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The Relationship of Self-Compassion to Mental Health and Life Satisfaction: Emerging New Forms of Counseling

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Abstract

The current study aimed to explore the correlation between self-compassion and mental health indicators (anxiety, stress, depression), as well as life satisfaction within the general population. Research suggests that self-compassion acts as a protective factor against mental health issues and also contributes to increased life satisfaction, thus underscoring its significance in treatment approaches. Despite the recognized benefits of self-compassion in various aspects of individuals' lives, including its ability to mitigate negative symptomatology while simultaneously bolstering positive dimensions, therapeutic approaches often left minimal room for cultivating self-compassion. It seemed that self-compassion was altered primarily through challenging dysfunctional thoughts about oneself. Consequently, cultivating self-compassion holds substantial importance in Cognitive Behavioral Therapy (CBT), particularly in third-wave CBT modalities such as Compassion-Focused Therapy, which emphasizes specific techniques for fostering self-compassion. The survey encompassed 140 participants, predominantly women, married individuals, graduates with higher education, and employed individuals. The findings revealed that self-compassion not only predicts but also exhibits a negative correlation with anxiety, stress, and depression, with its prevalence increasing with age. However, statistically significant findings regarding the association between self-compassion and life satisfaction were lacking, and no discernible differences were noted among genders. While acknowledging the study's limitations, there is a consensus that further research is warranted to bolster the evidence supporting the role of self-compassion in promoting mental health and life satisfaction through therapeutic interventions.

Keywords: Self-Compassion; Anxiety; Stress; Depression; Life Satisfaction; Compassion-Focused Therapy; Cognitive Behavioral Therapy

Introduction

In the realm of Positive Psychology, which illuminates the positive facets of individuals, the concept of self-compassion has garnered significant international research interest [1]. Derived from Buddhist philosophy, it is closely intertwined with therapies emerging during the third wave of Cognitive Behavioral Therapy, such as Compassion Focused Therapy [2]. Self-compassion is defined as the affirmative attitude of warmth and care that individuals cultivate towards themselves when confronting adversity. It comprises three components and their corresponding opposites [3]:

- Self-kindness: A compassionate approach towards oneself in the face of negative emotions and challenges. This contrasts with self-criticism, where individuals berate themselves for their flaws and imperfections.

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- Common humanity: Acknowledgment that suffering is a universal human experience. The antithesis of universality is isolation, wherein individuals perceive their experiences as singular and unique.
- Mindfulness: Awareness of one's present thoughts and emotions. In the dichotomy of mindfulness, identification (or rumination) entails becoming absorbed in negative thoughts, while avoidance involves shunning acknowledgment and engagement with one's experiences. Mindfulness serves as a balancing factor between identification and avoidance [4].

Cultivating self-compassion constitutes a crucial aspect of treatment. Equally vital is providing psychoeducation to differentiate self-compassion from self-esteem, self-pity, and self-indulgence. Self-esteem can fluctuate between positive and negative evaluations of oneself, while self-compassion pertains to how compassionately individuals treat themselves during moments of distress, even after experiencing failure or sadness. In contrast, self-pity involves experiencing kindness towards oneself but lacks the recognition of universality and mindfulness. Individuals immersed in self-pity dwell on their pain and negative thoughts, failing to perceive their experiences as universal. Moreover, individuals possessing self-compassion may experience compassion towards themselves but lack the motivation to take action, as conscientiousness—the third dimension of self-compassion—is absent. Misconstruing self-compassion for self-indulgence may deter individuals from practicing self-compassion due to fears of becoming complacent, unmotivated, and ultimately giving up [5].

Hence, it proves beneficial in therapy for individuals to acknowledge their inner critic and exhibit greater compassion towards themselves during challenging times. In recent years, there has been a surge in the utilization of third-wave cognitive behavioral therapy approaches, including mindfulness-focused therapy, compassion-focused therapy and acceptance and commitment therapy [2]. Compassion-focused therapy, developed by Gilbert P, et al. [6], emerged from the observation that individuals grappling with psychological issues, particularly those plagued by high levels of shame and self-criticism, struggle to adopt a kinder and more supportive stance towards themselves through traditional cognitive therapy methods. The primary aim of this therapy was to assist these individuals in fostering a more nurturing and compassionate inner voice [7]. This specific treatment model integrates elements from neuroscience, social, developmental, and evolutionary psychology, Buddhist philosophy, and other approaches that have developed interventions for particular psychological issues [8]. Therapy rooted in the Buddhist tradition defines compassion as being sensitive to both one's own pain and that of others. It entails an individual's dedication to alleviating and preventing suffering [9].

Research in neurophysiology suggests that there are three types of emotion regulation systems [10]:

- The threat and protection systems detect threatening stimuli promptly, triggering feelings of anger, anxiety, or disgust to prompt individuals to protect themselves and engage in behavioral responses such as flight, fight, or submission [6]. In therapy, the therapist elucidates these issues and explores with the client the early life events influencing these systems and shaping specific safety strategies [8].
- The drive, resource-seeking, and arousal systems induce positive emotions to motivate and guide individuals toward seeking resources and pursuing goals important to them, such as food, sex, friendship, and career success [10]. Given concerns that modern societies tend to over-activate these systems (Pani 2000), therapy delves into the function of goal setting (e.g., seeking approval) on the therapist and how the therapist responds to potential setbacks (e.g., becoming self-critical) [8].
- The systems of contentment, security, and soothing also trigger positive emotions distinct from those in the movement, resource-seeking, and arousal systems, associated with a state of "not seeking," i.e., a sense of peace, well-being, and calm. Caring behavior is central to these systems, which are linked to attachment theory and social security [8].

Regulating the balance between these systems is the primary treatment goal. According to the model's basic principles, individuals exhibiting high levels of shame and self-criticism find it challenging to access the security and comfort systems, hindering their ability to feel secure in interpersonal relationships or experience calm and relief when employing alternative thoughts or self-helpful behaviors. The therapist aims to help the person feel safe in their interactions and therapy exploration, while endeavoring to replace self-criticism with self-kindness [11].

A pivotal concept in therapy is training the mind in compassion, which focuses on activating the self-soothing system through interventions such as compassionate letter writing, creating compassionate imagery, exploring compassionate thought patterns, assessing compassionate behaviors, and employing mindfulness techniques [2]. Therapy assists individuals in experiencing inner warmth, safety, and soothing through compassion and self-compassion. Once individuals cease blaming themselves for their symptoms, they can progress to taking responsibility and learning coping strategies [8].

This therapy integrates basic cognitive behavioral principles, including assessment, case formulation,

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collaborative treatment planning, psychoeducation on behavior, physiology, cognition, emotions, and the evolutionary model of response to perceived threats, Socratic dialogue, guided self-disclosure, goal exploration, homework assignments, empowering clients to become their own therapists, and developing relapse prevention plans through questions such as "What might be challenging for you? How would your compassionate self handle it?" [2]. Therapists are encouraged to employ soothing techniques while warmly listening, acknowledging, and validating the individual's feelings and personal meanings, while highlighting strengths, positive qualities, and effective management strategies used [8,12,13].

There are various techniques that focus on cultivating self-compassion, such as the self-compassion break and supportive touch. One typical exercise is the self-compassion letter, where, in an atmosphere of acceptance and compassion, individuals write a letter to themselves addressing a topic that evokes feelings of inadequacy, anxiety, or insecurity. The aim is for individuals to develop a compassionate attitude towards themselves, acknowledge their feelings, and accept that it's natural to have aspects of themselves they dislike, while still caring for and showing compassion to themselves. In another technique, individuals address themselves as they would a friend experiencing a similar condition. The goal is for individuals to recognize the differences in how they treat a friend versus themselves, identify potential changes if they were to approach themselves with more compassion, and acknowledge both these changes and how they impact their lives [14].

Several research findings support the effectiveness of compassion-focused therapy, demonstrating its ability to enhance individuals' psychological well-being by reducing anxiety, stress, depression, and increasing life satisfaction [15-17]. Studies indicate that higher levels of self-compassion correlate with lower levels of anxiety and stress [18,19].

Anxiety involves the individual's internal response to actual or perceived threats [20]. Although fear and anxiety share similarities, they are distinct concepts [21]. Phobic reactions are triggered by specific stimuli and tend to be brief, whereas anxiety can persist even in the absence of a direct threat and typically lasts longer [22]. Symptoms of anxiety include trembling, restlessness, fatigue, difficulty concentrating, irritability, dry mouth, frequent urination, and disrupted sleep) [23,24]. Stress, on the other hand, refers to the response to a threat that may compromise an individual's well-being [20]. Although stress and anxiety are conceptually distinct, stress often triggers the body's natural anxiety response [24]. Excessive activation of this response, even in non-threatening situations, can lead to detrimental effects such as depression, irritability, and physical discomfort [25]. Treatment models for anxiety disorders aim to reduce fight-or-flight responses to less threatening stimuli) [26,27].

Self-compassion has been found to be negatively correlated with depression, offering protection against this condition. Higher levels of self-compassion correspond to lower levels of depression [18,28-30]. Depression is a multidimensional disorder that adversely affects individuals on personal, social, interpersonal, and functional levels [31], and approaching adverse situations from a compassionate perspective can lead to reduction.

Despite its negative association with psychopathological concepts such as anxiety or depression [18,19], self-compassion shows positive correlations with cognitive constructs of positive connotations, such as life satisfaction, happiness, and well-being [32-35].

Many studies investigating levels of happiness utilize the variable of life satisfaction as a measure of happiness or as an indicator of well-being [36,37]. While life satisfaction may not be conceptually identical to happiness, understanding the factors associated with life satisfaction contributes to understanding what makes individuals happy. Life satisfaction can be understood through two different approaches.

First, the top-down approach attributes life satisfaction to fixed factors such as personality traits [38]. In other words, some people tend to experience more life satisfaction depending on personality traits such as emotional expression and interpretation of events [39]. Objective events that occur in an individual's life also play a significant role in life satisfaction [40]. The bottom-up approach argues that life satisfaction arises from satisfaction experienced in various areas such as work, family, health, and leisure. Each person, based on their values, assigns importance to different areas of their life [38]. According to this approach, experiencing more satisfaction in areas consistent with one's values is crucial for the variable of life satisfaction [41].

Self-compassion has been demonstrated to be associated with a variety of benefits in both general and specific populations [42,4], while also playing a protective role against negative emotions. Reduction of anxiety, stress, and depression, enhancement of optimism, well-being, positive mood, resilience, emotional intelligence, self-regulation, and functional strategies to manage stressful situations are among the benefits associated with self-compassion [18].

This is supported by several studies, one of which was conducted in Brazil with 298 participants. The results of the study revealed a negative relationship between self-compassion and anxiety, stress, and depression. Another

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study, conducted among nursing staff in China, investigated the relationship between these variables and self-compassion. The sample was selected from this occupational group due to its high rates of stress. Similarly, the results indicated a negative correlation of self-compassion with anxiety, stress, and depression, underscoring the importance of designing programs and interventions that cultivate self-compassion and aim to alleviate negative emotions [28]. Similar findings were obtained from a study conducted in Turkey examining self-compassion in the student population. It was demonstrated that self-compassion not only has a protective effect but also largely explains the variation in anxiety, stress, and depression [29]. Results from research conducted in the U.S. among a student population confirm these findings, as it was observed that anxiety, stress, and depression were negatively correlated with the positive dimensions of self-compassion and positively correlated with their opposites [30]. Another study investigated the efficacy of compassion-focused therapy in patients with restrictive-type eating disorders. The intervention, spanning 8 weeks, involved 30 participants randomly assigned to either an intervention group or a control group. Results indicated a significant reduction in depressive symptoms, anxiety, and stress among participants in the intervention group, whereas no changes were observed in the control group. Additionally, participants in the intervention group reported an increase in weight self-efficacy [43]. Furthermore, a study explored the impact of compassion-focused therapy on patients with depressive symptoms. Twelve participants were divided equally between the intervention and control groups. The intervention group underwent a 15-day therapeutic protocol of compassion-focused therapy, while the control group received pharmacotherapy alone. Results revealed a significant reduction in depression among participants in the intervention group compared to baseline measurements, a change not observed in the control group. Moreover, statistically significant differences were noted in follow-up measurements one month later. All of the aforementioned studies demonstrate that as self-compassion increases, variables such as anxiety, stress, and depression decrease.It would be an oversimplification not to mention the negative association of self-compassion with mental health problems, negative perceptions towards them, feelings of shame, and self-criticism. The dimension of common humanity as a component of self-compassion has been statistically shown to predict help-seeking and psychological support. Those who perceive their pain and vulnerabilities as part of the human experience are more likely to seek assistance [44].

Life satisfaction is a variable that has also been examined for its relationship with self-compassion. A study conducted with people over 65 years of age revealed a positive correlation between self-compassion and life satisfaction, highlighting the significant contribution of self-compassion to improving quality of life. Moreover, its protective role against mental health problems and sleep disorders was underscored [45]. Similar findings were observed in studies focusing on mental health professionals, indicating that those with higher levels of self-compassion experienced greater life satisfaction [33]. Another study conducted in China with the general population during the Covid-19 pandemic further confirmed these findings, showing that individuals with high levels of self-compassion also experienced greater life satisfaction in the context of quarantine and isolation [46]. In a study involving a sample of 252 undergraduate students from Turkey, the findings revealed a positive association between self-compassion and life satisfaction, with self-compassion also serving as a predictive factor. Upon examining individual dimensions, the results indicated that life satisfaction was positively predicted by common humanity and mindfulness, while being negatively predicted by self-judgment, isolation, and over-identification [47]. Additionally, Jennings LK, et al. [48] investigated the role of self-compassion in life satisfaction among 68 gay men. The researchers emphasized the importance of bolstering self-compassion in this particular population, given their vulnerability to depression and anxiety due to their sexual orientation. The results demonstrated that self-compassion predicted life satisfaction and was also a significant predictor of enhancing resilience. Moreover, the variable of life satisfaction was negatively related to anxiety, stress, and depression, indicating that higher levels of these factors negatively impact life satisfaction [49].

Research has also focused on differences in self-compassion in terms of gender and age variables. Studies have found that men tend to exhibit higher levels of self-compassion than women, while no statistically significant differences between genders were found in terms of anxiety, stress, and depression [50-52]. However, contrasting results were obtained regarding the effect of age on self-compassion. While one study found that self-compassion decreases with age in women but not in men [50], another study showed that self-compassion levels increase with age regardless of gender [53].

The aforementioned research findings underscore the significance of self-compassion for individuals and emphasize the necessity for programs aimed at enhancing self-compassion, such as compassion-focused therapy. This psychotherapeutic model has demonstrated effectiveness and promise across a variety of psychological phenomena and has proven effective in reducing anxiety, stress, and depression while enhancing life satisfaction. In a study involving 18 participants, Frostadottir AD, et al. [15] observed decreased levels of anxiety, stress, and depression post-treatment. Similarly, female cancer patients experienced reduced anxiety and depression following

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an 8-week compassion-focused therapy intervention, as indicated by Sadeghi ZH, et al. [54] research. Furthermore, research interest has extended to the impact of this model on life satisfaction. Studies involving married female students and adolescent delinquents revealed an increase in life satisfaction after completing compassion-focused therapy [16,17]. Farokhzadian AA, et al. [55] study, conducted among an elderly population, found that compassion-focused therapy not only decreased depression but also enhanced participants' overall well-being. Overall, compassion-focused therapy appears promising in the treatment of mood disorders, particularly those characterized by high levels of self-criticism in their symptomatology [7].

Despite the global evidence supporting the benefits of cultivating self-compassion, in Greece, the concept and its relationship with these variables have not been adequately studied, except for the research conducted by Mantelou A, et al. [33] on the role of self-compassion in stress, anxiety, and depression. This research gap will be addressed by the present study. Also, it seems that there are limited data studying possible gender and age differences, so the current study has the purpose to contribute to the worldwide bibliography on this gap.

The purpose of this study is to investigate whether individuals with high levels of self-compassion have lower levels of anxiety, stress, and depression, and higher levels of life satisfaction in the Greek population. Specifically, the study aims to examine the relationship between self-compassion and anxiety, stress, depression, and life satisfaction in the general population of Greece, and to explore possible differences by gender and age. The research hypotheses of the study are as follows:

- Self-compassion is expected to be negatively associated with anxiety.
- Self-compassion is expected to be negatively related to stress.
- Self-compassion is expected to be negatively associated with depression.
- Self-compassion is expected to be positively related to life satisfaction.
- Men are expected to have higher levels of self-compassion than women.
- Older people are expected to have higher levels of self-compassion than younger people.

Methodology

Participants

The present survey included a total of 140 participants, all of whom provided consent to participate. The majority (85%) were female (n=119), while the remaining 15% were male (n=21). Regarding marital status, the majority (54.5%) were married, 30.3% were unmarried, 12.1% were divorced, and 3.1% were cohabiting. None of the participants were widowed. In terms of educational attainment, the majority (39.4%) were higher education graduates, 36.4% were secondary school graduates, 18.2% held a postgraduate degree, and 6% held a PhD or post-doctoral degree. Additionally, 87.9% were employed, 9.1% were unemployed, and 3% were students. The age of participants ranged from 24 to 56 years refer to Table 1. To be eligible to participate, individuals had to be over 18 years old and possess a proficient understanding of the Greek language. There were no other restrictions based on demographic characteristics such as gender or marital status. Convenience sampling, specifically opportunistic sampling, was utilized, and participants were recruited online through invitations posted on social media platforms.

Sex	Male	15%
	Woman	85%
Family situation	Married	54,5%
	Unmarried	30,3%
	Divorced	12,1%
	In symbiosis	3,1%
Educational background	Higher education graduates	39,4%
	Secondary school graduates	36,4%
	Master's degree holder	18,2%
	Holders of a doctorate or post-doctorate	6%
Basic employment	Employees	87.90%
	Unemployed	9.10%
	Students	3%

Table 1: Demographic data of participants (N=140).

Materials

First, an impromptu questionnaire of demographic information was created, where participants filled in their gender, age, educational background, marital status, and main occupation. They then completed three questionnaires in Greek.

- Self-Compassion Scale: This scale, developed by Karakasidou E, et al. [56], is based on the original Self-Compassion Scale by Neff KD, et al. [1]. It comprises six factors: self-kindness, self-criticism, universality, isolation, mindfulness, and identification-avoidance. The scale consists of 26 questions, with participants responding on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always). The overall scale

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demonstrates high reliability in the Greek version (Cronbach's alpha = 0.91).

- Depression Anxiety Stress Scale (DASS-21) Short Form: Developed by Lovibond SH, et al. [57] and adapted to the Greek population by Lyrakos GN, et al. [58], this scale assesses three factors: anxiety, stress, and depression, each with seven questions. Participants respond on a 4-point Likert scale ranging from 0 (Did not apply to me at all) to 3 (Applied to me very much, or most of the time). The Greek version of the survey exhibits high reliability, with Cronbach's alpha values reported as follows: anxiety (α=0.866) and stress (α=0.874) [59].
- Satisfaction with Life Scale: Adapted to the Greek population by Stalikas A, et al. [60], this scale is based on the original Satisfaction With Life Scale (SWLS) by Diener ED, et al. [61]. It comprises five questions and participants respond on a seven-point Likert scale ranging from 1 (Strongly Disagree) to 7 (Very Strongly Agree). The scale demonstrates high reliability.

Procedure

Participants completed the questionnaires online by following a link posted on social media, which directed them to the questionnaire. The invitation text provided all necessary information regarding participation criteria. Before accessing the questionnaire, participants were presented with an information form followed by a consent form, where they provided informed consent to participate. The questionnaire itself was brief, taking approximately 15 to 20 minutes to complete. Collected data was imported into the SPSS application for analysis.

The research adhered to ethical principles outlined in the Code of Ethics and Conduct. Throughout the survey, participant responses were kept anonymous, with each participant provided a personal password. Informed consent was obtained for participation, with written consent being required. There was no deception involved at any stage of the research process. Participants were also informed of their right to withdraw from the survey at any point during completion or afterward if they wished to do so.

Results

Descriptive Statistics

First, a test of the normality of the distribution was conducted, and the conditions ($p > 0.05$) were met. Therefore, parametric analyses were conducted. Analyses for self-compassion were performed based on the total scale of self-compassion rather than individual factors. Reverse coding was applied to questions corresponding to the subscales of self-criticism, isolation, and identification-avoidance. Next, the means and standard deviations of the survey variables were examined: self-compassion (M = 3.14, SD = 0.58), stress (M = 1.19, SD = 0.69), anxiety (M = 0.84, SD = 0.73), depression (M = 1.02, SD = 0.74), and satisfaction with life (M = 20.27, SD = 6.62).

Subsequently, a reliability (internal consistency) test was conducted using Cronbach's alpha index, which yielded high values for all scales. The reliability for self-compassion was α = 0.90, for stress α = 0.84, for anxiety α = 0.85, for depression α = 0.85, and for life satisfaction α = 0.89 (Table 2).

	M.O	T.A	Cronbach's alpha
Self-compassion	3,14	0,58	0,90
Stress	1,19	0,69	0,84
Stress	0,84	0,73	0,85
Depression	1,02	0,74	0,85
Satisfaction from life	20,27	6,62	0,89

Table 2: Descriptive statistics of the survey variables (N=140).

Linear Regression Analysis

For hypotheses 1 to 4, linear regression tests were conducted with self-compassion as the independent variable and anxiety, stress, depression, and life satisfaction as the dependent variables. The results indicated that self-compassion predicted 17.9% of the variance in stress, $F(1, 14) = 7.98$, $p = 0.01$. With each 1-point increase in self-compassion, stress decreased by 0.53 points. Similarly, self-compassion predicted 11.9% of the variance in anxiety, $F(1, 14) = 3.73$, $p = 0.05$. With each 1-point increase in self-compassion, anxiety decreased by 0.41 points. Additionally, self-compassion predicted 14% of the variance in depression, $F(1, 14) = 6.21$, $p = 0.02$. With each 1-point increase in self-compassion, depression decreased by 0.52 points. However, no statistically significant results were found for the prediction of self-compassion in relation to life satisfaction. Self-compassion predicted only 0.4% of the variance in life satisfaction, $F(1, 14) = 2.34$, $p > 0.05$ ($p = 0.14$). The results of the linear regressions are presented in Table 3.

Dependent variables	B	SE B	B	t	p
Stress	-0,35	0,19	-0,45	-2,83	0,008
Stress	-0,41	0,21	-0,33	-1,93	0,049
Depression	-0,52	0,21	-0,41	-2,49	0,018
Satisfaction from life	3,00	1,96	0,27	1,53	0,137

Table 3: Linear regression analysis with self-compassion as independent variable (N=140).

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Independent Samples T Test

To explore potential differences between men and women, an Independent Samples T-test analysis was conducted, with gender (men-women) as the independent variable and self-compassion as the dependent variable. The results showed that there were no statistically significant differences between men and women, t(28.98) = -0.33, p > 0.05 (p = 0.75), as there were no statistically significant differences in the mean scores of men (M = 3.10, SD = 0.53) and women (M = 3.16, SD = 0.63) (Table 4).

	Male	Woman	t	p
Self-compassion	M.O (T.A)	M.O (T.A)		
	3,10 (0,53)	3,16 (0,63)	-0,33	0,748

Table 4: Investigation of differences between independent samples (N=140).

Correlation

Finally, to investigate whether self-compassion increases with age, a Correlation Analysis was conducted using Pearson's R. The results indicated a positive correlation between self-compassion and age (r = 0.41, p = 0.01) (Table 5).

	Age
Self-compassion	0,41**

Table 5: Correlation analysis (N=140).

Discussion

The aim of the present research, grounded in existing literature and the third wave of the cognitive-behavioral therapy model, is to investigate whether individuals with high levels of self-compassion in Greece experience lower levels of anxiety, stress, and depression, and higher levels of life satisfaction. This can be achieved by gaining a better understanding of the relationship between self-compassion and variables such as depression, anxiety, stress, and life satisfaction within the general Greek population. An additional important aspect of the research was to explore potential differences due to demographic characteristics such as gender and age. This exploration is intended to inform the design of treatment interventions based on compassion-focused therapy, aiming to maximize therapeutic benefits for clients.

In order to achieve the research objective, a quantitative survey of the general population was conducted using three self-report questionnaires to collect data on the aforementioned variables. Briefly summarizing the results, it was found that self-compassion was negatively correlated with anxiety, stress, and depression among study participants. However, no statistically significant relationship was observed between self-compassion and life satisfaction. Additionally, regarding demographic differences, it was found that older individuals exhibited higher levels of self-compassion compared to younger individuals, while no gender differences were observed.

Addressing the research hypotheses, the first hypothesis aimed to investigate whether self-compassion is negatively associated with anxiety. While this relationship has been studied internationally, it has not been extensively explored in Greece, except for the research by Mantelou A, et al. [33]. The results of the present study confirmed a negative association between self-compassion and anxiety, consistent with previous research [28-30,43]. These findings suggest that as self-compassion levels increase, anxiety levels decrease. Furthermore, the research of Özyeşil Z, et al. [29] demonstrated that self-compassion not only serves protectively but also significantly accounts for variations in anxiety levels. These findings can be explained by the notion that self-compassion promotes the generation of more positive automatic thoughts, leading to lower levels of anxiety [33]. Thus, it appears that one significant benefit associated with self-compassion is the reduction of anxiety. By practicing self-compassion during challenging moments, individuals develop resilience and generate more compassionate and constructive thoughts to effectively manage their anxiety.

As for the second research hypothesis, it was predicted that self-compassion would be negatively correlated with the stress variable. This prediction was confirmed by the findings of the research, which revealed a negative correlation between self-compassion and stress. This suggests that individuals with higher levels of self-compassion experience lower levels of stress, while those who are self-critical tend to experience higher levels of stress. These results are consistent with existing literature, which highlights the protective function of self-compassion against negative emotions such as stress [18,19,43]. Therefore, it is confirmed that one of the benefits of self-compassion is its association with lower levels of stress, as it helps individuals avoid processes of overanalysis and rumination that can exacerbate stress.

Moving on to the third research hypothesis of the study, it was predicted that self-compassion would show a negative correlation with the depression variable. Similar to the variable of anxiety, the Greek literature on depression is limited, with the exception of the research by Mantelou A, et al. [33]. The hypothesis was confirmed by the results of the study, as self-compassion was indeed negatively related to the depression variable. Thus, participants with higher

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levels of self-compassion tended to score lower on measures of depression. These findings align with previous research [18,28-30,43] indicating a negative association between self-compassion and depression. Specifically, it is confirmed that self-compassion functions protectively against depression; as self-compassion increases, depression levels decrease for the individual.

The negative association of self-compassion with anxiety, stress, and depression can be explained by considering that the concept of self-compassion and its dimensions provide resources for managing thoughts, feelings, and behaviors similar to those experienced during anxiety, stress, and depression. The mindfulness dimension inherent in self-compassion enables individuals to avoid identifying excessively with loss, mistakes, and failure. Mindfulness allows individuals to effectively manage problems and associated feelings commonly experienced in anxiety, stress, and depression, such as disvalidation, inadequacy, excessive worry, and difficulties with concentration. The self-kindness dimension enables individuals to refrain from excessively criticizing themselves, which is associated with feelings of guilt commonly found in depression. Additionally, the universality dimension, which involves understanding suffering as a common universal experience, helps individuals avoid isolation when experiencing pain, a common feature of depression [51].

The fourth research hypothesis of the study expected self-compassion to show a positive correlation with life satisfaction. However, the results of the study rejected this hypothesis, as the expected relationship was not observed. Previous literature has indicated that self-compassion is associated with higher levels of life satisfaction in both the general population and specific groups such as mental health professionals [28-30,35,47,48]. Nonetheless, this association was not confirmed in the present study. It appeared that life satisfaction was not significantly influenced by levels of self-compassion, suggesting that one's compassionate attitude towards oneself may not ultimately impact overall life satisfaction.

The findings of the present study diverge from expectations, and one possible explanation is that while self-compassion appears to mitigate anxiety, stress, and depression, other factors such as hope or happiness may be necessary to achieve life satisfaction. While self-compassion may offer protection and assist in managing anxiety, stress, and depression through self-kindness, a sense of belonging, and empathy during difficult times, additional positive factors may be required to attain life satisfaction. Therefore, a crucial aspect of compassion-focused therapy is not only to strengthen compassion but also to enhance other skills and components such as forgiveness, gratitude, and resilience.

According to the fifth research hypothesis, which was based on the demographic variable of gender, differences in self-compassion levels were expected. Specifically, the hypothesis posited that male participants would exhibit higher levels of self-compassion compared to female participants. This hypothesis was formulated based on existing literature suggesting that males tend to demonstrate higher levels of self-compassion than females [50-52]. However, the results of the study did not support this hypothesis, as no statistically significant differences were found between males and females in the sample. Despite the expectation that women would have lower levels of self-compassion due to the internalization of emotions and social parameters, this was not observed in the present study. One possible explanation for the lack of statistically significant differences could be the sample size imbalance, with the majority of the sample consisting of 85% women. Therefore, the overrepresentation of women in a 15% ratio may have contributed to the absence of statistically significant differences. However, it is argued in previous literature that the prevailing pattern of self-sacrifice among females contradicts the concept of self-compassion, which involves meeting one's own needs to experience relief. Conversely, the prevailing male gender pattern of asserting one's rights falls short of the concept of self-compassion. Nevertheless, further research is needed in the global literature to strengthen the results of gender differentiation in self-compassion [62], as cultural factors may influence the findings.

The sixth and final research hypothesis of the present study considered the demographic variable of age, predicting variation in self-compassion levels among participants based on their age. According to this hypothesis, older participants were expected to demonstrate higher levels of self-compassion compared to younger participants. The results of the study supported this hypothesis, showing that older participants indeed exhibited higher levels of self-compassion compared to younger participants. These findings align with the study by Murn LT, et al. [53], which demonstrated the effect of age on self-compassion. It has been argued that higher levels of self-compassion in older individuals are associated with increased wisdom, life satisfaction, and self-acceptance [62]. With age comes experience and maturity, which confer wisdom. This wisdom enables older individuals to adopt an attitude towards themselves characterized by kindness and balance. By recognizing suffering as a common universal experience, older individuals are better equipped to deal with life's difficulties and personal imperfections with compassion. This ability to manage challenges enhances both life satisfaction and acceptance of life. Therefore, it can be concluded that self-compassion levels increase with age. Certainly, it's crucial to emphasize the cultivation of self-compassion during childhood and adolescence, given research indicating its correlation with positive outcomes

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and its role in mitigating negative emotions like anxiety, stress, and depression. Fostering and reinforcing self-compassion early on can empower children and adolescents to experience its advantages, leading to improvements in academic performance, interpersonal relationships, and overall well-being. Moreover, instilling a foundation of self-compassion during these formative years sets the stage for a more resilient and compassionate approach to life in adulthood.

The present research contributes important data on the relationship between self-compassion and anxiety, stress, depression, and life satisfaction, as well as potential gender and age-related differences. It complements existing literature while shedding light on new insights regarding demographic factors that have not been extensively studied in the Greek context. Additionally, the findings underscore the significance of designing novel therapeutic approaches and interventions, such as Compassion Focused Therapy, and emphasize the importance of fostering and enhancing self-compassion in treating anxiety, stress, and depression. While no statistically significant results were observed for the relationship between self-compassion and life satisfaction, it suggests the need for further research to re-evaluate this relationship. Moreover, it underscores the importance of incorporating other positive components, such as gratitude or forgiveness, to enhance life satisfaction in therapy.

In concluding this research, it is essential to acknowledge some key limitations that may aid in better interpreting the findings. One significant limitation was the over-representation of females in the sample, which impacted the study's ability to explore gender differences adequately. Additionally, the age range of participants was limited, excluding those aged 18 to 23 years and over 56 years. Moreover, certain demographic characteristics, such as family and educational background, were overrepresented in some categories, potentially affecting the generalizability of the findings. While the sample size was deemed sufficient for a quantitative survey, a larger sample would have yielded more robust data. The use of convenience sampling also limits the generalizability of the results to the broader population. Lastly, conducting the survey online introduces uncertainties regarding the conditions under which participants completed the questionnaires.

After thoroughly analyzing the research results in relation to the research hypotheses, existing literature, and the study's limitations, it is pertinent to discuss its theoretical contribution within the context of current and future literature. This study extends and enriches the current limited Greek literature on self-compassion and its associations with various positive and negative variables. Additionally, it sheds light on potential disparities in levels of self-compassion based on gender and age.

The findings of the present study offer momentum for future research in the realms of self-compassion and the broader domain of third-wave cognitive behavioral therapy. Concerning the research inquiries regarding the differentiation of self-compassion levels based on age, it's noteworthy that Neff KD, et al. [63] advocate for studying self-compassion through an evolutionary lens. Essentially, there is a necessity to investigate whether individuals experience self-compassion differently as they age. It is deemed pertinent to elucidate the evolutionary trajectory of self-compassion, along with the individual and familial factors that contribute to it.

Previous research has consistently shown that self-compassion is positively associated with high levels of life satisfaction [32-35]. However, this relationship was not confirmed in the present investigation. It may be crucial to examine the contribution of other variables, such as happiness, and to explore the potential mediating or moderating role of self-compassion in the relationship between life satisfaction and other factors.

As mentioned earlier regarding the differences in self-compassion levels based on gender, the lack of statistically significant differences in the present research may be attributed to the unequal proportion of male and female participants. Existing literature suggests that women tend to have lower levels of self-compassion compared to men, possibly due to social factors and gender norms such as self-sacrifice. Therefore, further research on social factors such as power inequality and marginalization that could influence the adoption of a compassionate attitude towards oneself is warranted [62]. Considering the potential influence of sample proportion on the results, it would be worthwhile to revisit the self-compassion variable to explore possible gender differences.

With the aforementioned considerations, future research could delve into the social and cultural factors influencing the level, functioning, and benefits of self-compassion. There are limited studies in this area [64,65], and their findings often present contradictions, underscoring the need for further exploration in the field [62].

Regarding the third wave of cognitive behavioral therapy, it would be pertinent to investigate self-compassion therapies in conjunction with mindfulness therapy [66]. Additionally, thorough examination of the distinctions between self-compassion and mindfulness, as well as the mechanisms through which their combination enhances mental health, is warranted [67]. Furthermore, it is imperative to determine through future research whether interventions aimed at

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cultivating self-compassion are best applied independently or integrated into scientifically based treatments [68].

Cognitive behavioral therapy (CBT) aims to facilitate a more functional thought process by challenging automatic negative thoughts and cultivating alternative functional thoughts. Concurrently, it addresses the modification of dysfunctional behaviors in individuals [69]. The emergence of the third wave of cognitive behavioral therapy aimed to enhance this psychotherapeutic model. Unlike traditional cognitive therapy, third-wave approaches focus less on the content of cognitions and more on the individual's relationship with their thoughts and emotions [70]. Compassion-focused therapy, a component of the third wave of cognitive-behavioral therapy, targets the challenges experienced by individuals with high levels of shame and self-criticism within traditional treatment methods, aiding them in finding relief and tranquility by cultivating alternative thoughts and adopting more helpful behaviors [11]. This challenge is often linked to a lack of kind, supportive, caring, and compassionate attitude towards oneself [6]. Given these considerations, special emphasis has been placed on the concept of self-compassion within the emerging field of Positive Psychology. Self-compassion, defined as an attitude of warmth and care towards oneself in challenging circumstances, is seen as a valuable asset for protecting mental health [1].

The findings of the present research affirm the international literature's stance that self-compassion serves as a potent tool in safeguarding mental health, as it correlates with lower levels of anxiety, stress [18,19], and depression) [18,28-30].

Given the efficacy of third-wave cognitive behavioral therapy approaches [71-73], as well as compassion-focused therapy [15-17], it is deemed appropriate to integrate cognitive behavioral therapy with a greater emphasis on interventions and techniques aimed at cultivating self-compassion in patients. Additionally, the creation of educational tools for self-compassion cultivation, such as the Mindful Self Compassion training program [74], would be beneficial. Implementing self-compassion interventions in educational settings and among populations experiencing high levels of stress, anxiety, and depression, such as health professionals, mental health professionals, individuals with mental disorders, and those with chronic diseases, is crucial. Moreover, making self-compassion programs available in various formats (individual, group, online) would enhance accessibility to a wider population. Another study supports this notion, where a Compassion-Focused Therapy (CFT) guided self-help protocol was developed. Significant benefits were observed post-intervention, as well as in retrospective measurements taken at 3 months and 9 months later. These benefits included enhanced well-being and reduced psychological distress. It appears that practicing self-compassion, even through guided self-help, can yield positive outcomes and contribute to public mental health [75].

In conclusion, self-compassion transcends mere conceptuality [62]. It offers a practical attitude that individuals can apply, practice, and draw upon to alleviate pain at any given moment. Through the highlighted benefits of self-compassion, it is evident that further research and practical application of self-compassion, both independently and within treatment modalities like cognitive behavioral therapy, can contribute to fostering a happier and more compassionate world [62,76-89].

References

1. Neff K (2003a) Self-Compassion: An Alternative Conceptualization of a Healthy Attitude Toward Oneself. Self and Identity 2(2): 85-101.

2. Beaumont E, Hollins MCJ (2015) A narrative review exploring the effectiveness of Compassion-Focused Therapy. Counselling Psychology Review 30(1): 21-32.

3. Neff KD (2003b) The development and validation of a scale to measure self-compassion. Self and identity 2(3): 223-250.

4. Neff KD, Vonk R (2009) Self-Compassion Versus Global Self-Esteem: Two Different Ways of Relating to Oneself. Journal of Personality 77(1): 23-50.

5. Neff KD (2012) The science of self-compassion. In: Germer et al. (Eds.), Compassion and wisdom in psychotherapy. Guilford Press, pp: 79-92.

6. Gilbert P (2001) Evolutionary approaches to psychopathology: The role of natural defences. Australian & New Zealand Journal of Psychiatry 35(1): 17-27.

7. Leaviss J, Uttley L (2015) Psychotherapeutic benefits of compassion-focused therapy: An early systematic review. Psychological medicine 45(5): 927-945.

8. Gilbert P (2009) Introducing compassion-focused therapy. Advances in psychiatric treatment, 15(3): 199-208.

9. Dalai L (2001) An Open Heart: Practising Compassion στο Everyday Life (ed. N. Vreeland). Holder & Stoughton.

10. Depue RA, MorroneJV (2005) A neurobehavioral model of affiliative bonding: Implications for conceptualizing a human trait of affiliation. Behavioral and Brain Sciences 28(3): 313-349.

Copyright© Karakasidou E, et al.

11. Gilbert P (2007) Psychotherapy and Counselling for Depression. 3rd (Edn.), Sage.

12. Gilbert P, Irons C (2004) A pilot exploration of the use of compassionate images in a group of self-critical people. Memory 12(4): 507-516.

13. Gilbert P, Procter S (2006) Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice 13(6): 353-379.

14. Karakasidou E, Yotsidis V, Papadimitriou A (2020) Self-compassion: The technique of taking care of myself. In: Karakasidou, et al. (Eds.), Conquering prosperity, Topos, pp: 197-215.

15. Frostadottir AD, Dorjee D (2019) Effects of mindfulness based cognitive therapy (MBCT) and compassion focused therapy (CFT) on symptom change, mindfulness, self-compassion, and rumination in clients with depression, anxiety, and stress. Frontiers in psychology 10: 1099.

16. Nasirharand M, Makvandy B, Bavi S, Pasha R (2022) Comparison of the effectiveness of schema therapy and compassion-focused therapy on marital life satisfaction and maladaptive schemas married women students of Ahvaz Azad University. Psychological Achievements 29(2): 105-128.

17. Sanagouye MG, Shirazi M, Kia S, Karami MZ (2020) The effect of compassion focused training on hope, life satisfaction and alexithymia of delinquent female adolescents. Iranian Journal of Psychiatric Nursing 8(3): 46-56.

18. Barnard L, Curry JF (2011) Self-compassion: Conceptualizations, correlates, & interventions. Review of general psychology 15(4): 289-303.

19. MacBeth A, Gumley A (2012) Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. Clinical psychology review 32(6): 545-552.

20. Asif S, Mudassar A, Shahzad TZ, Raouf M, Pervaiz T (2020) Frequency of depression, anxiety and stress among university students. Pakistan journal of medical sciences 36(5): 971.

21. Sylvers P, Lilienfeld SO, LaPrairie JL (2011) Differences between trait fear and trait anxiety: Implications for psychopathology. Clinical psychology review 31(1): 122-137.

22. Hartley CA, Phelps EA (2012) Anxiety and decision-making. Biological psychiatry 72(2): 113-118.

23. Ericson PM, Gardner JW (1992) Two longitudinal studies of communication apprehension and its effects on college students' success. Communication Quarterly 40(2): 127-137.

24. Holland K (2018) Anxiety: Causes, symptoms, treatment, and more.

25. Milosevic I (2015) Fight-or-flight response. Phobias: The Psychology of Irrational Fear: The Psychology of Irrational Fear. Abc-Clio.

26. Thwaites R, Freeston MH (2005) Safety-seeking behaviours: fact or function? How can we clinically differentiate between safety behaviours and adaptive coping strategies across anxiety disorders? Behavioural and Cognitive Psychotherapy 33(2): 177-188.

27. Welford M (2010) A compassion focused approach to anxiety disorders. International Journal of Cognitive Therapy 3(2): 124-140.

28. Luo Y, Meng R, Li J, Liu B, Cao X, Ge W (2019) Self-compassion may reduce anxiety and depression in nursing students: a pathway through perceived stress. Public Health 174: 1-10.

29. Özyeşil Z, Akbağ M (2013) Self-compassion as a protective factor for depression, anxiety and stress: A research on Turkish sample. The Online Journal of Counseling and Education 2(2): 36-43.

30. Soysa CK, Wilcomb CJ (2013) Mindfulness, self-compassion, self-efficacy, and gender as predictors of depression, anxiety, stress, and well-being. Mindfulness 6(2): 217-226.

31. Hysenbegasi A, Hass SL, Rowland CR (2005) The impact of depression on the academic productivity of university students. Journal of mental health policy and economics 8(3): 145.

32. HollisL, Colosimo K (2011) Mindfulness, self-compassion, and happiness in non-meditators: A theoretical and empirical examination. Personality and Individual differences 50(2): 222-227.

33. Mantelou A, Karakasidou E (2017) The effectiveness of a brief self-compassion intervention program on self-compassion, positive and negative affect and life satisfaction. Psychology 8(4).

34. Neff KD, Lamb LM (2009) Self-compassion. In: Lopez (Ed.), The encyclopedia of positive psychology. Malden, MA: Wiley-Blackwell, pp: 561-573.

Copyright© Karakasidou E, et al.

35. Yang Y, Zhang M, Kou Y (2016) Self-compassion and life satisfaction: The mediating role of hope. Personality and Individual Differences 98: 91-95.

36. Cummins RA (1998) The second approximation to an international standard for life satisfaction. Social indicators research 307-334.

37. Tsai MC (2009) Market openness, transition economies and subjective wellbeing. Journal of Happiness Studies 10: 523-539.

38. Erdogan B, Bauer TN, Truxillo DM, Mansfield LR (2012) Whistle while you work: A review of the life satisfaction literature. Journal of management 38(4) : 1038-1083.

39. DeNeve KM, Cooper H (1998) The happy personality: a meta-analysis of 137 personality traits and subjective well-being. Psychological bulletin 124(2): 197.

40. Diener E (1996) Traits can be powerful, but are not enough: Lessons from subjective well-being. Journal of research in personality 30(3): 389-399.

41. Oishi S, Diener E, Suh E, Lucas E (1999) Value as a moderator in subjective well-being. Journal of personality 67(1): 157-184.

42. Diedrich A, Burger J, Kirchner M, Berking M (2017) Adaptive emotion regulation mediates the relationship between self-compassion and depression in individuals with unipolar depression. Psychology and Psychotherapy: Theory, Research and Practice 90(3): 247-263.

43. Taher M, Sohrabi A, Zemestani M (2019) Effectiveness of compassion-focused therapy on depression, anxiety, stress, and weight self-efficacy in patients with eating disorder. Journal of Sabzevar University of Medical Sciences 26(4): 505-513.

44. Ozlem T, Sahin H Karatas Z (2017) Self-compassion and communication skills in predicting psychological help-seeking attitudes of psychological counsellor candidates. New Trends and Issues Proceedings on Humanities and Social Sciences 4(6): 178-185.

45. Kim C, Ko H (2018) The impact of self-compassion on mental health, sleep, quality of life and life satisfaction among older adults. Geriatric Nursing 39(6): 623-628.

46. Li A, Wang S, Cai M, Sun R, Liu X (2021) Self-compassion and life-satisfaction among Chinese self-quarantined residents during COVID-19 pandemic: A moderated mediation model of positive coping and gender. Personality and individual differences 170: 110457.

47. Mülazım O, Eldeleklioğlu J (2016) What is the role of self-compassion on subjective happiness and life satisfaction? Journal of Human Sciences 13(3): 3895-3904.

48. Jennings LK, Tan PP (2014) Self-compassion and life satisfaction in gay men. Psychological reports 115(3): 888-895.

49. Ghazwin MY, Kavian M, Ahmadloo M, Jarchi A, Javadi SG, et al. (2016) The association between life satisfaction and the extent of depression, anxiety and stress among Iranian nurses: a multicenter survey. Iranian journal of psychiatry 11(2): 120.

50. Bluth K, Campo A, Futch WS, Gaylord SA (2017) Age and gender differences in the associations of self-compassion and emotional well-being in a large adolescent sample. Journal of youth and adolescence 46(4): 840-853.

51. Souza L, Policarpo D, Hutz CS (2020) Self-compassion and symptoms of stress, anxiety, and depression. Trends in Psychology 28(1): 85-98.

52. Yarnell LM, Stafford RE, Neff KD, Reilly ED, Knox MC, et al. (2015) Meta-analysis of gender differences in self-compassion. Self and identity 14(5): 499-520.

53. Murn LT, Steele MR (2020) What matters most? Age and gender differences in self-compassion and body attitudes among college students. Counselling Psychology Quarterly 33(4): 541-560.

54. Sadeghi ZH, Yazdi-Ravandi S, Pirnia B (2018) Compassion-focused therapy on levels of anxiety and depression among women with breast cancer: A randomized pilot trial. International Journal of Cancer Management 11(11): e67019.

55. Farokhzadian AA, Mirderekvand F (2018) The effectiveness of self-compassion focused therapy on increase of psychological well-being and reduction of depression in the elderly. Aging psychology 3(4): 293-302.

56. Karakasidou E, Pezirkianidis C, Galanakis M, Stalikas A (2017) Validity, reliability and factorial structure of the Self Compassion Scale in the Greek population. Journal of Psychology and Psychotherapy 7(313): 2161-0487.

57. Lovibond SH, Lovibond PF (1995) Manual for the depression anxiety stress scales. Psychology Foundation.

58. Lyrakos GN, Arvaniti C, Smyrnioti M, Kostopanagiotou G (2011) Translation and Validation Study of the Depression Anxiety Stress Scale in the Greek General Population and in a Psychiatric Patient's Sample. European Psychiatry 26: 1731.

Copyright© Karakasidou E, et al.

59. Kanellakis K, Papadimitriou A, Karakasidou E, Stalikas A (2022) The Clinical Application of a Positive Intervention Program in Patients Who Experienced a Cardiovascular Operation-Pilot Study. Psychology 13(1): 27-40.

60. Stalikas A, Lakioti A (2012) Satisfaction With Life Scale (SWLS). In: Stalikas S, et al. (Eds.), Psychometric Tools in Greece, Topos.

61. Diener ED, Emmons RA, Larsen RJ, Griffin S (1985) The Satisfaction with life Scale. Journal of Personality Assessment 49: 71-75.

62. Neff KD (2023) Self-compassion: Theory, method, research, and intervention. Annual review of psychology 74: 193-218.

63. Neff KD, Seppälä E (2016) Compassion, well-being, and the hypo-egoic self. In: Brown, et al. (Eds.), Oxford library of psychology. The Oxford handbook of hypo-egoic phenomena. Oxford University Press. pp: 189-203.

64. Chio FHN, Mak WWS, Yu BCL (2021) Meta-analytic review on the differential effects of self-compassion components on well-being and psychological distress: the moderating role of dialecticism on self- compassion. Clinical Psychological Review 85: 101986.

65. Toth-Kiraly I, Neff KD (2021) Is self-compassion universal? Support for the measurement invariance of the Self-Compassion Scale across populations. Assessment 28(1): 169-185.

66. Egan SJ, Rees CS, Delalande J, Greene D, Fitzallen G, et al. (2022) A review of self-compassion as an active ingredient in the prevention and treatment of anxiety and depression in young people. Administration and Policy in Mental Health and Mental Health Services Research: 1-19.

67. Neff KD, Dahm KA (2015) Self-Compassion: What It Is, What It Does, and How It Relates to Mindfulness. In: Ostafin, et al. (Eds,) Handbook of Mindfulness and Self-Regulation, Springer.

68. Ferrari M, Hunt C, Harrysunker A, Abbott MJ, Beath AP, Einstein DA (2019) Self- compassion interventions and psychosocial outcomes: a meta-analysis of RCTs. Mindfulness 10(80): 1455-1473.

69. Beck JS (2021) Introduction to Cognitive Behaviour Therapy. In: Beck (Eds), Cognitive behavior therapy: Basics and beyond, Guilford Publications, pp: 1-16.

70. Hayes SC, Hofmann SG (2017) The third wave of cognitive behavioral therapy and the rise of process-based care. World psychiatry 16(3): 245.

71. Benfer N, Spitzer EG, Bardeen JR (2021) Efficacy of third wave cognitive behavioral therapies in the treatment of posttraumatic stress: A meta-analytic study. Journal of Anxiety Disorders 78: 102360.

72. Dela A, Johnstone S, Kim HS, Castle DJ (2022) Review of third-wave therapies for substance use disorders in people of color and collectivist cultures: Current evidence and future directions. Psychology of Addictive Behaviors.

73. OConnor M, Munnelly A, Whelan R, McHugh L (2018) The efficacy and acceptability of third-wave behavioral and cognitive Health treatments: A systematic review and meta-analysis of randomized controlled trials. Behavior therapy 49(3): 459-475.

74. Neff KD, Germer CK (2013) A pilot study and randomized controlled trial of the mindful self- compassion program. Journal of Clinical Psychology 69(1): 28-44.

75. Sommer J, Trompetter HR, Schreurs KM, Bohlmeijer ET (2018) Compassion-focused therapy as guided self-help for enhancing public mental health: A randomized controlled trial. Journal of Consulting and Clinical Psychology 86(2): 101-115.

76. American Psychiatric Association (2013) Diagnostic and statistical manual of mental disorders: DSM-5.

77. Cuijpers P, Straten A, Andersson G, Van Oppen P (2008) Psychotherapy for depression in adults: a meta-analysis of comparative outcome studies. Journal of consulting and clinical psychology 76(6): 909.

78. Donahue J (2020) Fight-flight-freeze system. Encyclopedia of personality and individual differences: 1590-1595.

79. Fink A (1995) How to sample in surveys. Sage.

80. Healthy People (2011) About Healthy People.

81. Kirsch I, Deacon BJ, Huedo TB, Scoboria A, Moore TJ, et al. (2008) Initial severity and antidepressant benefits: a meta-analysis of data submitted to the Food and Drug Administration. PLoS medicine 5(2): 45.

82. Leahy RL, Holland SJ, McGinn LK (2011) Treatment plans and interventions for depression and anxiety disorders. Guilford press.

83. Mantelou A, Karakasidou E (2019) The role of compassion for self and others, compassion fatigue and subjective happiness on levels of well-being of mental health professionals. Psychology 10(3): 285-304.

Copyright© Karakasidou E, et al.

84. Pani L (2000) Is there an evolutionary mismatch between the normal physiology of the human dopaminergic system and current environmental conditions in industrialized countries?. Molecular Psychiatry 5(5): 467-475.

85. Parker GF (2014) DSM-5 and psychotic and mood disorders. Journal of the American Academy of Psychiatry and the Law Online 42(2): 182-190.

86. Park T, Zarate CA (2019) Depression in the primary care setting. New England Journal of Medicine 380(6): 559-568.

87. Rehman U, Shahnawaz MG, Khan NH, Kharshiing KD, Khursheed M, et al. (2021) Depression, anxiety and stress among Indians in times of Covid-19 lockdown. Community mental health journal 57: 42-48.

88. Stalikas A, Mitskidou P (2011) Introduction to Positive Psychology. Topos.

89. World Health Organization (1992) The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines. World Health Organization.

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