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Self-Compassion Among Indian Adolescents: A Preliminary Cross-Sectional Study

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Abstract

Self-compassion is a key psychological resource during adolescence, yet limited empirical research has examined it within the Indian context. This cross-sectional study examined levels of self-compassion among Indian adolescents aged 11-17 years (N = 59) using the Self-Compassion Scale-Youth (SCS-Y). Item-level and subscale-level descriptive analyses were conducted. Results indicated moderate overall self-compassion (M = 2.83), with higher mean scores for mindfulness and self-kindness, and lower mean scores for over-identification and self-judgement. Item-level responses demonstrated moderate variability (average SD = 1.12), indicating generally consistent response patterns across participants. When compared with international adolescent samples using the same measure, the findings were consistent with prior research showing moderate levels of self-compassion in non-clinical adolescent populations. These findings indicate that self-compassion is a measurable and relevant psychological construct among Indian adolescents and suggest potential implications for school- and community-based interventions aimed at supporting adolescent well-being.

Keywords

Indian adolescents, mental health, SCS-Y, Self-compassion, well-being.

INTRODUCTION

As per the World Health Organization (WHO), adolescence represents the transitional period between childhood and adulthood, typically spanning the ages of 10 to 19 years. During adolescence, individuals undergo rapid physical maturation alongside significant cognitive and psychosocial developments, which influence their emotions, decision making processes, and even their ability to interact with their social environment [1]. Although adolescence has been perceived as a relatively healthy phase of life, in recent times there is growing evidence of significant mental health challenges arising amongst young people.

The concern surrounding adolescent mental health is particularly relevant in the Indian context. India is home to the world's largest adolescent population, yet mental health research and service provision for this age group remains limited and unevenly distributed. Increasing academic and social pressure coupled with family expectations have been linked to rising levels of stress, anxiety, and depressive symptoms amongst Indian adolescents. Therefore, self-compassion has emerged as a promising construct in adolescent mental health research, given its association with emotional regulation, and reduced psychological distress. Examining self-compassion levels using a validated youth-specific measure is quintessential to better understand its distribution and potential role in supporting adolescent wellbeing in the Indian context.

LITERATURE REVIEW

Self-Compassion in Adolescents: Protective Effects and Psychological Correlates

Self-compassion, as conceptualized by Dr. Kristin Neff, comprises three core elements: self-kindness versus self-judgement, common humanity versus isolation, and mindfulness versus over-identification. In adolescence, a developmental stage marked by heightened self-consciousness, emotional reactivity, and social comparison, self-compassion becomes particularly relevant [2]. A comparative study using the Self-Compassion Scale for Youth (SCS-Y – also utilized in this study) and the Sussex-Oxford Compassion for the Self Scale (SOCS-S) found that higher self-compassion in adolescents aged 12-18 years was associated with lower levels of anxiety and depression, with certain subscales reflecting vulnerability when uncompassionate self-responding was high [3].

Additionally, broader research synthesizing multiple studies indicates a strong and consistent inverse relationship between self-compassion and psychological distress in adolescents. A meta-analysis of 19 studies involving 7,049 adolescents aged 10-19 years reported a large effect size (r = - 0.55) between self-compassion and indicators of psychological distress, including anxiety, depression, and stress. Despite considerable heterogeneity across studies, the overall pattern of findings remained robust after sensitivity analyses, suggesting that low self-compassion may play a significant role in the development and maintenance of emotional difficulties during adolescence [4].

Cross-Cultural and Psychometric Studies Using the SCS-Y

The SCS-Y has been validated and adapted in diverse cultural contexts, providing evidence that the scale's structure and utility extend beyond its original developmental sample. Across a series of validation studies involving multiple adolescent samples (e.g., N = 279 and N = 402; Mage ~ 12 years), Neff and colleagues demonstrated that the SCS-Y

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reliably captures the six theoretically derived components of self-compassion. Using advanced psychometric techniques, including bifactor exploratory structural equation modelling, findings supported both a general self-compassion factor and six subscale scores, reflecting the multidimensional nature of the construct [5].

A Turkish adaptation of the SCS-Y by Deniz et al. (2022) examined adolescents aged 11-15 years (N ~ 450) recruited from public schools in Turkey. The study found that self-compassion was positively correlated with resilience and emotional regulation, and negatively correlated with depression symptoms. The factor structure and reliability indices closely mirrored those reported in the original SCS-Y validation, supporting the scale's cross-cultural applicability and reinforcing the relevance of self-compassion as a protective psychological construct during early adolescence [6].

Self-Compassion in the Indian Context

In the Indian context, self-compassion may be shaped by distinct cultural, familial, and educational influences that differ from Western settings where most self-compassion research has been conducted. Indian adolescents often grow up in environments that emphasize academic achievement, discipline, and social comparison, sometimes at the expense of emotional self-acceptance. However, in recent times, research has begun to explore how self-compassion manifests and is related to well-being among youth in the Indian cultural and psychological landscape.

For instance, large-scale quantitative work has also validated the SCS-Y among 815 adolescents across six schools in Delhi, India, demonstrating that the six-factor structure holds in an Indian sample and that demographic variables such as gender, age, and school type showed significant differences in negative dimensions of self-compassion, which include self-judgement, isolation, and over-identification – adolescents and females often reporting higher scores on these negative indicators. This research highlights not only the applicability of the SCS-Y in India, but also suggests that social and educational contexts might shape how self-compassion is experienced [7].

Gaps in Existing Literature and Rationale for the Present Study

Despite growing evidence supporting the role of self-compassion in adolescent well-being, several gaps remain in the existing literature. First, while the SCS-Y has been validated across multiple cultural contexts, empirical research examining self-compassion specifically among Indian adolescents remains limited, particularly using item-level and subscale-level analyses. Moreover, while many international studies have consistently linked self-compassion to mental health outcomes, few studies have examined the distribution of self-compassion subcomponents within non-clinical adolescent populations in India, where academic pressure and social comparison are highly salient. Finally, given adolescence as a critical developmental period for emotional regulation and self-concept formation, there is a need for context-specific data that can inform culturally responsive interventions and school-based mental health initiatives.

METHODOLOGY

Study Design

For this particular study, a cross-sectional quantitative research design was employed to examine self-compassion levels among Indian adolescents. Data were collected at a single point in time using a standardized self-report questionnaire, the Self-Compassion Scale-Youth (SCS-Y; Neff et al., 2021). This design allows for the measurement of self-compassion and its components across a sample without manipulating any variables, making it suitable for descriptive analysis and comparison across subscales.

Participants and Inclusion – Exclusion Criterion

The study sample consisted of 59 Indian adolescents, recruited using convenience sampling. Participants were within the adolescent range (11-17 years) and were able to understand and respond to the questionnaire in English.

Inclusion Criteria Included:

- 17 ≤ and 11 ≥ years of age
- Permanent residents of India
- Able to read and understand English (proficiency in the English language)
- Provided informed consent on the questionnaire
- Willing to complete the self-report independently

Exclusion Criteria Included:

- Younger than 11 years of age or older than 17
- Not permanent residents of India
- Had difficulty in understanding or completing the questionnaire due to cognitive, language, or comprehension challenges
- Did not provide informed consent on the questionnaire

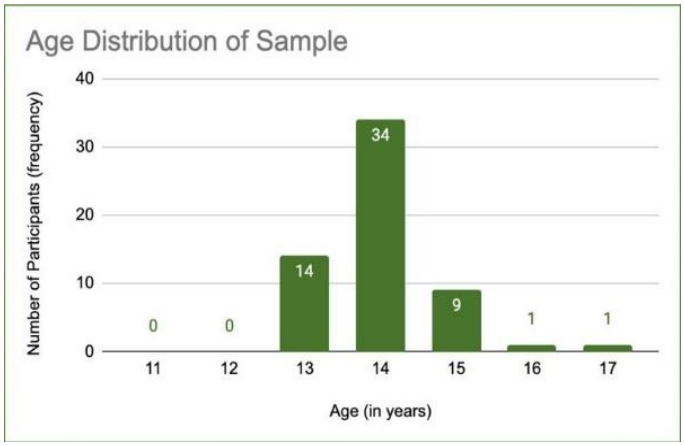


Figure 1. Age distribution of participants in the study, showing the number of adolescents across each age group (N = 59)

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Instruments / Measures

Self-compassion was measured using the Self-Compassion Scale-Youth (SCS-Y) developed by Neff et al. (2021). The SCS-Y is a 17-item self-report questionnaire designed specifically for use with adolescents. Participants responded to each item using a 5-point Likert scale, ranging from 1 (Almost never) to 5 (Almost always), indicating how often they experience particular thoughts or feelings during difficult times.

The scale assesses six components of self-compassion: self-kindness, self-judgement, common humanity, isolation, mindfulness, and over-identification. Of the 17 items, three items each measure self-kindness, common humanity, mindfulness, self-judgement, and isolation, while two items measure over-identification (refer to Table III). Items belonging to the self-judgement, isolation, and over-identification subscales are negatively worded and were therefore reverse-scored prior to analysis so that higher scores consistently indicated greater levels of self-compassion.

The SCS-Y has demonstrated strong psychometric properties. Neff et al. (2021) reported good internal consistency for the total scale (Cronbach's $\alpha \geq .82$) and acceptable reliability across subscales. Test-retest reliability has also been shown to be high ($r = .83$), indicating stability of scores over time. Additionally, the scale has reflected construct validity, with self-compassion scores showing expected relationships with measures of mindfulness, wellbeing, resilience, and psychological distress, making it an age-appropriate and validated measure of self-compassion amongst Indian adolescents.

The 17 Items Assessed in the Questionnaire are as Follows

- (1) "I try to be kind and supportive to myself when I'm having a hard time."
- (2) "When I feel sad or down, it seems like I'm the only one who feels that way."
- (3) "When I notice things about myself that I don't like, I get really frustrated."
- (4) "When I feel I'm not "good enough" in some way, I try to remind myself that other people sometimes feel this way too."
- (5) "When I feel frustrated or disappointed, I think about it over and over again."
- (6) "When something upsetting happens I try to see things as they are without blowing it out of proportion."
- (7) "I get mad at myself for not being better at some things."
- (8) "When I'm sad or unhappy, I remember that other people also feel this way at times."
- (9) "I'm kind to myself when things go wrong and I'm feeling bad."
- (10) "When I feel bad or upset, I tend to feel most other people are probably happier than I am."
- (11) "When something difficult happens, I try to see things clearly without exaggerations."
- (12) "I'm really hard on myself when I do something wrong."
- (13) "When things aren't going well, I keep in mind that life is sometimes hard for everyone."
- (14) "When I'm feeling bad or upset, I can't think of anything else at the time."
- (15) "I try to be understanding and patient with myself even when I mess up."
- (16) "When I'm really struggling, I tend to feel like other people are probably having an easier time of it."
- (17) "When something upsets me, I try to notice my feelings and not get carried away by them."

Procedure and Ethical Considerations

The study was conducted using an online questionnaire format. The procedure followed a standardized sequence to ensure consistency across participants.

- Participants were recruited through outreach conducted by Reality and You Foundation (RAY) and were provided with an information statement outlining the purpose of the study and its voluntary nature.
- Eligibility criteria (age 11-17 years and residence in India) were clearly stated prior to participation.
- Informed consent was obtained from all participants before the questionnaire was administered, with parental consent obtained where required.
- Participants were clearly instructed to complete the questionnaire independently and honestly, based on their personal experiences.
- The questionnaire consisted of the 17-item SCS-Y and took approximately 5 minutes to complete.
- No personally identifiable information was collected.
- Participants were informed that their participation was voluntary and that they had the right to withdraw at any point without penalty.
- The study posed minimal psychological risk, as it involved a non-invasive self-report measure related to everyday emotional experiences.
- All data collected was used solely for research purposes.

Scoring and Data Analysis

Responses were scored according to the guidelines provided for the SCS-Y. Items for the self-judgement, isolation, and over-identification subscales were reverse-scored prior to analysis, and mean scores were calculated for each item and for each subscale by averaging the relevant items. Descriptive statistics, including standard deviation and mean, were computed to examine patterns in responses, and standard error values were calculated for the appropriate graphs.

RESULTS

Table I. Raw Frequency Distribution of Responses to the Self-Compassion Scale Items (N = 59)

Item	1	2	3	4	5
1	4	7	20	20	8

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Item	1	2	3	4	5
2	5	12	22	14	6
3	4	9	16	18	12
4	10	17	22	6	4
5	3	6	13	27	10
6	4	12	20	15	8
7	5	8	15	23	8
8	6	14	20	13	6
9	6	15	22	8	8
10	6	10	14	18	11
11	0	17	21	15	6
12	3	7	19	17	13
13	2	18	15	12	12
14	5	7	10	23	14
15	6	13	18	14	8
16	2	11	21	20	5
17	5	11	22	14	7

Table II. Mean and Standard Deviation of Item-Level Responses on the Self-Compassion Scale

Item	Mean	SD
1	3.36	1.08
2	3.07	1.1
3	3.42	1.18
4	2.61	1.1
5	3.59	1.05
6	3.19	1.12
7	3.36	1.14
8	2.98	1.14
9	2.95	1.17
10	3.31	1.25
11	3.17	0.97
12	3.51	1.12
13	3.24	1.19
14	3.58	1.22
15	3.08	1.19
16	3.25	0.98
17	3.12	1.12

Item-Level Analysis of Results

Table I presents the raw frequency distribution of responses for each of the 17 items on the SCS-Y. Across the majority of the items, participants most commonly selected "Sometimes" (3) or "Very Often" (4), indicating moderate tendencies towards self-compassionate thoughts and behaviours. Items such as 5 and 14 had high frequencies in the "Very Often" category, suggesting that ruminative and over-identifying tendencies were somewhat pronounced in this sample. Conversely, items 11 and 16 had relatively fewer extreme responses, indicating more variability in participants' mindfulness and isolation-related experiences.

Table II summarizes the mean and standard deviation for each item. Mean scores ranged from 2.61 (Item 4) to 3.59 (Item 5) on the 1-5 Likert scale, with standard deviations between 0.97 and 1.25, reflecting moderate variability across items. Higher mean scores were observed for items related to self-judgement and over-identification, while items related to common humanity and mindfulness were generally closer to the midpoint, consistent with the moderate levels of self-compassion observed within the sample. The average standard deviation for all items was 1.12, showcasing that on average, participant responses were moderately dispersed around the mean, highlighting that while there is some variability in how Indian adolescents experience different aspects of self-compassion, most responses cluster around the central tendency. This also supports the observed trends across items and suggests that the sample shows consistent moderate self-compassion tendencies.

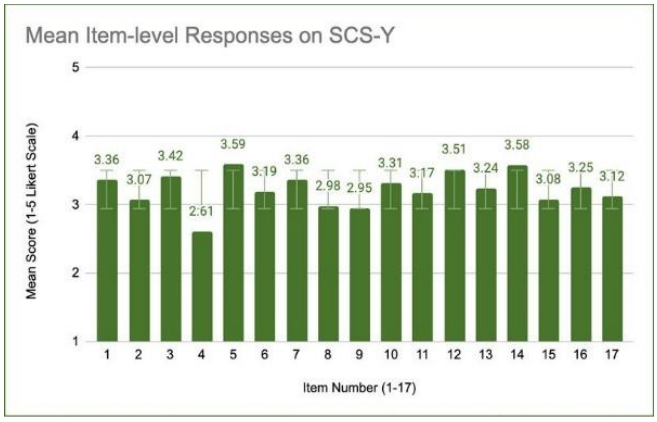


Figure 2. Mean item-level responses on the SCS-Y among Indian adolescents (N = 59). Error bars show response variability, approximated as the average SD across items (±1.12)

Table III. Mean Subscale Scores on the Self-Compassion Scale-Youth (N = 59) (R = Reverse Scored)

Subscale	Items	Mean
Self-Kindness	1, 9, 15	3.13
Self-Judgement (R)	3, 7, 12	2.57
Common Humanity	4, 8, 13	2.94
Isolation (R)	2, 10, 16	2.79
Mindfulness	6, 11, 17	3.16

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Over-Identification (R)	5, 14	2.42
Total Self-Compassion	—	2.83

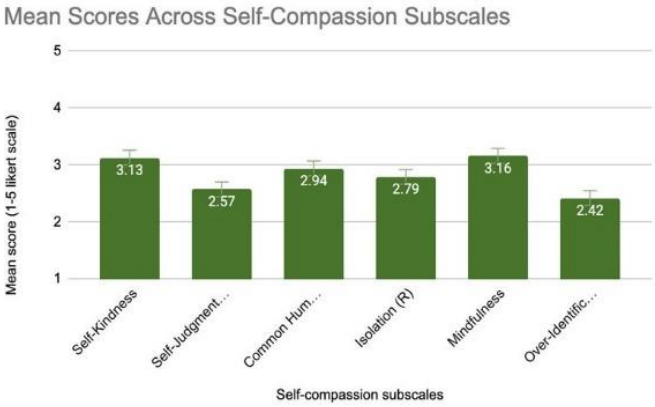


Figure 3. Mean scores across self-compassion subscales among participants, with error bars representing ±0.13 standard error of the mean (SE) (N = 59)

Interpretation of Findings from Mean Subscale Scores

Analysis of self-compassion amongst the current sample indicates that participants exhibited moderate overall self-compassion (total mean = 2.83). According to Neff et al. (2021), scores between 1.0-2.49 are considered low, 2.5-3.5 moderate, and 3.51-5.0 high, placing the total score of this sample within the moderate range.

Examination of the subscales revealed that mindfulness (M = 3.16) and self-kindness (M = 3.13) were relatively higher compared to other subscales, suggesting that participants were somewhat more likely to maintain awareness of their emotions and treat themselves with understanding, although the scores still fall within the moderate range. In contrast, the negatively worded subscales that include self-judgement (M = 2.57), isolation (M = 2.79), and over-identification (M = 2.42) were comparatively lower, reflecting low-moderate tendencies towards self-criticism, feelings of separateness, and over-identifying with negative emotions. Common humanity (M = 2.94) was near the midpoint, indicating that participants moderately recognized that suffering is a shared human experience.

Overall, these findings suggest that while Indian adolescents in this sample display moderate self-compassion, targeted interventions aimed at reducing self-judgement, isolation, and over-identification could help foster a more balanced self-compassion profile as well as promote emotional wellbeing.

IMPLICATIONS

The finding that Indian adolescents exhibit moderate levels of self-compassion suggests that there is meaningful scope for improvement in how young people relate to themselves during emotional difficulty. Given established links between self-compassion and lower levels of anxiety, depression, and stress (Neff et al., 2021), these results highlight the importance of early psychological support aimed at strengthening self-compassion during adolescence, a period marked by heightened emotional vulnerability.

Additionally, schools may play a critical role in fostering self-compassion skills. The moderate scores observed across subscales such as common humanity and mindfulness suggest that adolescents may benefit from structured social-emotional learning (SEL) programs, mindfulness training, or reflective practices integrated into school curricula. Such interventions could help normalize emotional struggles and promote healthier coping strategies among students.

As this study focuses on an Indian adolescent sample, the findings contribute to the limited empirical literature on self-compassion in non-Western contexts. Cultural norms emphasizing academic achievement and comparison may influence self-judgement and over-identification, as reflected by their comparatively higher mean scores.

CONSIDERATIONS

Several factors need to be taken into account for this particular study:

- The SCS-Y relies heavily on participants' self-
- assessment, which may be influenced by social desirability or inaccurate self-perception. Adolescents might over- or under-report certain behaviours.
- As this study captures data at a single time point, it
- cannot determine causality or changes in self-compassion over time.
- Indian adolescents aged 11-17 were included, spanning
- early to late adolescence. Developmental differences in emotional regulation and self-concept may affect responses.
- Self-compassion may be influenced by cultural norms.
- The interpretation of self-kindness, common humanity, and mindfulness may differ in the Indian context compared to the original scale development population.
- Data was collected via an online questionnaire.
- Participants without stable internet access or digital literacy may have been excluded, potentially biasing the sample.

CONCLUSION

The present study aimed to examine levels of self-compassion among Indian adolescents using the Self-Compassion Scale-Youth (SCS-Y). Overall, findings indicated moderate self-compassion across the sample, with mindfulness and self-kindness emerging as relatively higher subscales, while self-judgement and over-identification reflected comparatively lower levels after reverse scoring. Item-level analyses revealed moderate variability in responses, suggesting that adolescents differ meaningfully in how they experience and express self-compassion.

When compared with existing international studies using the same scale, the results align with prior research demonstrating that moderate self-compassion is common during adolescence across diverse cultural contexts. This

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reinforces the interpretation that adolescence represents a developmental stage in which self-compassion is still forming rather than fully established. Importantly, these findings highlight self-compassion as a modifiable psychological resource, rather than a fixed trait, underscoring its relevance for preventative mental health initiatives.

In conclusion, this study contributes to the growing body of research on adolescent self-compassion by providing empirical evidence from an Indian sample. By situating these findings within a broader cross-cultural framework, the study emphasizes the importance of fostering self-compassion in young people to support emotional resilience, psychological well-being, and adaptive coping during adolescence.

Acknowledgement

I would like to express my sincere gratitude to all the adolescents who participated in this study for their time, honesty, and willingness to share their experiences.

I am also thankful to the Reality and You (RAY) Foundation for their support in participant outreach and for providing a platform to conduct this research.

Additionally, I would like to acknowledge Dr. Kristin Neff and colleagues for the development of the SCS-Y and for granting permission to use the instrument for research purposes.

Finally, I remain truly appreciative of this opportunity to learn, grow, and contribute to the field.

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