The Relationship Between Self-Compassion and Depression in High School and College Aged Black Youth

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Abstract

Self-compassion is an adaptive way of relating to the self when considering depression. However, prior research has only examined self-compassion among primarily White adults and adolescents. The current study will examine the relationship between self-compassion and depression among Black adolescents (in high school and college, aged 14 to 22). This relationship will then be expanded upon by factoring in racism/racialized self-evaluations (which has been demonstrated to relate to depression). The Self-Compassion Scale, Beck Depression Inventory II, and a scale adapted from the Perceived Racism Scale will be used to measure the constructs of interest. Simple regression and hierarchical multiple regression analyses will be used to determine the relationship between self-compassion and depression and the relationship between self-compassion, racism/racialized self-evaluations, and depression, respectively. Results will likely echo past findings that self-compassion is an effective tool for teens suffering from depression, but they will also show that racism/racialized self-evaluations explain the variance in depression in Black youth above and beyond the variance explained by self-compassion alone.

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**Background, Research Questions, and Hypotheses**

The terrifyingly increasing incidence of depressive disorders in college-aged youth has called for more innovative and effective therapeutic interventions for these disorders (Neff & McGehee, 2009; Pauley & McPherson, 2010). These new curative approaches include mindfulness based cognitive therapy, acceptance and commitment therapy, and compassion-focused therapy, and have provided a variety of encouraging outcomes with regards to psychosocial health (Pauley & McPherson, 2010). The implementation of such interventions comes from the social sciences’ relatively short history of trying to incorporate Eastern, predominantly Buddhist, psychological constructs and philosophy into Western clinical treatment (Pauley & McPherson, 2010; Neff, Kirkpatrick, & Rude, 2007).

One of the primary tenets of Buddhist philosophy that has been implemented in these approaches is a compassionate stance – self-compassion in the case of this and past research – that is posited to help people handle challenging emotions with a higher level of understanding, self-directed care, and support (Pauley & McPherson, 2010; Neff et al., 2007). Past research conducted by Neff (2003) has defined self-compassion through three underlying constructs: 1) self-kindness, which is the ability to treat oneself with care and understanding; 2) feeling a shared sense of humanity with others, which offsets feeling isolation due to one’s failures; and 3) mindfulness, which entails staying in the present and not placing too much emphasis on past suffering. Self-compassion is applicable both when external circumstances are causing inner pain as well as when suffering arises from one’s own actions and behavior (Neff & McGehee, 2009). Findings from relevant research have consistently demonstrated that self-compassion is negatively correlated with depression, anxiety, self-criticism, and rumination for adults as well as for certain adolescents (Neff, 2003; Neff et al., 2007; Neff & McGehee, 2009). In these studies, self-compassion appealed as a concept that was meaningful to participants’ experiences and could provide substantial benefits, but it also posed as a significant challenge for many.

Self-compassion seems to be considerably difficult for teenaged youth especially, who face stress through several avenues: academic performance, social acceptance (via perceived popularity, body image, concerns with sexual attractiveness, etc.), and familial obligations. These stressors have been shown to result in often-unfavorable self-evaluations (Neff & McGehee, 2009; Edwards, Adams, Waldo, Hadfield, & Biegel, 2014). And adolescents’ negative self-judgments and self-esteem are strongly associated with the high rates of depression, anxiety, and attempted suicide observed among this age group (Neff & McGehee, 2009). Increasing self-esteem isn’t always the right answer people may think it is, however. High self-esteem, while indisputably beneficial to many teenagers’ psychosocial wellbeing, has been found to contribute to bullying, aggression, narcissism, and other problematic behaviors (Neff & McGehee, 2009). Neff & McGehee (2009) thus predicted that self-compassionate adolescents would report more of a shared humanity and less depression and anxiety than those who only identify as having high self-esteem.

Of particular and specific importance to this research study is the added stressors “minority” youth face, which result from discrimination, classism, and a lack of basic resources due to the institutionalized racism that is rampant in this country. For instance, social discrimination has been significantly related to Latino youths’ reports of depressive symptoms, and studies have shown that Latino youth have the highest rates of depressive symptoms of any ethnic group (Edwards et al., 2014). One purpose of the following investigation is to identify social discrimination’s role in Black adolescent youth’s self-compassionate feelings and expressions of depression.

While past studies have certainly and dedicatedly explored depression in the context of its relationship to self-compassion, researchers’ questions have seemed to mostly pertain to depression and self-focused feelings of low worth in primarily White, middle-class populations (Pauley & McPherson, 2010; Neff et al., 2007; Neff & McGehee, 2009). In addition, adolescents as the age group of focus have only been used in a small handful of studies (Neff et al., 2007; Neff & McGehee, 2009). And where anxiety was included in the question, subsequent methodology tended to utilize measures of depression and anxiety in tandem, rather than separate enough from each other to parse out differential effects of self-compassion on depression and anxiety (Pauley & McPherson, 2010; Neff et al., 2007; Neff & McGehee, 2009). Interviews conducted by Pauley and McPherson (2010) tapped into concerns such as, “Self-compassion might help me with my depression/anxiety,” neglecting to create a meaningful distinction between the two very different classes of psychological disorder. Depression is a broad concept with seemingly infinite definitions, symptoms, and potential manifestations. Of course it can co-occur with anxiety and does so quite often, but it is the sort of adolescent depression that develops in part through racialized social processes that the present study’s researcher seeks to investigate.

For all of the above-stated reasons, two research questions will be explored in the present study: What is the relationship between self-compassion and depression in Black adolescent youth? And what role does racism and resulting racialized self-evaluation play in the relationship between self-compassion and depression for Black adolescent youth? In answer to the first question, the researcher hypothesizes that, on the whole, self-compassion will be negatively related to depression in Black youth (as it has been similarly demonstrated in previous studies with White and Latino teens). Where individuals identify more strongly with feelings of self-compassion, they will tend to identify less strongly with feelings of depression. In answer to the second question, the researcher hypothesizes that racism and racialized self-evaluations will predict variance in depression above and beyond the variance explained by self-compassion. Where individuals report more experiences with racism, they will tend to feel less self-compassion (co-occurring with increased internalization of negative self-stereotyping and self-evaluations) and greater or more intense depression.

**Methods**

**Study Design**

A cross-sectional design will be used in this correlational research study in order to examine the relationships among self-compassion, racism/racialized self-evaluations, and depression between two Black adolescent groups of different but close ages. The study questionnaires will be administered once per participant.

**Participants**

A convenience sampling process will be used to select participants. Around two-hundred-fifty high-school aged participants (those between the years of 9th and 12th grade, roughly 14 to 17 years old) will be recruited from a large public school in New York City (close to NYU) through a school-wide notice for teens and their parents. Three hundred college-aged participants (freshman through sophomores, roughly 18 to 22 years old) will be recruited from New York University through three university-wide emails (spread out over the course of the month before the study will be conducted). All participants will receive compensation for participation in the form of a $10 Starbucks or Barnes & Noble gift card. Participants will be as evenly split as possible between male and female and among social classes (upper, middle, and lower).

**Measures**

The predictor variables in this study are self-compassion and racism/racialized self-evaluations. The outcome variable is depression.

**Self-compassion.** Participants will be given the 26-item Self-Compassion Scale (SCS) that yields an overall SCS score and six subscale scores based on Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Over-Identification (Neff, 2003). Responses on the SCS are given on a 5-point scale ranging from 1 (“Almost never”) to 5 (“Almost always”). Research indicates that the SCS shows concurrent validity (correlates negatively with self-criticism), convergent validity (scores are significantly correlated with counselors’ ratings of self-compassion), discriminant validity (no correlation with social desirability or narcissism), and test-retest reliability (Neff, 2003; Neff et al., 2007). Neff & McGehee (2009) found that, using Cronbach’s alpha, internal consistency reliability for the overall SCS score was α = .90 for adolescents.

**Racism/racialized self-evaluations.** No such scale seems to currently exist that measures both perceived racism and racialized self-evaluations of Black people (Utsey, 1998). Consequently, Utsey’s (1998) Perceive Racism Scale (PRS) will be adapted into a Perceived Racism and Racialized Self-Evaluations Scale (see Appendix). The 50-item scale will include the subscales of Individual, Institutional, Cultural, Behavioral, and Attitudinal racisms, all of which cover the domains of frequency (responses will range from 0 = “not applicable” to 7 = “several times a day”), personal reaction (choices given will be angry, frustrated, sad, powerless, or hopeless, and responses will range from 1 = “not at all” to 5 = “extremely”), and self-evaluation (items will pertain to feelings of self-worth, happiness, intelligence, and other personal characteristics instilled or degraded by the extent of one’s association with being Black, and responses will range from 1 = “not at all” to 5 = “extremely”). Convergent validity will be sufficiently established when a high correlation is found between this scale and the PRS of the Utsey (1998) study. Inter-item reliability will be established by moderate to high item-total correlations between specific items and the sum of all the other items as well as through a high Cronbach’s alpha, which averages all possible split-half reliabilities.

**Depression.** Participants will also be given a revised version of the Beck Depression Inventory (BDI-II), a 21-item questionnaire that gauges cognitive, affective, motivational, and somatic symptoms of depression (Neff & McGehee, 2009). Participants will respond to questions on a 4-point scale (ranging from 0 to 3), with higher scores corresponding to more depressed affect. Expert raters in a study conducted by Osman, Kopper, Barrios, Gutierrez, and Bagge (2004) rated the total BDI-II score as being highly useful in screening for depression severity with adolescents, demonstrating content validity. The high correlation between the BDI-II and the Reynolds Adolescent Depression Scale (r = .84) found in previous research referred to in the Osman et al. (2004) study suggests good evidence of convergent validity. Reliability estimates were good (range: α = .72 to .91) for the BDI-II total and scale scores (Osman et al., 2004).

**Procedures**

Prospective participants will be given a flier on information about the nature of the study upon volunteering (via mail or email). They will also be given the choice to opt out of participating at any point in time. The study will be conducted in the Department of Psychology building on NYU’s Manhattan-based campus, where the questionnaires will be administered to 50-60 participants every school day over the course of two weeks. After obtaining consent and intent to participate from the high school students and their parents (if they are under 18), those students will be provided free transportation to and from the campus according to times that fit their schedule. To handle the massive number of participants, three student researchers will be assigned about 20 each per day. The student researchers will be tasked with handing out the study information fliers, administering the online scale questionnaires, and collecting them after the hour that will be allotted to participants to fill them out. For every hour-long session, each student researcher will be responsible for 4-5 participants. Participants will first be given the Self-Compassion Scale, followed by the Perceived Racism and Racialized Self-Evaluations Scale, and lastly the Beck Depression Inventory II.

**Data Analytic Plan**

A simple regression analysis will be conducted in order to determine the correlation between self-compassion and depression in Black adolescent youth. A Pearson correlation whose magnitude is above .7 (r > .7) and whose sign is negative would indicate a strong, inverse correlation between self-compassion and depression. That is to say, the more self-compassion participants express in their questionnaires, the less depression they will report. The coefficient of determination (r2) will clarify the proportion of variance in depression in Black youth that is explained by self-compassion, the only predictor germane to this research question. An ANOVA F-test will be conducted to determine whether the regression line explains a significant amount of variance in depression; if the value for the Sig. F Test is significant (p < .05), the regression line will explain a significant amount of variance in depression in Black youth. It will thus be safe to assume that the sample’s scores represent the Black adolescent youth population. The regression constant will show the average level of depression when self-compassion is at a level of zero; with a larger constant, more depression will have been reported. The regression coefficient gives you the slope of the regression line, describing the relationship between self-compassion and depression. Since the null hypothesis is that the slope is zero, a significant t-test will be determined if the slope is significantly different from zero (p < .05). Putting the direction and magnitude of the unstandardized coefficient together will likely indicate that, as self-compassion increases by 1 on its scale, depression in Black youth decreases by the value of the coefficient on its scale. In this sample, it will likely be shown that self-compassion is a significant predictor of depression in Black high school and college aged youth, answering the first research question.

A hierarchical multiple regression analysis will be conducted in order to determine if racism and racialized self-evaluations contribute to the variance in depression in Black adolescent youth above and beyond the variance explained by self-compassion. When running the regression in SPSS, depression will act as the dependent variable, self-compassion will act as “Block 1” under the independent variable, and racism/racialized self-evaluations will act as “Block 2”. Since there are two predictor variables of interest with this research question, there will be two models. The second model will have an additional predictor, racism/racialized self-evaluations, and if this variable predicts a proportion of variance in depression above and beyond the variance predicted by self-compassion, R Square will increase. Instead of one predictor, the R Square will then be predicting the proportion of variance by two predictors. The significance of the F-tests will still represent whether the regression line explains a significant amount of variance in depression in Black adolescent youth. But this time, the regression line involves two predictors instead of one. A t-test is again used but this time, to see whether each B value differs significantly from zero. The constant, the slope, and the standardized coefficient (beta) will all likely change in the second model. The second model will explain the most variance in depression. The value of the constant in the second model will tell us the value of depression when both predictors are zero, instead of just self-compassion. It will factor in the effect of racism/racialized self-evaluations into the regression. The slope for each predictor will show the relationship between that predictor and depression controlling for all other variables in the model (just one, in this case). The coefficient for self-compassion will change when racism/racialized self-evaluations get added into the equation.

**Strengths and Limitations**

Previous literature and studies have explored self-compassion’s relationship to depression in adults, adolescents, White people, and to a lesser extent, Latino youth (Neff & McGehee, 2009; Pauley & McPherson, 2010; Edwards et al., 2014; Neff et al., 2007). Previous studies have also explored the association between perceived racism/racialized self-evaluations and depression in Black populations of various ages (Utsey, 1998; Sellers, Copeland-Linder, Martin, & Lewis, 2006). But to date, no study has combined self-compassion and racialized self-evaluations stemming from perceived racism in examining depression in Black youth specifically.

Since participants will be provided with information about the study’s nature beforehand, attrition or the loss of participants during a study will be largely avoided. Across the relevant studies, mixed results have been found as to whether or not sex and age are confounds in the relationship between self-compassion and depression (whether or not observed differences in depression are due in part to sex or age). In the present study, sex will not be included as a confound because an implicit assumption of partialling out sex is that self-compassion and depression are experienced and expressed in differential rates between males and females (when it could very likely be the case that depression in males simply goes underreported and that there is no significant difference in self-compassion between the two sexes). Age will not be included as a confound for similar reasons. Based on the notion that differences in personal traits and psychology aren’t inherent to gender or age, it is likely that the exclusion of these two characteristics as confounds will strengthen the internal validity of this study. (If sex and age truly are confounds, however, the internal validity of the study would be weakened.)

The findings of the present study will not necessarily be generalizable to all Black youth, much less to adolescents of other racial groups. But results would be applicable to metropolitan Black populations with at least a middle school education. Further research could look at suburban and/or less educated Black youth and should definitely look at self-compassion, racism/racialized self-evaluations, and depression in adolescents belonging to other racial groups. In terms of the way constructs will be measured and procedures will be used (i.e., the scales), external validity is quite strong given that the Self-Compassion Scale and Beck Depression Inventory II have been well established as effectual in relevant research.

**Ethical Considerations**

As stated before, high school participants under the age of 18 will be asked for consent from parents as well as themselves. All participants will be informed of the study’s nature prior to participation and given the opportunity to opt out. Participants’ health and wellbeing is of the utmost priority, and questions about racism and depression can trigger suicidal thoughts (a potential risk), which is why debriefing will occur prior to the actual study. To ensure confidentiality, participants will be assigned codes for the purposes of data labeling, which will still allow the researchers to connect different parts of their data without exposing their identities. While psychological triggering is a potential risk, self-diagnosis with the intent of future treatment is a potential benefit; if a participant realizes they’re answering most of the Beck Depression Inventory with higher depressive symptomology scores, they might know to seek help (though actually doing so is unknown). If they do seek help, the researchers will refer them to services that will help them handle emotions or memories that arise as a result of participation in this study.

References

Edwards, M., Adams, E. M., Waldo, M., Hadfield, O. D., & Biegel, G. M. (2014). Effects of a

Mindfulness Group on Latino Adolescent Students: Examining Levels of Perceived

Stress, Mindfulness, Self-Compassion, and Psychological Symptoms. *The Journal for*

*Specialists in Group Work,39*(2), 145-163. doi:10.1080/01933922.2014.891683

Neff, K. D. (2003). The Development and Validation of a Scale to Measure Self-

Compassion. *Self and Identity,2*(3), 223-250. doi:10.1080/15298860309027

Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive

psychological functioning. *Journal of Research in Personality,41*(1), 139-154.

doi:10.1016/j.jrp.2006.03.004

Neff, K. D., & McGehee, P. (2010). Self-compassion and Psychological Resilience Among

Adolescents and Young Adults. *Self and Identity,9*(3), 225-240.

doi:10.1080/15298860902979307

Osman, A., Kopper, B. A., Barrios, F., Gutierrez, P. M., & Bagge, C. L. (2004). Reliability and

Validity of the Beck Depression Inventory--II With Adolescent Psychiatric

Inpatients. *Psychological Assessment,16*(2), 120-132. doi:10.1037/1040-3590.16.2.120

Pauley, G., & McPherson, S. (2010). The experience and meaning of compassion and self-

compassion for individuals with depression or anxiety. *Psychology and Psychotherapy:*

*Theory, Research and Practice,83*(2), 129-143. doi:10.1348/147608309x471000

Sellers, R. M., Copeland-Linder, N., Martin, P. P., & Lewis, R. L. (2006). Racial Identity

Matters: The Relationship between Racial Discrimination and Psychological Functioning

in African American Adolescents. *Journal of Research on Adolescence,16*(2), 187-216.

doi:10.1111/j.1532-7795.2006.00128.x

Utsey, S. O. (1998). Assessing the Stressful Effects of Racism: A Review of

Instrumentation. *Journal of Black Psychology,24*(3), 269-288.

doi:10.1177/00957984980243001

Appendix: Sample Items from Perceived Racism and Racialized Self-Evaluations Scale

1. As a Black person, I feel as though I am worthy of living in this world with others.
2. When I experience racism at school, I feel powerless.
3. When I read or hear about acts of racism carried out against Black people by politicians, I feel upset.
4. When I read or hear about acts of racism carried out against Black people by my school board or others’, I feel angry.
5. I get upset after interactions that remind me I am Black.