

Research Paper

Cultivating Swa-Karuṇā: Reducing Mental Distress with Compassion

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ABSTRACT

Self-Compassion, known as ‘Swa-karuṇā’ in the Indian Cultural Context, is a spiritual concept in Hinduism, Buddhism, and Jainism. The significance of karuṇā is widely seen in ancient Indian writings like Bhagwad Geeta, Upanishads, etc (Sengupta & Saxena, 2024). As Buddha mentions, “The entire world deserves self-love and compassion and you are no different than the world”, which means that all living beings, including ourselves, need love, care, and compassion to live a fulfilling life (Pikörn, 2024). In this study, the researchers tried to design an intervention on an idea of self-compassion and test its efficacy for reducing mental health distress, like stress, depression and anxiety. Employing quasi-experimental design, the study involved 85 college students, with 45 participants in control group and 40 in an experimental group. Self-compassion intervention was conducted for seven days, with each session lasting one hour. This activity-based intervention integrates principles from second and third-wave therapies to enhance participants’ self-compassion. Results of the Mann-Whitney U test indicate a notably increase in Self-Compassion for the Experimental Group as compared to the Control group (effect size- 0.443). This improvement in Self-compassion was found to reduce depression (0.839), anxiety (0.681) and stress (0.844) in the experimental group as compared to control group. Finally, this research contributes to the body of confirmation advocating for the application of interventions based on self-compassion in promoting mental well-being.

Keywords: Anxiety, College Youths, Depression, Self-compassion, Stress

Swa-karuṇā from Indian Perspective

Swa-karuṇā, meaning Self-Compassion, a concept from Ancient Indian Psychology, and widely used in Buddhist practices, means treating oneself with kindness, respect during distress and inadequacy (Sharma, 2011). The importance of Self-Compassion can be found in many ancient Indian philosophies and literatures; Self-Compassion holds a significant value in all the ancient and modern Indian practices. The term ‘Karuna’, meaning compassion, is commonly used in ancient Indian scriptures, such as the Bhagwat Gita and the Upanishads, which state the importance of co-existing in harmony with all other living beings (Sengupta & Saxena, 2024). In verse 5 of Chapter 6, Lord Krishna says, “*uddhared ātmanātmānam nātmanānam avasādayet ātmaiva hyātmano bandhur ātmaiva ripur ātmanah*”

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which can be translated as, “By virtue of the power of the intellect, uplift yourself and avoid self-deprecation. Indeed, the self is its own friend and enemy”. In this verse, Lord Krishna emphasizes the significance of self-love, highlighting the importance of sustaining and developing positive relationships with our own selves so that we can give love to ourselves and others (Radhika, Dhawan, & Saijel, 2024).

In ancient Buddhist philosophy, Buddha quotes the importance of Swa-karuna as “Hold yourself as a mother holds her beloved child” meaning we quickly criticize ourselves when the times get harder, but with mindfulness, we can learn to be kinder and compassionate towards ourselves. Being self-compassionate and self-forgiving isn’t a weakness but a power and courage to nurture ourselves and others (Ricci, 2021). Ayurveda and yoga also play an important role in cultivating Self-compassion. Practices of Pranayama, which includes watching, monitoring, and taking charge of the breath are useful for nurturing self-compassion and also have been proven to reduce anxiety and stress (Sengupta, 2012).

Self-compassion, deeply rooted in ancient Indian philosophies and practices, provides a unifying framework that bridges traditional spiritual wisdom with modern psychological approaches. Its emphasis on self-kindness, mindfulness, and recognizing the shared human experience that creates a basis to address challenges on the mental and emotional levels that humans experience in modern life. This explains why self-compassion is not just a theory but also a practical strategy for enhancing resilience and mental health. This blending of viewpoints enables a more thorough investigation of the ways in which self-compassion can impact wellbeing in different spheres of life.

Effects of Self-Compassion on Mental Health

Compassion is a divine quality that makes a person an authentic and genuine human being, cultivating compassion means extending love and kindness to every being we meet (Sing, 2029). Self-compassion is related with significantly positive mental wellness outcomes. Study by MacBeth & Gumley (2012) found that self-compassion is correlated negatively with depression, stress, and anxiety, while boosting self-kindness and reducing self-criticism. Emotional dysregulation may result from people avoiding or suppressing their feelings in anxiety-inducing circumstances. In contrast, people that practice self-compassion are less likely to repress their emotions, which make it possible for them to recognize and regulate the emotions (Leary et al., 2007). Loving oneself involves recognizing and understanding that suffering is a universal aspect of in life of all human beings. This awareness reminds us that everyone experiences suffering, highlighting the importance of treating ourselves kindly and adopting a non-judgmental attitude in the face of challenges. Such an approach can foster social connections and alleviate feelings of loneliness and depression (Neff, 2003). Even though suffering is frequently inevitable, how we react and perceive can have a big impact on how well we handle uncomfortable emotions. According to research by Neff and Germer (2013), self-compassion greatly improves emotional well-being and makes it easier for people to get through challenging times. Higher emotional well-being and a more positive approach to hand sadness, anger, and frustration are common among participants in self-compassion interventions. According to Hayes, Strosahl, and Wilson (2006), self-compassion also improves psychological flexibility, enabling people to adjust to environmental challenges with a more accepting attitude toward challenging emotions.

Self-compassion acknowledges the worthiness of self-care and prioritizes mental health and emotional well-being. When individuals acknowledge who they are, they build a healthy

self-image. This happens particularly in females who are shamed for having unrealistic beauty standards. Being loving towards yourself and appreciating yourself improves body satisfaction and reduces the symptoms of eating disorders (Tylka & Subich, 2002).

Overall, Self-Compassion helps one to cope with mental distress and uplift emotional resilience, which, in turn, leads to emotional well-being, cultivates a healthier self-image, leading to good mental health and resilience to face day-to-day challenges in life. Thus, the above studies show a strong neurophysiological mechanism for how self-compassion improves mental and emotional wellness.

Neuropsychological aspects of Self-Compassion

Self-compassion and neuropsychology are related because self-compassion influences emotional regulation, which changes the chemistry and operation of the brain. Self-compassion activates specific areas located in the brain, such as the prefrontal cortex-responsible for self-awareness, decision-making, and emotional regulation. Likewise, the amygdala's fight-or-flight responses are weakened, while practicing self-compassion (Lutz et al., 2008). When practicing self-compassion, the insula, a part of the brain involved in empathy and body awareness, also becomes active creating a mental state of wellbeing (Weng et al., 2013). Furthermore, self-compassion activates the parasympathetic nervous system. This activation reduces the impact of the sympathetic nervous system, which gets triggered during times of an internal and external threat, by promoting calmness and relaxation (Kirby, Tellegen, & Steindl, 2017).

Self-compassion has a crucial part in releasing the neurotransmitters. These neurotransmitters are essential for regulating and maintaining the various bodily functions, including mood, sleep, and appetite. Additionally, self-compassion boosts oxytocin levels, also known as the love hormone, which enhances trust, emotional connections, and a sense of safety (Brown, Fredrickson, Wirth, Poulin & Meier, 2012). Serotonin is important for stabilizing mood; thus, increased self-compassion leads to elevated serotonin levels, which can alleviate feelings of anxiety and depression (Neff & Germer, 2013). Likewise, stress and pain trigger the release of endorphins, the body's natural analgesics. Self-compassion-based self-soothing techniques increase endorphin levels, which reduce emotional distress and offer comfort (Gilbert, 2009). By altering brain activity and neurotransmitter levels, self-compassion can help regulate emotions, reduce stress, and promote overall mental and emotional wellness. Self-compassion's neuropsychological mechanisms show how it transforms emotional regulation and stress management, promoting psychological balance and encouraging resilience and well-being. This makes self-compassion an especially pertinent concept for addressing mental health issues in vulnerable populations, such as youth, who face various societal, academic, and emotional pressures.

Youths and mental health

As youths are the most vulnerable population for mental distress such as depression, anxiety, and stress. Literature shows that one in every seven youth faces mental health issues brought on by emotional, social, physical, and academic challenges (WHO, 2024). Concern over the prevalence of anxiety and depression among Indian youth is growing, as research shows that approximately 25% of teenagers experience these mental distresses due to the pressure from their parents, their studies, and peer relationships (Deb, Strodl, & Sun, 2015). Moreover, research shows that 37% of youths have mild to moderate anxiety and 29% experience depressive symptoms; however, female adolescents are at greater risk because of the pressures from their societies and cultures (Sagar, Pattanayak, & Chandrasekaran, 2020).

Youth have experienced long-lasting mental health issues due to the COVID-19 pandemic, with consequences that continue long after the crisis has ended. Research shows persistent signs of depression and anxiety, particularly in teenagers who already have vulnerabilities (Magson et al., 2021). Stress from the pandemic has also been connected to altered emotional regulation and faster aging of the brain (Gotlib et al., 2022). Academic self-esteem, social skills, and cognitive development have all suffered as a result of social isolation and disruptions in the classroom (Dorn et al., 2021). The findings highlight the importance and the need for mental health studies and interventions for youth in India. Indian college going students often face a variety of stressful situations, including academic pressure, social obstacles, life challenges, and family pressure, which can further contribute to mental health challenges and emotional dysregulation (Kumar & Bhukar, 2013). In times of distress, self-compassion can be an effective approach to overcoming feelings of inadequacy by fostering a gentle, kind as well as having a self-aware attitude (Neff, 2003). Additionally, as Kumar (2020) points out, the focus on family duties and a collectivistic environment in Indian culture causes self-care practices to be neglected, underscoring the significance of incorporating self-compassion interventions within Indian cultural contexts. Self-compassion puts mental health first and acknowledges the value of self-care. People develop a positive self-image when they accept who they are, which is especially crucial for women who must contend with unattainable beauty standards. Self-love and self-worth enhance body satisfaction and reduce eating disorder symptoms (Tylka & Subich, 2002).

According to research, self-compassion enhances emotional wellbeing and aids in the management of mental health issues. This in turn fosters resilience to overcome everyday challenges, supports mental health, and encourages a positive self-image. Self-compassion can therefore have a big impact on students by improving resilience and lowering mental health problems, which enables them to deal with day-to-day difficulties more skillfully. As Neff and McGehee (2010) stated, self-compassion improves emotional control, which in turn promotes a sense of social connectedness. Numerous surveys and studies have analysed the effects of self-compassion in Western cultures; therefore, it is crucial to look into its effects in the Indian context, where there is an absence of research on the subject. Acknowledging this research gap, this current study intends to find out and explore the benefits of promoting self-compassion as an effective method to improve mental wellness among college students. To accomplish this, a brief self-compassion intervention is designed for college going students, and its effectiveness in addressing mental health issues will be evaluated.

Objectives:

1. To develop the brief Self-Compassion Intervention for College going youths.
2. To assess the efficacy of Self-Compassion Intervention to reduce the mental distress i.e. Depression, Anxiety and Stress among college youths.

Hypotheses:

1. Self-Compassion Intervention will significantly increase Self-Compassion among experimental group as compared to control group.
2. Self-Compassion Intervention will significantly decrease Depression, among experimental group as compared to control group.
3. Self-Compassion Intervention will significantly decrease Anxiety among experimental group as compared to control group.
4. Self-Compassion Intervention will significantly decrease Stress among experimental group as compared to control group.

METHODS

Participants and data collection

In total, 85 students had participated in this study, of which 45 were in Control group and 40 were in the Experimental group. The participants were between the ages of 18 and 25 years old, college-going students from Sir Parashurambhau College, Pune. Posters were circulated in the college; from that, students who were feeling distressed (I.e., low, anxious and stressed) joined this program. Depression, Anxiety, and Stress were found to be significantly high in the Experimental group before the beginning of the intervention program (Mann-Whitney $U = 525.000$, $p < .001$), which shows the possibility leading to the motivation to participate in this intervention program to manage their distress. The baseline levels of self-compassion were compared between the experimental and control groups. As evidenced by scores during the pre-test, there is no significant difference in self-compassion between the two groups at the beginning of the study (Mann-Whitney $U = 994.000$, $p = 0.409$). The Control and Experimental groups were matched and paired on variables like age, gender, academic standing, and educational field. The experimental group consisted of 6 male and 34 female participants, while the other group consisted of 8 male and 37 female participants.

Ethical Considerations:

The study was aligned with ethical research guidelines. Consent was taken from the participants after being informed about the research. The participants were made aware of their right to withdraw from the research at any time. The study maintained the privacy and confidentiality of all the participants. To maintain fairness, the control group was allowed to participate in the intervention after the study.

Research Design:

Quasi Experimental pre-test, post-test, and experimental-control group design.

Tools:

The given tools were used:

1. **Personal Data Sheet and Consent form:** The participants were asked to fill the personal data sheet, which included their demographic details such as name, age, gender, education and a consent form was given to them before starting with the intervention program.
2. **Self-Compassion Scale [Short Form] (12 items):** The Self-Compassion Questionnaire uses a 5-point Likert scale, rating from 'almost never' to 'almost always,' to assess various aspects of self-compassion, including humanity, self-judgment, self-kindness mindfulness, over-identification and isolation. This is a 12-item tool created by Kristin Neff in 2016 (Neff, 2016). This questionnaire shows strong internal consistency, with a Cronbach's alpha of .86, which indicates high reliability (Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Self-Compassion demonstrated a good reliability with the Cornbach's alpha- 0.701 for current sample.
3. **Depression, Anxiety, Stress Scale (21 items):** The Depression, Anxiety, and Stress Scales (DASS)-21 is a self-report questionnaire that is used to assess depression, stress, and anxiety levels (Lovibond & Lovibond, 1995). It is a four-response Likert-type scale from "never" to "almost always." The scale has Cronbach's alphas to evaluate its excellent internal consistency varying between 0.74 and 0.96, thus ranking it highly as an assessment instrument (Tavakol & Dennick, 2011). DASS demonstrated high reliability with Cornbach's Alpha- 0.88 for current sample.

4. Feedback Forms: Feedback forms were provided to participants at the end of the interventions. These forms consisted of four questions based on a 5-point Likert scale and three open-ended questions. The open-ended questions were as follows:

- What changes did you notice in your mood?
- How did this intervention help you in dealing with anxiety and stress?
- Do you find any changes in perception about self? If so, elaborate.

About Intervention:

A 7-day intervention program is designed for students of Sir Parashurambhau College (Empowered Autonomous), Pune. Each batch consisted of 15 students, and the activities were conducted for 1 hour daily for 7 days. Before beginning the program, all participants filled out a consent form. Different activities were designed based on Kristin Neff's work on Self-Compassion. Second- and third-wave therapies were also considered when designing the activities. Activities were designed according to Indian standards and culture and were suitable for 18- to 25-year-olds. Pilot testing for all the activities was done before finalizing the activities. Pre-test was done on the first day of the intervention and the post-test was conducted on the last day for both control as well as experimental groups.

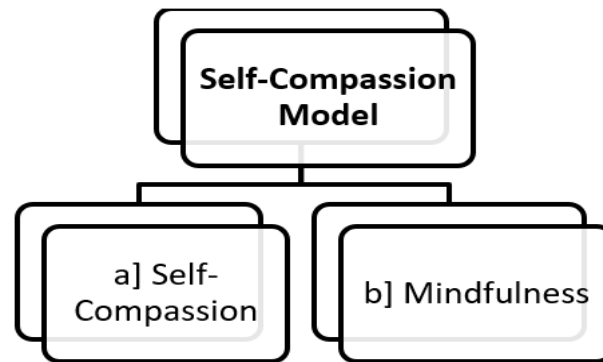


Figure 1. Model of Self-Compassion

Note: Model of Self Compassion was designed which included two main components: a) Self-Compassion and b) Mindfulness. These activities aimed to cultivate a compassionate and understanding relationship with oneself, challenging negative self-beliefs and promoting emotional well-being.

Table 1. Plan of the intervention program: The 7 day's intervention program included the activities as follows:

Sessions	Activities	Objectives
Session 1	1. Ice Breaking 2. Childhood Picture as wallpaper	Embracing Oneself
Session 2	1. Case Studies 2. It's Okay Cloud	Normalizing emotions
Session 3	1. Mindfulness Audio 2. Movie Screening	Mindfulness
Session 4	1. Self-Compassion Letter 2. I like myself when...	Building Self-Compassion
Session 5	1. Gratitude Journaling 2. Pass the Gratitude	Being Grateful
Session 6	1. Be a kid 2. Mindfulness Walk	Nurturing the inner child
Session 7	1. Body Scan 2. Nature Music	Building Awareness

As the activities were conducted in the seven-day self-compassion intervention program, a variety of activities designed to promote self-compassion were introduced to the participants.

RESULTS

Table 2. Quantitative Analyses of the results:

Variables	Descriptive	Experimental Group		Control Group		Gain Scores	
		Pre-test	Post-test	Pre-test	Post-test	Experimental Group	Control Group
Self-Compassion	Mean	3.165	3.730	3.256	3.133	0.568	-0.127
	SD	0.672	0.540	0.402	0.651	0.775	0.811
Depression	Mean	14.976	2.512	10.089	12.911	-12.463	2.822
	SD	9.738	2.656	4.430	6.921	8.626	8.130
Anxiety	Mean	15.951	5.024	9.511	12.089	-10.927	2.578
	SD	11.597	4.362	4.785	5.783	10.612	7.962
Stress	Mean	18.683	5.683	9.889	12.778	-13.000	2.889
	SD	10.263	4.257	3.332	5.376	9.088	6.390
DAS	Mean	49.610	13.220	29.489	37.778	-36.390	8.289
	SD	28.299	9.878	10.228	17.092	24.683	20.105

The Experimental and Control Groups' pre-test and post-test mean and standard deviations (SD) are displayed in this table. In contrast to the Control Group, the findings show that the Self-Compassion increased while Depression, Anxiety, and Stress decreased in the Experimental Group.

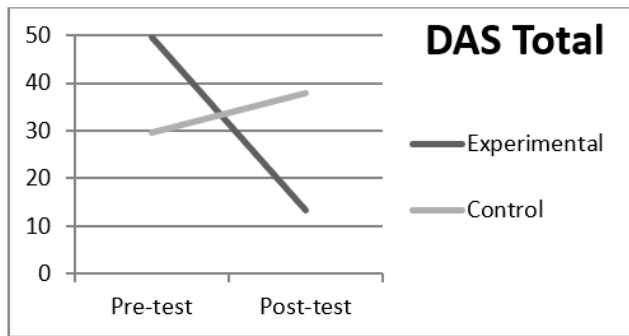
The difference between an Experimental Group and a Control Group was assessed using gain scores which were calculated by subtracting pre-test scores from post-test scores. These scores were instrumental in assessing the intervention's effectiveness. This approach was beneficial for comparing groups and understanding program impacts. Since the Gain scores were not normally distributed, the non-parametric Mann-Whitney U test was employed for further analyses.

Table 3. Mann-Whitney U test based on gain scores of self-compassion, depression, anxiety, stress, and total scores of DAS (Depression, Anxiety, and Stress) scores.

Variables	Statistic	p	Effect Size
Gain Self-Compassion	501	< .001	-0.443
Gain Depression	1619.5	< .001	0.839
Gain Anxiety	1550.5	< .001	0.681
Gain Stress	1701.5	< .001	0.844
Gain DAS total	1710	< .001	0.854

The Mann-Whitney U Test, as displayed in the above table, demonstrates that following the intervention, the experimental group's self-compassion significantly increased, while levels of stress, anxiety, and depression also decreased significantly compared to the control group. The statistical significance suggests that the intervention significantly reduced the symptoms of anxiety, stress, and depression. Furthermore, the effect sizes for depression, stress, and anxiety were substantial, demonstrating that the self-compassion intervention is highly effective in improving psychological well-being.

Graph 1. Crossover effects of (DAS) Depression, Anxiety and Stress based on the Post-test results.



Graph 1 illustrates the crossover effect, where, at the pretest level, the experimental group had higher DASS scores. However, at the post-test level, there is a significant decrease in these scores, surpassing those of the control group. This provides further strong evidence of the efficacy of the intervention program.

Table 4. Question-wise Mean Scores of the feedback forms

Questions	Mean Scores
1) How was the workshop?	5
2) How were the activities conducted in the workshop?	4.93
3) How relevant were the activities with Self-Compassion?	4.9
4) How far has this workshop helped you in improving your overall well-being?	4.59

The mean scores based on 5 point Likerts Scale questions that were asked in the feedback form to participants, indicated that participants found the intervention and the activities conducted to be very interesting, and their understanding of self-compassion and overall well-being improved after the intervention.

Qualitative Analysis:

Open-ended feedback about the intervention was also sought. A thematic analysis of the participants' narratives was conducted. Following themes were found: 1. Emotional Intelligence; 2. Self-Belief; and 3. Enhanced Mood. As a result, this qualitative data demonstrated that the intervention worked effectively to enhance psychological wellbeing in general.

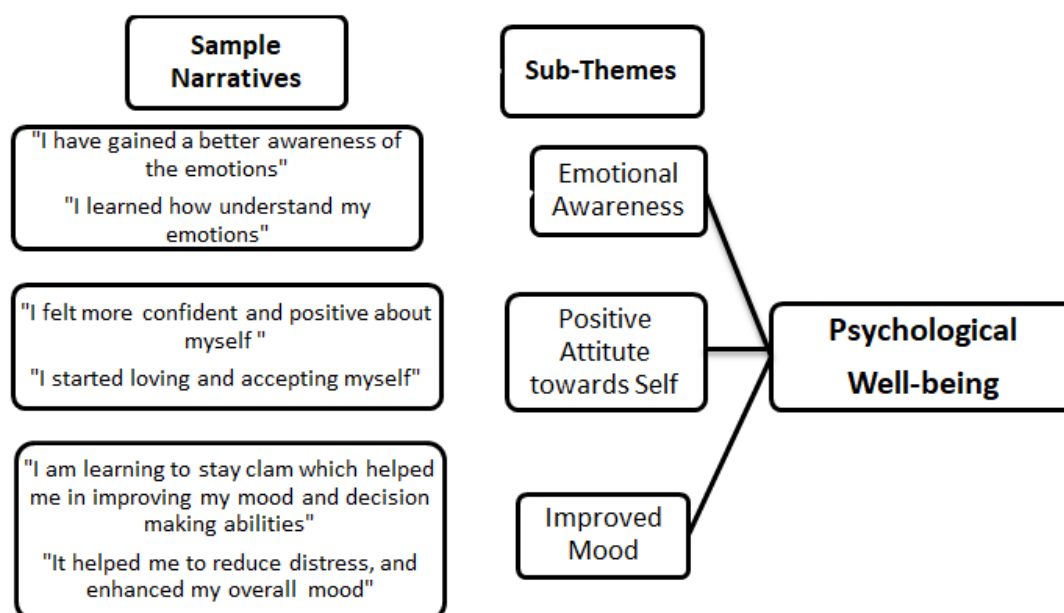


Figure 2. Qualitative Results using Thematic Analyses based on the feedback forms filled by participants.

DISCUSSION

Literature shows the high prevalence of mental distress among youths. According to the WHO (2021), stressors from social, academic, and familial environments make young people particularly vulnerable to mental health issues. Furthermore, the long-term effects of the COVID-19 pandemic highlight the critical necessity to tackle the mental distress experienced by youth thoroughly. Considering this mental health scenario, current research aims to develop a self-compassion intervention rooted in Indian and Buddhist philosophy and test its efficacy for mental health issues among college students.

To begin with, these findings indicate that the intervention significantly enhanced self-compassion among participants, demonstrating a moderate effect size. An important theme that emerged from participants' feedback is the development of a positive self-attitude. The intervention facilitated a shift in their self-perception, enabling them to abandon self-critical attitudes and embrace themselves with love and care. This transformation is vital for the participants, as it greatly influences key mental health parameters such as depression, stress and anxiety, showing moderate to high effect sizes for these variables. The Cross-over effect also proved that, there was a significant decrease in Depression, Stress and Anxiety after the intervention was given to the experimental group.

These findings are intune with existing literature that emphasizes the substantial impact of self-compassion interventions for teenagers and youths across various psychological domains. (Neff, 2003). The effect size for enhancements in mental health outcomes through self-compassion interventions among young adults has been found to range from moderate to large (Ferrari et al., 2019). Additionally, MacBeth and Gumley (2012) suggested that self-compassion is highly effective in reducing psychological issues and supporting individuals through emotional challenges. Mindfulness plays a crucial role in contemporary interventions. Third wave cognitive therapies emphasize how mindfulness practices can help manage emotional distress and improve emotional well-being (Kabat-Zinn, 1990). In this study, mindfulness is a key factor in the effectiveness of the self-compassion intervention.

Overall, the results align with this study, indicating that self-compassion interventions are beneficial for promoting psychological health and alleviating distress, especially among youth and young adults.

The thematic analyses based on participants' feedback are also aligned with existing literature and findings. The identified themes included emotional awareness, a positive attitude towards oneself, and improved mood. Previous studies indicate that emotional awareness i.e. the ability to understand and recognize one's emotions is crucial for good mental health since it enables individuals to manage their emotions effectively, cope with the stressors, and maintain healthy relationships (Rieffe et al., 2008). A greater ability to process emotions constructively is correlated with higher emotional awareness, which helps to prevent mental health issues like depression, stress, and anxiety (Salovey & Mayer, 1990). Improved mood and a positive self-perception are also essential for mental health. Stress, anxiety, and depression are frequently reduced when an individual attains self-acceptance and self-compassion (Neff, 2003). Furthermore, improved emotional regulation and resilience promote healthy coping mechanisms that support psychological health in general (Ryff & Singer, 1998). Moreover, increased dopamine and serotonin levels, which are known to promote emotional stability and cognitive abilities, are linked to positive moods (Fredrickson, 2001). These links emphasize how crucial it is to cultivate a positive outlook and a healthy self-perception in order to preserve mental health and prevent mental health issues.

According to quantitative and qualitative thematic analyses it was evident that this current intervention program helped participants develop a positive self-attitude and increase their emotional awareness, both of which improved mood.

Implications:

The study highlights how pertinent the age-old Indigenous idea of self-compassion is to the current state of mental health. This traditional wisdom is a powerful strategy for resilience and self-care for youth in the modern world.

Self-compassion, which is developed via self-kindness, mindfulness, and acknowledging our common humanity, is an essential tool for emotion management. It promotes acceptance and inner security, both of which are essential for general wellbeing. A more preventative and comprehensive approach to well-being may be offered by integrating self-compassion techniques into mental health and public health initiatives. It may be possible to prevent emotional and mental health distress using self-compassion practices. It can be used as a strategy for healthier coping mechanisms and helps break the cycle of negative self-criticism, potentially preventing maladaptive behaviors that result in conditions like anxiety or depression. In group therapy, sharing experiences and offering support to one another can strengthen feelings of self-compassion and humanity. Group intervention sessions can create a safe-space and supportive environment where individuals will be able to discuss their challenges and practice self-compassion exercises.

In the Indian context, there is significant scarcity of mental health services. There is approximately one psychologist for every 1,25,000 people (WHO, 2017). Primary prevention in educational settings is crucial due to the high prevalence of mental health issues. The current intervention could be used in academic settings because it is brief but effective. Including self-compassion as a credit course might assist students in improving their psychological self-care, which is beneficial for their academic and emotional well-

being. By offering students useful strategies to cope with stress, anxiety, and self-criticism while fostering resilience, educational institutions can normalize conversations about mental health.

CONCLUSION

Since the Self-Compassion Intervention helped the Experimental Group members become more emotionally aware, it is proven that it has a substantial effective impact on mental health. Thus, among the experimental group's participants, the Self-Compassion Intervention decreased anxiety, stress, and depression while promoting self-compassion.

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Conflict of Interest

The author(s) declared no conflict of interest.

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