

The Relationship Between Self-Compassion, Cognitive Flexibility and Psychological Symptoms

KAHRAMAN GÜLER¹¹Assistant Professor, Istanbul Aydın University, Psychology Department, Istanbul/TurkeyCorrespondence to: Kahraman Güler, Email: kahramanguler@aydin.edu.tr, ORCID: 0000-0002-0049-0658

ABSTRACT

In this study, first aim is the relationship between self-compassion, cognitive flexibility and psychological symptoms, second aim is basically to investigate the effects of anxiety, depression, somatization, hostility, negative self and cognitive flexibility, which reduce self-compassion.

Relational screening model was used in this research by using simple random sampling type. The simple random sampling method is a sampling method that is claimed to give each sampling unit an equal probability of being selected, and that the selected units are sampled and that the selection of the representative sample is much stronger when compared to other methods. The population of the research consists of individuals aged 20-45 working in human resources staff in the private sector in Istanbul. The sample group of the research consists of 384 individuals between the ages of 20-45 working in the human resources staff in the private sector in Istanbul. In this study, the Social and Demographic Information Form, Self-Compassion Scale, Brief Symptom Inventory, and Cognitive Flexibility Inventory were used.

It was determined that there was a moderate and negative relationship between the Self-Compassion Scale with Brief Symptom Inventory, Anxiety, Depression, Negative Self, Somatization and Hostility. When the literature is examined, it is seen that there is a negative relationship between the Self-Compassion Scale with depression and anxiety.

INTRODUCTION

Self-compassion is the ability of individuals to be open, sensitive, and compassionate in their negative experiences which are pain, distress, failure or inadequacy without being judgmental and to be able to take actions to understand their own suffering, to relieve them, and do an act to heal them. In addition, all these negative experiences are expressed as a natural part of human life (Neff, 2003a). It is expressed that it causes individuals to experience which gives the painful feelings and thoughts in their experience (Thompson ve Waltz, 2008), to blame themselves less for allowing them to experience (Gilbert ve Procter, 2006; Raes, 2010), and thus to perceive trauma which be as a self-changing experience (Kross ve Ayduk, 2011; Maheux ve Price, 2016) Also, many studies have shown that self-compassion which is high is closely related to the psychological health of individuals (Neff, 2004; Neff & Vonk, 2009).

In this study, it was basically to investigate the effects of anxiety, depression, somatization, hostility, negative self and cognitive flexibility, which reduce self-compassion.

Cognitive flexibility can also be considered as a person's ability to adapt to certain situations, the ability to move from one thought to another, or the capacity to approach different problems with multifaceted strategies (Stevens, 2009). In addition, individuals are expected to have a high ability to produce options towards situations and to choose the one which is suitable for them among these options. In other words, they are expected to be cognitively flexible and self-sensitive (Özdemir, 2020). Martin and Anderson (1998) specify that cognitive flexibility includes three basic elements. These are which is the belief that an individual is aware of alternative paths and options, is willing to be flexible and adaptable to situations, and has self-efficacy or the ability to be flexible. When

viewed from this aspect, it is thought that the characteristics of individuals who have high cognitive flexibility may be effective in the development of self-compassion. (Özdemir, 2020). It has been observed that individuals who have flexible as cognitively use a wider variety (Özdemir, 2019). Compared to more rigid individuals, this flexibility is associated with support for depression and anxiety symptoms which are less (Fresco, Williams, & Nugent., 2006).

Depression is a syndrome that includes feelings of worthlessness, helplessness, anxiety, low self-esteem, pessimism, hopelessness, self-contempt, and guilt as well as many other psychological symptoms (Tezcan, 2000). However, when people who have high self-compassion encounter failure, or when they have problems in the interpersonal field, they can approach themselves in a kind way, interpret failures or difficulties without too individualizing, by keeping the positive and negative aspects in balance without turning to an exaggerated self-criticism. Those individuals who feel less inhibited are also less likely to experience depression. For this reason, according to the researchers, it is significant to consider the moderator role of self-compassion in the relationship between self-criticism and sociotropic personality traits with depression (Wong and Mak 2013).

Anxiety is distinguished from other affective forms with unpleasant features. It is also called anxiety or concern. Physiologically symptoms which are palpitation, difficulty in breathing, breathing rapidly, trembling in the hands and feet, excessive sweating as well as psychological characteristics which are distress, excitement, feeling and fear that something bad will happen suddenly can be counted (Karamustafaloğlu and Yumrukçal 2011). It is thought that one of the protective factors that can act as a buffer towards may be self-compassion because people who have high self-compassion approach their experiences without judging

themselves, see the event as a temporary situation and keep the experiences in their minds objectively without interpreting them subjectively (Korkmaz, 2018). The presence of chronic somatic diseases was found in 47% of patients who have chronic depressive symptoms (Vuorilehto, Melartin, and Isometsa, 2005).

Somatization disorders include a group of diseases that do not have a sufficient medical justification, affect the emotional, occupational, individual and social functionality of the person, and expand physical symptoms that occur due to these (Öncüoğlu and Yüksel, 1998). Somatization is defined as the process of expressing psychological distress as physical complaints (Earnest, 1999). Dew saran-van der Ven and his friends (2018) researched whether the self-compassion of individuals who have somatoform disorder is lower than the general population and the relationships between the level of self-compassion and the number of symptoms and quality of life which is related to be health. This research shows that increasing self-compassion in a clinical context with people who have suffering from somatoform disorder may be one of the therapeutic targets (Özcan 2021).

Hostility is defined as an attitude that pushes the individual to aggressive behavior in a way that harms others and objects which is surroundings (Vural & Başar, 2006). This situation causes individuals to be isolated and alone in their social relationships as well as negatively affecting their mental health (Smith, 1992). Hostility is negatively associated with academic, social, emotional, and general self-efficacy. This finding is consistent with Cast and Burke's (2002) research results. Cast and Burke (2002) specified that as self-efficacy increases, the level of hostility decreases (Telef and Karaca, 2011)

Negative self is defined as feeling inadequate by comparing oneself with others, disliking oneself, feeling uncomfortable in her relationship with other individuals (Yıldız, 2018).

The research on self-compassion discussed above shows that self-compassion is a strong predictor of psychological health. At the same time, self-compassion acts as a protective mechanism against individuals who have problems which be related to mental health (Neff, 2009). In addition, self-compassion causes positive emotions by buffering individuals' negative reactions towards negative events which can be given by them and softening negative effects when life goes bad (Leary et al., 2007). When it is considering that the protective feature of self-compassion against psychological difficulties, it is thought that high self-compassion may be associated with fewer psychological symptoms (Özcan, 2021).

MATERIAL AND METHODS

Research Model: Relational screening model was used in this research by using simple random sampling type. The simple random sampling method is a sampling method that is claimed to give each sampling unit an equal probability of being selected, and that the selected units are sampled and that the selection of the representative sample is much stronger when compared to other methods (Büyüköztürk et al. 2013:85).

Universe and Sample: The population of the research consists of individuals aged 20-45 working in human

resources staff in the private sector in Istanbul. The sample group of the research consists of 384 individuals between the ages of 20-45 working in the human resources staff in the private sector in Istanbul. As shown in the table, %56.9 of participants were female, %43.1 of participants were male, %13.8 of participants graduated from a primary school, %11.4 of participants graduated from a secondary school, %20.4 of participants graduated from a high school, %54.5 of participants graduated from a university, %42.5 of participants are married, %57.5 of participants are single.

Data Collection Tools: In this study, the Social and Demographic Information Form, Self-Compassion Scale, Brief Symptom Inventory, and Cognitive Flexibility Inventory were used.

Self Compassion Scale: The Turkish adaptation of the Self-Compassion Scale Short Form was made by Yıldırım and Sarı (2018) as 11 items. In order to examine its psychometric properties, construct validity, criterion-related validity, internal consistency coefficient and test-retest reliability were examined. Scale evaluates the characteristics of the self-compassion structure. Responses are given on a 5-point scale ranging from 1 = almost never to 5 = almost always (1-5) to assess how often participants act as specified in each item. It is a 26-item scale consisting of six subscales: self-compassion, self-judgment, common humanity, isolation, mindfulness, and over-identification.

Brief Symptom Inventory: The Brief Symptom Inventory is a 53-item scale selected from among the items of the 90-item Symptom Checklist (SCL-90-R), which was created to detect psychiatric problems in various medical conditions. The Turkish adaptation of the scale was made by Ayşegül Durak and N.Hisli Şahin in 2002 (Şahin and Batıgün, 2002).

Cognitive Flexibility Inventory: The Cognitive Flexibility Scale was developed by Bilgin in 2009. The criterion-related validity of the 19-item scale BEÖ was conducted using the Dysfunctional Attitudes Scale.

Data Analyze: Statistical evaluations were analyzed using SPSS (Statistical Package for Social Sciences) 25.0 package program. First, it was checked whether there was a normal distribution or not. For this, the skewness-Kurtosis values were checked. According to George and Mallery (2010), skewness and kurtosis values are between -2 and +2; According to Groeneveld and Meeden (1984), Moors (1986), Hopkins and Weeks (1990) and De Carlo (1997), it is sufficient for these values to be between -3 and +3.

RESULT

Moderate and negative correlation between the Self-Compassion Scale and Brief Symptom Inventory ($r=-.42$, $p<0.01$), moderate and negative relationship between the Self-Compassion Scale and Anxiety ($r=-.34$, $p<0.01$), Self-Compassion Moderate and negative correlation between Self-Compassion Scale and Depression ($r=-.40$, $p<0.01$), moderate and negative relationship between Self-Compassion Scale and Negative Self ($r=-.50$, $p<0.01$), Self-Compassion Scale and Somatization ($r=-.32$, $p<0.01$), there was a moderate and negative relationship between Self-Compassion Scale and Hostility ($r=-.31$, $p<0.01$).

Table 1: Relationship Statistics Of Between Self Compassion Scale, Brief Symptom Inventory, Cognitive Flexibility Inventory Scores

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Self Compassion Scale	1													
2. Self-Kindness	.71**	1												
3. Self-Judgment	.77**	.30**	1											
4. Common Humanity	.60**	.76**	.18*	1										
5. Isolation	.78**	.27**	.70**	.17*	1									
6. Mindfulness	.50**	.70**	.21**	.62**	.05	1								
7. Over Identified	.67**	.20**	.55**	.01	.58**	.18*	1							
8. Brief Symptom Inventory	-.42**	.01	-.43**	.07	-.46**	-.10	-.64**	1						
9. Anxiety	-.34**	.04	-.38**	.07	-.36**	-.12	-.56**	.94**	1					
1. Depression	-.40**	-.02	-.40**	.06	-.43**	-.12	-.59**	.92**	.85**	1				
11. Negative Self Concept	-.50**	-.09	-.48**	-.04	-.50**	-.15	-.63**	.92**	.86**	.80**	1			
12. Somatization	-.32**	.04	-.32**	.04	-.35**	-.06	-.53**	.87**	.79**	.74**	.75**	1		
13. Hostility	-.31**	.08	-.34**	.20*	-.43**	.04	-.57**	.83**	.68**	.72**	.70**	.66**	1	
14. Cognitive Flexibility Inventory	.30**	.26**	.26**	.21**	.12	.43**	.23**	-.27**	-.27**	-.25**	-.31**	-.28**	-.11	1

**p<.01 *p<.05 Used test: Pearson Correlation

Moderate and negative relationship between Self Judgment and Brief Symptom Inventory ($r=-.43$, $p<0.01$), moderate and negative relationship between Self Judgment and Anxiety ($r=-.38$, $p<0.01$), Self Judgment and Depression ($r=-.40$, $p<0.01$) moderate and negative relationship, between Self Judgment and Negative Self ($r=-.48$, $p<0.01$) moderate and negative relationship, Self Judgment and Somatization ($r=-.32$, $p<0.01$), there was a moderate and negative relationship between Self-Judgement and Hostility ($r=-.34$, $p<0.01$).

There is a weak and positive relationship between Awareness of Sharing and Hostility ($r=.20$, $p<0.05$), and a weak and positive relationship between Awareness of Sharing and Hostility ($r=.21$, $p<0.01$).

Moderate and negative correlation between Isolation and Brief Symptom Inventory ($r=-.46$, $p<0.01$), Moderate and negative relationship between Isolation and Anxiety ($r=-.36$, $p<0.01$), Isolation and Depression ($r=-.43$, $p<0.01$), moderate and negative relationship between Isolation and Negative Self ($r=-.50$, $p<0.01$), Isolation and Somatization ($r=-.35$, $p<0.01$) There is a moderate and negative relationship between isolation and Hostility ($r=-.43$, $p<0.01$).

Moderate and negative relationship between Extreme Identification and Brief Symptom Inventory ($r=-.64$, $p<0.01$), Moderate and negative relationship between Extreme

Identification and Anxiety ($r=-.56$, $p<0.01$), Excessive Identification and Depression ($r=-.59$, $p<0.01$) moderate and negative relationship, Extreme Identification and Negative Self ($r=-.63$, $p<0.01$) moderate and negative relationship, Extreme Identification and Somatization ($r=-.53$, $p<0.01$), there was a moderate and negative relationship between Extreme Identification and Hostility ($r=-.57$, $p<0.01$).

Weak and positive relationship between Hostility and Self-Compassion Scale ($r=.30$, $p<0.01$), weak and positive relationship between Hostility and Self-Compassion ($r=.26$, $p<0.01$), Hostility and Self-Judgement ($r=.26$, $p<0.01$), moderate and positive relationship between Hostility and Consciousness ($r=.43$, $p<0.01$), weak level between Hostility and Extreme Identification ($r=.23$, $p<0.01$) level and positive relationship, Weak level and negative relationship between Hostility and Brief Symptom Inventory ($r=-.27$, $p<0.01$), Weak and negative relationship between Hostility and Anxiety ($r=-.27$, $p<0.01$), Hostility Weak and negative relationship between Hostility and Negative Self ($r=-.31$, $p<0.01$), Moderate and negative relationship between Hostility and Somatization ($r=-.28$, $p<0.01$), there is a weak level and negative correlation.

Table 2: Findings of the Relationship between Self Compassion Scale, Brief Symptom Inventory, Cognitive Flexibility Inventory Scores by Regression Analysis

Model		R	R ²	B	SH	β	t	p	Lower Limit	Upper Limit
	(Constant)	.49	.25	3,72	0,07		55,77	0,000*	3,59	3,85
1	Negative Self Concept			-0,36	0,05	-0,50	-7,40	0,000*	-0,46	-0,27
	(Constant)	.52	.27	3,00	0,31		9,61	0,000*	2,38	3,62
	Negative Self Concept			-0,33	0,05	-0,45	-6,40	0,000*	-0,43	-0,23
2	Cognitive Flexibility Inventory			0,01	0,01	0,16	2,35	0,020*	0,00	0,02

*p<.05 Used test: Hierarchical Regression Analysis; Stepwise Method

When we checked the findings, since the stepwise method was used in the first model, anxiety, depression, somatization, and hostility, which are the subscales of the brief symptom inventory, were excluded from the model

because they did not have a significant predictor. Afterwards, it was seen that the negative self subscale explained 25% of the change in the score of the self-compassion scale. Negative self has a negative effect on

self-sensitivity ($\beta = -.50$, $p < 0.05$). In the second stage, the cognitive flexibility scale variable was added to the model. It was observed that together with the negative self subscale and cognitive flexibility scale, they explained 27% of the change in the self-sensitivity scale score. Negative self has a negative effect on self-compassion ($\beta = -.45$, $p < 0.05$) and cognitive flexibility scale has a positive effect on self-compassion ($\beta = .16$, $p < 0.05$).

DISCUSSION AND CONCLUSION

It was determined that there was a moderate and negative relationship between the Self-Compassion Scale with Brief Symptom Inventory, Anxiety, Depression, Negative Self, Somatization and Hostility. When the literature is examined, it is seen that there is a negative relationship between the Self-Compassion Scale with depression and anxiety.

As a result of a study which is conducted by Öveç (2007), self-sensitivity which is one of the most important elements of psychological resilience which is specified to be a predictor of self-consciousness, stress, anxiety and depression. A negative relationship was found between self-compassion, anxiety and depression. Also, according to this relationship, it was investigated that the effect of self-compassion on mental resilience was strong. The result of this research which was made by Öveç supports the negative relationship between depression and anxiety.

In a study which was executed by Özcan (2010), a negative relationship was found between negative self and self-compassion. Negative self is a negative assessment style which is based on making comparisons between oneself and others. People feel insufficient and trivial towards of this evaluation and describe themselves as less valuable, inferior and to be unsuccessful compared to others (Duzgun, 2010). However, self-sensitivity involves the acceptance of all positive and negative emotions, such as embracing personal experiences as a whole and internalizing negative emotions such as inadequacy rather than making a subjective interpretation. The negative self be contrary completely with the positive factors of self-compassion.

When people compare themselves to others, they may evaluate themselves negatively and criticize oneself. The person may look at the event from a narrow window and feel himself in a lower position than others. Thus, the person can feel isolated. For this reason, it can be expected that the negative perspective which be towards one's self with self-compassion are mostly related to be the negative parts.

When the literature is scanned, it is showed that there are few studies which were examined the relationship between self-sensitivity and somatization. Dewasaran-van der Ven and his friends (2018) examined the relationship between somatic disorders and self-compassion in their study which is made by them and stated that people who have somatic disorders had lower levels of self-compassion compared to people who did not have.

Gülmez (2019) determined a negative relationship between somatization and self-sensitivity in her research, which is made with adults. These studies which were made support the existence of a negative relationship between self-worth and somatization which were procured.

In a study which was conducted by Morley (2017) with prisoners, it was found that self-compassion practices which was given reduced the aggression and anger levels of the prisoners and while in another study, high self-compassion was associated with low anger rumination, anger and aggression. From in the same study, it was seen that anger rumination and aggression were at high levels with the sub-dimensions of self-judgment, isolation and over-identification. At the same time, it has been determined that there is a low level of relationship with the sub-dimensions of self-compassion, consciousness and awareness of sharing (Fresnic & Borders, 2016). The findings which were obtained from similar studies are similar to the findings which were obtained from our study.

Negative Self has been found to have a negative effect against self-compassion. A positive effect was found between the cognitive flexibility scale and self-compassion. There are few studies in the literature which are examining the relationship between self-compassion and cognitive flexibility. In the study which was made by Martin and his friends (2011), a positive effect was found between self-compassion and cognitive flexibility from the findings which were obtained thanks to our study. People who have cognitive flexibility are aware of other options and are willing to adapt by evaluating events with flexibility (Martin & Anderson, 1998).

They tend to evaluate the alternatives and choose the most suitable option for them in order to cope with the situations and events which they encounter (Dennis & Vander Wal, 2010). In this context, cognitive flexibility enables a mental space for evaluating dysfunctional emotions, thoughts and attitudes that are automatic and thought to affect well-being (Moore & Malinowski, 2009). Therefore, considering the individual's possible feelings, thoughts and behaviors towards himself/herself towards challenging life events in a flexible way and handling them in a broader perspective, it is possible that among the alternatives, he can realize the option that will be good for him in line with his needs and prefer self-compassion which is a healthy alternative. This supports the findings which were found from our study. (Ozdemir, 2020).

They tend to choose the most suitable option for themselves by evaluating the options in order to cope with the situations and events which they have encountered in a functional way (Dennis & Vander Wal, 2010). In this respect, being cognitively flexible provides a mental region for the interpretation of dysfunctional emotions, thoughts and attitudes that become automatic and affect well-being (Moore & Malinowski, 2009). Evaluating the feelings, thoughts and behaviors that the individual will direct towards himself in the face of challenging life events in a flexible way, and tackling them from a wider perspective, it is possible that he can recognize the option that will make him feel good among the options towards his needs and turn to self-compassion which is a healthy option. A positive effect was found between cognitive flexibility and self-compassion. In this respect, similar results support the findings which were procured from our study.

In their study which was made by Nazik and Arslan (2011) found that as self-judgment and over-identification increase, empathy decreases or as empathy increases, self-judgment and over-identification decrease. It is out of

question for people who have high self-judgment levels to make positive comments about themselves and to develop an understanding of their inadequacies. This situation supports the negative relationship of self-judgment and over-identification with negative self.

Self-judgment has been associated with depression and stressful life events in many studies. There are very few studies which are explaining the relationship between self-criticism and subjective well-being and optimism which are in the field of psychology. Self-judgment is a negative concept of self-evaluation. The findings of our study promote the negative relationship between depression and self-judgment.

The person's constant self-judgment and thoughts about his own behavior include negativity according to the concept of self-judgment. In the study which is made by Longe and his friends(2010), it was made firm that self-criticism was strongly associated with depression, eating disorders, and anxiety.

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