How Mindfulness and Self-Compassion Relate to the Inclination of Seeking Support and to Depression, Anxiety, and Stress Levels

Eleni Stogianni[1], and Eta Lin[2]
Psychology Department, Foothill College

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Abstract

Due to the rise of positive psychology, mindfulness and self-compassion have become part of Western culture, and research on these topics is growing at an exponential rate. Mindfulness and self-compassion help an individual recognize, accept, investigate, and determine the cause of suffering. When people are faced with difficult life struggles such as symptoms of stress, anxiety, and depression, practitioners of mindfulness and self-compassion often respond with kindness and self-love, recognizing that imperfection is part of human nature (Neff, 2011). With the challenges of the COVID-19 pandemic such as adjusting to virtual campuses and increasing isolation, students, in particular, are experiencing more difficulty in coping with this unprecedented global situation. The purpose of this study was to examine the relationships between mindfulness and self-compassion with the levels of depression, anxiety, and stress of community college students. We predicted that students who were more likely to seek out support from others and/or engage in self-care practices will experience lower levels of stress, anxiety, and depressive symptoms. The participants were recruited from a local community college and they completed an online survey, which included the Depression Anxiety Stress Scales (Lovibond & Lovibond, 1994), Five-Facet Mindfulness Questionnaire (Baer et al. 2012), Self-Compassion Scale (Neff, 2003a), and demographic information. Our findings provide important insight into providing self-care practices such as mindfulness and self-compassion training on college campuses to help students develop and strengthen their emotional awareness, resiliency, and overall well-being.

Keywords: mindfulness, self-compassion, anxiety, stress, depression

Due to the growing field of positive psychology over the past two decades, a growing interest in the clinical applications of mindfulness and mindfulness-based approaches has emerged. Bishop et al. (2004) have defined mindfulness as being aware of one's present moment experience without judgment. In other words, the person can see the suffering with clarity and balance without running away. Self-compassion, on the other hand, is explained as the ability to extend compassion to one's self (Neff, 2003), so individuals can treat themselves with the same kindness, concern, and support as they would show to a good friend. Overall, mindfulness and self-compassion may be conceived as a healthy self-attitude with which the person recognizes suffering and responds

sympathetically to it. Researchers have found that mindfulness and self-compassion positively impact a variety of psychological factors such as the engagement of meditation techniques, originating from Buddhist spiritual practices, in helping individuals stay mindful and improve their wellbeing (Hanh, 1987; Baer et al., 2012; Bluth, et al., 2014).

Researchers have found a significant mediating effect of mindfulness and self-compassion in psychological wellbeing, as well as in depression and anxiety levels (Bostock et al., 2019; Pérez-Aranda et al., 2019; Takahashi et al., 2019, 2020). Mindfulness and self-compassion are strong predictors of reduced stress, as well as greater life satisfaction (Van Dam et al., 2011). Moreover, mindfulness and self-compassion are positively associated with social support (Wilson et al., 2020) which leads to better emotion-regulation, as well as increased positive affect and decreased negative effect on thriving (Feeney & Collins, 2014a). Social support may also potentially help a person to be focused on the present moment, instead of being isolated and dwelling on the past or worrying about the future.

Several studies have reported that during Coronavirus Disease 2019 (COVID-19) many people felt isolated, alienated, and had difficulty accessing social support (Xie & Kim, 2022; Saltzman et al., 2020). From March 2020 to June 2021, most schools and universities in the United States were closed and students participated in remote learning. The abrupt shift from face-to-face interactions between teachers/professors and students to online learning prompted us to ask the following question. During the COVID-19 pandemic, do students reach out for support from others and/or engage in self-care practices when encountering emotional or personal problems? Some researchers have suggested that self-care practices can decrease stress and anxiety and overall quality of life among students from various backgrounds (Moore & Wilhelm, 2019; Ayala et al., 2018).

In the current study, we examined the relationships between Depression, Anxiety, and Stress (DAS), self-compassion, and mindfulness. Although there are numerous studies on self-compassion, mindfulness, and DAS, there has been a paucity of research regarding seeking external support among college students. Therefore, we formulated the following three hypotheses: 1) participants who are mindful and self-compassionate will experience less depression, anxiety, and stress, 2) participants who are mindful and self-compassionate are more likely to seek out support from others, and 3) participants who engage in meditation practices will experience lower levels of DAS.

Method

Participants

Participants answered questions about their demographic information, such as age range, annual household income, race-ethnicity, gender identity, GPA, major and religious affiliation. Our sample included a total of 191 participants with 143 females (74.9%), 42 males (22%), 4 identified as gender-non-binary (2.1%), 1 participant preferred not to answer (0.5%) and 1 case was missing (0.5%). The majority of our participants were between the ages of 18 and 24 years old (59.2%). The ethnicity of our participants was as follows: 63 Latino/Latino-American/Hispanic (33%), 60 European/European-American (31.4%), 42 Asian/Asian-American (22%), 17 mixed ethnicities (8.9%), 9 Middle-Eastern (4.7%), 3 Pacific Islander or Tongan (1.6%), and 3 African/African-American (1.6%). Moreover, our sample had a total of 51 participants who meditate (i.e., 33 participants meditate less than an hour/week (26.56%), 13 meditate 1-2 hours/week (6.77%), 3 meditate 2-3 hours/week (1.56%), 6 meditate 3-5 hours/week (3.125%), 3 meditate 5-10 hours/week (1.56%), 0 meditate more than 10 hours/week, 2 did not respond (1.05%)).

Design

We recruited participants by contacting 17 faculty members via email who were from various departments (i.e., psychology, counseling, communication, mathematics, English) at a community college and 12 faculty shared the "Mental Health

and Resilience" Google Forms survey with their students. The data collection lasted for 3 weeks (3/2/2021-3/21/2021). These students received extra credit or volunteer compensation for completing the survey. The research project was reviewed by the IRB committee and later approved by the Foothill-De Anza Community College District Office of Institutional Research and Planning. The data were self-reported and all participants provided an informed consent form. The survey took approximately 20 minutes.

Measures

The entire research questionnaire was presented in the Google Forms online survey tool.

Self-Compassion scale. Self-compassion was measured using Neff's (2003) Self-Compassion Scale. The questionnaire has a total of 26 questions that assess the student's level of self-compassion and consists of 5 sub-scales: Self-Kindness, Self-judgment, Common humanity, Isolation, Mindfulness, and Over-identification. More specifically, the instrument includes five items on self-kindness (e.g., "I try to be loving towards myself when I'm feeling emotional pain"), four items on common humanity (e.g., "When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people"), four items on mindfulness (e.g., "When I fail at something important to me I try to keep things in perspective"), five reverse-coded items on self-judgment (e.g., "I'm disapproving and judgmental about my own flaws and inadequacies"), four items on isolation (e.g., "When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world"), and four items on over-identification (e.g., "I try to be loving towards myself when I'm feeling emotional pain"). Responses to all the statements are rated on a 5-point Likert scale (1 = "*almost never"* to 5 = *"almost always*").

Depression, anxiety, and stress scale (DASS). The DASS (Lovibond & Lovibond, 1993) consists of 42 questions that assess levels of depression, anxiety, and stress over the past week (i.e., 14 measured depression, 14 measured anxiety, 14 measured stress). Responses are rated on a 4-point scale ranging from "Did not apply to me at all" (0) to "Applied to me very much, or most of the time" (4). Depression items (e.g., "I could see nothing in the future to be hopeful about"), items focused on anxiety (e.g., "I found myself in situations which made me so anxious I was most relieved when they ended"), and items related to stress (e.g., "I found that I was very irritable").

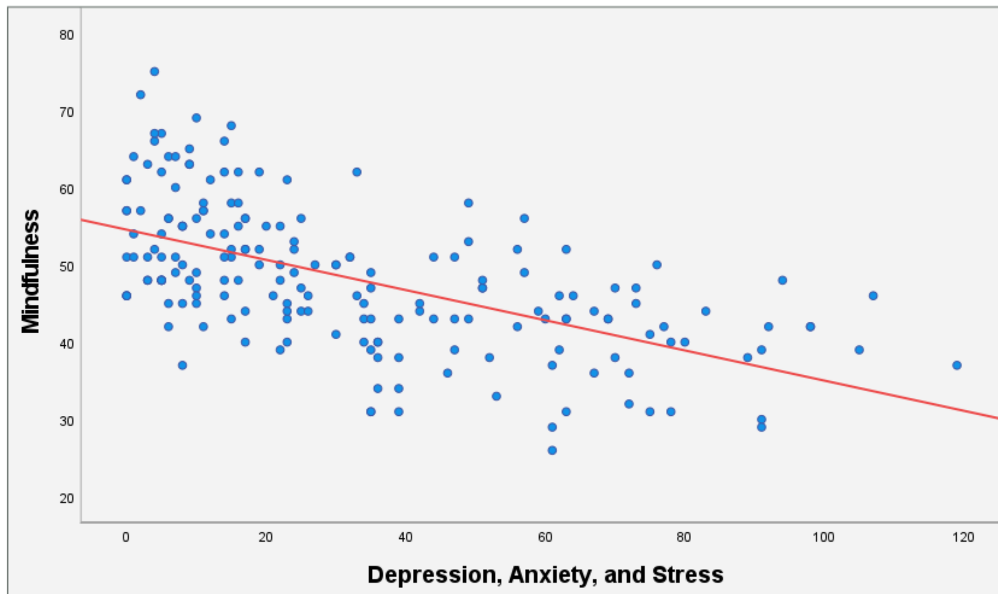
Mindfulness scale. We measured mindfulness using the Five Facet Mindfulness Questionnaire (Baer et al., 2008). The 15 items consist of 3 questions each based on "observing," "describing," "acting with awareness," "non-judging," and "non-reactivity." The scale is composed of both positive-worded items and negative-worded items. The positive-worded items are 1, 2, 5, 6, 10, 11, and 12, and they are scored on a 5-point Likert scale that ranges from "never" (1) to "Very often or always true" (5). Examples of questions are "I'm good at finding words to describe my feelings" and "I pay attention to sensations, such as the wind in my hair or the sun on my face."

Results

The Pearson bivariate correlation test was used for the analysis. Participants who scored higher on mindfulness were less likely to experience DAS (r (189) = - 0.59, p < 0.001, r^2=.35) (see Figure 1). Analyses were also conducted on mindfulness and individual scales for depression, anxiety, and stress. As predicted, participants who had higher mindfulness scores were more likely to demonstrate lower depression (r (189) = -0.60, p<0.001, r^2=.36), anxiety (r (189) = -0.47, p<0.001, r^2=.22) and stress levels (r (189) = -0.54, p<0.001, r^2=.29) respectively. We also found that there was a negative correlation between self-compassion and the DAS scale (r (189) = -0.61, p<0.001, r^2=.37) (see Figure 2). In further analyses, self-compassion and depression, r (189) = -0.61, p<0.001, r^2=.37), anxiety, r (189) = -0.46, p<0.001, r^2= .210, and stress, r (189) = -0.61, p<0.00, r^2=.37), were all found to be negatively correlated.

Figure 1

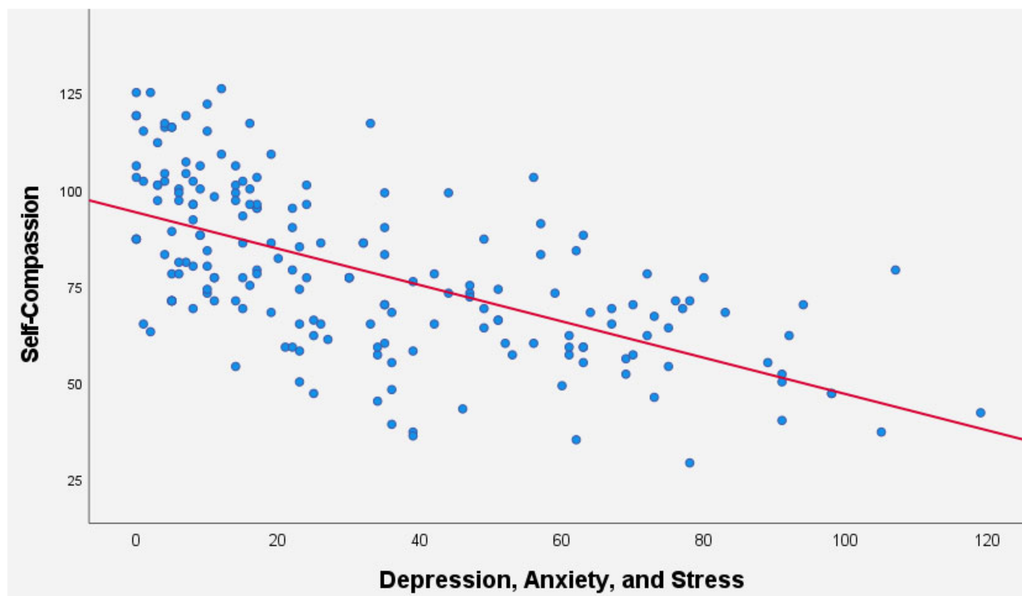
Mindfulness Vs. Depression, Anxiety, and Stress



Note. Relationship between mindfulness and depression, anxiety, and stress levels (r (189) = -0.59, p<0.001, r^2=.35).

Figure 2

Total score of Self-Compassion and Depression, Anxiety, and Stress



Note. Relationship between self-compassion and depression, anxiety, and stress levels (r (189) = -0.62, p<0.001, r^2=.36).

The second hypothesis was confirmed. We found that participants who reported being more mindful (*r* (189) =0.22, *p*=0.002, r^2=.05) and self-compassionate (*r* (189) = 0.17, *p*=0.018, r^2=.03) were more likely to seek out support when they are struggling emotionally (see Table 1). More specifically, mindful participants were more likely to seek support from their parents (*r*=0.26, *p*<0.001, r^2=.07), a family member (*r* (189) = 0.29, *p*<0.001, r^2=.08), a physician (*r* (189) = 0.17, *p*=0.02, r^2=.03), and a teacher (*r* (189) = 0.17, *p*=0.02, r^2=.03). However, we found no significant correlations regarding these individuals seeking out their partner, friend, mental health professional, helpline, religious figure, and youth workers, (see Table 1). Similarly, self-compassionate individuals were more likely to seek out support from their parents (*r* (189) = 0.18, *p*=0.15, r^2=.03), a family member (*r* (189) = 0.24, *p*=0.001, r^2=06), a religious figure (*r* (189) = 0.16, *p*=0.02, r^2=.03), or a teacher (*r* (189) = 0.19, *p*=0.01, r^2=.04). However, no significant correlations were found between self-compassionate participants in seeking out their partner, friend, mental health professional, helpline, physician, and youth workers, (see Table 1).

We conducted further analyses to address our second hypothesis by exploring the support-seeking behavior of participants who scored high on the DAS scale. We found that participants who indicated higher levels of depression were less likely to seek support from others (*r* (189) = -0.24, *p*=0.001, r^2=.06), particularly from their parents (*r* (189) = -0.32, *p*<0.001, r^2=.10), a family member (*r* (189) = -0.29, *p*<0.001, r^2=.08), or a teacher (*r* (189) = -0.15, *p*=0.04, r^2=.02). However, they were more likely to look for support from a mental health professional (*r* (189) = 0.18, *p*=0.014, r^2=.02). We did not find significant correlations between people who reported higher levels of depression with their partner, friend, helpline, physician, religious figure, or youth workers, (see Table 1). Moreover, participants who reported higher levels of anxiety also were less likely to seek others for support (*r* (189) = -0.16, *p*=0.30, r^2=.03), particularly from their parents (*r* (189) = -0.28, *p*<0.001, r^2=.08) or a family member (*r* (189) = -0.28, *p*<0.001, r^2=.08). We did not find correlations between people who had higher anxiety and their likelihood to seek out their partner, friend, mental health professional, helpline, physician, teacher, religious figure, or youth workers, (see Table 1). Lastly, participants who stated higher levels of stress were more likely to seek support from their parents (*r* (189) = -0.31, *p*<0.001), a family member (*r* (189) = -0.31, *p*<0.001, r^2 =.10), or a teacher (*r* (189) = 0.19, *p*=0.01, r^2=.04), and a mental health professional (*r* (189) = 0.20, *p*=0.005, r^2 =.04). Moreover, we did not find any significant relationships between those individuals who reported higher stress and their tendency to seek out their partner, friend, helpline, physician, or youth workers for support (see Table 1).

The third hypothesis was supported. Independent samples t-tests were conducted on the difference between participants who meditate versus those who do not mediate on their levels of mindfulness, self-compassion, and DAS. There were significant differences in mindfulness, *t* (188) = 4.21, *p*<0.001, self-compassion, *t* (189) = 3.65, *p*<0.001, depression, *t* (189) = -2.32, *p*=0.02, and stress levels, *t* (189) = -2.20, *p*=0.029. Individuals who meditate on a regular basis were more mindful, self-compassionate, less depressed, and had lower levels of stress as compared to the individuals who did not meditate. (Refer to Table 2 for means and standard deviations).

Discussion

The present work aimed at exploring the correlations between DAS, self-compassion, mindfulness, and the likelihood of asking for support. The results supported our first hypothesis. We found that participants who scored higher on mindfulness and self-compassion were less likely to experience DAS. Previous studies align with our results as mindfulness and self-compassion have symptomatic effects on DAS (Bostock et al., 2019; Pérez-Aranda et al., 2021). Mindfulness and self-compassion often improve psychological well-being due to

Table 2

Means and Standard Deviations

	Mindfulness		Self-Compassion		Depression		Anxiety		Stress	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Meditators	52.71	9.08	87.80	20.87	9.06	9.82	7.39	7.91	9.82	7.19
Not Meditators	46.56	8.84	75.41	20.72	12.76	11.69	8.99	9.92	12.81	10.77

Note. Means and standard deviations of participants (N=191) who meditate versus those who do not mediate on their levels of mindfulness, self-compassion, and depression, anxiety, and stress.

the individual being fully aware of one's present state, which can help the individual experience the moment with openness and non-judgmental acceptance.

The second hypothesis was also confirmed. We found that participants who reported being more mindful and self-compassionate were more likely to seek out support when they have emotional struggles. More specifically, "mindful" participants were more likely to seek support from their parents, a family member, a physician, or a teacher. Similarly, "self-compassionate" participants were more likely to seek out support from their parents, a family member, a religious figure, or a teacher. Consistent with the existing literature, perceived social support was positively related to mindfulness, self-compassion, and better psychological well-being (Wilson et al., 2020; Victorson et al., 2021). These results illustrate that these participants readily rely on close others when they are coping with difficulties in their lives, which may protect them from increasing negative symptoms such as stress or anxiety.

We also found that participants who indicated higher levels of depression were less likely to seek support from others, particularly from their parents and a family member. However, they were more likely to seek out a mental health professional and a teacher. Participants who reported higher levels of anxiety also were less likely to seek others for support, particularly support from their parents or family members. Furthermore, participants who stated higher levels of stress were not likely to seek support from their parents and a family member, whereas they would seek help from a mental health professional and a teacher. It is possible that they do not feel comfortable and/or do not want to burden their parents and family members with their emotional struggles, and thus they turn to help from mental health professionals.

Lastly, our third hypothesis on the effects of meditation was supported as well. Participants who reported that they meditate tend to exhibit higher levels of mindfulness and self-compassion. Moreover, people who meditate were less stressed and had lower levels of depression. Surprisingly meditation did not affect participants' anxiety levels. Our finding was inconsistent with past research on the benefits of meditation on highly anxious individuals (Bailey et al., 2019; Breedvelt et al., 2019; Saeed et al., 2019). It may be that we need more sensitive measures for anxiety, and to address the length of time that participants have been meditating.

With regard to the limitations of our study, there is a lack of gender diversity since most of our participants were females. In future studies, we would investigate the levels of mindfulness, self-compassion, and support-seeking in a larger, gender-balanced sample. In addition, it would be important to further examine possible ethnic and cultural differences in seeking support from others as

well as the dynamics within the family. A future direction would conduct an experimental study in which participants are assigned to a mindfulness program versus a non-mindfulness program and pre and post-measures are in place.

Due to the abrupt shift to remote learning during the COVID-19 pandemic and the lack of in-person interactions, it was particularly challenging for faculty members to observe and understand the students' emotional struggles. The results of this study can potentially be used by academic institutions to improve their mental health support (e.g., services, resources) for students. Our results showed that mindfulness and self-compassion, as well as practicing meditation, can be beneficial for students. Moreover, classes and training workshops focused on wellness can guide students on how to navigate their emotions, increase their psychological well-being, and offer ways to seek support.

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