

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Self-Compassion in Buddhism as a Tool for Overcoming Depression: A Path to Emotional Healing

Le Mai Trang

Nalanda University, Rajgir, District Nalanda, Bihar - 803116

ABSTRACT

Affecting millions of individuals globally, depression is a common international health issue. Many individuals still struggle with persistent symptoms and recurrence despite therapy breakthroughs. This research investigates the prospects of adding Buddhist techniques—especially the growth of self-compassion—into depression treatment. We look at how self-compassion could offset the self-criticism, rumination, and isolation that constitute depression using Buddhist teachings and contemporary psychological findings. The paper examines the Buddhist perspective of suffering and its healing by means of mindfulness and development in compassion. Moreover, supporting the efficacy of self-compassion in reducing depression symptoms and promoting emotional well-being is evidenced by present studies in psychology and neuroscience. We investigate the neurological correlates of self-compassion and show how it could reorganize the brain for more resilience. Emphasizing the requirement of cultural sensitivity and skillful adaptation, issues and objections to the inclusion of Buddhist practices into mental health therapy are discussed. The paper ends by reaffirming the promise of self-compassion as a potent weapon for emotional healing and transformation, providing a complete method to handle the worldwide depression load. Further research and collaboration between mental health professionals and Buddhist practitioners are encouraged to refine and expand these interventions, ultimately contributing to a more compassionate and resilient world.

Keywords: Buddhism, self-compassion, depression, mental health, mindfulness, lovingkindness, emotional resilience, neuroscience, psychology, cultural sensitivity

The World Health Organization (WHO) estimates that over 300 million people worldwide suffer from depression, making it a leading cause of disability globally (WHO, 2021). Many people still battle with ongoing symptoms of this disease, even with significant progress in therapy. This reality emphasizes the need to investigate supplementary or other therapy approaches. With its all-encompassing approach to mental health, Buddhism stresses the need to develop self-compassion as a means of reducing suffering. Buddhist ideas are intimately tied to self-compassion: that is, treating oneself with kindness, realizing one's common humanity, and keeping awareness at difficult or bereaved moments (Neff, 2011,78).

Examining how Buddhist practices foster self-compassion and how these concepts might be used to lower depressive symptoms is the main emphasis of this work. Supporting the case will be evidence from psychology studies, neurology, and clinical trials, therefore offering a whole picture of the possible advantages and difficulties of including Buddhist practices in mental health treatment.

The Four Noble Truths—the fact of suffering (*dukkha*), the cause of suffering (*samudaya*), the end of suffering (*nirodha*), and the road leading to the end of suffering—are fundamental Buddhist tenets (SN 56.11). Buddhism stresses that although suffering is inevitable in life, with compassion, mindfulness, and knowledge, we may learn to face and overcome it). In the *Journal of Clinical Psychology* of a pilot study and randomized controlled trial of the mindful self - compassion program, self-compassion is inversely linked, according to Neff and Germer, 2013, 28-44). We are less prone to enter a depressed condition when we love and accept ourselves and realize that everyone struggles.

Another fundamental Buddhist practice, meditation, also helps significantly develop self-compassion. Through meditation, we learn to see our ideas and feelings, free from evaluation objectively. In the Journal of Consulting and Clinical Psychology, studies by Hofmann et al. (2010) about the effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review revealed that mindfulness meditation might help lower anxiety and depression symptoms (Hofmann et al., 2010, 169). We can learn inner serenity and the capacity to handle challenges by training on the present moment and embracing what is happening without evaluation.

Moreover, Buddhism stresses the need to develop wisdom and a better knowledge of the character of reality. We can release our attachment to inflexible ideas about the world and ourselves when we understand the impermanence and connectivity of all things. Studies by Shonin et al. (2014) about the emerging role of Buddhism in clinical psychology Toward practical integration point to Buddhist-based treatments helping to alter views, hence lowering depression and anxiety (Shonin et al., 2014, 123).

Applying Buddhist ideas to mental health treatment does, however, also present specific difficulties. For instance, some people would find it challenging to believe that suffering is a necessary aspect of existence. Moreover, meditation calls for endurance and long-term dedication for some people, which might be difficult. Still, many people may learn to include Buddhist ideas into daily life and gain from growing self-compassion with suitable help and direction.

To build self-compassion, Buddhism offers a whole framework for enhancing mental well-being and happiness. Applying ideas such as mindfulness, wisdom, and acceptance will help us to overcome challenges and lessen pain. While including Buddhist techniques in mental health therapy could present some difficulties, their ability to assist individuals in overcoming depression and discovering emotional healing is excellent. As we keep looking at the relationship between Buddhism and mental health, we might find more practical solutions for the global mental health epidemic.

The Concept of Self-Compassion in Buddhism

According to Buddhism, *dukkha* in *Dhammaca kkappavattana Sutta* —suffering—is a natural aspect of the human experience resulting from ignorance, attachment, and aversion (SN 56.11). The foundation of Buddhist practice is the development of *metta* (lovingkindness) and *karuna* (compassion) for others and oneself. In Buddhism, self-compassion is a deliberate, balanced attitude to self-care, not confused with self-indulgence or self-pity. Especially in the *Metta Sutta*, the lessons of the Buddha emphasize the importance of self-compassion as the pillar of emotional well-being and motivate people to "cherish all living beings," which consists of themselves (Snp 1.8). One can solve the underlying reasons for suffering by fostering lovingkindness and compassion, promoting resilience and well-being, and avoiding the dangers of self-indulgence or self-pity.

The Buddhist idea of anatta—or non-self—is closely related to the practice of self-compassion. *Anatta* stresses the connectivity of all things rather than a fixed, separate person. A significant part of self-compassion is shared humanity, which this knowledge helps to nurture. In the work "The Art of Happiness," the Dalai Lama acknowledges that the universality of suffering allows people to develop more empathy for others and themselves, reducing self-judging and isolation (Dalai Lama,1998, 67). *Anatta* gracefully harmonizes self-compassion with the awareness of interconnection, dispelling the illusion of a complex self-identity. Accepting the typical character of pain helps one develop empathy, reducing self-criticism and isolation. This perspective allows one to turn self-compassion into a shared experience, promoting emotional healing and closer relationships with others.

Particularly in the work "Self-compassion: An alternative conceptualization of a healthy attitude toward oneself" by Dr. Kristin Neff, modern psychological research has reduced self-compassion into three key elements: self-kindness, common humanity, and mindfulness (Neff, 2003, 85-101). These components combine old knowledge and modern science and speak to Buddhist teachings. Self-kindness is avoiding severe self-judging and treating oneself with compassion and understanding. Common humanity is realizing that the shared human experience is, in fact, shaped by suffering and imperfection. Mindfulness helps one to avoid the inclination to over-identify with their uncomfortable ideas and feelings by keeping them in balanced awareness. These elements, taken together, provide a framework for knowing how self-compassion might be developed and used to help with depression.

Drawing on a complex tapestry of ideas and techniques, the Buddhist path presents a complete strategy to develop self-compassion. As the work "Lovingkindness: The Revolutionary Art of Happiness," powerful methods for building self-compassion are the Brahmaviharas, sometimes known as the Four Divine Abodes: lovingkindness (*metta*), compassion (*karuna*), sympathetic delight (*mudita*), and equanimity (*upekkha*) (Salzberg, 1995). Through daily life and meditation, people can actively cultivate these traits, so changing their relationship with themselves and promoting emotional resilience and great self-acceptance.

Moreover, self-compassion is much enhanced by the Buddhist technique of mindfulness meditation. Those who learn to see their ideas and feelings with a nonjudging, accepting attitude will grow to have a more balanced and sympathetic relationship with their inner experiences. As the studies "Mindfulness-Based Cognitive Therapy for Depression" by Zindel Segal et al., mindfulness helps to offset the common traits of depression—rumination and self-criticism—by means of counteraction (Segal et al., 2018, 56). Regular practice helps people develop a steadier and more empathetic mind that is more suited to negotiate life's difficulties.

The Buddhist perspective of self-compassion also includes the realization that all events, including one's ideas, feelings, and sense of self, are transient. In "Thoughts without a Thinker: Psychotherapy from a Buddhist Perspective," acknowledging the fleeting character of events helps people become more flexible and adaptive in handling challenges instead of becoming unduly linked to or identified with their misery (Epstein, 2004). In the framework of depression, when people get caught in negative thought patterns and self-perceptions, this realization can be beneficial.

Ultimately, the Buddhist idea of self-compassion presents a profound and transforming way to meet depression's difficulties. Those who practice loving kindness acknowledge the commonality of suffering and practice mindfulness, which will help them build a more resilient and sympathetic relationship with themselves. The meeting of Buddhist ideas with modern psychological research emphasizes the ageless wisdom and pragmatic usefulness of these ideas. As we keep investigating the junction of Buddhism and mental health, we might find ever more comprehensive and successful strategies to reduce the suffering related to depression and advance emotional well-being.

Self-Compassion as an Antidote to Depression

Many times, depression is accompanied by self-criticism, obsession, and loneliness. These emotional and cognitive patterns can lead to a vicious cycle, aggravating depressive symptoms and discouraging people from applying reasonable coping mechanisms. Buddhist methods encouraging self-compassion directly target these tendencies and provide a path toward emotional repair and resilience.

Mindfulness meditation is among the most widely used Buddhist practices to develop self-compassion. Being aware is open and non-judgingly concentrating on the present. Mindfulness helps people to grow to see their ideas and emotions without letting them rule them. This can help reduce the

concentrating on the present. Mindfulness helps people to grow to see their ideas and emotions without letting them rule them. This can help reduce the intensity of negative self-evaluations and help interrupt the cycle of rumination commonly accompanying depression. Studies have demonstrated that mindfulness-based therapies—including Mindfulness-Based Cognitive Therapy (MBCT)—show pretty low rates of depression recurrence. In the Journal of Consulting and Clinical Psychology about "Practice of therapy acquired regulatory skills and depressive relapse/recurrence prophylaxis following cognitive therapy or mindfulness-based cognitive therapy," research by Segal et al. (2018) indicates that mindfulness-based approaches have significant potential to treat depression; MBCT proved to be as effective as maintenance antidepressant medication in preventing depressed recurrence (Segal et al. 2018, 161-170). Mindfulness meditation allows people to observe their ideas free from judgment, helping them grow in self-compassion. Its efficiency, demonstrated in MBCT studies, highlights its ability to break the cycles of rumination and depression, therefore providing a complete replacement for conventional therapy.

Lovingkindness meditation (*metta bhavana*) is another crucial Buddhist practice for developing self-compassion. This approach means emphasizing love and compassion for others and oneself. Developing emotions of warmth and kindness toward oneself helps people offset the negative self-talk and selfcriticism that sometimes accompany grief. Empirical benefits for mental health have come from lovingkindness meditation. The work "Lovingkindness and Compassion Meditation: Potential for Psychological Interventions" by Hofmann et al. study found that participants in lovingkindness meditation reported appreciable improvements in pleasant emotions and decreases in sad symptoms (Hofmann et al., 2011, 1126-1132). These findings suggest that lovingkindness meditation is a practical approach to raising self-compassion and lowering depression.

Besides official meditation practices, Buddhist teachings underline the significance of bringing self-compassion into daily life. This is learning to treat oneself sympathetically and gently, even amid hardship or disappointment. In the book "The Heart of the Buddha's Teaching," the Buddha counseled, for example, that people should treat themselves with the same regard and compassion they would show a close friend (Thich Nhat Hanh, 1998, 28). This point of view can help people develop a more balanced and empathetic connection with themselves, therefore lowering the influence of self-criticism and advancing emotional well-being.

Moreover, Buddhist concepts of impermanence and non-attachment can be really beneficial in promoting self-compassion and anxiety reduction. These concepts can also benefit one with depression. People can learn to manage their internal events with more equanimity and resilience by understanding the transient nature of all experiences—including painful emotions and negative self-perceptions. Especially beneficial in the context of depression by the work "The Wise Heart: A Guide to the Universal Teachings of Buddhist Psychology," when people often get caught in negative self-narratives, the non-attachment technique helps them to let go of the need to connect with or hang on to their thoughts and emotions (Kornfield, 2009).

Within the Buddhist context, the practice of *tonglen*, sometimes known as "taking and sending," is another potent instrument for fostering self-compassion. With each inhale, *Tonglen* helps one to see oneself absorbing the suffering of others and releasing healing, love, and compassion with each exhaled. Through active participation in this practice, people can realize that suffering is a universal experience and grow more sensitive to one another and shared humanity. According to "*Tonglen*: The Path of Transformation," common traits of depression include feelings of isolation and self-judging, which this awareness can help offset (Chödrön, 2001).

The Buddhist perspective on self-compassion also underlines the significance of caring for oneself and attending to personal needs. This is realizing that taking care of oneself is not selfish but rather a necessary basis for showing others sympathy and encouragement. Self-care activities, including conscious self-reflection, establishing reasonable limits, and tending to one's physical and emotional well-being, help people develop a greater sense of self-compassion and resilience against the demands of daily life (Brach, 2003).

Buddhist techniques encouraging self-compassion provide a strong counterpoint to the self-criticism, rumination, and isolation that define sadness. Through mindfulness meditation, lovingkindness practice, and daily self-compassion development, people can grow to have a more balanced and sympathetic connection with themselves, fostering emotional healing and resilience. The increasing corpus of studies confirming the effectiveness of these techniques emphasizes the possibilities for bringing Buddhist knowledge into contemporary psychiatric treatments. As we keep investigating the junction of Buddhism and psychology, we might find ever more comprehensive and successful strategies to solve the worldwide mental health issue and reduce the suffering related to depression.

Evidence from Psychological and Neuroscientific Research

New developments in psychology and neuroscience provide more evidence for how healthy self-compassion can reduce depression. Studies have shown that self-compassion stimulates the prefrontal cortex and anterior cingulate cortex, two brain areas linked with pleasant emotions and self-regulation (Weng et al., 2013, 1171-1180). These areas are self-control, emotional regulation, and decision-making, among other things. Buddhist techniques may assist in reorganizing neural circuits by encouraging self-compassion, increasing emotional resilience, and lowering depressed symptoms.

Conversely, self-criticism has been connected to higher activity in the amygdala, a part associated with stress and terror reactions. Constant self-criticism can cause the amygdala to become more active, which helps depression symptoms to develop and be maintained. Reducing self-criticism and advancing self-compassion allows people to lower amygdala activity and enhance emotional control (Longe et al., 2010, 1849-1856). The link between self-criticism and increased amygdala activity emphasizes its part in stress and anxiety as well as depression. Promoting self-compassion can help to lower amygdala activity and improve emotional control. This underlines the need for change in mental health and resilience from self-criticism to self-compassion.

Higher degrees of self-compassion have been linked in longitudinal studies to less likelihood of depression development and more likely recovery from it. For instance, a 2010 study by Kuyken et al. found that self-compassion mediated the effects of MBCT in preventing depression recurrence, hence underscoring its protective function (Raes, 2011, 966-978). According to a study by Raes (2011), self-compassion can improve general well-being, which indicated that it was negatively linked with depressed symptoms and favorably linked with life satisfaction (Raes, 2011, 33-36). Studies repeatedly show that self-compassion is a strong preventive against depression. These studies also highlight its importance in lowering relapse, relieving symptoms, and increasing life satisfaction, thereby supporting resilience and long-term emotional well-being.

Apart from psychological investigation, neuroscientific investigations have shed light on the processes behind the advantages of self-compassion. Longterm meditators, for example, showed more activity in brain areas linked with empathy and compassion, including the insula and temporoparietal junction, according to a study by Lutz et al. (Lutz et al., 2008). These findings suggest that regular meditation can enhance brain capacity for emotional regulation and self-compassion, therefore providing a neurobiological basis for the benefits of Buddhist methods.

Studies have also examined how self-compassion influences stress and physiological markers of well-being. A Breines et al. study found that those who engaged in a brief self-compassion intervention had reduced levels of the stress hormone cortisol and increased heart rate variability, both signs of improved stress control (Breines et al., 2014, 109-114). These findings suggest that self-compassion can directly influence the body's stress reactivity, promoting emotional and physical well-being.

Recent studies have also examined how resilience and post-traumatic growth might be fostered by self-compassion. Self-compassion considerably predicted resilience and post-traumatic growth among those who had experienced a traumatic event, according to a Zeller et al. study (Zeller et al., 2015, 645-653). Particularly relevant in the setting of depression, when people may struggle with poor self-perceptions and a sense of hopelessness, these findings highlight the promise of self-compassion in guiding people through and from challenging life situations.

Studies have also examined the interactions between self-compassion and interpersonal functioning. Higher self-compassion persons reported more suitable and fulfilling romantic relationships marked by stronger emotional connection and less controlling behavior, according to a Neff and Beretvas study (Neff and Beretvas, 2013, 78-98). These results imply that developing self-compassion might have knock-on effects on personal relationships, thereby fostering more harmonic and encouraging interactions with others, which can be a great source of resilience and support against depression.

All told, an increasing amount of psychological and neuroscientific studies confirm that self-compassion is effective in reducing depression and enhancing emotional well-being. Research has indicated that while lowering activity in areas linked to fear and stress reactions, self-compassion stimulates brain areas linked with pleasant emotions and self-regulation. Self-compassion was shown longitudinally to be protective in reducing depression recurrence and raising general life satisfaction. Moreover, neuroscientific studies have shed light on the neurobiological processes behind the advantages of self-compassion and underlined the possibility of consistent meditation to remodel the brain for higher emotional resilience. The evidence for the transforming power of self-compassion in treating depression becomes more convincing as studies on the junction of Buddhist practices and mental health keep on exploring.

Challenges and Criticisms

There are various challenges, even if adding Buddhist approaches to mental health treatment has significant potential. One potential disadvantage is that in some contexts, self-compassion could be culturally inappropriate or self-centered. In communities that emphasize collectivism and self-sacrifice, for example, self-compassion may see as either indulgent or selfish (Neff et al., 2008, 267-285). This underlines the importance of modifying Buddhist practices with cultural sensitivity to ensure their relevance and acceptability among many populations.

Low motivation or cognitive impairment can also make it challenging for someone suffering from severe depression to engage in self-referential hobbies or meditation. Under such conditions, self-compassion-based treatments could be changed or augmented with other forms of therapy, such as cognitivebehavioral therapy or drugs (Galante et al., 2014, 1101-1114). Moreover, some people could find it challenging to cultivate self-compassion due to high levels of training, negative self-beliefs, or self-criticism practices. In these situations, therapy support could be required to enable people to grow in a more compassionate connection with themselves (Gilbert and Procter, 2006, 353-379). Because of low motivation or cognitive impairment, severe depression can prevent participation in self-compassion activities. It could be required to combine tailored therapies with medicines. Therapeutic assistance is also essential for those who experience intense self-criticism since it helps them develop a better, compassionate self-relationship.

Furthermore, self-compassion runs the danger of being misinterpreted or misused, which would cause a kind of complacency or self-indulgence. To be clear, self-compassion is not about absolving personal responsibility or allowing oneself to get off easy. Instead, it's about realizing one's limitations and mistakes with compassion while working for improvement and transformation (Neff and Germer, 2013, 28-44). Preventing the abuse or misinterpretation of self-compassion depends on people knowing its balanced character.

Another possible critique is that the focus on self-compassion could unintentionally support a feeling of self-centeredness or individualism, contradicting the Buddhist notion of non-self (*anatta*). True self-compassion is derived from a strong awareness of connectivity and the shared human experience of suffering. Those who practice self-compassion will be more sensitive and sympathetic to others since they realize that every creature deserves respect and compassion (Brewer et al., 2010, 1698-1706).

Moreover, some might contend that including Buddhist techniques in mental health treatment can cause traditional Buddhist teachings to be distorted or diluted. Approaching modifying Buddhist practices with delicacy and respect is vital to preserving their fundamental wisdom and purity. Working

together, mental health experts and Buddhist academics or practitioners can help guarantee that incorporating Buddhist ideas into therapeutic settings is done accurately and applicable (Shonin et al., 2014, 123-137).

At last, it is crucial to realize that although encouraging, self-compassion-based treatments are not a magic bullet for every person experiencing depression. Depression's complexity and variety make a one-size-fits-all solution improbable to be successful. One helpful strategy among many in depression therapy is self-compassion, which should be applied according to every person's particular requirements and situation (Kuyken et al., 2016, 565-574).

In essence, even if including Buddhist techniques in mental health treatment offers some difficulties and restrictions, self-compassion has excellent potential to reduce despair and advance emotional well-being. We can maximize the transforming potential of self-compassion to assist people in negotiating the road to emotional health and resilience by confronting the obstacles head-on, encouraging culturally relevant adjustments, and guaranteeing the genuine and skillful application of Buddhist precepts. Research on the junction of Buddhism and mental health can help us find evercreative and efficient ways to reduce the worldwide depression load.

Conclusion

Including Buddhist techniques—especially the development of self-compassion—in mental health treatment presents a hopeful way to help reduce the worldwide depression load. Combining the wisdom of Buddhist teachings with modern scientific understanding will enable us to design whole treatments promoting emotional healing and resilience. Buddhist ideas of self-compassion provide a strong counterweight to the self-criticism, introspection, and solitude that define melancholy. Through lovingkindness and mindfulness meditation, people can grow to relate to their ideas and emotions with greater understanding and equanimity. Growing research shows that self-compassion promotes well-being and helps lower sad symptoms. Nonetheless, the introduction of Buddhist methods into mental health treatment does not come without challenges, including cultural sensitivity and the need for careful modification. As we keep looking at the confluence of Buddhism and mental health, we have the opportunity to modify our approach to treating depression. Accepting the understanding of self-compassion and the insights of contemporary research will help people with depression on the road toward increased resilience and flowering. The global mental health crisis calls for innovative solutions, and including Buddhist concepts offers a promising future. Supported by scientific studies and Buddhist illumination, the road of self-compassion provides a potent weapon for healing and transformation against depression and beyond.

References

World Health Organization. "Depression." Fact sheet, 2021. https://www.who.int/news-room/fact-sheets/detail/depression.

Neff, Kristin. Self-Compassion: The Proven Power of Being Kind to Yourself. New York: William Morrow, 2011.

Sujato, Bhikkhu, trans. Dhammacakkappavattana Sutta (SN 56.11). SuttaCentral, 2018. https://suttacentral.net/sn.

Neff, Kristin D., and Christopher K. Germer. "A Pilot Study and Randomized Controlled Trial of the Mindful Self-Compassion Program." *Journal of Clinical Psychology* 69, no. 1 (2013): 28 - 44. https://doi.org/10.1002/jclp.21923.

Hofmann, Stefan G., Alice T. Sawyer, Ashley A. Witt, and Diana Oh. "The Effect of Mindfulness-Based Therapy on Anxiety and Depression: A Meta-Analytic Review." *Journal of Consulting and Clinical Psychology* 78, no. 2 (2010): 169. https://doi.org/10.1037/a0018555.

Shonin, Edo, William Van Gordon, and Mark D. Griffiths. "The Emerging Role of Buddhism in Clinical Psychology: Toward Effective Integration." *Psychology of Religion and Spirituality* 6, no. 2 (2014): 123–137. https://doi.org/10.1037/a0035859.

Sujato, Bhikkhu, trans. Metta Sutta (Snp 1.8). SuttaCentral, 2018. https://suttacentral.net/snp.

Dalai Lama. The Art of Happiness. New York: Riverhead Books, 1998.

Neff, Kristin. "Self-Compassion: An Alternative Conceptualization of a Healthy Attitude Toward Oneself." *Self and Identity* 2, no. 2 (2003): 85–101. https://doi.org/10.1080/15298860309022.

Salzberg, Sharon. Lovingkindness: The Revolutionary Art of Happiness. Boulder, CO: Shambhala Publications, 1995.

Segal, Zindel, Mark Williams, and John Teasdale. Mindfulness-Based Cognitive Therapy for Depression. 2nd ed. New York: Guilford Press, 2018.

Epstein, Mark. Thoughts without a Thinker: Psychotherapy from a Buddhist Perspective. New York: Basic Books, 2004.

Segal, Zindel V., Andrea K. Anderson, Tasneem Gulamani, Lili A. Dinh-Williams, Natalie Voelker, Mark A. Lau, and Peter J. Bieling. "Practice of Therapy Acquired Regulatory Skills and Depressive Relapse/Recurrence Prophylaxis Following Cognitive Therapy or Mindfulness-Based Cognitive Therapy." *Journal of Consulting and Clinical Psychology* 87, no. 2 (2018): 161–170. https://doi.org/10.1037/ccp0000263.

Hofmann, Stefan G., Paul Grossman, and Devon E. Hinton. "Lovingkindness and Compassion Meditation: Potential for Psychological Interventions." *Clinical Psychology Review* 31, no. 7 (2011): 1126–1132. https://doi.org/10.1016/j.cpr.2011.07.003.

Hanh, Thich Nhat. The Heart of the Buddha's Teaching. Berkeley, CA: Parallax Press, 1998.

Kornfield, Jack. The Wise Heart: A Guide to the Universal Teachings of Buddhist Psychology. New York: Bantam, 2009.

Chödrön, Pema. Tonglen: The Path of Transformation. Halifax, NS: Vajradhatu Publications, 2001.

Brach, Tara. Radical Acceptance: Embracing Your Life with the Heart of a Buddha. New York: Bantam, 2003.

Weng, Helen Y., Andrew S. Fox, Alexander J. Shackman, Diane E. Stodola, Jessica Z. Caldwell, Melissa C. Olson, et al. "Compassion Training Alters Altruism and Neural Responses to Suffering." *Psychological Science* 24, no. 7 (2013): 1171–1180. https://doi.org/10.1177/0956797612469537.

Longe, Olivia, Francis A. Maratos, Paul Gilbert, Gail Evans, Felicitas Volker, Helen Rockliff, and Gina Rippon. "Having a Word with Yourself: Neural Correlates of Self-Criticism and Self-Reassurance." *NeuroImage* 49, no. 2 (2010): 1849–1856. https://doi.org/10.1016/j.neuroimage.2009.09.019.

Raes, Filip. "The Effect of Self-Compassion on the Development of Depression Symptoms in a Non-Clinical Sample." *Mindfulness* 2, no. 1 (2011): 33–36. https://doi.org/10.1007/s12671-010-0040-3.

Lutz, Antoine, Julie Brefczynski-Lewis, Tom Johnstone, and Richard J. Davidson. "Regulation of the Neural Circuitry of Emotion by Compassion Meditation: Effects of Meditative Expertise." *PLoS ONE* 3, no. 3 (2008): e1897. https://doi.org/10.1371/journal.pone.0001897.

Breines, Juliana G., Markus V. Thoma, Danielle Gianferante, Luke Hanlin, Xuejie Chen, and Nicolas Rohleder. "Self-Compassion as a Predictor of Interleukin-6 Response to Acute Psychosocial Stress." *Brain, Behavior, and Immunity* 37 (2014): 109–114. https://doi.org/10.1016/j.bbi.2013.11.006.

Zeller, Michal, Keren Yuval, Yael Nitzan-Assayag, and Amit Bernstein. "Self-Compassion in Recovery Following Potentially Traumatic Stress: Longitudinal Study of At-Risk Youth." *Journal of Abnormal Child Psychology* 43, no. 4 (2015): 645–653. https://doi.org/10.1007/s10802-014-9937-y.

Neff, Kristin D., and S. Natasha Beretvas. "The Role of Self-Compassion in Romantic Relationships." *Self and Identity* 12, no. 1 (2013): 78–98. https://doi.org/10.1080/15298868.2011.639548.

Neff, Kristin D., Kullaya Pisitsungkagarn, and Ya-Ping Hsieh. "Self-Compassion and Self-Construal in the United States, Thailand, and Taiwan." Journal of Cross-Cultural Psychology 39, no. 3 (2008): 267–285. https://doi.org/10.1177/0022022108314544.

Galante, Julieta, Ignacio Galante, Marie-Jet Bekkers, and John Gallacher. "Effect of Kindness-Based Meditation on Health and Well-Being: A Systematic Review and Meta-Analysis." Journal of Consulting and Clinical Psychology 82, no. 6 (2014): 1101–1114. https://doi.org/10.1037/a0037249.

Gilbert, Paul, and Sue Procter. "Compassionate Mind Training for People with High Shame and Self-Criticism: Overview and Pilot Study of a Group Therapy Approach." *Clinical Psychology & Psychotherapy* 13, no. 6 (2006): 353–379. https://doi.org/10.1002/cpp.507.

Neff, Kristin D., and Christopher K. Germer. "A Pilot Study and Randomized Controlled Trial of the Mindful Self-Compassion Program." Journal of Clinical Psychology 69, no. 1 (2013): 28 - 44. https://doi.org/10.1002/jclp.21923.

Brewer, Judson A., Sarah Bowen, James T. Smith, G. Alan Marlatt, and Marc N. Potenza. "Mindfulness-Based Treatments for Co-Occurring Depression and Substance Use Disorders: What Can We Learn from the Brain?" *Addiction* 105, no. 10 (2010): 1698–1706. https://doi.org/10.1111/j.1360-0443.2010.03090.x.

Shonin, Edo, William Van Gordon, and Mark D. Griffiths. "The Emerging Role of Buddhism in Clinical Psychology: Toward Effective Integration." *Psychology of Religion and Spirituality* 6, no. 2 (2014): 123–137. https://doi.org/10.1037/a0035859.

Kuyken, Willem, Fiona C. Warren, Richard S. Taylor, Barbara Whalley, Catherine Crane, Guido Bondolfi, et al. "Efficacy of Mindfulness-Based Cognitive Therapy in Prevention of Depressive Relapse: An Individual Patient Data Meta-Analysis from Randomized Trials." *JAMA Psychiatry* 73, no. 6 (2016): 565–574. https://doi.org/10.1001/jamapsychiatry.2016.0076