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**The Development and Implementation of a Self-Compassion
Intervention for Adolescents: A Pilot Study**

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**The Development and Implementation of a Self-Compassion
Intervention for Adolescents: A Pilot Study**

by

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Dedication

For Merrilee, Finnegan and Clementine

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The Development and Implementation of a Self-Compassion Intervention for Adolescents: A Pilot Study

James Pittman McGehee, Ph.D.

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The adolescent stage of development is particularly challenging. Because of the biological, cognitive, and social transitions of adolescence, this stage of development is seen as an important time for interventions promoting well-being (Steinberg, 1999). Recent research suggests that self-compassionate teens experience greater psychological health than those without self-compassion (Neff & McGehee, in press). To date, however, there have been no self-compassion interventions targeted at the adolescent population. This dissertation is a pilot study investigating the development, implementation and assessment of a self-compassion intervention for an adolescent population.

The intervention took the form of a weekend “Self-Compassion Retreat” for high-school students, ages 14-17. Over a two day period, 17 subjects participated in the intervention focused on helping the students to understand and begin to incorporate the three dimensions of self-compassion – self kindness, common humanity and mindfulness.

The intervention attempted to deepen student understanding of self-compassion by focusing on experiential and contemplative learning strategies (Kabat-Zinn, 1997; Hart, 2004). The 17 students were introduced to the concept of self-compassion through presentations, small group and contemplative exercises as well as individual interviews.

The self-compassion intervention was assessed by testing participants along five different dimensions: self-compassion, depression, anxiety, social connectedness, and happiness at three different time points. The intervention was also assessed through individual interviews following the intervention. Though the quantitative results from the pilot study yielded no significant data for the current sample, the qualitative data provided promising information for future interventions aimed at increasing self-compassion.

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CHAPTER ONE

Introduction

It has been said there are three major questions that occur during the normal human life span (Young-Eisendrath, 1998). The first question involves the infant making sense of parents – “who are they?” The second question is the enduring question of adolescence – “who am I?” Finally, the third of life’s major questions is the more mature question of adulthood – “who are we?” Although each of these questions and the stages they represent typically involve some struggle, the “who am I” question of adolescence is seen as a particularly difficult stage of development. The cognitive advances of adolescence allow adolescents to think about themselves on a deeper level than they had as children (Elkind, 1967). With this advanced cognition comes a greater capacity for introspection. This capacity for introspection provides opportunities for growth as well as some difficulties during the adolescent stage of development.

With introspection, not only does the adolescent ask, “who am I?”, but also, “who am I in relationship to others”, as well as, “how am I the same?”, and “how am I different?” The adolescent stage of development is a time of great biological, psychological, social and economic transitions (Rice, 1999). The fact that this is a time of such transition, added to these new cognitive issues involving questions of identity, make this stage of human development particularly trying. Further complicating this fragile developmental stage is the egocentrism that is a part of these intellectual advances (Elkind, 1967). This heightened sense of self-consciousness leads to problems in

thinking that exacerbate the struggles associated with adolescence, leading some to refer to the adolescent stage as a time of “storm and stress” (Hall, 1904).

School based programs have traditionally attempted to assist healthy development in adolescence by focusing on self-esteem (Mecca, Smelser & Vasconcellos, 1989). The inherent stresses of adolescence make this developmental period a time when one has complicated feelings about oneself. Therefore self-esteem, how we feel about ourselves, has been targeted as a way to increase adolescent well-being during these difficult years. Studies have shown, though, that self-esteem is unlikely to change during these years (Swann, 1996; Sedikides, 1993) leading many to question the efficacy of interventions based on self-esteem. Further, self-esteem has also been found to contribute negatively to certain adolescent behaviors, including bullying and narcissism (Baumeister, Bushman, & Campbell, 2000). For these reasons and others that will be discussed in this study, self-esteem interventions may not be the best approach for increasing well-being during adolescence.

The current pilot study proposes that the construct of self-compassion is an appropriate intervention during the adolescent stage of development. In recent years, researchers have come to regard the construct of self-compassion as an alternative approach to issues traditionally seen through the lens of self-esteem (Neff, 2003a, Gilbert, 2005; Leary, 2004; Germer, 2009). Self-compassion is simply compassion turned inward. Just as compassion is the ability to hold the suffering of another, self-compassion is the ability to hold our own suffering in a balanced, mindful way.

There are three aspects to the construct of self-compassion (Neff, 2003a). The first aspect of self-compassion has to do with self-kindness, or the ability to treat oneself

with gentleness and understanding. The second facet of self-compassion involves the capability to see oneself as a part of the larger human community – rather than as an isolated, separate entity. The final piece of the self-compassion construct has to do with mindfulness. Mindfulness has been defined as the ability to hold the present moment in awareness, non-judgmentally (Kabat-Zinn, 2003). This compassionate attitude toward the self enhances emotional and psychological well being (Brach 2003, Hanh, 1997).

The purpose of this pilot study was to develop, implement and assess a self-compassion intervention for adolescents. The hope is that the current pilot study will provide enough information to be the first stage in an ongoing intervention program aimed at increasing adolescent well-being and the potential difficulties inherent to this challenging stage of human development. The intervention focused on the three aspects of self-compassion: Self-kindness, common humanity, and mindfulness. Specifically, the goal of the program was to increase adolescent’s feelings of kindness toward themselves and to reduce self-criticism, to help adolescents understand that they are part of a larger community, and to raise adolescent awareness, non-judgmentally, of their emotional experiences. Effectiveness of the program was assessed by comparing outcomes for intervention participants on dimensions of well-being and self-compassion as well as through formal and informal qualitative data.

CHAPTER TWO

Review and Integration of the Literature

Chapter two will include six sections. The first section will be an overview of developmental issues in adolescence, focusing on those issues of identity that relate to the construct of self-compassion. The second section will look at the problems with self-esteem pursuit during adolescence. The third section of the chapter will introduce the self-compassion construct as an alternative to self-esteem, while reviewing existing literature on self-compassion. The fourth section will look into the construct of mindfulness, while reviewing existing mindfulness literature. The fifth section will look specifically at the relationship between self-compassion and the adolescent. The sixth and final section will review similar interventions that have been used with teens, setting the stage for the proposed self-compassion intervention with adolescents.

Adolescence

Adolescence is a time of great change. Though the human journey contains many times of great change, this particular stage of the journey from childhood to adulthood is traditionally seen as uniquely stressful. Though the ages of adolescence have been debated, most agree that adolescence is generally the second decade of the life span (Steinberg, 1999). During this second decade of life, humans experience great transitions – biologically, cognitively and socially.

The cognitive advances of adolescence in particular make this stage unique. Advances in thinking allow the adolescent to consider the world, as well as their place in

the world, in ways not possible in childhood. With these cognitive advances, the adolescent begins to think less concretely. They begin to see the world and the possibilities therein, rather than only that which is right in front of them. These advances in thinking also allow for meta-cognition. During adolescence, humans are for the first time able to think about thinking (meta-cognition) which opens up many different opportunities for the adolescent mind (Keating, 1990). This multidimensional thinking certainly allows for great possibilities, but with these possibilities come some difficulties as well.

As the adolescent mind is able to consider possibilities not limited to the present moment, they are equally able to consider the possibilities as either positive or negative. When presented with difficult situations, the fantasies of what the future may hold can cause great anxiety. This anxiety can create difficulties for the adolescent who is in many cases having to deal with this type of anxiety for the first time. Dealing with these advanced cognitive abilities can be a difficult task, particularly emotionally, for the developing adolescent.

The cognitive advances of meta-cognition also contain possible pitfalls during this stage of development. Adolescent egocentrism is a common result of these new powers of introspection. Because of cognitive advances, adolescents are now able to imagine what others might think or say about them. This “imaginary audience” is a hallmark of adolescence and has the potential to create great difficulties during this time in development (Elkind, 1967). The possibility of over-concern with this imaginary audience can occupy a large portion of adolescent concern. The “personal fable” can also be part of this concern (Elkind, 1967). The “personal fable” has to do with the adolescent

tendency to envision his or her personal circumstances as uniquely different from those circumstances of others. This tendency to see themselves as unique can cause the adolescent to become so preoccupied with their own concerns that they feel, “no one understands.” Another result of the personal fable is the tendency to think that nothing bad will ever happen to them and that they are in some way oblivious to normal life experiences. This idea that they are in some way “bullet proof” can lead to the dangerous and thrill seeking behavior often seen in adolescence. Adding to this mindset the new opportunities available with drugs, alcohol and sexual activity, the adolescent is faced with difficult decisions that were not a part of their childhood.

How adolescents resolve these new challenges is in many cases attached to issues of identity. “Who am I?” and “Who am I in relationship to others” are the identity questions that pervade adolescence. Of Erikson’s (1959, 1963, 1968) eight stages of development, he saw the psychological crisis of adolescence to be the question of identity versus identity diffusion. According to Erikson, until the adolescent can establish a coherent sense of identity, he or she is not able to successfully progress developmentally. In addition, if the adolescent has not successfully navigated the earlier childhood psychological crises, they are less equipped to handle the identity crisis of adolescence.

The difficulties associated with the adolescent identity crisis can take many forms. Because of the stress associated with their developing identity, many adolescents feel that they should adopt a rigid identity. This rigid identity is seen in the multitude of stereotypes seen in the makeup of any middle or high school campus – the jocks, the druggies, the academics, the artists, etc... Falling into a group allows the adolescent the security of a group and in turn allows some immediate soothing of the identity crisis. Yet

as the adolescent mind begins to grasp the multidimensional aspect of what it means to be human, these rigid identities can no longer satisfy the identity crisis. The adolescent, if he or she is to move toward healthy development, must develop the capacity to be many different things. Unlocking their potential, they are able to find that they are not just the jock or the artist. This process of identity development contains the possibility of severe crises. These crises can be seen in experimentation with drugs and alcohol, issues with body image as well as body mutilation and possible suicide.

Self Esteem

In order to address these difficulties of adolescence, many have seen self-esteem as the key component in easing this complicated transition. For years, Western psychology has viewed self-esteem as a key element of psychological well-being (James, 1983; Baumeister, Smart, & Boden, 1996). Because of the positive associations between self-esteem and positive psychological states, self-esteem has over time become a major focus in the promotion of mental health. This focus on self-esteem is found in the vast literature devoted to the benefits of self-esteem (Rodewalt & Tragakis, 2003) as well as the many treatments and interventions dedicated to raising one's self-esteem (Cohen, 1999).

The California Task Force to Promote Self-Esteem and Personal and Social Responsibility was established in 1990 with the goal of addressing a multitude of problems including school dropouts, teenage pregnancy, domestic violence, drug and alcohol addiction, and crime. At the core of this task force was the idea that by raising the teen's self-esteem, we are better equipping them to make responsible decisions

regarding these issues. As we will see, though, the construct of self-esteem is not as unconditionally positive as it is often made out to be.

Though the benefits of self-esteem have traditionally been espoused, many recent studies on self-esteem question the effectiveness of self-esteem as a means to enhance psychological well-being. Many of the concerns about self-esteem as a panacea stem from the fact that self-esteem is concerned with evaluations of self worth (Neff, 2004). A focus on evaluations of the self creates several potential issues. Self-esteem can cause unrealistic self views (Swann, 1996), and those with high self-esteem have a tendency to overestimate their capabilities (McMillan, Singh & Simonetta, 2001; Sedikkides, 1993). These self evaluations also lead to comparisons that see the self as better than others. This cycle of self evaluations also leads to a need for external praise to retain high self-esteem. As a result, those with high self-esteem have been found to be prone to self-centered and narcissistic attitudes (Baumeister, Bushman & Campbell, 2000; Twenge & Campell, 2009).

Swann (1996) also questions the usefulness of self-esteem programs with the goal of raising self-esteem, because self-esteem is highly resistant to change. Not only is the endeavor of raising self-esteem possibly futile, but high self-esteem may play a factor in some of the problems of adolescence. For instance, teenagers involved in drug use may receive positive regard from their peers because of their risky behavior. This is seen in the culture of drug use as well as in crime. The adolescent is seen as cool because of illegal activity and this positive regard from peers could possibly have a positive effect on self-esteem.

Self-Compassion

The potential issues with efforts to increase self-esteem have led many to question this endeavor altogether. With these doubts about the effectiveness of self-esteem interventions, a vacuum has been created that could potentially be filled by self-compassion.

Compassion involves being touched by the suffering of others. Self-compassion involves having compassion for or being touched by our *own* suffering (Neff, 2004). In Buddhist psychology, the concept of compassion is incomplete without compassion towards oneself (Hanh, 1998). Though western religious texts have taught the importance of loving your “neighbor as yourself,” and western psychology has been interested in self-esteem and self-worth as applied to psychological wellness, not much attention has been paid to the inward understanding of compassion found in self-compassion.

Neff (2003a) has expanded the traditional understanding of self-compassion by dividing the construct of self-compassion into three key elements. The three major facets of the psychological construct of self-compassion, as defined by Neff, are: Self-kindness, common humanity and mindfulness. These three components of the psychological construct of self-compassion allow for greater complexity in understanding and studying self-compassion and are the basis of the current study.

The first component of self-compassion is the concept of self-kindness. This component of the self-compassion construct speaks directly to our struggles with self-judgment. As humans, we all have our own unique skills and strengths as well as our own unique flaws and weaknesses. Self-kindness involves how we deal with ourselves

when confronted with our flaws and weaknesses as well as how we deal with ourselves when things don't go our way. Are we kind and supportive of ourselves, or do we tend to beat ourselves up, adding to our difficulties? The psychologist and meditation teacher Tara Brach (2003) talks about the Buddhist concept of "the second arrow" to which we are vulnerable in how we treat ourselves. The "second arrow" means that when we add a layer of self judgment to the difficulties that are already present, we add a second arrow of pain, and our suffering therefore becomes greater. Bringing self-kindness into the picture offers protection from that second arrow of suffering. It is important to note that this kindness extended to the self is not a Pollyanna type of denial. Just the opposite, a stance of self-kindness allows one to exit the cycle of self reproach long enough to enter wholeheartedly into the difficult self attitudes getting in the way of a self-compassionate stance.

The second facet of the self-compassion construct is found in the ability to see oneself as belonging to and not separate from common humanity. One of the difficulties of a self-judging attitude is a feeling of disconnectedness or isolation. Because of this sense of isolation, or not belonging, the feeling of being an outsider can negatively impact psychological well-being. A sense of connectedness is therefore a central element of the construct of self-compassion. The ability to see our personal difficulties and struggles as a part of being human, rather than unique to our own personal story (as we see in the personal fables of adolescence), offers a healthy perspective when struggling with feelings of disconnectedness. Just as self-kindness allows for removal from the cycle of self reproach, the ability to see oneself as a member of common humanity allows one to be liberated from the isolation found in feeling like an outsider.

The third and final facet of the self-compassion construct, mindfulness, is the glue that pulls the three dimensions of self-compassion together. The nonjudgmental quality of self-kindness and the perspective taking of common humanity are both facilitated by the balanced awareness of mindfulness. Because of the central position mindfulness has in the understanding of the construct of self-compassion, the following section will take a closer look at the mindful component of self-compassion.

Mindfulness

Mindfulness is defined as the awareness that emerges through paying attention on purpose, in the present, and nonjudgmentally to one's unfolding of experience moment by moment (Kabat-Zinn, 2003). In relation to self-compassion, mindfulness allows the ability to take a step back and see *yourself and your situation* realistically and nonjudgmentally. This distance from views of the self that are not steeped in reality allows for self-compassion to take root. By allowing all emotions, positive and negative, without judgment, a person is able to hold a conscious connection to the present moment. Being aware of and connected to your feelings puts you in the position to clearly focus on and care for your difficulties (Neff, 2004).

Mindfulness has taken center stage in the translation of eastern understandings of the self to western psychology. Lead among those furthering the understanding of mindfulness in the field of western research are Kabat-Zinn (1982, 1990, 2003) and Teasdale, Segal & Williams (1995,2000).

Kabat-Zinn's Mindfulness Based Stress Reduction (MBSR) came out of a stress reduction program at the University of Massachusetts Medical Center. The stress

reduction program offered training in mindfulness in an effort to bring new awareness to patients suffering hospitals (Kabat-Zinn, 1990). The success of the mindfulness programs helped to develop Kabat-Zinn's groundbreaking MBSR clinic offering 8-week courses for outpatients. These courses offered training in intensive mindfulness meditation practices as well as mindful hatha yoga (Kabat-Zinn, 1990). Central to the mindfulness interventions was an understanding of the mind/body connection. The mindful awareness of this mind/body connection was critical in healing the patient's suffering. MBSR programs are now found in over 240 hospitals and clinics throughout the United States (Salmon, Santorelli & Kabat-Zinn, 1998).

Teasdale, Segal and Williams (1995) have focused on mindfulness interventions combined with cognitive therapy to address recurring depressive episodes. Mindfulness Based Cognitive Therapy (MBCT) is designed to encourage change in negative thoughts with the awareness techniques of mindfulness. The cognitive therapy element of the approach encourages change in unproductive thoughts, while mindfulness allows patients nonjudgmental awareness of their thoughts. This mindful relationship to depressive thoughts leaves room for the patients to observe their thoughts without seeing them as aspects of themselves (Teasdale, Segal, Williams, Ridgeway, Soulsby, Lau, 2000).

Mindfulness, as a psychological construct has gained increasing stature in the world of research psychology. Kabat-Zinn (1990, 1997, 1998) and Teasdale, Segal Williams, et. al. (1995, 2000, 2001) have taken the lead in the research, yet many others have gained attention as well (Linehan, M.M., 1993; Hayes, S.C & Strosahal K.D, 2005; Baer, R.A., Fischer S. & Huss D.B., 2005) in recent years.

Mindfulness and self-compassion are closely linked – you can't have one without the other. The progress being made in the academic and research pursuit of mindfulness only aids in the understanding of self-compassion. The awareness inherent in mindfulness allows us to accept ourselves (our strengths and weaknesses) in a balanced way and in turn offers a healthy alternative to the overidentification so often a part of the adolescent experience.

Self-Compassion and Adolescence

Self-compassion has been found to be highly correlated with higher levels of life satisfaction, emotional intelligence, and social connectedness and negatively correlated with depression, anxiety and perfectionism (Neff, 2003a; Neff, Hseith & Dejitthirat, 2005.) In addition, a recent study (Neff & McGehee, in press) found similar associations between self-compassion and well-being specific to an adolescent population. The difficulties that have been found in self-esteem interventions, as well as growing research on the benefits of self-compassion (Neff, 2003a; Neff, Hseith & Dejitthirat, 2005; Neff & McGehee, in press) point to the necessity for a study exploring a self-compassion intervention. Because of the complexities of adolescent development, a self-compassion intervention may be the ideal alternative to self-esteem interventions with the adolescent population.

There are many reasons why self-compassion may be preferable to self-esteem during the adolescent years. To begin, self-compassionate people have been found to be high in self-esteem (Neff, 2003b); containing the positive aspects of self-esteem and less of the drawbacks that have been found in self-esteem research. For instance, those with

high self-compassion do not share the positive correlations found between high self-esteem and narcissism (Neff, 2003b).

Another case for self-compassion during the adolescent years is that one of the goals of self-esteem based interventions is to increase confidence and self worth. The first facet of self-compassion is self-kindness. With a stance of kindness toward the self naturally comes the confidence and self worth that is the aim of self-esteem interventions. In addition, self-compassion is concerned with kindness towards oneself, whereas self-esteem is focused on evaluation of oneself. As stated above, the concern with evaluations of self worth found in self-esteem run the risk of more negative attitudes. Self compassion does not share this concern for evaluation. In addition, by recognizing one's common humanity, self-compassion extends kind feelings toward the self and others, freeing one from the traps that can possibly be found in high self-esteem.

Specific to the adolescent stage of development, self-compassion allows an adolescent to feel kindness toward oneself rather than reacting with harsh criticism toward oneself in difficult situations. For instance, after receiving a poor grade on an exam, someone with high self-esteem may react to a bad grade in a self-criticizing way, therefore creating more suffering. Someone with high self-compassion, on the other hand, may respond in a more gentle and less guarded or defensive way. This less critical and less defensive response allows the adolescent to view the situation as an opportunity for improvement, rather than another opportunity to be self-critical. With the self-critical stance, one may beat oneself into a better grade, but at what cost with the suffering involved in this stance? Self-compassion offers an opportunity to improve without the suffering that comes from overidentifying with our failures.

Neff and McGehee (in press) have found associations between self-compassion and well-being specific to an adolescent population, supporting the positive role of self-compassion in adolescence that had previously been found with adult populations. The first to examine self-compassion in an adolescent population, this study expanded the previous research on self-compassion and psychological well-being to an adolescent population.

Results of the study (Neff & McGehee, in press) have broad implications for understanding the role of self-compassion and the adolescent population. The study found that self-compassion showed significant negative correlations with depression and anxiety as well as significant positive correlations between self-compassion and social connectedness with an adolescent population. The study also found maternal support to be associated with significantly greater self-compassion, and maternal criticism to be associated with less self-compassion. Self-compassion levels were also found to be significantly predicted by overall family functioning. These findings within the context of the family suggest that self-compassion may play a valuable role for adolescents in family interactions as well. For instance, a culture of self-compassion within the family unit may have implications for overall adolescent well-being and functioning.

Adolescent attachment was also examined and the study found that adolescents with secure attachment, based on Bartholomew and Horowitz (1991) attachment styles, reported significantly higher levels of self-compassion than those with preoccupied attachment styles. In addition, and vital to the current study, the Self-Compassion Scale was found to be reliable for use with adolescents.

The study (Neff & McGehee, in press) also found that the issue of adolescent egocentrism that can develop with the increases in meta-cognition can also benefit from self-compassion. Egocentrism and the issues of an imaginary audience and a personal fable each involve the adolescent seeing herself as somehow separate and unique from others. The second element of self-compassion has to do with the ability to see oneself as connected to the human condition. The ability to see oneself as a part of something greater allows for a viewpoint counter to the egocentrism found in an imaginary audience and personal fable. An adolescent with the ability to see himself as connected to something greater is less likely to fall into the traps of an imaginary audience and a personal fable. The study found the personal fable to be associated with lower levels of self-compassion in adolescent populations. An adolescent with high self-compassion will have a deep understanding of herself as a human being among other human beings and in turn worthy of compassion. High self-compassion focuses on connection rather than a view that sees oneself as set apart or special.

The results of the Neff and McGehee (in press) study have set the groundwork for the current pilot study by supporting the positive role of self-compassion in an adolescent population. Not only do the results suggest that self-compassion can be helpful to the adolescent experience (as had been found previously for adult populations), the results go further to address potential implications for the adolescent life within the family. The findings surrounding maternal support, family functioning and attachment styles suggest that self-compassion may help adolescents cope with difficult family situations. In particular, self-compassion may aid in providing coping strategies as well as a broader

world view that allows the adolescent to view their unique situations within the larger context of common humanity.

An additional study (Neff, Hsieh & Dejitterat, 2005) focused on the role of self-compassion in education by looking at the relationship between self-compassion and achievement goals and coping with academic failure. Though the research was conducted with an undergraduate population, the results seem relevant to the adolescent experience because of the focus on the educational process. Specifically, the study found self-compassion to be positively correlated with mastery-based academic achievement goals and negatively correlated with performance-based academic achievement goals. Mastery-based learners are motivated by a desire to grasp a new concept or skill, whereas those who are performance-based tend to be more motivated by evaluations of their ability and sense of self worth. Students more oriented toward mastery are found to have more positive academic adaptability than those oriented toward performance (Dweck, 1986). The link with self-compassion and mastery goals indicates that the lack of self-judgment and fear of failure (among other attributes) found in a self-compassionate attitude could have great implications on the adolescent in the sphere of education. The study also found students with greater levels of self-compassion tend to bring kindness to perceived academic failures. Again, this positive relationship between self-compassion and academic resiliency points to potential benefits of self-compassion within the adolescent population.

Because of the critical growth necessary (along many factors) in the adolescent stage of development, this stage will always be difficult. Growing pains are elemental to the process of adolescence. Recent interventions aimed at raising self-esteem have

proved unsuccessful. Recent research on self-compassion, though, opens the possibility that self-compassion may be a construct with the potential to make those growing pains less difficult. In addition, recent work in the field of education has found mindfulness, a component of self-compassion, to be helpful in this effort.

Similar Adolescent Interventions

Because this study is concerned with the development of a self-compassion intervention for adolescents, it seems necessary to briefly discuss current research on similar adolescent interventions. The following section hopes to distill the information about current approaches similar to the proposed study within the adolescent population.

There are three different models of education – The good citizen, the good worker and the good person (McLeod, 2007). The good citizen model of education dates to the ancient Greeks and is concerned with an empowered citizen involved in furthering social aims. The good worker is a product of the industrial revolution and has a goal of creating an obedient work force for the aims of the industry. Finally, the good person model of education is concerned with a student who is in touch with, among other principles, the emotions of compassion, care and tolerance. Although none of these three systems exists alone, and there are clearly overlapping goals within and between each mode of education, it seems that some forms of education have taken the fore in western society. The current mode of public education in the west seems more interested in the good worker. The good worker is capable, knowledgeable and can perform well on certain tasks testing abilities in these areas. There seems to be less concern in western education for the good person or even the good citizen (Cohen, 1999).

The need for less traditional interventions for a teen population comes from this view that there is a necessity for another dimension within our current educational system. Recently, many educators and psychologists are becoming increasingly interested in these less traditional educational models. These models are concerned with not only the time-honored disciplines of language and math, but also the social and emotional competencies. Over the past 100 years there have been progressive models of education targeting the “whole” child. These progressive models sought to broaden the educational focus and were led by John Dewey, Felix Adler, Ana Freud, Maria Montessori and others. Influenced by the principles of the civil rights movement and other currents of progressive change, these early leaders in educational reform planted the seeds for the current models (Cohen, 1999).

Social and Emotional Learning (SEL) is one of these models of education interested in educating the “whole” child. SEL was influenced by the ideas involved in Emotional Intelligence (Gardner, 1983; Goleman 1995; Salovey & Mayer, 1990). Social and emotional learning is interested in the many dimensions of being human. The belief behind SEL programs is that that children have been taught in a certain way that has neglected core social and emotional competencies. These social and emotional competencies take two forms. The first form is concerned with self-reflective capacities and the second form is interested in the capacities that allow one to understand what others are thinking and feeling. These inward and outward focused activities are seen as the foundation for children to manage the emotional aspects of their lives.

With the work of Emotional Intelligence and Social and Emotional Learning as a backdrop, there has been increasing interest in mindfulness education. Prominent figures

in the study of mindfulness (Jon Kabat-Zinn) and Emotional Intelligence (Daniel Goleman) have taken roles in supporting the Association for Mindfulness in Education. The mindfulness approach to education is concerned with helping students develop skills in concentration, emotional and cognitive awareness, bodily awareness and interpersonal awareness and skills.

Of the non-traditional interventions for adolescent populations, mindfulness-based interventions are most similar to the proposed self-compassion intervention in the current study. Although there is greater interest in mindfulness-based interventions for an adolescent population, to date, there is little research on such interventions. Burke (2009), in a review of mindfulness-based approaches for children and adolescent populations found data on 8 mindfulness studies with high school aged adolescents. These studies sought to bring mindfulness to clinical (sleep disorders and substance abuse, ADHD, conduct disorders, psychiatric disorders) and non-clinical populations. Though encouraged by the advancing empirical research in the field, the study found many methodological and practical issues in each of the studies reviewed. Those issues included natural limitations because of lack of research in the field, unique issues with the child and adolescent population, as well as small sample sizes and training for teachers and leaders.

The above research on mindfulness-based interventions with adolescents is encouraging for the current study in that there is clearly a great interest and need for similar studies in the field. Though encouraging, the above research also lends caution to the proposed study. The results of the mindfulness-based interventions highlight the difficulties with interventions in such a nascent field of research, as well as the

difficulties unique to these interventions within an adolescent population. Regardless of the difficulties, the interest points to an obvious need for these types of interventions.

As detailed above, this study is based on the belief that self-compassion has the potential to be enormously valuable to the adolescent experience. Because of questions about the effectiveness of traditional interventions with this population (including those based on self-esteem,) there is reason to create new interventions to promote adolescent well-being. The current pilot study will be the first effort to create and implement a self-compassion intervention with an adolescent population.

CHAPTER THREE

Methods

Overview

This pilot study was designed to develop, implement and assess the effectiveness of a self-compassion intervention on an adolescent population. Research suggests that the adolescent stage of development is a particularly trying stage of human development (Steinberg, 1999). Because of the biological, cognitive and social transitions of adolescence, this stage of development has long been targeted by experts for interventions promoting well-being. Recent research suggests that self-compassionate individuals experience greater psychological health than those without self-compassion (Neff, 2003). Within the construct of self-compassion are three dimensions that are measured in the Self-Compassion Scale: Self-kindness, common humanity and mindfulness. This intervention centers on these three dimensions of self-compassion. This study was the first to develop and assess a self-compassion intervention for adolescents.

The intervention took the form of a weekend “Self-Compassion Retreat” for high-school aged students (ages 14 to 17). The retreat focused on helping the students to understand and begin to incorporate into their lives the three dimensions of self-compassion – self kindness, common humanity and mindfulness. The intervention attempted to deepen student understanding of self-compassion by focusing on experiential and contemplative learning strategies (see Kabat-Zinn, 1997; Hart, 2004).

Students were introduced to self-compassion through large group presentations, small group and contemplative exercises as well as individual interviews.

The self-compassion intervention was assessed using pre- and post-test questionnaire assessments of self-compassion, depression, anxiety, social-connectedness, and happiness as well as individual interviews and written evaluations following the intervention. The study used a single sample design: Participants filled out study measures prior to the intervention to obtain pretest scores (T1) as well as on the final day of the intervention (T2), as well as at a 6 week follow-up (T3). Participants also provided written qualitative feedback (see appendix L “Final Questionnaire”) immediately following the intervention. In addition, data were collected through 15-20 minute interviews with 6 volunteers (3 participants and 3 parents of participants.)

Research Questions and Hypotheses

This study tested the hypothesis that a self-compassion intervention can be developed for adolescents to increase self-compassion and well-being, as measured by levels of depression, anxiety, connectedness and happiness. The current study addressed the following hypotheses:

- 1) *Research Question 1:* Will participation in the intervention increase self-compassion scores?

Hypothesis 1: The intervention group will increase in self-compassion after the intervention (T2 compared to T1), as measured by the Self-Compassion Scale.

2) *Research Question 2:* Will self-compassion scores continue to be higher among the intervention group at a six-month follow-up?

Hypothesis 2: The intervention group will continue to have increased self-compassion over time (T3 compared to T1) as measured by the Self-Compassion Scale.

3) *Research Question 3:* Will participation in the self-compassion intervention enhance psychological well-being?

Hypothesis 3: The intervention group will have increased social connectedness and happiness while also having less depression and anxiety after the intervention (T2 compared to T1).

4) *Research Question 4:* Will participation in the self-compassion intervention enhance psychological well-being over time?

Hypothesis 4: The intervention group will continue to have increased psychological well-being over time (T3 compared to T1) in terms of social connectedness, happiness, depression and anxiety.

5) *Research Question 5:* What will be the participants subjective experience of the self-compassion intervention? Because this is the first known self-compassion intervention and the first step in the development of future self-compassion interventions it will be important to understand what worked and what didn't work in the present intervention.

Participants

Participants for the study were seventeen, 14 to 17 year-old, high school students. Of the seventeen subjects, eight were female and nine were male. Participants were drawn from St. Andrew's Episcopal School as well as St. Stephen's Episcopal School, both in Austin, Texas.

St. Andrew's Episcopal School is an independent college preparatory day school with 774 students in grades 1-12. St. Andrew's had 365 students enrolled in the grades 9-12 at the time of the study. St. Stephen's School is an independent college preparatory day and boarding school with 653 students in grades 6-12. At the time of the study, St. Stephen's 9-12 grades consisted of 459 (297 day, 162 boarding) students.

Recruitment of Participants

The recruitment process offered participants the opportunity to participate in a weekend retreat. Several months prior to the date of the retreat, parents and caregivers of St. Andrew's and St. Stephen's students were sent an email from the primary investigator, inviting their students to participate in a "Self-Compassion Retreat." Included with this email was a letter from the heads of each school regarding their approval of the retreat and the research that was to be a part of the retreat. The email to parents and caregivers was followed soon thereafter by an email to the each student in both schools (approximately 824 students). In the weeks prior to the event weekend, students and their parents or caregivers who signed up for the retreat were emailed more specific instructions about the format of the weekend as well as particulars about the collection of data for research purposes.

The response following the initial email to parents was overwhelming. This was a voluntary retreat with no incentives for participating in research other than a “growth opportunity” based on self-compassion. Within a week of the initial emails, over 50 parents and students expressed interest in the retreat. Two weeks prior to the retreat weekend, over 40 students were signed up to participate in the self-compassion intervention. Because of unavoidable scheduling conflicts (two different sporting events on campus as well as other academic events that were not previously planned), 15 students were forced to drop out of the retreat, making a total of 25 participants by the week of the retreat. By the evening of the event, other last minute scheduling conflicts as well as a sickness dropped the total of retreat participants to 17 as the retreat began.

Approval by Human Subjects Committee

This study adhered to the guidelines of the Institutional Review Board for the Protection of Human Subjects at the University of Texas at Austin.

Procedure

The intervention consisted of a two-day weekend retreat. The retreat was led by the primary investigator who, at the time of the retreat, was a doctoral candidate in Counseling Psychology and also holds a M.Ed. in Counseling. In addition, the primary investigator has 10 years experience working with high school students in the capacity of classroom teacher and school counselor. Dr. Kristin Neff, an expert on the topic of self-compassion (and chair of this dissertation) also served as a retreat co-leader. The primary investigator and Dr. Neff were joined as co-leaders by the school chaplain, who

is an Episcopal priest; the school counselors from both of the schools from which participants were drawn, who each hold Masters Degrees in Counseling; as well as a Ph.D. candidate in Educational Psychology who is also an ordained Episcopal priest. Each retreat co-leader participated in 3-hour training on the Saturday before the retreat. This training was led by the primary investigator as well as Dr. Neff and was based on *Appendix H*, “Retreat Leader Detailed Outline of Small Groups”.

The intervention was held at St. Andrew’s Episcopal Upper School in Austin, Texas. Below is a brief overview of the intervention. Please see *Appendix G* for a detailed outline of the intervention.

The Intervention

The weekend was conceptualized as being divided into thirds. In each third of the intervention, the students were introduced to and encouraged to experience each of the three aspects of self-compassion (self-kindness, common humanity and mindfulness).

Friday evening was devoted to an introduction to self-compassion by Dr. Kristin Neff. The following day took the framework of the three components of self-compassion. This framework was organized by introducing each of the three concepts of self-compassion to the whole group, followed by a group exercise that added an experiential learning component to the understanding of the concept. After the large group introduction and exercise, students were divided into small groups, each led by one of the retreat co-leaders. These small groups allowed for deeper experiences of each concept by allowing participants to process their experiences with peers, facilitated by a retreat co-leader.

The day, therefore, took on the following structure:

1. Self-kindness

- Self-Kindness introduction (with the whole group)
- Self-kindness large group exercise
- Self-kindness small group exercises

2. Common Humanity

- Common humanity introduction (with the whole group)
- Common humanity large group exercise
- Common humanity small group exercises

3. Mindfulness

- Mindfulness introduction (with the whole group)
- Mindfulness large group exercise
- Mindfulness small group exercises

In addition, each retreat participant scheduled one 10-15 minute interview with their small group leader. The purpose of these interviews was a time for participants to check in with the retreat leaders and discuss their experience of the retreat. This allowed the students an opportunity to share any difficult emotions that might have come to the surface and well as some time to process anything else of significance that may have arisen.

The exercises used in both the large and small groups were a mixture of exercises created by the leaders specifically for the self-compassion retreat as well as others that have been time-tested in use with an adolescent population. Below is a brief description of the large and small group exercises used in the intervention for each of the three

components of self-compassion. Please see *Appendix H* for a detailed outline of both the large and small groups.

Self-Kindness Exercises

Self-Kindness – Large Group. The self-kindness large group began with an introduction to self-kindness. For the purpose of continuity, an effort was made to connect the large group teachings on each of the aspects of self-compassion to Dr. Neff’s presentation from the previous evening.

The self-kindness large group exercise was an “inner voice” exercise in which 4 students volunteered to play (1) the role of a person in a difficult situation (2) a self-judging inner voice (2 *people*) and (3) a self-kindness inner voice. The “person in a difficult situation” drew a difficult situation out of hat (the leaders had identified several difficult situations that this population might struggle with) and announced to the group the difficult situation. The two people playing the role of the self-judging inner voice then stood next to the person in the difficult situation and provided self-judging comments. For instance, if the difficult situation was that the person was excluded from a social gathering, the voices said things like, “you are a loser...no one likes you...there’s something wrong with you.” Then, the self-kindness voices provided kind words to help the person deal with the situation.

This large group exercise was developed in an effort to help participants see the importance of responding to difficulties with warmth and compassion rather than harsh criticism.

Self-Kindness – Small Group. All of the small groups began with ice-breaking exercises. Please see *Appendix I* for example of ice-breaking exercises. These ice-breaking exercises began each small group in an effort to help make the participants comfortable in the group. In addition, the small group leaders explained the “Safe Group” rules. Please see *Appendix J* for “Safe Group” Rules. These rules were agreed upon by each member of the small group in an effort to facilitate the comfort of the group and their willingness to share with other group members.

After the ice-breaking exercises and the introduction of safe group rules, each small group asked students to identify three situations in which they commonly judge themselves. In *Appendix K* you will see that we provided 7 examples of possibilities from which they could choose. These examples were drawn from several different elements of the adolescent experience: academic, extracurricular and social. Participants used these examples of things they typically judged themselves about throughout each of the three small group exercises. The hope being that as they applied self-kindness, common humanity and mindfulness strategies to these situations they might see them in a new light. In addition, the hope is that they will be equipped to deal with their difficulties in a different way.

The first exercise in the self-kindness small group was a “self-talk” exercise. Recalling the large group exercise on self-talk, the group leader facilitated a conversation about the importance of self talk to self-compassion and how soft/supportive language can be comforting during difficult times. The students were then asked to look back at the three difficult situations and rather than bring self-judging responses, try a self-compassionate response.

The second self-kindness exercise asked the students to write a letter to themselves from the perspective of an all-knowing, all-compassionate ideal friend. After writing the letter, they had an opportunity to discuss and process the experience of writing the letter with the group.

Each small group ends with a short (5 minute) breathing exercise. As mindfulness is a third component of self-compassion, this short mindfulness exercise is an opportunity to practice finding balance in their lives.

Common Humanity Exercises

Common Humanity –Large Group. After the common humanity introduction, participants were led through a “crossing the line” exercise, which was borrowed from a teen intervention called Challenge Day (www.challengeday.org). In this exercise, a big line is taped to the floor and everyone is asked to stand on one side of the line. The leader then says, “cross the line if you...” and fills in the sentence with a series of statements. The statements begin with very general statements, like, “cross the line if you have a sibling,” or, “cross the line if you are the baby of your family.” The statements then progress to less general and more personal statements like, “cross the line if you have ever felt embarrassed,” or “cross the line if you have ever been lonely.” The experience of watching people cross the line allows people to feel closer to the people in the group and gives a sense of the relatedness between us all, including our shared experiences.

Common Humanity – Small Group. After the ice-breaking exercises, students are asked to revisit their three identified self-judgments. They are then asked to share with

the group how they might bring self-compassion to these situations based on what they now know about self-kindness and common humanity.

The next exercise asked students to come up with a list of all of the conditions that led to that trait, behavior or event that is their self-judgment. For instance, if a self-judgment was, “I am overweight,” you might list the conditions that led to that as, “my parents are overweight, there’s always food around the house, I don’t have time to exercise.” The students were then asked to identify how many of these causes and conditions are normally identified with themselves. The goal of the exercise is to help the student to realize that many of the things we identify as ourselves are connected to so many other things outside of ourselves. This hope is that this realization will help participants to see things from a wider perspective and that there are many different causes other than just “me and my problem”.

The small group then ends with a short mindfulness exercise.

Mindfulness Exercises

Mindfulness – Large Group. Following a brief discussion of mindfulness, the participants were led through a 15 minute self-compassionate body-scan. The participants were asked to lie on the ground and led through a body scan based on the work of Kabat-Zinn (1990). The practice of mindfulness is an awareness that allows us to anchor ourselves in our body and uses awareness of our bodies as a foundation for mindfulness training. In addition, the body scan exercise includes elements of soothing tension and an appreciation for our body and how hard our body works for us. The leader’s encouragement to appreciate our body’s makes this exercise link directly to our work

with self-compassion – as we appreciate our bodies, we are offering self-kindness to our bodies. This body scan gives retreat participants an example of the mindfulness practice designed to help us become more attuned to what is going on in our body.

Mindfulness – Small Group. After the ice-breaking exercises, group participants were again asked to recall their three self judgments and now add how they would bring self-compassion to their judgments with their new understanding of self-kindness, common humanity and mindfulness. Following this exercise, the students were given the following quote from Shin Zen Young, “Suffering = Pain x Resistance” (Young, 2004). The students were then asked to discuss in the group what that equation might mean. The group leader then leads the group through how the equation might be applied to a traffic jam. The leader should help them see that suffering is increased by the more resistance they put forth in the situation that is causing some pain. The goal of this exercise is to show the students that when they are overidentified with their frustration in their car, they only make their situation worse. Whereas if they can bring the balanced awareness of mindfulness to their situation, there are free to enjoy music and will find less suffering.

The students are then reminded of the body scan and how that exercise in the large group was an example of a mindfulness practice. They are also reminded that they have done short 5 minute mindfulness practices at the end of each small group and that these practice help them to develop more mindfulness. The more they practice mindfulness, the more likely they will be able to respond to a traffic jam or their self-judging situations with self-compassion.

Measures

Intervention participants received emails with links to a website that allowed subjects to fill out the following measures at Time 1, Time 2 and Time 3, on line. (Note: all instruments are included in the appendix sections B through F.)

Self Compassion Scale

The Self-Compassion Scale is a 26-item scale developed by Neff (2003a). The scale measures three components of self-compassion on separate subscales: Self-Kindness and Self-Judgment, Common Humanity and Isolation, and Mindfulness and Overidentification. measures items on six factors: a 5-item self-kindness subscale (e.g. “I try to be understanding and patient toward aspects of my personality I don’t like”), a 5-item self-judgment subscale, reverse scored (“I’m disapproving and judgmental about my own flaws and inadequacies”), a 4-item common humanity subscale (“I try to see my failings as part of the human condition”), a 4-item isolation subscale, reverse scored (“When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world”), a 4-item mindfulness subscale (“When something painful happens I try to take a balanced view of the situation”), and a 4-item over-identification subscale, reverse scored (“When I’m feeling down I tend to obsess and fixate on everything that’s wrong”). Validation studies (Neff, 2003a) have found internal reliability of .92 (Subscale reliabilities: self-kindness: .78; self-judgment: .77; common humanity: .80; isolation: .79; mindfulness: .75; and overidentification: .81) and test-retest reliability of .93 (self-kindness: .88; self-judgment: .88; common humanity: .80; isolation: .85; mindfulness: .85; and overidentification: .88). This scale has been shown to be

psychometrically sound, with good internal consistency reliability (.92) as well as good test-retest reliability ($r=.93$) over a three week interval (Neff, 2002a). The Self-Compassion Scale has also demonstrated good reliability in young adult (.93) and adolescent (.90) populations (Neff & McGehee, in press).

Zung Self-Rating Depression Scale

The 20-item Zung (1965) Self-Rating Depression Scale, rated along a four-point scale, has been shown to effectively differentiate between clinically depressed and control samples (Zung, 1965). Although developed in the United States, translated versions of the scale have been used effectively with Asian populations in Hong Kong, Singapore and Taiwan (Chen & Narsavage, 2006; Lee et al., 1994; Ward, Leong & Low, 2004), showing good reliability and also convergent validity with other depression scales (Ward, Leong & Low, 2004). Split-half reliability studies have found a correlation (r) of 0.73 (Zung 1972). In addition, in a survey of 1,173 subjects, Cronbach's alpha was found to be 0.79 (Knight et al. 1983).

Spielberger State-Trait Anxiety Inventory – Trait Form

The Spielberger State-Trait Anxiety Inventory – Trait Form (Spielberger, Gorsuch, & Lushene, 1970) measures anxiety levels on a 20-item scale. The scale differentiates between the temporary condition of state anxiety and the more long-term condition of trait anxiety. This scale helps distinguish between feelings of anxiety and depression. The scale includes items such as, “I feel satisfied with myself,” and “I make decisions easily”. Internal consistency coefficients for the Trait Form of the scale range

from .86 to .92 and test-retest stability coefficients range from .73 to .86 for adults (Spielberger, et al., 1999).

Social Connectedness Scale

Conceptualizing “Social Connectedness” as a sense of self in relation to the world, the Social Connectedness Scale (Lee & Robbins, 1995) was originally conceptualized as being composed of three aspects: companionship, affiliation and connectedness. The Social Connectedness Scale consists of 8 items including items such as, “I feel so distant from other people,” and “I don’t feel like I participate with anyone or any group”. Lee and Robbins’ reported a Cronbach’s alpha estimate of .92, demonstrating high internal consistency.

Subjective Happiness Scale

The 4 item Subjective Happiness Scale (Lyubomirsky & Lepper, 1999) is a measurement of global subjective happiness. Two items require respondents to characterize how happy they consider themselves to be using absolute ratings and ratings relative to peers. The other two items provide brief descriptions of happy and unhappy individuals and ask respondents the extent to which each characterization describes them. All items are measured on a scale of 1-7 and higher scores essentially reflect higher levels of subjective happiness. Data collected across cultures and age groups have indicated that the SHS has high internal consistency, which has been found to be stable across samples. The scale shows high reliability with test-retest reliability coefficients of .85 over one month.

Follow-up Questions and Interviews

Final Questionnaire

A final, anonymous, questionnaire was given to retreat participants before they left the retreat. The pencil and paper questionnaires were given to participants in a quiet corner of the library. Retreat participants were spread out on library tables and asked not to consult or talk about the questionnaires in any way. The primary investigator administered and monitored this procedure. In an effort to allow participants to feel comfortable answering the questions honestly, as well as to preserve anonymity, the primary investigator did not collect the questionnaires. Upon finishing the questionnaires, subjects turned the questionnaires into a box in the library.

The Final Questionnaire questions consisted of five open-ended questions, created by the primary investigator, targeting the participants' experiences of the retreat as well as any recommendations for future retreats. The questions were designed to gather a broad range of information about the subjective experiences of the intervention and progressed from general to relatively more specific questions (see *Appendix L* for full questionnaire):

- “What are your thoughts about the weekend so far?”
- “Do you feel like you think about yourself in a different way after this weekend? If so, how?”
- “Was this weekend what you expected, how or how not,”
- “What parts of the weekend were most valuable?”
- “What parts of the weekend were least valuable?”

Interviews

As a final step, after the 6-week follow-up, six volunteers sat with the primary investigator for 20 minute interviews. These volunteers consisted of three student retreat participants and three parents of retreat participants (not necessarily the parents of the three student volunteers). These follow-up interviews were conducted in an effort to get a deeper understanding of the retreat experience from the perspective of participants. All of the qualitative interviews with the three retreat participants were conducted based on a psychoanalytic ethnographic model (Ainslie & Brabeck, 2003). This approach does not rely on set questions, but rather explores themes the interviewer is interested in and allows for opportunities that might follow from this less structured approach. Because of the nature of the intervention and the goals of the study, the approach and analysis of the interviews were not psychoanalytic in substance, yet followed the less structured nature of the model in an attempt to allow the voices of those interviewed to take on their own particular personality. In the interviews with the retreat participants, the overall themes that structured the interviews were: General thoughts about the self-compassion retreat, any possible changes the interviewee might recommend, the most valuable aspects of the retreat, and the least valuable aspects of the retreat. I was interested in the subjective experiences of each retreat participant and parent and from that starting point each interview took on its own personality. The interviews averaged 20 minutes.

The interviews with parents of retreat participants took two forms. Two interviews were conducted based on the psychoanalytic model above and the other was emailed a set of 8 open-ended questions about the weekend (see appendix N). These questions were an adaption of the 5 questions in the “Final Questionnaire” for students

above and were created by the primary investigator. In addition, one of the parents interviewed completed the open-ended questions as well as being interviewed.

Unsolicited Comments from Parents and Teachers

In addition to the above qualitative data, unsolicited comments about the program, given in informal communications with the primary investigator, are included as well.

These comments were provided by those in the communities of both schools who came in contact with retreat participants and who offered information about the retreat of their own volition.

CHAPTER FOUR

Results

Sample Description

The study sample was composed of 17 participants. Of these 17 participants, 9 were male and 8 were female. Most of the participants were in the 9th grade (12), with 1 in the 10th grade and 4 in the 11th grade. The ages ranged from 14 to 17, with 3 aged 14, 9 aged 15, 4 aged 16 and 1 aged 17. By ethnicity, 15 identified as “European American/White” and 2 identified as “Mixed Ethnicity”.

Method of Analysis

The following hypotheses were tested in SPSS ($\alpha=.05$) using a repeated measures MANOVA with the following dependent variables: Self-compassion (as measured by the Self-Compassion Scale), depression (as measured by the Zung Depression Inventory), anxiety (as measured by the Spielberger State-Trait Anxiety Scale – Trait version), connectedness (as measured by the Lee Connectedness Scale) and happiness (as measured by the Subjective Happiness Scale). All dependent variables were measured across the three different time points (T1, T2 and T3).

Means of Initial Measures

Table 4.1 Means, Standard Deviations, and Cronbach's Alphas

Construct	Time 1 (N=12)	Time 2 (N=12)	Time 3 (N=12)
Self-compassion	3.41 (.45) $\alpha = .95$	3.32 (.68) $\alpha = .92$	3.12 (.94) $\alpha = .96$
Depression	1.82 (.52) $\alpha = .87$	1.92 (.52) $\alpha = .80$	1.97 (.62) $\alpha = .90$
Anxiety	2.12 (.72) $\alpha = .97$	2.22 (.80) $\alpha = .94$	2.36 (.92) $\alpha = .97$
Connectedness	4.58 (.64) $\alpha = .92$	4.57 (.51) $\alpha = .84$	4.49 (.69) $\alpha = .92$
Happiness	5.31 (1.22) $\alpha = .91$	5.38 (1.36) $\alpha = .89$	5.15 (1.67) $\alpha = .94$

Correlations

Correlations (see Table 4.2) between self-compassion and other measures of well-being were found to be similar to previous research on self-compassion and well-being (Neff, 2003a, 2003b; Neff & McGehee, in press). At Time 1, self-compassion correlated negatively and significantly with depression and anxiety, and positively and significantly with connectedness and happiness. At Time 2, self-compassion correlated negatively and significantly with depression and anxiety, positively with connectedness and positively and significantly with happiness. At Time 3, self-compassion correlated negatively and significantly with depression and anxiety, positively with connectedness and positively and significantly with happiness. A correlation table for Time 1 is found below:

Table 4.2 Pearson Correlations for Time 1, * $p < .05$, ** $p < .01$

	Self-Comp	Depression	Anxiety	Connected	Happiness
Self-Comp	--	-.51*	-.73**	.58*	.72**
Depression	-.51*	--	.79**	-.53*	-.70**
Anxiety	-.73**	.79**	--	-.71**	-.86**
Connected	.58*	-.53*	-.71**	--	.46
Happiness	.72**	-.70**	-.86**	.46	--

Hypothesis Testing

The results from the repeated measures MANOVA showed there were no significant changes over time for the group of dependent variables (multivariate $F = 1.267$, $df(10, 2)$, $p = .52$).

Hypothesis 1: The intervention group will increase in self-compassion after the intervention (T2 compared to T1), as measured by the Self-Compassion Scale.

A pairwise comparison was conducted to compare time 1 (T1) to time 2 (T2) for self-compassion. There was no significant difference between self-compassion at T1 and self-compassion at T2 ($p = .683$). Results are shown in the table below. The means and standard errors are shown under each time point. The standard error of the difference in means is also shown.

Table 4.3 Self-Compassion at T1 and T2

Construct	Time 1	Time 2	S.E.(Difference)	P-value
Self-compassion	3.41 (.45)	3.32 (.68)	.205	.683

Hypothesis 2: The intervention group will continue to have increased self-compassion over time (T1 compared to T3) as measured by the Self-Compassion Scale.

A pairwise comparison was conducted to compare time 1 (T1) to time 3 (T3) for self-compassion. There was no significant difference between self-compassion at T1 and self-compassion at T3 ($p = .298$). Results are shown in the table below. The means and standard errors are shown under each time point. The standard error of the difference in means is also shown.

Table 4.4 Self-Compassion at T1 and T3

Construct	Time 1	Time 3	S.E.(Difference)	P-value
Self-compassion	3.41 (.45)	3.12 (.94)	.269	.298

Hypothesis 3: The intervention group will have increased social connectedness and happiness while also having less depression and anxiety after the intervention (T1 compared to T2).

A pairwise comparison was conducted to compare time 1 (T1) to time 2 (T2) for social connectedness, happiness, depression and anxiety. There was no significant

difference between social connectedness ($p=.983$), happiness ($p=.831$), depression ($p=.406$), or anxiety ($p=.831$) at T1 and at T2. Results are shown in the table below. The means and standard errors are shown under each time point. The standard error of the difference in means is also shown.

Table 4.5 Well-Being at T1 and T2

Construct	Time 1	Time 2	S.E.(Difference)	P-value
Connectedness	4.58 (.64)	4.57 (.51)	.200	.983
Happiness	5.31 (1.22)	5.38 (1.36)	.286	.831
Depression	1.82 (.52)	1.92 (.52)	.121	.406
Anxiety	2.12 (.72)	2.22 (.80)	.202	.635

Hypothesis 4: The intervention group will continue to have increased psychological well-being over time (T1 compared to T3) in terms of depression, anxiety, social connectedness and happiness.

A pairwise comparison was conducted to compare time 1 (T1) to time 3 (T3) for social connectedness, happiness, depression and anxiety. There was no significant difference between social connectedness ($p=.759$), happiness ($p=.684$), depression ($p=.181$), or anxiety ($p=.300$) at T1 and at T3. Results are shown in the table below. The means and standard errors are shown under each time point. The standard error of the difference in means is also shown.

Table 4.6 Well-Being at T1 and T3

Construct	Time 1	Time 3	S.E.(Difference)	P-value
Connectedness	4.58 (.64)	4.49 (.69)	.279	.759
Happiness	5.31 (1.22)	5.15 (1.67)	.398	.684
Depression	1.82 (.52)	1.97 (.62)	.109	.181
Anxiety	2.12 (.72)	2.36 (.92)	.217	.300

Analysis of Qualitative Data

Hypothesis 5: Through formal and informal qualitative assessment, the subjective experience of the participants will be understood enough to assist in future development of the self-compassion intervention.

Qualitative data for the study took the form of three different qualitative assessments:

- *Final Questionnaire following the retreat*
- *Qualitative Interviews with 3 retreat participants*
- *Qualitative Interviews with 3 parents of retreat participants*

Final Questionnaire

Following the retreat, just before leaving campus, participants were asked to fill out a series of 5 open-ended questions assessing their experience of the retreat (the full questionnaire can be found in Appendix L). All of the 17 retreat participants filled out the questionnaire. Below is a list of the questions followed by examples of the responses.

1. “What are your thoughts about the weekend so far?”

Of the 17 questionnaires, 15 of the retreat participants responded with positive language to question 1. The other 2 responses were negative or neutral.

Examples of the positive language:

- “I thought that it was extremely beneficial and worth my time. Extremely relaxing too!”
- “It’s been interesting and fun...”
- “I loved it. I learned a lot. I learned to take care of myself and not just other people”
- “Interesting, worthwhile, helpful...”
- “Very relaxing...”
- “I have learned a lot about self-compassion. I now know what I have to think about in hard times to make myself feel better and am grateful for that.”

The negative or neutral responses were:

- “The weekend wasn’t the best thing.”
- “I’m very tired and emotionally worn out.”

2. “Do you feel like you think of yourself in a different way after this weekend?”

If so, how?”

On question 2, 13 of the 17 participants responded that they think of themselves in a different way.

Examples:

- “I have more sympathy for myself”

- “I will try to remember the things that I have learned this weekend when I feel pain, and I believe that that will make me feel better about myself as a person and that I am not the only one who makes mistakes and feels pain.”
- “Yes. I think of myself more as a part of the whole as opposed to one human.”
- “It kind of put in perspective what I need to work on to improve my well-being and self-compassion”
- “Yes. I feel like I know how to be easier on myself and feel relieved that I know how to deal with beating myself up over stupid things.”

Of those who didn't feel they think of themselves in a different way, 2 responded with “Nope” and “No” and the other responses were:

- “No, I was very confident to begin with”
- “Not really, but I'll keep in mind the concepts we discussed”

3. “Was this weekend what you expected? How or how not?”

For question 3, 12 of the 17 participants found that the weekend was not what they had expected and were pleasantly surprised:

- “I expected more people and expected the students to be less involved (I was happily surprised at those). I also expected the experience to be more lectures and more preachy. All of the things that I did not expect I was glad about.”
- “No, it wasn't as fuzzy dovey..”
- “Not really, I was not sure what to expect..it was good.”
- “No, I didn't expect it to be as personal as it was and I really liked that.”

The other 5 participants responded with either a one word answer, “yes”, or that simply the retreat was indeed what they thought it would be.

4. “What parts of the weekend were most valuable?”

The answers to question four were broken down into the following categories, listed from most responses to fewest responses:

- *Small Groups*. 6 participants found the small groups to be most valuable
- *Body Scan*. 3 participants found the body scan most valuable
- *Interviews*. 2 found the one on one interviews with retreat leaders most valuable
- *Other*. Of the remaining 6 responses, 3 activities were listed once and 3 responses were general about the weekend.

5. “What parts of the weekend were least valuable?”

The answers to question five were broken down into the following categories, listed from most responses to fewest responses:

- *Nothing*. 4 said, “nothing” or didn’t respond.
- *Surveys*. 3 said that the surveys at T1, T2 and T3 were the least valuable.
- *Other*. Of the remaining 10 responses, each listed a different part of the weekend.

Qualitative Interviews

Following the collection of data at Time 3, the primary investigator conducted a series of interviews based on the psychoanalytic ethnographic model (Ainslie & Brabeck, 2003). Following collection at Time 3, participants and their parents or caregivers were

sent an email requesting volunteers for an interview process aimed at gathering greater detail about participant experiences of the retreat. Interviews were taken with three retreat participants and three parents of retreat participants.

Qualitative Interviews with 3 retreat participants

Each interview was audio recorded with volunteer consent and began by asking the retreat participants for their general thoughts about the weekend. All three of the student participants interviewed responded positively to the weekend when asked for their general thoughts:

- “... just since we’re talking like overall I definitely really liked the overall weekend was really good.”
- “Well, to start, I went because my parents made me...but I ended up liking it there...I mean really I didn’t want to go but it was so much better than I was expecting.”
- “OK, well, I was definitely a little bit nervous when everybody, like, just arrived...but like when everything calmed down and like you guys were talking and the group dynamic I felt a lot safer and you guys made it less kinda like what are we doing...I felt comfortable real quick.”

Though the participants reported having positive experiences of the retreat, they also reported that they were ambivalent about the retreat before attending.

- “Well, I kinda thought it would be just another event with a bunch of presentations but that was totally wrong, you know there were a lot of really fun like games and stuff like that...they really really helped.”
- “Well you know kinda like that’s just from being like people thought it was going to be this big like seminar thing where people just like sit down and just like you know what a slide show or power point and have to learn from it and do that all weekend and that’s just like what people were expecting but just like whenever they saw that that’s not what it was going to be...their comfort zone went way down...I mean way up...sorry...”

When pressed about what exactly was positive, each of the three participants began with examples of how the self-compassion weekend had been helpful in their lives:

- “Well just like the stress and stuff, like school and grades and stuff...I mean it’s just helpful to learn new ways to look at things...like not just say, ‘I suck at life’...just like rethinking about it and not just jumping to the negative...just paying more attention...or like the mindfulness deal...like when you’re on a test and making a dumb mistake, not saying it’s dumb, but just saying I just wasn’t paying attention and that that’s not always dumb.”
- “Just like randomly, in school and in sports...like after a bad game or something like if we lost and stuff I used to get pretty pissed, now I’m just like I need to lighten up and I might think the word self-compassion and I need to have more of it and it helps, like I’m not so down, it’s not such a big deal.”

- “When I was in (another country) I got home sick and I was thinking about feeling lonely and not very confident in a foreign land... alone... and I know it sounds kinda dorky, but I did that hugging yourself thing that you all taught us... and I hugged myself. And it really helped. I thought about having some compassion for myself for my loneliness... you know it’s those little things that help.”
- “Well like you know one day I had a teacher say something that was like you know embarrassing in class and I wanted to say something to her you know and like I just kinda sat there and tried to like relax and let whatever thoughts were there just kinda go and not really affect me.... that def helped a lot... I’ve done that a lot...”

When pressed further about specifically what participants enjoyed or thought worked, they gave the following responses:

- “I loved the small groups, I kind of had a cool, goofy group and we could be serious and also like really goofy...”
- “In the small groups, it made it less weird talking about serious stuff, but we could also relate to each other and like our problems we talked about in the exercises. Like in the exercises you had to relate it all like right back to you, so it was helpful to see how just like in general you could use it past that weekend and like it like made you feel good that the other people in your group could like you know see that too...”

- “It was nice to have a small group to process and talk about stuff that you really can’t in a larger group...just the comfort and maybe I had a good leader...”
- “Yeah...I thought the small groups were really, really good, the best part of the whole entire weekend. I kinda just felt like it was a lot better than when the presenters were talking because I felt like that you could communicate this stuff better with just like a smaller group of people like when my teacher was asking these questions I felt like a little bit safer with just like 3 or 4 people...because like I kinda felt like I got to know the 3-4 people and just like once that happened everything just seemed to go real well.

Participants talked about specific exercises in the following way:

- “Yes, I was nervous...but I felt much better after Dr. Neff’s presentation, like, I could tell you guys knew what you were talking about...like...I didn’t really know what the weekend was about...but I was much more comfortable after hearing you all talk that night and like a little excited to come back rather than bummed.”
- “Well you know like when we had to write the list of things that we’re usually hard on ourselves about...and then like what we could do to like not be hard on ourselves, like that was helpful cause like when you’re in the moment of like getting like that bad grade you’re just like wow you suck but if like you look at it like ahead of time, you kinda like stop yourself before you get to that moment of saying it...like that was helpful because you could like identify where you really like don’t do it and stuff...”

- “I remember the different parts of self-compassion...that was helpful seeing it that way and then the trying not to judge is so helpful...not as worried about what people think with the self compassion also trying more to be around people like that...you know like who feels good about who they are...does that make sense?”
- “That thing when we laid down...the body scan thing...I really liked that...and it makes you appreciate like how your body’s connected to stuff...like it’s helpful, and I mean I remember it in sports now and just feel more connected to my body and can just breathe and relax when I’m feeling tense or all stressed and I can just kinda get out of my head if I stop and do that...does that make sense?”
- “I remember how we broke SC up into those parts...I really liked like the kindness part...just being kind...well...after that I realized that I can be a lot more kind to people than I thought I was being...like instead of being like good job to someone when they were down...I could like really try to feel what it’s like to be down or whatever they were feeling and how to act...and then you can do that to yourself...I like hadn’t really thought of that before...so yeah I thought the kindness part was the best...”

When asked about what didn’t work about the retreat, or any negative responses they might have had, participants gave the following responses:

- “Well at first I thought the letter writing was a little goofy, I was like why would you write yourself a letter...that’s weird...but now and like at different times I’ve been like wow you know that’s helpful...”

- “That was good, but just like as group, as a big group it’s harder to like pay attention all the time...and it’s just kind of like loud...and it’s slower in small groups it just flows better...”
- “I think with boys it was harder to open up and maybe just focus on that more...cause with girls it just seems to be easier...so maybe put all the boys together...I mean like maybe just split the boys and girls apart because its just I feel like the girls share certain things like that maybe they wouldn’t in front of boys and vice versa...you know for guys probably the same way...I just felt like that...”

Participants were all asked to talk about their experience of taking the surveys:

- “I thought that some of the questions didn’t really make sense and maybe that some people didn’t take them like as seriously..But really I didn’t talk to people about them...I did them all...I can’t remember who but I know some people forgot their numbers and maybe didn’t do some of them...skipped a bunch and some just kinda put numbers in...”
- “The survey was way too long...people got annoyed with it...Just cause it was too long and we had to do it so many times...I know that a lot of people I talked to just marked random things without really thinking about the questions...”
- “When I was at school it didn’t take too long, but when I was at home on the computer, I was like distracted and stuff...it was real easy to go to the link and take them...at first the three different times seemed a little excessive...like maybe just do it right before and the follow up, because the second one, I mean like it’s

not going to change like immediately...and the answers were probably the exact same...or I don't know I was a little tired...but..."

Qualitative Interviews with 3 Parents

When I asked parents about their general thoughts, I received the following responses:

- “My general thoughts about the self-compassion retreat are that it's a great opportunity for adolescents to be exposed to the idea of self-compassion. Teenagers have so many pressures on them that anything that improves their ability to deal with stress in a productive way is incredibly valuable.”
- “He didn't give me a lot of detail...afterwards when I asked he said it was ‘good’ and when I pushed him on it he said he was ‘glad I went...’ and made a joke about me forcing him to do it and I was actually right...”
- “The weekend was more than I expected because I thought I was going to get in trouble for “making” her go...”

When asked about what their student may have learned after the weekend, or if they noticed any changes in their students, they responded with the following answers:

- “I know that he enjoyed it and learned some things, but I really don't know specifics. She really didn't share much.”
- “I pushed her on what she learned and she said, ‘I learned certain things that help you with certain things in the future...’ I said do you think you will use

them and she said, ‘oh yeah I can totally see how it will help me in the future with certain things...’”

- “After the weekend, I noticed my child was less stressed and more mindful about her stress. She would start to be critical of herself and then take a deep breath, close her eyes, and say ‘I am going to be self-compassionate’. She partly was being silly about it, but it doesn't matter because she had the awareness to actually recognize her self-criticism and change her response. She also mentioned to me that she reminded her close friend (who was at the retreat as well) to be more self-compassionate when she was being perfectionistic.”

When asked if the weekend had lived up to their expectations, one parent said,

- “The weekend met my expectations in that I hoped my daughter would learn something new. That she has used what she learned has exceeded my expectations!”

Parents were also asked about the organization of the weekend:

- “The schedule seemed to work great...I think 3 days or successive weekends would have been a little too much...but it seemed just the right amount of time...”
- “In my opinion, the weekend schedule should be shortened to one day that begins at 10:00 and ends at 6:00. This allows the teens to sleep-in that morning (somewhat), and still go out that night. I think that an eight-hour day (with breaks), is within their focus ability but wont over-saturate

them.”

Unsolicited Comments from Parents and Teachers

Below are unsolicited comments from parents of participants as well as teachers from the two schools. This feedback was shared informally with the primary investigator.

- “While originally skeptical about the self-compassion workshop, because like most teens she already knew everything, she later admitted it was beneficial” (from a parent.)
- “I was really impressed with the fact that I didn’t hear any negative comments from students that attended in any of my classes...that’s rare for something like you all did” (from a teacher.)
- “The week after the workshop he came home excited to tell me that he asked his first question in class (in high school). He was so proud! He said that he realized it was OK to not understand something. He said she even felt smarter for asking because the teacher told him it was an excellent question, while before he felt dumb sitting there not understanding” (from a parent.)
- “Although there are some kinks to work out, including the timing of exercises and shortening the weekend (maybe making it start later) the weekend, from my perspective seemed to be a real success. I think it was successful because it introduced this notion that you can be kind to yourself in the middle of their crazy lives. I don’t think they get that message very often” (from a retreat co-leader.)
- “She is able to accept constructive feedback without taking it personally. I directly attribute this to the workshop. The self-compassion training taught her to

be ok with not being perfect, and as a result she takes more risks and is achieving at a higher level” (from a parent.)

CHAPTER FIVE

Discussion

This pilot study was the first attempt to provide a self-compassion intervention for any population. The main goal of this study was to create and implement a self-compassion intervention for adolescents. The study also attempted to gain a deeper understanding of how to create and successfully provide a self-compassion intervention for an adolescent population in future studies. Quantitative and qualitative data were collected in an effort to strengthen this understanding of what was most valuable and least valuable in the current study. The hope was that the quantitative data might give specific feedback on effectiveness of the intervention in elevating self-compassion and well-being. In addition, the hope for the qualitative data was that the feedback provided would add depth to and give a clearer picture of participant experiences of the intervention.

Main Hypotheses

Quantitative Hypotheses

The data provided using SPSS suggested that none of the hypotheses based on the quantitative data were significant. The data showed no significant difference in self-compassion (using the Self-Compassion Scale) for retreat participants at base line (Time 1) and immediately following the intervention (at Time 2). The data also showed no significant change in self-compassion (using the Self-Compassion Scale) over time at the six week follow-up (Time 3). Social connectedness (using the Lee Connectedness Scale)

and happiness (using the Subjective Happiness Scale) were not increased from T1 to T2, nor was depression (using the Zung Depression Inventory) and anxiety (using the Spielberg State-Trait Anxiety Scale – Trait Form) decreased from T1 to T2. In addition, there was no statistically significant increase in well-being over time at the six week follow-up (Time 3). Moreover, there were not even non-significant trends indicating increases in well-being. It is also important to note that the correlations between the measures of anxiety and happiness are so high, at each time point, that there is no basis to assume that separate constructs are being measured.

Although disappointing, the small sample size and short duration of the intervention may have made it difficult to significantly shift self-reports of well-being. Also, social desirability might play a role in the lack of significance in the quantitative data. The intervention participants were given the five measures of well-being on the first evening of the intervention just as they arrived on campus. The weekend retreat was advertised as a “Self-Compassion Retreat” and participants may have answered the questions, especially on the Self-Compassion Scale, in a manner that they deemed “self-compassionate.”

The mean scores on the Self-Compassion Scale were high at Time 1 and still above average at Time 2. The small number of participants, coupled with the high initial Self-Compassion Scores, may have left little room for significant improvement. In addition, participants were given the measures at Time 2 immediately following the retreat and social desirability may have gone down due to fatigue. This fatigue may have added to the fact that the N was lowered from 17 to 12 for the repeated measures analysis. Missing data was responsible for this drop in total N in the analysis, and fatigue

may have played an additional role in the lack of attention when completing the scales at T1, T2 and T3. Further, because of this small N, no outliers were thrown out.

Another factor may be that by Time 2, retreat participants had spent the day on campus learning new information and discussing potentially emotional subjects. The Time 3 measures were given six weeks following the retreat and there may have well been little to no social desirability at this point. This lack of social desirability at Time 3 may have been due to the fact that participants took the surveys on-line, outside of the context of the retreat, with no retreat leaders present. In order to account for social desirability, future interventions could give the scales prior to the retreat and off campus at each time point. In addition, the nature of the study could be revealed following testing at Time 1.

Qualitative Hypothesis

Although the quantitative data did not provide significant effects, the qualitative feedback offered valuable information regarding the subjective experiences of the retreat participants. In the written feedback as well as the interviews from participants and parents of participants, enough data was gathered to form a broader picture of the effectiveness of the intervention.

In the written feedback from the final questionnaire immediately following the intervention, an overwhelming number of participants (15 of 17) used positive language when reporting on their experience. The responses also showed that 13 of the 17 participants felt they in some way changed following the retreat. In addition, 12 of the 17 participants responded that the retreat was a more positive experience than they had imagined it would be. In the questions assessing the most valuable experiences of the

retreat, the largest number of participants (6) found small groups to be the most valuable. The largest number of participants (4) said that “nothing” was least valuable, followed by the surveys (3 participants) as least valuable.

Of the three students who participated in the qualitative interviews, each one responded that they had a positive experience on the retreat. Those interviewed also expressed ambivalence going into the retreat. The participants interviewed each gave specific instances from the retreat that they felt had changed them in some way or helped them with certain experiences in their lives since the retreat. When asked about certain exercises, they were able to give feedback on the exercises that worked as well as exercises that didn't work for them. The participants interviewed also reiterated their peer's frustrations with the surveys and offered some ideas on why there may have been frustration with the quantitative measures.

The parents interviewed had positive reactions to the retreat as well. Of the parents interviewed, though, only two received any real specific information about the retreat from their adolescent participant. The parents who were able to obtain information gave specific feedback about their views of the effectiveness of the retreat. Other helpful information from the parents revolved around how the retreat had fulfilled their expectations as well as recommendations for future retreats.

Strengths

The main strength in the study is that it is the first known self-compassion intervention with adolescents. As detailed above, self-compassion has been found to be highly correlated with higher levels of life satisfaction, emotional intelligence, and social

connectedness. In addition, self-compassion has been found to be negatively correlated with depression anxiety and perfectionism (Neff, 2003a; Neff, Hseith & Dejitthirat, 2005). Other studies (Neff & McGehee, in press) have found similar associations between self-compassion and well-being specific to an adolescent population. There is no doubt that the field is ripe for a study focusing on the development and assessment of a self-compassion intervention. The current study and the intervention that resulted from the study provided the next essential step in the burgeoning field of self-compassion research.

Framing the study as a pilot study was a necessary first step in the development of a self-compassion intervention. Following the lead of interventions based on mindfulness (Burke, 2010), for the field of self-compassion research to advance, there must be a first step in the creation and evaluation of a self-compassion intervention. A pilot study, which is essentially a smaller version of a full scale study, can be a critical component of a well designed full scale intervention. In addition, the information gathered in a pilot study can provide valuable information about study design, research instruments and protocol, recruitment procedures, necessary resources as well as a number of other crucial issues to consider prior to launching a larger scale intervention (Teijlingen & Hundley, 2001). For these reasons, a strength of the study is found in the fact that as a pilot study, the study gathered critical information that will be essential for future larger scale interventions.

In addition, in regard to the current study, a smaller scale pilot study allowed for valuable information to be gathered before embarking on a study with a larger scope. Because the study involved an adolescent population, the issues involved in the logistics

of organizing and running an intervention with this population lent itself to the necessity of a pilot study. For example, one of the unique issues when working with this population involves recruitment of subjects. Because of the busy schedules of the (Monday through Friday) school-day, extracurricular activities (weekdays and weekends), as well as other familial and social obligations, the mere task of scheduling an intervention holds great difficulty. In addition, garnering interest in this type of voluntary intervention proves challenging with an adolescent population. Ironing out these and a number of other issues unique to this particular population made a smaller, pilot study a particular strength of this study.

Another strength is that through quantitative and qualitative data, enough information was gathered about the effectiveness of the intervention to assist in further development of self-compassion interventions for the future. The goals of the study were not only to create a self-compassion intervention, but also to assess and gather information for future interventions. The below section, “Suggestions for Future Self-Compassion Interventions,” expands on the details of this information.

In addition, the data, based on the experience of the participants, a sample of participants’ parents, as well as retreat leaders (including informal feedback from school administration,) suggests that there is a need for an intervention based on self-compassion. In both sets of qualitative feedback from the students, they were able to articulate an understanding of a need for self-compassion. Many students talked about a need for self-compassion in their own lives in addition to a need for the adolescent population as a whole. In addition, each of the parents of participants noted the importance and necessity of the intervention.

Participants and their parents alike were able to express the value of the intervention in ways that suggest a self-compassion intervention can be a useful means for affecting and enhancing self-compassion and well-being. A theme that developed from the qualitative feedback from students was, “I wasn’t expecting much from this...but it actually works!” In addition, in the formal interviews with participants, each student was able to provide examples from their own lives of how they were able to use particular retreat exercises to aid in their self-compassion. In both the interviews with parents and the unsolicited data, parents and teachers gave specific examples of how the intervention had been helpful in adolescent lives.

Another strength of the study is the fact that the information gathered for the qualitative data suggests that an overwhelming majority of retreat participants (15 of 17) experienced the retreat positively. The primary investigator and retreat leaders of the study have over 40 years of combined experience working with adolescents and have never received that positive of a response from an adolescent population. The study was a structured intervention with little activities planned that are traditionally considered “fun” for an adolescent population. The fact that participants reported experiencing the intervention positively implies that a structured self-compassion intervention over a two-day period can be a positive experience for this population. Clearly, if participants can experience the intervention in a positive way with little to no resistance, they will be more open to the experience and in turn to potential change.

The structure of the intervention was another strength of the study. Feedback from participants suggests that there were many exercises that participants found useful. Responses to the question, “What parts of the weekend were most valuable?”, highlighted

6 different activities. Participants listed small groups, the body scan, personal interviews, learning the difference between self-esteem and self-compassion, learning about the construct of self-compassion, and mindfulness exercises as the most valuable exercises.

The small groups in particular were found to be valuable with 6 participants commenting on small groups as being the most valuable activity. Of the three participants in the interviews, each talked about the value of small groups. Participants noted the value of the intimacy of the small groups, the focused attention from the small group leader as well as the perceived safety to participate in a deeper way found in the smaller setting of the small groups.

Limitations

This study also contains a number of limitations. Many limitations are based on the small sample size of the study. Because of a variety of circumstances, the number of participants shrunk from almost 40 to 20 the week of the intervention. Another 3 participants were not able to attend and had to drop out of the study for various reasons the day of the retreat. Though this was a pilot study, the small number of participants makes findings difficult to generalize to a larger population.

A large number of participants reported through the final questionnaire (12 of 17) as well as formal interviews (all 3 interviewees) that the retreat was not what they expected. In addition all of the formal interview participants reported that the retreat was their parents' idea and were pleasantly surprised about their positive experience of the retreat. This data suggests that many students were not participating of their own volition. This feedback suggests there may have been limitations within how the retreat

was advertised. Because of logistical constraints, advertisement and recruiting was limited to invitations emailed separately to students and parents. A focus on advertising may have added to the number of participants as well as enthusiasm for the study by participants.

An additional limitation may be a result of the low expectations of retreat participants upon entering the intervention. Because participants seem to have had such low expectations upon entering the retreat, it is possible that their positive responses to the retreat were exaggerated following the retreat. Participants may have felt that anything was better than what they expected. This limitation raises the possibility of bringing caution to the interpretation of the overwhelming positive responses, based on the lack of excitement by participants before the retreat.

The collection of the qualitative data, specifically the formal interviews, may point to another limitation. Because the primary investigator created and ran the intervention, interviewees (both students and parents) may have felt compelled to give positive responses in an effort to support the expectations of the primary investigator. In future administrations, the interviews might be conducted by a more neutral person with less investment in the outcome of the interviews.

Another issue of the study was in the collection of quantitative data. Three participants reported in the final questionnaires that the surveys were the least valuable part of the weekend. The surveys were the most frequent response to the question of what was least valuable other than, “nothing.” In addition, each participant of the formal interviews commented negatively on the surveys. The responses commented on the length of the surveys as well as the redundant nature of taking the same surveys at three

different time points. Future attempts at assessing the effectiveness of a self-compassion intervention should take in to account this negative feedback.

Another limitation of the qualitative data could be in the scales themselves. In particular, the “Trait Form” was used for the Spielberger State-Trait Anxiety Inventory. Because the trait form of the inventory looks at individual differences in anxiety rather than anxiety at a certain time, it seems that the “State Form” would have been more useful to this study. In an effort to understand the effect of a self-compassion intervention on an individual, assessing anxiety at a certain time (at T1, T2 and T3) as a “State” would be more valuable than an individual’s overall “Trait” anxiety. In addition, the Self Compassion Scale measures trait self-compassion, rather than state. Though no state form of the Self Compassion Scale currently exists, measuring state may have allowed for more sensitivity to change between the assessment time points.

Suggestions for Future Self-Compassion Interventions

Based on the above strengths and limitations, as well as the information from the qualitative and quantitative data, this pilot study has provided potentially useful information for the development and implementation of future self-compassion interventions. Below are suggestions for future self-compassion interventions.

One of the limitations of the study surrounds participant expectations upon entering the self-compassion intervention. Feedback suggests that participants had low expectations of what the retreat would offer. These low expectations could have affected the number of participants who signed up for the retreat. In addition these low expectations could have impacted initial resistance to the intervention from those who did

participate. In an effort to gain more participation in the retreat as well as combat any early resistance from participants, it seems that there should be a greater focus on advertising and recruitment prior to the retreat.

Restrictions from participating schools as well as other practical constraints required that the recruitment and advertising for this pilot study be limited to a series of email invitations. Because of the positive response to the Friday night slide show, perhaps future recruitment efforts could have a short preview or highlight show of the Friday night slide show at participating schools. These short previews could be held during assemblies in the weeks prior to the retreat. Former participants might even speak about their positive experiences during these previews in an effort to raise peer interest. In addition, posters advertising the weekend could be hung around the campuses with inspiring quotes from former participants. Should future interventions have greater access to funding, an advertising or marketing professional might be sought to assist in this endeavor. Regardless of the advertising strategy the qualitative data suggests that the focus should be to combat the feeling that this is another school event that parents are making their students attend.

Assessment of the effectiveness of the intervention is clearly an area that will require some thought prior to future interventions. Participant feedback targeted the implementation of the surveys as a weakness of the study. Five scales were given via Survey Monkey, an internet survey provider, at the three different time points (T1, T2 and T3). Students reported having a difficult time completing these scales as well as a frustration with the length and time commitment therein. Some of this reported frustration may have been due to logistical difficulties with using the computers on

campus at T1 and T2. Survey Monkey will not accept responses from the same IP address and there was some confusion at T1 and T2 getting each participant a computer terminal. In addition, because of anonymity, participants were given confidential ID numbers to enter in the survey at the three time points. Several students lost or forgot their ID numbers at T2 and T3, which cause some confusion as well.

In addition to learning from those mistakes, future assessment may scale down the quantitative evaluation and put more focus on the qualitative assessment. Some of the logistical issues as well as issues with length of the surveys may be eliminated by offering only the Self-Compassion Scale at the three different time points. In addition, offering the one scale with pencil and paper at the start and end of the retreat might help with any logistical difficulties encountered because of the computers. Only giving the Self-Compassion Scale would make the focus of the quantitative data only on self-compassion, allowing for a greater focus on well-being in the qualitative assessment.

The strengths and limitations of this pilot study suggest that the qualitative data provided the greatest amount of information about the participants' experience of the study. This insight points to making the focus of future assessment on qualitative data. A goal of this pilot study was to assess what worked and didn't work for participants in the intervention. This understanding of the subjective experience of the individual participant seems best suited for qualitative research. The formal interviews following the retreat provided an immense amount of feedback about the subjective experiences of participants and parents of participants. Because of this, these interviews should be expanded in future studies. It seems that as many post intervention interviews as is

logistically possible would greatly enhance any understanding of effectiveness of future interventions.

The qualitative feedback also provides many suggestions on how to improve the actual intervention. Looking at the overall organization of the intervention, the two day structure of the intervention can be shortened to one day. Feedback from participants and parents suggests that the goals for the intervention can be accomplished in a one day intervention. Should this be the case, the logistics of creating future interventions will be greatly simplified.

As to the structure of teaching the concept of self-compassion, the general framework of the current study seems effective. Based on qualitative feedback as well as informal feedback from retreat leaders, grouping the teachings into the three different aspects of self-compassion (self-kindness, common humanity and mindfulness) proved helpful in participant understanding of the concept of self-compassion. Other aspects of the current study that qualitative data point to as effective are the small groups, the personal interviews, the body scan and the Friday night slide show. It seems clear that each of these should continue to be a part of the intervention. The large groups and large group exercises proved less effective and may need to be reworked in future studies. In addition, some feedback suggests that small group dialogue might be assisted by grouping participants by gender.

Conclusion

The current pilot study provided the first development and implementation of a self-compassion intervention for adolescents. This was a necessary first step. Based on

the work of Kristin Neff and her development of the three components of self-compassion (Neff, 2003b), the current intervention hoped to teach these students about self-kindness, common humanity and mindfulness in an effort to give them the necessary tools to cope with their lives.

As many wise individuals and scholars have pointed out over the years (HH Dalai Lama & Culter, 1998; Brach, 2003; Germer, 2009), life is tough. Many of us struggle to deal with life's difficulties and in turn suffer from great amounts of stress and anxiety. More and more, research is pointing to the healing power of simply bringing a kindness and understanding to ourselves and our lives (Neff, 2003; Germer, 2009). As we have seen, life is particularly difficult for adolescents (Hall, 1904; Elkind, 1967; Rice, 1999) and the focus of the current study is on that vulnerable population. The hope of this pilot study is that it will provide a stepping stone for future self-compassion interventions. This first step in the effort to bring healing through self-compassion offered many insights in how that healing might be possible.

Appendix A: Demographic Information

1) Age: _____

2) Grade level: 1 (freshman) 2(sophomore) 3(junior) 4 (senior)

3) Sex: 1 Male 2 Female

4) Ethnicity:

1 African American/Black

2 Asian/Southeast Asian

3 European American/White

4 Hispanic/Mexican American

5 Mixed

6 Other

5) What is the marital status of your parents? (Check all that apply):

1 Married to each other

2 Divorced/separated from each other

3 Mother remarried

4 Father remarried

5 Mother widowed

6 Father widowed

6) Do you live with both your parents? 1 Yes 2 No

6a) If no, who do you live with? 1 Mother 2 Father 3 Other

7). What is your father's state of employment?

1 Employed full-time

2 Employed part-time

3 Not employed

8). What is your mother's state of employment?

1 Employed full-time

2 Employed part-time

3 Not employed

Appendix B: Self-Compassion Scale

- | Almost
never | | | | | Almost
always |
|-------------------------|----------|----------|----------|----------|--------------------------|
| 1 | 2 | 3 | 4 | 5 | |
-
- ___ 1. I'm disapproving and judgmental about my own flaws and inadequacies.
- ___ 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
- ___ 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
- ___ 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.
- ___ 5. I try to be loving towards myself when I'm feeling emotional pain.
- ___ 6. When I fail at something important to me I become consumed by feelings of inadequacy.
- ___ 7. When I'm down, I remind myself that there are lots of other people in the world feeling like I am.
- ___ 8. When times are really difficult, I tend to be tough on myself.
- ___ 9. When something upsets me I try to keep my emotions in balance.
- ___ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
- ___ 11. I'm intolerant and impatient towards those aspects of my personality I don't like.
- ___ 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.
- ___ 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
- ___ 14. When something emotionally painful happens I try to take a balanced view of the situation.

- ___ 15. I try to see my failings as part of the human condition.
- ___ 16. When I see aspects of myself that I don't like, I get down on myself.
- ___ 17. When I fail at something important to me I try to keep things in perspective.
- ___ 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.
- ___ 19. I'm kind to myself when I'm experiencing suffering.
- ___ 20. When something upsets me I get carried away with my feelings.
- ___ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.
- ___ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.
- ___ 23. I'm tolerant of my own flaws and inadequacies.
- ___ 24. When something painful happens I tend to blow the incident out of proportion.
- ___ 25. When I fail at something that's important to me, I tend to feel alone in my failure.
- ___ 26. I try to be understanding and patient towards those aspects of my personality I don't like.

Appendix C: Zung Self-Rating Depression Scale

1. I feel down-hearted and blue
2. Morning is when I feel the best
3. I have crying spells or feel like it
4. I have trouble sleeping at night
5. I eat as much as I used to
6. I notice that I am losing weight
7. I have trouble with constipation
8. My heart beats faster than usual
9. I get tired for no reason
10. My mind is as clear as it used to be
11. I find it easy to do the things I used to
12. I am restless and can't keep still
13. I feel hopeful about the future
14. I am more irritable than usual
15. I find it easy to make decisions
16. I feel that I am useful and needed
17. My life is pretty full
18. I still enjoy the things I used to do

Appendix D: Spielberger State-Trait Anxiety Inventory – Trait Form

- | Almost
never | | | | | Almost
always |
|-------------------------|-----|--|----------|----------|--------------------------|
| 1 | | 2 | 3 | 4 | 5 |
| _____ | 01. | I feel pleasant. | | | |
| _____ | 02. | I feel nervous and restless. | | | |
| _____ | 03. | I feel satisfied with myself. | | | |
| _____ | 04. | I wish I could be as happy as others seem to be. | | | |
| _____ | 05. | I feel like a failure. | | | |
| _____ | 06. | I feel rested. | | | |
| _____ | 07. | I am “calm, cool, and collected.” | | | |
| _____ | 08. | I feel that difficulties are piling up so that I cannot overcome them. | | | |
| _____ | 09. | I worry too much over something that really doesn’t matter. | | | |
| _____ | 10. | I am happy. | | | |
| _____ | 11. | I have disturbing thoughts. | | | |
| _____ | 12. | I lack self-confidence. | | | |
| _____ | 13. | I feel secure. | | | |
| _____ | 14. | I make decisions easily. | | | |
| _____ | 15. | I feel inadequate. | | | |
| _____ | 16. | I am content. | | | |
| _____ | 17. | Some unimportant thought runs through my mind and bothers me. | | | |
| _____ | 18. | I take disappointments so keenly that I can’t put them out of my mind. | | | |
| _____ | 19. | I am a steady person. | | | |
| _____ | 20. | I get in a state of tension or turmoil as I think over my recent concerns and interests. | | | |

Appendix E: Social Connectedness Scale

**Strongly
Disagree**
1

2

3

4

**Strongly
Agree**
5

- _____ 1. I feel disconnected from the world around me.
- _____ 2. Even around people I know, I don't feel that I really belong.
- _____ 3. I feel so distant from other people.
- _____ 4. I have no sense of togetherness with my peers.
- _____ 5. I don't feel related to anyone.
- _____ 6. I catch myself losing all sense of connectedness with society.
- _____ 7. Even among my friends, there is no sense of brother/sisterhood.
- _____ 8. I don't feel I participate with anyone or any group.

Appendix F: Subjective Happiness Scale

For each of the following statements and/or questions, please circle the point on the scale that you feel is most appropriate in describing you.

1. In general, I consider myself:

1 not a very happy person to 7 a very happy person

2. Compared to most of my peers, I consider myself:

1 less happy to 7 more happy

3. Some people are generally very happy. They enjoy life regardless of what is going on, getting the most out of everything. To what extent does this characterization describe you?

1 not at all to 7 a great deal

4. Some people are generally not very happy. Although they are not depressed, they never seem as happy as they might be. To what extent does this characterization describe you?

1 not at all to 7 a great deal

Appendix G: Detailed Outline of Retreat

Self-Compassion Weekend

St. Andrew's Episcopal School

February 27 – 28

Self-Compassion Weekend Schedule

Friday

6:00 pm ***Students arrive
(don't forget name tags)***

St. Andrew's Upper School campus
**Everything will take place in the Dell
Academic Center (library) unless otherwise
specified*

**As students are arriving, they will be asked
for their parental consent forms (unless they
have already be turned in). They will then be
directed to a computer in the vestibule or the
study hall room in order to take the surveys
for T1. The surveys should take 15 minutes.*

6:30 – 7:00 ***Dinner and welcome (Pittman)***

- Including introduction of weekend
leaders:
Pittman McGehee, Lex Breckinridge,
Heather Latreille, Jenneil Gross and
Steve Kinney (group leaders)
And Kristin Neff and Beth Block

7:00 – 8:00 ***Introduction to Self-Compassion (Kristin)***

8:00 ***Students are dismissed***

Saturday

8:30 – 9:00 *Students arrive – Breakfast*

9:00 – 9:30 *Brief review and outline schedule for the day
(Pittman)*

9:30 – 10:00 *Self-Kindness Introduction – large group
(Pittman)*

- Following brief introduction of self-kindness, there will be a large group exercise involving a role play, where we ask students to volunteer to play the roles of a (1) person in a difficult situation and (2) a self-judging inner voice and (3) a self-kindness inner voice.

10:00 – 11:30 *Self-Kindness – small group
(See attached)*

11:30 – 12:30 *First set of interviews/Break*

- Based on 30 participants, each of the 5 group leaders will have 20 minutes to give to each group member to check in. This is seen as a check in about how they are doing, etc, and also, because of the nature of the topics we are covering, issues may get brought to the surface with students and this is an

opportunity to process that with a group member.

- While group members are meeting with leaders there will be an activity planned for others during that hour.

12:30 – 1:00 Lunch

*1:00 – 1:15 Common Humanity – large group
(Pittman)*

- Following brief introduction of common humanity, there will be a large group exercise. This exercise will be the famous “crossing the line” exercise. Pittman will lead this.

*1:15 – 2:45 Common Humanity and Mindfulness – small
group
(See attached)*

2:45 – 3:00 Break/Snack

3:00 – 3:30 Mindfulness – large group

- Following brief introduction of mindfulness, Pittman or Kristin will lead the group through a self-compassionate body scan.

3:30 – 5:00 Second set of interviews

- *Students who are in interviews fill out qualitative questionnaires*

- *Students who have finished interviews and qualitative questionnaires are directed to computer terminals to complete surveys for T2.*

Appendix H: Retreat Leader Detailed Outline of Small Groups

Self-Kindness

Small Group

10:00 – 11:30

- 10:00 – 10:15 Ice Breaking Exercise (see attached list)
Remind group about “safety” in our groups (see attached ideas for rules about safety)
- 10:15 – 11:30 Ask students to identify three things they commonly judge themselves about. Give them some examples of things they might judge themselves about...

- Walking across campus to take a test that you are unprepared for (academic)
- Making a mistake on an exam you were prepared for causing your grade to be lower than expected (academic)
- You’ve missed three days of school because of being sick, you are anxious about coming back to school (academic).
- Flubbing your lines in a play or making a mistake in the band (extracurricular)
- Making a mistake in an athletic event and feeling snubbed by teammates or a coach (extracurricular)
- Dropping your tray of food in the cafeteria in front of your peers (social)
- Being in a small group of people and everyone responds to something you said in a way that makes you feel bad (social)

Ask students to briefly write on their notepads (to be provided) how they might feel in these difficult situations when they judge themselves. Also, ask them to come up with one situation that they are comfortable sharing with the group. For some, it may not be judging that is causing them suffering, like their dog died, etc...Give them a few minutes to write their responses.

Self-talk

Have a short discussion about the importance of self-talk to self-compassion...how soft/supportive language can be used to comfort yourself during difficult times. Be sure to talk about how kind self-talk is important when something difficult happens that is out of your control as well as when you do something that may be problematic and may need to be changed.

Then ask students to look back at their 3 judgments and briefly write how they might instead have a self-compassionate response, perhaps kinder self-talk, based on what they understand about self-compassion at this point.

Explain that there are no wrong answers.

This exercise is allowing for a baseline on how they understand self-compassion at the start of the first small group. They will have an opportunity to add how they bring self-compassion to these self-judgments throughout the day in an effort to see how their understanding evolves.

Exercise:

Ask students to think of something they habitually judge and criticize themselves for (it will probably be something of the 3 they have just identified, ask them to pick one). Ask them to "write letter to yourself on your note pad from the perspective of all-knowing, all-compassionate ideal friend." Discuss experience with the group.

Have students sign up for times to meet with group leader during the two different offerings (See attached sign-up sheet).

11:25 – 11:30

End with a short breathing exercise. Tell students that, as Kristin talked about last night, sometimes it's helpful to take a mindful moment in our busy lives. Invite students to close their eyes...let them know that they don't have to close their eyes, they can just turn them downward. Just take a few to five minute to be quiet and encourage them to feel the sensations in their body as well as their breath...

Appendix H: (Continued)

Common Humanity

Small Group

1:30 – 3:00

- 1:30 – 1:45 Ice Breaking Exercise
Remind group about “safety” in our groups
- 1:45 – 2:15 Ask students to go back to their notepads and re-write self-compassionate responses to their 3 identified self-judgments. These revised responses should be based on what they have learned about self-kindness and common humanity at this point. Ask if their responses changed and ask group member to share (the one self-judgment they have identified as safe to share with the group) how they are different with the group.

- 2:15 – 3:00 For each of the 3 judgments, have the students list as many causes and conditions possible that lead up to that trait/behavior/event that they have identified as a self-judgment. For instance, are parents, culture, genes, particular circumstances, etc. the potential causes in their eyes? Be sure to help them see that these circumstances that are essential – if circumstance weren't there, trait/event and the judgment wouldn't be there

Then, share your list with a partner and see if they can help each other think of necessary causes and conditions.

Next, go through the list of causes and conditions and put an X by the things that you normally identify as YOU.

Discuss this exercise in the group.

The goal of this exercise is for students to realize how these things they think are such a part of THEM are connected to so many other people, places, things, events, etc...

For example...”I am overweight” might be something a group member is being judging about. They may have this idea that this is just them , without realizing that there are causes outside of them...maybe their parents are also overweight, there is a genetic factor, there is always food around the house, etc...

2:55 – 3:00 End with a short breathing exercise

Appendix H: (Continued)

Mindfulness

Small Group

3:45 – 5:00

3:45 – 4:00

Ice Breaking Exercise
Define “safety” for the group for the day

4:00 – 4:30

Ask students to go back to their notepads and re-write self-compassionate responses to their 3 self-judgments, based on what they have learned about self-kindness, common humanity and mindfulness at this point. How could I bring mindfulness to this suffering? Ask if their responses changed and invite group members to share how they are different with the group.

4:30 – 5:00

Remind student of the three components of self compassion, as humans we all face difficulties and that these are tools to help us deal with these difficulties.

Give the following quote from Shin Zen Young,

“Suffering = Pain x Resistance”

Ask students what this “quote” or “equation” means to them...

Now, ask what this might look like in a traffic jam...How might this little equation about suffering work in a real life situation like a traffic jam?

Lead them toward the following...If you're *overidentified* in your car, you are frustrated, anxious, banging on the dash board, honking, sweating, heart beating, etc...

But...if you're *mindful* in your car, you are saying, “yes, this is not great to be stuck, but...” Then you are free to enjoy a little quiet time, listen to some music...etc...you are less resistant to the pain and your suffering is lessened...

Briefly go through the students different judgments and ask how they might overidentify in these situations and how they could bring mindfulness to them (again thinking about the equation above).

After that exercise, explain that we can *practice* mindfulness through certain exercises like we did in the large group...and that one of easiest ways is to follow your breath or notice your body sensations through a body scan. The body scan is used in drama class sometimes at St. Andrew's as well as in some of the contemplative work in chapel...ask if anyone can connect these situations.

*Here we can do a 5 minute compassionate body scan or a 5 minute breathing exercise.

- If there is time, we can also do a *Mantra Exercise*.

Have everyone come up with or write a little mantra for themselves that they can say in moments of suffering to bring mindfulness to the situation. Here, the group leaders can share "mantras" they might use in difficult situations, like,

"May everything work out as it should for the highest good of all concerned."

or

"Yes, I am suffering now, but this is a normal part of being human"

Appendix I: Examples of Ice Breaking Exercises

Ideas for ice-breakers at start of group

Question pass game

You have (I will have cards available for this) about 6 questions on cards (see below for examples of questions). The first person turns over the top card, reads it aloud and answers it. Then s/he passes the card to the person on the left who answers the same question and passes it on around the circle. If you can't think of an answer, you can pass, but the card will come back around after everyone else has answered. Everyone must answer each question. The object of the exercise is to listen. No interruptions or responses.

Sample Questions:

1. What is your favorite movie?
2. Given your choice of anyone in the world today, who would you choose as a dinner guest?
3. If your house was on fire and all the people and pets were safe, but you have time to save one object, what would it be?
4. What do you usually do when you get angry? (Sad? Scared? Lonely?)
5. If you could make one new school-year resolution, what would it be?

Name games

- have each student introduce him/herself by choosing an adjective that begins with the first letter of his/her first name to modify his/her name (i.e. Jovial John or Enthusiastic Emily)
- each person gives his/her name plus the name of an animal/vegetable/food/city/etc... that begins with the first letter of his/her first name (i.e. Laurie Lion or Andrew Austin or Paige Pomegranate)
- each person tells a brief "history" of his/her name... why s/he is named what s/he is... what s/he was almost named

Get to know you games

- M&M game
 - Students take a handful of M&Ms (I will have some for each group) but are not allowed to eat them. Once everyone has M&Ms, the first person tells the group something that they might not know about him or her – as many things as s/he has M&Ms. (i.e. if I have 5 M&Ms, I might say: I have two brothers and a sister; I eat Raisin Bran for breakfast; I want to go to the Grand Canyon someday; I love swimming; and I think English is the best subject.)

Would you rather...

- Group leader asks “would you rather” questions and students respond (i.e. would you rather drink Pepsi or Coke? Would you rather drive across the country or fly? Would you rather be Superman or Aquaman? Would you rather eat hamburgers or fruit for the rest of your life? Would you rather be caught cutting class or cheating on a test?)

Questions...

- Teacher asks any number of questions to which each student must respond...or a variation would have the teacher posing the question to the group and the students telling one another their answers in pairs
- Examples: if you could travel anywhere in the world, where would you go? If you could have dinner with any person (dead or alive) who would you choose? If your house were on fire and all people and pets were safe and you could save one object, what would it be?

Hot Seat

- One person is on the “hot seat” and all other students can ask him/her questions. It’s like a press conference. Whomever is on the “hot seat” can “pass” any question.

Appendix J: “Safe Group” Rules

Safe Group Rules

- It is important that the group members feel safe in their groups.
- It is the role of the group leader to provide a some type of “rules” for this safety.
- Begin the first small group by asking the group what it would mean to them to have a safe group...to feel safe...to feel that they can speak openly...etc...
- Come up with a list of “rules” that the group feels would make it a safe group.
- For instance...
 - Confidentiality
 - Listening when someone is talking
 - No making fun of someone
 - No laughing at someone
 - Show respect for everyone’s opinion, even if you don’t agree
 - Honestly, openness
 - Relate to others on a level of feeling and caring
 - *You may want to write these out and review them at the start of each group and also at times when the group may need a gentle reminder that they are not being safe*

Appendix K: Handout –

Situations in which we commonly judge ourselves

Ask students to identify three things they commonly judge themselves about. Give them some examples of things they might judge themselves about...

- Walking across campus to take a test that you are unprepared for (academic)
- Making a mistake on an exam you were prepared for causing your grade to be lower than expected (academic)
- You've missed three days of school because of being sick, you are anxious about coming back to school (academic).
- Flubbing your lines in a play or making a mistake in the band (extracurricular)
- Making a mistake in an athletic event and feeling snubbed by teammates or a coach (extracurricular)
- Dropping your tray of food in the cafeteria in front of your peers (social)
- Being in a small group of people and everyone responds to something you said in a way that makes you feel bad (social)

Ask students to briefly write on their notepads (to be provided) how they might feel in these difficult situations when they judge themselves. Also, ask them to come up with one situation that they are comfortable sharing with the group. For some, it may not be judging that is causing them suffering, like their dog died, etc...Give them a few minutes to write their responses.

Appendix L: Final Questionnaire

Self-Compassion Weekend Questions

This questionnaire is anonymous. Please do not put your name on this.

We are just interested in your honest feedback about your experience of the Self-Compassion Weekend.

Please answer the following questions in the space provided and feel free to use the space on the back of this page.

- 1. What are your thoughts about the weekend so far?*
- 2. Do you feel like you think about yourself in a different way after this weekend? If so, how?*
- 3. Was this weekend what you expected? How or how not?*
- 4. What parts of the weekend were most valuable?*
- 5. What parts of the weekend were least valuable?*

Appendix M: Parent Questionnaire

1. What are your general thoughts about the self-compassion retreat?
2. Did you notice any difference in your child after the weekend?
3. Has your child use any vocabulary he/she learned from the weekend?
4. Was the weekend what you expected?
5. What seemed most valuable?
6. What seemed least valuable?
7. Do you have any suggestions about the weekend schedule?
8. Any other comments?

Appendix N: Parental Consent Form (14-17 year olds)

PARENTAL CONSENT FORM (14-17 year olds)

Self-Compassion Retreat

You are being asked to allow your child to participate in a research study. This form provides you with information about the study. I will also describe this study to you and answer all of your questions. Please read the information below and ask any questions you might have before deciding whether or not to take part. Your participation is entirely voluntary. You can refuse to participate without penalty or loss of benefits to which you are otherwise entitled. You can stop your participation at any time and your refusal will not impact current or future relationships with UT Austin or participating sites. To do so simply tell me that you wish to stop participation. I will provide you with a copy of this consent for your records.

The purpose of this study is to develop an intervention that will increase adolescent self-attitudes and well-being. I am conducting a research study with adolescents between the ages of 14-18 that is seen as the first stage in the development of an ongoing intervention for adolescents. I am asking for permission to include your child in this study because he/she is the appropriate age. I expect to have approximately 40 to 50 participants in the study in total.

By attending the Self-Compassion retreat weekend, your child is also invited to participate and be evaluated as part of a research study. If you allow your child to participate, he/she will also sign a form indicating their consent, and then fill out a series of questionnaires. He/she will take the surveys on three separate occasions, before during and after the retreat. The total estimated time to complete the surveys is approximately 20 minutes. The survey questions ask general questions

about how people react to painful situations or perceived inadequacies. Your child does not have to answer any questions that he/she does not want to– he/she may skip or ignore questions at will.

This intervention may involve risks that are currently unforeseeable. If you wish to discuss the information above or any other risks your child may experience, please contact me at the email or phone number below. In addition, because we are working with a population of adolescents under the age of 18, any information about child abuse will be reported to the Texas Department of Family and Protective Services.

The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate you with it, or with your participation in any study.

The records of this study will be stored securely and kept confidential. Authorized persons from The University of Texas at Austin and members of the Institutional Review Board have the legal right to review your child’s research records and will protect the confidentiality of those records to the extent permitted by law. All publications will exclude any information that will make it possible to identify you as a subject. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study.

Contacts and Questions:

If you have any questions about the study please ask now. If you have questions later, want additional information, or wish to withdraw your child’s participation, please email me at pittman.mcgehee@mail.utexas.edu or at pmcgehee@sasaustin.org or call me at my direct line at St. Andrew’s 299-9690. My faculty sponsor is Kristin Neff, Ph.D. and please feel free to email her as well at kristin.neff@mail.utexas.edu . If you have questions about your child’s rights as a

research participant, complaints, concerns, or questions about the research please contact **Jody Jensen, Ph.D., Chair, The University of Texas at Austin Institutional Review Board for the** Protection of Human Subjects at (512) 232-2685 or the Office of Research Support at (512) 471-8871.or email: orsc@uts.cc.utexas.edu.

You may keep the copy of this consent form.

You are making a decision about allowing your child to participate in this study. Your signature below indicates that you have read the information provided above and have decided to allow him or her to participate in the study. If you later decide that you wish to withdraw your permission for your child to participate in the study, simply tell me. You may discontinue his or her participation at any time.

Printed Name of (son/daughter)

Signature of Parent(s) or Legal Guardian

Date

Signature of Investigator

Date

Appendix O: Assent Form (14-17 year olds)

ASSENT FORM (14-17 year olds)

Self-Compassion Retreat

You are being asked to participate in a research study. This form provides you with information about the study. I will also describe this study to you and answer all of your questions. Please read the information below and ask any questions you might have before deciding whether or not to take part. Your participation is entirely voluntary. You can refuse to participate without penalty or loss of benefits to which you are otherwise entitled. You can stop your participation at any time and your refusal will not impact current or future relationships with UT Austin or participating sites. To do so simply tell me that you wish to stop participation. I will provide you with a copy of this consent for your records.

The purpose of this study is to develop an intervention that will increase adolescent self-attitudes and well-being. I am conducting a research study with adolescents between the ages of 14-18 that is seen as the first stage in the development of an ongoing intervention for adolescents. I expect to have approximately 40 to 50 participants in the study in total.

If you and your parents agree to your participation, you will both sign forms indicating your agreement, and then you will later fill out a series of questionnaires. You will take the surveys on three separate occasions, before during and after the retreat. The total estimated time to complete these surveys is approximately 20 minutes. The survey questions ask general questions about how people react to painful situations or perceived inadequacies. You do not have to answer any questions you do not want to— you may skip or ignore questions at will.

This intervention may involve risks that are currently unforeseeable. If you wish to discuss the information above or any other risks you may experience, please contact me at the email or phone number below. In addition, because we are working with a population of adolescents under the age of 18, any information about child abuse must be reported to Texas Department of Family and Protective Services.

The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate you with it, or with your participation in any study.

The records of this study will be stored securely and kept confidential. Authorized persons from The University of Texas at Austin and members of the Institutional Review Board have the legal right to review your child's research records and will protect the confidentiality of those records to the extent permitted by law. All publications will exclude any information that will make it possible to identify you as a subject. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study.

Contacts and Questions:

If you have any questions about the study please ask now. If you have questions later, want additional information, or wish to withdraw your participation, please email me at pittman.mcgehee@mail.utexas.edu or at pmcgehee@sasaustin.org or call me at my direct line at St. Andrew's 299-9690. My faculty sponsor is Kristin Neff, Ph.D. and please feel free to email her as well at kristin.neff@mail.utexas.edu. If you have questions about your rights as a research participant, complaints, concerns, or questions about the research please contact **Jody Jensen, Ph.D., Chair, The University of Texas at Austin Institutional Review Board**

for the Protection of Human Subjects at (512) 232-2685 or the Office of Research Support at (512) 471-8871.or email: orsc@uts.cc.utexas.edu.

You may keep the copy of this consent form.

Printed Name of Youth

Youth's Signature

Date

Signature of Investigator

Date

Appendix P: Consent Form (18 year olds)

CONSENT FORM (18 year olds)

Self-Compassion Retreat

You are being asked participate in a research study. This form provides you with information about the study. I will also describe this study to you and answer all of your questions. Please read the information below and ask any questions you might have before deciding whether or not to take part. Your participation is entirely voluntary. You can refuse to participate without penalty or loss of benefits to which you are otherwise entitled. You can stop your participation at any time and your refusal will not impact current for future relationships with UT Austin or participating sites. To do so simply tell me that you wish to stop participation. I will provide you with a copy of this consent for your records.

The purpose of this study is to develop an intervention that will increase adolescent self-attitudes and well-being. I am conducting a research study with adolescents between the ages of 14-18 that is seen as the first stage in the development of an ongoing intervention for adolescents. I am asking for permission to include you in this study because you are the appropriate age. I expect to have approximately 40 to 50 participants in the study in total.

If you decide to participate, you will sign a form indicating consent, and then fill out a series of questionnaires. You will take the surveys on three separate occasions, before during and after the retreat., The total estimated time complete these surveys is xx minutes. The survey questions ask general questions about how people react to painful situations or perceived inadequacies. You do not have to answer any questions that you do not want to– you may skip or ignore questions at will.

This intervention may involve risks that are currently unforeseeable. If you wish to discuss the information above or any other risks your child may experience, please contact me at the email or phone number below. In addition, because we are working with a population of adolescents under the age of 18, any information about child abuse will be reported to Texas Department of Family and Protective Services.

The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate you with it, or with your participation in any study.

The records of this study will be stored securely and kept confidential. Authorized persons from The University of Texas at Austin and members of the Institutional Review Board have the legal right to review your child's research records and will protect the confidentiality of those records to the extent permitted by law. All publications will exclude any information that will make it possible to identify you as a subject. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study.

Contacts and Questions:

If you have any questions about the study please ask now. If you have questions later, want additional information, or wish to withdraw your participation, please email me at pittman.mcgehee@mail.utexas.edu or at pmcgehee@sasaustin.org or call me at my direct line at St. Andrew's 299-9690. My faculty sponsor is Kristin Neff, Ph.D. and please feel free to email her as well at kristin.neff@mail.utexas.edu . If you have questions about your child's rights as a research participant, complaints, concerns, or questions about the research please contact **Jody**

Jensen, Ph.D., Chair, The University of Texas at Austin Institutional Review Board

for the Protection of Human Subjects at (512) 232-2685 or the Office of Research Support at

(512) 471-8871.or email: orsc@uts.cc.utexas.edu.

You will be given a copy of this information to keep for your records.

I have read the above information and have sufficient information to make a decision about participating in this **Statement of Consent:**

I consent to participate in the study.

Signature: _____ Date: _____

_____ Date: _____

Signature of Person Obtaining Consent

Signature of Investigator: _____ Date: _____

Appendix Q: Email to Parents

Dear Parents of Upper School Students:

We would like to invite St. Andrew's and St. Stephen's Upper School students to an upcoming event on the campus of St. Andrew's Episcopal School. On Friday, February 27 and Saturday, February 28, the St. Andrew's Upper School Counseling Program and the St. Andrew's Chapel Program will be providing a wonderful growth opportunity for St. Stephen's and St. Andrew's students. Upper School Counselors Pittman McGehee and Heather Latreille and Upper School Chaplain Lex Breckinridge will be leading a "Self-Compassion" weekend for adolescents. In addition, St. Stephen's Upper School Counselors Beth Block and Jenneil Gross will also be a part of this special weekend. This weekend will be held on the St. Andrew's Upper School campus and will focus on adolescents and their relationship to themselves.

In a rigorous academic environment like that of St. Stephen's and St. Andrew's, it is often the case that students have unreasonably high expectations of themselves. This results in high levels of stress, feelings of insecurity, harsh self-criticism and a lack of compassion for themselves. As students have come into our offices over the years, we have found that encouraging students to bring a gentle sense of compassion to their problems has been an invaluable help to their well being.

Pittman McGehee has spent the past four and a half years pursuing a Ph.D. at The University of Texas in Counseling Psychology. He has been fortunate to spend most of that time working with Dr. Kristin Neff researching self-compassion. Dr. Neff is a

pioneering scholar in the relatively new area of self-compassion research. Self-compassion involves being kind to yourself rather than harshly self-critical, remembering that the human experience isn't supposed to be perfect. On the evening of Friday, February 27 and Saturday, February 28, Dr. Neff will join the St. Stephen's and St. Andrew's communities as we apply self-compassion to the adolescent experience, asking the question, "How can teens be more accepting and connected in their lives?" By participating in the retreat, students will also have the opportunity to participate in a research study. This will involve the students completing several short surveys before and following the retreat.

The weekend will begin with a dinner and a presentation on self-compassion from Dr. Neff. Students will return to their homes that evening and return for breakfast on Saturday morning. The remainder of Saturday will be filled with presentations, exercises and group work developed to help students understand and develop self-compassion. The self-compassion weekend will end with a dinner on Saturday evening. Though these retreat weekends can generally be quite expensive, we are fortunate that St. Andrew's has underwritten the cost of the weekend.

Please contact Pittman by phone (299-9690) or by email (pmcgehee@sasaustin.org) as soon as possible to reserve a place for your student to participate in the self-compassion weekend. We encourage you to talk to your student about this possibility and please contact Pittman for any questions you may have regarding the weekend. We would like to hear from you by February 13 if you would like to attend.

Thank you for considering this possibility for your students,

Pittman McGehee
Upper School Counselor
St. Andrew's School

Heather Latreille
Upper School Counselor
St. Andrew's School

Lex Breckinridge
Upper School Chaplain
St. Andrew's School

Beth Block
Upper School Counselor
St. Stephen's School

Jenneil Gross
Upper School Counselor
St. Stephen's School

References

- Ainslie, R.C. Ainslie, R.C. & Brabeck, K. (2003) "Race murder and community trauma: Psychoanalysis and Ethnography in exploring the impact of the killing of James Byrd in Jasper, Texas" *Journal of Psychoanalysis, Culture & Society*. Vol 8:1, pp42-51.
- Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, 61, 226-244.
- Baumeister, R.F., Bushman J. & Campbell, W.K. (2000). Self-esteem, narcissism, and aggression: *Does violence result from low self-esteem from threatened egotism. Current Directions in Psychological Science*, 9, 26-29.
- Baumeister R.F., Smart, L., & Boden, J.M. (1996). Relation of threatened egotism to violence and aggression: The dark side of high self-esteem. *Psychological Review*, 103, 5-33.
- Beck, A. T., R.A. Steer, et al., (1996). *Manual for the Beck Depression Inventory-II*. San Antonio, Texas: Psychological Corporation.
- Brach, T. (2003). *Radical acceptance: Embracing your life with the heart of a Buddha*. New York: Bantam Books.
- Campbell, J. (2003). *Myths of light: Eastern metaphors of the eternal*. Novato, California: New World Library.
- Cohen, J. (1999). Social and emotional learning past and present: A psychoeducational dialogue. In J. Cohen (Ed.), *Educating minds and hearts: Social emotional learning and the passage into adolescence*. New York: Teacher's College Press.

- Elkind, D. (1967). Egocentrism in adolescence. *Child Development*, 38, 1025-1034.
- Erickson, E. (1959). Identity and the life cycle. *Psychological Issues*, 1, 1-171.
- Erickson, E. (1963). *Childhood and society*. New York: Norton.
- Erickson, E. (1968). *Identity: Youth and crisis*. New York: Norton.
- Gardner, H. (1983). *Frames of mind: The theory of multiple intelligences*. New York: Basic Books.
- Germer, C. (2009). *The mindful path to self-compassion: Freeing yourself from destructive thoughts and emotions*. New York: The Guilford Press.
- Goldstein, J. (1993). *Insight meditation: The practice of freedom*. Boston: Shambhala.
- Goleman, D. (1995). *Emotional intelligence: Why it can matter more than I.Q.* New York, New York: Bantam Books.
- Gilbert, P. and C. Irons (2005). Focused therapies and compassionate mind training for shame and self-attacking. In P Gilbert (Ed.), *Compassion: Conceptualizations, research and use in psychotherapy*, (pp. 263-325). New York: Routledge.
- Gilbert, P., & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology & Psychotherapy*, 13, 353-379.
- HH Dalai Lama and Cutler, H.C. (1998). *The art of happiness: A handbook for living*. New York: Riverhead Books.
- Hall, G.S. (1904). *Adolescence*. New York: Appleton.
- Hanh, T. N. (1998). *The heart of the Buddha's teaching: Transforming suffering into peace, joy and liberation*. Berkeley, CA: Parallax Press.
- Hart, T. (2004). Opening the contemplative mind in the classroom. *Journal of*

- Transformative Education*, 2(1), pp. 28-46.
- James, W. (1983). *The principles of psychology*. Cambridge, M.A.: Harvard University Press. (Original work published 1890).
- Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry*, 4, 33-47.
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain and illness*. New York, New York: Dell Publishing.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144-156.
- Kabat-Zinn, J., Wheeler, E., Light, T., Skillings, A., Scharf, M., & Cropley, T. G. (n.d.). Influence of a mindfulness-based stress reduction intervention on rates of skin clearing in patients with moderate to severe psoriasis undergoing phototherapy (UVB) and photochemotherapy (PUVA). *Psychosomatic Medicine*, 60, 625-632.
- Keating, D. (1990). Adolescent thinking. In S. Feldman & G. Elliot (Eds.), *At the threshold: The developing adolescent* (pp.54-89). Cambridge, M.A.: Harvard Press.
- Kornfield, J. (1993). *A path with heart: A guide through the perils and promises of spiritual life*. New York, NY: Bantam Books.
- Leary, M.R. (2004). *The curse of the self: self-awareness, egotism, and the quality of human life*. New York: Oxford University Press.
- Lee, R. M. & Robbins, S. B. (1995). Measuring belongingness: The social connectedness and the social assurance scales. *Journal of Counseling Psychology*, 42, 232-241.

- Lyubomirsky, S., & Lepper, H. (1999). A measure of subjective happiness: Preliminary reliability and construct validation. *Social Indicators Research*, 46, 137-155.
- McLeod, M. (2007). Educating the heart. *Shambhala Sun*, January, 2007.
- McMillan, J.H., Singh, J. & Simonetta, L.G. (1994). The tyranny of self-oriented self-esteem. *Educational Horizons. Sp*, 141-145.
- Mecca, A.M., Smelser, N.J., & Vasconcellos, J. (Eds.). (1989). *The social importance of self-esteem*. Berkeley, CA: University of California Press.
- Neff, K. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2, 223-250.
- Neff, K. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 4, 263-287.
- Neff, K. & McGehee, P. (in press). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity*.
- Neff K., Pisitsungkagaran K. & Hsieh Y. (in Press). Self-compassion and self-construal in the United States, Thailand and Taiwan. *Journal of Cross-Cultural Psychology*.
- Rice, F. P. (1999). *The adolescent: Development, relationships and culture*. Boston: Allyn and Bacon.
- Rodewalt, F., & Tragakis, M.W. (2003). Self-esteem and self-regulation: Toward optimal studies of self-esteem. *Psychological Inquiry*, 14(1), 66-70.
- Salovey, P. & Mayer, J.D. (1990). Emotional intelligence. *Imagination, cognition and personality*, 9, 185-211.
- Sedikides, C. (1993). Assessment, enhancement, and verification determinants of the self-evaluation process. *Journal of Personality and Social Psychology*, 65, 317-

338.

Shapiro, S. L., Astin, J. A., Bishop, S.R. & Cordova M. (2005). Mindfulness-based stress reduction for health care professionals: Results from a randomized trial.

International Journal of Stress Management, 2, 164-176.

Spielberger, C. D., Gorsuch, R. C., & Lushene, R. E. (1970). *Manual for the State Trait Anxiety Inventory*. Palo Alto, CA: Consulting Psychologists Press.

Steinberg, L. (1999). *Adolescence*. Boston: McGraw-Hill College.

Swann, W.B. (1996). *Self-traps: The elusive quest for higher self-esteem*. New York: Freeman.

Teasdale, J. D., Segal, Z., & Williams, J. G. (1995). How does cognitive therapy prevent depressive relapse and why should attentional control (mindfulness) training help? *Behaviour Research and Therapy*, 33(1), 25-39.

Teasdale, J. D., Segal, Z. V., Williams, J. G., Ridgeway, V. A., Soulsby, J. M., & Lau, M. A. (2000, August). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *Journal of Consulting and Clinical Psychology*, 68(4), 615-623.

Teijlingen, E. R., & Hundley, V. (2001) "The importance of pilot studies". *social research UPDATE*, (35).

Twenge, J. M. & Campbell, W. K. (2009). *The narcissism epidemic: Living in the age of entitlement*. New York: Free Press.

Young, Shinzen (2004). *Breakthrough pain: A step by step mindfulness meditation program for transforming chronic and acute pain*. Boulder, CO: Sounds True.

Young-Eisendrath, P. (1998). What suffering teaches. In A. Molino (Eds.), *The couch*

and the tree: Dialogues in psychoanalysis and Buddhism (pp.344-353). New
York: American Psychological Association and Work Projects Administration.

Vita

James Pittman McGehee was born in Kansas City, Missouri on October 26, 1970 to James Pittman McGehee, Sr. and Bobby Lasater McGehee. After graduating from the Kinkaid School in Houston, Texas in 1989, Pittman entered the University of Texas at Austin and in 1995 received the degree of Bachelor of Arts with a major in History and a minor in Spanish. In 2000, Pittman received the degree of Master of Arts in Religion from the Episcopal Theological Seminary of the Southwest in Austin, Texas, and in 2003, Pittman received the degree of Master of Education in Counselor Education from the University of Texas at Austin. In 2005 he entered the graduate school at the University of Texas at Austin to pursue a doctoral degree in Counseling Psychology in the Department of Educational Psychology.

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This dissertation was typed by the author.