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The effectiveness of self-compassion–based interventions on mental health in adolescent populations: A systematic review

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Abstract

Background: Emotional dysregulation is a major risk factor for varios mental health issues and maladaptive behaviors in adolescents, including self-harm and sacred ideation. Self-compassion (SC) based interventions have been recognized as a promising approach to counter self-criticism and enhance emotional coping skills.
Purpose: To evaluate and synthesize the evidence regarding the effectiveness of SC interventions in mental health of adolescents.
Method: This systematic review followed the PRISMA 2020 guidelines. Literature searches were conducted in PubMed, ScienceDirect, ProQuest, and Sage Journals for studies published between 2016 and 2025. Eligible studies included adolescents aged 10–19 years receiving self-compassion–based interventions, using RCT or quasi-experimental designs, and reporting mental health outcomes. Screening was conducted using Rayyan after duplicate removal. Methodological quality was assessed using the Cochrane Risk of Bias 2.0 and ROBINS-I tools.
Results: All eight studies consistently demonstrated that self-compassion based interventions led to a significant improvement in emotion regulation capacity, encompassing enhanced adaptive cognitive strategies (eg, positive reappraisal) and behavioral aspects of emotional regulation improvement. The interventions prove effective in both group and individual settings. However, most studies presented methodological limitations, including small sample sizes, quasi-experimental design and short follow-up periods.
Conclusion: Self-compassion based intervention is an effective and clinically relevant approach for enhancing emotion regulation in adolescents, especially for those in high-risk groups. Further research, ideally large-scale RCTs, with standardized measurements and long-term follow up, is necessary to strengthen the external validity of these findings and support broader program implementation in schools and clinical services.

Keywords: Adolescents; Emotion Regulation; Self-Compassion; Self-Harm; Systematic Review; Well-being.

INTRODUCTION

Adolescence is a developmental period characterized by significant biological, cognitive, and psychosocial changes that may increase vulnerability to various mental health problems (Sawyer, Azzopardi, Wickremarathne, & Patton, 2018). According to the World Health Organization, adolescents are individuals aged 10–19 years. Globally, approximately 13–20% of adolescents experience mental health disorders, with depression, anxiety, and behavioral disorders representing the leading contributors to the burden of disease in this age group (World Health Organization, 2025). Furthermore, suicide has been identified as one of the leading causes of death among adolescents and young adults (Curtin & Heron, 2019).

One of the psychological mechanisms that plays an important role in adolescent mental health is emotion regulation. Emotion regulation refers to an

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individual's ability to recognize, understand, and manage emotional responses adaptively according to situational demands (Gross, 2015). Difficulties in emotion regulation have been identified as a transdiagnostic risk factor underlying various psychological problems in adolescents, including depression, anxiety, aggressive behavior, and self-harming behavior (Aldao, Nolen-Hoeksema, & Schweizer, 2010; Compas et al., 2001). Therefore, interventions targeting the improvement of emotion regulation have considerable potential to support adolescent mental health in both clinical and non-clinical populations.

In this context, self-compassion has emerged as a relevant and promising psychological construct. Kristin Neff defines self-compassion as an attitude of treating oneself with kindness (self-kindness), maintaining mindful awareness of emotional experiences (mindfulness), and recognizing that suffering is part of the shared human experience (common humanity) (Neff, 2003). Subsequent theoretical developments suggest that self-compassion functions as an adaptive emotion regulation mechanism because it helps individuals respond to negative emotions without avoidance or excessive self-criticism (Neff & Germer, 2018). Empirical studies have demonstrated that higher levels of self-compassion are associated with better emotion regulation and lower psychological distress among adolescents (Inwood & Ferrari, 2018; Marsh, Chan, & MacBeth, 2018).

Consistent with this framework, various self-compassion–based interventions, such as Mindful Self-Compassion (MSC), Mindful Self-Compassion for Teens (MSC-T), and Compassion-Focused Therapy (CFT), have been developed and implemented among adolescents with diverse characteristics, ranging from adolescents with subsyndromal depression and self-harming behaviors to those with behavioral disorders such as Oppositional Defiant Disorder (ODD). Experimental studies and controlled trials conducted over the past decade have reported that self-compassion–based interventions may improve emotion regulation, reduce psychological symptoms, and enhance adolescent mental well-being in these populations (Bluth, Lathren, Park, Lynch, Curry, Harris-Britt, Gaylord, 2024; Jafari & Kiani, 2024; Parvardeh, Abbasi, & Ghadampour, 2025). However, the existing evidence remains fragmented and heterogeneous in terms of study design, population characteristics, and measured outcomes.

Therefore, this review aims to systematically evaluate the effectiveness of self-compassion–based interventions on various mental health outcomes among adolescents in both clinical and non-clinical populations. The findings of this review are expected to provide a comprehensive synthesis of evidence to support the development and implementation of self-compassion–based interventions for the promotion and treatment of adolescent mental health.

RESEARCH METHOD

This study was conducted based on the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) 2020 guidelines. The review focused on interventions used to assess the effectiveness of self-compassion–based interventions on mental health outcomes among adolescent populations. Literature searches were conducted in PubMed, ScienceDirect, ProQuest, and Sage Journals for studies published between 2016 and December 2025. In addition, manual searches were performed to identify relevant articles that met the eligibility criteria. The search strategy used Boolean operators with the following keywords: (“self-compassion” OR “compassion-focused therapy” OR “mindful self-compassion”) AND (“adolescent” OR “teenager” OR “youth”) AND (“mental health” OR “emotion regulation” OR “psychological well-being” OR “depression” OR “stress”)..

Articles included in this review met the following inclusion criteria: (1) adolescent populations aged 10–19 years, including both clinical and non-clinical groups; (2) self-compassion–based interventions as the primary intervention; (3) comparison groups consisting of wait-list controls or no intervention; (4) studies reporting mental health outcomes, such as emotion regulation, psychological well-being, depression, stress, cognitive flexibility, or other psychological indicators; (5) randomized controlled trial (RCT) or quasi-experimental study designs; and (6) articles published between 2016 and 2025 with full-text availability. Studies involving school-aged children (<10 years), young adults (>19 years), or adults, studies using self-compassion–based

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interventions without reporting quantitative mental health outcomes, and articles without full-text access were excluded from the analysis.

The screening process was conducted by first removing duplicate articles, followed by title and abstract screening using the Rayyan application. Articles meeting the eligibility criteria were then assessed through full-text review to confirm their inclusion.

Data extraction was conducted independently for each study. Extracted information included general study characteristics (authors, publication year, country, and setting), participant characteristics, specifications of self-compassion–based interventions, and primary and secondary outcomes.

This review also assessed the methodological quality of the included studies. The Cochrane Risk of Bias 2.0 tool was used for randomized controlled trials (RCTs), while the Cochrane ROBINS-I tool was applied to non-randomized intervention studies. The two included RCT studies demonstrated a low risk of bias, indicating adequate methodological quality. The remaining six studies showed a moderate risk of bias due to limitations in their experimental designs.

RESEARCH RESULTS

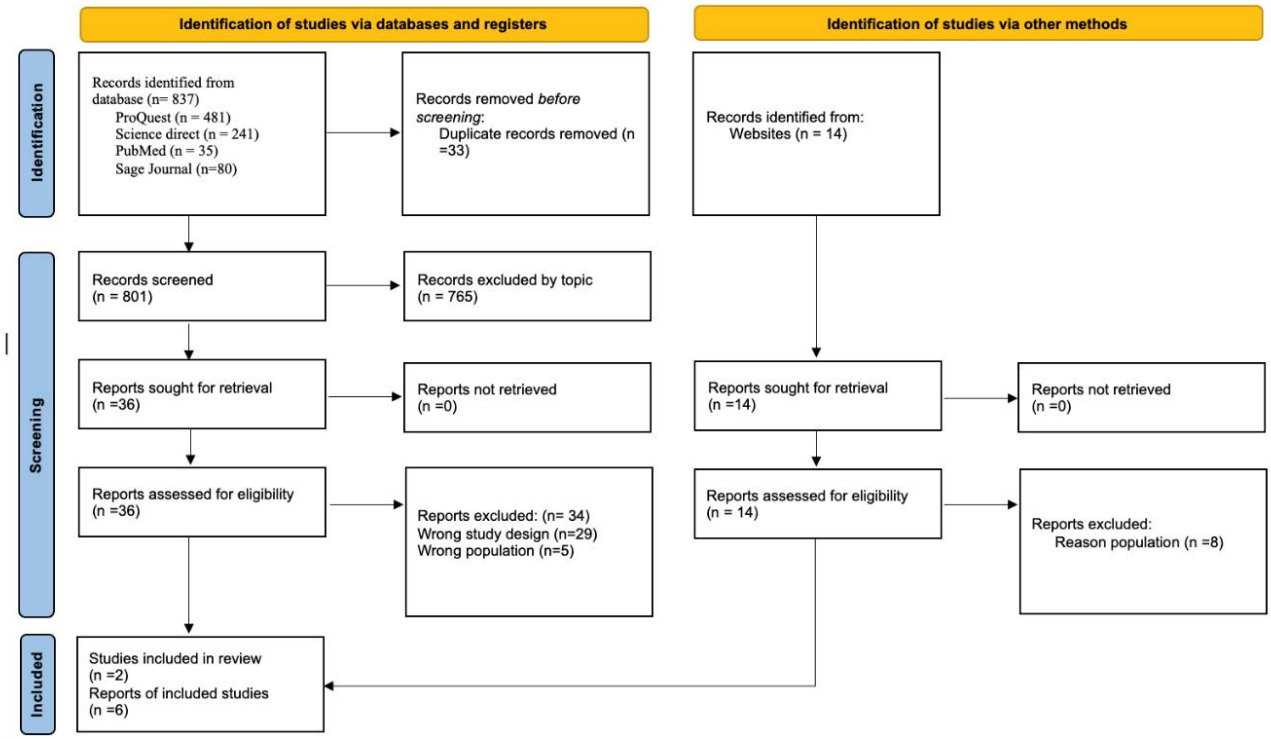

Figure 1. PRISMA 2020 Flow Diagram

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Table Characteristics of the Included Study

(Author, Year) (Country)	Main Purpose	Design	Population (N & Age)	Intervention	Duration of Intervention	Outcome Instrument	Key Results
(Bluth et al., 2024) (USA)	To assess the effectiveness of MSC-T on self-compassion and depressive symptoms in adolescents	RCT (active control)	N=59; ages 13–17 years (at-risk adolescents)	*Mindful Self-Compassion for Teens* (MSC-T)	8 weeks (8 sessions)	Self-Compassion Scale-Teen (SCS-T); Children's Depression Inventory	MSC-T significantly increased self-compassion and decreased depressive symptoms 489 in adaptive control.
(Utkan & Kardaş, 2025) (Türkiye)	To assess the effects of self-compassion training on well-being and meaning in life in adolescents	Quasi-experimental (pre-post + control)	N=28; ages 15–17 years (non-clinical)	8 Sessions of *Self-Compassion* - Based Psychoeducation	6 weeks	SCS; Subjective Well-Being Scale, Meaning in Life Scale	There was a significant increase in self-compassion and subjective well-being.
(Damavandian et al., 2022) (Iran)	To test the effects of compassion intervention on emotional regulation of delinquent adolescents	Quasi-experimental	N=13; (clinical/delinquent)	Compassion-Focused Therapy (CFT)	8 sessions	Cognitive Emotion Regulation Questionnaire (CERQ)	Adaptive emotion regulation increased significantly; maladaptive emotions decreased.
(Darzi et al., 2024) (Iran)	To test the impact of SC training on adolescents with ODD.	Semi-Experimental	N=30, Male Adolescents with *Oppositional Defiant Disorder* (ODD)	Self-Compassion Training	8 Sessions	CERQ, *Fear of Intimacy Scale*	It has a significant impact on increasing cognitive emotional regulation and decreasing fear of intimacy.

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(Author, Year) (Country)	Main Purpose	Design	Population (N & Age)	Intervention	Duration of Intervention	Outcome Instrument	Key Results
(Fallahmanesh et al., 2025) (Iran)	To assess the effectiveness of MBSC on emotion regulation & body image	RCT (wait-list)	N=30; ages 13–17 years (self-harm)	MB-SC Protocol (based on life experience)	10 sessions	Difficulties in Emotion Regulation Scale (DERS); *The Multidimensional Body-Self Relations Questionnaire – Appearance Scales* (MBSRQ-AS)	Significant improvement in emotional regulation and body image
(Jafari & Kiani, 2024) (Iran)	To test the effect of SC training on adolescents with self-harm behavior	Quasi-experi-mental	N=30; age 12–20 years (clinical)	*Self-Compassion Training* (Gilbert, 2014)	8 sessions	DERS; Cognitive Flexibility Inventory	Emotional regulation and cognitive flexibility increased significantly
(Parvardeh et al., 2025) (Iran)	To assess the effect of SC on cognitive emotion regulation in female students with *suicidal thoughts*	Quasi-experi-mental	N=30; age 15–18 years (clinical)	Self-Compassion Intervention	8 sessions	CERQ	Enhanced adaptive emotion regulation strategies
(Valipouri & Abooei, 2025) (Iran)	To assess the effectiveness of SC on emotional regulation & well-being in adolescent girls	Quasi-experimental	N=40; ages 14–17 years (non-clinical)	Self-Compassion Training	8 sessions	DERS; Ryff Psychological Well-Being Scale	Emotional regulation and psychological well-being improved significantly

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A total of 837 potentially relevant articles were identified through database searching. Of these, 36 duplicate articles were removed, and 765 articles were excluded because they did not meet the predefined eligibility criteria. Subsequently, 34 articles underwent full-text reviews, and 2 articles were included in the final analysis. Manual searching identified an additional 14 articles, of which 8 were excluded after full-text review because they met the exclusion criteria.

A total of eight studies were included in this review, involving 260 participants overall. The majority of participants were female adolescents (approximately 68% of the total sample in studies that explicitly reported gender), including high school students and adolescents with self-harming behaviors. Only one study specifically focused on male adolescents with Oppositional Defiant Disorder (ODD).

The participants' age range generally fell within the adolescent developmental period, as illustrated by the study of (Fallahmanesh, Ghamari, Vakili, & Poshti, 2025), which involved adolescents aged 13–17 years. However, mean age and standard deviation (SD) data were not consistently reported across all studies. Most studies in this review involved clinical or high-risk adolescent populations (5 out of 8 studies, 62.5%), while the remaining three studies included non-clinical adolescents recruited from secondary schools. The populations studied included adolescents with suicide risk, non-suicidal self-injury (NSSI), Oppositional Defiant Disorder (ODD), and delinquent adolescents. These diverse population characteristics indicate that self-compassion–based interventions have been applied across a broad spectrum of adolescent mental health conditions.

Characteristics of Interventions

All included studies used self-compassion–based interventions developed through programs such as mindfulness-based self-compassion, Mindful Self-Compassion for Teens (MSC-T), compassion-based psychoeducation, and Compassion Focused Therapy (CFT). The interventions were generally delivered in group formats consisting of 8–10 sessions, with each session lasting approximately 60–90 minutes. Intervention materials commonly included mindfulness exercises, the development of self-kindness, understanding common humanity, and adaptive strategies for coping with negative emotions. In several studies, the interventions were facilitated by trained psychologists or counselors.

Intervention Methodology

In randomized controlled trials (RCTs), participants were randomly assigned to intervention and control groups, with control groups receiving either wait-list conditions or general education. Meanwhile, quasi-experimental studies employed pretest–posttest designs with control groups. Most studies did not implement blinding procedures for participants or assessors, which may have increased the risk of bias. The effectiveness of interventions was evaluated by comparing pre- and post-intervention scores between groups. Several studies also included short-term follow-up assessments (1–2 months) to examine the sustainability of intervention effects. However, only one study demonstrated sustained effects up to five months after the intervention.

Outcome Characteristics

The outcomes measured across the studies were diverse, reflecting the broad potential impact of self-compassion–based interventions. The most frequently reported primary outcomes included emotion regulation (measured using instruments such as the Difficulties in Emotion Regulation Scale [DERS] and Cognitive Emotion Regulation Questionnaire [CERQ]), psychological well-being, symptoms of depression and stress, cognitive flexibility, and self-compassion.

Most studies reported significant improvements in adaptive emotion regulation and reductions in maladaptive emotion regulation strategies following the interventions. In addition, studies involving clinical populations demonstrated reductions in psychological symptoms, including self-harming behaviors and emotional distress. Among non-clinical populations, self-compassion interventions were found to improve subjective and psychological well-being.

DISCUSSION

Effectiveness of Interventions on Emotion Regulation

The findings of this systematic review indicate that self-compassion–based interventions consistently improve emotion regulation among adolescents in

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both clinical and non-clinical populations. These findings are consistent with the emotion regulation theory proposed by (Gross, 2015), which emphasizes that the ability to recognize and manage emotions adaptively is a key factor in mental health. Several reviewed studies, including those by (Fallahmanesh et al., 2025; Jafari & Kiani, 2024; Damavandian, Golshani, Saffarinia, & Baghdasarians, 2022), specifically reported improvements in adaptive emotion regulation and reductions in maladaptive strategies following self-compassion training.

Conceptually, these findings support the transdiagnostic emotion regulation framework which identifies emotion regulation difficulties as a cross-cutting risk factor for psychological disorders (Aldao et al., 2010). Self-compassion interventions appear to work by enhancing emotional awareness through mindfulness and reducing self-criticism, thereby enabling adolescents to respond to negative emotions more constructively (Neff & Germer, 2013). This was particularly evident in the study by (Fallahmanesh et al. (2025), which involved adolescents with self-harming behaviors and demonstrated significant improvements in Difficulties in Emotion Regulation Scale (DERS) scores following the intervention.

Effectiveness on Mental Well-Being

In addition to emotion regulation, this review found that self-compassion–based interventions were effective in improving adolescent mental well-being. Significant improvements were reported in subjective and psychological well-being following self-compassion programs (Utkan & Kardaş, 2025; Valipouri, & Abooei, 2025). These findings are consistent with previous studies showing that self-compassion is positively associated with well-being and psychological resilience (Neff & Germer, 2018; Inwood & Ferrari, 2018).

In clinical populations, (Bluth et al., 2024) found that the Mindful Self-Compassion for Teens (MSC-T) program significantly reduced depressive symptoms among adolescents at risk for mild to moderate depression. These findings strengthen evidence suggest that self-compassion functions as a protective factor against psychological distress (Marsh et al., 2018). Therefore, self-compassion interventions may serve not only as promotional approaches but also as therapeutic strategies.

Effectiveness on Cognitive Flexibility, Body Image, and Risk Behaviors

Several studies also reported additional relevant outcomes. Improvements were found in cognitive flexibility among female adolescents with self-harming behaviors, suggesting that self-compassion can help adolescents develop more adaptive thinking patterns (Jafari & Kiani, 2024). Meanwhile, (Fallahmanesh et al. (2025) reported improvements in body image among adolescents with non-suicidal self-injury, which aligns with findings that self-compassion is associated with body appreciation and self-acceptance (Neff & Germer, 2013).

Self-compassion interventions improved adaptive cognitive emotion regulation strategies among female adolescents with suicidal ideation (Parvardeh et al., 2025). These findings are consistent with literature suggesting that increased self-compassion may reduce rumination and hopelessness, two major risk factors for suicidal behavior (Kirby, Tellegen, & Steindl, 2017).

Comparison of Intervention Types, Duration, and Effectiveness

Interventions using structured protocols such as MSC-T (Bluth et al., 2024) demonstrated more stable outcomes compared to non-manualized interventions. This finding supports previous evidence from (Bluth, & Blanton, 2015), which suggested that module-based programs with systematic mindfulness exercises are more effective in developing self-compassion skills. Nevertheless, non-manualized school-based programs (Utkan & Kardaş, 2025) also demonstrated positive effects, indicating the flexibility of this approach across different settings.

Most studies implemented interventions consisting of 8–10 sessions, which appeared sufficient to produce significant improvements. These findings are consistent with previous meta-analyses showing that short-term mindfulness- and compassion-based interventions (6–10 sessions) can produce moderate effects on psychological well-being (Kirby et al., 2017). However, the limited availability of long-term follow-up data remains a challenge in evaluating the sustainability of intervention effects.

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Implications

Based on the findings of this systematic review, future research should prioritize several aspects to strengthen evidence regarding the effectiveness of self-compassion–based interventions among adolescents. First, large-scale randomized controlled trials with active control groups are needed to validate causal relationships and improve the generalizability of findings. Second, the standardization of measurements using internationally validated instruments, such as the Difficulties in Emotion Regulation Scale (DERS) or the Emotion Regulation Questionnaire (ERQ), would facilitate cross-study comparisons and improve validity. Third, long-term follow-up assessments of at least six months are necessary to evaluate the durability of intervention effects. Improvements in these methodological aspects would provide stronger evidence regarding the long-term benefits of self-compassion interventions for adolescents.

In nursing practice, the implications of these findings are highly relevant. Self-compassion–based interventions can be integrated into nursing practice to support adolescent mental health promotion. Nurses working in community health services, schools, or adolescent clinics may incorporate self-compassion programs into group activities as preventive and therapeutic approaches. This is particularly important considering the role of nurses in helping adolescents develop adaptive coping skills, manage stress and emotions, and improve psychological well-being. By teaching adolescents self-kindness, mindfulness, and the understanding that suffering is part of the human experience, nurses can equip them with effective strategies for coping with emotional challenges.

Furthermore, self-compassion–based approaches have the potential to become part of evidence-based practice in pediatric and adolescent nursing. Through the use of standardized instruments and adaptable intervention methods, nurses can enhance the effectiveness of broader mental health programs in schools and communities, focusing not only on symptom management but also on strengthening adolescents' internal psychological resources. Thus, self-compassion interventions may serve as holistic nursing strategies oriented toward the prevention of long-term mental health problems.

CONCLUSION

This systematic review demonstrates that self-compassion–based interventions are effective, feasible, and acceptable approaches for improving adolescent mental health. Interventions grounded in the models developed by Kristin Neff, Karen Bluth, and Paul Gilbert consistently improved adaptive emotion regulation strategies, such as emotional tolerance and positive cognitive reappraisal, while reducing maladaptive strategies, particularly among adolescents with clinical conditions including self-harming behaviors, suicide risk, and Oppositional Defiant Disorder (ODD). With an optimal duration of approximately eight sessions, these programs have strong potential to be integrated into school-based mental health curricula and clinical settings.

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