Self-Compassion: A Wellness Intervention for the Millennial College Student

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Abstract

Today's traditional millennial college student (born between 1980-2004) is generally confident, performance oriented, ambitious, adept at multitasking, and successful (Levine & Dean, 2012; Yazykova & McLeigh, 2015). While the typical millennial college student has many strengths, researchers are noticing that this generation is increasingly affected by high rates of anxiety and depression (Brunner et al., 2014; Neff & McGhee, 2009). With a growing interest in the mental health benefits of self-compassion, researchers are finding that self-compassion is significantly decreasing personal distress in millennial college students (Neff & Pommier, 2013). Additionally, evidence suggests that increased self-compassion or treating oneself with kindness and compassion, is an important predictor of wellbeing and resilience (Neff, 2003; Neff, 2011). This article provides a current literature review describing the construct of self-compassion, the advantages of self-compassion, and its applicability to enhancing the wellbeing of the millennial college student. Additionally, the article discusses interventions that act as mediators for developing self-compassion amongst millennial college populations, providing implications for future research.

Keywords: self-compassion, wellbeing, millennial college students

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Each generation has characteristics that differentiate them from others (Levine & Dean, 2012). Individuals born between 1980 and 2004, commonly referred to as the "Millennial Generation" or "Generation Y," are today's traditional college students and are often regarded as the cutting-edge trendsetters (Levine & Dean, 2012). In comparison to previous generations, the millennial generation is confident, performance oriented, extremely ambitious, adept at multitasking, and successful in competitive environments (Levine & Dean, 2012; Yazykova & McLeigh, 2015). Scholars assert that supervised and protected parenting; sheltered and structured environments; and parents regarding them as "special," encouraged many millennials to form these characteristics (Brunner, Wallace, Reymann, Sellers & McCabe, 2014; Levine & Dean, 2012).

Increasing Stress in College Millennials

While there are notable strengths within the millennial generation, Brunner and colleagues (2014) report that the constant emphasis on continuous accomplishments and the social pressures of performance have contributed to millennial college students becoming the most "stressed" generation in American history (Brunner, et al., 2014). Additionally, many millennial college students face an identity crisis as they strive for external acceptance and successful results (Brunner at al., 2014). The emotional turmoil resulting from identity crisis often leads to constant self–evaluation and social comparison (Neff & McGhee, 2009). The intense pressures faced by most college students, (e.g., stress toward academic performance; the need to 'fit in' in a particular peer group; poor body image; concerns with sexual and gender identity), have led to high rates of anxiety and depression based on unfavorable and distorted

perceptions of one's self-identity (e.g., I am not good enough) (Brunner et al., 2014; & Neff & McGhee, 2009).

Millennial college students' obsession with performance and accomplishment creates increasing amounts of stress, which directly correlates to mental health concerns (Litrap, 2016). Findings from a 2015 Canadian survey indicate that the millennial generation has emerged as the generation with the highest risk of mental health issues (Litrap, 2016). More than one-half of the millennial respondents in the study were classified as "high risk" for mental health concerns compared to 35% of Generation X and 14% of Baby Boomers (Litrap, 2016). Many millennials report increasing mental health concerns because of the stress incurred from trying to balance and integrate aspects of their lives; what counselors would more broadly define as "wellness" (Myers, Sweeney, & Witmer, 2000). The positive findings of this generation, however, indicate that since this generation values feedback, trusts the efforts of their university, and respects adults, it is easier for the millennial college student to seek professional help for their distress (Brunner, et al., 2014). Because millennial college students are open to seeking professional help, college counseling centers providing mental health services are an important resource for addressing various challenges that these students face. College counselors who cater to the needs of millennial college students will need effective interventions based on the characteristics and traits present within this generation.

If not mediated, the issues the millennial generation faces in college will continue into the workforce. Millennials will soon be the largest demographic workforce in modern times and by 2020, will represent 70% of the global workforce (LaCore, 2015). Employers, often individuals within the Baby Boomer and Generation X generations (born between 1946 and 1964 and 1965 and 1980, respectively), have developed a wide range of preconceived notions of the millennial

employee (La Core, 2015). Because millennial employees are known to enter the workforce ready to challenge the norm (Litrap, 2016), employers are re-evaluating their organizational structures. Some employers are less accepting of the millennial employee, assuming the millennial employee is lazy, entitled, and in need of constant affirmation in the work place (LaCore, 2015). On the other hand, millennial employees have their own assumptions of the current state of the workforce, believing that their older generation bosses do not like or trust them enough to involve them in decision making, which inevitably sends the message that the millennial employee does not bring anything additive to the workforce (LaCore, 2015). Because the dynamic of the traditional workplace is changing (Litrap, 2016), it is important to understand how millennials work with their peers through conceptualizing their experiences from a multigenerational interactional perspective.

Taking the above challenges into consideration, it is appropriate to suggest that millennial college students can greatly benefit from wellness tools (e.g., self-compassion strategies). Such wellness tools would better prepare them for challenges in college environments and eventually in the work force. The next section discusses the construct of self-compassion and its relation to enhancing individual psychological wellbeing amongst college students.

Enhancing Millennial Wellbeing through Self-Compassion

Because millennial college students have the most difficulty mediating their stress levels (Brunner et al., 2014), finding tools that will help millennial college students increase their ability to manage stress is important. Additionally, because poor stress management is a major contributor to premature morbidity and mortality in the United States (Hampl et al., 2002), helping the millennial college student find healthy ways of coping is imperative. Fetter and Koch (2009) assert “wellness counseling focuses on the prevention of developing lifestyle-related,

chronic disease" (p. 9). Therefore, helping clients identify ways to improve their lifestyle and enhance maintenance of physical, mental, and spiritual health are the cornerstones of wellness counseling. Because wellness work is within the scope of a counselor's professional identity and professional practice (Fetter & Koch, 2009; Granello, 2000; Kaplan, Tardyvas, & Gladding, 2014), professional counselors are the appropriate individuals to address these concerns.

Empirical research illustrates a growing interest in self-compassion and its benefits for promoting the overall wellbeing of clinically distressed individuals (Neff, 2011). Traditionally, compassion is defined as being touched by another's suffering and opening one's awareness to the pain of others through feelings of kindness and humanity (Goetz, Keltner, & Simon-Thomas, 2010). On the other hand, compassion toward the self, or self-compassion, is of equal importance (Goetz et al., 2010; Neff, 2011). Self-compassion is an individual's ability to be emotionally supportive towards the self during times of distress (Yarnell & Neff, 2013). It is compassion directed inward, relating to the self as the object of focus and offering care and concern to the self (Neff, 2003). It involves being open to one's suffering, owning the suffering, and healing it with kindness. Drawing from this perspective, Neff (2003) asserts that self-compassion encompasses three core components, (a) self-kindness versus harsh self-judgment, (b) a sense of common humanity versus feelings of isolation, and (c) mindfulness versus over-identification with painful thoughts and emotions.

Self-Kindness. Self-kindness refers to an individual's tendency to accept their flaws and imperfections (Neff, 2003). Rather than obstinately criticizing oneself for being inadequate, this element of self-compassion encourages individuals to be gentle, understanding, and non-judgmental towards each other and themselves (Neff, 2003). More importantly, it inspires the individual to use a soft, supportive, and caring tone of language towards the self.

Common Humanity. The second central concept of self-compassion is common humanity, which explains and accepts that all individuals fail; are prone to make mistakes; and will, at some point, feel incompetent (Neff, 2003). Self-compassion views these imperfections through the lens of a shared human experience, that is, we all suffer and this suffering is inevitable. Therefore, instead of perceiving weaknesses as unusual, self-compassion asks an individual to see weaknesses as a common human experience shared by all (Neff, 2011).

Mindfulness. The term mindfulness finds its roots in ancient spiritual traditions of Buddhism. Mindfulness is a means of becoming present in the moment by maintaining an alert and aware, nonjudgmental state of mind (Kabat-Zinn, 1990). Practitioners of this approach are able to develop a deeper sense of awareness and reflect on their thought patterns without resisting any reactions that the experience evokes (Kabat-Zinn, 1990). Through meditation, mindfulness leads individuals to attain a nonjudgmental state of acceptance in full emotional equanimity (Kabat-Zinn, 1990).

Neff (2003) distinguishes this concept as the ability to value suffering in order to extend compassion toward the self. Mindfulness encourages an individual to acknowledge and experience a feeling of pain, guilt, or trauma, as it is, rather than constantly ruminating over its origins (Neff 2003, Neff, 2011). Mindfully attending to any feeling, whether positive or negative, prevents an individual from getting carried away in the bewildering narratives of the irrational mind, a state that Neff (2011) refers to as over-identification.

Self-Compassion and College Millennial Psychological Health. Empirical literature holds concrete evidence that self-compassion is directly associated with enhancing psychological health and a robust predictor for lowering depression, anxiety, maladaptive perfectionism, thought suppression, fear of failure, and egocentrism (Neff, 2003; Neff & McGhee, 2009). More

importantly, self-compassion creates a higher life satisfaction, an enhanced sense of competence, secure attachment, perceived happiness, and social connectivity (Neff, 2003; Neff, Kirkpatrick, & Rude, 2007). A body of research suggests that self-compassion has proven to be a valid indicator for enhancing psychological constructs related to self-esteem (Neff, 2003) and the Big Five personality traits of agreeableness, extroversion, conscientiousness, openness to experience, and neuroticism (Neff et al., 2007).

Additionally, because self-compassionate individuals are less likely to self-analyze and produce unproductive behaviors (Neff, 2003), self-compassionate individuals do not indulge as readily in self-judgmental thought patterns (Neff & Pommier, 2013). They also worry less about perfectionism (Neff, 2003) and experience lower levels of irritability, hostility, or distress (Neff et al., 2007). The theoretical grounds for self-compassion are not based on performance evaluations of self or others to meet ideal standards, but are based on the adoption of feelings of compassion in recognition of common humanity (Neff, 2003). Evidence indicates that self-compassion increases an individual's' capacity to build coping mechanisms that enhance an individual's ability to thrive in negative emotional states, ultimately leading to positive benefits. Some positive benefits include, increased life satisfaction, social connectedness, emotional intelligence, and a heightened sense of wellbeing (Neff & McGhee, 2009).

Common Misunderstandings of Self-Compassion. As determined from the research cited above, self-compassion has proven to be a beneficial construct for refining an individual's wellbeing on various levels of impairment. While it is important to define self-compassion, it is also helpful to explore some of the commonly held misconceptions of self-compassion. One common misconception is the belief that self-compassion is self-pity. For example, millennials tend to look for constant self-appraisal by engaging in pitiful remarks toward themselves

(Brunner et al., 2014). Individuals in a state of self-pity tend to exaggerate problems and often forget that many other individuals have experienced similar situations or feelings (Neff, 2011). They are overly critical and often play the victim (e.g., the 'why me' belief system).

Alternatively, self-compassionate individuals have a greater sense of perspective and universality toward their suffering and do not as readily exaggerate the extent of their personal distress (Neff & McGhee, 2009; Neff et al., 2007). They have a clearer recognition of their shortcomings and they invite compassion for their failings and inadequacies, meeting the need for self-verification (Neff, 2003). Self-compassion suggests that suffering is a shared human experience (Neff, 2003) making it impossible for self-compassion to be self-pity.

Another common misconception is the idea that self-compassion is self-indulgence, namely that by being compassionate toward the self, the individual becomes self-centered and excessively consumed by their own vanity (Neff, 2011). Where the practice of self-compassion strives to motivate individuals to navigate difficult times, learn from their mistakes and get in tune with their suffering, it has no connection whatsoever with the perfectionistic tendencies of the self-centered individual (Neff, 2011). In comparison to self-indulgent individuals, "self-compassionate individuals aim just as high but are not as devastated when they don't reach their goals" (Neff, 2011, p. 6). More concretely, self-compassion pushes an individual toward health and wellness in contrast to self-indulgent individuals who often use imprudent excuses (e.g., I am not competent enough for this task).

Self-Compassion and its Impact on Millennial Sub-Groups

It is evident that practicing self-compassion can alleviate stress, anxiety, depression, and other psychological health related ailments. Scholars studying subgroups of the millennial generation within university settings report that the population faces added challenges when

addressing concerns related to mental health and wellbeing (Brunner et al., 2014). The Center for Collegiate Mental Health (CCMH), a national network of 250 university and college counseling centers practicing research on college students' mental health, recognized the additional needs of this population and encouraged the incorporation of strength-based interventions in college counseling settings in contrast to the traditional focus on diagnosis and pathology (CCMH, 2012). One way the CCMH supported this agenda was by investigating the use of the Self-Compassion Scale-Short Form (SCS-SF) as an empirically sound measure for evaluating compassion based interventions amongst college students. The study concluded that the SCS-SF is a reliable source for use with clinically distressed college students, depicting a strong internal consistency (Lockard et al., 2014).

Within the millennial population, there are common sub-groups within many college campuses including international students, first generation college students, female students, students within gender and sexual minority stratum, and racial and ethnic minorities. Of the 1,609 students from ten university counseling centers who participated in the CCMH study, there were no statistically significant differences in the SCS-SF scores based on race/ethnicity (African American/Black, Asian American, European American/White, Hispanic/Latino/a, multiracial, and other). Additionally, there were no statistically significant differences in the SCS-SF scores based on sexual orientation (heterosexual, bisexual, gay, questioning, and lesbian). However, there were significant differences between students reporting their gender as man or woman, indicating that men reported greater self-compassion than women (Lockard et al., 2014). Researchers excluded individuals who reported their gender as "other" because of the small sample size (.3%; Lockard et al., 2014). Results indicate that self-compassion is not a particular struggle for racial, ethnic, and sexual minorities over and above students in the majority

(Lockard et al., 2014). However, self-compassion scores were significantly different for gender (men are more self-compassionate than women; Lockard et al., 2014).

In a sub-group of female college students, Smeets, Neff, Alberts and Peters (2014) reported that self-compassion was positively related to college students adopting mastery-oriented goals over performance-oriented goals. When students used a mastery-oriented focus to learning, students set their own standards of achievement and believed that making mistakes was a meaningful process of learning. The researchers in this study also found that self-compassionate college students built better resilience to handle stress, gained confidence in their competencies, and were less afraid of failure (Smeet et al., 2014). In contrast, performance oriented students and those who were less self-compassionate focused on outperforming classmates to prove competence and avoid the fear of failure (Smeets et al., 2014).

Millennial immigrants comprise 11% of the total population of millennials (Yazykova & McLeigh, 2015). Nearly 80 million people form the millennial immigrant population and account for the youngest cohort of people in the United States, making millennial immigrants the largest number of children of immigrants than any other generation before them (Yazykova & McLeigh, 2015). Though most are bi- or tri-lingual, have successfully integrated Western and old culture(s), are tech savvy, open to change, compassionate, inclusive, well-educated, achievement oriented, and politically active, not everyone with transnational identities can balance language, culture, and values or has fiscal security (Yazykova & McLeigh, 2015). This can contribute to challenges in identity development, making millennials question their abilities as they navigate ways to acclimatize themselves to the Western culture and its environments (Terry, Leary, & Mehta, 2013).

To better prepare millennials for the challenges mentioned above, researchers are actively studying the effects of wellness strategies amongst this population. Terry, Leary, and Mehta (2012) evaluated the significance of self-compassion amongst millennial college students who recognize themselves as natives of another country. Researchers found that self-compassionate students were less prone to experience homesickness and depression and reported less dissatisfaction about their program of study at the university. Helping millennial immigrant college students practice self-compassion enabled them to face challenges pertinent to student life with more optimism and an increased level of effectiveness, especially when handling social and academic struggles (Terry et al., 2012).

Additionally, scholars have noted significant changes in the psychological health and wellness of sexual minorities regarding self-compassion. While ‘coming out’ is associated with heightened self-esteem for queer individuals, publicly accepting one’s sexual orientation continues to cause immense distress and negative mental health outcomes for many individuals (Crews & Crawford, 2015). Crews and Crawford (2015) surveyed 243 queer participants asking them to describe their self-compassion levels (i.e., Self-Compassion Scale). Queer individuals who were totally ‘out’ regarding their sexual identity reported higher levels of self-compassion in comparison to those who were not ‘out’ (Crews & Crawford, 2015). Mental health practitioners working with college millennials struggling with coming out, can use self-compassion to support students navigating the coming out process (Crews & Crawford, 2015). Henceforth, increasing a queer student’s self-compassion levels may encourage a student to come out, which may ultimately lead to improved mental health and wellbeing for this millennial sub-group.

Therapeutic Interventions that Enhance Self-Compassion

Given the diverse body of literature demonstrating the significance of self-compassion for improving psychological wellbeing amongst millennial college students, it would be advantageous to build and foster compassion based interventions with this population. It is also worth noting that self-compassion provides a stable foundation for promoting positive self-regard (Neff, 2011). Mental health practitioners can learn to teach self-compassion to distressed individuals through various intervention programs. The following are some programs that individuals might want to consider using with the millennial college student.

Mindful Self-Compassion (MSC). Germer and Neff (2013) developed an 8-week group intervention program that teaches participants to cultivate an enhanced sense of compassion toward the self. The purpose of this program is to develop an inner reliance based on self-compassion that enables the participants to take up difficulties as they arise in their lives. The intervention consists of a variety of meditations, breathing exercises, and practice exercises used in daily life (e.g., soothing touch, compassionate letter writing). The participants meet for a total of 2.5 hours once a week and attend a half-day silent meditation retreat midway through the program. The protocol teaches participants to develop the habit of cultivating self-compassion through experiential activities and through home-based exercises to help promote a daily practice. An MSC group usually consists of 10-25 participants, facilitated by leaders trained in MSC, usually with an endorsement of a mental health provider (e.g., LPC, NCC). Leaders of the group encourage the participants to support each other by sharing their experiences in a collaborative, respectful, and confidential environment. In a recently conducted randomized controlled trial, Germer and Neff (2013) found that levels of self-compassion grew by 43% by

engaging in the MSC program and all outcome gains were maintained by 6 months to one year follow up intervention.

Mindfulness Based Stress Reduction (MBSR). MBSR resulted from the pioneering work of Kabat-Zinn on mindfulness (Kabat-Zinn, 1990). The program cultivates an experience of mindfulness in distressed individuals as a guide for liberating wellbeing. MBSR is also an 8-week long program that uses mindfulness as a baseline for reducing stress. The intervention is modeled using both didactic and experiential learning components through which the participants can develop an open and receptive, moment-by-moment experience of all stimuli that enters the sensory field of awareness. The program's premise is based on the theory of "here and now" and suggests that bringing individual awareness to present moment experiences disengages them from self-negating thoughts and anxiety provoking emotions that have a detrimental effect on their wellbeing (Kabat-Zinn, 1990).

This intervention includes weekly sessions in which the participants are taught sitting meditation techniques (e.g., breath awareness, acceptance of thoughts, feelings, and sensations). Other strategies include body scan and loving-kindness meditations that involve an experiential practice to cultivate compassion towards the self and others. Results from an experimental study reported a significant decrease in stress levels of participants in the MBSR program (Birnie, Speca & Carlson, 2010). Researchers also found significant increases in positive attitudes, empathy, and self-compassion amongst study participants, which further accelerated a reduction in stress levels (Birnie et al., 2010). Increased levels of self-compassion were positively correlated with mindfulness and negatively with accruing stress. Overall, Birnie et al. (2010) reported that participants with higher levels of self-compassion were better able to regulate their

emotions and had high levels of spirituality and mindfulness, which eventually resulted in warding off depressive states.

Compassion Focused Therapy (CFT). CFT is an evidenced based, cognitive-behavioral therapeutic tool designed by Gilbert (2014) to enhance self-compassion in clinical populations. This approach uses imagery and experiential activities to enhance individuals' abilities to reassure, increase safety, and provide understanding toward themselves (Smeets et al., 2014). An integrative approach in human psychology, CFT addresses feelings of shame, self-criticism, and self-directed hostility to help individuals cultivate compassion towards others and themselves (Gilbert, 2014). This therapeutic modality emphasizes the links between cognitive patterns and three emotional regulation systems - (i) the threat detection and protection system, associated with feelings of anxiety, anger or disgust, fight and flight responses, and traits of avoidance and submissiveness; (ii) the drive, vitality and achievement system, which encompasses pleasure seeking behaviors; and (iii) the contentment and affiliative soothing system that allows individuals to experience peaceful wellbeing by giving and receiving affection to others and themselves (Gilbert, 2014). CFT utilizes a variety of breathing, postural, and imagery based exercises to foster compassion within a distressed individual. Clinical practitioners trained in this intervention apply acting techniques to help clients experience the qualities of a compassionate individual. The acting techniques create a pathway of insight into the qualities of self-compassion and as clients feel the effects of this method, they can practice them more often (Gilbert, 2014). In sum, CFT has proven to be a useful tool for enhancing self-compassion in individuals suffering from various forms of psychopathology.

Mindfulness Based Cognitive Therapy (MBCT). MBCT is an integrative method that combines mindfulness and cognitive behavioral therapy (CBT) and is delivered across eight

weekly group sessions (Segal, Williams, & Teasdale, 2013). MBCT was originally developed to promote long-term wellness among individuals with recurrent histories of depressive symptoms (Segal et al., 2013). However, recent studies have shown that the program has been utilized with a wide range of clinical populations (e.g., clients with bipolar disorder, eating disorders, and anxiety) and in diverse settings (Segal et al., 2013). The first half of the program utilizes techniques built to teach mindfulness skills, such as deep breathing, body-scan and walking meditations, yoga stretches, and even mindful eating. Participants are encouraged to learn through direct transmission from the trained leader and reflect on their experiences via a self-inquiry process. The leader models the experience in a nonjudgmental, self-compassionate, and mindful way. Leaders are encouraged to have their own practice of mindfulness as a foundation for passing on their teachings.

The second part of the program utilizes behavioral approaches for altering distressful content that the participants bring to the group. The strategies include cultivating an awareness of distressing signs, the rational and irrational content attached to them and eventually learning to replace the negative content with positive and uplifting thoughts of self. This directly ties with the foremost component of Self-Compassion, known as Self-Kindness (Germer &Neff, 2013). This particular modality supports individuals in decreasing reactivity towards thoughts that trigger depressive episodes (e.g., I am not worthy, I am stupid). By engaging in a dialogue of kindness and affectionately responding to oneself, participants are able to accept and ultimately challenge their inner critic (Segal, Williams, & Teasdale, 2013). Eventually, self-compassionate individuals tend to shy away from self-sabotaging language of criticism and offer warmth and understanding to themselves, just like they would to a friend in distress (Germer &Neff, 2013).

In sum, self-compassion has been found to be a key mechanism in the above-mentioned interventions (MSC, MBSR, CFT and MBCT). Evidence suggests that millennial college students would benefit from any one of these interventions, as they all focus on mediating difficulties when they arise (Neff & Germer, 2013); encouraging mindfulness practice in distressed individuals by increasing stress reduction (Birnie et al., 2010); addressing feelings of shame, self-criticism, and self-directed hostility- especially important for LGBTQ+ individuals (Gilbert, 2010); and cultivating awareness of depressive signs and rational and irrational content attached to them (Segal et al., 2013). Additionally, these findings underlie that self-compassion is a teachable construct that can be of significant benefit to both clinical and nonclinical populations**.**

Implications

Self-compassion is an intervention with a variety of mental health benefits (Germer & Neff, 2013). Evidence suggests that cultivating self-compassion is a strong promoter for increased wellbeing in clinically distressed individuals (Neff et al., 2007). Because counseling is a helping profession focused on increasing client wellness (Kaplan et al., 2014), it is imperative to increase counselors' ability to use wellness-enhancing interventions. While many counselors subscribe to a wellness focus in counseling, Mellin, Hunt, and Nichols (2011) report that counselors are still unclear what constitutes a wellness-intervention, making it particularly difficult to subscribe to a wellness professional identity. Given the relevance of self-compassion to the wellness identity that counselors ascribe to, counselors who work with millennial college students should consider incorporating self-compassion as an intervention to help their millennial clients increase their wellbeing (Neff & Pommier, 2013; Smeets et al., 2013; Terry et al., 2014). Additionally, increasing research on self-compassion and its utility as a wellness-enhancing

intervention will not only increase the number of wellness-enhancing interventions that could be used for millennial clients, but also help counselors subscribe to a wellness professional identity.

Additionally, while current research suggests that self-compassion is a strong predictor for enhancing wellbeing (Neff, 2003; Neff, 2011; Yarnell & Neff, 2013), more empirical evidence is necessary, specific to the impact of self-compassion on subgroups within the millennial college student. Despite the minimal differences of self-compassion in racially, ethnically or sexually diverse populations, there is a paucity of scholarship demonstrating the significance of self-compassion amongst cultural and gender minority groups (Lockard et al., 2014). It would, therefore, be important for future researchers to continue to study diverse individuals with various intersectionalities including those of different cultures, races, ethnicities, sexual and gender identities, and social classes within the millennial college student population to see similarities and differences between groups of people and their specific problems as mediated by self-compassion. Future research should also explore how self-compassion can meet the needs of other groups of individuals outside the millennial student population. For example, self-compassion could be taught to individuals in schools, the workplace, hospitals, or community centers to determine its efficacy.

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