The effect of the self-compassion journey program on self-compassion in Thai emerging adults and adolescents

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Article Info

Abstract

The study aimed to explore the effectiveness of the Self-Compassion Journey (SCJ) program, a two-week web-based intervention designed to develop self-compassionate levels, in Thai emerging adults and adolescents. To extend the feasibility of the SCJ program, this study consisted of two studies. The first study was exploring the effect of the program on emerging adults (45 undergraduate students aged 18 to 24 years old) and the second study on adolescents (40 high-school students aged 15 to 18 years old). Participants in both studies had self-compassion scores below the 75th percentile and were randomly assigned to the intervention group or waitlist control group. The data were analyzed by two-way mixed ANOVA; that is, the between-group variable was participating in the SCJ program (intervention group and control group) and the within-group variable was times of measurement (pre-test, post-test, and follow-up). Both studies found significantly increased self-compassion score from pre-test to post-test ($p < .001$) and the score from post-test to follow-up period remained the same with no changes ($p = .830$ in study 1 and $p = 1.00$ in study 2). Therefore, the SCJ program could effectively enhance self-compassion in Thai emerging adults and adolescents.

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Introduction

Youths nowadays grow up with technology, buried among social platforms in the digital era, which might unintentionally cause them to compare themselves with others in online society and unwittingly lead them to social media-based self-criticism (Gattud et al., 2020) self-pressure, and being unsatisfied with self (Vandenkerckhove et al., 2021). Adolescence and emerging adults are facing alternative life pathways and challenges for their identity exploration (Erikson, 1987, 1994), which could make them suffer and feel confused about their identities and lead to anxiety or self-criticism by focusing on some fragile personalities to define themselves including, self-bashing and being engrossed with success and self-esteem. People engaged in self-

criticism tend to feel guilt, perceived failures, self-embarrassed, and weak (Blatt & Luyten, 2009; Löw et al., 2020).

Self-compassion is an adequate approach to mitigate negative impacts from self-criticism (Zhang et al., 2019). The meta-regression analysis from 7,049 ten-to-nineteen years found that self-compassion enriched them to cope with emotional difficulties and lessen psychological distress. Therefore, Marsh and colleagues (2018) suggested that self-compassion is an effective construct in promoting well-being.

In the last two decades, a great amount of research on the advantages of self-compassion has appeared. (Bluth & Neff, 2018) The findings from meta-analysis, synthesized from 98 studies, indicated that self-compassion is positively associated with positive mental health by increasing positive well-being and tends to reduce psychopathology in adolescents and adults. (MacBeth & Gumley, 2012; Marsh et al., 2018; Zessin et al., 2015)

Self-compassion, proposed by Neff (2003a, 2003b), is mindfully perceiving and understanding self-suffering experiences without judging or avoiding one's own feelings, called mindfulness, and apprehending the suffering is not happening to one's self alone, but also occurs universally with other individuals as a part of being human, called common humanity, and gently embracing yourself with love, promising hope and compassion, which is called self-kindness. Neff and Knox (2017) offered that self-compassion is a practicable skill that expands personal growth. By practicing and building up self-compassion, psychological well-being will also improve (Neff & Costigan, 2014). As a result, plenty of self-compassion interventions have been broadly developed, for example, 8-week Mindful Self-Compassion (MSC) program (Germer & Neff, 2013), 3-week self-compassion intervention for female college students (Smeets et al., 2014), 3-week Brief meditation intervention (Albertson et al., 2014), and 3-week Self-compassion training for binge eating disorder (Kelly & Carter, 2015)

The self-compassion intervention sessions are well-known in multinationals; nonetheless, self-compassion intervention for emerging adults and adolescents in Thailand is exceptionally rare. It is hard to deny that the cost of attending private intervention is expensive, especially for youths who mostly have no income. Furthermore, the spreading of the COVID-19 pandemic since early 2020 has affected the world harshly (Ciotti et al., 2020). Also, for Thai people, there are travel restrictions, physical distancing, and the requirement

for youths to study from home. As a result, it is arduous for such youths to participate in face-to-face interventions. Online intervention would benefit the youths since it is convenient to approach, and there is less social pressure for participating in the web-based intervention anonymously (Andersson & Cuijpers, 2009; Andersson & Titov, 2014).

There is an abundance of interventions associated with self-compassion that are established on online platforms, for instance, the psychoeducational website modeled on Mindful Self-Compassion (Talbot et al., 2016), the web-based self-help intervention based on Acceptance and Commitment Therapy and self-compassion (Köhle et al., 2017), the web-based mindful self-compassion program (Eriksson et al., 2018), the online version of a compassion-focused intervention mindfulness-based compassionate living (Krieger et al., 2016), the 6-week online self-compassion cultivation program (Finaly-Jones et al., 2017). All the web-based interventions mentioned above potentially increase self-compassion as well as other face-to-face self-compassion intervention sessions.

Regarding all the literature reviews above, the researchers generated the Self-compassion Journey (SCJ) program, which is based on the concept of the Mindfulness Self-Compassion (MSC) by Germer and Neff (2013), knowledge from Compassion Focused Therapy by Gilbert (2010) and the Building Self-Compassion workbook by Saulsman et al. (2017) and utilized gamification techniques (Scholz et al., 2021). The developed SCJ program was investigated for its effectiveness on Thai emerging adults (study 1) and adolescents (study 2).

Methodology

Participants

In study 1, 58 emerging adults were recruited from Chulalongkorn University via announcements on social media, for instance, Facebook or Instagram. To protect a ceiling effect, they were asked to complete the screening questionnaire to consider whether their self-compassion scores were below the 75th percentile (representing lower to medium level of self-compassion), which was one of inclusion criteria apart from the age and education status. The requirement for study 1 was 18 to 24 years Thai undergraduate students and for study 2 15 to 18 years Thai high school students, able to access the internet because the SCJ program is available online, and the

consent to be a part of the study voluntarily from participants. The sample size was calculated by power analysis with determining effect size as .379. As a result, the sample size had to be at least 40 people. Subsequently, 45 participants (aged 18 to 24 years; mean age = 21.2, SD = 1.22) met the inclusion criteria then received informed consent and were randomly assigned to the intervention group (n = 23) or the waitlist control group (n = 22) through https://www.randomizer.org/ (Urbaniak & Plous, 2013), which is a computer program that can randomize the data with no bias. As this research was conducted outside the laboratory, potentially extraneous variables could not be controlled. However, the non-equivalence in extraneous variables among the participants was supposedly cancelled out and became less of a problem as the participants were randomized into the study conditions.

In study 2, 61 adolescents, high-school students, were enrolled from announcements on social media and did the screening questionnaire to consider the self-compassion scores lower than the 75th percentile in the same way as the participants in study 1. After checking the inclusion criteria of the study, which were the same as study 1 but adding parental consent to inclusion criteria along with assent form for the participants, 40 participants (aged 15 to 18 years; mean age = 16.8, SD = 1.01) obtained informed consent and were randomly assigned to the intervention group (n = 20) or the waitlist control group (n = 20) through https://www.randomizer.org/ (Urbaniak & Plous, 2013).

Data Collection

The studies were approved by the research ethics review committee for research involving human research participants, Group 1, Chulalongkorn University prior to conducting the study (COA No.234/63 for study 1 and COA No.085/65 for study 2). In both studies, all the participants were asked to complete the Thai-version SCF-SF questionnaire in the pre-test, post-test, and follow-up period. To allow for participants' memory about the questionnaire and to examine whether the effects of the program remained for another two weeks (which is same duration as the SCJ program) or not, the data collection period was spaced at two weeks. The questionnaire was sent to participants in the intervention group and the control group by an invitation link via their e-mail and OpenChat, which is the private group enabling the participants in each condition to join anonymously and separately. The intervention group's participants were participating in SCJ program on the same days but

were approached for the program individually whenever they were ready, as it is a flexible timetable, through their own electronic devices that could access the internet, and all the responses in the program would be shown as anonymous to protect the participant's privacy and so that researchers were not able to detect participant's identity.

Instruments

The Self-Compassion Scale Short-Form (SCF-SF) (Raes et al., 2011) is a self-reported scale with 12 items used to evaluate self-compassion. Participants were asked to evaluate how frequently a person faced the situation and to respond on the five-point rating scale (1 = almost never, 5 = almost always). The self-compassion score can be calculated by reversing the negative items and summing all items. The high scores showed a high level of self-compassion. The Thai-version SCF-SF was developed by Ngoenwiwatkul and Phiphatwanit (2021). The Thai-version scale was tried out with 160 Thai emerging adults and 172 Thai adolescents and found that internal consistency reliability of the Thai-version SCF-SF was high (α = .81) for emerging adults and was medium (α = .77) for adolescents.

The Self-Compassion Journey (SCJ) program is a 2-week web-based intervention designed and generated by Ngoenwiwatkul and Phiphatwanit in 2021 to enhance self-compassion. The SCJ program was developed based on the concept of the Mindfulness Self-Compassion (MSC) by Germer and Neff (2013) and utilized knowledge from Compassion Focused Therapy by Gilbert (2010) and the Building Self-Compassion workbook by Saulsman et al. (2017). The SCJ program consisted of formal self-compassion activities (e.g. formal guided meditation practice) standing for three components of self-compassion, which are mindfulness, common humanity, and self-kindness. In the SCJ program, participants attend and participate in the program around 10 to 30 minutes each day for 14 days, which will take around 4 to 5 hours in total. The SCJ program was generated in Thai language and designed for participating online for two weeks straight, which is the same duration as two weeks online Mindfulness-based self-help (MBSH) intervention (Banerjee et al., 2018). Throughout the 2 weeks, the content in the SCJ program consists of the definition of self-compassion and the introduction to the program in day 1, the practices (e.g. loving-kindness meditation) to understand the first component of self-compassion (mindfulness) from day 2 to day 4, the exercises from day 5 to day 8 explaining common

humanity, the activities from day 9 to day 11 informing self-kindness, day 12 represents gratitude with self-compassion components, and lastly, during day 13 and day 14 the summary parts on how to adapt all components of self-compassion into daily life by creating their own self-compassion action plan and self-compassion maintenance plan.

Moreover, apart from the main content throughout 14 days of the program, the SCJ program has storytelling activities along with narrative design. That is, the program was introduced through a main character which participants role-play showing the usage of gamification (Krath et al., 2021) to make the SCJ program more applicable and comprehensible for the participants, for example, the participant is able to determine the option during the program and in the question of the day part, which is the part that contains multiple questions as a daily revision to ensure their understanding of the content of day before. If the participant answered the less compassionate choice (e.g. the option that is not associated with self-compassion) then the reminding infographic that contains the summary of the lesson from the day before will be shown to guide the correct answer and to let them reconsider their option; therefore, the user can re-submit an answer to continue the program. Responding to the questions, which is challenging, and receiving feedback from the program is part of gamification. (Deterding et al., 2011). Furthermore, at the end of daily activities there is a self-reflection section for the user to explore, realize, absorb, and express their feelings after attending the program every day.

To make the program even clearer, program day 6 is introduced. Firstly, the question of the day, which is a multiple choice question about what the participant learned from day 5 After they respond correctly, day 6 activities will begin. The participants were asked to identify the suffering that commonly occurs to people their ages (which allows them to be aware of other Thai students' pains) and to people in this world (to expand their perspectives about a human's hardships, that everyone also faces their own torments as a part of being human). Afterwards, the participants were then assigned to connect those sufferings with their own sufferings (to realize that they are also human whereby it is general to have a painful experience and get over it). Lastly, the reflection period, which is for participants to clarify and express their feelings and/or attitudes after finishing the activities. After they finish self-reflecting, the infographic will be shown as a lesson summary that people experience pain differently, but still, we all have hardships as common humanity similar with the participant

themselves, and the map to show how far they have come and how far to the end of the SCJ program.

To check content validity, the program was evaluated by three experts in the Faculty of Psychology, Chulalongkorn University. Plus, the SCJ program was piloted with focus groups, whom passed all the criteria in both studies, to examine the readiness of the program (for instance the wording is not too hard to understand) before the intervention period started. The SCJ program in study 2 was the same process as in study 1 apart from the examples given in study 2, that were adapted to be more specific for Thai adolescents (e.g. providing secondary school situations instead of university circumstances).

Data Analysis

Two-way mixed-ANOVA was conducted with times of measurement as a within-group variable and conditioned group as a between-groups variable. Data from both studies were analyzed to prove basic assumptions of ANOVA (e.g. examining for normality and robustness of ANOVA) and it was found that the data were eligible to use two-way mixed ANOVA.

Results

Results showed a significant two-way interaction for self-compassion both in study 1 ($F(1.70, 73.02) = 26.2$, $p < .001$, $\eta^2 p = .379$; as shown in Table 1, and study 2 ($F(1.73, 65.61) = 15.2$, $p < .001$, $\eta^2 p = .286$; also shown in Table 1.

The post hoc comparison revealed significant higher self-compassion scores of the experiment group than those of the waitlist control group in post-test both in study 1 ($p = .001$; as shown in Table 2 and Figure 1) and study 2 ($p = .005$; as shown in Table 2 and Figure 2). At the follow-up, the post hoc comparison showed that the self-compassion score of the intervention group was significantly higher than that of the waitlist control group in study 1 ($p = .002$; as shown in Table 2 and Figure 1), and in study 2 ($p = .011$; as shown in Table 2 and Figure 2).

Figure 1 showed that before the experiment process began, the self-compassion score of the intervention group and that of the waitlist control group was not different. However, after the intervention group completed the SCJ program, self-compassion score of the intervention group was significantly higher than that of the waitlist control group both in post-test ($t(70.7) = 3.77$, $p < .001$) and follow-up ($t(70.7) = 3.29$, $p = .002$).

Table 1 Demographic data

Characteristics		Study 1				Study 2			
		Intervention (*n* = 23)		Waitlist control (*n* = 22)		Intervention (*n* = 20)		Waitlist control (*n* = 20)	
		Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Gender	Female	18	78.26	19	86.36	18	90.00	16	80.00
	Male	5	21.74	3	13.64	1	5.00	-	0
	LGBTQIA++	-	0	-	0	1	5.00	4	20.00
	Total	23	100.00	22	100.00	20	100.00	20	100.00
		Chi-square = .51, *df* = 1, *p* = .48				Chi-square = 2.92, *df* = 2, *p* = .23			
Age	15 years old	-	0	-	0	3	15.00	3	15.00
	16 years old	-	0	-	0	6	30.00	2	10.00
	17 years old	-	0	-	0	6	30.00	10	50.00
	18 years old	1	4.35	1	4.55	5	25.00	5	25.00
	19 years old	2	8.70	-	0	-	0	-	0
	20 years old	3	13.04	2	9.09	-	0	-	0
	21 years old	5	21.74	11	50.00	-	0	-	0
	22 years old	8	34.78	8	36.36	-	0	-	0
	23 years old	3	13.04	-	0	-	0	-	0
	24 years old	1	4.35	-	0	-	0	-	0
	Total	23	100.00	22	100.00	20	100.00	20	100.00
		t-test = -.46, *df* = 37.8, *p* = .65				*t*-test = -.62, *df* = 38, *p* = .99			
		Intervention *M* = 21.3, *SD* = 1.46				Intervention *M* = 16.6, *SD* = 1.04			
		Waitlist control *M* = 21.1, *SD* = .94				Waitlist control *M* = 16.9, *SD* = .99			

Table 2 Results from two-way mixed ANOVA in Study 1 and Study 2

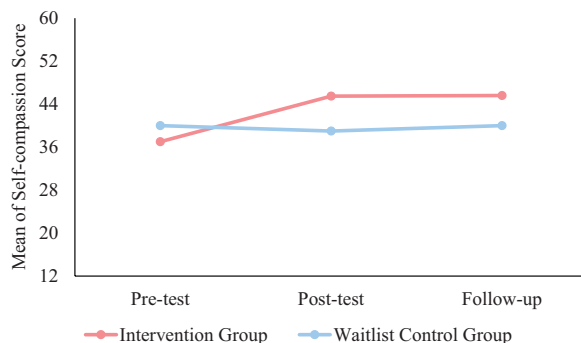| Group	Time			Time (3) x Group (2)
	Pre-test *M* (*SD*)	Post-test *M* (*SD*)	Follow-up *M* (*SD*)	
Study 1: emerging adults				
Intervention (*n* = 23)	37.0 (6.31)	45.5 (4.38)	45.6 (4.51)	$F(1.70, 73.02) = 26.2$, $p = .000^*$, $\eta^2 p = .379$
Waitlist Control (*n* = 22)	40.0 (5.88)	39.0 (5.90)	40.0 (6.96)	
Study 2: adolescents				
Intervention (*n* = 20)	39.7 (5.16)	46.5 (4.41)	46.1 (4.63)	$F(1.73, 65.61) = 15.2$, $p = .000^*$, $\eta^2 p = .286$
Waitlist Control (*n* = 20)	39.0 (6.54)	39.1 (7.14)	39.6 (7.23)	

Note: $^*p < .001$.

Figure 1 Mean of self-compassion scores in study 1 (emerging adults) at pre-test, post-test, and follow-up
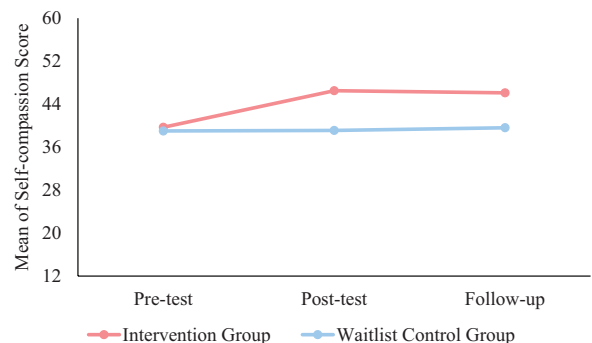
Figure 2 Mean of self-compassion scores in study 2 (adolescents) at pre-test, post-test, and follow-up

Table 3 Results from the Post Hoc Tests

Post Hoc Comparisons				Mean Difference	df	t	p
Group Condition -Time		Group Condition -Time					
Study 1: emerging adults							
Intervention	Post-test	Waitlist Control	Post-test	6.4368	70.7	3.7738	.001*
(*n* = 23)	Follow-up	(*n* = 22)	Follow-up	5.6087	70.7	3.2884	.002*
Study 2: adolescents							
Intervention	Post-test	Waitlist Control	Post-test	7.4500	38.0	3.9692	.005*
(*n* = 20)	Follow-up	(*n* = 20)	Follow-up	6.4500	38.0	3.3576	.011*

Note: *p* < .05.

Figure 2 demonstrated that the self-compassion score of the intervention group and waitlist control group was not different during the pre-test period. Nevertheless, after the intervention group fully participated in the SCJ program, the self-compassion score of intervention group was significantly higher than the waitlist control group in post-test ($t(38) = 3.97$, $p = .005$) and follow-up period ($t(38) = 3.36$, $p = .011$).

Discussion

This study aimed to examine the effectiveness of the SCJ program for emerging adults and adolescents. One of the reasons that makes the SCJ program succeed in enhancing self-compassion in emerging adults and adolescents is the content. The SCJ program was developed based on the self-compassion theory authentically explained by Neff (2003a, 2003b) and described clearly in the Building Self-Compassion workbook by Saulsman et al. (2017). The formal self-compassion activities, especially the mindfulness part, which is one of self-compassion's components, were interpreted from the sessions in Mindfulness Self-Compassion (MSC) by Germer and Neff (2013). Besides, other developed activities were inspired by the compassion-focused therapy (Gilbert, 2010) and the gratitude theory (Fitzgerald, 1998). Therefore, the SCJ program was formed based on credible sources.

Another reason is the pattern of the SCJ program. The SCJ was programmed to be on the website and able to be approached straightforwardly through the link. Therefore, with the internet, the SCJ program is a very accessible platform. Also, the benefit of being online is that individuals have flexibility to access the program with their own devices (e.g. smartphone, laptop, or computer) whenever they need and from wherever they want to. Additionally, the pattern of the SCJ program is unlike the other self-compassion programs (e.g. Mindfulness Self-Compassion by Germer & Neff, 2013; Making Friends with Yourself by Bluth et al., 2016;

BodiMojo by Rodgers et al., 2018). That is, the SCJ program was designed to be a storytelling program, where individuals will be role-playing as the main character of the story and go with the flow along with the journey facilitating self-compassion understanding and skill.

Furthermore, the SCJ program contains some elements that are associated with gamification, which is the strategy to integrate game components (e.g. goal, points, progress, level, reward, feedback, and challenges) into online learning environment to inspire the learners and to gain trust in learning and participate in activities intentionally (Krath et al., 2021; Saleem et al., 2021). For instance, the presence of the maps at the end of each day in the SCJ program would tell the user how far they have come (progress) and how far they have come to the goal (as shown in Figure 3). Also, after finishing the activities that represent each component of self-compassion, the reward representing the exact component will be released (badge). After answering the question of the day, the feedback will pop up immediately to make sure that the user understands the content of self-compassion correctly. Hence, the pattern of the SCJ program tends to encourage participants' willingness to join and learn actively.

Figure 3 The maps at the end of the program (Day 14) represent the progress of participants

Lastly, the reason that the participants maintained participation in the 2-week SCJ program without dropping out is due to the communication system of the researchers. In both studies, researchers contributed to the process of collecting data, which were delivered to all participants as reminding texts via their e-mail and OpenChat every time they had to participate. By sending the notification message, the participants were alerted to completing the questionnaires and understood their commitment to the SCJ program precisely. Thus, the informing system from the researchers reassured participants to continuously remain active in the studies without hesitating. This suggests that the program was feasible as a self-compassion enhancing web-based program. Since the SCJ program was developed using elements of gamification (i.e. role-playing), the program is enjoyable and accessible.

Conclusion and Recommendation

The SCJ program, which focuses on enhancing self-compassion, is considered as a compact and accessible program. Moreover, the program effectively gains more understanding about self-compassion and prepares both adolescents and emerging adults to apply self-compassion skill in their daily activities. As a result, the SCJ program could be used as a self-help tool for Thai youths to primarily learn and promote self-compassion.

Conflict of Interest

The authors declare that there is no conflict of interest.

Funding

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