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How Would You Treat a Friend? Part 1: Benefits of Mindful Self-Compassion Within a School Health Curriculum

Val Altieri Jr., Sierra Cordova, Robert Diehl, John McCarthy & Mariah Rooney

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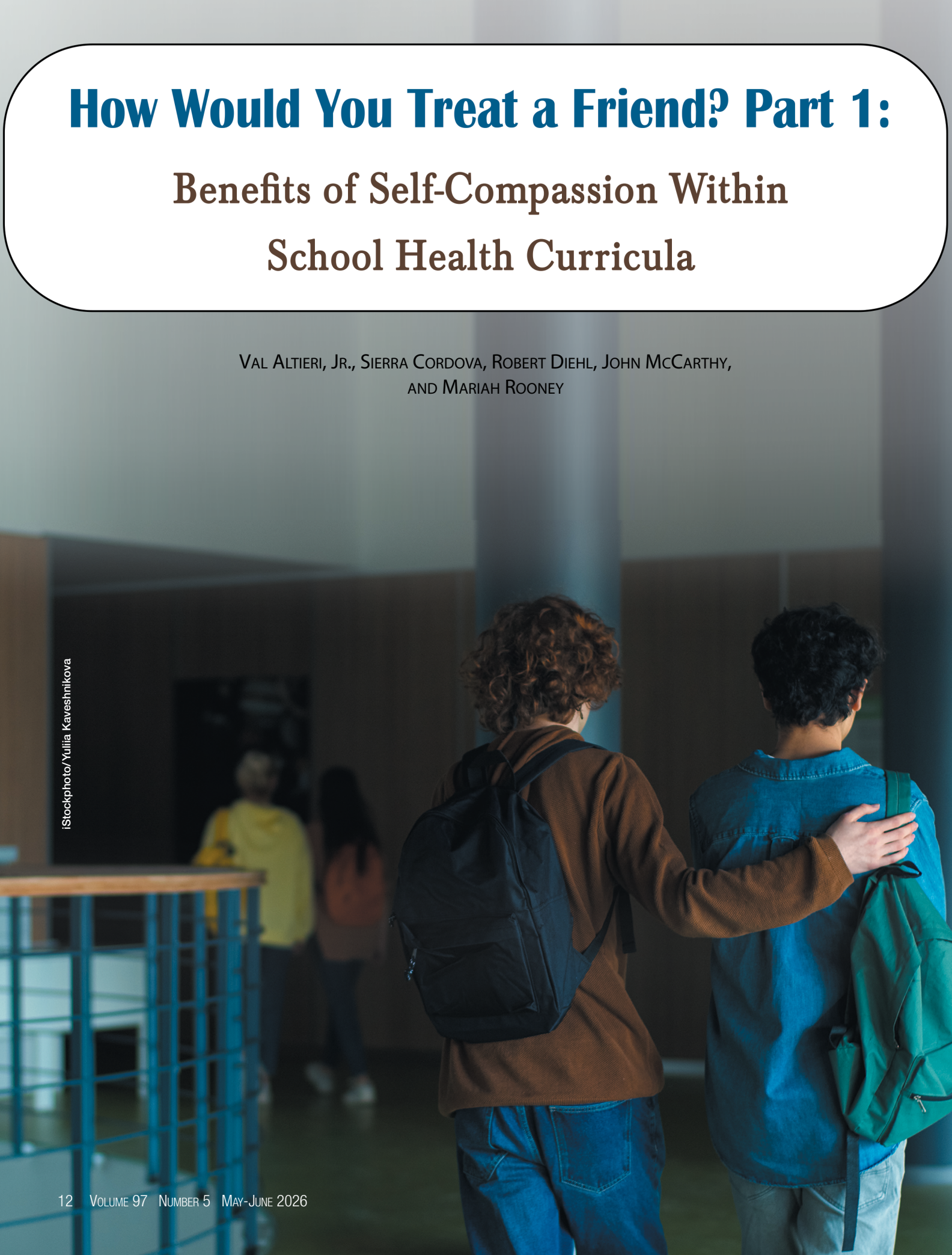
How Would You Treat a Friend? Part 1:

Benefits of Self-Compassion Within School Health Curricula

Val Altieri, Jr., Sierra Cordova, Robert Diehl, John McCarthy, and Mariah Rooney



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Has someone ever "shown up" in a key moment for you when you were dealing with a difficult challenge? What difference did that person's presence make for you? When a student, friend, or a loved one is going through difficulties, how do you show up for them? *Do you always show up for yourself in the same way that you do for others?* Sometimes the answer to that question is "No." If we know how important it is to show up with a caring presence for others, then why is it that we are reluctant to show up with the same fierce caring for ourselves? How do you think your students would answer that same question?

Adolescents experience a period of rapid changes across biological, psychological, and cognitive domains of development during which they can become mercilessly hard on themselves, increasingly self-conscious about their peers' opinions, and constantly comparative of themselves with others. Existing in such a state of excessive self-criticism and hyperawareness of judgment can lead to intense emotions, including shame, humiliation, and low self-esteem (Gilbert & Irons, 2009), which can be further intensified by the influences adolescents encounter on social media (Popat & Tarrant, 2023; Young et al., 2024). Given the array of social, emotional, and developmental challenges that impact adolescents' self-concept, it is crucial that they have accessible and positive ways to cope with these challenges.

One effective method to strengthen students' capacity to navigate adversity is to practice *self-compassion*, or responding toward themselves in the same supportive, humanistic, and understanding way they would if they were supporting a friend they care about (Neff, 2024). This practice is rooted in the interconnected nature of self-compassion and compassion for others, whereby kindness directed outward strengthens one's ability for self-kindness, and self-kindness, in turn, deepens the ability to extend compassion to others, thus creating a reciprocal and reinforcing dynamic (Anālayo & Dhammadinnā, 2021). Teaching adolescents to intentionally and mindfully offer or direct kindness toward themselves during moments of difficulty in the form of self-compassion (Neff, 2011a) is an underutilized skill that can help them deal more positively with the setbacks, mistakes, and failures that are an inevitable part of the human experience, especially when they are challenged with navigating the difficulties of developing a sense of identity.

Although schools may emphasize an anti-bullying curriculum and offer resources and programs that aim to teach students how to treat others kindly, be more inclusive, and be less judgmental, students are less likely to have been taught to offer the same kindness and compassion to themselves (Germer & Neff, 2019; Neff & Germer, 2018). When one of the authors was teaching the concepts of self-compassion to ninth graders, he asked the students how they treat themselves when facing challenges or setbacks. One student shared, "I bully myself." When students were asked why they think that we tend to be harder on ourselves, another student responded, "No one teaches us how to be self-compassionate." These reflections seem to demonstrate the lack of inner compassion some students may have for themselves. Fortunately, self-compassion has been demonstrated to be a teachable skill (Germer & Neff, 2015; Leary et al., 2007).

While systemic changes are necessary to support the emotional and social well-being of adolescent students (Centers for Disease Control and Prevention [CDC], 2024; Compton & Shim, 2015; Yang et al., 2023), bottom-up and accessible forms of coping such as self-compassion may help youth navigate the daily challenges they experience (Bluth et al., 2018; Bluth et al., 2015). The authors recognize that self-compassion is not a panacea for all psychosocial difficulties experienced during this developmental phase. However, this befriending approach to oneself represents an opportunity for practical ways to cultivate resilience (Bluth et al., 2018) that can be integrated into the classroom setting.

This article is the first of a three-part series that will introduce self-compassion and the powerful role it can play as part of a health education curriculum. This first part of the series will (1) define self-compassion; (2) highlight the need for adolescents to cultivate self-compassion in response to modern stressors, developmental pressures, and mental health concerns; (3) describe the importance of building self-compassion over self-esteem; (4) dispel common misconceptions about self-compassion; (5) explore the benefits of self-compassion; and (6) discuss culturally responsive approaches to teaching self-compassion.

The second part of this series (Altieri et al., 2026) provides an inclusive lesson plan that health teachers can use to facilitate students' understanding and practice of *mindful self-compassion* (Germer & Neff, 2019) in the health education setting. The plan features nine objective-based activities aligned with the 2024 SHAPE America National Health Education Standards (SHAPE America – Society of Health and Physical Educators, 2024) and are accompanied by relevant discussion questions and suggestions for meeting the learning needs of diverse learners. Additionally, the article describes how teaching self-compassion in classrooms must be culturally responsive, considering that most research on self-compassion has been conducted within Western contexts, which limits its general applicability across diverse cultures. As such, the authors highlight the need to adapt lessons to honor the unique cultural backgrounds and challenges faced by students, particularly those from marginalized groups to effectively foster resilience, emotional well-being, and inclusivity. Lastly, the article includes suggestions for the utilization of self-compassion for educators and offers additional resources for continuing the exploration and development of self-compassion.

The third part of this series (Cordova et al., 2026) discusses the importance of integrating trauma-informed approaches when teaching self-compassion to create inclusive and emotionally safe learning environments. It highlights strategies educators can implement that prioritize emotional safety, trust, peer support, and student empowerment. These trauma-informed approaches can help students engage in self-compassion practices without fear of judgment or retraumatization, promoting resilience and deeper learning.

What is Self-Compassion?

Based on Eastern philosophical principles in Buddhist psychology (e.g., Kabat-Zinn & Hanh, 2009; Salzberg, 1997), Neff (2003a, 2003b) defined *self-compassion* as a way of treating oneself with the same acceptance, kindness, and support as one would a close friend. Neff and Dahm (2015) further clarified the concept as an internal expression of Goetz, Keltner, and Simon-Thomas's (2010)

Val Altieri, Jr., is an independent scholar in Waterbury, CT. Sierra Cordova (scordov9@calstatela.edu) is an associate professor in the School of Kinesiology at California State University, Los Angeles in Los Angeles, CA. Robert Diehl is a counseling psychologist in private practice in Lawrence, KS. John McCarthy is a clinical associate professor in the Wheelock College of Education and Human Development at Boston University in Boston, MA. Mariah Rooney is a trauma therapist, somatic practitioner, and professor in the Graduate School of Social Work at Winona State University in Winona, MN.

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evolutionary definition of *compassion*: "sensitivity to the experience of suffering, coupled with a deep desire to alleviate that suffering" (p. 3). Neff (2003b) further operationally defined the concept of *self-compassion* as composed of three complementary components: *mindfulness*, *common humanity*, and *self-kindness*.

The following scenario illustrates each component of self-compassion in action and provides an example of how a basketball player might apply these components during a challenging moment. First, *mindfulness*, defined in general psychology as a metacognitive form of present-moment awareness (Bishop et al., 2004), is specifically described as a balanced, accepting orientation to one's negative emotions within Neff's (2003b) delineation of self-compassion. For example, following a missed shot at a crucial moment in a game, a young basketball player might demonstrate mindfulness by becoming nonjudgmentally aware of self-critical thoughts and difficult emotions, such as "I'm upset because I care about my performance," noting body tension. Then, through a sense of *common humanity*, the player recognizes that suffering is a shared phenomenon in the human condition, which allows them to feel interconnected with and less isolated from others during this moment of heightened emotional suffering (Neff, 2003b). Connecting with common humanity, this athlete may remind themselves that they are not alone in their experience of missing a shot; for example: "Every player who tries to improve and take risks for their teams will miss on occasion—even Michael Jordan was trusted to take the game-winning shot and missed." Lastly, *self-kindness* refers to the engendering of a self-affectionate attitude when we become aware of personal distress (Neff, 2003b). Following the coolness of mindfulness and connection to common humanity, the basketball player may bring some warmth to their emotional distress and potentially shameful experience, such as "May I continue to trust in my courage to take these shots."

Leaders in the study of self-compassion have emphasized that this three-faceted construct is interactive (Germer, 2009; Neff, 2012; Neff & Dahm, 2015). In particular, metacognitive awareness of one's suffering through mindfulness may better promote emotion regulation through appraisals of self-kindness and recognition of common humanity, thereby lessening rumination and self-blame, leading to greater mindful acceptance and openness to challenging moments of psychological anguish. Based on Neff's (2003a, 2003b) initial operationalization, the cognitive-affective interaction of these three facets of self-compassion may enhance metacognitive awareness and emotion regulation toward adaptive coping for adolescent students. As summarized by Neff and Germer (2017), self-compassion may be best understood as "loving (kindness), connected (common humanity), presence (mindfulness)" (p. 10). Following a psychosocial challenge or stressor, adolescent students who hold themselves in loving-connected-presence may develop emotional resilience and reengagement into what they need and what matters most for them.

Adolescents' Need for Self-Compassion

The journey through adolescence can be a multifaceted experience teeming with developmental changes and pressures, mental

health concerns, and individual and environmental stressors that are often beyond an adolescents' control (Engel, 1977; Bronfrenbrenner & Morris, 2006)—each influencing the well-being of young people significantly. The adolescent phase, recognized for its biopsychosocial turbulence, can involve risk-taking behaviors, social challenges, and negative mental-health symptoms, which can be further compounded by an increasing prevalence of toxic stressors and heightened by the residual effects of the COVID-19 pandemic, which have left amplified disparities in mental-health services. Understanding the interconnectedness of these factors is critical, as chronic stress significantly influences adolescents' emotional regulation and related behaviors. Cultivating self-compassion can be a powerful resource for navigating this complex developmental phase (Bluth & Blanton, 2015; Neff & McGehee, 2010), offering a foundation for safety, security, and comfort amid formidable challenges.

Contemporary Adversities

Adolescents are coming of age amid a landscape of contemporary adversities that shape their development in complex ways. While no two young people share the exact same circumstances, many face a range of stressors that extend beyond their control, which may stem from early adverse experiences, heightened societal pressures, or the ongoing mental-health crisis. These realities do not exist in isolation; rather, they often interact, compounding the stress students carry with them. To thoughtfully support adolescent well-being, it is important to explore how factors such as adverse childhood experiences, developmental pressures, mental-health concerns, and the distinction between self-compassion and self-esteem influences students' ability to regulate emotions, form identities, and relate to themselves and others.

Adverse Childhood Experiences

Although some young people are more at risk than others, it is common that children across the United States have some history of adverse childhood experiences (ACEs; Felitti et al., 1998). *Adverse childhood experiences* refer to potentially traumatic or stressful events and/or conditions that happen beyond a child's control that can heighten their reactivity to stressors and interfere with their ability to regulate emotions. These ACEs cover a range of issues, including different types of abuse—physical, emotional, and sexual—as well as neglect, whether physical or emotional, and disruptions within the household, such as exposure to domestic violence, substance use, or parental separation (Felitti et al., 1998). These experiences can also extend to other stressors, including community violence, unsafe neighborhood conditions, racism, foster care placement, and bullying (Cronholm et al., 2015). Leading up to 2020, 64% of children across the United States had encountered at least one ACE by age 18, and 17% had experienced four or more ACEs (Swedo et al., 2023), with a disproportionate number of those children being from marginalized backgrounds related to race, socioeconomic status, and/or sexual orientation (Merrick et al., 2018).

Although reliable and large-scale data regarding the COVID-19 post-pandemic prevalence of ACEs has yet to be reported, it is reasonable to suggest that child and adolescent incidence of ACEs has likely risen as a result of increased exposure to broader community and environmental dimensions of adverse experiences. First, the COVID-19 pandemic was and continues to be a driving force in intensifying economic uncertainties for families because of widespread disruption across various sectors, having caused job loss and employment hardships, financial stress, and housing insecurity (Gassman-Pines et al., 2020; Hair & Urban, 2023; Kalil et al., 2020). Second, ongoing stressors related to the pandemic, including the loss of loved ones, consequences of social isolation, and an overall uncertain future have accentuated an urgent need for children's access to mental-health care (American Academy of Pediatrics [AAP], 2021; Benton et al., 2022). In turn, this need highlights the inequities in families' access to mental-health services, with major barriers related to the inability to afford services, inadequate insurance coverage, and the limited availability of professional mental health–care providers—challenges that are further compounded by associated stigma (e.g., the belief that individuals with mental health conditions are weak or experiencing feelings of shame) and a notable absence of diversity among mental health–care professionals (Kaiser Family Foundation & CNN, 2022). Although most public schools offer mental health–care services to children, their ability to service growing mental-health concerns is limited because of mental-health professional shortages and inadequate funding (National Center for Education Statistics, 2024). Third, although the existence of racial and/or ethnic discrimination neither began nor resurfaced with the killing of George Floyd in 2020, the rise in hate crimes among Asian Americans, or the historical, geopolitical, and humanitarian rights conflicts centered in the Middle East, these issues have amplified public discourse about the impacts of systemic oppression, xenophobia, and inequality. Experiencing racial or ethnicity-based discrimination is recognized as an ACE, with children who face such discrimination being more likely to encounter additional ACEs. Moreover, children who experience racial or ethnicity-based discrimination are nearly seven times more likely to experience three or more ACEs and are twice as likely to develop one more mental-health conditions (Hutchins et al., 2022).

Additionally, tensions related to race or ethnicity, systemic inequalities, gun violence, or broader global conflicts that are constantly and explicitly at the forefront of news and social media—which children have more access to than ever before (Hill et al., 2016; Murthy, 2023)—can contribute to ACEs by creating environments of stress, fear, and unsafety within communities (Martin et al., 2022; McKinnon et al., 2024; Office of the Surgeon General, 2024; Raney et al., 2024; Woody et al., 2022). Not limited to the factors just described, these current influences create a stressful historical backdrop to the lives of young people, over which they have little agency to control or change. Although adolescents have some ability to influence or manage issues within their immediate social circles, their power to affect broader societal and systemic forces is more limited, which can feel deeply unsettling.

The chronic stress from these very real adversities can impact adolescents' brain development, emotional regulation, and the body's stress response. Gilbert (2022) found that children who experience chronic and prolonged stress may develop an *overactive* threat system (a key emotional regulation system in the brain that is associated with increased feelings of fear, anxiety, or anger) and simultaneously an *underdeveloped* self-soothing system (which is responsible for alleviating those distresses by creating feelings of safeness, calmness, and contentment)—a combination that makes it difficult to regulate emotions and find comfort and safety in times of stress. Because adolescents' overactive threat systems have been associated with heightened self-criticism and harsh self-judgement (Gilbert, 2005),

it is important that they nurture their self-soothing system by engaging in strategies that neutralize the influence of the threat system.

Developmental Pressures

Long recognized as a developmental period of biopsychosocial "storm and stress" (Hall, 1904), adolescence is marked by challenges related to emotional responses, identity formation, and social connection (Broderick & Blewitt, 2015). During the adolescent phase, emotional distress is typically more pronounced due to hormonal and neurological changes, which can intensify emotions and increase mood fluctuations (Luo et al., 2024; Maciejewski et al., 2015). As adolescents naturally strive to understand their sense of self (Who am I?), form a personal identity (Who will I become?), gain independence, and develop autonomy, risk-taking behaviors tend to increase—an inclination that emerges as they seek novel experiences as a way to explore boundaries and test capabilities and limits as part of their self-discovery (Kahn & Graham, 2020). Additionally, fostering social connections can become more strained as they seek to establish and refine their identity within peer groups and societal contexts, often contending with peer pressure and the need for acceptance (Ragelienė, 2016).

Notably, the omnipresence of and engagement in social media (e.g., Instagram, TikTok) can exacerbate these stressors by amplifying the pressure to conform to unrealistic standards of body image and popularity, fostering comparison, and exposing adolescents to the risk of cyberbullying (Popat & Tarrant, 2023; Young et al., 2024). Moreover, adolescents' academic landscape often brings forth its own set of challenges. Pressure to excel academically from parents, teachers, and society, combined with fear of failure, can further compound the challenges adolescents face while striving to establish their identities and manage their social connections during this phase (Zhang & Qin, 2023). Whereas these experiences vary and are influenced by factors such as individuality, family dynamics, cultural context, and social support, it is important to recognize that navigating this intricate web of neurobiological, societal, and educational pressures underscores the complexities of their journey toward adulthood and impacts how students show up in the classroom, in their social groups, and in their extracurricular activities.

Mental-Health Concerns

In 2021, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association issued a declaration of a national state of emergency in children and adolescent mental health (AAP, 2021) in response to the steep escalation of anxiety and depression, with approximately 5.8 million children diagnosed with anxiety, 2.7 million children diagnosed with depression from 2016-2019 (Bitsko et al., 2018, 2022), and 74% of children diagnosed with both conditions (Ghandour et al., 2019). Rates of anxiety and depression are highest among adolescents ages 12-17 years old compared with any other age group (Ghandour et al., 2019). Furthermore, since the onset of the COVID-19 pandemic, children have experienced an increased frequency of stress, anxiety, depression, fatigue, and exceptional uncertainties about the future (Elharake et al., 2023). These rates of mental-health concerns are greatly alarming, as adolescents with challenges to their mental health are especially vulnerable to social exclusion or withdrawal, discrimination and stigma, adverse health conditions, and risk-taking behaviors (World Health Organization, 2021). Accordingly, they report persistent feelings of sadness or hopelessness, substance or alcohol abuse disorders, and planning or attempting suicide (Bitsko et al., 2022), with suicide becoming the third leading cause of death for children ages 15-19 years old (CDC, 2021).

Multiple factors that are largely influenced by an adolescent's social and relational system impact the risk of these mental-health concerns. Risks range from *individual and immediate environmental factors* to factors that exist in more of an *indirect environment*. Environmental factors include chronic illness, disability, neurodiversity, relationships with peers (i.e., bullying, sexual violence), child abuse (i.e., physical, emotional, sexual), and discrimination or exclusion. More indirect factors include unrealistic media influence and gender norms, which lead to discrepancies between adolescents' lived reality and their developed perceptions (De Venter et al., 2013; WHO, 2021). Further, researchers have consistently demonstrated significant associations between adolescents' anxiety and depression and their socioeconomic status and hardship, including living conditions, food insecurity, and lack of access to quality health and support services (Edmunds & Alcaraz, 2021; Reiss, 2013). The more risk factors an adolescent has been exposed to, the greater the potential for experiencing mental-health concerns.

Self-Compassion Vs. Self-Esteem

Educators can support adolescent student well-being by gaining an understanding of self-compassion and its unique aims, distinguishing it from approaches that focus on enhancing self-esteem. According to Neff (2013), the self-esteem movement within education that began in the1980s prioritized high self-esteem above all other markers of personal well-being, such as self-compassion, a growth-oriented mindset, a noncomparative sense of worth, and sense of belonging. The unintended outcome of this approach is that self-esteem is an all-encompassing evaluation of a student's self-worth (i.e., "Am I good or bad?"), which relies on competitive comparisons to peers and achieving superiority or success based on external outcomes (Neff, 2013). In essence, the pursuit of high self-esteem becomes a "not enough" treadmill solely manufactured through a sense of superiority over others, which can lead to enhanced narcissism, defensiveness, and socially contingent forms of self-worth (Neff, 2011b; Persinger, 2012). In contrast, the concept of common humanity within self-compassion involves recognizing shared human experiences without judgement or the need to establish oneself as better or worse than others, fostering connection rather than competition. Interpersonally, the striving for self-esteem can lead to an aggressive defense of one's ego that manifests as bullying and discrimination (Neff, 2013; Neff & Vonk, 2009), which can have a damaging impact on the mental health of adolescent students who are forming a sense of self-worth and identity during this developmental stage. Therefore, it is imperative that teachers and coaches have additional resources to support a sturdier way to relate to oneself, as well as promote belongingness and social connection across identity differences.

In contrast to self-esteem, self-compassion does not rely on comparison or superiority, but rather can protect an adolescent student's well-being in the face of perceived failure or inadequacy by generating a nurturing, protective, and clear way of treating one's experience (Neff, 2011a). This alternative way to relate to oneself does not involve evaluations of self-worth, such as self-esteem (Neff,

2003a, 2003b). Rather, self-compassion is built upon an inherent sense of worthiness and belonging. When adolescent students treat themselves the same way they would treat a friend or close loved one, they are acting from a place of nonjudgmental support, which is resistant to the self-esteem "comparison game" that is so common during this stage of life. In fact, higher self-compassion within adolescent students has been shown to buffer the negative impact of low self-esteem on mental health (Marshall et al., 2015). Self-compassionate students are able to more readily embrace mistakes and shortcomings because they do not solely use a self-esteem lens to determine their self-worth (Neff & Vonk, 2009).

Challenging Misconceptions of Self-Compassion

Before teaching self-compassion, it is important to have an awareness of one's own orientation to it, including tendencies and biases. Each teacher has their own distinct training and life experiences and will bring their unique histories that inform what psychological orientation and approaches they might take to a topic like self-compassion in the classroom. Some teachers, shaped by their own personal and professional experiences, may express concern that encouraging self-compassion could inadvertently contribute to what they perceive as a culture of "entitlement" and want to avoid "coddling" their students. Some may worry that promoting self-compassion could undermine the development of self-discipline, emotional regulation, or perseverance in the face of setbacks because they are concerned it might shift focus away from personal responsibility or the importance of pushing through discomfort. From this perspective, it is possible that there could be hesitation around integrating self-compassion into teaching, especially among those cautious of repeating what they view as the excesses of the earlier "self-esteem" movement—a legacy that some associate with increases in narcissism or diminished resilience (Neff, 2021; Twenge, 2006). This resistance may be the result of people's awareness or social views, experiences and cultures, environments, and early caregiving experiences that suggest self-compassion is too soft or self-indulgent. In this case, resistance may not stem from a lack of caring, but instead from deeply held cultural narratives about what it means to be a "good" teacher or to cultivate "resilient" students. For these reasons it is necessary to first describe what self-compassion is *not* to dispel myths that could cast it as selfish or self-oriented. Neff (2015) has identified common misconceptions about self-compassion, shown in Table 1, together with research that counters those misconceptions as described by Germer and Neff (2019) and Neff (2023).

Table 1.
Challenging Misconceptions of Self-Compassion

Misconceptions of Self-Compassion	Research on Self-Compassion
Self-compassion is a form of self-pity.	Self-compassion makes us more willing to accept difficult challenges without being shut down by them.
Self-compassion means weakness.	Self-compassion is a pillar of resilience.
Self-compassion will make me complacent.	Self-compassion strengthens personal accountability and fuels long-lasting motivation.
Self-compassion is narcissistic.	Self-compassion does not rely on self-esteem, a core component in narcissism. Instead, self-compassionate people are better able to hear and utilize feedback—positive, neutral, or negative.
Self-compassion is selfish.	Compassion for ourselves leads to more compassion for others. Self-compassionate people report better relationships.

Information from Germer & Neff (2019) *and* Neff (2015*; 2023).*

Tender and Fierce Self-Compassion

Neff (2021) recently recognized a more nuanced and comprehensive view of how self-compassion helps to reduce suffering—both in *how we relate* to ourselves and our experiences (i.e., tender self-compassion) and *how we act* in the world (i.e., fierce self-compassion). *Tender self-compassion* (being gentle with ourselves) and *fierce self-compassion* (advocating for ourselves with strength and assertiveness) can be viewed as the yin and yang of self-compassion, with fierce self-compassion centered upon the actions of protecting (i.e., setting interpersonal boundaries), providing (i.e., meeting physical and emotional needs), and motivating (i.e., learning and growing through challenge; Neff, 2021). Fierce self-compassion exposes the inherent sexism present in the aforementioned myths and barriers to this concept (e.g., self-compassion means weakness) and allows individuals to face life challenges through nurturing and protective means no matter one's gender-role socialization or gender identity. For adolescent students facing inevitable challenges during this developmental period, the core self-compassion question remains the same (i.e., "What do I need?"; Neff, n.d.), which can be answered through both the yin and yang of self-compassion. Educators can help their students identify the wisest responses to challenges through comforting, soothing, or validating themselves or their experience (*tender self-compassion*), as well as protecting, providing, or motivating (*fierce self-compassion*; Neff, n.d.).

Given the challenges many adolescents face, there is a clear need for increased exposure to practices that promote overall mental health and emotional resilience. Fortunately, practicing self-compassion offers a powerful resource that helps adolescents counter their inner harshness with kindness and understanding. By acknowledging and accepting their struggles, adolescents can find a sense of safety, security, and comfort amidst these difficult experiences.

Benefits of Self-Compassion for Adolescents

Self-compassion can empower young people to develop enhanced emotional regulation and stress-management skills that can cultivate a greater sense of self-worth and inner strength as they navigate the complexities of adolescence. Practicing self-compassion promotes resilience (Bluth et al., 2018) and nurtures a positive, accepting attitude toward oneself (Neff, 2003b), which in turn fosters healthy

interpersonal relationships. Practicing self-compassion equips adolescents to better manage the inevitable challenges and setbacks they encounter. Developing self-compassion can significantly reduce their stress response, decrease recovery time after experiencing stressors, and support a sense of calmness, specifically through lower levels of stress hormones and activation of the parasympathetic nervous system (Bluth et al., 2015; Breines et al., 2015; Svendsen et al., 2016). Whereas lower levels of self-compassion in adolescence have been associated with greater emotional dysregulation, lower levels of self-esteem, and maladaptive coping strategies—including self-injurious behavior, aggression, alcohol use, and suicidal attempts (Barry et al., 2015; Edwards et al., 2014; Marshall et al., 2015; Tanaka et al., 2011)—adolescents who engage in self-compassion can benefit from reduced stress and anxiety, contributing to improved mental and emotional health. See Table 2 for examples of benefits related to developing self-compassion.

For health education teachers, self-compassion can also be a powerful teaching tool that assists in supporting their students' academic achievement. Having students practice structured and guided self-compassion exercises (described and provided in Part 2 of this series) can develop and strengthen a growth mindset—viewing failure not as an identity, but rather as a launch pad for growth (Breines & Chen, 2012; Dweck, 2006) and increased ability to cope with academic setbacks (Neff et al., 2005). Instead of viewing themselves as a fixed entity, students can learn to see that effort is the most important thing they can control. In this way, students come to recognize that although they may have areas for improvement or have made mistakes, instead of berating themselves for perceived deficits they can feel a sense of agency to adopt strategies for improvement that can change future experiences and results (Breines & Chen, 2012). As such, students will inherently demonstrate a greater intrinsic motivation to learn (Neff et al., 2005).

Facilitating and/or experiencing the development of self-compassion does not necessarily remove the presence or frequency of challenging circumstances or events, especially during the tumultuous developmental phase of adolescence. Rather, fostering self-compassion as a *skill* can help students cope with stressors, thereby bolstering resilience in the face of inevitable challenges (Ewert et al., 2021; Bluth et al., 2018). Understanding and consistently applying self-compassion can help adolescents cope more efficiently with the stresses they are likely to experience as adults, and ultimately, can contribute to long-term mental and emotional health (Marsh et al., 2018)

Table 2.
Benefits of Self-Compassion

- **Decreases in the following:**
  - Anxiety, stress, and depressive symptoms (Gilbert & Proctor, 2006; MacBeth & Gumley, 2012; Marsh et al., 2018; Pullmer et al., 2019)
  - Post-traumatic stress (Zeller, 2015)
  - Self-criticism (Gilbert & Proctor, 2006; Wakelin et al., 2022)
  - Self-judgment, rumination, and isolation (Akin & Akin, 2015)
  - Shame (Gilbert & Proctor, 2006)
  - Social anxiety (Gill et al., 2018)
  - Body dysmorphia (Allen et al., 2020)
  - Stress hormones after acute psychosocial stress (Breines et al., 2015)
- **Faster recovery from stress** (Breines et al., 2015)
- **Increase in self-care behaviors** (Biber & Ellis, 2019)

Culturally Responsive Self-Compassion in Classroom and Community Contexts

Whereas the benefits of self-compassion for adolescents are well-supported (Bluth et al., 2015; 2018; Breines et al., 2015; Breines & Chen, 2012; Dweck, 2006; Neff, 2003b; Neff et al., 2005; Svendsen et al., 2016) it is important to recognize that the way self-compassion is understood and practiced can vary greatly across different cultural contexts. Educators should consider how cultural backgrounds, societal norms, and community values shape the experience of self-compassion for each student. Lessons should reflect what self-compassion looks, sounds, and feels like for individual students from diverse sociocultural backgrounds. To effectively integrate self-compassion into the classroom, teachers should adopt a culturally responsive approach that honors these diverse perspectives and ensures that all students can fully access the emotional and psychological benefits of this practice.

The operationalization and construct development of self-compassion has been based on participant samples from predominantly Western, educated, industrialized, rich, and democratic societies (Henrich et al., 2010; Muthukrishna et al., 2020; Nielsen et al., 2017; Schulz et al., 2018), which limits the generalizability of teaching this concept across different cultures. Like any form of coping, integrating self-compassion in the classroom is culturally bound and informed by the context of each student's life, school environment, and community. This Western focus can not only overlook important cultural, social, or economic differences, but can also contribute to a loss of the original meaning of self-compassion. Rooted in Buddhism, self-compassion highlights the deep interconnection between caring for oneself and showing compassion to others—two practices that support and enhance each other (Anālayo & Dhammadinnā, 2021). In its Western adaptation, however, their interconnectedness has often been diminished. It is important to be mindful of how self-compassion has been "Westernized" and potentially "whitewashed" when taught in certain contexts. However, initial research (Kirby et al., 2017) highlights the benefits of practicing self-compassion across different cultural contexts, demonstrating its capacity to foster resilience and well-being.

Cultural Findings on Self-Compassion

Unsurprisingly, cross-cultural research has found that the relationship between self-compassion and health and learning outcomes is too complex to be explained by just one measure of cultural values or beliefs (Arimitsu, 2023). Despite the call for more nuanced future research, initial cross-cultural findings specific to comparing *individualistic cultural groups* (defined as groups that value independence, personal achievement, and self-reliance and are encouraged to prioritize personal goals and success over the needs of the group, which are common in many Western countries including the United States) and *collectivist cultural groups* (defined as groups that place a higher emphasis on group goals, cooperation, and community and that prioritize the well-being and balance of the group over personal achievements) demonstrate no difference in the strength of

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relationships between self-compassion and psychological well-being (Chio et al., 2021). However, within cultural groups, the experience and expression of self-compassion has been shown to be shaped by specific sociocultural norms and values (Montero-Marin et al., 2018). For instance, norms of groups centering on interdependence and social harmony have been shown to emphasize the common humanity component of self-compassion for collectivist cultural groups. Conversely, the norms of groups centering on the independent self have been shown to stress the self-kindness component of self-compassion for individualistic cultural groups (Arimitsu et al., 2019; Yamaguchi et al., 2014). Overall, research findings point to the importance of culturally responsive instruction that seeks to teach how different components of self-compassion can be understood and practiced to support beneficial familial and communal values.

Even though there has been limited investigation specific to global-majority adolescent populations, there are promising benefits toward resilience and psychological well-being. In particular, self-compassion correlational studies with Chinese adolescents have demonstrated significant increases in gratitude and prosocial behavior as well as a buffered association between suicidal ideation and attempts (Sun et al., 2020; Yang et al., 2021). For Chinese adolescents experiencing cyberbullying, self-compassionate responses to these experiences demonstrated a significant impact toward engaging in active coping strategies to deal effectively with the distress of those difficult experiences. Beyond correlational data, an intervention study using an eight-session mindfulness-based stress-reduction protocol found significant increases in self-compassion and associated reduction in stress levels for Latino adolescents (Edwards et al., 2014). Although initial samples investigating the psychosocial advantages of treating oneself as a friend in moments of difficulty were predominantly White college students in the United States, current research continues to support the importance of culturally responsive self-compassionate practices in the face of oppression-based challenges for global-majority adolescents.

Impact of Self-Compassion on Bias and Discrimination

Given the curricular responsibilities within some health classrooms to address sociocultural biases and promote welcoming and accessible learning environments, teaching self-compassion can serve as a conceptual and practical tool toward promoting interpersonal connection and classroom inclusivity. In fact, higher levels of self-compassion have been associated with higher levels of cultural competence in social-work graduate student samples (Gottlieb & Shibusawa, 2020) and less "White shame" and subsequent distrust of people of color for White college samples (Black, 2018). Furthermore, intervention studies with undergraduate students using loving-kindness meditation, which includes common humanity and components of self-kindness and kindness toward others similar to self-compassion, led to lower levels of racial prejudice and outgroup bias, and increases in motivation to connect with outgroup members

(Hunsinger et al., 2014; Kang et al., 2014; Parks et al., 2014; Stell & Farsides, 2016). Although studies with adolescent students are limited, current mindfulness and compassion-focused interventions with undergraduate students (e.g., Stell & Farsides, 2016) and adult populations (e.g., Chang et al., 2024; Chow et al., 2023) may suggest that helping adolescents learn to treat themselves as they would a close friend might also help them be able to challenge outgroup bias, which could help foster more diverse relationships.

Self-compassion can also offer protective strategies for adolescents coping with the impact of oppression-based trauma, potentially strengthening their inner soothing system and fostering communal and personal agency to interrupt the impact of shame and isolation inherent in discriminatory messages and practices. Specific correlational findings have demonstrated that minority youth facing bias-based bullying who have higher self-compassion scores have lower rates of depression and anxiety (Vigna et al., 2018). Additionally, studies found that higher levels of self-compassion correlated with lower scores in anxiety, depression, and suicidal ideation for minority youth of color being harassed due to sexuality and race (Vigna et al., 2020). Described as "building compassionate armor" in a study demonstrating the benefits of self-compassion for women survivors of complex post-traumatic stress disorder (Ashfield et al., 2021), culturally responsive self-compassion lesson plans might offer emotional resilience practices for adolescents facing oppression. As one example, the fierce self-compassion break exercise presented in Part 2 of this series can support psychological resourcing through three corresponding processes: (1) mindfulness of the harmful event, specifically acknowledging the inner impact of harm ("name it to tame it," "feel it to heal it"); (2) common humanity (recognize you are not alone in this resistance); and (3) kindness and fierce compassion (using phrases of support like, "I will protect myself and others from this harm"; Mai & Whitlock, 2020).

Conclusion

By treating themselves with kindness and understanding during difficult times, adolescents can develop the ability to bounce back from setbacks more swiftly and cope more effectively with inevitable stressors. Health education provides an ideal setting to teach self-compassion as a skill that can support young people in cultivating their emotional resilience during this turbulent developmental stage. In Part 2 of this series (Altieri et al., 2026), teachers are offered self-compassion activities that are presented in a suitable format for inclusion in a secondary health curriculum. These activities help facilitate self-compassion as a skill that adolescents can learn, practice, and reflect upon in a scaffolded manner. Examples of activities include instant exercises, discussion prompts, readings, scenario-based practice, videos, future planning exercises, and journaling reflection prompts. Teaching considerations for adjusting or modifying activities are included to promote inclusivity. Furthermore, Part 2 includes a teacher reflection exercise and recommendations for teaching self-compassion lessons from a culturally responsive stance. Additionally, the benefits of self-compassion for teachers and resources that may further support educators in implementing self-compassion practices are provided. Finally, Part 3 of this series (Cordova et al., 2026) discusses particular trauma-informed considerations when teaching self-compassion lessons. It emphasizes providing students with choices, emotional regulation tools, and supportive peer environments, enabling them to take ownership of their learning and personal growth.

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