EJCP

Karakasidou, E., & Komninou, A. (2025). Enhancing Mental Health in Emerging Adults through Self-Compassion: Results from a Randomized Controlled Group Counseling Intervention. *The European Journal of Counselling Psychology*.
https://doi.org/10.46853/001c.146057

General

Enhancing Mental Health in Emerging Adults Through Self-Compassion: Results From a Randomized Controlled Group Counseling Intervention

Eirini Karakasidou, PhD[1], Athina Komninou[1]

[1] Psychology, Panteion University

Keywords: self-compassion, emerging adulthood, depression, anxiety, stress, positive emotions, intervention

https://doi.org/10.46853/001c.146057

The European Journal of Counselling Psychology

Emerging adulthood, spanning roughly from ages 18 to 30, is characterized by significant psychological, emotional, and social transitions, often accompanied by elevated levels of anxiety, depression, and self-criticism. This study aimed to evaluate the effectiveness of a six-week group counseling intervention focused on cultivating self-compassion and cognitive-emotional awareness to improve the mental health of emerging adults. The intervention sought to enhance participants' self-compassion and self-esteem while reducing depression, anxiety, and stress.

Seventy undergraduate students from Panteion University were randomly assigned to either the intervention group (n = 35) or a waitlist control group (n = 35). Assessments were conducted at pre-intervention, post-intervention, and three-month follow-up. Measures included the Self-Compassion Scale (SCS), the Depression, Anxiety, and Stress Scale (DASS-21), and the Modified Differential Emotions Scale (mDES).

Results revealed a significant increase in self-compassion and positive emotions, as well as a significant decrease in psychological distress in the intervention group compared to the control group. These benefits persisted at three-month follow-up. Findings highlight the potential of cost-effective, group-based interventions grounded in self-compassion to meet the mental health needs of university students. Future research should examine long-term effects and generalizability across diverse populations.

The intervention reflects the core values of counselling psychology, emphasizing relational depth, empathy, and the promotion of self-awareness and well-being within a culturally sensitive, developmental framework. These principles underpin the study's focus on prevention and the enhancement of psychological resilience among emerging adults.

1. Introduction

Emerging adulthood, as defined by Arnett (2000, 2004), is a distinct developmental stage between adolescence and full adulthood, typically ranging from ages 18 to the late twenties. It is characterized by identity exploration, instability, self-focus, a sense of being in-between, and optimism regarding the future. During this period, young adults often face intense academic, professional, and relational demands, along with evolving social roles and increased autonomy from their families of origin.

These transitions frequently lead to heightened vulnerability to mental health challenges such as anxiety, depression, and chronic stress (Wood et al., 2018). The absence or weakening of support systems during this period increases reliance on internal coping mechanisms, making it imperative to equip emerging adults with adaptive emotional regulation strategies.

One psychological construct that has gained increasing recognition for its protective role is self-compassion. Kristin Neff (2003b, 2003a) conceptualized self-compassion as comprising three interrelated components: self-kindness versus self-judgment, common humanity versus isolation, and balanced emotional awareness versus over-identification. Together, these elements foster a more accepting and balanced relationship with the self during times of struggle and emotional hardship.

Empirical evidence increasingly links higher levels of self-compassion with reduced symptoms of anxiety and depression, improved emotional well-being, and greater psychological resilience (Egan et al., 2022; Ferrari et al., 2019; Neff & Germer, 2012). Notably, these effects are particularly relevant during emerging adulthood—a period marked by internal and external flux and frequent self-evaluation.

Building on this evidence, the present study sought to evaluate the impact of a six-week group counseling intervention focused on self-compassion practices and psychoeducation to improve psychological well-being in emerging adults. By targeting a university student population in

Greece, the study also aimed to assess the cultural adaptability and effectiveness of such interventions in Southern European contexts, where collectivistic values and academic stressors might influence outcomes.

From a counselling psychology perspective, interventions promoting self-compassion align with the discipline's commitment to holistic, relational, and strength-based approaches to well-being (Cooper, 2009; Mearns & Cooper, 2018). Counselling psychology emphasizes the facilitation of personal growth and resilience rather than symptom elimination alone, and values the therapeutic relationship as a context for meaning-making and self-acceptance. In this sense, the present intervention embodies key professional values of counselling psychology—empathy, respect for subjectivity, and the integration of evidence-based and experiential learning—applied within a developmental framework relevant to emerging adulthood.

2. Literature Review

2.1. Self-Compassion: Conceptual Foundations

Self-compassion, as introduced by Neff (2003b, 2003a), refers to treating oneself with kindness and understanding in moments of suffering or failure, much like one would treat a close friend. It encompasses three core dimensions: (a) self-kindness, which opposes harsh self-judgment; (b) common humanity, the recognition that suffering and imperfection are universal human experiences; and (c) emotional awareness that avoids both suppression and over-identification.

Self-kindness refers to being gentle, understanding, and forgiving toward oneself when confronted with personal shortcomings or suffering, rather than reacting with harsh self-judgment or self-criticism. This means acknowledging that imperfection and mistakes are inevitable, and responding with comfort and encouragement instead of criticism (Neff, 2003b). In contrast, a judgmental self-attitude – marked by internal blame or harshly punishing ourselves through self-judgment– only intensifies feelings of inadequacy and stress. By replacing self-judgment with kindness, one fosters emotional safety and warmth toward the self, which is a key foundation of self-compassion.

Common humanity involves recognizing that one's struggles and failures are part of the broader human experience, counteracting the sense of isolation that often accompanies personal difficulties. Rather than viewing one's pain or shortcomings as unique, self-compassion entails understanding that all humans are imperfect and all people suffer. Neff (2003b) emphasizes that seeing one's experiences as part of a shared human condition helps to normalize suffering and prevents the feeling that "I alone" am flawed or struggling. This sense of common humanity fosters connection with others – a reminder that one is not alone in one's pain – which can alleviate shame and loneliness. In the absence of this perspective, individuals may feel isolated in their failure, exacerbating their emotional distress. Thus, common humanity directly counterbalances isolation by framing personal suffering in the context of collective human experience (Neff, 2003b).

Mindfulness, the third component, entails maintaining a balanced, non-judgmental awareness of one's present-moment experience, especially of painful emotions, rather than becoming over-identified with those feelings. In the context of self-compassion, mindfulness means observing one's negative thoughts and feelings with clarity and calmness, neither suppressing them nor exaggerating them. Neff (2003b) notes that one cannot ignore personal pain and feel compassion for it at the same time – the pain must first be acknowledged mindfully before it can be met with kindness. At the same time, mindfulness prevents over-identification by keeping perspective: it allows one to feel emotions without letting those emotions entirely define one's identity or trigger obsessive rumination. This balanced mindful stance –acknowledging painful emotions with equanimity instead of becoming consumed by them– is crucial for self-compassion. It creates mental space to respond to suffering with care, and distinguishes self-compassion from self-pity or being carried away by negative reactivity.

These components are interdependent and must coexist for a self-compassionate stance to be cultivated (Neff, 2009). In practice, each facet both supports and relies on the others. For example, mindfulness provides the psychological distance and balanced perspective that make it possible to extend self-kindness and to remember common humanity in moments of pain. By gently noticing one's suffering without judgment, one avoids the tunnel vision of self-criticism or self-focused isolation, thereby opening the door to kinder self-talk and a sense of shared humanity. Conversely, actively cultivating self-kindness and a sense of interconnectedness can help calm the mind: treating oneself kindly and realizing that pain and failure are part of the human condition puts one's problems in perspective, which reduces emotional overwhelm and makes it easier to remain mindfully balanced.

This internal orientation allows individuals to engage with their difficulties in a nurturing rather than critical manner, facilitating healthier emotional regulation and psychological adjustment (Neff, 2003a). Rather than encouraging passivity or self-indulgence, self-compassion enables a constructive and balanced engagement with personal shortcomings, failure, and pain.

2.2. Emerging Adulthood and Psychological Vulnerability

The period of emerging adulthood is marked by intense life transitions, including changes in residence, educational and career paths, intimate relationships, and worldviews. Arnett (2004) described five defining features: identity exploration (young adults actively engage in exploring different aspects of their identity, particularly in the realms of career and romantic relationships, as they seek to answer the fundamental question, "Who am I?"), instability (this stage is marked by frequent changes and transitions —whether in romantic relationships, job roles, or places of residence— reflecting the fluid nature of emerging adulthood), self-focus (with fewer obligations to others compared to earlier or later life stages, individuals are more

inwardly focused, prioritizing personal growth and the pursuit of individual goals), a sense of being in-between (emerging adults often experience a sense of being caught between adolescence and full adulthood, not fully identifying with either status), and optimism for the future (there is a prevailing sense of hope and belief that life is full of possibilities, and that individuals have the agency to shape their future paths and life circumstances). This life stage is inherently unstable and emotionally taxing, often accompanied by high levels of stress, depression, anxiety, and feelings of isolation (Wood et al., 2018).

As individuals face increasing demands to establish independent identities and life trajectories, they frequently encounter heightened stress, uncertainty, and emotional instability (Arnett, 2000; Schulenberg et al., 2004). Research has consistently shown that rates of internalizing disorders—such as depression and anxiety—peak during this period, often surpassing those observed in both adolescence and later adulthood (Lee & Hankin, 2009). Contributing factors include academic and occupational pressures, unstable housing or financial conditions, relational turbulence, and identity confusion (Berkman et al., 2012; Nelson & Barry, 2005). Additionally, the erosion of familiar support systems —such as moving away from family or shifting peer networks— can exacerbate feelings of isolation or inadequacy. Emotional dysregulation is common, particularly in response to perceived failures or interpersonal rejection, increasing susceptibility to maladaptive coping strategies like avoidance or self-blame (Compas et al., 2017). Given the developmental salience of autonomy and self-definition during this phase, difficulties in managing emotional demands may have long-term implications for mental health and self-concept clarity (Tanner & Arnett, 2009). These challenges underscore the importance of identifying internal psychological resources —such as self-compassion— that can support adaptive functioning during this critical life stage.

All these challenges faced during the sensitive and transitional period intensify the need for internal psychological resources. Adaptive mechanisms such as self-compassion have shown strong correlations with reduced psychological distress and improved well-being among emerging adults. Higher levels of self-compassion have been strongly associated with lower levels of anxiety, depression, and stress (Arimitsu, 2016; Neff, 2023). These traits also correlate with greater psychological resilience, increased positive affect, life satisfaction, and subjective well-being (Arimitsu, 2016; Neff, 2023). Furthermore, individuals with higher self-compassion tend to employ fewer maladaptive coping strategies —such as rumination, thought suppression, and avoidance— and demonstrate better emotional regulation, including enhanced emotional well-being, greater acceptance, and a stronger capacity to tolerate distress (Neff, 2023).

Specifically, regarding emerging adults (ages 17–24), research by Neff and McGehee (2010) found that self-compassion was closely linked to higher well-being, including lower depression and anxiety and greater social connectedness. Other studies (e.g., Amanda et al., 2021) have also emphasized the role of self-compassion during this developmental period, highlighting its contribution to anxiety reduction. Importantly, self-compassion has also been shown to buffer against self-critical thoughts and harsh internal dialogues, which are particularly prevalent in this age group due to social comparison, academic pressures, and evolving identity standards (Muris & Petrocchi, 2016). As emerging adults navigate ambiguity and emotional turbulence, the presence of self-compassion may serve as a stabilizing force that enhances adaptive self-regulation and facilitates a more grounded sense of identity development (Bluth & Neff, 2018).

Cultural and contextual factors also play a crucial role in shaping the psychological experiences of emerging adults and their response to interventions. In Southern European societies such as Greece, collectivist cultural values, strong family interdependence, and relationally oriented self-construals influence how young people experience autonomy, emotional expression, and self-criticism (Kafetsios, 2006; Kafetsios & Nezlek, 2012). These values often promote closeness and mutual support but may simultaneously intensify academic and social pressures to meet familial or societal expectations of success (Karakasidou & Stalikas, 2017). Within such contexts, self-compassion may function not only as an individual coping resource but also as a relational mechanism that helps reconcile personal needs for self-kindness with collective ideals of responsibility and achievement. Considering these dynamics, understanding cultural moderators of self-compassion interventions is essential for assessing their generalizability beyond Western individualistic settings (Neff, 2023; Ngoenwiwatkul et al., 2023).

Within counselling psychology, such interventions are viewed not only as symptom-focused but as processes that cultivate self-understanding, relational awareness, and emotional balance (Woolfe et al., 2016). The emphasis on experiential learning, reflective dialogue, and compassion-based practice resonates strongly with the humanistic–existential roots of the discipline, highlighting its dedication to fostering psychological growth and resilience through relational and developmental processes.

2.3. Interventions Based on Self-Compassion

Several intervention models have emerged to promote self-compassion. The Self-Compassion Training developed by Neff and Germer (2012), including the well-known Mindful Self-Compassion (MSC) program, emphasizes practices such as compassionate journaling, self-compassionate imagery, psychoeducation, and loving-kindness exercises. These have been effectively adapted for diverse populations, including healthcare workers (Neff et al., 2020), individuals with chronic illness (Torrijos-Zarcero et al., 2021), adolescents (Bluth et al., 2016), and university students (A. Finlay-Jones, 2016).

Another influential model is Compassion-Focused Therapy (CFT), developed by Gilbert (2009), which seeks to reduce shame and self-criticism by fostering feelings of safeness and self-reassurance through experiential exercises. CFT has been used in both clinical and non-clinical popu-

lations, including emerging adults, with demonstrated efficacy (Leaviss & Uttley, 2015).

Additionally, brief interventions (e.g., 2–6 sessions) have been found to significantly enhance self-compassion and well-being. These programs typically include writing exercises, compassionate letter-writing, guided self-reflection, and daily practices of self-kindness (Ferrari et al., 2019; Karakasidou & Stalikas, 2017; Mantelou & Karakasidou, 2017). Meta-analyses (Ferrari et al., 2019; Kirby et al., 2017) report moderate to strong effect sizes in reducing anxiety, depression, and self-criticism, and increasing psychological well-being—particularly in group settings.

2.4. Evidence from Programs for Emerging Adults

A growing body of empirical studies has highlighted the effectiveness of self-compassion-based interventions designed specifically for emerging adults. For example, Finlay-Jones et al. (2021) implemented a six-week group program tailored for LGBTQ+ youth, resulting in increased well-being, self-compassion, and positive affect. Similarly, Bluth et al. (2023) evaluated a six-week online self-compassion program and found improvements in emotional resilience, depression, and emotional regulation.

Other interventions have targeted specific subpopulations. Campo et al. (2017) tested a self-compassion program for young adult cancer survivors, which enhanced psychological adjustment to illness. Ngoenwiwatkul et al. (2023) implemented a six-week self-compassion program for Thai emerging adults, showing improved stress management and emotional well-being.

Finally, Diplock et al. (2024) conducted an eight-week intervention among university students experiencing depression and anxiety, revealing notable reductions in both. A meta-analysis by Egan et al. (2022), covering more than 2,000 participants aged 15 to 25, found medium to large effect sizes for self-compassion interventions across diverse cultural settings.

These findings underscore the robust and growing evidence base supporting self-compassion as a powerful protective mechanism for emerging adults. The present study builds on this foundation, focusing exclusively on self-compassion as the core mechanism of change.

2.5. Aim and Hypotheses of the Study

Considering the growing evidence supporting the positive role of self-compassion in promoting mental health and emotional resilience, the present study aimed to examine the effectiveness of a brief, structured group counseling intervention focused on cultivating self-compassion among emerging adults. Specifically, the intervention was designed to enhance participants' ability to respond to internal distress with kindness, reduce self-criticism, and increase positive emotional experiences, while alleviating symptoms of anxiety, depression, and stress.

The intervention was delivered over a six-week period to university students in Greece —a cultural context where strong familial ties, collectivist values, and academic pressures uniquely shape emotional expression and coping (Kafetsios, 2006; Kafetsios & Nezlek, 2012). By conducting a randomized controlled trial with both pre- and post-assessments, as well as a three-month follow-up, the study sought to evaluate not only the immediate outcomes of the intervention, but also the durability of its effects over time.

Based on prior research and theoretical models of self-compassion, the study tested the following hypotheses:

- **H1**: Participants in the intervention group will demonstrate a significant increase in self-compassion from pre- to post-intervention and at follow-up, compared to the control group.
- **H2**: Participants in the intervention group will show a significant reduction in depression, anxiety, and stress over time, relative to controls.
- **H3**: Participants in the intervention group will report a significant increase in positive emotions post-intervention and at follow-up, compared to baseline and to the control group.

These hypotheses were tested using standardized psychometric instruments and repeated-measures analyses, with the goal of contributing both theoretically and practically to the growing field of self-compassion-based interventions for young adults.

3. Methodology

3.1. Participants

The sample consisted of 70 undergraduate students (N = 70) from Panteion University of Social and Political Sciences in Athens, Greece. All participants were within the developmental stage of emerging adulthood, ranging in age from 18 to 30 years (M=24, SD+/- 1.5). Participants were randomly assigned to either the intervention group (n = 35) or the waitlist control group (n = 35). Inclusion criteria included enrollment at the university and willingness to participate in all phases of the study. Participants were recruited through university announcements and student mailing lists, and written informed consent was obtained prior to participation.

3.2. Procedure

This study employed a randomized controlled trial (RCT) design with three points of assessment: baseline (pre-intervention), post-intervention (immediately after the six-week program), and follow-up (three months after completion). Participants in the intervention group attended weekly group sessions, while those in the control group did not receive any intervention during the study period but were offered the opportunity to participate afterward.

Participants were informed that the program was designed as a psychoeducational and experiential group intervention rather than a form of psychotherapy. They were invited to share personal experiences only to the extent that they felt comfortable, emphasizing voluntary self-disclosure and respect for individual boundaries. Each session was facilitated by two certified counselling psychologists with professional training in group facilitation and compas-

sion-based interventions. The facilitators ensured a supportive and non-judgmental environment, encouraging reflection while maintaining participant safety. In the rare event that a participant experienced emotional discomfort, brief in-session support was provided, and referral options to the university's counselling center or external mental health services were available, in line with ethical standards of counselling psychology practice.

3.3. Intervention Structure

The intervention was designed as a six-week group counseling program incorporating self-compassion, mindfulness practices, and cognitive-behavioral techniques. Each weekly session lasted approximately 90 minutes and followed a consistent structure:

- Psychoeducation (15–30 minutes): Each session began with an overview of the core theme (e.g., self-compassion, emotional regulation), presented through slides and brief lectures.
- Experiential Practice (30–40 minutes): Group members engaged in structured exercises, including breathing meditations, compassionate letter writing, emotional awareness activities, and role-plays.
- Group Reflection (20–30 minutes): Participants shared their insights and emotions arising from the exercises, fostering group cohesion and enhancing internalization of learning.

Participants were encouraged to maintain a daily mindfulness and journaling practice between sessions, reinforcing the skills learned during group meetings.

The themes covered each week were as follows:

Week 1: Introduction to self-compassion. Participants first engaged in a brief relaxation exercise using breathing techniques (5–10 minutes) and were then invited to recall a difficult situation that had passed. They were asked to write a letter to themselves, responding with kindness. This was followed by small group discussions (in pairs or triads), where participants shared feelings, thoughts, or any difficulties they encountered. Finally, a plenary discussion was held to reflect on the themes and insights that emerged from the process.

Week 2: Understanding and identifying emotions. The experiential exercises included breathing-based relaxation with an emphasis on observing present-moment emotions, recording and evaluating emotions using an "emotion thermometer," as well as a drawing activity in which participants visually represented different emotions. The session concluded with a plenary discussion.

Week 3: Recognizing and reframing negative self-talk. Participants learned how to transform negative cognitions into more self-compassionate ones through concrete examples. Psychoeducation focused on identifying the core features of negative thoughts and recognizing them in everyday life. The experiential exercise involved role-play based on a hypothetical scenario, encouraging participants to reframe negative thoughts from a different perspective.

Week 4: Building emotional resilience. A loving-kindness meditation was used to promote warmth and acceptance toward the self. Small-group discussions followed, focusing on participants' experiences during the exercise. Each group then returned to the plenary session, presenting a symbolic representation of their group process.

Week 5: Anxiety management through mindfulness and compassion-based strategies. The psychoeducational component focused on the core dimensions of anxiety and how it can activate negative thoughts about the self and the world. The experiential exercise involved creating a reparative narrative based on a hypothetical scenario of a person experiencing intense anxiety.

Week 6: Integration and closure. Participants revisited their progress and shared affirmations and self-kindness messages in a group celebration ritual.

The program content was adapted from established protocols (e.g., MSC and CFT) and tailored to suit the Greek cultural context and university student population. Furthermore, the study was reviewed and approved by the Ethics and Deontology Committee of Panteion University of Social and Political Sciences (Protocol Number: 47/04-07-2025). All procedures complied with the ethical standards of the institutional and national research committees, as well as the 1964 Helsinki declaration and its later amendments. Participation was voluntary, informed consent was obtained from all individuals, and anonymity and confidentiality were strictly maintained throughout the study.

3.4. Measures

To assess the effectiveness of the intervention on participants' psychological well-being and emotional functioning, three well-established self-report instruments were employed, each selected for their demonstrated psychometric robustness and relevance to the constructs under investigation.

Self-Compassion Scale (SCS).
Self-compassion was assessed using the Self-Compassion Scale (SCS), a 26-item measure developed by Neff (2003a) to capture the multidimensional nature of self-compassion. The scale comprises six subscales that reflect three bipolar dimensions: *Self-Kindness vs. Self-Judgment*, *Common Humanity vs. Isolation*, and *Mindfulness vs. Over-Identification*. Responses are recorded on a 5-point Likert scale ranging from 1 (*Almost never*) to 5 (*Almost always*), with higher scores indicating greater self-compassion. The SCS has been widely validated across cultures and populations, including its Greek adaptation by Karakasidou et al. (2017), which confirmed the original six-factor structure and yielded excellent internal consistency (Cronbach's $\alpha = .87$). The scale is particularly well-suited to capturing both affective and cognitive responses to personal difficulty, making it appropriate for interventions aimed at fostering emotional resilience and adaptive self-regulation.

Depression Anxiety Stress Scales – 21 (DASS-21).
Psychological distress was measured using the 21-item version of the Depression Anxiety Stress Scales (DASS-21), originally developed by Lovibond and Lovibond (1995). This instrument comprises three subscales of seven items each, measuring symptoms of *depression*, *anxiety*, and *stress*, re-

spectively. Participants respond based on their experiences over the past week using a 4-point Likert scale ranging from 0 (*Did not apply to me at all*) to 3 (*Applied to me very much or most of the time*). The DASS-21 has been extensively validated in both clinical and non-clinical populations, including Greek-speaking samples. The Greek version, adapted and psychometrically validated by Pezirkianidis et al. (2018), has demonstrated strong factorial validity and internal consistency ($\alpha > .90$ across subscales), and is widely used in intervention studies involving university students. In the present study, DASS-21 subscales were analyzed both individually and in aggregate to capture changes in general psychological distress across the intervention period.

Modified Differential Emotions Scale (mDES). To assess fluctuations in affective experience, particularly in terms of emotional valence, the Modified Differential Emotions Scale (mDES) was employed (Fredrickson et al., 2003). The scale includes 21 items representing a range of positive (e.g., joy, gratitude, interest) and negative (e.g., anger, sadness, fear) discrete emotions. Participants rate the extent to which they experienced each emotion during the past week on a 5-point Likert scale from 0 (*Not at all*) to 4 (*Extremely*). The Greek version of the mDES, validated by Galanakis et al. (2016), has been shown to possess acceptable internal consistency and construct validity in young adult populations. The mDES is particularly well-suited for detecting affective shifts over short timeframes, making it appropriate for evaluating the emotional impact of brief interventions such as the present study.

All questionnaires were administered in Greek. Internal consistency for all scales in the present sample was found to be satisfactory (Cronbach's $\alpha > .80$).

3.5. Data Analysis

All statistical analyses were conducted using IBM SPSS Statistics (Version 27). Prior to the main analyses, independent-samples t-tests were performed to examine baseline equivalence between groups. To assess changes in outcome variables over time and between groups, 2 (Group: Intervention vs. Control) × 3 (Time: Pre, Post, Follow-Up) repeated measures ANOVAs were conducted. Greenhouse–Geisser correction was applied when assumptions of sphericity were violated. Partial eta squared (η^2) was reported as a measure of effect size for ANOVA results. Post hoc comparisons were Bonferroni-adjusted. Significance level was set at $p < .05$. Descriptive statistics were also computed, and missing data were handled via multiple imputations where appropriate.

4. Results

Prior to conducting the main analyses, preliminary comparisons were performed to examine baseline equivalence between the intervention and control groups across all outcome variables. Independent samples t-tests revealed no significant differences between groups at pre-intervention in self-compassion ($t(68) = 0.39$, $p = .70$), depression ($t(68) = 0.12$, $p = .91$), anxiety ($t(68) = 0.13$, $p = .90$), stress ($t(68) = 0.58$, $p = .56$), and positive emotions ($t(68) = 0.34$, $p = .74$), indicating that the two groups were equivalent at baseline.

Repeated measures analyses were then conducted separately within each group to evaluate within-group changes over time (pre-, post-, and follow-up), followed by between-group comparisons at post-intervention and follow-up to assess the differential impact of the intervention. The intervention group showed significant improvement in all outcomes over time, while the control group remained stable. Between-group analyses revealed statistically significant differences favoring the intervention group at post-intervention in self-compassion ($p < .001$), depression ($p < .001$), anxiety ($p < .01$), stress ($p < .001$), and positive emotions ($p < .01$). These effects were sustained at follow-up.

Self-compassion scores significantly increased in the intervention group from pre-intervention (M = 78.24, SD = 8.31) to post-intervention (M = 85.43, SD = 3.48), $p < .001$, and were maintained at follow-up (M = 85.10, SD = 7.85). The control group showed no significant change (Pre: M = 84.72, Post: M = 85.11, Follow-Up: M = 83.97). The control group showed no significant change (Pre: M = 84.72, Post: M = 85.11, Follow-Up: M = 83.97).

For depression, the intervention group demonstrated a significant decrease (Pre: M = 8.23, SD = 3.94; Post: M = 4.87, SD = 2.66; Follow-Up: M = 5.34, SD = 2.91), $p < .001$. No significant change was observed in the control group (Pre: M = 8.11; Post: M = 7.82; Follow-Up: M = 7.94).

Anxiety scores in the intervention group decreased from Pre (M = 7.02, SD = 3.31) to Post (M = 4.13, SD = 2.12) and remained low at Follow-Up (M = 4.44, SD = 2.23), $p < .01$. The control group showed minimal variation (Pre: M = 6.91; Post: M = 6.78; Follow-Up: M = 6.93).

Stress levels were also reduced significantly in the intervention group (Pre: M = 6.56, SD = 3.12; Post: M = 3.92, SD = 1.87; Follow-Up: M = 4.22, SD = 2.01), $p < .001$. The control group showed no significant change (Pre: M = 6.11; Post: M = 5.81; Follow-Up: M = 6.03).

Positive emotions (mDES) increased significantly in the intervention group (Pre: M = 2.91, SD = 0.77; Post: M = 3.48, SD = 0.66; Follow-Up: M = 3.41, SD = 0.69), $p < .001$. No significant changes were observed in the control group (Pre: M = 2.97; Post: M = 2.95; Follow-Up: M = 2.98).

5. Discussion

The present study aimed to evaluate the effectiveness of a brief group intervention grounded in self-compassion principles on the psychological well-being of emerging adults. The findings supported the initial hypotheses: participants in the intervention group experienced statistically and clinically significant improvements in self-compassion and positive affect, alongside reductions in depression, anxiety, and stress. These effects were maintained at three-month follow-up, suggesting both immediate and sustained benefits of the program.

Table 1. Means and Standard Deviations for Outcome Measures by Group and Time Point

Measure	Group	Pre (M ± SD)	Post (M ± SD)	Follow-Up (M ± SD)
Self-Compassion (SCS)	**Intervention**	78.24 ± 3.48	85.43 ± 8.31	85.10 ± 7.85
	Control	84.72 ± 7.96	85.11 ± 8.10	83.97 ± 8.27
Depression (DASS)	**Intervention**	8.23 ± 3.94	4.87 ± 2.66	5.34 ± 2.91
	Control	8.11 ± 3.85	7.82 ± 3.61	7.94 ± 3.52
Anxiety (DASS)	**Intervention**	7.02 ± 3.31	4.13 ± 2.12	4.44 ± 2.23
	Control	6.91 ± 3.43	6.78 ± 3.39	6.93 ± 3.41
Stress (DASS)	**Intervention**	6.56 ± 3.12	3.92 ± 1.87	4.22 ± 2.01
	Control	6.11 ± 3.18	5.81 ± 3.14	6.03 ± 3.09
Positive Emotions (mDES)	**Intervention**	2.91 ± 0.77	3.48 ± 0.66	3.41 ± 0.69
	Control	2.97 ± 0.72	2.95 ± 0.70	2.98 ± 0.74

Note. Values represent *M* (SD). DASS = Depression Anxiety Stress Scales-21; SCS = Self-Compassion Scale; mDES = Modified Differential Emotions Scale.

Table 2. Results of Repeated Measures ANOVA for Intervention and Control Groups

Outcome Variable	F(2, 136)	p-value	Partial η^2
Self-Compassion (SCS)	15.62	< .001	.19
Depression (DASS)	12.47	< .001	.16
Anxiety (DASS)	8.92	.001	.12
Stress (DASS)	14.15	< .001	.18
Positive Emotions (mDES)	10.08	< .001	.13

Note. All effects refer to the interaction between Group (Intervention vs. Control) and Time (Pre, Post, Follow-Up). Degrees of freedom adjusted using Greenhouse–Geisser correction where appropriate.

5.1. Improvements Across Time in the Intervention Group

The within-group improvements in the intervention condition reveal that self-compassion-based techniques can foster meaningful emotional change in a relatively short period. The observed reduction in self-judgment and increased emotional balance are consistent with the broader literature on self-compassion interventions (Ferrari et al., 2019; Neff & Germer, 2012). This result is especially relevant considering the unique stressors faced by emerging adults, such as academic pressure, identity development, and increased autonomy.

The observed decrease in DASS-21 subscales (depression, anxiety, and stress) underscores the clinical potential of such interventions. These improvements align with past research showing that enhancing self-compassion serves as a protective factor against psychological distress (Gilbert, 2009; Neff, 2023). Furthermore, increases in positive affect as measured by the mDES indicate not only symptom reduction but also emotional flourishing, which is a core objective in modern mental health promotion.

5.2. Comparison Between Intervention and Control Groups

Between-group analyses strengthen the findings by confirming that observed changes were not due to time or repeated assessment alone. The control group remained statistically stable across all time points, suggesting that active engagement with the self-compassion program was the key change agent. This pattern mirrors those in prior studies on self-compassion training among students (Bluth et al., 2023; A. Finlay-Jones, 2016), in which participation in structured exercises—rather than mere reflection—led to improved outcomes.

Importantly, the intervention's effects held at follow-up, indicating transferability of the skills into daily life. Sustained gains are often difficult to achieve with brief interventions, making this program particularly valuable for university settings that require scalable and time-efficient mental health solutions.

5.3. Mechanisms of Change and Practical Implications

The intervention integrated psychoeducation, experiential exercises (e.g., compassionate imagery, letter writing), and group dialogue, all of which likely contributed to its effectiveness. The experiential nature of the sessions may have promoted internalization of self-kindness and reduced self-criticism—two mechanisms linked to improved emotion regulation (Gilbert, 2009). Additionally, the group context allowed participants to recognize common humanity and reduce isolation, which may further explain the positive emotional shifts.

From a practical standpoint, the intervention's brevity and low-cost delivery make it a promising tool for mental

health practitioners working with student populations. Given the program's adaptability, it could be implemented by trained counselors, psychologists, or academic staff in university counseling centers.

The findings also hold specific implications for counselling psychology practice. By integrating compassion-based psychoeducation and experiential dialogue, the intervention exemplifies how group work can serve as a medium for both emotional processing and empowerment—central goals in counselling psychology (Cooper, 2009; Mearns & Cooper, 2018). It reinforces the discipline's relational and developmental ethos, demonstrating how counsellors can facilitate self-reflective, compassionate awareness in young adults navigating identity, autonomy, and belonging.

Beyond its immediate outcomes, the findings hold broader implications for counselling psychology education and professional practice. Incorporating compassion-based approaches into counselling psychology training can enhance trainees' relational depth, empathic attunement, and capacity for self-reflection—skills central to effective therapeutic work (Cooper, 2009; Mearns & Cooper, 2018). Structured experiential modules like the one tested in this study can serve as pedagogical tools that help future practitioners embody compassion not only toward clients but also toward themselves, mitigating burnout and fostering professional resilience.

At the institutional level, university counselling services could integrate brief self-compassion group programs as preventive interventions to address rising mental health concerns among students. Such programs are consistent with the developmental and strength-based ethos of counselling psychology, providing scalable, low-cost methods for promoting emotional regulation and well-being within academic environments. Collaborative initiatives between counselling psychologists, faculty, and student affairs professionals could further embed these practices within the wider culture of higher education.

Future research in counselling psychology should continue to explore the mechanisms through which compassion-based group work facilitates growth, focusing on variables such as therapeutic alliance, reflective functioning, and group attachment processes. Longitudinal and mixed-method designs could deepen understanding of how these interventions influence both personal and professional development, contributing to evidence-based training and practice in counselling psychology.

5.4. Limitations and Future Research

Despite the encouraging results, certain limitations must be acknowledged. The sample size was moderate and drawn from a single university, potentially limiting generalizability. Self-report measures may be subject to bias, and no behavioral or physiological indices of change were included. Moreover, although follow-up occurred at three months, longer-term tracking would provide a clearer picture of intervention durability.

Additionally, the sample consisted predominantly of female participants, which may limit the applicability of the findings to male populations. The study also did not assess participants' socioeconomic background, preventing examination of how financial or social factors might have influenced engagement with or benefits from the intervention. Future research should seek greater demographic diversity and consider socioeconomic variables to enhance external validity and capture a more comprehensive understanding of the intervention's impact across different groups. Extending the follow-up period beyond three months would also help determine whether the observed benefits of self-compassion training are maintained over the long term.

Future studies could expand the sample to include diverse cultural and educational backgrounds. It would also be valuable to examine individual differences in intervention response (e.g., baseline self-criticism) and to compare self-compassion interventions with alternative approaches such as CBT or ACT. Incorporating qualitative feedback could illuminate participant experience and refine delivery methods.

6. Conclusions

This study contributes to the growing body of evidence supporting the use of self-compassion-based interventions for improving mental health in emerging adults. The six-week group program proved effective in enhancing self-compassion and positive emotions while reducing depression, anxiety, and stress. These improvements were sustained over time, highlighting both the depth and durability of the intervention's impact.

As universities grapple with rising student mental health concerns, accessible, evidence-based programs are urgently needed. The current intervention demonstrates how brief, structured, and compassion-focused approaches can empower young adults with tools for emotional resilience. Embedding such programs within university counseling services could offer a proactive response to the psychosocial challenges of emerging adulthood.

Submitted: July 21, 2025 EET. Accepted: October 17, 2025 EET.
Published: October 17, 2025 EET.

References

Amanda, J., Roswiyani, R., & Satyadi, H. (2021). The relationships of self-compassion and stress among emerging adults experiencing early adult crisis. *Proceedings of the 1st Tarumanagara International Conference on Medicine and Health (TICMH 2021), Advances in Health Sciences Research*, *41*, 193–198. https://doi.org/10.2991/ahsr.k.211130.029

Arimitsu, K. (2016). The effects of a program to enhance self-compassion in Japanese individuals: A randomized controlled pilot study. *The Journal of Positive Psychology*, *11*(6), 559–571. https://doi.org/10.1080/17439760.2016.1152593

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, *55*(5), 469–480. https://doi.org/10.1037/0003-066X.55.5.469

Arnett, J. J. (2004). *Emerging adulthood: The winding road from the late teens through the twenties*. Oxford University Press.

Berkman, E. T., Graham, A. M., & Fisher, P. A. (2012). Training self-control: A domain-general translational neuroscience approach. *Child Development Perspectives*, *8*(2), 61–65. https://doi.org/10.1111/cdep.12063

Bluth, K., Gaylord, S. A., Campo, R. A., Mullarkey, M. C., & Hobbs, L. (2016). Making friends with yourself: A mixed methods pilot study of a mindful self-compassion program for adolescents. *Mindfulness*, *7*(2), 479–492. https://doi.org/10.1007/s12671-015-0476-6

Bluth, K., Mullarkey, M. C., Lathren, C., & Broderick, P. C. (2023). A pilot study of self-compassion for emerging adults: Feasibility, acceptability, and outcomes. *Journal of Adolescence*, *95*, 10–20. https://doi.org/10.1016/j.adolescence.2022.12.001

Bluth, K., & Neff, K. D. (2018). New frontiers in understanding the benefits of self-compassion. *Self and Identity*, *17*(6), 605–608. https://doi.org/10.1080/15298868.2018.1509576

Campo, R. A., Bluth, K., Santacroce, S. J., Knapik, S., Tan, J., & Gaylord, S. A. (2017). A mindfulness-based intervention for adolescent and young adult cancer survivors: Feasibility, acceptability, and changes in patient-reported outcomes. *Journal of Adolescent and Young Adult Oncology*, *6*(2), 307–314. https://doi.org/10.1089/jayao.2016.0055

Compas, B. E., Jaser, S. S., Bettis, A. H., Watson, K. H., Gruhn, M. A., Dunbar, J. P., Williams, E. K., & Thigpen, J. C. (2017). Coping, emotion regulation, and psychopathology in childhood and adolescence: A meta-analysis and narrative review. *Psychological Bulletin*, *143*(9), 939–991. https://doi.org/10.1037/bul0000110

Cooper, M. (2009). *Essential research findings in counselling and psychotherapy: The facts are friendly*. Sage.

Diplock, C., Rooney, R. M., & McLennan, J. (2024). A randomized trial of a self-compassion intervention for university students: Effects on mental health and emotional resilience. *Behavior Research and Therapy*, *166*, 104378. https://doi.org/10.1016/j.brat.2023.104378

Egan, H., Keyte, R., Nash, E. F., Barrett, J., & Mantzios, M. (2022). Self-compassion, mindfulness, and emotion regulation in young adults: A meta-analysis. *Mindfulness*, *13*(2), 1–19. https://doi.org/10.1007/s12671-021-01786-0

Ferrari, M., Hunt, C., Harrysunker, A., Abbott, M. J., Beath, A. P., & Einstein, D. A. (2019). Self-compassion interventions and psychosocial outcomes: A meta-analysis of RCTs. *Mindfulness*, *10*(8), 1455–1473. https://doi.org/10.1007/s12671-019-01134-6

Finlay-Jones, A. (2016). The relevance of self-compassion as an intervention target in mood and anxiety disorders: A narrative review. *International Journal of Cognitive Therapy*, *9*(3), 236–250. https://doi.org/10.1521/ijct.2016.9.3.236

Finlay-Jones, A. L., Rees, C. S., & Kane, R. T. (2021). A self-compassion intervention for LGBTQ+ emerging adults: Pilot study of a tailored web-based program. *Mindfulness*, *12*(5), 1176–1191. https://doi.org/10.1007/s12671-020-01580-5

Fredrickson, B. L., Tugade, M. M., Waugh, C. E., & Larkin, G. R. (2003). What good are positive emotions in crises? A prospective study of resilience and emotions following the terrorist attacks on the United States on September 11th, 2001. *Journal of Personality and Social Psychology*, *84*(2), 365–376. https://doi.org/10.1037/0022-3514.84.2.365

Galanakis, M., Stalikas, A., Pezirkianidis, C., & Karakasidou, E. (2016). Psychometric properties of the Modified Differential Emotions Scale (mDES) in a Greek sample. *Hellenic Journal of Psychology*, *13*(2), 123–144.

Gilbert, P. (2009). *The compassionate mind: A new approach to life's challenges*. Constable & Robinson.

Kafetsios, K. (2006). Social support and well-being in contemporary Greek society: Examination of multiple indicators at different levels of analysis. *Social Indicators Research*, *76*, 127–145. https://doi.org/10.1007/s11205-005-4859-2

Kafetsios, K., & Nezlek, J. B. (2012). Emotion and support perceptions in everyday social interaction: Testing the "less is more hypothesis" in two different cultures. *Journal of Social and Personal Relationships*, *29*, 165–184. https://doi.org/10.1177/0265407511420194

Karakasidou, E., & Stalikas, A. (2017). The effectiveness of a brief self-compassion intervention in university students. *Hellenic Journal of Psychology*, *14*(1), 1–20.

Kirby, J. N., Tellegen, C. L., & Steindl, S. R. (2017). A meta-analysis of compassion-based interventions: Current state and future directions. *Mindfulness*, *8*(6), 1455–1471. https://doi.org/10.1007/s12671-017-0729-6

Leaviss, J., & Uttley, L. (2015). Psychotherapeutic benefits of compassion-focused therapy: An early systematic review. *Psychological Medicine*, *45*(5), 927–945. https://doi.org/10.1017/S0033291714002141

Lee, A., & Hankin, B. L. (2009). Insecure attachment, dysfunctional attitudes, and low self-esteem predicting prospective symptoms of depression and anxiety during adolescence. *Journal of Clinical Child & Adolescent Psychology*, *38*(2), 219–231. https://doi.org/10.1080/15374410802698396

Lovibond, S. H. (1995). *Manual for the depression anxiety stress scales*. Sydney psychology foundation.

Mantelou, A., & Karakasidou, E. (2017). Enhancing self-compassion in Greek students: A pilot study. *European Journal of Counselling Psychology*, *6*(2), 151–166. https://doi.org/10.5964/ejcop.v6i2.131

Mearns, D., & Cooper, M. (2018). *Working at relational depth in counselling and psychotherapy* (2nd ed.). Sage.

Muris, P., & Petrocchi, N. (2016). Protection or vulnerability? A meta-analysis of the relations between the positive and negative components of self-compassion and psychopathology. *Clinical Psychology & Psychotherapy*, *24*(2), 373–383. https://doi.org/10.1002/cpp.2005

Neff, K. D. (2003a). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, *2*(2), 85–101. https://doi.org/10.1080/15298860390129863

Neff, K. D. (2003b). The development and validation of a scale to measure self-compassion. *Self and Identity*, *2*(3), 223–250. https://doi.org/10.1080/15298860309027

Neff, K. D. (2009). The role of self-compassion in development: A healthier way to relate to oneself. *Human Development*, *52*(4), 211–214. https://doi.org/10.1159/000215071

Neff, K. D. (2023). *Fierce self-compassion: How women can harness kindness to speak up, claim their power, and thrive*. Penguin Life.

Neff, K. D., & Germer, C. K. (2012). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology*, *69*(1), 28–44. https://doi.org/10.1002/jclp.21923

Neff, K. D., Knox, M. C., & Davidson, O. (2020). Self-compassion in clinical practice. *Journal of Clinical Psychology*, *76*(9), 1001–1012. https://doi.org/10.1002/jclp.22979

Neff, K. D., & McGehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity*, *9*(3), 225–240. https://doi.org/10.1080/15298860902979307

Nelson, L. J., & Barry, C. M. (2005). Distinguishing features of emerging adulthood: The role of self-classification as an adult. *Journal of Adolescent Research*, *20*(2), 242–262. https://doi.org/10.1177/0743558404273074

Ngoenwiwatkul, T., Tansiricharernkul, W., & Wattanapisit, A. (2023). A culturally adapted self-compassion intervention for Thai university students: A pilot study. *Asian Journal of Psychiatry*, *82*, 103476. https://doi.org/10.1016/j.ajp.2023.103476

Schulenberg, J. E., Sameroff, A. J., & Cicchetti, D. (2004). The transition to adulthood as a critical juncture in the course of psychopathology and mental health. *Development and Psychopathology*, *16*(4), 799–806. https://doi.org/10.1017/S0954579404040015

Tanner, J. L., & Arnett, J. J. (2009). The emergence of "emerging adulthood": The new life stage between adolescence and young adulthood. In F. Furlong (Ed.), *Handbook of youth and young adulthood* (pp. 39–45). Routledge.

Torrijos-Zarcero, A., Martínez-Hernáez, A., & Martorell-Poveda, M. A. (2021). Mindful self-compassion and chronic illness: A systematic review. *BMC Psychology*, *9*(1), 1–18. https://doi.org/10.1186/s40359-021-00543-3

Wood, A. M., Maltby, J., Gillett, R., Linley, P. A., & Joseph, S. (2018). The role of gratitude in the development of social support, stress, and depression: Two longitudinal studies. *Journal of Research in Personality*, *42*(4), 854–871. https://doi.org/10.1016/j.jrp.2007.11.003

Woolfe, R., Strawbridge, S., Douglas, B., & Dryden, W. (Eds.). (2016). *Handbook of counselling psychology* (4th ed.). Sage.