

Self-Compassion in Clinical Samples: A Systematic Literature Review

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Abstract

Self-compassion, broadly, means to treat oneself kindly in times of need, same as one would do with a dear friend (Neff, 2003b). This systematic review focuses on self-compassion as is found in clinical samples. It specifically reviews 28 relevant studies to find out if people belonging in what is called “clinical samples” have lower levels of self-compassion than those of non-clinical samples in the first place and if this is a crucial factor for the appearance of psychopathological symptoms (i.e. anxiety disorders, bipolar disorder, borderline personality disorder, PTSD, depression, schizophrenia etc.), or it is the other way around. Even though most studies tend to agree that low self-compassion and psychopathology are present in clinical samples, no study until now can prove a clause for causality, as most studies were of a cross-sectional design and had a great heterogeneity concerning both mental health issues involved and ages/genders. Future studies could use additional mediators to check out how low self-compassion and mental health are connected. Another question to be asked is if self-compassion is equally important for one’s recovery as it is for the prevention of appearance of mental illness. The systematic review highlights issues from the current evidence that may be used for further research.

Keywords

Self-Compassion, Clinical, Psychopathology, Systematic Review

1. Introduction

Even though the East and the West have been two worlds apart for a lot of years, lately there’s a shift and the Western world has been looking into what it might learn from its sister world, the East. In the West, psychiatry is still king. In the East, one can find purer solutions to one’s problems: yoga, Buddhism and sever-

al other peaceful concepts. One of those notions of the Buddhist philosophy is self-compassion. Self-compassion, a concept firstly researched and defined by [Kristin Neff \(2003b\)](#) actually means to be able to treat oneself as one would be a loved one, in times of need: with kindness, warmth, acceptance. Compassion and self-compassion are, of course, interrelated. “To have compassion means to be attentive to and be touched by one’s pain”, [Neff \(2003b\)](#) writes. To have self-compassion is to be able to do all of the above, when it comes to yourself. [Neff \(2003b\)](#) defines self-compassion as

“being touched by and open to one’s own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one’s suffering and to heal oneself with kindness. Self-compassion also involves offering non-judgmental understanding to one’s pain, inadequacies and failures, so that one’s experience is seen as part of the larger human experience” (p. 87).

According to [Neff’s \(2003a\)](#) description, self-compassion consists of three elements:

“1) self-kindness—being kind and understanding toward oneself in instances of pain or failure rather than being harshly self-critical, 2) common humanity—perceiving one’s experiences as part of the larger human experience rather than seeing them as separating and isolating, and 3) mindfulness—holding painful thoughts and feelings in balanced awareness rather than over-identifying with them” (p. 85).

These three components, while distinct in their conceptual level, are interconnected and to name a person as self-compassionate, it is crucial that they can exhibit all of them in a degree or another ([Neff, 2009](#)).

Research has shown again and again the importance self-compassion can have for a person’s life and the list of evidence keeps growing. Self-compassion is connected with more happiness, greater life-satisfaction, better emotional regulation, a muted sense of self-criticism and a better interpretation of academic failure, to mention just a few of the advantages ([Barnard & Curry, 2011](#); [Neff, Hsieh, & Dejitterat, 2005](#)). Self-compassion seems to be a great asset for one’s more positive sense of well-being and it appears to make people feel safer and more in peace with their doings or misdoings ([Zessin et al., 2015](#)). Accumulating evidence shows that it acts like an armor, protecting oneself against psychopathological symptoms ([Barnard & Curry, 2011](#); [MacBeth & Gumley, 2012](#)). Resilience to mental health issues appears to be interconnected with the ability to be self-compassionate ([Trompetter et al., 2016](#)). The bibliography shows that self-compassion is a great source of strength for a person’s mental health and a lot of study findings show that it can be a protective factor against depression and anxiety as rumination and stress tend to be moderated when self-compassion appears ([Barnard & Curry 2011](#); [Ehret et al. 2014](#); [MacBeth & Gumley 2012](#); [Samaie & Farahani, 2011](#)). Because self-compassionate people are kind, mindful with their own pain and do not over-identify with it, but treat

themselves with support and care, they appear to have a better cognitive reappraisal and acceptance when situations are hard (Allen & Leary 2010; Leary et al., 2007). Research findings depict that people with self-compassion don't develop depressive symptoms as much but there isn't sufficient literature on how self-compassion acts as a resilience mechanism in relation to psychopathology (Diedrich et al. 2014; Trompetter et al., 2016).

Reading said literature, the question arises, how is self-compassion connected with the field of mental health when the population is that of a clinical sample? To define mental health can be a tricky issue as psychiatry tends to divide people into mentally healthy or unhealthy (Keyes, 2005). Even though this division doesn't seem to do justice to either being healthy or unhealthy when it comes to mental states, this paper will adopt the description of modern psychiatry and clinical psychology to have a common ground with the studies being reviewed. What does the literature say about the relationship between self-compassion and what psychiatric tools like the DSM-V (American Psychiatric Association, 2013) and the ICD-10 (World Health Organization, 1992) regard as psychopathology (i.e., major depressive episode, generalized anxiety, borderline personality disorder, bipolar disorder, alcohol dependence etc.)? This systematic review will try to bring forward the body of research dedicated to how exactly self-compassion relates to clinical samples.

At first, MacBeth and Gumley's (2012) meta-analysis explored compassion and more specifically self-compassion and its associations to psychopathology, but they mostly focused in what they refer to as "common" psychopathology - that is anxiety, depression and stress. They also cared to evaluate how demographic moderator variables like sampling and gender affected the relationship between compassion and psychopathology.

Later, Muris & Petrocchi (2016) attempted a systematic literature search and meta-analysis, too, including a much broader spectrum of psychopathological symptoms. Their main concern was to see if self-compassion could act protectively to psychopathology and also, to explore the relations between the positive and negative aspects of self-compassion and psychopathology, but they only included studies that specifically had to do both with the "positive" and "negative" subscales of these measures, apart from the total scores.

This systematic literature review differs in that it will focus on the research papers published only the last six years (i.e. from 2012 and later) and will explore the relationship between self-compassion and psychopathology in clinical samples. The focal point of this review is to explore if people of clinical samples have lower levels of self-compassion than those of non-clinical samples in the first place and if this is a crucial factor for the appearance of psychopathological symptoms (i.e. anxiety disorders, bipolar disorder, borderline personality disorder, PTSD, depression, schizophrenia etc.) or the other way around. The paper has excluded from its review eating disorders as a systematic review recently published (Braun et al., 2016) sufficiently covered the pertinent topic.

This systematic review focuses on self-compassion as is found in clinical samples. It specifically reviews 28 relevant studies to find out if people belonging in what is called “clinical samples” have lower levels of self-compassion than those of non-clinical samples in the first place and if this is a crucial factor for the appearance of psychopathological symptoms (i.e. anxiety disorders, bipolar disorder, borderline personality disorder, PTSD, depression, schizophrenia etc.), or is it the other way around.

2. Method

Relevant data were collected using Kristin Neff’s website, the Pubmed database and google scholar. At first, Kristin Neff’s homepage was visited and there’s a category there, named “research” (<http://self-compassion.org/the-research/>), which gives away a collected database of almost everything ever written on the subject of self-compassion. She has categorized the work both according to areas of study and alphabetically. In the area of study “Self-compassion in Clinical Contexts” she has collected 74 relevant publications. After this, pubmed database was used with the search keywords “self-compassion AND clinical samples”, “self-compassion AND psychopathology”, “self compassion AND psychopathology”, “self-compassion AND DSM”, “self compassion AND DSM” and the same keywords were used in Google scholar to see if anything different came up.

The search gave a number of studies, but to include them in the review they had to be written in the English language and to be published from 2012 and later. Papers which didn’t mention research data, literature articles only based on bibliography or opinion and meta-analyses were excluded. There was a compare and contrast with Neff’s list of publications and after reading the titles and the abstracts, 28 papers were selected for this systematic literature review. Selected studies had to do with self-compassion in the field of clinical samples and psychopathology as defined by the ICD-10, DSM-IV and the DSM-V. For the measurement of this concept, most researchers have relied on the Self-Compassion Scale of 26 questions (SCS; Neff, 2003a) or its abbreviated version, the Self-Compassion Scale-Short Form, with 12 questions (SCSSF; Raes, Pommier, Neff, & Van Gucht, 2011).

3. Results

Overall, 28 studies were included in this systematic review and they’re organized alphabetically in the table above (Table 1, Results.) Most of the studies used quantitative methods to analyze their data.

3.1. Self-Compassion and Anxiety Disorders

In a study with people with Generalized Anxiety Disorder (GAD) it was shown that GAD patients reported lower mindfulness and self-compassion levels and higher levels of worry and anxiety (Hoge et al., 2013). According to another

Table 1. Results.

Reference	Study Design	Study Aim	Measure	Sample	Key findings
Beaumont et al. (2012)	Prospective, comparative outcome study (repeated measures design)	To contrast the relative impact of differing therapeutic interventions for trauma victims, carried out by the same therapist.	12 sessions of either Cognitive Behavior Therapy (CBT), or CBT coupled with Compassionate Mind Training (CMT). Data was gathered pre-therapy and post-therapy, using three self-report questionnaires: Hospital Anxiety and Depression Scale; Impact of Events Scale; the Self-Compassion Scale (SCS).	A non-random convenience sample (N = 32) of participants, referred for therapy following a traumatic incident.	Participants in both conditions experienced a highly statistically significant reduction in symptoms of anxiety, depression, avoidant behavior, intrusive thoughts and hyper-arousal symptoms post-therapy. Participants in the combined CBT and CMT condition developed statistically significant higher self-compassion scores post-therapy than the CBT-only group [$F(1.30) = 4.657, p \leq 0.05$]. There was no significant difference between treatment groups.
Braehler et al. (2013)	Prospective, randomized, open-label, blinded end point evaluation clinical trial.	To assess the safety, the acceptability, the potential benefits, and associated change processes of using group Compassion focused therapy (CFT) with people recovering from psychosis.	Compassion focused therapy change processes (semi-structured Recovery Narrative Interview designed to stimulate a narrative around), The Clinical Global Impression-Improvement Scale (CGI-I), the Narrative Recovery Style Scale (NRSS), The Beck Depression Inventory-II, e Fear of Recurrence Scale (FORSE), Personal Beliefs about Illness Questionnaire-Revised (PBIQ-R) Treatment as usual (TAU), and Group compassion focused therapy (CFT): patients with a schizophrenia-spectrum disorder were randomized to CFT plus treatment as usual (TAU; n = 22) or to TAU alone (n = 18). Group CFT comprised 16 sessions (2 hr each, 1 x week)	(N = 40) adult patients with a schizophrenia-spectrum disorder. Mean age was 43.2 years old for the CFT group and 40.0 for the TAU	Group CFT was associated with no adverse events, low attrition (18%), and high acceptability. Relative to TAU, CFT was associated with greater observed clinical improvement ($p < 0.001$) and significant increases in compassion ($p = 0.015$) of large magnitude. Relative to TAU, increases in compassion in the CFT group were significantly associated with reductions in depression ($p = 0.001$) and in perceived social marginalization ($p = 0.002$).
Brooks et al. (2012)	Cross-sectional survey (focus group, part of a larger, naturalistic research)	Examination of whether high levels of self-compassion are associated with lower levels of depression, anxiety and	The baseline questionnaire consisted of a range of demographic information including gender, education, income, date of birth and	Participants (N = 77, 42 male and 35 female), aged from 19 to 69 years, with a primary presentation of alcohol dependence based	At baseline, study participants were significantly higher in depression, anxiety, stress, alcohol use, and lower in

	study)	alcohol use at entry to treatment.	involvement in drug and alcohol Mindfulness rehabilitation services. Also, the Depression, Anxiety and Stress Scale (DASS-21), the Opiate Treatment Index (OTI) and the Self-compassion scale and the alcohol scale of the OTI.	on a DSM-IV diagnosis. Participants were both new and existing clients of the Central Coast Drug and Alcohol Counselling Service in Australia.	self-compassion than the general population. At 15 weeks follow-up, participants reported a significant increase in self-compassion, mindfulness, common humanity and self-kindness and significant decreases in self-judgement, isolation and over-identification.
Collett et al. (2016)	Cross-sectional	Five concepts in patients with persecutory delusions: 1) self-compassion, 2) schema, 3) self-stigma, 4) fears of madness and 5) self-esteem in association with suicidal ideation.	Psychotic Symptom Rating Scale – Delusions (PSYRATS), The Positive and Negative Syndrome Scales (PANSS), Persecution and Deservedness Scale (PaDS), The Self-Compassion Scale (SCS), The Brief Core Schema Scale (BCSS), Self-Stigma of Mental Illness Scale (SSMIS), Mental Health Worries Questionnaire (MHWC), Rosenberg Self-esteem Scale (RSES), Social Comparison Scale (SCS), Beck Depression Inventory (BDI), Beck Scale for Suicidal Ideation (BSS)	Participants over 18 years old, English being their mother language, with an experience of a current persecutory delusion as defined by Freeman and Garety (2000); a clinical diagnosis of non-affective psychosis (n = 21) and the Control group, same but without any reported mental health problem (n = 21) in England	The persecutory delusion group had many more negative self-cognitions and fewer positive self-cognitions. Suicidal ideation was highly associated with low self-compassion, low self-esteem, negative self-schema, and negative self-comparisons to others. Fears of madness and depression were also significantly related to suicidal ideation. Patients with persecutory delusions experience severe feelings of being inferior to others, worry that they are mad, and have lower self-compassion.
Diedrich et al. (2014)	Experimental design	To compare the effectiveness of self-compassion with a waiting condition, reappraisal, and acceptance in a clinically depressed sample, and to test the hypothesis that the intensity of depressed mood would moderate the differential efficacy of these strategies.	The Structured Clinical Interview for DSM-IV Axis I and II Disorders (SCID; German version). Experimental session. After the experiment, subjects completed a short post-survey.	N = 48 clinically depressed participants. Inclusion criteria were a current clinical diagnosis of MDD, age 18 and above, and proficiency in the German language. The majority of participants were female (62.5%). The average age of the participants was 35.7 years.	The reduction of depressed mood was significantly greater in the self-compassion condition than in the waiting condition. No significant differences were observed between the self-compassion and the reappraisal condition, and between the self-compassion and the acceptance condition in patients' mood ratings.
Diedrich et al. (2016)	Randomized control trial	To examine whether the efficacy of explicit cognitive reappraisal in major	The experiment consisted of four negative mood induction phases and four respective ER	N = 54 (64.8% female; age M = 35.59 individuals who met criteria for Major Depressive Disorder	Participants who had utilized self-compassion as a preparatory strategy experienced

		depressive disorder can be enhanced through the use of self-compassion and emotion-focused acceptance as preparatory strategies.	phases. Negative mood was induced with low-mood inducing music (extract from “Adagio in G minor” by Tomaso Giovanni Albinoni) which was played in the background and a modified Velten mood induction procedure. ER strategies were introduced by the presentation of the following sentence on the computer screen: Through the speaker you will be taught a strategy to regulate your mood Explicit reappraisal, Self-compassion, Emotion-focused acceptance, Waiting condition. Assessment Diagnoses were derived using the Structured Clinical Interview for DSM-IV Axis I and II Disorders.	(MDD), fluent in German	a significantly greater reduction of depressed mood during reappraisal than did those who had been instructed to wait prior to reappraisal. Participants who had used acceptance as a preparatory strategy did not experience a significantly greater reduction of depressed mood during subsequent reappraisal than those in the waiting condition.
Døssing, et al. (2015)	Cross-Sectional	To investigate if low self-compassion is linked to psychopathology and in particular in patients with Bipolar Disorder (BD).	Self-Compassion Scale (SCS), Altman Self-Rating Mania Scale (ASRM), Major Depression Inventory (MDI), Work and Social Adjustment Scale (WSAS), Satisfaction With Life Scale (SWLS), Internalized Stigma of Mental Illness Scale (ISMI-10) and further reported their illness history on a survey sheet.	Bipolar disorder patients (ICD-10) (n = 30) (mean age was 30.9 years) and a non-clinical group with same age (mean age was 30.8 years)/sex/gender (each group contained 9 males and 21 females) (n = 30). All were recruited from the Mood Disorders Clinic at Aarhus University Hospital in Denmark.	Patients with bipolar disorder had significantly lower self-compassion than controls. Self-compassion correlated positively and significantly with life-satisfaction but no significant correlations with functional impairment, internalized stigma or frequency of past affective episodes were found.
Eicher et al. (2013)	Exploratory, correlational study	To explore the relationship between self-compassion, symptoms and insight in individuals with schizophrenia.	Positive and Negative Syndrome Scale (PANSS), Scale to Assess Unawareness of Illness (Abbreviated) (SUMD), Beck Cognitive Insight Scale (BCIS), The Self-Compassion Scale (SCS), Marlowe-Crowne Social Desirability Scale (MCSDS)	76 men and 12 women with an SCID confirmed diagnosis schizophrenia (n = 51) or schizoaffective disorder (n = 37) (N = 88). The mean (SD) age of the participants was 49.61 years and there were recruited from a Midwestern Veterans Affairs (VA) medical center or community mental health center.	Higher self-compassion scores were associated with lower scores on the Positive and Negative Syndrome Scale positive, excitement and emotional discomfort symptom scales in addition to poorer insight.
Feliu-Soler et al. (2016)	Randomized Pilot Study	To investigate the effects of a short training	Patients were allocated to LKM/CM or mindfulness	Thirty-two patients with a diagnosis of BPD	Three weeks of loving-kindness and

	(intervention)	programme in loving-kindness and compassion meditation (LKM/CM) in patients with borderline personality disorder (BPD).	continuation training (control group). Interventions: Both interventions were group-based. The 3-week LKM/CM intervention included psychoeducational content from Gilbert's theoretical model of compassion and Neff & Germer vision. Diagnostic Interview for Borderlines Revised, Borderline Symptom List-23 (BSL-23), Self-Compassion Scale (SCS), Forms of Self-Criticism/Self-Attacking and Self Reassuring Scale (FSCRS), Philadelphia Mindfulness Scale (PHLMS)	according to DSM-IV-TR criteria. Participants ranged in age from 18 to 45 years, and included both male (n = 2) and female (n = 30) Caucasians.	compassion meditations increased acceptance of the present moment experience in patients with BPD. Significant improvements in the severity of borderline symptoms, self-criticism, mindfulness, acceptance and self-kindness were observed after the LKM/CM intervention.
Gilbert et al. (2012)	Exploratory, correlational study	Explores the relationship between fears of compassion and happiness in general, with capacities for emotional processing (alexithymia), capacities for mindfulness, and empathic abilities. To advance this research, a new scale was developed to measure general fears of and positive feelings—the Fear of Happiness Scale.	Fears of Compassion Scales, The Toronto Alexithymia Scale (TAS-20), The Five Facets of Mindfulness Questionnaire (FFMQ), Davis Interpersonal Reactivity Index, Types of Positive Affect Scale, Forms of Self-Criticism Scale, The Depression, Anxiety, and Stress Scale (DASS-42), Fear of Happiness Scale.	Students from the University of Derby participated in the study (N = 185). Participants were 153 women and 32 men with an age range of 18 - 57 years (M = 27.97)	Fears of compassion for self, from others and in particular fear of happiness, were highly linked to different aspects of alexithymia, mindfulness, empathy, self-criticism and depression, anxiety and stress.
Gumley & Macbeth (2014)	Pilot study (experimental correlational)	To explore associations between compassion and clinical symptoms in a group of individuals with psychosis and the further development of a narrative-based measure of compassion.	Narrative Compassion Interview (NCI), Narrative Compassion Scale (NCS), PANSS, Self-Compassion Scale (SeCS)	(N = 29) Participants were under the care of NHS Greater Glasgow and Clyde (NHS GG&C) mental health services and met Diagnostic and Statistical Manual of Mental Disorders—4th Edition (DSM-IV) criteria for an affective or non-affective psychotic disorder with a diagnosis of psychotic disorder. Average age was 40.6 years old, predominantly male (n = 25, 86.2%), white Scottish (n = 27, 93.1%) and single (n = 20, 69.0%)	Greater narrative compassion was associated with less negative symptoms, less cognitive disorganisation and less excitement. No correlations were found between narrative compassion and the Self-Compassion Scale.

Hoffart et al. (2015)	Randomised control trial	The within-person relationship of self-compassion components (self-kindness, common humanity, mindfulness, self-judgment, isolation, over-identification) and subsequent PTSD symptoms over the course of therapy.	PTSD Symptom Scale-Self-Report (PSS-SR), the Self-Compassion Scale (SCS) (translated to Norwegian), the MINI International Neuropsychiatric Interview (MINI), e Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II), Imaginal exposure, The Treatment Integrity Checklist	Referrals (N = 65) to a PTSD treatment program at a National ITT patients—38 women and 27 men—was 45.2 years.	The self-compassion components self-kindness, self-judgment, isolation, and over-identification had a within-person effect on subsequent PTSD symptoms, independently of therapy form. The within-person relationship between self-judgment and subsequent PTSD symptoms was stronger in patients with higher initial self-judgment. Few indications that within-person variations in PTSD symptoms predict subsequent self-compassion components.
Hoge et al. (2013)	Cross-Sectional	Whether GAD (Generalised Anxiety Disorder) patients would report lower mindfulness and self-compassion levels than healthy stressed individuals, In order to advance treatment approaches.	Five Facet Mindfulness Questionnaire (FFMQ), the Self-Compassion Scale (SCS), The Structured Clinical Interview for DSM-IV (SCID), Anxiety Sensitivity Index (ASI), Penn State Worry Questionnaire (PSWQ), State Trait Anxiety Inventory Trait (STAI). Measures for GAD Individuals Only: Sheehan Disability Scale (SDS) and Beck Anxiety Scale (BAI). Measures for Healthy Controls Experiencing Stress Only: Perceived Stress Scale (PSS).	Individuals with current GAD as defined by the DSM-IV-TR criteria and healthy controls with high ratings of subjective stress were recruited to the Massachusetts General Hospital Department of Psychiatry to participate in a stress reduction course. GAD patients (n = 87) (51.22% females; mean age scores. 39.4 years) and 49 healthy controls (n = 49) (65.31% females; mean age 38.7)	GAD patients had lower mindfulness and self-compassion than healthy stressed controls, and both were negatively correlated with levels of anxiety, worry, and anxiety sensitivity. Mindfulness was a better predictor of disability than actual anxiety symptom
Joeng & Turner (2015)	Cross-Sectional	Construction of a hypothesized model that relationships between self-criticism, depression and the proposed mediators (relationships between self-criticism and depression, and the mediating roles of fear of compassion, self-compassion, and the perception that one is important to others as a dimension of mattering.)	The Levels of Self-Criticism Scale (LOSC), The Self-Rating Depression Scale (SDS), The 26-item Self-Compassion Scale (SCS) Importance Scale of the Mattering Index, The Fear of Compassion Instrument (FOCS)	N = 260 university students at a large public Midwestern university in the United States recruited through student e-mail lists, psychology classes, and flyers on campus. 38 (18.4%) were men and 168 (81.6%) were women, with ages ranging from 17 to 52 years (Mean age: 21.42 years)	In the Self-Criticism/Compassion Mediation Model, the fear of self-compassion, and the perception that one is important to others serially mediated the relationship between comparative self-criticism and depression. Additionally, self-compassion partially mediated both the relationship between internalized self-criticism and depression, and the relationship between comparative self-criticism and depression.

Krieger et al. (2016)	Longitudinal Study	Whether (lack of) self-compassion is a cause or a consequence of depressive symptoms, or both.	Self-Compassion Scale (SCS) Beck Depression Inventory-II (BDI-II), the German Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I; German version)	N = 125 depressed outpatients after a time limited cognitive-behavioral psychotherapy (54% female)	Lack of self-compassion predicts depression, whereas depression does not predict self-compassion. This was also the case for the relationship between self-compassion and the presence of a major depressive episode. The same patterns also occurred when the reciprocal effects for two composite sub-measures of either positive or negative facets of self-compassion were separately tested.
Lockard et al. (2014)	Validation study (Standardization case study)	To establish reliability and normative values on the SCS-SF for individuals who are receiving mental health services at college counseling centers in hope of increasing the utility of the scale within this setting. Understanding of self-compassion in clinical settings.	The Standardized Data Set (SDS), Self-Compassion Scale-Short Form (SCS-SF)	Participants were college or university counseling center clients who contributed data to the Center for Collegiate Mental Health (CCMH). Students were receiving individual counseling from one of 10 university counseling centers located in six different states. A total of N = 1609 clients participated in the study. Of the students who identified their gender, 1035 were women (69%), 461 (30.7%) were men, and four (0.3%) identified as other.	The SCS-SF proved to be reliable for use with a clinical college population, evidencing strong internal consistency. When comparing norms of the clinical student population in this study with general student populations, it appears that students seeking counseling tend to have lower self-compassion.
Maheux & Price (2015)	Cross-Sectional	The relation between self-compassion and PTSD symptoms using DSM IV and DSM 5 criteria.	Life Events Checklist-5 for DSM IV (PCL-C), PTSD Checklist-5 (PCL-5), Short Form of the Self-Compassion Scale (SCS-SF)	In Sample 1, participants (N 1/4 74) were recruited from the community through newspaper, online advertisement, local and DSM clinics, and the university in which the research was conducted. Students who completed the study were eligible to receive financial compensation as opposed to course credit. The sample was predominately female (n = 53; men = 21) with a mean age of M = 23.36. In Sample 2, participants were recruited through an	Self-compassion was negatively correlated with aggregated PTSD symptoms for DSM IV and DSM 5. Self-compassion was correlated with avoidance symptoms for DSM IV but was correlated with all symptom clusters for the DSM 5.

				online crowdsourcing platform (Amazon's Mechanical Turk). Approximately half women (n = 75) and men (n = 77) mean age of M = 35.02	
Maheux & Price (2016)	Cross-Sectional	Tested the hypothesis that the association between social support and post-traumatic stress disorder (PTSD), generalised anxiety disorder (GAD), and depression symptoms had an indirect pathway via self-compassion.	Life Events Checklist-5 (LEC-5), PTSD Checklist-5 (PCL-5), Patient Health Questionnaire-8 (PHQ-8), Generalized Anxiety Disorder-7 (GAD-7), Short Form of the Self-Compassion Scale (SCS-SF), The Multidimensional Scale of Perceived Social Support (MSPSS)	Participants (N = 599) were recruited through an online crowdsourcing platform (Amazon's Mechanical Turk) and were required to have experienced a traumatic event to be included in the study.	Social support was positively related to self-compassion. Self-compassion was negatively related to PTSD, GAD, and depression symptoms. Self-compassion mediated the relation between social support and PTSD, GAD, and depression symptoms.
Miron et al. (2016)	Cross-Sectional	To see if survivors of childhood sexual abuse exhibit fear of self-compassion and whether it relates to psychological functioning. The present model examined pathways from childhood physical and sexual abuse to symptoms of PTSD and depression through self-compassion and fear of self-compassion.	Traumatic Life Events Questionnaire (TLEQ), Post traumatic stress disorder screening and diagnostic scale (PSDS), Depression, Anxiety and Stress Scale (Dass-21), Self-Compassion Scale (SCS), Fear of Self-compassion scales-Self-compassion (FCS-SC)	A college sample (N = 377). Inclusion criteria was fluency in English and age > 18. Mean age was 19.12 years old.	Significant indirect effect of childhood sexual abuse on symptoms of depression and PTSD via fear of self-compassion but not self-compassion.
Potter et al. (2014)	Cross-sectional	To test if social anxiety is associated with parental criticism and examine the possibility that different aspects of self-compassion (self-warmth and self-coldness) mediate the relationship between parental criticism and social anxiety.	Frost Multidimensional Perfectionism Scale (FMPS), The Self-Compassion Scale, The Liebowitz Social Anxiety Scale (LSAS)	The sample consisted of n = 140 females and n = 71 males ranging from 18 to 63 years of age (M = 30.23). They were recruited from the general population and were offered an entry into a lucky draw prize as incentive for participating.	Both self-warmth and self-coldness components of self-compassion mediated the relationship between parental criticism and social anxiety. Individuals who reported being frequently criticized by parents were more likely to have low self-compassion, which in turn was associated with higher social anxiety.
Psychogiou et al. (2016)	Study 1: a pilot trial of mindfulness-based cognitive therapy Study 2: a longitudinal study	To examine whether higher levels of self-compassion were associated with better parenting and fewer emotional and behavioral problems in children of parents with a history of depression.	The Self-Compassion Scale (SCS), Structured Clinical Interview for DSM-IV, The Beck Depression Inventory Second Edition (BDI-II), Parents' Sensitive Responding Interactions were video-recorded and were coded later using	Study 1: 38 parents with recurrent depression. (36 mothers and 2 fathers, mean age = 36.2 years) Study 2: 160 families, including 50 mothers and 40 fathers who had a history of depression.	Study 1: Parents reporting higher levels of self-compassion were more likely to attribute the cause of their children's behavior to external factors, were less critical, and used fewer distressed

			the Coding of Attachment-Related Parenting (CARP, Parents' Attributions of Their Children's Behavior using a measure of parental attributions, developed by Dadds, Scott, and Woolgar at the National Academy of Parenting Research (NAPR, UK)		reactions to cope with their children's emotions. Study 2: Greater self-compassion was associated with lower levels of mothers' child-directed criticism and fathers' distressed reactions.
Reid et al. (2014)	Cross-sectional	To examine factors that may attenuate the negative impact that shame and rumination may have on hypersexuality.	Hypersexual Behavior Inventory (HBI), Shame Inventory (SI), Self-Rumination Scale (SRS), Self-Compassion Scale-Short Form (SCS)	N = 172 men who were recruited during a DSM-5 field trial investigating the proposed diagnosis of hypersexual disorder. The participants were consecutively selected at outpatient clinics based on 1) a primary complaint of hypersexual behavior reported during intake and 2) willingness to participate in and consent to the research protocol. All patients in this study met the DSM-5 proposed diagnostic criteria for HD.	Self-compassion partially mediated the relationship between shame and rumination and hypersexual behavior.
Scoglio et al. (2015)	Cross-Sectional	To explore the interconnection among self-compassion, resilience, emotion dysregulation, and PTSD symptom severity in a sample of treatment-seeking women with PTSD.	Symptoms of PTSD were assessed using the CAPS, a semistructured clinical interview drawn from the symptoms described in the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV), Self-Compassion Scale-Short Form (SCS-SF), Difficulties in Emotion Regulation Scale (DERS), Connor-Davidson Resilience Scale (CD-RISC).	N = 176 participants from a larger ongoing multisite clinical trial, which recruited women ages 18 to 65 (mean age of 41.18), in four large public hospitals in urban settings. Participants were female survivors of interpersonal violence (physical or sexual violence) with a primary diagnosis of PTSD.	Self-compassion was negatively related to PTSD symptom severity and to emotion dysregulation, and positively related to resilience. In addition, emotion dysregulation mediated the relationship between PTSD symptom severity and self-compassion and also influenced the relationship between resilience and self-compassion.
Trompeter et al. (2016)	Cross-Sectional	To examine if self-compassion functions as a resilience mechanism and adaptive emotion regulation strategy that protects against psychopathology for those with high levels	The Mental Health Continuum—Short Form (MHC-SF), The Self-Compassion Scale—Short Form (SCS-SF), The Hospital Anxiety Depression Scale (HADS), The modified	Sample consisted of N = 349 participants who filled out an online survey. This was a convenience sample. Of the 349 participants, 64.5% was female. Mean age of	Self-compassion significantly mediated the negative relationship between positive mental health and psychopathology. Higher levels of self-compassion attenuated the relationship

		of positive mental health.	Differential Emotions Scale (mDES)	the participants was 32.88.	between state negative affect and psychopathology.
Waite et al. (2015)	Interpretative Phenomenological Analysis Study (exploratory, qualitative analysis)	To increase understanding of the internal processes of recovery in psychosis, with particular consideration given to self-compassion and self-criticism. To explore the internal process of recovery from the first-person perspective.	Semistructured interviews	Mental health professionals from a community mental health team in the United Kingdom identified potential participants (N = 10), between 25 and 52 years (mean = 35.8 years). The age of onset of psychosis ranged from 16 to 43 years (mean = 22.8 years). Working diagnoses (noted from existing medical records) included paranoid schizophrenia, schizotypal disorder, and schizophrenia with secondary depression.	Self-criticism maintained distressing experiences of psychosis and compassionate self-acceptance resulted in empowered action and promoted recovery and growth. The dual process of acceptance and change in relationship to self was central to recovery.
Werner et al. (2012)	Cross-Sectional (group comparison)	To examine self-compassion and its correlates in a treatment-seeking sample of persons with social anxiety disorder (SAD).	The Self-Compassion Scale (SCS), The Liebowitz Social Anxiety Scale (LSAS), The Social Interaction Anxiety Scale (SIAS), The Brief Fear of Negative Evaluation Scale (BFNE), The Fear of Positive Evaluation Scale (FPES), Beck Depression Inventory II (BDI-II), Spielberger State Trait Anxiety Inventory (STAI-T)	N = 72 (33 men, 39 women) with generalised SAD (mean age 33.8)	People with SAD reported less self-compassion, but it wasn't generally associated with severity of social anxiety. It was though associated with greater fear of evaluation (either positive or negative).
Wetterneck et al. (2013)	Cross-sectional	To examine if people with OCD show deficits in the specific values of self-compassion and courage, and the extent to which they are living in accordance with their overall values. Also, to explore the relationship between OCD severity and one's overall valued living as well as the personal values of self-compassion and courage.	Obsessive-Compulsive Inventory-Revised (OCI-R), Yale-Brown Obsessive Compulsive Scale: Self-Report (Y-BOCSSR), Courage measure (CM), Self-Compassion Scale (SCS), Valued Living Questionnaire (VLQ).	Participants were recruited via advertisements on various OCD related websites completed a number of screening questions designed to indicate an OCD diagnosis based on DSM-IV-R criteria. Participants (N = 115) were primarily female (71.3%) with a mean age of 36.34).	Analyses yielded significant relationships between OCD severity and self-compassion, courage, and the VLQ. A multiple regression analysis revealed the VLQ and courage to be significant predictors of OCD severity.
Xavier et al. (2016)	Cross-Sectional	To test whether specific internal traits characterized by shame, self-criticism and fear of self-compassion impact on Non-suicidal self-injury (NSSI), through their	The Other as Shamer Scale (OAS2), The Fears of Compassion Scales, The Forms of Self-Criticism/Self-Reassuring Scale (FSCRS), The Daily Hassles Microsystem	The sample was collected from middle and secondary schools in the district of Coimbra, Portugal. N = 782 adolescents, 369 boys (47.2%) and 413 girls	External shame, hated self and fear of self-compassion indirectly predict NSSI, through their effect in daily peer hassles and depression. Strong link

effect in daily peer hassles and depression.	Scale (DHMS), The Depression Anxiety and Stress Scales (DASS-21), The risk-taking and self-harm inventory for adolescents (RTSHIA) all in Portuguese.	(52.8%). Age ranged between 12 and 18 years old (M = 14.89).	between hated self and NSSI.
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study examining people with obsessive-compulsive disorder (OCD), a significant relationship was found between symptom severity and values in life with the values of self-compassion and courage (Wetterneck et al., 2013). Also, less self-compassion was reported by another study, trying to investigate self-compassion and its correlations, in a sample of persons with social anxiety disorder (SAD). Results indicated that while people with SAD had less self-compassion, it didn't amount to worse symptoms even though it did bring up a greater fear of any kind of evaluation (Werner et al., 2012).

Another study asserted that self-compassion acts as a buffer against ruminating events that have already happened, something common for people with social anxiety (Blackie & Kocovski, 2017) and something similar was also argued in another study too (Cândeia & Szentágotai-Tătar, 2018). The same authors (Blackie & Kocovski, 2017) later found that self-compassion can be used to reduce negative and repetitive thinking, so as people with social anxiety will continue having a social life.

Social anxiety and low self-compassion have also been found in people who were brought up by critical parents (Potter et al., 2014).

As far as families and anxiety are concerned, another research (N = 500), indicated that families chaotically-enmeshed appeared to have lower flexibility and self-compassion, too (Berryhill, Hayes, & Lloyd, 2018).

3.2. Self-Compassion and Depression

Low self-compassion is reported in patients with remitted Bipolar Disorder (BD) and their life satisfaction appears to be reduced (Døssing et al., 2015). These findings, as some of other studies' (Diedrich et al., 2014; Diedrich et al., 2016; Krieger et al., 2016) bring forward that there's probably a connection between self-compassion and depressive symptoms and self-compassion can be an effective emotion regulation strategy in patients with major depressive disorder. In a longitudinal design study (Krieger et al., 2016) examining the association between depression and self-compassion, the findings indicate that lack of self-compassion is a significant vulnerability factor for depressive symptoms and even a major depressive episode, without necessarily causing depression though.

As far as depression is concerned, a different paper written about two independent studies, a pilot study and a longitudinal one, trying to examine if parents with depression do better at parenting when they're self-compassionate and how this reflects on their children's behaviors, found that parents with higher levels of self-compassion were less critical, they could cope better with their kids'

emotions and didn't attribute everything to their own doings (Psychogiou et al., 2016).

A Self-Criticism/Compassion Mediation Model was constructed for another study (Joeng & Turner, 2015) with university students, which tried to investigate the relationships between internalized self-criticism and depression and the results indicated that self-compassion partially mediated both the relationship between internalized self-criticism and depression, and the relationship between comparative self-criticism and depression.

3.3. Self-Compassion and General Diagnoses of Psychopathology

Another clinical sample, with schizophrenia spectrum disorders this time, was studied by Eicher et al. (2013) and the results show that self-compassion and psychopathology are indeed correlated and the higher the self-compassion the lower the discomfort patients felt with their symptoms. In the same light, a study with a clinical sample of people diagnosed with psychosis, indicated that greater narrative compassion is linked to less negative symptoms, less cognitive disorganization and less excitement (Gumley & Macbeth, 2014). To recover from a psychotic episode is a difficult process but it can get a little easier to handle when patients practise self-compassionate self-acceptance, highlights a qualitative study by Waite et al. (2015).

A recent study (Collett et al., 2016) showed that self-compassion is really low in persons with persecutory delusions, as is their self-esteem and feeling of inferiority. Negative cognitions and decreased positive beliefs are also high in this group. Next, a randomized pilot study intervention with people experiencing borderline personality disorder, shows that three weeks of loving-kindness and compassion meditations had a significant effect on the participants, with their symptoms clearly improving. Self-criticism was lower and self-kindness levels were raised (Feliu-Soler et al., 2016).

3.4. Self-Compassion and Post-Traumatic Stress Disorder (PTSD)

The next studies have to do with post-traumatic stress disorder (PTSD) and self-compassion. In the first of them (Hoffart et al., 2015) it was recognised that people with PTSD symptoms were affected by self-compassion and that even though the kind of therapy plan didn't seem to have an effect on PTSD, the within-person relationship between self-judgment and subsequent PTSD symptoms was stronger in patients with higher initial self-judgment.

Maheux & Price (2015) examined if self-compassion can act as a protector for PTSD symptoms after exposure to traumatic events and found significant correlations indicating that it might be so. They did another research after that (Maheux & Price, 2016), investigating the relationship between social support and an increased sense of self-compassion as facilitators for recovery in PTSD and discovered a positive relation between social-support and self-compassion, while negative correlations between self-compassion and PTSD, GAD and depression

symptoms.

Another study revealed that survivors of childhood sexual abuse show a fear of being self-compassionate and an indirect effect of childhood sexual abuse on symptoms of depression and PTSD (Miron et al., 2016).

Furthermore, a study with women with PTSD asserted that PTSD symptoms were negatively related to self-compassion, as was emotion dysregulation, and positively related to resilience (Scoglio et al., 2015). Similar results were found in another research too, listing that higher levels of self-compassion reduced the relationship between state negative affect and psychopathology, suggesting that they can work as a resilience mechanism against psychopathology (Trompetter et al., 2016).

3.5. Self-Compassion, Internalized Self-Criticism, Fear of Self-Compassion and Shame

A study with a sample of men with hypersexual behavior, shows that self-compassion partially mediated the relationship between shame and rumination and hypersexual behavior, normalizing the effect on people's suffering, seeing it as part of the human condition (Reid et al., 2014). A different study, trying to establish reliability and normative values on the SCS-SF (Self-Compassion Scale – Short Form) for a clinical sample found that college students who came for help in counseling centers had lower self-compassion (Lockard et al., 2014).

Emotional processing, mindfulness and the ability to have empathy towards other people, as compassion for yourself, found to be negatively correlated with a fear of compassion from others and for self. On the same note, self-criticism had a positive correlation with fears of compassion and happiness, as had depression, anxiety and stress (Gilbert et al., 2012).

Finally, a study with a sample of adolescents who had reported non-suicidal self-injury (NSSI), brought evidence that everyday experiences of external shame, hated self and fear of self-compassion indirectly predict NSSI and there was a strong connection between hated self and NSSI (Xavier et al., 2016).

3.6. Self-Compassion and Therapy Interventions

Last but not least, one study takes a look in alcohol dependent individuals and how they're influenced by the concept of self-compassion. Participants in this study didn't experience as much mindfulness, common humanity and self-kindness as the people in the general population. After a 15 weeks follow-up though, in which participants had undergone treatment for their dependency, they were able to report an improvement in depression, anxiety and alcohol use, which was accompanied by a significant increase in self-compassion, mindfulness, common humanity and self-kindness (Brooks et al., 2012). In another research, participants in a combined Cognitive Behavioural Therapy (CBT) and Compassionate Mind Training (CMT) reported significantly higher self-compassion scores post-therapy (Beaumont et al., 2012). Even when there's a more serious

psychopathology involved, like that of a sample recovering from psychosis, Compassion focused therapy (CFT) helped people be more self-compassionate and lower their depression levels and had a better general outcome than the usual treatment (Braehler et al., 2013).

4. Discussion

4.1. Self-Compassion and Anxiety Disorders

Hoge et al. (2013) revealed that Generalized Anxiety Disorder (GAD) patients reported lower mindfulness and self-compassion levels than the control group of healthy adults. This is an important finding, as it shows how self-compassion and specifically mindful awareness can help people with GAD cope better with the perceived ideas of their disability, even though just one measure of disability was used (the Sheehan Disability Scale, SDS). The anxiety and worry levels of patients with GAD were significantly higher so the authors thought that if the patients learn to accept the reality of their symptoms without focusing negatively on them, this might lead them to live better, despite their symptomatology.

The same can be said for people with Obsessive-Compulsive Disorder (OCD) and social anxiety (SAD). The study with the SAD clinical sample insinuates that one of the reasons one might develop social anxiety could be low self-compassion and specifically harsh self-judgment and over-identification with one's shortcomings (Werner et al., 2012). However, because of the design of the study, causality cannot be ensured. Mindfulness and self-compassion interventions should be further explored concerning anxiety disorders treatment, as one can imagine that treating oneself kindly when in need or when in frustration, can adhere to ease and calm.

Another study asserted that self-compassion acts as a buffer against ruminating events that have already happened, something common for people with social anxiety (Blackie & Kocovski, 2017a) and something similar was also argued in another study too (Cândeia & Szentágotai-Tătar, 2018). The same authors (Blackie & Kocovski, 2017b) later found that self-compassion can be used to reduce negative and repetitive thinking, so as people with social anxiety will continue having a social life.

As far as families go, children of critical parents had lower self-compassion and were more self-judgmental. They also found that parental criticism was positively connected to social anxiety which can be interpreted like an after-effect of the high criticism these kids have already felt from their family, which is supported by Gilbert et al.'s (2011) finding, that a fear of self-compassion was associated with self-criticism and insecure attachment (Potter et al., 2014). As far as families and anxiety are concerned, another research (N = 500), indicated that families chaotically-enmeshed appeared to have lower flexibility and self-compassion, too (Berryhill, Hayes, & Lloyd, 2018). It would be interesting to do a replication with other mental health issues and perhaps a lot can be tested out with the way families operate (Psychogiou et al., 2016).

There has also been a study where a connection was made between self-compassion and emotional invalidation and their role on psychopathology. Promising findings were shown for the application of self-compassion (Westphal, Leahy, Pala, & Wupperman, 2016).

4.2. Self-Compassion and Depression

Diedrich et al. (2014) revealed that self-compassion could be used with success as another adaptive emotion regulation strategy for patients with major depressive disorder, especially for those suffering from high levels of a depressed mood. Later, Diedrich et al. (2016) showed that self-compassion can enhance the efficacy of explicit cognitive reappraisal as an emotion regulation strategy in individuals with major depressive disorder and even though cognitive reappraisal sometimes is hard to be achieved by people with depression, self-compassion could work as a preparation for it and with good results. Krieger et al. (2016) found that lack of self-compassion is a predictor of depressive symptomatology even though the reverse doesn't happen. This is an important finding on one hand, but on the other they still cannot claim a causal relationship, as the study hasn't clearly investigated other mediators. However, one can argue that it is possible to cultivate compassion as other studies have shown. These studies (Diedrich et al., 2014; Krieger et al., 2016) bring forward that there is possibly a connection between self-compassion and depressive symptoms though the kind of relationship and how self-compassion results to the onset and maintenance of the symptoms of depression isn't yet crystal clear. Thus, it is of great importance to research the role of low self-compassion in the emergence and maintenance of depressive symptoms and see its relevance to treatment and life-satisfaction (Døssing et al., 2015).

Yet another study agrees that self-criticism and depression are linked and gives away that people who are self-critical are those who need more to be self-compassionate and can benefit greatly from that. To manage to see their imperfections as part of their common humanity could be very helpful for these individuals and while it could take too long to completely understand how self-criticism and fear of compassion limits their lives, until then, they might benefit greatly by therapists who can teach them how to be kinder with themselves (Joeng & Turner, 2015).

4.3. Self-Compassion and General Diagnoses of Psychopathology

Additionally, in a sample with Borderline Personality Disorder undergoing a short training program in loving-kindness and compassion meditation (LKM/CM) symptoms were seriously improved as well as their acceptance, self-criticism and mindfulness (Feliu-Soler et al., 2016). Even though this is the first study to examine something like that, teaching LKM/CM to patients with BPD appears to be a valid choice with potentially great results for more kindness towards oneself and less judgement. Neff (2011) has already argued that love and

wanting to take care of oneself isn't compatible with negative feelings of harshness and non-acceptance, so this study seems to be congruent with previous indications.

Patients with persecutory delusions also had low self-compassion and feelings of inferiority, along with low self-esteem and low mood. Unexpectedly, self-stigma was quite on the same levels between the two groups (control group/persecutory delusions group) but the size of the sample might be the case for that. Suicidal ideation in the group with persecutory delusions was also high. This study too, brings forward that negative self-concept in patients with persecutory delusions are a clear treatment target, so self-compassion learning, through Compassion Focused Therapy (CFT) or as part of another therapy treatment could be suitable and help ease the negativity surrounding the delusions. Of course, because of the study design, it isn't possible to see cause and effect. Future longitudinal studies research with larger sample sizes should be conducted (Collett et al., 2016). A very recent study (Heath, Brenner, Lannin, & Vogel, 2018) with a sample of 369 subjects showed that self-stigma is moderated through self-compassion and that self-compassion might be a protective factor for the public stigma as well as self-stigma for those that seek psychological help.

Even though Gumley & Macbeth (2014) hypothesized that narrative compassion would correlate with the Self-Compassion Scale in individuals with psychosis, they didn't find such a thing, but it might have to do with the small size sample. However, greater narrative compassion was associated with less negative symptoms, less cognitive disorganization and less excitement, adding to the general recognition that raised compassion for oneself and others can protect someone from feelings of threat, shame, humiliation and paranoia. Adding to the theory that CFT (Braehler et al., 2013) could help cultivating compassion in people with psychotic symptoms, this study argues that an attachment-based understanding of compassion, and specifically the domains of safe haven and secure base, could add to recovery from this kind of mental health problems (Gumley & Macbeth, 2014).

Another study (Eicher et al., 2013) with patients with schizophrenia or schizoaffective disorder highlighted that there was a negative relationship between self-compassion and measures of insight. Analysis of the findings indicated that those who had a better awareness of their situation had also higher levels of self-judgement, isolation and over-identification. That higher insight seems to be linked to lower self-compassion isn't very encouraging, if self-compassion is seen as a trait-like feature. However, if self-compassion is seen from a learning standpoint there is room for improvement for everyone and compassionate mind training could really help these kinds of samples too (Gilbert & Irons, 2005). Individuals that are taught how to accept their reality better and treat themselves with kindness and compassion might not manage a disappearance of their symptoms but a might have a better chance of peace and life satisfaction.

This is congruent with mindfulness as Kabat-Zinn (1990) sees it, which has to do with a great emphasis on accepting the present experience, regardless of whether the experience is pleasant, unpleasant or neutral.

Another systematic review (Inwood & Ferrari, 2018) found a promising link between self-compassion and emotion regulation, with self-compassion acting as a base to amplify people's ability to experience their feelings.

Finally, a recent study (Kraiss et al., 2018) used positive psychology tools for assertion of the well-being of bipolar patients and self-compassion seemed to really make a difference in that.

4.4. Self-Compassion and Post-Traumatic Stress Disorder (PTSD)

Victims of childhood abuse also had lower self-compassion and fear of self-compassion. This fear might have to do with trauma pathology the paper suggests, and possibly higher self-compassion protects one from trauma (Miron et al., 2016). Two more studies (Maheux & Price, 2015; Maheux & Price, 2016) bring forward that self-compassion can be an antidote to PTSD symptom severity while a lack of it might be a factor of maintaining PTSD (Hoffart et al., 2015). Another study claims that social support can be extremely helpful for PTSD sufferers and that self-compassion protects from GAD and depression along with PTSD. It isn't known though, if social support acts proactively as a protector from PTSD or if lack of it would be a risk factor (Maheux & Price, 2016).

Going further, a study examining PTSD symptom severity in traumatized women, supported the existing literature by showing that self-compassion was negatively related to PTSD symptom severity and to emotion dysregulation and positively related to resilience (Scoglio et al., 2015). This study indicates that self-compassion can be used as a resilience mechanism, something that is also supported by Trompetter et al. (2016) whose findings suggest that individuals with high levels of positive mental health possess self-compassion skills that promote resilience against psychopathology.

Last but not least, a recent study (Barlow, Goldsmith, Turow, & Gerhart, 2017) showed significant relations between negative trauma appraisals, childhood abuse, PTSD symptoms and self-compassion, in a sample of 466 university non-clinical students.

4.5. Self-Compassion, Internalized Self-Criticism, Fear of Self-Compassion and Shame

Given that most studies examining self-compassion use the standard Self-Compassion Scale and given that so many papers argue the importance of self-compassion for psychological health (Barnard & Curry, 2011; MacBeth & Gumley, 2012) there was a need to find out about the reliability of the SCS to a clinical sample. Lockard et al. (2014) did so with a large sample of university students and confirmed that. They also found no significant differences between race/ethnicity, sexual orientation, and gender. An important finding was that

students who asked for help had low self-compassion levels, same as depressed adults. This is one more study indicating the importance self-compassion could have in a therapeutic setting and also one more study that shows that low levels of self-compassion might lead someone to seek counselling (even if it hasn't to do with serious psychopathology).

There have been several papers (Gilbert et al., 2012; Gilbert, McEwan, Matos et al., 2011) investigating the potential relationship between people's abilities to experience and tolerate positive emotions and how this connects to psychopathology. Gilbert et al.'s study (2012) takes this a step further by creating a new scale to measure fear of happiness and examines how it connects to fear of self-compassion, alexithymic traits, mindfulness, and empathy. Fears of positive affect scales (e.g., compassion and happiness) significantly linked to psychopathology and there was also a very high correlation between fear of happiness and depression. Fears of compassion were associated to depression, anxiety and stress, something that has already been explored from the literature (Gilbert, McEwan, Matos et al., 2011; Gilbert et al., 2012).

Reid et al. (2014) studied men with hypersexual behavior and tried to investigate if shame and rumination in these men was mediated by self-compassion. Results indicated that shame and negative feelings were indeed made easier to accept by cultivating self-compassion.

Compassion focused therapy was also found to be an important asset to the minimization of fear of self-compassion and psychopathology which is an indication for the future of therapy in clinical populations (Cuppige et al., 2018).

Finally, Xavier et al. (2016) supported that adolescents with Non-suicidal self-injury (NSSI) are highly self-critical and have feelings of shame and fear of self-compassion while they tend to punish themselves when they fail or don't do very well. Self-compassion could probably be a great addition to these teens' lives, helping them to incorporate their experience as the human condition and that failing is human.

4.6. Self-Compassion and Therapy Interventions

One of the first studies to examine self-compassion in a sample with alcohol dependence revealed that the participants were also experiencing depression and anxiety at higher levels than the general population (Brooks et al., 2012). Neff (2003a) has previously found that self-compassion is inversely related to depression and anxiety, something that this study confirms. What is striking in this study is that while participants with alcohol dependence were feeling more isolated and did harshly self-judge, they were also kinder to themselves, something that might had to do with using alcohol as a self-soothing technique. This has to be further researched to see if it is indeed so. Even so, participants reported greater self-compassion in the follow-up assessment and reductions in anxiety and stress. Future studies could benefit from a mindfulness intervention in a longitudinal design, to see how it interacts with that kind of sample.

A similar study, this time with Australian psychology trainees, with a pre-experimental repeated-measures design, asserted that online self-compassion training had a positive effect on the subjects' feelings of happiness and self-compassion, while depression and stress were decreased (Finlay-Jones, Kane, & Rees, 2017).

Beaumont et al., 2012, designed a prospective comparative study in which two different groups underwent therapy for a trauma related incident with the same therapist, but while one group experienced Compassionate Mind Training (CMT) the other just have some typical Cognitive Behavioural Therapy (CBT) sessions. Even though the authors expected greater differences between the two groups, there weren't that statistically semantic differences in avoidance, intrusive thoughts, hyperarousal, anxiety and depression. However, their third hypothesis, maintained that the participants in the combined CMT and CBT group would report much higher self-compassion levels and that was the outcome indeed. Even though the sample size wasn't that big ($N = 32$), one can safely assume that CMT could be a useful addition to CBT when people are experiencing deep trauma.

Findings of a study (Braehler et al., 2013) with people recovering from psychosis, demonstrate that Compassion Focused Therapy (CFT) could be very useful even when there's serious psychopathology involved. CFT appears to be a suitable intervention for people recovering from psychosis, helping them to turn off their inner judge and making the handling of distressing voices or internal threats more bearable. CFT was initially developed for people who were unable to feel compassion for themselves (Barnard & Curry, 2011) and people with psychosis are usually one of those groups. "A key aspect of CFT in psychosis involves helping individuals to develop a warm, caring, and attuned attitude towards difficult inner experiences", writes Braehler et al. (2013). Other positive outcomes in the CFT group were reductions in depression, negative beliefs about psychosis, and fear of relapse. As a lot of people with such diagnoses report feeling ashamed or inferior to other people, CFT looks like it could be valuable.

Lastly, a systematic review showed that mindfulness interventions can help health care professionals to reduce stress (Burton et al., 2017).

5. Conclusion, Limitations and Future Research

In conclusion, this review provides useful information regarding the research of self-compassion in clinical sample. Even though most studies tend to agree that low self-compassion and psychopathology are present in clinical samples, no study until now can prove a cause for causality, as most studies were of a cross-sectional design. Future studies should use additional mediators to check out low self-compassion and mental health. Another question to be asked is if self-compassion is equally important for one's recovery as is for prevention of appearance of mental illness. From this systematic review, it cannot be known if low self-compassion is a result of psychopathology or a vulnerability factor for it.

Of course, this is a difficult thing to prove but maybe a longitudinal study starting with people at an early age could give away the relevant info. Another thing to consider is if self-compassion can help people build resilience to psychopathology and how these two concepts are interconnected. Even though causality cannot be admitted, findings of this review make it clear that self-compassion could potentially help everyone. It probably should be a part of every person's therapy, whatever the therapeutic approach and CMT could especially help people with severe self-judgement, self-criticism, depression and metaphorical "self-beating". The "internal judge" could be turned off and a more peaceful life could be achieved. Future research could focus on a single large study to see how if this is actually the case (Germer & Neff, 2013).

This review has its own limitations too. First of all, there was a high level of heterogeneity in the studies included. This was as true for the mental health issues involved as it was for races/ethnicities/genders/ages. A lot of papers included samples with more than one mental health issues. More studies need to be done, with the same issues of mental health and the same ages/genders (MacBeth & Gumley, 2012). Most of the studies didn't have that large sample sizes which is a limitation for the generalization of the results, too. Another limitation was the sources of collecting data. Pubmed, Neff's website and Google scholar do not necessarily have available all the relevant studies. One more limitation is that the majority of the studies used mostly white people as a sample. It would be interesting to find out differences between countries or cultures, if there are any. Another thing that should be considered is to check for cultural factors and for gender variables and how they affect levels of self-compassion. Last but not least, there are studies that use the full SCS and others that use the short form. This might be considered a problem too, as it's not entirely sure that all self-compassion components play the same role when it comes to psychopathology and some of its factors seem to be indicative of psychopathology while others seem to be preventative, so this should be further explored for better classification and better treatment plans (Muris & Petrocchi, 2016).

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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