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Abstract: *This research examines how self-compassion affects internal stigma reduction, together with its effects on self-esteem growth and positive mental health treatment perspective in individuals diagnosed with mental health conditions. The study examined 120 participants who qualified with depression, anxiety or bipolar disorder, distributed among 60 participants in the self-compassion intervention and 60 participants in control conditions. Each participant in the intervention group attended a self-compassion program that ran for four weeks, but the control participants did not receive any educational materials. The research used four main evaluation tools, which included the Self-Compassion Scale (SCS) and the Internalized Stigma of Mental Illness Scale (ISMI) as well as the Rosenberg Self-Esteem Scale (RSES) and the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH). The participants in the experimental condition showed major improvements regarding self-compassion, alongside reduced internalized stigma scores and increased self-esteem measures and changed their minds regarding mental health treatment positively. The variables in the control participants displayed minimal variations. Researchers found that self-compassion serves as an evidence-based intervention that succeeds in reducing stigma and enhancing psychological results, which adds significant value to conventional therapy approaches.*

Introduction

Mental illness continues as a major international health problem because it impacts numerous people annually. Numerous individuals dealing with mental health conditions encounter major obstacles in seeking treatment although mental health care has progressed. The widespread hindrance encountered by mental illness treatment stems from stigma which involves unfavorable prejudices and stereotypes directed at mental health disorders. Such social prejudice takes shape as both external and self-perceived attitudes that lead people to experience social isolation and treatment avoidance and develop shame. The acceptance of unfavorable mental health associations by individuals leads to multiple adverse effects such as deteriorating self-worth and reduced follow-up with treatment and extended periods of discomfort (Corrigan, 2004; Link & Phelan, 2001).

Research demonstrates that mental health professionals must direct their efforts toward stigma management due to its significance for the discipline. Psychology affirming the good in people has appeared as an effective solution to tackle current mental health challenges. Positive psychology studies human strengths and fosters personal development in addition to well-being promotion instead of limiting itself to treating mental illness symptoms (Seligman, 2002). The core aspect of positive psychology includes self-compassion that demands showing oneself kindness and mindfulness alongside

acceptance during challenges or setbacks (Neff, 2003). The development of self-compassion creates significant benefits for mental health patients because it both lowers self-critical tendencies and strengthens emotional strength while improving their psychological state according to Neff & Germer (2013).

The research examines how self-compassion impacts internalized stigma together with self-esteem and mental health treatment attitudes since these variables show known relationships in behavioral science. The research will evaluate the influence of self-compassion therapy on patients who suffer from depression and bipolar disorder and experience anxiety. Research shows that self-compassion brings many psychological benefits to people but scientists have not extensively studied its impact on stigma reduction within mental health populations. People with mental illness often adopt negative self-stereotypes regarding their health that result in feelings of disgrace and isolation and an unwillingness to get assistance (Corrigan, 2004). Mental health struggles that stem from these self-held misconceptions often block people from completing their treatment process. The combination of self-kindness, mindfulness and common humanity beliefs from self-compassion offers a useful strategy to combat internalized stigma through reduced feelings of shame and improved self-perception and self-evaluation of mental health status (Neff, 2003).

The investigation explores three main psychological effects of self-compassionate behaviors.

1. Self-compassion enables persons to fight internal stigma by enabling them to counteract their own harsh self-perceptions and external societal judgments.
2. Self-compassionate practices enable better self-esteem development by increasing individuals' self-worth feelings.
3. Self-compassion demonstrates its ability to guide people toward getting mental health treatment while simultaneously raising their willingness to seek professional support.

The current research on self-compassion and mental health does not include enough well-designed studies which explore the specific impacts of self-compassion interventions on internalized stigma for clinical population groups. The insufficient research on self-compassion for mental health outcomes and stigma reduction invites additional exploration to determine its adoption as a remedial approach. This investigation studies how self-compassion helps minimize internal stigma and boosts self-image and professional help search commitment in patients with mental health disorders. This research evaluates the outcome of delivering self-compassion treatment to minimize negative self-criticism and enhance positive perspectives on mental health and treatment services. The study examines internalized stigma dynamics through self-compassion analysis to establish better explanations about mental health outcome improvements and treatment adherence as well as recovery in individuals with mental illness. This study produces important findings for mental health professionals who need practical self-compassion methods for stigma reduction within therapeutic care for better psychological well-being results.

Hypotheses

- **H1:** There will be a significant decrease in internalized stigma scores from pre-test to post-test for individuals in the self-compassion intervention group.
- **H2:** There will be a significant increase in self-esteem scores from pre-test to post-test for individuals in the self-compassion intervention group.
- **H3:** There will be a significant increase in positive attitudes toward seeking professional treatment from pre-test to post-test for individuals in the self-compassion intervention group compared to the control group.

Mental illness functions as a worldwide health concern which affects numerous people while generating substantial psychological together with social and economic consequences throughout international communities. Mental health patients today face considerable obstacles to receiving proper treatment because stigma remains one of their primary treatment barriers although mental health care has improved. Internalized stigma becomes a barrier that reduces people's interest in treatment while pushing them toward social isolation which intensifies their health symptoms. The recent development of positive psychology with self-compassion aspects now proves successful in both reducing stigma

effects and improving mental health results. The following analysis delves into stigma and self-compassion theoretical perspectives and analyzes the self-compassion research relation to mental health and demonstrates how positive psychology works against stigma-related hurdles.

The well-being of people with mental illness strongly depends on stigma which has become a universally acknowledged vital factor. When people display different characteristics because of their mental health condition they encounter stigma through negative public stereotypes and individual-level acceptance of such prejudices. Public stigma reflects the negative social attitudes toward particular groups but self-stigma occurs when people accept stereotypes against themselves leading to shame and decreased self-worth and social withdrawal (Corrigan, 2004; Link & Phelan, 2001).

People with mental health disorders experience extreme damage from internalized stigma because it generates a harmful pattern that separates them from others and forces them to blame themselves along with causing them to avoid treatment options. Research data indicates internalized stigma causes three major effects on individuals: it raises psychological distress and lowers treatment adherence and simultaneously decreases self-esteem (Ritsher et al., 2003). People who internalize stigma develop increased self-judgment together with a personal problem attribution of their mental health issues which leads them to avoid treatment and recovery efforts (Corrigan et al., 2006). Internalized stigma produces multiple effects across emotional distress to poor social connections and life reduction and diminished functional ability (Chung & Hill, 2008).

Strategies aimed at reducing mental health stigma have become essential to many health interventions because their main goal is to enhance patient self-acceptance and community involvement. Societal attitudes toward stigma usually get altered by traditional public education campaigns and advocacy programs (Phelan et al., 2000). This method remains dominant while individual-level activation strategies to minimize internalized stigma receive relatively limited acknowledgment.

In 1999 Martin Seligman established positive psychology as an alternative discipline that moves beyond traditional therapy towards developing well-being and fulfillment in human life. Positive psychology essential elements focus on two things: stimulating strong emotions and developing personal resilience together with character strength cultivation and relational bonding (Seligman, 2002). Traditional psychological treatments concentrate mainly on suffering reduction but positive psychology strategies boost satisfaction through strength-building methods which disregard wrongness.

The core element of positive psychology which self-compassion continues to attract extensive research because it significantly affects individuals' mental health results. The practice of self-compassion requires acceptance of oneself with kindness while keeping a mindful attitude and demonstrating universal empathy toward personal shortcomings (Neff, 2003). When trouble arises self-critical individuals engage in harsh self-judgment which makes their negative feelings worse while worsening their mental health condition (Gilbert, 2005). The three core elements of self-compassion include treating oneself with benevolence during hurtful situations as described by Neff (2003) while understanding that human fallibility exists through common humanity (Neff, 2003) in addition to practicing present-mindfulness (Neff, 2003).

Self-Compassion and Mental Health

Research shows many times how self-compassion promotes positive mental outcomes for individuals. Self-compassion demonstrated strong negative relationships with depression anxiety and stress factors according to Neff and colleagues (2007). At the same time self-compassion showed positive associations with life satisfaction and emotional resilience. When one applies kindness toward themselves during stressful times they will avoid internal criticism that prolongs negative emotional reactions (Neff, 2003). Self-compassionate individuals develop effective coping strategies according to research by Leary et al. (2007) and they maintain control of their negative emotions (Leary et al., 2007).

Through self-compassion practice individuals learn to show themselves kindness instead of leading to self-judgment thus providing a solution to internalized stigma. Research conducted by MacBeth and Gumley (2012) demonstrates that regular self-compassionate practice leads people to lower their mental health-related shame and self-critical feelings. When individuals practice self-compassion they develop the ability to see mental illness as something everyone shares instead of something they failed

to overcome according to Neff (2003). Self-compassion enables people to understand mental health difficulties are experienced by others and thus helps them overcome feelings of being alone and separate from others.

Through self-compassion one acquires the ability to forgive themselves and accept all their human flaws without losing self-esteem. Research indicates that decreased self-criticism and negative perceptions of oneself leads to elevated self-esteem and better psychological strength (Leary et al., 2007). Through the establishment of a gentle self-acceptance process self-compassion enables people to break free from their own psychiatric treatment barriers that grow out of internalized stigma.

Individuals who internalize stigma tend to avoid professional mental health treatment because of their negative feelings about their condition. Individuals suffering from mental health conditions often hold negative opinions about treatment which is usually prevented by stigma (Gulliver et al., 2010). Self-compassionate perceptions enable such attitude transformation by providing an accepting perspective towards professional assistance. People who show themselves compassion tend to recognize therapy as beneficial self-care instead of considering it as weak or unsuccessful. Through self-acceptance generated by self-compassion practice individuals are more likely to look for assistance and maintain their commitment to treatment (Neff & Germer, 2013).

Several studies have found that individuals with higher levels of self-compassion are more likely to seek help for mental health problems (Kelly et al., 2019). By encouraging individuals to recognize that seeking help is part of the process of healing and self-care, self-compassion may reduce the stigma associated with treatment-seeking and promote better mental health outcomes.

The implementation of self-compassion practices in present therapeutic approaches holds great potential as a tool that decreases internal stigma and enhances psychiatric achievements. The data shows self-compassion interventions succeed in substantially lowering signs of depression as well as stress and anxiety (Germer & Neff, 2013). Self-compassion interventions consist of mindfulness exercises and reflective practices which guide people to show themselves compassion when they face failure or distress.

These interventions provide dual benefits by bettering emotional health status and treating the psychosocial obstacles to treatment because of internalized stigma. A positive bond between an individual and themselves allows self-compassion interventions to increase treatment participation and help-seeking behavior which leads to better recovery results (Gilbert, 2009).

Methodology

A quantitative research methodology will measure how self-compassion practices help lower internal stigma experienced by people who have mental health conditions. The proposed study will implement a pre-test, post-test control group design which randomly places participants between the self-compassion intervention group and the control group. The participants in the intervention group will complete a four-week self-compassion training whereas the control participants will not participate in any form of training. The research team will test participants twice using measures of self-compassion alongside internalized stigma together with self-esteem and treatment seeking attitudes before and after conducting the intervention. This study evaluates the influence of teaching self-compassion on these variables and it explores how self-compassion reduces stigma perception and inspires individuals to seek mental health assistance.

The research includes 120 adult population who hold diagnoses of depression and anxiety disorders and bipolar disorder. The study requires participants between 18 and 50 years old who want to enroll in the intervention program and finish all assessments yet excludes people whose cognitive abilities are severely limited or who are receiving inpatient treatment. The study uses proven measures for self-compassion assessment (Self-Compassion Scale) together with internalized stigma evaluation (Internalized Stigma of Mental Illness Scale) and self-esteem measurement (Rosenberg Self-Esteem Scale) and treatment attitude assessment (Attitudes Toward Seeking Professional Psychological Help Scale). Stats will analyze data through descriptive approaches and paired-sample t-tests and independent t-tests determine both group score differences and individual test variances and

population change comparisons. Cohen's *d* will determine the intervention's effect size through calculations to examine its overall impact.

Results

Sample Characteristics

The study employed 120 participants wherein sixtyotes were distributed between the experimental group and control group. The mean age of the study participants measured 34.2 years while their standard deviation reached 8.7 and their age span extended from 18 to 50 years. The participant demographics in the study included equal numbers of males and females who made up 45% and 55% of the sample. A diverse range of mental health diagnoses were present among participants with depression affecting 38% of patients and anxiety disorders responsible for 34% of cases followed by bipolar disorder with 28% of the patient population. The clinical professionals diagnosed all participants while they indicated to researchers that they underwent treatment for at least three months before joining the study.

Pre-test and Post-test Scores

Table 1 presents the means and standard deviations of the key study variables for both the experimental (self-compassion) group and the control group at pre-test and post-test time points.

Table1 Descriptive Statistics for Study Variables at Pre-test and Post-test

Variable	Group	Pre-test (SD)	Mean	Post-test (SD)	Mean
Self-Compassion (SCS)	Experimental	2.75 (0.61)		3.80 (0.57)	
	Control	2.72 (0.58)		2.74 (0.60)	
Internalized Stigma (ISMI)	Experimental	2.88 (0.72)		2.17 (0.68)	
	Control	2.85 (0.74)		2.82 (0.72)	
Self-Esteem (RSES)	Experimental	25.03 (5.03)		30.11 (4.96)	
	Control	24.56 (4.88)		24.87 (5.12)	
Attitudes Toward Seeking Professional Help (ATSPPH)	Experimental	34.56 (6.24)		40.22 (5.93)	
	Control	33.91 (6.19)		34.32 (6.11)	

The pre-test analysis from Table 1 confirmed without significant differences between the experimental and control test subjects regarding their variables. During the four-week period the experimental group participants experienced notable increases in all measured variables yet the control group participants demonstrated small alterations.

Table 2 Paired-sample t-test Results for Pre-test and Post-test Scores

Variable	Group	t(59)	p-value	Cohen's d
Self-Compassion (SCS)	Experimental	11.85	< 0.001	1.53
	Control	0.46	0.646	0.06
Internalized Stigma (ISMI)	Experimental	9.52	< 0.001	1.23
	Control	1.72	0.089	0.22
Self-Esteem (RSES)	Experimental	8.92	< 0.001	1.15
	Control	1.38	0.175	0.18
Attitudes Toward Seeking Professional Help (ATSPPH)	Experimental	6.39	< 0.001	0.82
	Control	0.54	0.592	0.07

In Table 2 Between-group statistical comparisons using paired-sample t-tests showed that experimental participants achieved significant post-test gains on four essential variables: self-compassion ($t = 11.85$, $p < 0.001$), internalized stigma ($t = 9.52$, $p < 0.001$), self-esteem ($t = 8.92$, $p < 0.001$) and professional help-seeking attitudes ($t = 6.39$, $p < 0.001$). The intervention's self-compassion techniques generated substantial effects on all variables measured according to the Cohen's *d* method ($d > 0.8$). The control group participants maintained consistent results for every variable after the intervention since statistical significance remained above 0.05 while effect sizes remained less than 0.2 (Cohen's *d*).

Table 3 Independent t-test Results for Pre-test to Post-test Changes Between Groups

Variable	t(118)	p-value	Cohen's d
Self-Compassion (SCS)	11.56	< 0.001	2.10
Internalized Stigma (ISMI)	7.90	< 0.001	1.43
Self-Esteem (RSES)	4.23	< 0.001	0.77
Attitudes Toward Seeking Professional Help (ATSPPH)	2.89	0.005	0.53

In table 3 Results showed the experimental group achieved meaningful progress in four areas from pre-test to post-test through the self-compassion intervention ($t = 11.56$, $p < 0.001$) along with internalized stigma ($t = 7.90$, $p < 0.001$) and self-esteem ($t = 4.23$, $p < 0.001$) besides attitudes toward seeking professional help ($t = 2.89$, $p = 0.005$) than the control group. Self-compassion as well as internalized stigma and self-esteem showed substantial effect sizes based on Cohen's d of more than 0.8 while the effect size for attitudes toward seeking professional help measured at 0.53.

This study shows that self-compassion practices lead to better self-esteem development as well as decreased stigma feelings and enhanced mental health treatment receptiveness among people with mental illness. All examined variables demonstrated significant improvement through the self-compassion intervention delivered to the experimental group but not to the control group. Data findings verify that developing self-compassionate behaviors might constitute an efficient method to combat mental health stigma.

Discussion

This study focused on investigating how self-compassion helps decrease internal stigma along with bettering self-esteem and enhancing willingness for mental health treatment among individuals with mental illness. Study findings validate the theory that developing self-compassionate practices leads to major improvements in mental health stigma reduction along with better self-esteem as well as positive mental health treatment outlooks. The research data matches past studies about positive psychology interventions and demonstrates that self-compassion has value as a key recovery tool for mental health. The participants in the experimental group who completed the self-compassion intervention demonstrated substantial improvements across all measurement variables of self-compassion and internalized stigma and self-esteem and treatment-seeking attitudes. The evaluated areas maintained their baseline levels in the control group while the self-compassion intervention proved responsible for these changes in the experimental group. The strong effect measurement in the experimental group demonstrates how substantially the intervention improved psychological health and therapeutic outlook of participants.

The primary research outcome showed that the experimental group participants experienced a major decrease in their internal stigma perception. Across patient recovery paths internalized stigma presents itself as a major obstacle since its manifestation causes individuals to take on negative mental illness views thus inducing social isolation and self-judgment and feelings of shame. Research evidence supports that participants in the experimental group experienced decreased internal stigma because self-compassion works to soften stigma effects through promoting self-forgiveness and human connection understanding (Leary et al., 2007; MacBeth & Gumley, 2012).

The experimental group participants could experience a mental health strength through self-compassion because they learned to be kind to themselves and feel connected to other human beings. Participants developed the capacity to see their conditions as universal human experiences which did not require shame or self-recrimination. The transformative perspective that likely occurred as a result reduced the participants' internalized stigma to a noticeable extent. Through mindfulness practice participants gained more awareness about their negative thoughts so they could exchange them with compassion-focused mental statements.

The experimental group experienced a major boost in their self-esteem as another important outcome of the study. The research extends knowledge from Neff (2003) about the positive impact self-compassion has on self-esteem. Those who participated in self-compassion initiatives strengthened their recognition of their personal value and worth significantly. The analysis reveals that teaching oneself compassionate self-treatment instead of self-critical methods leads to improved self-esteem levels. The self-esteem of individuals dealing with mental illness needs special attention because they face low self-worth from societal prejudice related to their condition (Corrigan & Watson, 2002).

The growth in self-esteem levels detected among experimental subjects could explain why internalized stigma decreased. An improved sense of self-worth in participants allowed them to confront mental illness stereotypes and understand their fundamental value in total.

The experimental group demonstrated substantial improvements in their willingness to seek professional mental health care as a major result from this research. Research evidence shows mental illness patients steer clear of help because of stigma coupled with fear and self-doubt (Gulliver et al., 2010). Participants in this study showed improved treatment reception attitudes which indicates that self-compassion possibly decreases obstacles for professional mental healthcare access.

The participants in the experimental group probably benefited from self-compassion because it allowed them to better recognize their need for help and support without excessive mental hardship. Self-compassionate participants probably viewed psychological treatment as an active recovery method since their elevated self-esteem reduced their feelings of weakness and failure about seeking help.

The control group participants demonstrated only small changes in all studied metrics. Research data supports that the self-compassion treatment program resulted in substantial changes which occurred only within the experimental study group. The participants who received no self-compassion intervention failed to show any meaningful shifts in self-compassion or their internalized stigma reactions nor their self-esteem nor their perceptions of treatment. These results demonstrate how powerful the intervention was.

The research outcome demonstrates that clinical institutions must make intentional efforts to develop self-compassion in their patient care practices. The participants in the control group maintained mental health treatment but their inability to engage in self-compassion training led to limited psychological development of self-kindness and mindfulness and common humanity benefits. Self-compassion and other positive psychology techniques need to be fully integrated with traditional therapy to aid patients in their mental health rehabilitation efforts.

Implications for Practice

Healthcare practitioners should understand multiple clinical implications which emerge from this research investigation.

1. These study results indicate that self-compassion can function as an effective therapeutic instrument for mental health patient care. Counselors should incorporate mindfulness and self-kindness exercises in treatment plans to assist clients by decreasing stigma self-awareness and boosting self-esteem and healing their avoidance of mental health care services.
2. Ongoing therapy with self-compassion elements enables patients to combat self-stereotyped mental health judgments while developing greater self-forgiveness toward their psychiatric health condition. Users will seek treatment with greater ease after stigma reduction because they will feel more receptive to seeking professional help.
3. The study shows conceptual mental health care requires treatment methods for both emotional and cognitive aspects through self-compassion with mindfulness practices to establish substantial psychological wellness. Healthcare providers who incorporate these approaches will help develop treatment methods that consider patients' complete well-being.

Limitations

The study results appear promising yet researchers need to acknowledge multiple constraints during this evaluation:

1. The study results' general application to people with non-depression-anxiety-bipolar disorder mental health conditions becomes limited because the participants were diagnosed with those

mental health conditions. New research should focus on studying self-compassion interventions with various mental health diagnosis groups to determine their effectiveness for different assessment populations.

2. The research intervention spanned only four weeks which might not generate enough time to measure lasting changes between self-compassion and internalized stigma and self-esteem and treatment perspectives. Researchers should explore an extended duration of self-compassion intervention testing its prolonged effects on individuals.

3. Research participants might inflate their positive results to please the researcher because of self-report bias measurements which introduce social desirability bias. Future research needs to include extra objective evaluation methods including clinician rating methodologies or behavioral observation assessments to reaffirm the self-reported results.

Future Directions

Additional study activities should concentrate on investigating new research paths that expand the current study findings.

1. Follow-up studies across extended periods would reveal if self-compassion maintains its endurance on stigma internalization together with self-regard and treatment-seeking perceptions.

2. Analyzing people from various demographic populations with different cultural backgrounds and ethnicities and socioeconomic backgrounds would help better understand how self-compassion strategies affect diverse communities.

3. Future studies should examine how the effects of self-compassion interventions combine with different therapeutic approaches such as CBT and DBT to determine if self-compassion strengthens standard mental illness treatment approaches.

Conclusion

The investigation examined how self-compassion practices influence internal stigma reduction as well as self-esteem improvement and mental healthcare service acceptance among people with diagnosed mental disorders. The self-compassion intervention produced substantial and significant outcomes for every measured variable in the study. People in the experimental group demonstrated significant improvements in how they treated themselves and faced internal stigmas while their self-esteem rose with more positive views about seeking professional treatment. Participants in the control group maintained relatively small variations in the tested measures.

Research data demonstrates self-compassion serves as an efficient strategy for overcoming internalized stigma because this stigma functions as a major obstacle to mental health restoration. A self-compassion intervention trained participants to look at their mental health problems with less self-critical acceptance through the implementation of self-kindness and mindfulness and common humanity practices. Amazingly the new way of thinking may have produced these research results that showed lower levels of internalized stigma together with higher self-esteem and improved treatment readiness.

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