Self-Compassion Across Cultures

8

Kohki Arimitsu

Introduction

Compassion is a response to others' suffering that involves attunement, empathy, and motivation to relieve that suffering and has been variously defined as an emotion, a virtue or value, and a motivation (Goetz et al., 2010; Strauss et al., 2016). Self-compassion refers to directing these same qualities toward oneself and is characterized by a balanced acceptance of emotions in times of failure or difficulty, recognizing that the experience is shared by others, and channeling kind feelings toward oneself (Neff, 2003b). From an evolutionary perspective, compassion may be conceived as an emotion or motivation that serves an adaptive function across cultures (Goetz et al., 2010). Studies have revealed that behavioral and physiological responses associated with both giving and receiving compassion are common among people from various regions (Gilbert, 2015; Goetz et al., 2010). For example, a gentle touch on the cheek or shoulder of a person in need is a common way of conveying kindness among people in many countries. Similarly, evidence documenting neurophysiological profiles of *self*-compassion suggests that there are biological systems that underpin this phenomenon across cultures (Kim et al., 2020). On the other hand, emotional experiences and their functions are influenced by culture, as the values and social influences that are shared by people living in a certain region influence—among other things—how people relate to themselves and each other.

Neff (2003a) developed the Self-Compassion Scale (SCS), a measure comprising three subscales that measure compassionate self-responding (CS) (self-kindness, common humanity, and mindfulness) and three that measure uncompassionate self-responding (UCS) (self-criticism, isolation, and overidentification). Since their development, several translations of the SCS, its short form (Raes et al., 2011), and youth form have been validated, including translations in Arabic (Alabdulaziz et al., 2020), Chinese, Farsi (Nazari et al., 2022), French (Kotsou and Leys, 2016), German (Hupfeld & Ruffieux, 2011), Greek (Mantzios et al., 2013), Indonesian (Darmawan et al., 2020), Italian (Petrocchi et al., 2014; Veneziani et al., 2017), Japanese (Arimitsu, 2014), Korean (김경의 et al., 2008), Malay (Khatib et al., 2021), Sinhalese (deZoysa et al., 2021), Slovak (Halamová et al., 2018), Slovenian (Uršič et al., 2019), Spanish (Garcia-Campayo et al., 2014), Taiwanese (Chen & Chen, 2019), and Turkish (Deniz et al., 2008, 2022).

An extensive body of research indicates that self-compassion is a modifiable trait and state variable that is reliably associated with adaptive

K. Arimitsu (✉)
Kwansei Gakuin University, Nishinomiya, Japan
e-mail: arimitsu@kwansei.ac.jp

A. Finlay-Jones et al. (eds.), *Handbook of Self-Compassion*, Mindfulness in Behavioral Health,
https://doi.org/10.1007/978-3-031-22348-8_8

physical, psychological, and relational health outcomes (Ewert et al., 2021; MacBeth & Gumley, 2012; Zessin et al., 2015). However, as with most psychological research, most of these studies have been conducted in the United States. This therefore raises the question of whether the construct of self-compassion is understood the same way across different cultures, whether the factor structure of the SCS is culturally influenced, and whether mean scores on the SCS vary according to respondents' cultural background. Studies have found cross-cultural differences in the factor structure of the SCS (Neff et al., 2019; Tóth-Király & Neff, 2020), suggesting that the construct may be experienced or perceived differently across cultures (Montero-Marin et al., 2018). This chapter examines whether cultural factors may impact not only the mean values and factor structure of the SCS but also the relationship between self-compassion and various well-being outcomes. Specifically, this chapter reviews cross-cultural studies to determine whether self-compassion could be affected by the cultural view of the self.

Factor Structure of the SCS Across Cultures

In her original paper describing the factor structure of the SCS, Neff (2003a, b) found support for a higher-order one-factor model, which places one general "self-compassion" factor above the six subscales. This provided a basis for calculating a total self-compassion score (this is done by reverse scoring all self-judgment, isolation, and overidentification items and taking a grand mean of all six subscale means). In a follow-up with four distinct samples, Neff et al. (2017) subsequently found that while the use of a total scale score was justified, this was better explained by a bifactor model, in which each item loads on to both a general factor (i.e., self-compassion) as well as a "group" factor (i.e., one of the six subscales). Neff et al. (2019) then conducted a study of the SCS using 20 samples from 16 countries and 14 languages using both Confirmatory Factory Analysis (CFA) and Exploratory Structural Equation Modeling (ESEM). They tested five different models, including a single-bifactor model, with one general self-compassion factor and six group factors, and a two-bifactor model. The two-bifactor model had two correlated general factors, representing compassionate self-responding (CS) and uncompassionate self-responding (UCS) each with three group factors. Fit statistics using ESEM were excellent for a six-factor correlated model and both bifactor models, although factor loadings indicated that the two general factors were not well specified. Accordingly, the authors recommended the use of the SCS to measure six subscale scores or a total score, but not the CS and UCS factors. Support for the six-factor and bifactor models has been found across countries including Argentina (Cababie & Etchezahar, 2022), France (Kotsou & Leys, 2016), Italy (Petrocchi et al., 2014), and ethnic groups, including African Americans (Zhang et al., 2019).

Measurement Invariance of the SCS

Insight into the generalizability of the SCS across cultures has been provided by Tóth-Király and Neff (2020), who used bifactor Exploratory Structural Equation Modeling (ESEM) to examine measurement invariance of the SCS across groups based on language, population type (student, community, clinical, mixed), gender, and age. Measurement invariance refers to whether the same construct is being measured across groups. Tóth-Király and Neff (2020) tested six dimensions of measurement invariance, using a total of 18 samples collected from 15 countries, representing 12 language groups. They found support for strong invariance across these different language groups, demonstrating that people from different linguistic backgrounds, such as English, Spanish, German, and Greek, conceptualize self-compassion in a similar way. This also suggests that the SCS can be expected to function similarly across linguistic groups, i.e., that associations between self-compassion and outcomes

such as depression and well-being will be similar. It should be noted, however, that the sample did not include Chinese and Japanese individuals.

Other studies have explored whether relationships between self-compassion and health outcomes may vary according to ethnicity or culture. Some evidence for cross-cultural differences in the strengths of the association between self-compassion and health outcomes has been found. For example, Arimitsu et al. (2019) demonstrated that self-compassion was more likely to enhance hedonic well-being in individualistic cultures than in collectivistic cultures and that compassion for others was associated with enhanced eudaemonic well-being in collectivistic cultures. In their study of college students, Boyraz et al. (2020) reported that ethnicity moderated the link between self-criticism and perceived health, with negative associations observed between self-criticism and perceived health among Hispanic/Latinx and European American participants, but not among Asian American participants. Interestingly, they also found that after adjusting for self-criticism, self-compassion was positively associated with perceived health among Asian Americans and European Americans but not Hispanic/Latinx participants; further, this relationship was stronger for Asian Americans. However, in a meta-analysis of 168 studies across 27 unique cultures—the largest synthesis of self-compassion studies to date—Chio et al. (2021) found that there were no cross-cultural differences in the strength of the relationships between self-compassion and well-being or psychological distress.

Mean Differences in SCS Across Cultures

In an early study, Neff et al. (2008) compared mean scores on the SCS among participants in Thailand, Taiwan, and the United States. They found significant differences in self-compassion scores: Thai participants had the highest scores, Taiwanese participants had the lowest scores, and Americans were somewhere in between. Additionally, as part of their 2020 study, Tóth-Király and Neff (2020) examined mean differences in self-compassion across different linguistic groups within different populations (students, community members, and clinical samples). Among students, Koreans were found to have the highest self-compassion scores, followed by Iranians, with lower scores found among the Canadian, American, and Norwegian groups. As for community members, Spanish, Italian, Hungarian, and Brazilian samples scored high, while Australian, American, and German samples scored lower and Greeks and British had the lowest scores. In contrast, other studies have found no statistically significant differences in total self-compassion scores across countries. For example, there was no difference between students in China and the United States (Birkett, 2013) or between HIV patients in Canada, China, Namibia, Puerto Rico, and the United States (Kemppainen et al., 2013). However, the aforementioned samples comprised a small number of students and HIV patients, which may have resulted in sampling bias, reflecting an influence other than culture.

Cultivation of Self-Compassion Across Cultures

Another dimension of understanding self-compassion across cultures relates to whether and how it can be cultivated with different cultural or ethnic groups. Self-compassion intervention studies have been conducted in several countries, including China (Huang et al., 2021; Guo et al., 2020), Slovakia (Halamova et al., 2020), Japan (Arimitsu, 2016), and Iran (Rezapour-Mirsaleh et al., 2021). While many of these studies use novel intervention protocols, studies of standardized self-compassion training protocols, such as the Mindful Self-Compassion (MSC) program, provide the opportunity to compare outcomes across cultures. Pilot studies in China of both online (Yeung et al., 2021) and face-to-face versions of MSC (Finlay-Jones et al., 2017) found comparable results to trial outcomes reported in Western cultures (e.g., Neff & Germer, 2013). Furthermore, a meta-analysis of

studies aimed at improving mental health by increasing self-compassion has revealed moderate effects on depression, anxiety, and well-being (Kirby et al., 2017). It includes findings not only from the United States and Western countries but also from East Asia, including Japan and China. These studies very clearly show that self-compassion is amenable to cultivation across cultures and that effective cultivation is associated with a range of health and social benefits.

Cultural Differences and Their Influence on Self-Compassion

In sum, research to date suggests that while in many cases the factor structure of the SCS is similar across cultures, and measurement invariance has been demonstrated, this is not a universal finding. Further various studies have shown that there are cultural differences in the SCS means, although self-compassion interventions appear feasible and acceptable across cultures and are associated with similar benefits in Eastern and Western countries. To gain further insight into these findings and consider why self-compassion may or may not vary across cultures, several dimensions of cultural influence must be explored. For example, a robust body of work has explored the ways in which Eastern and Western cultures differ along dimensions of affective expression, self-construal, and beliefs about the world, which are in turn influenced by several factors, including social norms, values, and religious beliefs. In the following section, these dimensions are discussed and research exploring how they intersect with self-compassion is explored.

Self-Construal and Dialecticism

Self-construal theory posits that cultural differences in affect, cognitions, and behavior are influenced by the degree to which a person considers themselves fundamentally connected to or separate from others (Markus & Kitayama, 1991). According to this view, those in *individualistic* cultures—those which focus on the individual rights and needs of each person—are more likely to endorse an *independent* self-construal, in which oneself is perceived as relatively separate from others. Typically, such self-construal is considered characteristic of Western countries. This is contrasted with *collectivistic* cultures, which emphasize the needs of the community, and in which the *interdependent* view of the self prevails. Interdependent self-construal emphasizes the inseparability of self and others and are considered characteristic of Asian countries. There is some evidence that those in collectivistic cultures might be more likely to endorse the "common humanity" facet of self-compassion (Akin and Eroglu, 2013). This has implications for self-compassion, in part because in Western cultures, one of the primary misgivings about self-compassion is that it will undermine motivation (Robinson et al., 2016). In contrast, self-criticism, on the other hand, is often considered necessary to maintain motivation and personal standards, despite self-criticism increasing vulnerability to mental health problems (Schanche, 2013). In Eastern countries, self-criticism may also be viewed positively, but for different reasons, namely, for its role in helping to promote social harmony and maintain positive relationships (Yamaguchi et al., 2014). Interestingly, research has suggested that stronger endorsements of *either* independent or collectivist construals are associated with greater self-criticism, depending on the dominant culture (Yamaguchi et al., 2014). Yamaguchi et al. (2014) found that US participants who reported higher levels of independent self-construal reported more self-criticism, while in Japan, those who reported more interdependent self-construal were also more likely to criticize themselves.

There is some suggestion in the literature that the different functions of self-criticism across Eastern and Western countries may have different implications for mental health. For example, there is evidence demonstrating that in collectivist contexts, interdependent self-construal reduces the detrimental impact of self-criticism on mental health problems (Aruta et al., 2021). Aruta et al. (2021) proposed that when self-

criticism occurs in the context of interdependence, the benefits gained by fulfilling social norms and preserving relationships counter any negative impacts of self-criticism, thereby promoting better mental health outcomes. In more independent countries, it might be assumed that criticizing oneself in order to maintain motivation to achieve personal goals does not serve this same affiliative purpose; moreover, self-criticism for competitive motives may increase separation from others and increase vulnerability to depression (Gilbert & Woodyatt, 2017). However, the adaptive function of self-criticism in Eastern cultures may depend on the degree to which an individual feels aligned with cultural values (Aruta et al., 2021). Further, when self-criticism is harsh, and when it co-occurs with feelings of isolation and overidentification, it is likely to be detrimental for mental health, regardless of one's cultural background. Additionally, recent findings from Boyraz et al. (2020) suggest that the impact of culture and ethnicity on the relationships between self-compassion, self-criticism, and health outcomes are more complex and cannot be explained by single measures of cultural value or beliefs.

Dialectical Thinking Dialectical thinking refers to a technique of accepting and integrating two seemingly contradictory and opposing things to create a better idea. The tendency toward dialectical thinking and feeling varies across cultures and may influence the experience of compassion (Chio et al., 2021). People in dialectical cultures tend to experience positive and negative emotions simultaneously because they accept the ambivalence of things (Schimmack et al., 2002). For example, Japanese people are reported to have a dialectical emotional style in which they experience both positive and negative emotions with moderate frequency compared to Americans (Miyamoto & Ryff, 2011). Moreover, people with a moderate dialectical emotional style were found to experience fewer physical symptoms in Japan than in the United States (Miyamoto & Ryff, 2011). These results suggest that a balanced experience of emotions, rather than experiencing more positive and fewer negative emotions, may lead to better well-being among East Asians.

Applying the dialectical thinking to self-compassion, East Asian cultures may tend to have ambivalent emotional experiences, resulting in experiencing equal amounts of self-kindness and self-criticism simultaneously, albeit at more moderate levels than Western cultures. This response pattern could be quite different from Western non-dialectical cultures. If the pattern is evident, it would also be necessary to consider that the factor structure of self-compassion and its relationship with well-being may differ depending on the differences in dialectical thinking among cultures. Chio et al.'s (2021) meta-analysis of data from 27 cultures examined whether dialectical thinking might impact the correlation between CS and UCS components of the SCS. The results suggested that across cultures, there were moderate associations between CS and UCS, but dialectical culture moderated the correlation. In other words, correlations between conflicting constructs, such as self-kindness and self-criticism, were found to be lower in cultures that endorsed more dialectical thinking. However, as the SCS generalizes across different events, the extent to which it can provide insight into whether CS and UCS occur simultaneously is limited. Accordingly, it is important to test this hypothesis using the *state* rather than *trait* Self-Compassion Scale.

A cross-cultural study examined the effects of the CS and UCS on well-being and psychological distress among students in Hong Kong and the United States (Fung et al., 2021). The results revealed that both were associated with well-being and psychological distress only among students in Hong Kong. For American students, UCS were related to well-being, depression, and anxiety, while CS were not related to depression and anxiety. This result is consistent with research on American students and adults (Brenner et al., 2018). Fung et al. (2021) discussed that these cultural differences were found because of the tendency for individuals from collectivist cultures toward dialectical thinking. They proposed that a greater ability and experience to possess seemingly contradictory statements and emotions at the same time led to both UCS and CS uniquely affecting well-being as well as depression and

anxiety. They also argued that self-compassion might mitigate the impact of negative traits, such as self-criticism, on mental health issues because of the correlation between CS and UCS. Self-compassion is, however, characterized by an increase in CS and a decrease in UCS, such as being kind to oneself instead of being self-critical. Again, this line of inquiry requires the use of the state Self-Compassion Scale (Neff et al., 2021) to determine profiles of state CS and UCS across cultures and investigate their relationships with health outcomes. Further, it should be noted that even in cultures like Japan, who tend to report higher levels of dialectical thinking, experimental studies have found that CS and UCS of the SCS changed in tandem as a unitary construct following self-compassion intervention (Arimitsu, 2016).

Affective Expression

Another way that culture may influence self-compassion is via the socialization of emotion. For example, each culture has a variety of valued daily-life emotions (Mesquita, 2003), ideal emotions (Tsai, 2007), and behaviors. In a study comparing ideal emotions between the United States and China (Tsai, 2007), it was found that people in the United States tended to idealize high-arousal, positive emotional states (e.g., excitement, enthusiasm) while people in China tended to idealize low-arousal, positive emotional states (e.g., calmness, serenity). These differences in self-views indicate that in collectivistic cultures, other-focused emotions such as friendliness and guilt are likely to be more salient. Conversely, in individualistic cultures, affective responses that emphasize separateness from others—such as pride and anger—may be more salient (Kitayama et al., 2006). This suggests that adaptive emotions themselves differ due to differences in cultural views of the self and relationship with others. Accordingly, the expression of self-compassion, and its intensity and relationship with well-being, might differ between independent and interdependent cultures.

The cultural value or emphasis placed on affective and motivational states such as compassion likely influences their linguistic and behavioral expression in that culture. For example, if a culture emphasizes compassion, it should be relatively easier for helping behaviors to take root in that culture (Koopmann-Holm & Tsai, 2017). Furthermore, the vocabulary related to compassion should be more extensive and more distinct from other words related to emotion. Shaver et al. (1992) found differences in the English, Italian, and Chinese emotion lexicon for compassion (Shaver et al., 1992), suggesting that the way in which compassion is understood and expressed may differ depending on cultural background. Qualitative research to understand the lexicon associated with self-compassion across cultures is an important direction for future research.

There are two types of psychological well-being—hedonic and eudaemonic—which have been shown to vary in degree and relationship to compassion across cultures. High levels of life satisfaction and positive emotions and the absence of negative emotions are referred to as hedonic well-being, which is experienced when one has achieved pleasure and avoided pain. Arimitsu et al. (2019) conducted a comparative study of the relationship between compassion for self and others and hedonic and eudaemonic well-being and psychopathology between the United States, which has an independent view of the self, and Japan, with an interdependent view of the self. They hypothesized that self-compassion, which motivates people to move forward despite failures and difficulties, would maintain and improve hedonic well-being, such as positive emotions and life satisfaction, in independent cultures more than in interdependent cultures. The study revealed that self-compassion was a factor in improving positive affect and life satisfaction in both countries, but the explained variance for positive affect was higher in the United States than in Japan.

On the other hand, in interdependent cultures, it is adaptive to be able to meet the wishes and expectations of those around oneself to the greatest extent possible, and it is necessary to acquire

the flexibility to change one's thoughts and actions appropriately depending on others. Therefore, eudemonic well-being is more likely to be enhanced when people have a high level of compassion for others. Among the measures of eudemonic well-being, interpersonal happiness is one that may be enhanced by compassion for others in interdependent cultures. Hitokoto and Uchida (2015) developed a scale that measures interdependent happiness, which serves as a comprehensive assessment of whether one has harmonious relationships with others, makes others happy, is on par with others, and is in a peaceful emotional state. The study found that in Japan, being in harmony with others, rather than one's own superiority over others, leads to life satisfaction and positive emotions. The moderation effect of culture on interdependent happiness was found, with higher compassion associated with higher interdependent happiness only in Japan, an interdependent culture.

Culture and self-construals may also impact the relationship between compassion for others and negative emotions related to others (Arimitsu et al., 2019). Previous cross-cultural studies showed that social anxiety disorder (SAD) is characterized by self-focused attention that increases not only the belief that one is behaving in a socially inappropriate manner but also negative thoughts and feelings about oneself. However, Taijin-Kyofu-Sho (TKS) features the other-focused cognition of fearing that one's inappropriate behavior will make others uncomfortable. Patients with TKS fear offending others by emitting offensive odors, blushing, staring inappropriately, and presenting an improper facial expression or physical deformity (Hofmann & Hinton, 2014). TKS symptoms tend to be more prevalent in interdependent cultures than in independent cultures because the former tends to be more attentive to the feelings of others (Norasakkunkit et al., 2012). Since people with SAD and TKS focus their attention on the self and others, Arimitsu et al. (2019) proposed that their relationship with compassion for self and others may differ, and the relationship might also differ depending on the cultural view of self. In other words, it was predicted that in a self-focused, independent culture, self-compassion would be more robustly associated with lower SAD symptoms than in an interdependent culture, while in an interdependent, other-focused culture, compassion for others would be more likely to be associated with lower TKS symptoms than in an independent culture. The results revealed no evidence of the predicted culture moderation effects. Self-compassion was associated with lower SAD symptoms, while compassion for others was associated with lower TKS symptoms across cultures, but there was no effect of cultural self-construals on the relationship between self-compassion and psychiatric symptoms. It should be noted, however, that the study included only two different cultural groups—Japan and the United States—and had limited indicators for well-being and psychopathological symptoms.

Values and Social Norms

Hofstede et al.'s (2001, 2010) Cultural Dimensions Theory proposes six dimensions of cultural values that are thought to influence behavior. In addition to individualism-collectivism, these dimensions are masculinity-femininity (i.e., the extent to which one is focused on tasks and competitive achievements versus people and relationships), power distance (the degree to which unequal power distribution in a society is accepted by the less powerful), long-term orientation (the extent to which individuals prepare for the future), uncertainty avoidance (the degree of comfort that society members have with ambiguity), and indulgence-restraint (the extent to which individuals endorse hedonism and impulsive behavior). Montero-Marin et al. (2018) examined the relationship between the six dimensions of Hofstede's cultural values and CS and UCS of the SCS in 11 countries and found that the higher the cultural value of long-term orientation, the higher the CS scores. This may be because both self-compassion and long-term orientation reflect a higher level of self-regulation (Biber & Ellis, 2019). Similarly, indulgence—the opposite of self-control—was also associated

with lower CS scores. Furthermore, the higher the cultural value of individualism, the higher the UCS scores. Furthermore, in the Korean and Japanese samples, where long-term orientation, uncertainty avoidance, and self-control were high, the correlation between CS and UCS of the SCS was low, the factor loadings of CS items were high, and the factor loadings of the UCS items were low.

A cross-cultural study examined self-compassion with work engagement and mental health problems among Dutch and Japanese workers (Kotera et al., 2020). The results revealed that mental health problems were significantly inversely associated with self-compassion among Japanese workers and with work engagement among Dutch workers. With reference to Hofstede's cultural value dimensions, Japan has a higher tendency toward power inequality, masculinity, and uncertainty avoidance than does the Netherlands, while the Netherlands has a higher tendency toward individualism and indulgence than does Japan. Although the comparison between these two countries is minimal, it suggests that self-compassion has no effect on mental health problems among Dutch people. Other studies, however, revealed contrary findings of work engagement predicting the onset of depression in Japan (Imamura et al., 2016) and self-compassion being associated with lower depression in the Netherlands (Kreemers et al., 2020). Further studies are needed to determine whether these cultural differences are consistently observed not only in such cross-sectional studies but also experimental ones.

Other Factors

Most of the cultural differences reviewed in this chapter were related to individualism-collectivism and cultural self-view. There are, however, other factors and psychological indicators that may impact self-compassion. One such cultural factor is *simpatia* or the tendency to avoid conflict and outright negativity in favor of warm, positive social interactions. This is most prevalent in Latin countries, in which individuals are more likely to help strangers than they are in countries without such traditions of *simpatia* (Levine et al., 2001). The results of a field experiment in 23 major cities around the world revealed large cross-cultural differences in helping behaviors toward strangers, ranging from 93% in Rio de Janeiro to 40% in Kuala Lumpur. A potential direction for future work is to determine whether *simpatia*'s characteristics of warmth and positive relationship building would have a positive impact on self-compassion and whether this varies across cultures.

Limitations and Future Prospects

As the current chapter demonstrates, cultural differences have been examined in the mean and factor structure of SCS, and in the relationship between SCS, well-being, and psychopathology. One of the limitations of this research is the lack of experimental studies. Although several studies have shown that self-compassion could reduce experimentally induced distress, few have investigated this phenomenon cross-culturally using the same protocol in equivalent samples. Large-scale studies and collaborative efforts across countries can support standardization of trial protocols to generate more robust insights into the process and outcomes of self-compassion training across cultures.

In the literature reviewed in this chapter, there is suggestion that the effects of self-criticism and self-compassion on emotions and motivation may vary across collectivist and individualistic countries. An experiment might clarify whether individualism increases the effect of CS on motivation and well-being because of the desire for self-actualization and individual uniqueness or whether collectivism weakens the effect of CS because of their belief of self-improvement effect of self-criticism. It may also be interesting to test whether the effects of self-compassion training are impacted by "priming" participants with a stimulus that reinforces the role of self-compassion within their cultural value system (e.g., priming participants from individualist cultures by telling them that self-compassion will

increase their motivation for personal goals or telling participants from collectivist countries that self-compassion will increase group harmony and interpersonal relationships).

Future intervention studies and qualitative work could also focus on whether resistance to self-compassion is influenced by culture and the implications of this for intervention engagement. For example, depending on the religious background of the participants, it may be offensive to emphasize that self-compassion and its meditation techniques are derived from Buddhism. Since compassion is an important part of the doctrines of not only Buddhism but also Christianity, Hinduism, and many other religions, it may not be necessary to inform participants about Buddhist doctrines. Moreover, participants from Buddhist countries who are well versed with Buddhism may feel uncomfortable practicing something slightly different from what they are familiar with in their own culture. For example, one of the practices of Zen Buddhism in Japan is *zazen*, which is different from mindfulness meditation in both doctrine and method. In contrast to some "mental training" meditation approaches, Zazen focuses on "simply" sitting with awareness of body and mind, without the explicit goal of improving mental health or concentration. For participants who are familiar with such traditional religious practices, being told that a meditation method or program has been scientifically proven to be effective may seem awkward. Such instances of knowledge getting in the way of practice are likely to occur in all countries, cultures, and religions as the concepts of mindfulness and compassion and their meditation methods spread.

In order to account for the cultural background of the participants, it should be common practice to match the cultural background of the facilitator as well as the language used or to adapt the method to the culture. Mindfulness-based interventions applied to Hispanic populations have demonstrated that cultural adaptation can be used to improve engagement and implementation without compromising the quality of the research (Castellanos et al., 2020). Programs to improve self-compassion are currently becoming widespread globally. It will be necessary to gather extensive practical knowledge to apply the various findings across cultures and to clarify what kind of innovations are needed in self-compassion interventions.

The second limitation is that most cross-cultural comparisons are based on the self-construal dimensions of collectivism-individualism. Further, cross-cultural studies tend to make comparisons between cultures at the extremes of only one dimension, without accounting for the impact of other dimensions. Given that cultural dimensions are multifaceted and complex, larger samples are required to enable multivariate analyses. Such studies could test whether the influence of self-compassion on emotions and motivation across cultures depends on situational factors, such as whether success or failure is experienced in an in-group or in interactions with an out-group.

The third limitation is the translated version of the SCS; although the one bifactor plus six-factor model of the SCS has a good fit across cultures, it inevitably has exceptions. The results of a meta-analysis (Chio et al., 2021) revealed that cultural differences in the correlations between CS and UCS of the SCS are influenced by dialectical thinking tendency, which allows for the coexistence of each aspect in dialectical cultures. To test this hypothesis, researchers should measure the dialectical tendency across cultures and test the fit of the model.

The fourth limitation is the lack of studies that use behavioral indicators. Although this is related to the lack of experimental studies, it is better to examine how behavior in certain situations differs among cultures to avoid verbal bias. For example, a cultural difference in the form of more sharing behaviors among Asian children has been reported (e.g., Stewart & McBride-Chang, 2000). While individualistic cultures seek self-actualization and individual uniqueness, in collectivistic cultures, parents train their children from an early age to view shared behavior as part of family approval and identity and to be seen as "givers" by others. For self-compassionate behaviors, Gilbert et al. (2017) developed a scale consisting of items such as "Pay attention to what

might be helpful to you" and "Create a state of mind that is supportive, helpful, and encouraging to you." If individualistic cultures are more prone to self-actualization and self-enhancement, then the propensity for these behaviors may also be higher in these cultures compared to collectivistic cultures.

The fifth limitation is that the measures of well-being used in previous studies are few. Self-compassion has been examined in relation to psychological well-being, life purpose, and self-acceptance, in addition to hedonic well-being, such as positive emotions and life satisfaction (Zessin et al., 2015). However, few cross-cultural studies have included eudaemonic well-being (e.g., Arimitsu et al., 2019), and further investigation is warranted. In addition, because collectivistic cultures aim to promote interpersonal harmony, interpersonal satisfaction between parents and children or couples might be appropriate indicators. Self-compassion has also been found to lead to maintenance of romantic relationships (Jacobson et al., 2018), and future examination of how self-compassion supports interpersonal functioning across cultures is needed.

Conclusion

In this chapter, cultural differences in self-compassion were reviewed, focusing on differences in the mean values, factor structure, and well-being. The factor structure of self-compassion was found to fit a one bifactor plus six-factor model across cultures. The associations between self-compassion and both well-being and psychological distress are also evident across cultures. However, cross-cultural studies suggest that cultural self-construals and values might impact the correlation between CS and UCS of the SCS in interdependent and dialectical cultures. Some studies have also identified the moderating effects of culture, such as the stronger ability of self-compassion to improve well-being in independent cultures. However, a research question remains as to whether the cultural factors might impact the beneficial effects of self-compassion on motivation and well-being. More experimental studies using the state SCS should be conducted across more cultures in the future.

References

Akin, A., & Eroglu, Y. (2013). Self-compassion and relational-interdependent self-construal. *Studia Psychologica, 55*(2), 111–121. https://doi.org/10.21909/sp.2013.02.629

Alabdulaziz, H., Alquwez, N., Almazan, J. U., Albougami, A., Alshammari, F., & Cruz, J. P. (2020). The Self-Compassion Scale Arabic version for baccalaureate nursing students: A validation study. *Nurse Education Today, 89*, 104420–104420. https://doi.org/10.1016/j.nedt.2020.104420

Arimitsu, K. (2014). Development and validation of the Japanese version of the Self-Compassion Scale. *The Japanese Journal of Psychology, 85*, 50–59. https://doi.org/10.4992/jjpsy.85.50

Arimitsu, K. (2016). The effects of a program to enhance self-compassion in Japanese individuals: A randomized controlled pilot study. *The Journal of Positive Psychology, 11*(6), 559–571. https://doi.org/10.1080/17439760.2016.1152593

Arimitsu, K., Hitokoto, H., Kind, S., & Hofmann, S. G. (2019). Differences in compassion, well-being, and social anxiety between Japan and the USA. *Mindfulness, 10*(5), 854–862. https://doi.org/10.1007/s12671-018-1045-6

Aruta, J. J. B. R., Antazo, B. G., & Paceño, J. L. (2021). Self-stigma is associated with depression and anxiety in a collectivistic context: The adaptive cultural function of self-criticism. *The Journal of Psychology, 155*(2), 238–256. https://doi.org/10.1080/00223980.2021.1876620

Biber, D. D., & Ellis, R. (2019). The effect of self-compassion on the self-regulation of health behaviors: A systematic review. *Journal of Health Psychology, 24*(14), 2060–2071. https://doi.org/10.1177/1359105317713361

Birkett, M. (2013). Self-compassion and empathy across cultures: Comparison of young adults in China and the United States. *International Journal of Research Studies in Psychology, 3*, 25–34. https://doi.org/10.5861/ijrsp.2013.551

Boyraz, G., Legros, D. N., & Berger, W. B. (2020). Self-criticism, self-compassion, and perceived health: Moderating effect of ethnicity. *Journal of General Psychology, 148*, 149–167. https://doi.org/10.1080/00221309.2020.1746232

Brenner, R. E., Vogel, D. L., Lannin, D. G., Engel, K. E., Seidman, A. J., & Heath, P. J. (2018). Do self-compassion and self-coldness distinctly relate to distress and well-being? A theoretical model of self-relating. *Journal of Counseling Psychology, 65*, 346–357.

Cababie, M., & Etchezahar, E. (2022). Adaptation and validation of the Self-Compassion Scale (SCS) in an

argentine context. *Current Psychology*. https://doi.org/10.1007/s12144-021-02505-w

Castellanos, R., Spinel, M. Y., Phan, V., Orengo-Aguayo, R. E., Humphreys, K., & Flory, K. (2020). A systematic review and meta-analysis of cultural adaptations of mindfulness-based interventions for Hispanic populations. *Mindfulness, 11*(2), 317–332. https://doi.org/10.1007/s12671-019-01210-x

Chen, Y.-J., & Chen, S.-H. (2019). The Taiwanese version of the Self-Compassion Scale: Psychometric properties, implications for psychological health and self-compassion across multiple generations. *Chinese Journal of Psychology, 61*(1). https://doi.org/10.6129/CJP.201903_61(1).0003

Chio, F. H., Mak, W., & Yu, B. C. (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 Psychology Review, 85*, 101986. https://doi.org/10.1016/j.cpr.2021.101986

Darmawan, M., Taufik Akbar Rizqi, Y., Annisa Zaenab Nur, F., Amanda Meuthia, R., & Giofanny Filadelfia, L. (2020). Properti psikometri Self-Compassion Scale versi Indonesia: Struktur faktor, reliabilitas, dan validitas kriteria. *Persona, 9*(2), 189–208. https://doi.org/10.30996/persona.v9i2.3944

Deniz, M. E., Kesici, Ş., & Sümer, A. S. (2008). The validity and reliability of the Turkish version of the Self-Compassion Scale. *Social Behavior and Personality, 36*(9), 1151–1160. https://doi.org/10.2224/sbp.2008.36.9.1151

Deniz, M. E., Satici, S. A., Doenyas, C., & Caglar, A. (2022). Self-Compassion Scale for Youth: Turkish adaptation and exploration of the relationship with resilience, depression, and well-being. *Child Indicators Research, 15*, 1255–1267. https://doi.org/10.1007/s12187-022-09915-7

deZoysa, P., Kumar, S., Amarasuriya, S. D., & Mendis, N. S. R. (2021). Cultural validation of the Self-Compassion Scale and the Subjective Happiness Scale and the influence of gender on self-compassion and subjective happiness in a Sri Lankan undergraduate population. *Asian Journal of Social Psychology, 25*(3), 421. https://doi.org/10.1111/ajsp.12505

Ewert, C., Vater, A., & Schröder-Abé, M. (2021). Self-compassion and coping: A meta-analysis. *Mindfulness, 12*(5), 1063–1077. https://doi.org/10.1007/s12671-020-01563-8

Finlay-Jones, A., Xie, Q., Huang, X., Ma, X., & Guo, X. (2017). A pilot study of the 8-week mindful self-compassion training program in a Chinese community sample. *Mindfulness, 9*(1), 993–1002. https://doi.org/10.1007/s12671-017-0838-3

Fung, J., Chen, G., Kim, J., & Tracy, L. (2021). The relations between self-compassion, self-coldness, and psychological functioning among North American and Hong Kong college students. *Mindfulness, 2*, 2161–2172. https://doi.org/10.1007/s12671-021-01670-0

Garcia-Campayo, J., Navarro-Gil, M., Andrés, E., Montero-Marin, J., López-Artal, L., & Demarzo, M. M. P. (2014). Validation of the Spanish versions of the long (26 items) and short (12 items) forms of the Self-Compassion Scale (SCS). *Health and Quality of Life Outcomes, 12*(1), 4–4. https://doi.org/10.1186/1477-7525-12-4

Gilbert, P. (2015). The evolution and social dynamics of compassion. *Social and Personality Psychology Compass, 9*(6), 239–254. https://doi.org/10.1111/spc3.12176

Gilbert, P., & Woodyatt, L. (2017). An evolutionary approach to shame-based self-criticism, self-forgiveness, and compassion. In L. Woodyatt, E. L. Worthington, & M. Wenzel (Eds.), *Handbook of the psychology of self-forgiveness*. Springer. https://doi.org/10.1007/978-3-319-60573-9

Gilbert, P., Catarino, F., Duarte, C., Matos, M., Kolts, R. L., Stubbs, J., Ceresatto, L., Duarte, J., Pinto-Gouveia, J., & Basran, J. (2017). The development of compassionate engagement and action scales for self and others. *Journal of Compassionate Health Care, 4*, 1–24. https://doi.org/10.1186/s40639-017-0033-3

Goetz, J. L., Keltner, D., & Simon-Thomas, E. R. (2010). Compassion: An evolutionary analysis and empirical review. *Psychological Bulletin, 136*(3), 351–374. https://doi.org/10.1037/a0018807

Guo, L., Zhang, J., Mu, L., & Ye, Z. (2020). Preventing postpartum depression with Mindful Self-Compassion intervention: A randomized control study. *The Journal of Nervous and Mental Disease, 208*(2), 101–107. https://doi.org/10.1097/NMD.0000000000001096

Halamová, J., Kanovský, M., & Pacúchová, M. (2018). Self-Compassion Scale: IRT psychometric analysis, validation, and factor structure – Slovak translation. *Psychologica Belgica, 57*(4), 190–209. https://doi.org/10.5334/pb.398

Halamova, J., Kanovsky, M., Jakubcova, K., & Kupeli, N. (2020). Short online compassionate intervention based on Mindful Self-Compassion program. *Československá Psychologie, 64*(2), 236–250.

Hitokoto, H., & Uchida, Y. (2015). Interdependent happiness: Theoretical importance and measurement validity. *Journal of Happiness Studies, 16*(1), 211–239. https://doi.org/10.1007/s10902-014-9505-8

Hofmann, S., & Hinton, D. (2014). Cross-cultural aspects of anxiety disorders. *Current Psychiatry Reports, 16*, 450. https://doi.org/10.1007/s11920-014-0450-3

Hofstede, G. (2001). *Culture's consequences: Comparing values, behaviors, institutions, and organizations across nations*. (2nd ed.). Thousand Oaks, CA: Sage Publications.

Hofstede, G., Hofstede, G. J., & Minkov, M. (2010). *Cultures and organizations: Software of the mind* (Revised and Expanded 3rd ed.). McGraw-Hill.

Huang, J., Lin, K., Fan, L., Qiao, S., & Wang, Y. (2021). The effects of a self-compassion intervention on future-oriented coping and psychological well-being: A randomized controlled trial in Chinese college students. *Mindfulness, 12*(6), 1451–1458. https://doi.org/10.1007/s12671-021-01614-8

Hupfeld, J., & Ruffieux, N. (2011). Validierung einer deutschen Version der Self-Compassion Scale (SCS-D). *Zeitschrift für Klinische Psychologie*

und Psychotherapie, 40(2), 115–123. https://doi.org/10.1026/1616-3443/a000088

Imamura, K., Kawakami, N., Inoue, A., Shimazu, A., Tsutsumi, A., Takahashi, M., & Totsuzaki, T. (2016). Work engagement as a predictor of onset of major depressive episode (MDE) among workers, independent of psychological distress: A 3-year prospective cohort study. *PLoS One, 11*(2), e0148157. https://doi.org/10.1371/journal.pone.0148157

Jacobson, E., Wilson, K., Kurz, A. S., & Kellum, K. (2018). Examining self-compassion in romantic relationships. *Journal of Contextual Behavioral Science, 8*, 69–73. https://doi.org/10.1016/j.jcbs.2018.04.003

Kemppainen, J., Johnson, M. O., Phillips, J. C., Sullivan, K., Corless, I., Reid, P., Iipinge, S., Chaiphibalsarisdi, P., Sefcik, E., Chen, W., Kirksey, K., Voss, J., Rivero-Méndez, M., Tyer-Viola, L., Rose, C. D., Webel, A., Nokes, K., Portillo, C., Holzemer, W., Eller, L., Nicholas, P., Wantland, D., Brion, J., & Beamon, E. (2013). A multinational study of self-compassion and human immunodeficiency virus-related anxiety. *International Nursing Review, 60*(4), 477–486. https://doi.org/10.1111/inr.12056

Khatib, N. A. M., Roseliza-Murni, A., Hoesni, S. M., & Manap, J. (2021). Exploratory factor analysis of the Self-Compassion Scale-Malay Version: Its reliability among adolescents. *International Journal of Academic Research in Business and Social Sciences, 11*(3). https://doi.org/10.6007/IJARBSS/v11-i3/8916

Kim, J. J., Parker, S. L., Doty, J. R., Cunnington, R., Gilbert, P., & Kirby, J. N. (2020). Neurophysiological and behavioural markers of compassion. *Scientific Reports, 10*(1), 6789–6789. https://doi.org/10.1038/s41598-020-63846-3

Kirby, J. N., Tellegen, C. L., & Steindl, S. (2017). A meta-analysis of compassion-based interventions: Current state of knowledge and future directions. *Behavior Therapy, 48*(6), 778–792. https://doi.org/10.1016/j.beth.2017.06.003

Kitayama, S., Mesquita, B., & Karasawa, M. (2006). Cultural affordances and emotional experience: Socially engaging and disengaging emotions in Japan and the United States. *Journal of Personality and Social Psychology, 91*(5), 890–903. https://doi.org/10.1037/0022-3514.91.5.890

Koopmann-Holm, B., & Tsai, J. L. (2017). The cultural shaping of compassion. In E. M. Seppäla, E. Simon-Thomas, S. L. Brown, M. C. Worline, C. D. Cameron, & J. R. Doty (Eds.), *The Oxford handbook of compassion science* (pp. 273–285). Oxford University Press.

Kotera, Y., Van Laethem, M., & Ohshima, R. (2020). Cross-cultural comparison of mental health between Japanese and Dutch workers: Relationships with mental health shame, self-compassion, work engagement and motivation. *Cross Cultural & Strategic Management, 27*(3), 511–530. https://doi.org/10.1108/CCSM-02-2020-0055

Kotsou, I., & Leys, C. (2016). Self-Compassion Scale (SCS): Psychometric properties of the French translation and its relations with psychological well-being, affect and depression. *PLoS One, 11*(4), e0152880–e0152880. https://doi.org/10.1371/journal.pone.0152880

Kreemers, L., Hooft, E. A., Vianen, A. E., & Zilwa, S. C. (2020). Testing a self-compassion intervention among job seekers: Self-compassion beneficially impacts affect through reduced self-criticism. *Frontiers in Psychology, 11*, 1371. https://doi.org/10.3389/fpsyg.2020.01371

Levine, R., Norenzayan, A., & Philbrick, K. (2001). Cross-cultural differences in helping strangers. *Journal of Cross-Cultural Psychology, 32*(5), 543–560. https://doi.org/10.1177/0022022101032005002

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. https://doi.org/10.1016/j.cpr.2012.06.003

Mantzios, M., Wilson, J. C., & Giannou, K. (2013). Psychometric properties of the Greek versions of the self-compassion and mindful attention and awareness scales. *Mindfulness, 6*(1), 123–132. https://doi.org/10.1007/s12671-013-0237-3

Markus, H., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review, 98*(2), 224–253. https://doi.org/10.1037/0033-295X.98.2.224

Mesquita, B. (2003). Emotions as dynamic cultural phenomena. In R. Davidson, H. Goldsmith, & K. R. Scherer (Eds.), *The handbook of the affective sciences* (pp. 871–890). New York: Oxford University Press.

Miyamoto, Y., & Ryff, C. (2011). Cultural differences in the dialectical and non-dialectical emotional styles and their implications for health. *Cognition and Emotion, 25*, 22–39.

Montero-Marin, J., Kuyken, W., Crane, C., Gu, J., Baer, R., Al-Awamleh, A. A., Akutsu, S., Araya-Véliz, C., Ghorbani, N., Chen, Z. J., Kim, M.-S., Mantzios, M., Rolim Dos Santos, D. N., Serramo López, L. C., Teleb, A. A., Watson, P. J., Yamaguchi, A., Yang, E., & García-Campayo, J. (2018). Self-compassion and cultural values: A cross-cultural study of self-compassion using a multitrait-multimethod (MTMM) analytical procedure. *Frontiers in Psychology, 9*, 2638–2638. https://doi.org/10.3389/fpsyg.2018.02638

Nazari, N., Hernández, R. M., Ocaña-Fernandez, Y., & Griffiths, M. D. (2022). Psychometric validation of the Persian self-compassion scale youth version. *Mindfulness, 13*(2), 385–397. https://doi.org/10.1007/s12671-021-01801-7

Neff, K. D. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity, 2*(3), 223–250. https://doi.org/10.1080/15298860309027

Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*(2), 85–101. https://doi.org/10.1080/15298860309032

Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mind-

ful self-compassion program. *Journal of Clinical Psychology, 69*(1), 28–44.

Neff, K. D., Pisitsungkagarn, K., & Hsieh, Y. P. (2008). Self-compassion and self-construal in the United States, Thailand, and Taiwan. *Journal of Cross-Cultural Psychology, 39*(3), 267–285.

Neff, K. D., Whittaker, T. A., & Karl, A. (2017). Examining the factor structure of the Self-Compassion Scale in four distinct populations: Is the use of a total scale score justified? *Journal of Personality Assessment, 99*(6), 596–607. https://doi.org/10.1080/00223891.2016.1269334

Neff, K. D., Tóth-Király, I., Yarnell, L. M., Arimitsu, K., Castilho, P., Ghorbani, N., Guo, H. X., Hirsch, J. K., Hupfeld, J., Hutz, C. S., Kotsou, I., Lee, W. K., Montero-Marin, J., Sirois, F. M., de Souza, L. K., Svendsen, J. L., Wilkinson, R. B., & Mantzios, M. (2019). Examining the factor structure of the Self-Compassion Scale in 20 diverse samples: Support for use of a total score and six subscale scores. *Psychological Assessment, 31*(1), 27–45. https://doi.org/10.1037/pas0000629

Neff, K. D., Tóth-Király, I., Knox, M. C., Kuchar, A., & Davidson, O. (2021). The development and validation of the State Self-Compassion Scale (long and short form). *Mindfulness, 12*(1), 121–140. https://doi.org/10.1007/s12671-020-01505-4

Norasakkunkit, V., Kitayama, S., & Uchida, Y. (2012). Social anxiety and holistic cognition: Self-focused social anxiety in the United States and other-focused social anxiety in Japan. *Journal of Cross-Cultural Psychology, 43*(5), 742–757. https://doi.org/10.1177/0022022111405658

Petrocchi, N., Ottaviani, C., & Couyoumdjian, A. (2014). Dimensionality of self-compassion: Translation and construct validation of the self-compassion scale in an Italian sample. *Journal of Mental Health, 23*(2), 72–77. https://doi.org/10.3109/09638237.2013.841869

Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the Self-Compassion Scale. *Clinical Psychology and Psychotherapy, 18*(3), 250–255. https://doi.org/10.1002/cpp.702

Rezapour-Mirsaleh, Y., Shafizadeh, R., Shomali, M., & Sedaghat, R. (2021). Effectiveness of self-compassion intervention on criminal thinking in male prisoners. *International Journal of Offender Therapy and Comparative Criminology, 65*(1), 100–116. https://doi.org/10.1177/0306624X20936192

Robinson, K. J., Mayer, S., Allen, A. B., Terry, M., Chilton, A., & Leary, M. R. (2016). Resisting self-compassion: Why are some people opposed to being kind to themselves? *Self and Identity, 15*(5), 505–524. https://doi.org/10.1080/15298868.2016.1160952

Schanche, E. (2013). The transdiagnostic phenomenon of self-criticism. *Psychotherapy, 50*(3), 316–321. https://doi.org/10.1037/a0032163

Schimmack, U., Oishi, S., & Diener, E. (2002). Cultural influences on the relation between pleasant emotions and unpleasant emotions: Asian dialectic philosophies or individualism-collectivism? *Cognition and Emotion, 16*(2), 705–719. https://doi.org/10.1080/02699930143000590

Shaver, P., Wu, S., & Schwartz, J. (1992). Cross-cultural similarities and differences in emotion and its representation. In M. S. Clark (Ed.), *Review of personality and social psychology* (Vol. 13, pp. 175–212). Sage Publications.

Stewart, S., & McBride-Chang, C. (2000). Influences on children's sharing in a multicultural setting. *Journal of Cross-Cultural Psychology, 31*(3), 333–348. https://doi.org/10.1177/0022022100031003003

Strauss, C., Lever Taylor, B., Gu, J., Kuyken, W., Baer, R., Jones, F., & Cavanagh, K. (2016). What is compassion and how can we measure it? A review of definitions and measures. *Clinical Psychology Review, 47*, 15–27. https://doi.org/10.1016/j.cpr.2016.05.004

Tóth-Király, I., & Neff, K. D. (2020). Is self-compassion universal? Support for the measurement invariance of the Self-Compassion Scale across populations. *Assessment, 28*(1), 169–185. https://doi.org/10.1177/1073191120926232

Tsai, J. (2007). Ideal affect: Cultural causes and behavioral consequences. *Perspectives on Psychological Science, 2*(3), 242–259. https://doi.org/10.1111/j.1745-6916.2007.00043.x

Uršič, N., Kocjančič, D., & Žvelc, G. (2019). Psychometric properties of the Slovenian long and short version of the self-compassion scale. *Psihologija, 52*(2), 107–125. https://doi.org/10.2298/PSI180408029U

Veneziani, C. A., Fuochi, G., & Voci, A. (2017). Self-compassion as a healthy attitude toward the self: Factorial and construct validity in an Italian sample. *Personality and Individual Differences, 119*, 60–68. https://doi.org/10.1016/j.paid.2017.06.028

Yamaguchi, A., Kim, M.-S., & Akutsu, S. (2014). The effects of self-construals, self-criticism, and self-compassion on depressive symptoms. *Personality and Individual Differences, 68*, 65–70. https://doi.org/10.1016/j.paid.2014.03.013

Yeung, A., Xie, Q., Huang, X., Hoeppner, B., Jain, F. A., Tan, E. K., Mai, X., Mischoulon, D., & Guo, X. (2021). Effectiveness of Mindful Self-Compassion training dupported by online peer groups in China: A pilot study. *Alternative Therapies in Health and Medicine*, AT6940. Advance online publication.

Zessin, U., Dickhäuser, O., & Garbade, S. (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology: Health and Well-being, 7*(3), 340–364. https://doi.org/10.1111/aphw.12051

Zhang, H., Dong, L., Watson-Singleton, N. N., Tarantino, N., Carr, E. R., Niles-Carnes, L. V., et al. (2019). Psychometric properties of the Self-Compassion Scale (SCS) in an African American clinical sample. *Mindfulness, 10*(7), 1395–1405. https://doi.org/10.1007/s12671-019-01099-6

김경의, 이우경, 채숙희, 이금단, & Yongrae, C. (2008). The validation study of the Korean version of the Self-Compassion Scale. *Korean Journal of Health Psychology, 13*(4), 1023–1044. https://doi.org/10.17315/kjhp.2008.13.4.012