Self-Compassion as a Moderator of the Relationship Between Bullying and Depression

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Abstract
Self-compassion is a psychologically healthy way of relating to one’s self when facing feelings of inadequacy, perceived failure, and distress (Neff & McGeown, 2010). While self-compassion has been an area of recent interest for psychologists, the construct has yet to be examined from a developmental perspective. The current study assessed self-compassion in relation to bullying and depression in order to examine whether self-compassion might be a potential intervention target for youth who are bullied. Participants were adults 18 years of age or older who completed an online survey of demographic questions and self-report measures including a retrospective measure of bullying. Findings from this study increase our understanding of bullying outcomes and provide an initial step towards determining whether self-compassion might be a potential intervention target for bullied youth.

Introduction
Bullying, or peer victimization, is generally defined as intentional and repeated negative and aggressive actions targeted at an individual who is not able to defend him/herself (Andreou, 2001). Three characteristics of bullying – intention, repetition, and power imbalance – distinguish it from other kinds of peer aggression and playful teasing (Solberg & Olweus, 2003). Adolescent victims of bullying report higher levels of internalizing problems, decreased social status, poor psychosocial adjustment, poor academic achievement, greater substance use, poor relationships with classmates, increased loneliness, and difficulty making friends (Areseneault et al., 2010; Card & Hodges, 2008).

Self-compassion is a state of positive self-acceptance that has been linked to increased psychological well-being and has been promoted as a protective factor that cultivates emotional resilience (Neff, 2009). Higher self-compassion is associated with greater psychological health as demonstrated by lower levels of depression, anxiety, thought suppression, and perfectionism (Leary et al., 2007; Ross, 2010) and higher levels of life satisfaction, optimism, positive affect, personal growth, and adaptive coping with failure (Neff et al., 2007).

Neff (2003a, 2003b) defines self-compassion as a multifaceted construct with six components arranged on three continua:

- **Self-kindness** (offering kindness and understanding to the self) as opposed to Self-judgment (being critical and judgmental of the self)
- **Common humanity** (the capacity to view one’s experiences as part of the shared human condition) as opposed to Isolation (viewing one’s self as separate and isolated from others)
- **Mindfulness** (the capacity to remain aware of one’s negative experiences and emotions without becoming overwhelmed by them) as opposed to Over-identification (the tendency to over-identify with negative and painful experiences). These components interact to create a frame of mind from which an individual may act in self-compassionate ways (Neff, 2009). When facing personal suffering, failure, or inadequacy, self-compassion involves offering oneself warmth and understanding as opposed to indifference and self-criticism.

Mising from the self-compassion literature is an understanding of how and when it develops and how it is affected by experiences during childhood and adolescence. Given the myriad negative outcomes associated with being bullied, and the research linking self-compassion to positive self-views (Neff, 2009), we were interested in whether self-compassion might be useful as an intervention tool for adolescent victims of bullying.

Method

Participants
Data were from 583 adults (M age = 37.20, SD = 13.72; 62.3% female).

Procedure
The survey was administered online via mturk.com and sfsu.sona-systems.com/

Measures

- **Self-compassion**: Self-compassion was measured with the 26-item Self-Compassion Scale (Neff, 2003a), which measures six components of self-compassion: self-kindness (e.g., “I’m tolerant of my own flaws and inadequacies”), self-judgment (e.g., “When I’m really difficult, I tend to be tough on myself”), common humanity (e.g., “I try to see my failures as part of the human condition”), isolation (e.g., “When I’m feeling down I tend to feel like most other people are probably happier than I am”), mindfulness (e.g., “When I fail at something important to me I try to keep things in perspective”), and over-identification (e.g., “When something upsets me I get carried away with my feelings”).

- **Bullying**: Bullying was assessed with 16 items selected from the 44-item Retrospective Bullying Questionnaire (Schäfer et al., 2004). The RBQ assesses the frequency, seriousness, and duration of bullying victimization in youth.

- **Depression**: Depression was assessed with the 21-item Beck Depression Inventory-II (Beck, Steer, & Brown, 1996). The BDI-II assesses symptoms of depression in three areas: cognitive, affective, and motivational.

Results

“**When were you growing up, were you ever a victim of bullying?**”

<table>
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<th>No</th>
<th>t</th>
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**Self-compassion**

| Self-Kindness | 3.01 | 3.19 | -2.34 | .019 | 0.21 |
| Self-Judgment  | 3.10 | 3.26 | -4.07 | <.0001| 0.39 |
| Isolation      | 3.34 | 3.45 | -1.61 | .028 | 0.11 |
| Mindfulness    | 3.14 | 3.39 | 4.07  | <.00001| 0.55 |

**Depression**

11.14 6.95 5.06 <.00001 0.42

Correlation Matrix – All Participants

**Correlation Matrix – Only Those Who Were Bullied**

**Discussion**

We found the highest levels of depression in those that had low self-compassion and had been bullied. Interestingly, we observed lower levels of depression in those with high self-compassion that had experienced bullying, than in those with low self-compassion who had not experienced bullying.

Based on these findings, it appears that self-compassion may be a buffer to the depressive outcomes of bullying.

**Limitations**

Limitations of this study include the retrospective nature of the data collection. Individuals may have experienced higher levels of depression in the years immediately after the bullying, but may have found ways to overcome these symptoms in the intervening years.

For these reasons, our next steps in this line of research are to use a longitudinal design with adolescents to compare self-compassion before and after experiences of bullying.

Acknowledgement

We greatly appreciate the time the participants devoted for this study.

To learn more about our lab or to download this poster with references please visit: http://online.sfsu.edu/depsych/fall or contact susan.mauskopf@gmail.com