The Contribution of Self-Compassion to Anxiety and Mood in Daily Life

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The Contribution of Self-Compassion to Anxiety and Mood in Daily Life

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Abstract

Self-compassion, the act of being kind and understanding towards oneself, has been shown to have positive impacts on mental health. Depression and anxiety are both common mental health disorders that can interfere with an individual’s ability to function in daily life. Several studies have shown that self-compassion correlates with depression and anxiety at a cross-sectional level and across longer periods of time (e.g., several months). In the present study, we examined the fluctuations and the directionality of self-compassion, depression, and anxiety on a day-to-day basis over the span of a week. We also examined the ways that worry and rumination mediate the relationship between daily fluctuations of self-compassion, depression, and anxiety across time. Participants were n = 70 general psychology students and adult community volunteers from the University of Connecticut (insert racial demographics, age demographics, gender). Participants were sent a link to a survey via email to complete each night, at the same time, for 7 consecutive days. Each night, participants self-reported on self-compassion, depression, worry, rumination and anxiety. Mediation analyses showed that worry mediates the relationship between self-compassion and anxiety, but rumination does not mediate the relationship between self-compassion and depression, contrary to previous findings in the literature. MLM showed that there is a significant bidirectional association between self-compassion and anxiety and between self-compassion and depression on a day-to-day basis. The results of this study suggest self-compassion is closely related to fluctuations in anxiety and mood, and that worrying in particular may explain the relationship between self-compassion and anxiety.

Keywords: self-compassion, anxiety, depression, worry, rumination, emerging adults, daily diary
The Contribution of Self-Compassion to Anxiety and Mood in Daily Life

Self-compassion, a concept originating from Buddhist philosophy, is a construct that has been increasingly explored in the field of clinical psychology as many researchers have noted links between self-compassion and positive mental health outcomes (Barnard & Curry, 2011). Self-compassion refers to feeling a sense of kindness and caring towards oneself, and being touched by one’s own suffering (Neff, 2003a, 2003b). It involves treating oneself the way one would treat a dear friend, especially in difficult times. It can further be divided into three subcomponents: self-kindness, common humanity, and mindfulness (Neff, 2003a). One of the key components of self-compassion is self-kindness, contrasted by self-judgment. Self-kindness entails being gentle and understanding with oneself, rather than being harsh or self-critical. A second aspect of self-compassion is humanity, the opposite of isolation. The idea of humanity involves acknowledging that what one is going through is a part of the common human experience, rather than feeling isolated or separated from others. The third crucial part of self-compassion is mindfulness, contrary to over-identification with one’s feelings. Mindfulness refers to having a balanced awareness of one’s distress rather than over-identifying with negative thoughts and emotions.

Self-compassion and Mood

Self-compassion relates to general constructs in health research, including resilience and psychological health. Higher levels of self-compassion are associated with significantly higher levels of health behaviors and resilience, and self-compassion demonstrated a buffering effect on the negative impact of perceived stress (DiFonte et al., 2022; Homan & Sirois, 2017). The most frequently investigated psychological health outcomes associated with self-compassion are depression and anxiety. Self-compassion was negatively correlated with both depression and
anxiety in non-clinical samples (Adie et al., 2021; Barnard & Curry, 2011) as well as in clinical populations (Hoge et al., 2013; Krieger et al., 2013). For example, adults reporting lower self-compassion indicated greater anxiety and depression symptoms (Barcaccia et al., 2019). In emerging adults self-compassion mediated the relationship between perceived stress and resilience, with stronger effects noted for students with low levels of anxiety symptoms (DiFonte et al., 2022). Adults diagnosed with Generalized Anxiety Disorder (GAD) scored significantly lower for self-compassion than did stressed healthy controls (Hoge et al., 2013). Furthermore, in both the GAD and healthy control groups, self-compassion was significantly negatively correlated with worry, anxiety sensitivity, and trait anxiety. Clinically depressed individuals also reported lower self-compassion compared to never-diagnosed individuals, even after controlling for current depressive symptoms (Krieger et al., 2013). These findings converge to support that individuals with greater levels of anxiety and depression report less concurrent self-compassion.

Thus far less research has examined the temporal relationship between self-compassion and psychological outcomes. For college students, self-compassion prospectively predicted depressive symptoms 5-months later (Raes, 2011). These results were particularly salient for affective and somatic depressive symptoms, and less so for cognitive symptoms of depression. The predictive role of self-compassion evidenced by this study supports the idea that self-compassion could be a protective factor for preventing mental health issues like depression. Results from another longitudinal study corroborated that self-compassion may serve as a protective factor against negative mental health effects. Late adolescents reporting a recent traumatic event were recruited (Zeller et al., 2014). Higher levels of baseline self-compassion predicted less depressive symptoms concurrently, as well as 3 months and 6 months later. Anxiety was also measured, and higher self-compassion at baseline predicted significantly lower
panic symptoms and post-traumatic stress symptoms at both follow-up timepoints. Interestingly
general mindfulness did not predict future psychological symptoms, suggesting a specific role
for self-compassion in psychological health relationships. Both of these longitudinal studies
point to the fact that self-compassion could play a key role in the prevention of developing
mental health disorders, such as depression and anxiety.

**Mechanisms of Self-compassion**

Preliminary evidence suggests that there may be multiple mechanisms through which
self-compassion relates to depression and anxiety. Two constructs in particular have received
empirical examination: rumination and worry. Both rumination and worry are characterized by
repetitive, self-focused thought patterns, and have been linked to negative mental health
outcomes of depression and anxiety (Nolen-Hoeksema et al., 2008). Rumination refers to
repeatedly deliberating on one’s symptoms of distress, as well as the reasons for and outcomes of
one’s negative feelings. While a person may use rumination as a way to cope with distressing
feelings, it does not lead to action or resolution and has been found to exacerbate dysphoric
feelings in depressed individuals. Worry is closely related to anxiety, defined as relatively
uncontrollable negative thinking in an attempt to cope with the uncertainty of something that
may happen in the future. While they are separate constructs, rumination and worry are
significantly correlated with each other and are both associated with worsening depressive and
anxious symptoms. Both worry and rumination are correlated with both anxiety and depression
(Barcaccia et al., 2019). Regression analyses from this study also showed that rumination and
worry are mechanisms through which anxiety and depression are maintained (Barcaccia et al.,
2019). Both Raes (2010) and Barcaccia et al. (2019) found that rumination uniquely predicts
depressive symptoms.
One study investigated the mediating role of avoidance and rumination in the relationship between self-compassion and depression (Krieger et al., 2013). Among depressed patients, self-compassion was negatively associated with rumination and avoidance. Further analyses showed that rumination mediated the relationship between self-compassion and depression in individuals with clinical depression, and avoidance mediated this relationship in a separate equation. Rumination and avoidance were combined as a construct of avoidant functioning, which mediated the relationship. These findings suggest that less self-compassionate individuals may exasperate their own depressive symptoms by engaging in ruminative and avoidant behaviors, especially for those with clinical depression. The results of this study also corroborate previous research showing that self-compassion could serve as a protective factor and is an important construct to consider when developing interventions for clinical depression.

One study investigated how rumination and worry might mediate the relationship between self-compassion and depression and anxiety (Raes, 2010). Rumination was broken down into subtypes of reflection, defined as emotionally neutral deliberation, and brooding, described as self-critical deliberation. The study followed a cross-sectional design and was conducted on 271 university students, 214 of whom were female. Participants were given the Self-Compassion Scale (SCS), the Beck Depression Inventory-II (BDI-II), the State-Trait Anxiety Inventory - Trait Version (STAI-T), the Ruminative Response Scale (RRS), and then Penn State Worry Questionnaire (PSWQ). The results showed that brooding was the only mediator of the relationship between self-compassion and depression. In contrast, brooding and worry proved to be significant mediators of the relationship between self-compassion and anxiety. Interestingly, the results showed that women were significantly less compassionate than men; perhaps self-compassion plays a role in the difference between rates of internalizing disorders among men.
and women. Raes proposes that self-compassion may serve as a remedy to the persistent unproductive thought patterns that characterize rumination and worry.

**Purpose of the Present Study**

Previous studies on self-compassion, depression, and anxiety have examined how these factors correlate at the cross-sectional level (e.g., Hoge et al., 2013; Krieger et al., 2013), and across longer periods of time for several months (e.g., Raes, 2011; Zeller et al., 2014). However, the impact of daily fluctuations in self-compassion, anxiety, and depression has not been examined. Additionally, while longitudinal models have investigated how self-compassion might predict future depression and anxiety, it is not clear whether depression and anxiety might influence future self-compassion. The current study aims to fill these gaps in the literature by assessing the fluctuations and the directionality of self-compassion, depression, and anxiety on a day-to-day basis over a 7-day period. The second aim of this study is to examine the role of worry and rumination as mediators in daily fluctuations across time of anxiety and depression. We predict that higher levels of self-compassion will be correlated with lower levels of depressive and anxious symptoms on a day-to-day basis; similarly, we expect that higher levels of depressive and anxious symptoms will predict lower levels of self-compassion. Finally, we anticipate that both worry and rumination will mediate the relationship between self-compassion and anxiety, and rumination will mediate the relationship between self-compassion and depression.

**Method**

**Sample**
The participants of this study were 70 undergraduate students from the University of Connecticut and adult community volunteers. Participants were recruited using the university’s Psychological Sciences Department Participant Pool and Daily Digest newsletters for Faculty/Staff and Students. Participants were 74.3% female and 88.6% of the sample was from the age group 18-25 years old. Participants self-identified as majority white (65.7%) and not Hispanic, Latino, or of Spanish origin (81.4%). The majority of participants had completed some college, but no degree (62.9%). Participant’s religious affiliation was diverse, with the majority...
identifying as Christian (42.9%). Table 1 provides a breakdown of the sample’s demographic characteristics.

Measures

Self-Compassion Scale - Short Form (SCS-SF). This 12-item scale measured self-compassion levels across six subscales: self-kindness, common humanity, mindfulness, self-judgment, isolation, and over-identification. The first three subscales are assessed using positive items, and the remaining three subscales are measured using negative items. Subjects are asked to rate statements regarding how they typically act towards themselves during difficult times on a scale from 1 (almost never) to 5 (almost always). A total self-compassion score is computed by reverse scoring negative items, then averaging the mean of each subscale to calculate a total mean. This measure of self-compassion forms a reliable composite measure (α ≥ 0.86).

Depression-Anxiety Stress Scales. DASS-21 assesses symptoms of anxiety, depression and stress which are responded to using a 4-point Likert-type scale (0 = did not apply to me at all and 3 = applied to me very much or most of the time). Reliability was determined to be satisfactory for the total score (Cronbach's alpha = 0.88) and the three subscales (Anxiety = 0.90; Depression = 0.82; Stress = 0.93). It was also demonstrated that the DASS-21 discriminates between patients with depression and anxiety disorders, and between a clinical and normative population. For this study the anxiety (7 items) and depression (7 items) subscales will be used.

Penn State Worry Questionnaire (PSWQ). This is an instrument used to assess pathological worry where subjects rate statements about worry on a scale of 1 (“not at all typical of me”) to 5 (“very typical of me”). The internal consistency of the PSWQ was high (α = .93) as was test-retest reliability (α = .92) in community samples and in college students. The scale evidenced high construct validity in differentiating adults diagnosed with general anxiety from
those with other psychological disorders. Factor analysis indicated that the PSWQ measures a unitary construct, and evidenced convergent and divergent validity with measures of anxiety, depression and emotional control in college students (Brown, Antony, & Barlow, 1992; Meyer et al., 1990).

**Short version of the Ruminative Response Scale (RRS).** Participants’ levels of rumination were measured using the RRS short form. It is a 10-item scale derived from the full version of the RRS, consisting of 22 items. The content of the items on the RRS-short are related to two subfactors of rumination: reflection and brooding. A four-point Likert scale ranging from 1 (“almost never”) to 4 (“almost always”) is used to score each item.

**Procedure**

Undergraduate students and adult community volunteers from a public university were recruited online via the Psychology department’s participant pool as well as student and faculty daily newsletters. Prospective participants were consented by a member of the research team over a video call before being enrolled in the study. Once enrolled, participants were sent a link to a Qualtrics survey at the same time every night for seven consecutive days, starting on the day they were consented. The survey took about 10-15 minutes to complete each night. Participants were compensated via a gift card or course credit for their time in the study. All study procedures were approved by the university Institutional Review Board (IRB).

**Planned Data Analysis**

**Sample characteristics.** First, descriptive statistics were calculated for each variable, and skewness and kurtosis were examined to determine whether the data were normally distributed. Sample demographics were captured (Table 1). Means and standard deviations for each variable
were computed by gender to assess whether male and female participants scored differently on each variable (Table 1). Next, correlations were computed across all variables (Table 2).

*Data analytic plan.* This study used multilevel modeling (MLM) to examine a longitudinal model for within-person changes in anxiety and depression as a result of self-compassion across 7 days. MLM was the chosen method because data from a daily diary study are non-independent: each individual’s repeated measures of self-reports are related to each other; therefore, a regression analysis would not be appropriate. At the within-subjects level, the MLM utilized a “nested” data structure in which each participant’s self-reports across 7 days are grouped within the person – these data were not independent of each other. When examining the model at the between-subjects level, each individual participant’s data was assumed to be independent of one another. Multilevel modeling was the preferred analysis method in this study because it allows the use of a level of nested data within observations at another level. Statistics computed using MLM incorporate the effects of both variability across days for a given subject at Level 1, but also variability across individuals at Level 2. Additionally, MLM allows us to examine not only the variance but the covariance, or the relationships between variables, which may differ across different levels of analysis.

To determine whether running a MLM analysis made sense, we first determined whether we had the appropriate samples, and then whether there were enough observations to form a level. It was determined that sufficient observations were obtained at each level, meaning there were enough participants who completed enough days of the study in order to run the MLM.

The MLM analysis was first conducted using an unconditional model to produce descriptive information about the data. Next, observations at Level 1 were estimated for each Level 2 unit and added into the model: this is similar to creating an average regression model for
each person based on regression equations computed for each of their self-reports across the 7 days. In this model, the intercepts are representative of each person’s overall average or mean. The slopes are interpreted as covariances, similar to the traditional regression coefficient.

After examining the overall relationship between variables at Level 1, the MLM model further explored whether this relationship varies across different individuals by adding specific predictors to each day at Level 1 and examining their associations at Level 2. In other words, the model analyzed whether there are characteristics specific to certain individuals that make it more likely for their self-compassion levels to predict their anxiety or depression levels and vice versa.

Results

Table 2. Descriptive statistics across seven days

<table>
<thead>
<tr>
<th>Variable</th>
<th>T1 Day 1</th>
<th>T2 Day 2</th>
<th>T3 Day 3</th>
<th>T4 Day 4</th>
<th>T5 Day 5</th>
<th>T6 Day 6</th>
<th>T7 Day 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Compassion</td>
<td>2.86 (.76)</td>
<td>2.81 (.73)</td>
<td>2.87 (.73)</td>
<td>2.86 (.79)</td>
<td>2.91 (.79)</td>
<td>2.83 (.76)</td>
<td>2.99 (.75)</td>
</tr>
<tr>
<td>Worry</td>
<td>25.90 (9.21)</td>
<td>25.88 (8.56)</td>
<td>25.21 (9.44)</td>
<td>24.73 (9.70)</td>
<td>24.70 (9.48)</td>
<td>25.48 (9.32)</td>
<td>24.29 (9.55)</td>
</tr>
<tr>
<td>Rumination</td>
<td>23.83 (6.16)</td>
<td>23.91 (6.00)</td>
<td>23.75 (6.00)</td>
<td>23.49 (5.52)</td>
<td>23.66 (6.18)</td>
<td>23.77 (5.71)</td>
<td>22.92 (5.86)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>13.24 (4.46)</td>
<td>13.73 (4.59)</td>
<td>13.53 (5.10)</td>
<td>13.51 (4.9)</td>
<td>13.32 (5.22)</td>
<td>13.31 (4.90)</td>
<td>13.46 (5.23)</td>
</tr>
<tr>
<td>Depression</td>
<td>14.01 (4.35)</td>
<td>14.85 (4.82)</td>
<td>14.82 (4.94)</td>
<td>14.56 (5.21)</td>
<td>14.88 (5.27)</td>
<td>14.30 (4.98)</td>
<td>14.62 (5.19)</td>
</tr>
</tbody>
</table>

Table 3. Correlations between latent variables (self-compassion, worry, rumination, anxiety, depression) at T1

<table>
<thead>
<tr>
<th>Self-Compassion (T1)</th>
<th>Worry (T1)</th>
<th>Rumination (T1)</th>
<th>Anxiety (T1)</th>
<th>Depression (T1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Compassion (T1)</td>
<td>- .661*</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Worry (T1)</td>
<td>- .544*</td>
<td>.427*</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Rumination (T1)</td>
<td>- .483*</td>
<td>.575*</td>
<td>.402*</td>
<td>-</td>
</tr>
<tr>
<td>Anxiety (T1)</td>
<td>- .568*</td>
<td>.571*</td>
<td>.587*</td>
<td>.720*</td>
</tr>
</tbody>
</table>

*p < .001

All variables were normally distributed, skewness and kurtosis were calculated for each variable and none violated assumptions of normality. A few items had missing data and were not replaced, all analyses were conducted using listwise deletion. Table 1 reports the means and standard deviations for each variable at T1. Baseline self-compassion was similar to college students in other studies, as were worry, rumination, anxiety, and depression (Difonte et al., 2022). Table 2 describes the means and standard deviations for each variable across all seven
days. The correlations between each variable at T1 were also examined, and all variables were significantly correlated in the expected directions (see Table 3). An independent sample t-test was conducted to determine whether there were significant differences on each variable for males and females. There was no significant difference in self-compassion scores between males and females, but there were significant differences in worry ($t(65) = -2.386, p = .02$), rumination ($t(66) = -2.802, p = .01$), anxiety ($t(67) = -2.337, p = .02$), and depression ($t(66) = -2.080, p = .04$). Table 1 includes the means and standard deviations by gender for these four variables.

**Hypothesis 1**

*Unconditional Model.* The first hypothesis examined whether daily fluctuations in self-compassion influenced variation in anxiety levels. Variations in anxiety between subjects across time were taken into account. First, the unconditional model (Level 1), which did not include any predictors or structured covariance, was tested in order to determine whether there was significant variability among participants’ anxiety levels across time that needed to be explained. The unconditional model tested three parameters: the fixed effects associated with the intercept, the variance of the intercepts (random effects), and the level 1 residual variance. The model revealed that there was significant variability in anxiety within subjects across time ($\text{Wald } Z = 2.850, p = .004$). The Wald Z statistic, which is computed by evaluating variance components, indicates there is additional variance in subjects’ anxiety that needs to be explained. For the variance of the day, the Wald $Z = 2.828, p = .005$, and for the intercept, the parameter was determined to be redundant. Due to these results, we proceeded to examine additional models in MLM to explain this additional variability within subjects.

*Conditional Model.* To determine whether daily fluctuations in anxiety and self-compassion vary significantly between subjects, a conditional model (Level 2) was examined
with centered daily self-compassion as a predictor. A first-order autoregressive matrix was chosen as the covariance structure to account for repeated effects. This means that the variability of anxiety was homogenous at each time point and that measurements of anxiety taken closer together in time are more likely to be correlated. Each participant’s self-compassion score was centered and used for the MLM at this level. This model evaluated four parameters. The estimate for the fixed effect of self-compassion was significant, \( t(64) = -4.585, p < .001 \). Finally, we added the mean across 7 days for self-compassion as a model parameter to determine whether within-person findings were being influenced by differences between subjects. The Level 2 person-to-person parameters were not significant, \( t(47) = -1.33, p = .19 \). These results show that the relationship between anxiety and self-compassion is bi-directional.

The same processes were used to examine whether daily fluctuations in depression influenced variation in self-compassion levels. The unconditional model (Level 1) showed that there was significant variability in depression within subjects across time (Wald Z = 2.850, \( p = .004 \)). The variance of the day was Wald Z = 2.828, \( p = .005 \), and the intercept parameter was redundant. The conditional model (Level 2) person-to-person parameters were not significant, \( t(46) = -1.713, p = .093 \). The relationship between self-compassion and depression was also found to be bi-directional.

**Hypothesis 2**

**Table 4.** Mediation analyses for self-compassion, worry, and anxiety (4a) and self-compassion, rumination, and depression (4b).

4a.
This study also aimed to determine whether worry and rumination mediate the relationship between self-compassion, anxiety, and depression across time.

To examine if worry mediates the relationship between self-compassion and anxiety, a series of linear regression analyses were used. The model showed that self-compassion at T1 significantly predicted anxiety at T7, that self-compassion at T1 significantly predicted worry at T3, and that worry at T3 significantly predicted anxiety at T7. Next, another linear regression analysis was performed to determine whether worry could account for T1 self-compassion predicting T7 anxiety. This model showed that worry was a significant mediator of self-compassion and anxiety, as the direct effect of T1 self-compassion on T7 anxiety was no longer significant when the impact of worry was taken into account (see Figure 4a).

The same procedure was used to determine whether rumination mediates the relationship between self-compassion and depression. Linear regressions showed that T1 self-compassion significantly predicted T7 depression, T1 self-compassion significantly predicted T3 rumination, and T3 rumination significantly predicted T7 depression. When rumination was taken into
account, self-compassion still significantly predicted depression, so the mediation model was not significant (see Figure 4b).

**Discussion**

The current study had two aims: first, to determine the nature of the relationship between self-compassion, anxiety, and depression, and how they fluctuate on a day-to-day basis, and second, to examine whether worry mediates the relationship between self-compassion and anxiety, and if rumination mediates the relationship between self-compassion and depression. Preliminary analyses showed that self-compassion was significantly negatively correlated with the other four key variables, meaning individuals scoring higher on self-compassion tended to score lower on rumination, worry, depression, and anxiety. These findings corroborate evidence from previous studies that people who are more self-compassionate may experience fewer symptoms of anxiety and depression, and may be less likely to engage in worry and ruminative thinking (e.g., Barcaccia et al., 2019, Raes 2010).

Next, our findings indicated that there is a significant bi-directional relationship between self-compassion and anxiety on a day-to-day basis. MLM analyses showed that self-compassion and anxiety were significantly negatively correlated such that experiencing more self-compassion predicted lower levels of anxiety on the following days. Higher levels of anxiety also predicted lower levels of self-compassion on the following days. These findings are particularly salient as previous studies have not looked at the nature of the relationship between self-compassion and anxiety on a daily basis. This study shows that fluctuations in self-compassion have a significant impact on one’s anxiety; practicing self-compassion might help alleviate one’s anxious symptoms. These findings also show that it may be more difficult for an
individual to engage in self-compassionate behavior during a period of time where they are experiencing more anxiety.

Similarly, this study also found that there was a significant and bi-directional relationship between self-compassion and depression on a day-to-day basis. The results of MLM analyses showed that reporting experiencing more depressive symptoms significantly predicted being less self-compassionate on the following days. Results also showed that being more self-compassionate was a predictor of feeling less depressed on the following days. While longitudinal studies have shown that these variables are correlated across the span of several months (Raes, 2011, Stutts et al., 2018), this study shows that fluctuations in depressive symptoms and self-compassionate are closely related even over the span of a week. These findings suggest that feeling more depressed may make an individual less likely to engage in self-compassionate behaviors; on the other hand, practicing self-compassion could be effective in reducing depressive symptoms over the next few days.

The mediation model proposed between self-compassion, worry, and anxiety was found to be significant, meaning worry explained the relationship between an individual’s self-compassion levels and their anxiety levels one week later. This suggests that worrying in particular may cause someone to be less self-compassionate towards themselves. Perhaps people who are less self-compassionate to themselves are more likely to worry about the symptoms they are experiencing, worsening their anxiety.

While the mediation analysis between self-compassion, worry, and anxiety was significant, the mediation model for self-compassion, rumination, and depression was not. These results are not in line with previous research examining rumination as a mechanism for self-compassion and depression (Barcaccia et al., 2019, Krieger et al., 2013, Raes, 2010). These
findings suggest that additional mechanisms through which self-compassion might impact future depression should be explored.

The fact that the relationship between self-compassion and both depression and anxiety is bidirectional has important implications for understanding the way that an individual might experience mental health symptoms, and how they can be treated. If someone who is experiencing elevated levels of anxiety or depression is less likely to be self-compassionate towards themselves, they might be unknowingly exacerbating their own symptoms. Both depression and anxiety can make it more difficult for someone to function in daily life. If an individual is judging themselves for experiencing hardship during a time that is already difficult for them, it could make it even harder for them to take care of themselves and work towards reducing their anxious and depressive symptoms. Moreover, since the relationship between self-compassion, anxiety, and depression is bidirectional, this could produce a cyclical effect in which someone who is more depressed or anxious is hard on themselves, making their symptoms more severe, which leads to them being even harder on themselves, and so on.

These findings suggest that it is crucial for self-compassion to be emphasized in the treatment of both anxiety and depression. Reminding an individual who is dealing with heightened anxious or depressive symptoms to be self-compassionate towards themselves, especially during this difficult time, may help to break the cycle of these negative mental health effects, or at least alleviate the additional suffering caused by being hard on oneself. Additionally, as self-compassion significantly predicts less depressive and anxious symptoms on the following days, helping people prone to experiencing higher levels of anxiety and depression establish a daily self-compassion practice may help keep their symptoms at more manageable levels.
Limitations. While this study made several important contributions to understanding the relationship between self-compassion, depression, and anxiety, it is not without limitations. First, the sample consisted of mostly undergraduate students at a public university in the northeast, so results cannot be generalized to a wider population. Further research is needed to determine whether these effects are consistent with the general population. Next, study participants were mostly white, female, and non-hispanic. It is imperative to examine the relationship between self-compassion, depression, and anxiety in more diverse populations as many additional factors, such cultural norms/practices and experiencing marginalization, could impact someone’s ability to be self-compassionate towards themselves and their experience of depression and anxiety. The results of this study also showed that males and females differed significantly on depression, anxiety, worry, and rumination; future research should examine why there are significant gender differences on these latent variables. Next, this study did not look into whether participants experienced clinical levels of anxiety or depression. It is important to see whether these effects remain in individuals with clinically diagnosed mood and anxiety disorders. Finally, this study used only self-report data to assess individuals’ levels of self-compassion, anxiety, depression, rumination, and worry. While it may be difficult to collect data on a daily basis using alternative methods, having additional forms of assessment (e.g., physiological data, clinical evaluations) would strengthen the credibility of these results.

Conclusion

Our findings regarding the relationship between self-compassion, depression, and anxiety, underscore the importance of practicing self-compassionate behaviors, especially for those who are struggling with heightened levels of anxious and depressive symptoms. Since individuals dealing with more anxiety or depression may find it more difficult to be self-
compassionate towards themselves, it is crucial for anyone supporting someone dealing with depressive or anxious symptoms to encourage them to take a self-compassionate view towards themselves as it may alleviate some of their symptoms, or at least halt the compounding negative effects of being hard on oneself. Moreover, the fact that significant effects were seen over such a short period of time show that interventions involving self-compassion may produce positive results over the span of just one week. The fact that worry was shown to mediate the relationship between self-compassion and anxiety in particular suggests that addressing an individual's tendency to worry may play a key role in reducing their anxiety and increasing self-compassionate behavior.

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