. As Mya indicated,

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

For Hannah, being self-compassionate influenced how she thought of others. She explained that in showing herself kindness after being sexually assaulted, she felt less judgment towards others who might be in similar circumstances. She stated:

I look at people differently and when I hear things I think of it differently, I don't judge, because I know there are always two sides to a story.

Finally, for Bill, a teen who described himself as socially anxious, being self-compassionate meant being more open to developing relationships with others. Bill explained:

I felt people actually wanted to hang out with me. I kind of liked who I was, I wasn't, I didn't feel the need to hide myself from people,... block myself away.

Working on Self-Improvement

For all participants, self-improvement was seen as an act of self-compassion and often meant making positive life changes and avoiding self-destructive behaviour, all aimed at bettering the self. Working on self-improvement seemed especially valuable for several participants who were dealing with issues outside of their control, such as their parents' divorce and the suicide of a close friend. For these participants, working on self-improvement allowed them to focus on aspects of their lives that they could control. As she reflected on her past, Mya recalled a time when her typical means of coping with difficult moments would be to turn to drugs and alcohol. In an effort to improve herself, Mya started doing sit-ups instead of doing drugs. As she recalled,

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

Similarly, Hannah spoke about the significance of self-improvement as she talked about responding to negative life events that she had little control over. For Hannah, being self-compassionate meant that she approached problems by focusing on the aspects of her life she could control. She stated:

Whenever things happen I'm like, "What am I going to do? I'm going to improve myself!" So, [I] work out, I eat healthy, I do the things I like to do that make me happy. In the case of Bill, self-compassion meant being willing to change and improve aspects of himself that he did not like. For example, as a young teen, Bill became involved in a street gang and spent much of his time physically fighting with other males, often much older and larger than him. Several years into this gang life, he was offered an opportunity to move to another country. Bill was confronted with a difficult decision: to leave the only life he had ever known, or to start over in a foreign country. As Bill explained, making the decision to move was an act of self-compassion, as "I was helping myself not fight." Bill went on to explain how being self-compassionate allowed him to "hang out with a better crowd than people who were fighting, drinking, and doing drugs,...so I made myself sober" and that this allowed him to "be a better person."

Upholding One's Public Image

For all participants, self-compassion was about protecting and managing the image that they put out into the world. For example, self-compassion often meant putting effort into their physical appearance and putting their best face forward. By putting their ideal self out into the world, they were able to positively represent the self and in turn, attract others.

Toby, for instance, reflected on how investing in his physical appearance was an act of self-compassion both in terms of how he felt about himself, but also with respect to how others interacted and engaged with him. As Toby stated, "When I feel good and am kind to myself, I don't always dress to impress but I try my best to...and that makes me feel good." Toby elaborated by highlighting the importance of appearance in facilitating a connection with his peers as he stated,

If I'm dressed up really terribly and I don't look very presentable, they're going to be like, "Oh, I don't think I want to talk to that guy right now." Or, if I'm dressed nicely and I have a clean shirt, some clean pants, they'll be like, "Oh, this guy looks presentable, maybe I will talk to him, maybe I will...interact with him."

For Stephanie, being self-compassionate meant respecting herself by showering and paying attention to her physical appearance as she stated,

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

Bill echoed these same beliefs as self-compassion meant taking care of himself, which included showering and staying clean. For Bill, paying attention to his hygiene impacted his interpersonal relationships and how he related to himself. When asked more about this, Bill explained:

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

Finally, according to Mya, appearance can be an indicator of whether or not someone is being self-compassionate as she stated, "You can definitely tell if someone is nice to themselves or not....Somebody with bad hygiene, you're not being too kind to yourself and you can see that on people."

Accepting Oneself

For all but one participant, self-compassion meant accepting oneself. As participants spoke about the role of accepting oneself in relation to self-compassion, there was often an underlying recognition of their perceived faults and flaws; however, rather than denying these

faults, or trying to change, participants discussed accepting their perceived faults and themselves as is. In the case of Hannah, who had dealt with considerable challenges related to body image and disordered eating, accepting herself was about both expressing and embracing her flaws.

Hannah explained:

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

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

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

Mya echoed similar sentiments, as she described self-compassion as loving what she sees when she looks in the mirror. However, Mya also discussed how focusing on her appearance posed challenges for her over the years given that she often compared herself to others and struggled to feel beautiful. Expanding on the relationship between appearance and self-compassion, Mya stated:

I've always grown up feeling like I wasn't good enough because I got compared to my mom and my sister....So I was always trying to be as good as them. I just feel like no

matter what you're being compared to you have to be able to wake up in the morning and look at yourself and be like, "No matter what there is out there, I am the best me that I can be." You need to just love what you see and love who you are and then that way you can never be disappointed.

Mya also added, "Once you accept your situation and you accept yourself and realize [you're] kind of what you're stuck with, you eventually can feel the love."

Finally, Lily discussed accepting herself when she described dealing with obstacles at school. After experiencing the suicide of a close friend, Lily determined that it was time for a fresh start at a new school. This transition brought with it challenges when leaving her previous group of friends, many of whom she had known since childhood, and developing a new peer group. When asked to discuss how, if at all, she was self-compassionate during this transition time, Lily stated simply, "I just have to keep going and accept who I am and love who I am."

Experiencing Emotional Balance

For most participants, self-compassion was closely related to experiencing emotional balance and not being held hostage by anxiety or negative moods when confronting difficult life circumstances. In some instances this meant that participants experienced self-compassion as an act of emotion regulation wherein they maintained a more relaxed and calm demeanor as opposed to ruminating or feeling anxious. For others, self-compassion was associated with positive affect; participants discussed feeling happier and more confident when treating themselves with compassion.

Regulating one's emotions.

In some instances, being self-compassionate meant participants felt more in control of their emotions. An important element of being in control and better able to regulate emotions

meant being able to tap into feelings of relaxation when and if feeling overwhelmed or in distress. Lily, for example, described self-compassion as “being relaxed, and just trying to not over-think everything.” Stephanie, on the other hand, talked about how by being self-compassionate she was better able to turn around a bad day and explained, “What you do [with the bad day] is about being kind to yourself...like how you turn it around” and later explained that “If you're kind to yourself then you won't freak out...because you're relaxed with yourself.” When she was having a bad day, Stephanie took time for herself, watched movies, and took her dog for a walk; all acts of self-compassion in her eyes. Bill also described how being self-compassionate related to being better able to control his anxiety and discussed knowing what to do when he felt his anxiety arise. Rather than shame or judge himself, he adopted a gentle stance. He stated, “If I feel [a panic attack] coming on, I listen to my music and I try to calm myself down.”

Experiencing positive affect.

Most participants discussed the fine line between self-compassion and happiness, and some participants used these terms interchangeably. When considering the relationship between self-compassion and happiness, Hannah stated:

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

For Bill, when reflecting on the differences between times where he is self-compassionate versus times where he isn't he stated, “Times where I wasn't [self-compassionate] I was really depressed and when I was being kind to myself, I was really happy and enjoying everything.”

Lily also described the ways in which being self-compassionate influenced other aspects of her life, such as feeling greater motivation at school. When asked more about this, she stated:

When you wake up in the morning and you're in a good mood and you feel good about yourself and you have love going on, you want to go to school and conquer it...I want to get it done with. I feel confident to do it. That would be a good word. Confident.

Chapter 5: Discussion

The purpose of this phenomenological investigation was to gain an in-depth and contextualized understanding of self-compassion from the perspective of six adolescents. Eight main themes resulted from the analysis of participant interviews. For these particular adolescents, self-compassion involved putting oneself at the center; maintaining a positive outlook; engaging in pleasurable activities; connecting positively with others; working on self-improvement; upholding one's public image; accepting oneself, and experiencing emotional balance. To summarize, participants spoke to the importance of putting oneself at the center and focusing on their own needs, which for some meant advocating for themselves, focusing less on others, and having downtime. Maintaining a positive outlook meant that participants paid attention to the positive aspects of life and remained hopeful. Participants also highlighted the value of engaging in pleasurable activities, which often provided participants with a necessary distraction from stress. Self-compassion also involved others, which meant spending time with others, as well as experiencing greater care and openness towards and from others. For all participants working on self-improvement was seen as an act of self-compassion whereby the aim was to better the self. Self-compassion also meant managing the image that the participants put out into the world in order to positively represent the self. Additionally, being self-compassionate meant accepting oneself, flaws and all. Finally, participants spoke to the importance of experiencing emotional balance as a consequence of self-compassion wherein participants were less likely to experience problems with negative mood, such as anxiety and depression, while more likely to experience positive affect, such as feelings of peace and calm.

In the following section I will discuss my findings in light of previous research, highlighting specifically the ways in which the findings are consistent or inconsistent with prior

research. As part of this I will also take into consideration the ways in which these findings offer new contributions to the literature. Finally, I will conclude with a brief discussion of the limitations of this research, future directions for researchers, and implications for counselling practitioners.

Putting oneself at the center.

For many participants, self-compassion meant putting the needs of oneself before the needs of others. Although the notion of putting oneself at center has a semantic resemblance to self-centeredness, as the concept appears in the literature (Dambrun & Ricard, 2011), there is a distinct difference. According to Dambrun and Ricard (2011), self-centeredness relates to seeing the self as a central point of reference while maintaining an unrelenting and unquestioning sense of exaggerated importance over others. In other words, the individual sees himself or herself as distinct and of greater importance when compared to others. Self-centeredness is also closely related to narcissism, defined as “an infatuation with the self so extreme that the interests of others are ignored, others serving as mirrors of one’s own grandiosity” (Alford, 1988, p. 2).

Self-compassion, although similar to self-centeredness in that both involve a self-focus, is different than self-centeredness as it involves an adaptive sense of connection to others. Firstly, as Neff (2011b) has indicated, self-compassion involves recognizing we are human and make mistakes. Because we are all human, and because we all make mistakes, this connects us to one another by virtue of this shared experience. We are not better than or different from others, but instead we are all in this together. Self-compassion also involves an adaptive connection with others in that it is correlated with greater care, perspective taking, empathy, and compassion for others (Crocker & Canevello, 2008; Longe et al., 2010; Neff & Pommier, 2013). In other words, when we are self-compassionate, we tend to do a better job of showing

compassion to others. This is consistent with the findings from my study in that focusing on one's needs was never to the detriment of others. Rather, for participants, self-compassion meant honouring and respecting their own needs *in order to* support and connect with others. As three participants stated, "You can't love anyone until you love yourself", thus illuminating this notion of focusing energy inward in order to focus energy outward.

As part of putting oneself at center, participants also discussed the significance of taking time for the self. Although isolation has the potential to lead to loneliness, it also has the power to promote growth, which seems especially relevant for adolescents who are in the process of developing a sense of self. As Jourard (1966) states, "Freedom from the experienced impact of others' physical or psychological presence is the first step in the fulfillment of the freedom to grow" (p. 314). Moreover, taking time for the self can be a restorative process for adolescents, who are thereby afforded the opportunity to create a sense of inner balance (Csikszentmihalyi & Larson, 1984). In a study investigating the every-day experiences of seventy five adolescents, researchers Csikszentmihalyi and Larson (1984) found that adolescents preferred to spend time with others as opposed to being alone. Yet their findings also indicated that cognitive efficiency was enhanced when spending time alone. More specifically, adolescents reported feeling less self-conscious, experienced greater freedom, and felt more in control when alone. Additionally, after spending time alone, participants experienced improved social interactions with others. Csikszentmihalyi and Larson (1984) proposed that the time spent alone allowed the participants to focus inward on the needs of the self, as opposed to directing attention outward. This inward focus was believed to refresh the adolescents, thus resulting in improved interpersonal relationships (Csikszentmihalyi & Larson, 1984). As these authors suggested,

To grow in a culture such as ours [North America], where individuation is a requirement

of selfhood, one must alternate between integration with, and differentiation from, social systems. One must learn to give oneself feedback, as well as use feedback from others.

(p. 196)

Relating this back to the notion of self-compassion, it follows that for the participants in my study, the act of taking time for themselves, whether spending time alone or putting their own needs first, serves an important developmental task. Taking time for the self may also be an act of self-compassion given the positive emotional experiences that may be elicited when spending time focused inward. Furthermore, focusing on the needs of the self may be seen as a gift, a healthy boundary, and a way of rebalancing and replenishing reserves rather than an act of self-centeredness. As Gilbert (2009) reminds us,

We all need time to ourselves, just to chill out, become focused and able to relax without having to think about others — and that doesn't mean that you dislike being with people. The point is to put time aside to be alone and think about how to use that time to nurture and nourish yourself. (p. 234)

Thus the present study is in keeping with previous adolescent development research that suggests taking time to focus inward can be advantageous and restorative for adolescents. Additionally, given that my participants spoke in detail about their experiences, my findings go beyond theory and also highlight the value that adolescents place on having time to focus inward on the self.

Maintaining a positive outlook.

When discussing experiences of self-compassion, all participants emphasized the importance of maintaining a positive outlook despite going through a challenging time. A similar discussion regarding the importance of positive thinking and reframing has been

highlighted in the literature on positive coping. To begin with, positive coping has been conceptualized as, “conscious volitional efforts to regulate emotion, cognition...and the environment in response to stressful events or circumstances” (Compas, Connor-Smith, Saltzman, Thomsen, & Wadworth, 2001, p. 89). Positive coping serves the key function of protecting the individual from negative consequences, which becomes vital for adolescents as they struggle with new demands and life stressors (Patterson & McCubbin, 1987). Although many models of coping exist (see Compas et al., 2001 for a review), one conceptualization of coping is known as the approach-avoidance model of coping (Ebata & Moos, 1991). Inherent in the *approach* aspects of this model is the belief that coping can take the form of a more active process, whereby the individual approaches and solves the problem head on. Individuals adopting an approach method of coping might take action by modifying their way of thinking about the problem (e.g., cognitive reappraisal) or change their behaviour so as to deal directly with the problem (Ebata & Moos, 1991). The ability to reappraise, or change the emotional impact of a situation (e.g., look on the bright side), is correlated with increased wellbeing (Ebata & Moos, 1991; Gross & John, 2003) and lower rates of substance use (Wills, 1986). Moreover, the use of coping techniques such as cognitive restructuring and positive reappraisal have consistently been associated with better adjustment in adolescents (Compas et al., 2001).

More broadly speaking, the act of being self-compassionate in and of itself can be understood as a means of coping with difficult life circumstances and therefore has implications for wellbeing. For example, in a study by Neff, Hsieh, and Dejitthirat (2005), researchers investigated the relationship between self-compassion and coping with academic failure among college students. As part of the study, participants were asked to identify their perceptions of a recent exam grade. Researchers then focused on participants who perceived their grade as a

failure, rather than those participants who had indeed received a failing grade. Self-compassion was significantly associated with the tendency to rely on more adaptive forms of coping, such as positive re-interpretation and acceptance. Participants higher in self-compassion were also less likely to over-identify with the negative feelings, and relied less on other forms of coping such as venting or rumination (Neff et al., 2005).

Similarly, in a mixed methods study investigating self-compassion and wellbeing among eleven young female athletes, researchers found a consistent relationship between adopting a positive mindset and self-compassion (Ferguson, Kowalski, Mack, & Sabiston, 2014). Almost all participants in the study spoke about the importance of positivity as it relates to self-compassion, where self-compassion served as a transformative tool in helping participants gain greater positivity when facing difficult circumstances (Ferguson et al., 2014). It stands to reason that self-compassion may be especially important when dealing with failure or difficult life circumstances as it reduces the likelihood of becoming fixated on negative self-evaluations (Neff et al., 2005).

Taken together, this research is consistent with the findings from my study in that self-compassion for many participants meant maintaining a positive outlook, which included focusing on the positives and being hopeful despite dealing with challenges in one's life. However, given that limited research to date has investigated self-compassion among adolescents, my findings also draw attention to the power of positive thinking from the adolescent perspective, and underscore the benefits of positive thinking as an act of self-kindness.

Engaging in pleasurable activities.

For many participants in this study, self-compassion meant engaging in activities aimed at pleasure for the sake of pleasure. Previous research suggests that taking part in pleasurable activities is an important aspect of adolescence, especially as it relates to adjustment. For instance, taking part in pleasurable activities, whether structured or unstructured, is correlated with increased positive affect, perceived life satisfaction, and a greater sense of purpose, as well as optimism and increased self-esteem (Coatsworth, Palen, Sharp, & Ferrer-Wreder, 2006; DesRoches & Willoughby, 2014; Scales, Benson, & Roehlkepartain, 2011). In addition, as part of the identity development process in adolescence, engaging in pleasurable activities may allow adolescents to reflect on the self while “trying on” various roles in an effort to develop and refine the sense of self (Dworkin, Larson & Hansen, 2003).

However, for several adolescents in this study, engaging in pleasurable activities was an act of self-compassion in that it provided them with a distraction from dealing with a stressful situation. In this instance, creating a distraction can be understood as a means of avoidant coping, a passive process aimed at avoiding the problem (Billings & Moos, 1981; Lazarus & Folkman, 1984; Roth & Cohen, 1986). Avoidant coping means utilizing strategies that minimize or deny the problem or distancing oneself from the problem so as to avoid the problem altogether (Ebata & Moos, 1991). Although there are several problems with avoidant coping as a means of dealing with stressors over the long term (e.g., internalizing issues- see Spirito, Francis, Overholser, & Frank, 1996; Wadsworth & Compas, 2000; Walker, Smith, Garber, & Van Slyke, 1997), dealing with problems head on may, in some instances, result in poorer adjustment, especially when the individual has little control over the situation, when efforts to engage with the stressor are fruitless, or when resources available for coping are taxed (O'Brien, Bahadur, Gee, Balto, & Erber, 1997; O'Brien, Margolin, & John, 1995; Weisenberg,

Schwarzwald, Waysman, Solomon, & Klingman, 1993; Chaffin, Wherry, & Dykman, 1997). In these instances, it may be advantageous to temporarily disengage from the stressor. Thinking back to the adolescents in this study, it appears that creating a distraction may be central to coping with feelings of stress.

Looking more closely at the construct of self-compassion as set forth by Neff (2003a), the findings from my study seem to introduce a divergent way of conceptualizing and experiencing self-compassion, as indicated by the adolescent participants. According to Neff (2005), when self-compassionate, there is little need to deny, repress, or avoid negative feelings. However, Neff's (2003a) conceptualization of self-compassion also involves self-kindness, wherein the individual provides comfort toward the self when in distress. From the perspectives of my participants, disconnecting from the stressor was experienced as an act of self-compassion in and of itself. In much the same way one might be inclined to comfort and distract a friend in distress by treating him or her to a movie, or going out for ice cream, these participants engaged in similar means of self-kindness by distancing themselves from the stressor and engaging in a pleasurable experience. Therefore, these findings seem to deviate somewhat from Neff's conceptualization of self-compassion as they introduce an aspect of self-compassion through short-term avoidance and draw attention to the potential importance of moving away from negative emotions by re-directing one's attention. The current findings appear to be more in keeping with Gilbert's (2010) theory of compassion focused therapy where, in addition to mindfulness and the processing and acceptance of emotions, clients are invited to re-direct attention toward compassion-based emotions. Once again, in light of limited research investigating self-compassion among adolescents, my findings may be significant in extending

research and understanding about the value of re-directing attention away from distress in an effort to be self-compassionate.

Connecting positively with others.

The theme of connecting positively with others was both an act and a consequence of self-compassion among adolescents. To begin with, as social creatures hardwired for human connection, the survival of the human species was, at one time, dependent on the ability stay connected and protected (Gilbert, 2009). Although human connection is no longer necessary for survival the way it once was, individuals who are less socially integrated are at greater risk of experiencing both physical and psychological health issues and are at greater risk of death, including suicide (House, Landis & Umberson, 1988). So, how might the ability to connect with others relate to self-compassion?

One possible way to begin to understand this connection is to consider the role of social support as a buffer against stress. According to the stress-buffering hypothesis, feeling cared for, loved, and valued by others can serve as a protective factor when dealing with stressful life events and major life transitions (Cobb, 1976). Of perhaps greatest significance is the *perception* of being supported, not necessarily the actual support itself. For example, adolescents who perceive parents and peers as supportive report fewer depressive symptoms, fewer internalizing and externalizing problems, enhanced self-esteem, and self-competence (Bedard, Bouffard, & Pansu, 2014; Field, Diego, & Sanders, 2001; Lee, Hankin, & Mermelstein, 2010; Marcotte, Marcotte, & Bouffard, 2002; MacPhee & Andrews, 2006; Segrin & Rynes, 2009).

Tying this back to the concept of self-compassion as described by Gilbert (2009), feeling supported and valued activates the soothing system and produces feelings of safeness and contentment. As Gilbert (2009) explained, “The soothing system is alert to signals of being

cared for by others and that others are being helpful and supportive (rather than cold, critical or rejecting) — this indicates that we're safe" (p. 173). For adolescents who are navigating unknown terrain and stressful life events, these social connections serve an important purpose in helping to facilitate feelings of safeness, in turn enhancing wellbeing. Put simply, when adolescents connect with others this feels good; and seeking out relationships can be seen as an act of self-compassion in as much as doing so activates these feel-good emotions.

With that said, there seems to be some debate in the literature on the role of social connection and self-compassion. For instance, in a study investigating coping with academic failure among college students, researchers Neff et al. (2005) did not find evidence for social support as a means of positive coping and postulated that because self-compassion is an internal process, there is less need to involve others (Neff et al., 2005). However, in a study investigating self-compassion among adolescents, Neff and McGehee (2010) found that self-compassion was positively correlated with greater feelings of social connectedness, thus drawing attention to the relationship between social connectedness and self-compassion. While one of the major goals of self-compassion is to be able to produce feelings of connectedness internally (i.e., recognizing we are humans and are therefore all connected; Neff, 2003a), it seems that the adolescents in my study continued to view interpersonal relationships as an important aspect of self-compassion.

One way to make sense of these differences in light of my findings is to consider the developmental tasks associated with adolescence and the ongoing development of emotion regulation strategies (Steinberg, 2002). During adolescence, social relationships can be significant in terms of emotional, cognitive, and behavioural regulation as social relationships often result in greater adherence to normative healthy behaviours by way of social control (Cohen, 2004). For example, someone may be less likely to lash out or display extreme

emotions while in a social setting, as the social setting helps keep the individual in line. Additionally, for adolescents especially, having others to lean on when distressed can be assistive not only in providing a place to discuss concerns but also by supporting the individual to re-appraise the stressful event, thereby mitigating intrusive thoughts associated with the stressful event (Lepore, Silver, Wortman, & Wayment, 1996; Thoits, 1986).

Taken together, social relationships and feelings of connectedness serve an important function in adolescent wellbeing, which relates to self-compassion in that feeling valued, understood, and supported may facilitate feelings of safeness and contentment. Thus the findings from my study offer further evidence in support of the relationship between self-compassion and social connectedness as it relates to the adolescent perspective. However, where previous correlational findings showcased the directionality and strength of the relationship between self-compassion and social connectedness, my findings highlight the contextualized perspective of the adolescents involved in this study and bring to light the more granular aspects of social connectedness which include spending time with others, having smoother relationships, and experiencing greater openness and care in relationships with others.

Working on self-improvement.

For all participants, self-compassion took the form of focusing efforts on self-improvement, such as making healthier decisions and avoiding destructive behaviour. Relating this back to the notion of adaptive coping, self-improvement may be understood as a means of coping as it allows the individual to shift attention away from the stressor and instead focus on an alternative reward (Dise-Lewis, 1988; Patterson & McCubbin, 1987; Roth & Cohen, 1986). In the case of my study, participants geared up for change and shifted their focus toward accomplishing new goals. This way of coping may be especially fundamental when, as

previously discussed, the adolescent has little control over a distressing situation. With that said, although participants in this current study seemed to have a high sense of agency and control, some of the issues that they faced, which included sexual abuse, the suicide of a close friend, and familial issues, were largely outside of their immediate control. Thus, focusing on the aspects they *do* have control over, such as self-improvement, may be instrumental in getting through difficult times.

Self-improvement also relates to self-compassion in that self-compassion is believed to be an important starting block for change as it provides a sense of clarity and insight into what needs changing (Neff, 2011b; Neff et al., 2006). Specifically, in being able to hold the potentially unpleasant emotions that might arise when considering self-improvement, this may allow for a more realistic look inward without feeling threatened or overwhelmed by feelings of inadequacy (Neff, 2011b). In other words, when being self-compassionate, the prospect of changing the self is less likely to be thought of as threatening or an act of defeat (e.g., why can't I be perfect?).

Additionally, when self-compassionate, there is less need to respond to setbacks with defensiveness, which in turn frees up emotional energy to allow for greater self-reflection and the possibility for change (Neff, 2011b). For example, individuals high in self-compassion are less likely to respond to negative feedback with defensiveness and instead assume greater personal responsibility for their role in negative events without the consequence of rumination (Leary et al., 2007). Self-compassion also appears to be significantly related to personal initiative (Neff, Rude, & Kirkpatrick, 2006), defined as taking action in order to make necessary changes to live a more fulfilling and productive life (Robitschek, 1998).

For participants in my study, working on self-improvement was seen as an act of self-compassion in that the participants were focused on bettering themselves. Moreover, participants were able to recognize areas in their lives and aspects of themselves in need of changing and, rather than feel overwhelmed by these perceived limitations, they enacted change. Therefore, the findings from my study offer further support to strengthen the relationship between self-compassion and self-improvement, this time from the adolescent perspective.

Upholding one's public image.

When working with adolescents, it is necessary to keep in mind that aspects related to physical appearance and popularity with peers are of great importance (Harter, 1999). So it may come as no surprise that appearance and public image entered the conversation of adolescent self-compassion. While perhaps seemingly superficial at first glance, how individuals present themselves to the world can have significant implications for how the individual is perceived by others and how the individual perceives the self (Coopersmith, 1967; Crocker & Canevello, 2008; Erikson, 1968; Rosen & Underwood, 2010). The perceptions of others become especially salient in adolescence as this period is marked by an increased concern with the opinions of peers (Elkind, 1967). In other words, to present well is to be perceived well, and to be perceived well may influence one's sense of self.

Upon further inspection, the theme of upholding one's public image seems to introduce an interesting paradox related to adolescent conceptualizations and experiences of self-compassion. On the one hand, for several participants, self-compassion was about accepting the self as is, and caring less about what others think. Yet on the other hand, these same participants experienced self-compassion as positively representing the self and putting forward a good

image to others. However, in looking beneath the surface of this ostensibly superficial aspect of self-compassion, there lies a much more powerful need: the desire for human connection.

When adolescents spoke about self-compassion as a means of upholding their public image, what seemed to be inherent in this desire was the need to attract others. Even for participants who did not explicitly speak to the relationship between attending to physical appearance and the desire to belong and be accepted by others, there was still a deeper sense of wanting to be *seen* by others. As one participant stated, “When you feel good on the inside, you want to look good on the outside.” According to Gilbert (2009), “As humans, we feel safe when we have created positive feelings in the people’s minds about us” (p. 177). Furthermore, by creating these positive feelings in the minds of others, the world is perceived as safe, for in feeling valued this reduces the chances of being judged or rejected (Gilbert, 2009). Despite the fact that focusing on self-image goals involves elements of self-presentation and impression management, the motivation behind portraying an idealized self in this case is not to deceive others, but rather to receive recognition and acknowledgment, thereby accomplishing interpersonal connection such as friendship (Crocker & Canevello, 2008).

In relating previous literature to the findings from this study, it seems possible that upholding one’s public image is deeply entangled in the desire to be seen and valued by others, in turn producing feelings of safeness and contentment, as previously discussed in relation to Gilbert’s theory of self-compassion (2009). In order to facilitate this connection and find a sense of belonging, it is important to project a likeable and attractive public image. Thus, my findings seem to echo the sentiments of Gilbert (2009), yet this time bringing to light the relationship between belonging and self-compassion from the adolescent perspective.

Accepting oneself.

Accepting oneself surfaced as a noteworthy aspect of self-compassion for adolescents in this study. The concept of self-acceptance is not a new one, and has been central to person-centered therapy (Rogers, 2007) and rational emotive therapy (Ellis & Grieger, 1977). Rogers (1961), for example, drew importance to accepting the self, for in so doing the individual is capable of making changes and experiencing personal growth. Although similar, Ellis and Grieger (1977) suggested that rating one's own worth is not only illogical, but also dysfunctional. In order to combat such self-evaluations, they proposed that the individual adopt an attitude of unconditional self-acceptance in which "the individual fully and unconditionally accepts himself whether or not he behaves intelligently, correctly, or competently and whether or not other people approve, respect, or love him" (p. 101). In other words, unconditional self-acceptance is about accepting oneself, flaws and all.

Self-acceptance has been shown to play a role in psychological wellbeing as it is correlated with lower rates of depression and anxiety and increased happiness (Chamberlain & Haaga, 2001a; Flett, Bessar, Davis & Hewitt, 2003; Scott, 2007). Self-accepting individuals are also more likely to have a stable sense of self-worth, and tend to respond less defensively in the face of negative feedback (Chamberlain & Haaga, 2001b). According to Neff (2003a) and Gilbert (2009), self-acceptance is also central to the construct of self-compassion, not only in how the individual approaches the self, but also in how the individual sees the world. When self-compassionate, individuals relate to themselves with kindness rather than self-criticism and remain connected to the overall human experience by reminding themselves that being human means making mistakes.

Looking more closely at the experiences of participants in my study, a common aspect of self-acceptance related to physical appearance. Several participants discussed the importance of

self-acceptance when dealing with aspects of the physical self that were perceived as undesirable. Perhaps this focus on appearance is of little surprise given the significant physical changes that one undergoes in adolescence. Additionally, with the close relationship between self-image, body image, and feelings of self-worth, adolescents are often at risk of negative self-evaluations when they deviate from the perceived ideal (Steinberg, 2002). Among the adolescents in this study, self-compassion not only meant acknowledging perceived physical flaws (i.e., how one deviates from the perceived ideal) but also embracing the flaws. These findings are in keeping with self-compassion as set forth by Neff (2003a), as self-compassion involved accepting the self as is, including one's perceived flaws.

Experiencing emotional balance.

Most participants in my study spoke about the relationship between self-compassion and the experience of emotional balance. For some, this meant that in being self-compassionate they were better able to control ruminative thoughts. Rumination, defined as repetitive thinking about symptoms of distress while maintaining a passive stance (Nolen-Hoeksema et al., 2008), is strongly correlated with depression and anxiety and has been shown to significantly mediate the relationship between self-reported stress and increased levels of anxiety in adolescents (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Michl, McLaughlin, Shepherd, & Nolen-Hoeksema, 2013). One way of understanding the relationship between rumination and negative mood is to highlight the negative attentional focus when ruminating. When the individual is unable to shift or pull attention away from the negative information (Joormann, 2006), this may exacerbate feelings of depressed mood or anxiety even further. With this in mind, self-compassion has been proposed as a useful approach to counteracting the consequences of ruminative thinking. For example, in a mixed methods study investigating self-compassion and wellbeing among young

female athletes, self-compassion was described as an antidote to rumination. More specifically, participants highlighted self-compassion as a way of maintaining a balanced perspective and discussed being able to identify with their difficult experiences while relating to the self with kindness (Ferguson et al., 2014). As one participant put it, “You made a mistake, you have to realize...and then understand that you can’t dwell on it” (p. 211). These same sentiments were echoed by participants in my study given that, for some, self-compassion meant not being consumed by negative thoughts, rumination, or anxiety. As one participant stated, self-compassion is about “being relaxed and not over-thinking everything.”

Furthermore, participants in my study also experienced self-compassion as a way of increasing positive affect. For some, there was little distinction between self-compassion and feeling happy, although the directionality of this relationship is unknown (i.e., does self-compassion result in happiness or does happiness result in self-compassion?). When participants were kind to themselves they not only felt less depressed, but they were also happier and more confident. Similarly, in a study investigating the positive aspects of wellbeing associated with self-compassion, researchers Neff et al. (2006) found that self-compassion was strongly associated with happiness and optimism, even after controlling for personality characteristics. Additionally, in a pilot study examining the effects of self-compassion training on individuals high in shame and self-criticism, Gilbert and Proctor (2006) found that after self-compassion training there was a significant increase in participants’ ability to tap into feelings of warmth and contentment. Thus, my study is in keeping with previous research which together draw attention to the connection between self-compassion and emotional balance.

Limitations

While the purpose of this study was to understand self-compassion from the *adolescent* perspective, both male and female participants were included. However, one limitation is that by including both males and females, there were potential gender differences that were not accounted for. Moreover, given the differences in how males and females are socialized, it seems especially relevant to consider how gender may influence the development and experience of self-compassion. For example, research suggests that males may have greater difficulty being self-compassionate, especially if the individual maintains a strong adherence to masculine norms and upholds the belief that vulnerable feelings are to be avoided (Reilly, Rochlen, & Awad, 2014). Because both male and female perspectives were included in this study, it is difficult to tease apart the potential influence that gender had on the experiences and conceptualizations of self-compassion. In this same vein, given that the themes from my study were built on the experiences of participant who were mainly from a European-Canadian background, these experiences and conceptualizations of self-compassion are embedded within a more Western perspective. Therefore, the meaning and experiences of self-compassion might vary considerably for adolescents from other cultural backgrounds.

In addition, as part of the recruitment process, this study sought to attract participants who felt they could speak to the subject matter, which is of importance in IPA research (Smith et al., 2009). As a result of this selection process, individuals who struggled to understand or relate to the topic of self-compassion were unlikely to sign up for the study. This means that the adolescents involved in this study may have different perspectives and characteristics compared to adolescents who chose not to participate.

Next, given that this study was based on retrospective accounts, in which participants discussed previous experiences of self-compassion, these recollections are subject to recall bias.

While this potential bias should be taken into consideration, it is also necessary to bear in mind the importance of the past and how this contributes to the participant's sense-making process. For it is this "intricate interaction of past, present, and future [which] allows us to maintain a coherent identity and to develop flexibly and adaptively in knowledge and experience" (Cohen, 1989, p. 219). Therefore, counsellors and researchers should be mindful of the significance of these recollections and not simply overlook them as stories from the past.

Finally, given that all interviews were conducted at the participant's school, this might have influenced participant's comfort and willingness to speak candidly about personal experiences. Although interviews were conducted one-on-one and in a private and reasonably quiet space, there were several instances where staff and students unknowingly interrupted the interview while in progress. Additionally, there were several occasions in which the noise level outside of the interview room became excessive and clearly distracted the participant, thereby making it difficult to focus on the interview at times. While such issues are difficult to mitigate when conducting research in a public setting, attention should be paid to how these interruptions or limitations might influence the research process and the research participant.

Future research

Given that this study was designed to explore the conceptualizations and experiences of self-compassion from the adolescent perspective, future research might seek to better understand the phenomena of self-compassion from the perspective of adolescents who are low and high in self-compassion, as assessed through administration of the Self-Compassion Scale (SCS) to determine levels of self-compassion. By investigating the perspective and experiences of adolescents low in self-compassion, this could help researchers and practitioners gain a contextualized understanding of challenges or obstacles that may be relevant in the development

of self-compassion. Alternatively, by investigating the conceptualizations and experiences of adolescents who are high in self-compassion, we may develop greater insight into how we can go about facilitate or enhancing the development of self-compassion in adolescents.

Additionally, given that this study looked at the experiences of both male and female adolescents, future research might examine the potential similarities or differences in the experiences of self-compassion while taking into consideration the role of gender. Research in this area might help elucidate the potential role of socialization as a factor in the development and expression of self-compassion among adolescents. Similarly, conducting research with adolescents from different cultural backgrounds would be valuable as conceptualizations and experiences of self-compassion may vary considerably depending on one's culture.

In reflecting on my findings, researchers might also investigate the somewhat paradoxical findings related to self-compassion as both self-acceptance and upholding one's public image. Given that the same participants spoke to both themes, it seems important to better understand this relationship. Similarly, further investigation is needed in the dual importance of focusing inward and connecting with others as aspects of self-compassion. It seems that for both to exist, adolescents need to be adept at simultaneously managing the needs of others and the needs of the self. Therefore future research might explore the relationships between self-compassion and the role of establishing and maintaining healthy boundaries from the adolescent perspective.

Finally, related to the theme of self-improvement as an act of self-compassion, further investigation is needed in determining whether or not particular types of self-improvement (e.g., physical, academic, social) are more closely related to self-compassion compared to others. Given that many participants in my study spoke to self-improvement in the context of health

(e.g., healthy eating, working out, engaging in less destructive behaviour), it might be valuable to develop an understanding of how, if at all, self-improvement efforts focused on other aspects of adolescent life are related to self-compassion.

Implications for Counselling

In light of the finding that social connectedness is an aspect self-compassion among adolescents, counsellors may modify the types of therapeutic interventions they use when seeking to enhance self-compassion among adolescents. For example, it would be especially valuable to have the adolescent brainstorm social resources, or those individuals the client can turn to in times of need, as a way of tapping into a sense of being connected to others. However, in instances where the client is unable to access social resources, clients might benefit from interventions such as compassionate letter writing, whereby the client writes a supportive letter to the self as if from a warm and compassionate “other” (Neff, 2011b; Gilbert, 2009). For some clients this compassionate “other” might take the form of a person close to the client (e.g., grandmother or close friend) or a more abstract being (e.g., God or the universe). No matter the imagined “other,” the purpose here is to allow the client to tap into feelings of warmth and safeness and to internalize the experience of compassion from another, even if imagined.

Additionally, given that many participants in my study conceptualized and experienced self-compassion as honouring their own needs before helping others, adolescents may benefit from developing ways in which to create and maintain healthy boundaries. A first step toward healthy boundary-setting might be to help adolescents reflect on their own needs. Next, it could be beneficial for adolescents to consider and discuss ways in which they can protect these needs and advocate for themselves if and when necessary. In a therapeutic context this might take the form of role-playing, or discussing hypothetical challenges the adolescent may encounter when

establishing healthy boundaries. It may also be important to normalize and validate the client's desire to focus inward and put the needs of the self first, as opposed to conceptualizing this behaviour as self-centered.

Given the finding that self-acceptance and maintaining a positive outlook are seen as ways of being self-compassionate, practitioners might work with adolescent clients to help facilitate more positive self-talk, which may include adopting a strengths-based approach (i.e., reframing problems in order to focus on the positives) and modeling for adolescents how they might positively reconceptualize perceived inadequacies. Additionally, adolescents might also be encouraged to challenge the judgments of others and their own negative self-evaluations by looking for hidden strengths. For instance, if adolescent clients are using catastrophizing language (e.g., "I never do well in school") the therapist and the client might work together to find evidence to counteract this belief, this time looking for evidence of when the client has done well in school and exploring these instances of success in depth.

Furthermore, in thinking more about the role of self-improvement as it relates to self-compassion, practitioners might encourage adolescent clients to reflect on healthy and adaptive ways of improving the self, rather than turn to maladaptive ways of coping. To assist in this change process, therapists could work with clients to set specific and realistic goals while also discussing possible roadblocks that the client might encounter en route to achieving the goal.

Finally, given that all participants experienced self-compassion when engaging in pleasurable activities, individuals in the helping profession might also facilitate a conversation with adolescents about what they enjoy doing in their spare time. It may also be important to help adolescents plan for and schedule time to take part in pleasurable activities. For some, this may take the form of working with adolescents and mapping out a weekly schedule allotting a

few hours a week to take part in enjoyable activities, whether it be going for a run or reading a book for pleasure. For others, it might be helpful to think of pleasurable activities that provide a sense of necessary distraction that the adolescent client can turn to if and when in distress. For example, one participant in my study discussed watching movies and eating popcorn as a self-compassionate way of dealing with stress. In thinking proactively about possible activities to take part in when distressed, this may give adolescents a healthy game plan that they can rely on when needed.

Conclusion

Although research has drawn considerable attention to the significance of self-compassion as a factor in wellbeing (Neff, 2003a), to date there is very little known about self-compassion among adolescents. To help address this gap in the research, the purpose of this study was to gain an in-depth and contextualized understanding of self-compassion from the perspective of six adolescents ranging in age from 14 to 17. In most instances, the findings from my study are consistent with previous research, as self-compassion was associated with self-acceptance, adopting and maintaining a positive mindset, working on self-improvement, and experiencing emotional balance.

Although research related to adolescent development and wellbeing has highlighted the importance of taking part in pleasurable activities, the connection between adolescent self-compassion and engaging in pleasurable activities has, to the author's knowledge, not been researched. This finding is important as it can tell us something about how adolescents might engage in self-compassion by temporarily avoiding feelings of distress and re-directing attention towards an enjoyable activity.

Secondly, all participants in my study experienced self-compassion as an inward journey, whereby the participant shifted away from the opinions and judgments of others and instead focused inward on the self. While previous literature on adolescent development has drawn attention to the significance of focusing inward, this study is, to the author's knowledge, the first of its kind to highlight the importance of putting the self at center as an act of self-compassion. In the case of adolescents, this finding may be of special significance in offering an alternative way of viewing and understanding self-centeredness. By recognizing self-focus as an act of self-compassion, this shift in thinking may have implications for how adolescents are understood and treated, as focusing inward need not have negative connotations.

Lastly, participants in my study also highlighted the importance of upholding a public persona as an act of self-compassion, which seems to run counter to the conceptualizations of self-compassion as set forth by Neff (2003a). As part of upholding a public persona, participants highlighted the importance of belonging and being accepted by others.

The findings of this study are of importance as they contribute to the existing literature on self-compassion. More specifically, these findings help elucidate the meaning and experiences of self-compassion from the adolescent point of view and may inform future research and interventions used with this population. With the adolescent perspective in mind, it seems fitting to conclude with the words of one participant, Lily, who reminds us that the search for self-compassion need not have an end point:

[Self-compassion] is a journey....It [means] soul searching, because self-compassion is all about loving yourself, and loving yourself is about making yourself into the best person *you* want to be...

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Appendix A

Recruitment Poster

Participate in Research!

Are you between 14-17 years of age?

Would you, or those close to you, describe you as someone who is often compassionate, or kind to yourself?

Are you open to talking about personal life experiences?

Are you interested in taking part in a University of Alberta Research study?

If you answered **YES** to these questions, you may be eligible to take part in this study!

I am a graduate student in Counselling Psychology conducting research as part of my Master's thesis. Adolescents between the ages of 14-17 who are English speakers and have experience with being kind to themselves are asked to contact Kirsten Klinge, principal researcher in this study.

Participants will receive a Cineplex gift card valued at \$25.

Please contact me, Kirsten Klinge, at kklinge@ualberta.ca

e:if Compassion Research:
xantast:in:fb: kkl Klinge@ualberta.ca

e:if Compassion Research: Contact
for: kkl Klinge@ualberta.ca

e:if Compassion Research:
xantast:in:fb: kkl Klinge@ualberta.ca

Appendix B

Study Information Letter: Participant copy

Research Project: The Meaning and Experiences of Self-Compassion among Adolescents

Principal Researcher: Kirsten Klinge, M.Ed. student- University of Alberta

Research Supervisor: K. Jessica Van Vliet, Ph.D., R.Psych. – Associate Professor, University of Alberta

What is the purpose of this study?

My name is Kirsten Klinge and I am a Master's student in Counselling Psychology at the University of Alberta. As part of my thesis research I am looking at how adolescents (just like you!!) experience self-compassion (being compassionate or kind to oneself). Research has shown that when we increase self-compassion we may also increase feelings of wellbeing. While researchers have looked at self-compassion in adults, this study will be one of the first to look at self-compassion in adolescents.

What will I be asked to do?

By agreeing to be in this study, you will be asked to take part in two interviews. The first interview will take 45 minutes to one hour in length and you will be asked to talk about your experiences and thoughts related to self-compassion. This first interview will be audio-recorded and typed out using a computer. The second interview (30 minutes to one hour in length) will take place a few weeks after the first interview. You may be asked to read over the interview transcript and confirm and/or add to the information from the first interview. This follow-up interview will also be audio-recorded.

All interviews will take place at your school outside of class time (i.e. spares, before or after school, etc.). All interviews will take place one-on-one (i.e. just you and Kirsten) in a quiet and private space.

Are there potential risks?

There is a chance that thinking and talking about experiences of self-compassion may make you feel upset if is related to an upsetting time in your life. If for any reason you feel upset as a result of taking part in this study, please notify a parent/guardian and either you or your parent/guardian can contact Kirsten right away (see below for contact information). If you would like further support from a counselor, please see page 3 for a list of agencies you can contact.

What are the benefits in taking part?

Other than adding to the research, benefits include a chance to talk about your experiences of self-compassion. Previous research has shown that even *talking* about this can improve feelings of wellbeing. It is also the hope that in taking part in research in the field of psychology you may develop an interest or passion for research in this area. Finally, as a small token of thanks for your time, you will be given a \$25 gift card for Cineplex Odeon.

Will my information be kept private?

Yes. Any and all information discussed during the interview will be confidential, meaning it stays between you and the researchers (Kirsten and her supervisor). None of the information from this study will be shared with students or staff at your school. The only two people who will have access to your interview information will be Kirsten and her supervisor. All information will be kept confidential unless the law requires us to report it, such as in the following situations:

- If the researcher has reason to believe that you or another child (under the age of 18) is being abused or neglected or at serious risk of being abused or neglected
- If the researcher has reason to believe that you intend to seriously harm yourself (e.g., suicidal) or seriously harm someone else
- If research records are requested by a court of law

All interviews will be audio-recorded and typed up. The typed interview will be reviewed for any information that could identify you (e.g. name, school, etc.) and will be deleted and/or changed. For the purpose of the transcript, you will be given a fake name to protect your identity. All computer files and recordings will be stored on a password-protected computer and later stored on a CD. This data will be stored in a locked filing cabinet at the supervisor's office, at the University of Alberta, for five years following the end of the study. After this time all files and recordings will be destroyed. The only two people who will have access to this data will be Kirsten and her supervisor. From this data, direct quotes from the interview will be used. This interview data will be used for my thesis and may be presented at academic events and published in journals. However, none of your identifying information will be used in any publication or presentations.

*Do I **have** to take part in this study?*

No. Your involvement in this study is completely voluntary. This means you decide whether or not to participate. If you choose to participate, you have the right to refuse to answer questions and can withdraw from this study at any time without penalty. If you choose to withdraw, please contact Kirsten as soon as possible. If you or your parents have questions about your rights as a research participant, please contact the University of Alberta Research Ethics Office at (780) 492- 2615.

*Please note- any data gathered up to the point of withdrawal will be kept unless you or your parents ask to have it removed. If you choose to remove your data, please let Kirsten know within four weeks following the research interview(s). After this time, the data cannot be removed because it will have already undergone data analysis.

What if I have questions?

If you or your parents have questions at any time please feel free to contact the principal researcher via email or by phone.

Thank you kindly for your interest in this study.

Principal Researcher:
Kirsten Kingle, M.Ed. Student
University of Alberta
Department of Educational Psychology
Email: kkingle@ualberta.ca

Supervising Researcher:
K. Jessica Van Vliet, Ph.D, R. Psych
University of Alberta
Department of Educational Psychology
Email: jvanvliet@ualberta.ca

The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615

Appendix C

Study Information Letter: Parent Copy

Research Project: The Meaning and Experiences of Self-Compassion among Adolescents

Principal Researcher: Kirsten Klinge, M.Ed. student- University of Alberta

Research Supervisor: K. Jessica Van Vliet, Ph.D., R.Psych. – Associate Professor, University of Alberta

What is the purpose of this study?

My name is Kirsten Klinge and I am a Master's student in Counselling Psychology at the University of Alberta. As part of my thesis research I am looking at how adolescents experience self-compassion (being compassionate or kind to oneself). Research has shown that when we increase self-compassion we may also increase feelings of wellbeing. While researchers have looked at self-compassion in adults, this study will be one of the first to look at self-compassion in adolescents.

What will your child be asked to do?

By agreeing to be in this study, your child will take part in two interviews. The first interview will take 45 minutes to one hour in length and your child will be asked to talk about his or her experiences and thoughts related to self-compassion. This first interview will be audio-recorded and typed out using a computer. The second interview (30 minutes to one hour in length) will take place a few weeks after the first interview. Your child may be asked to read over the interview transcript and confirm and/or add to the information from the first interview. This follow-up interview will also be audio-recorded.

All interviews will take place at your child's school outside of class time (i.e. spares, before or after school, etc.). All interviews will take place one-on-one (i.e. just your child and Kirsten) in a quiet and private space to ensure confidentiality.

Are there potential risks?

There is a chance that thinking and talking about experiences of self-compassion may cause upset if related to an upsetting time in your child's life. If for any reason your child feels upset as a result of taking part in this study, please contact Kirsten right away (see below for contact information). A list of counselling services has also been attached (see page 3 for a listing).

What are the benefits to my child?

Other than adding to a growing body of research, benefits include a chance to talk about experiences of self-compassion. Previous research has shown that even *talking* about this can improve feelings of wellbeing. It is also the hope that in taking part in research in the field of psychology your child may develop an interest or passion for research in this area. Finally, as a small token of thanks for your child's time, a \$25 gift card for Cineplex Odeon will be given to your child.

Will my child's information be kept private?

Yes. Any and all information discussed during the interview will be confidential, meaning it stays between your child and the researchers (Kirsten and her supervisor). None of the information from this study will be shared with students or staff at your child's school. The only two people who will have access to your child's interview information will be Kirsten and her supervisor. All information will be kept confidential unless the law requires us to report it, such as in the following situations:

- If the researcher has reason to believe that your child or another child (under the age of 18) is being abused or neglected or at serious risk of being abused or neglected
- If the researcher has reason to believe that your child intends to seriously harm himself/herself (e.g., is suicidal) or seriously harm someone else
- If research records are requested by a court of law

All interviews will be audio-recorded and typed up. The typed interview will be reviewed for any information that could identify your child (e.g. name, school, etc.) and will be deleted and/or changed. Also, all individuals will be given fake names to protect their identity. All computer files and recordings will be stored on a password-protected computer and later stored on a CD. This data will be stored in a locked filing cabinet at the supervisor's office, at the University of Alberta, for five years following the end of the study. After this time all files and recordings will be destroyed. The only two people who will have access to this data will be Kirsten and her supervisor. From this data, direct quotes from the interview will be used. This interview data will be used for my thesis and may be presented at academic events and published in journals. However, none of your child's identifying information will be used in any publication or presentations.

*Does my child **have** to take part in this study?*

No. Your child's involvement in this study is completely voluntary. This means that it is your child's decision to choose whether or not to participate. If your child chooses to participate, they have the right to refuse to answer any questions and can withdraw from this study at any time without penalty. If your child chooses to withdraw, please contact Kirsten as soon as possible. If you or your child have questions about your child's rights as a research participant, please contact the University of Alberta Research Ethics Office at (780) 492- 2615.

*Please note- any data gathered up to the point of withdrawal will be kept unless you or your child ask to have it removed. If your child chooses to remove his or her data, please let Kirsten know within four weeks following the research interview(s). After this time, the data cannot be removed because it will have already undergone data analysis.

What if I have questions?

If you or your child have questions at any time please feel free to contact the principal researcher via email or by phone.

Thank you kindly for your interest in this study.

Principal Researcher:
Kirsten Kingle, M.Ed. Student
University of Alberta
Department of Educational Psychology
Email: kkingl@ualberta.ca

Supervising Researcher:
K. Jessica Van Vliet, Ph.D, R. Psych
University of Alberta
Department of Educational Psychology
Email: jvanvliet@ualberta.ca

The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615

Appendix D

Resources for Counselling Services

University of Alberta Education Clinic

The University of Alberta Education Clinic is open to the public for low cost counselling and offers a wide range of counselling services including individual therapy and family therapy.

Phone: 780-492-3746
1-135 Education North
University of Alberta
Edmonton, Alberta

Catholic Social Services

Catholic Social Services is available to individuals of all cultures and faiths and offers a wide range of counselling services, including individual therapy and family therapy.

Phone: 780-420-1970
8815 – 99 Street
Edmonton, Alberta

The Family Center

The Family Center offers a wide range of counselling services, including individual therapy and family therapy.

Phone: 780-423-2831
#20, 9912-106 Street
Edmonton, Alberta

The Support Network

The Support Network provides a 24-hour distress line for crisis support, online live chat for crisis and walk-in counselling services

Phone: 780-482-4357
Crisis chat- (visit website for access) http://www.crisissupportcentre.com/get_support_now/online-crisis-chat/
#400, 10025 106 Street
Edmonton, Alberta

Walk- In Counselling Society of Edmonton

Walk-in Counselling Society of Edmonton is open to the public for low cost counselling and offers a wide range of counselling services including individual therapy and group therapy.

Phone: 780-757-0900
#200, 9562- 82 Avenue
Edmonton Alberta

Appendix E

Participant Assent Form

Research title: The Meaning and Experiences of Self-Compassion among Adolescents

Do you understand that you have been invited to take part in a research study looking at your experiences of being compassionate or kind toward yourself (self-compassion)? Yes No

Have you read and received a copy of the attached Study Information Letter? Yes No

Do you understand that you will be asked to take part in two interviews, which will take 1.5 to 2 hours in total? Yes No

Do you understand that you may be asked to read over the interview transcript and confirm and/or add to the information from the first interview? Yes No

Do you understand the benefits and risks involved in taking part in this research study? Yes No

Have you had a chance to ask questions and discuss this study? Yes No

Has the issue of confidentiality been explained (either in person or as outlined in the Study Information Letter)? Yes No

Do you understand that even if your parents give approval for you to participate in this study, you have the right to refuse to take part? Yes No

Do you understand that you have the right to refuse to answer any questions and have the right to withdraw your information from this study? Yes No

Do you understand that if you choose not to take part in this study and/ or refuse to answer questions and/or choose to withdraw from the study that you will not get in trouble? Yes No

I agree to take part in this study Yes No

Printed name of participant: _____

Signature of participant: _____ Date: _____

Signature of principal researcher: _____

Two copies of this consent form will be provided. Please sign and date both copies. One is to be kept by you for your records and the other is to be returned to the researcher.

If you have any questions or concerns about this research, please contact Kirsten Klinge, principal researcher, by email at kklinge@ualberta.ca

Principal Researcher:
Kirsten Klinge, MEd Student
University of Alberta
Department of Educational Psychology
Email: kklinge@ualberta.ca

Supervising Researcher:
K. Jessica Van Vliet, Ph.D, R. Psych
University of Alberta
Department of Educational Psychology
Email: jvanvliet@ualberta.ca

The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615

Appendix F

Parent Consent Form

Research title: The Meaning and Experiences of Self-Compassion among Adolescents

Do you understand that your child is being invited to take part in a research study looking at his or her experiences of being compassionate or kind toward him or her self (self-compassion)?	Yes	No
Have you read and received a copy of the attached Study Information Letter?	Yes	No
Do you understand that your child will be asked to take part in two interviews, which will take 1.5 to 2 hours in total?	Yes	No
Do you understand that your child may be asked to read over the interview transcript and confirm and/or add to the information from the first interview?	Yes	No
Do you understand the benefits and risks involved in having your child take part in this research study?	Yes	No
Have you had a chance to ask questions and discuss this study with your child?	Yes	No
Has the issue of confidentiality been explained (either in person or as outlined in the Study Information Letter)?	Yes	No
Do you understand that even if you give approval for your child to participate, your child has the right to refuse to participate in this study?	Yes	No
Do you understand that your child has the right to refuse to answer any questions and has the right to withdraw his/her information from this study?	Yes	No
Do you understand that if your child chooses <u>not</u> to take part in this study and/ or refuse to answer questions and/or choose to withdraw from the study that he/she will not get in trouble?	Yes	No
I agree to take allow my child to take part in this study	Yes	No

Printed name of your child: _____

Printed name of guardian: _____

Signature of guardian: _____ Date: _____

Signature of principal researcher: _____

****Two copies of this consent form will be provided. Please sign and date both copies. One is to be kept by you for your records and the other is to be returned to the researcher.**

If you have any questions or concerns about this research, please contact Kirsten Klinge, principal researcher, by email at kklinge@ualberta.ca

Principal Researcher:
Kirsten Klinge, MEd Student
University of Alberta
Department of Educational Psychology
Email: kklinge@ualberta.ca

Supervising Researcher:
K. Jessica Van Vliet, Ph.D, R. Psych
University of Alberta
Department of Educational Psychology
Email: jvanvliet@ualberta.ca

The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615

Appendix G

Participant Demographics Form

Please provide the following information. This information will be strictly confidential. **Note: Please do not write your name on this form.

Age: _____

Grade: _____

Gender:

Male

Female

Trans-identified/ gender-variant

Ethnic background (please check one or specify as “other” and explain):

European /European-Canadian

French-Canadian

Aboriginal

Métis

Asian / Asian-Canadian

South Asian / South Asian Canadian

African / African Canadian

Caribbean / Caribbean Canadian

Middle Eastern / Middle Eastern Canadian

Latin American/Latin American Canadian

Other (please specify) _____

Appendix H

Interview Schedule

Time and Date of Interview:

Location:

Interviewer: Kirsten Klinge

Interviewee pseudonym:

Interview Questions:

1. In your own words, what does it mean to be self-compassionate?
 - Tell me more about that?

2. Can you tell me about a time where you treated yourself with compassion. Please describe this in as much detail as possible?
 - When was this?
 - What was going on for you at the time (establish context)

3. Can you think of another time where you treated yourself with compassion? Please describe this in as much detail as possible.
 - What was that experience like for you?

4. How, if at all, is this different from times where you were not self-compassionate?

5. How, if at all, does being self-compassionate influence other aspects of your life?
 - Relationships with others?
 - Peers?
 - Significant other?
 - Family?
 - School?
 - Extra-curricular aspects of your life?
 - Other life experiences?