Article

Journal of Psychoeducational Assessment
2023, Vol. 41(8) 839–851

DOI: 10.1177/07342829231189010
journals.sagepub.com/home/jpa

Does Psychoeducation Help People to Respond to Goal Lapses With Self-Compassion?

Marios Biskas[1,2], Fuschia M. Sirois[2], and Thomas L. Webb[1]

Abstract

Despite research indicating that responding with self-compassion to lapses in goal pursuit can help people to achieve their goals, there is evidence that people often struggle to respond with self-compassion when it would benefit them. One reason is that people may not be familiar with the concept of self-compassion or may think negatively of self-compassion. We propose that providing information about self-compassion and its benefits can help people to respond with self-compassion to lapses in goal pursuit. To test this, we randomly assigned participants to a self-compassion psychoeducation condition or control condition and then tested whether they responded with self-compassion to a recalled lapse. The results suggested that, although psychoeducation seemed to influence participants' beliefs about self-compassion, there was no evidence that psychoeducation increased self-compassionate responding. This finding highlights the need to develop additional strategies to help people to translate knowledge about self-compassion into self-compassionate responses to lapses and difficulties.

Keywords

self-compassion, psychoeducation, goal pursuit, self-regulation

How people respond to setbacks and lapses in pursuing their goals is an important determinant of whether they will achieve their goals. For example, evidence suggests that people who respond with self-kindness, connectedness and mindfulness (i.e. self-compassion; Neff, 2003b) tend to make progress and/or achieve their goals (e.g. Miyagawa et al., 2018). In contrast, evidence suggests that people who respond with self-criticism tend to delay and/or abandon their goals (e.g. Powers et al., 2012). Despite the benefits of self-compassion, however, people often struggle to

[1]University of Sheffield, Sheffield, UK
[2]Durham University, Durham, UK

Corresponding Author:
Marios Biskas, Department of Psychology, Durham University, Upper Mountjoy, South Rd, Durham, DH1 3LE, UK.
Email: marios.biskas@durham.ac.uk

Data Availability Statement included at the end of the article

respond with self-compassion; for example, because they are unfamiliar with the concept of self-compassion or hold negative beliefs about self-compassion (e.g. Biskas et al., 2022). On this basis, we investigated whether educating people about self-compassion and its benefits could help them to respond with self-compassion to lapses in goal pursuit.

Self-Compassion

Self-compassion refers to adopting a kind, non-critical and accepting stance towards oneself in the face of perceived difficulties (Neff, 2003b). Specifically, self-compassion is comprised of three bipolar components. The first component involves responding with kindness and understanding towards oneself, instead of being judgemental and disapproving. The second component involves viewing difficulties and personal weaknesses as part of being human, rather than viewing them as unique and thus feeling isolated. The third component involves taking a balanced view of difficult situations, rather than feeling overwhelmed with negative feelings. These bipolar components act together synergistically to promote an adaptive response to difficulties (Neff, 2016).

Growing evidence indicates that self-compassion confers various psychological benefits. For example, a meta-analysis of 27 studies demonstrated that interventions designed to promote a self-compassionate mindset reduced rumination, stress, depression, self-criticism and anxiety, with the majority of these effects being moderate in size (Ferrari et al., 2019; see also Kirby et al., 2017). Evidence also indicates that self-compassion can help people to pursue their goals. A meta-analysis of 60 studies found a medium-sized positive association between self-compassion and self-efficacy (Liao et al., 2021), a key predictor of goal achievement (Zimmerman et al., 1992). Additionally, both trait and experimentally induced self-compassion predicted greater personal improvement after experiencing an adverse situation (Zhang & Chen, 2016, 2017). Relatedly, Breines and Chen (2012) found that participants who were instructed to be self-compassionate after doing poorly on a test spent more time studying for a second test than those in the control condition.

Theory and research suggest that self-compassion facilitates goal pursuit partly because it helps people to regulate their emotional responses to difficulties. Specifically, theorists have argued that self-compassion decreases negative affective responses to goal lapses and at the same time promotes positive emotions, which are key to effective self-regulation and fostering and maintaining goal motivation (Sirois et al., 2015). Evidence supports this argument (Friis et al., 2016, 2017; Neff & Dahm, 2015; Sirois et al., 2015; Sirois & Hirsch, 2019). For example, Friis et al. (2017) investigated how responding with self-compassion or self-criticism influenced mood after failing to perform a health behaviour. They found that participants who responded with self-compassion to the failure reported decreased negative affect and increased positive affect, whereas participants who responded with self-criticism reported increased negative affect and decreased positive affect.

The Barriers to Being Self-Compassionate

Despite the benefits of self-compassion for goal pursuit, there is emerging evidence that adopting a self-compassionate mindset can be challenging for some people. Specifically, people may be unaware of the concept of self-compassion. For example, Pauley and McPherson (2010) interviewed people who were diagnosed with either depression or anxiety and found that none of them could recall being self-compassionate (see also Kelly et al., 2021 for similar findings on a sample of people with anorexia nervosa). Similar barriers to being self-compassionate were found in other interview studies conducted with non-clinical samples, with participants highlighting that

being self-compassionate was foreign for them, and that they did not know how to start becoming more self-compassionate (Campion & Glover, 2017; Jeziorek & Riazi, 2022).

Even if people are aware of self-compassion as an alternative way of responding to difficulties, they may not consider being self-compassionate, perhaps because their default response is self-criticism. Indeed, research suggests that people tend, and sometimes even prefer, to be self-critical when facing difficulties (Bayir & Lomas, 2016; Kelly et al., 2021; Pauley & McPherson, 2010; Tobin & Dunkley, 2021). For example, in a qualitative study conducted by Bayir and Lomas (2016), participants reported that they often found it hard to accept and embrace their failures, and tended to downplay their accomplishments and blame themselves for their mistakes. Furthermore, they saw value in responding with self-criticism, such that they believed that being self-critical was key for improving themselves and achieving their goals, despite evidence that self-criticism has a detrimental effect on goal pursuit (e.g. Powers et al., 2007, 2012).

Additionally, prior work suggests that people may not consider being self-compassionate because they hold negative beliefs about self-compassion (Bayir & Lomas, 2016; Chwyl et al., 2020; Kelly et al., 2021; Robinson et al., 2016; Simpson et al., 2022). Specifically, Simpson et al. (2022) measured the extent to which participants believed that being self-compassionate would be difficult and then instructed participants to read a hypothetical scenario in which they were self-compassionate before asking them to evaluate this hypothetical self. They found that participants who believed that being self-compassionate would be difficult were more likely to associate their hypothetical self-compassionate self with negative personality traits, such as being insecure, arrogant and careless, as well as negative feelings, such as feeling anxious, unhappy and shameful. Using a similar methodology, Robinson et al. (2016) found that participants with lower levels of trait self-compassion were more likely to associate their (hypothetical) self-compassionate self with traits and characteristics indicating poor performance such as being non-ambitious, irresponsible, lazy and a failure, compared to those high in trait self-compassion.

Based on the work described above, Biskas et al. (2022) conducted a large-scale prospective study to provide a direct test of whether negative beliefs about self-compassion explain why people may struggle to respond with self-compassion to goal lapses. Biskas et al. assessed participants' affective and cognitive evaluations of being self-compassionate as well as how participants evaluate people who respond to difficulties with self-compassion or self-criticism. Next, they assessed participants' willingness to respond with self-compassion to a recalled and future lapse in pursuing a personal goal and whether they responded with self-compassion. They found that participants who had more negative affective and cognitive attitudes towards self-compassion as well as evaluated the typical person who responds with self-compassion more negatively (and people who respond with self-criticism more positively), were less willing to respond with self-compassion to the lapses and, in turn, less likely to actually respond with self-compassion.

Could Psychoeducation Promote Self-Compassion?

The aforementioned work provides evidence that some people struggle to respond with self-compassion to goal lapses because they are unaware of self-compassion as a way of responding, prefer to respond with self-criticism, and/or hold negative beliefs about self-compassion. Given this, strategies aiming to address these barriers to being self-compassionate are needed to help people to respond with self-compassion when needed and reap the associated benefits. The current study proposed and tested such a strategy. Specifically, we investigated whether providing information about self-compassion and its benefits (i.e. psychoeducation) could help people to respond with self-compassion to lapses in goal pursuit.

Theory and research support our proposition. In particular, the information deficit model suggests that people are often sceptical towards engaging in a novel behaviour (e.g. being self-compassionate) because they lack knowledge about this behaviour and its benefits (e.g. Bak, 2001; Bidwell, 2016; Sturgis & Allum, 2004). To address this knowledge gap, people apply heuristics derived from limited personal experiences or lay theories (e.g. self-compassion is a sign of weakness) resulting in distorted and negative attitudes towards the target behaviour (e.g. self-compassion is harmful). Therefore, according to the information deficit model, providing information about the target behaviour, including evidence demonstrating its benefits, through psychoeducation could persuade people to change their existing attitudes and make it more likely that they will perform the behaviour. The Information-Motivation-Behavioural Skills (IMB) model provides further support for this contention as it also posits that providing information and knowledge about a target behaviour may influence behaviour, especially when complicated or novel behavioural skills for performing the behaviour are not required (Fisher & Fisher, 1992; Fisher et al., 2003, 2006).

Research provides evidence consistent with the information deficit and IMB models. Specifically, psychoeducation is commonly used to help people with diverse mental disorders such as schizophrenia, anxiety and depression by making them more aware of their condition and effective ways to respond to their symptoms (Alhadidi et al., 2020; Donker et al., 2009). Psychoeducation can also be effective for non-clinical issues. For example, research has shown that psychoeducation reduces irrational beliefs, stress and worry (Dash et al., 2015; Ulusoy & Duy, 2013; Van Daele et al., 2012). In particular, a meta-analysis of 17 studies demonstrated that interventions providing information about stress and diverse techniques to respond to stress effectively can reduce worry for people of different gender, age and ethnicity (Van Daele et al., 2012). Additional research suggests that psychoeducation can influence personal attitudes. For example, Selensky and Carels (2021) found that a short video designed to raise awareness of the negative effects of weight stigma changed people's attitudes towards overweight people and themselves. As another example, Taylor-Rodgers and Batterham (2014) found that participants who received a 3-week psychoeducational intervention raising awareness about mental health exhibited more positive attitudes towards seeking professional help compared to those assigned in the control group. Thus, consistent with the information deficit model, these studies suggest that psychoeducation can influence people's attitudes.

The Present Research

Given that people often are unaware of self-compassion or hold negative beliefs about being self-compassionate, we hypothesized that psychoeducation could help people to respond with self-compassion to a lapse in pursuing their goals. To test this, we assessed participants' state levels of self-compassion before randomly assigning them to a self-compassion psychoeducation or control condition. Next, we asked participants to write about a lapse in pursuing a personal goal and subsequently prompted them to respond with self-compassion to this lapse. Finally, we assessed participants' state levels of self-compassion to assess whether they responded to the lapse with self-compassion. We hypothesized that participants in the self-compassion psychoeducation condition would report increased state self-compassion after being prompted to respond with self-compassion to the lapse compared to participants in the control condition.

Method

Participants

G*Power (Faul et al., 2009) was used to identify the sample size required to detect a small-to-medium sized ($f = .20$) interaction between time and the psychoeducation manipulation on state self-compassion. The power analysis suggested that 168 participants would provide 90% power at a significance level of $\alpha = .05$, with two groups and four measurements. Participants were recruited via an email to a list of research volunteers at a large University in the UK, adverts on the researchers' social media networks, and websites that advertise online psychological research. We recruited 176 participants, from whom we excluded those who dropped out before completing the prompt to respond with self-compassion ($N = 10$), spent longer than 3 *SD* above the mean time to complete the study ($N = 3$), and did not respond or did not provide relevant responses to the goal lapse writing task or self-compassionate responding prompt ($N = 4$). The final sample consisted of 159 participants (105 women, 53 men, 1 other) aged between 18 and 68 years ($M = 24.25$, $SD = 10.00$), who were predominantly students (84.9%) and White (76.7%).

Procedure and Materials

Participants completed the study online and there was not any time restriction when completing the writing tasks (all materials are available on Appendix A). After collecting demographic information (e.g. gender, age and ethnicity), participants completed measures assessing trait and state levels of self-compassion. Next, we randomly allocated participants to a self-compassion psychoeducation or a control condition. Participants in the self-compassion psychoeducation condition were provided with information about what self-compassion is and research showing its benefits on well-being and goal pursuit in comparison to self-criticism. This information was text-based and consisted of four paragraphs (211 words in total) presented in one page (see Appendix A). Afterwards, on a separate page, participants were asked 'what do you personally think is the most important benefit of being self-compassionate'? with them writing 23 words on average in their responses. This question had three aims: (i) to make the psychoeducation more engaging and participants more active, (ii) to explore whether the psychoeducation influenced participants' beliefs about self-compassion and (iii) to check whether participants completed the psychoeducation with the required attention. Participants in the control condition were simply instructed to recall and write about 'at least one of your everyday, routine actions'.

Following the manipulation, participants were asked to think and write about a recent lapse that they faced in pursuing a personal goal. Specifically, they were first provided with examples of goal lapses that they may have experienced (e.g. 'not doing something that you know you should have' or situations where 'you could have said or did something that you regretted afterwards'). Afterwards, participants were instructed to 'recall what happened and how you were feeling in this situation as clearly as you can' and then 'describe it in as much detail as needed so that we can understand what happened'. The instructions were text-based and consisted of three paragraphs (198 words in total) presented in one page (see Appendix A). Participants also indicated their feelings towards the lapse using a 5-point scale (1 = very sad face to 5 = very happy face; $M = 3.77$, $SD = 1.17$). Next, participants were instructed to respond with self-compassion to the lapse using a previously validated instruction set (Sirois et al., 2019; see Appendix A). In particular, participants were asked to recall the lapse and 'write a couple of sentences in the space below expressing this kindness, understanding, and balanced perspective to yourself'. Following the prompt, participants completed the measure assessing state levels of self-compassion again.

Trait Self-Compassion. Participants completed the short form of the Self-Compassion Scale (Raes et al., 2011), which consists of 12 items tapping into the three bipolar dimensions of self-compassion: (1) self-kindness versus self-judgement (e.g. 'I try to be understanding and patient towards those aspects of my personality I don't like'), (2) common humanity versus isolation (e.g. 'I try to see my failings as part of the human condition') and (3) mindfulness versus over-identification (e.g. 'When I'm feeling down I tend to obsess and fixate on everything that's wrong'). Participants indicated how often they behave in the described way (1 = *almost never* to 5 = *almost always*). Prior work has indicated that these three bipolar dimensions are highly inter-correlated and are thus best explained by a single higher order dimension of self-compassion (Raes et al., 2011). Additionally, research has indicated that the scale has high internal reliability ($\alpha \geq .84$) and overall strong convergent, predictive and divergent validity (Raes, 2011; Raes et al., 2011; see also Neff, 2003a; 2016). Responses were averaged to compute an overall score reflecting higher levels of trait self-compassion ($\alpha = .85$, $M = 3.01$, $SD = .74$).

State Self-Compassion. Participants completed a scale assessing state levels of self-compassion (Sirois et al., 2019) derived from items from the dispositional Self-Compassion Scale (Neff, 2003a). Specifically, participants responded to five questions preceded by the stem: 'Right now…': 'How kind do you feel towards yourself'? 'How accepting do you feel towards yourself'? 'How critical do you feel towards yourself'? 'How much do you see your weaknesses as part of being human'? and 'How much are you trying to take a balanced view of the situation'? Participants were asked to respond on a 7-point scale (1 = *not at all* to 7 = *very much*). Previous research has shown that the scale has adequate internal reliability ($\alpha = .76$) and is correlated with the dispositional Self-Compassion Scale ($r = .64$; Sirois et al., 2019). Respective items were averaged to compute levels of state self-compassion before the manipulation ($\alpha = .72$, $M = 4.58$, $SD = .90$) and after the manipulation ($\alpha = .78$, $M = 4.92$, $SD = .91$).

Results

Preliminary Analyses

Randomization Check. To check that trait levels of self-compassion were equivalent between the self-compassion psychoeducation and control conditions, we conducted an independent samples *t* test. This analysis indicated that there was not a significant difference in trait self-compassion between participants in the self-compassion psychoeducation condition ($M = 3.01$, $SD = .74$) and those in the control condition ($M = 3.01$, $SD = .75$), $t\,(157) = -.03$, $p = .977$, which suggests that randomization was successful.

Main Analyses

The Effects of Psychoeducation on State Self-Compassion. To test whether psychoeducation resulted in any change in state self-compassion, we conducted a 2-between (condition: Psychoeducation vs. control) x 2-within (time: Before vs. after the manipulation) mixed ANOVA with levels of state self-compassion as the dependent variable. This analysis revealed no main effect of condition, $F\,(1, 157) = .79$, $p = .376$, $\eta^2 = .005$, but a significant main effect of time, $F\,(1, 157) = 29.61$, $p < .001$, $\eta^2 = .159$. State levels of self-compassion were higher after the manipulation ($M = 4.92$, $SD = .91$) than before the manipulation ($M = 4.58$, $SD = .90$). The interaction between condition and time was not significant, $F\,(1, 157) = 1.80$, $p = .182$, $\eta^2 = .011$, which – together with the non-significant main effect of condition – suggests that psychoeducation did not promote self-compassionate responding to goal lapses.

Supplementary Analyses

Additionally, we explored whether the psychoeducation influenced participants' beliefs about self-compassion by examining their responses to the self-compassion psychoeducation task. Specifically, two coders independently categorized participants' responses to the question asking what they thought is the most important benefit of being self-compassionate. Coders identified whether participants' responses (i) reflected an understanding of self-compassion and/or its benefits or (ii) did not align with the psychoeducation. There was a high level of agreement between coders (Cohen's $k = .70$, $p < .001$) and disagreements were resolved with discussion. These analyses indicated that the vast majority of participants ($N = 83$, 95%) understood what self-compassion is and mentioned at least one positive of being self-compassionate, such as that self-compassion 'increases or/and maintains good well-being' and 'helps someone who is trying to achieve a goal stay on track'.[1]

Discussion

Prior work has shown that people often struggle to respond with self-compassion to difficulties partly because they are not aware of self-compassion or hold negative beliefs about self-compassion. Given this, we examined whether educating people about self-compassion and its benefits could help them to respond with self-compassion. However, although psychoeducation seemed to influence participants' beliefs about self-compassion, our findings provided no evidence that psychoeducation made it more likely that people would respond with self-compassion to goal lapses.

One possible explanation for the finding that psychoeducation did not promote self-compassionate responding is that the beliefs that people hold about self-compassion are resistant to change. This seems unlikely as participants' responses to the psychoeducation task suggested that the psychoeducation helped participants to understand self-compassion and appreciate its benefits. However, existing literature suggests that people tend to preserve their beliefs even after receiving information and evidence that contradicts them (Cohen et al., 2000; Lord et al., 1979), with this tendency being stronger for beliefs that are long-standing and related to one's core values and self-concept (Pomerantz et al., 1995; Zuwerink & Devine, 1996). Beliefs about self-compassion are likely long-standing as evidence suggests that people form their beliefs about self-compassion throughout their life starting from an early age. For example, prior work suggests that people who are raised in an insecure and stressful environment and experience continuous criticism from their parents have fewer examples of compassion to draw upon and are more likely to favour and adopt a self-critical mindset (Bayir & Lomas, 2016; Gilbert, 2005; Irons et al., 2006; Neff & McGehee, 2010). Being self-critical when facing difficulties is also consistent with societal norms about being tough-minded to the extent that people may even feel the need to get permission from others before showing compassion towards themselves (Campion & Glover, 2017). Together, the above suggests that long-standing beliefs about self-compassion may be hard to change and the changes that we observed in the present research may have only been transient and/or not sufficiently substantive to lead to changes in responses.

An alternative explanation for the finding that psychoeducation did not promote self-compassionate responding is that understanding and appreciating the benefits of self-compassion may not be enough to help people respond with self-compassion to difficulties. Indeed, theory and research suggest that there are multiple barriers to being self-compassionate. For example, the IMB model posits that whether people will perform a target behaviour (i.e. self-compassionate responding) is determined by the extent to which they are motivated to act and possess the required behavioural skills for effective action, in addition to the information and

knowledge that are relevant to the behaviour (Fisher & Fisher, 1992; Fisher et al., 2003, 2006). Motivation, according to this model, is influenced by the attitudes that people hold towards the target behaviour and the perceived social support that they have to perform the behaviour. Behavioural skills focus on people' objective abilities and perceived self-efficacy regarding performing the behaviour. Consistent with this theory, research has indicated that attitudes, norms and self-efficacy with respect to self-compassionate responding can determine whether people will respond with self-compassion to difficulties (e.g. Biskas et al., 2022; Campion & Glover, 2017). Therefore, interventions may need to strengthen motivation and behavioural skills to respond with self-compassion alongside knowledge about self-compassion as provided by psychoeducation.

Even if people do have positive beliefs about self-compassion and are willing to be self-compassionate, they may still struggle to be self-compassionate at the critical moment because they experience a problem with enactment (Biskas et al., 2022). On this basis, an alternative – or additional – approach to help people respond with self-compassion might be to tackle the difficulties that people encounter translating their willingness to be self-compassionate into action. This might be achieved by prompting participants to form if-then plans (known also as implementation intentions Gollwitzer, 1999) that establish a link between a situation and a planned behaviour (e.g. 'If I experience a lapse in pursuing my goal, then I will respond with self-compassion'). Research has shown that forming if-then plans significantly increases the likelihood that the intended action ensues (Gollwitzer & Sheeran, 2006). Thus, this may be a strategy that future interventions could incorporate to promote self-compassionate responding for people who may be unfamiliar with self-compassion, hold negative beliefs about self-compassion, and/or experience difficulties enacting self-compassionate responding.

Limitations and Future Directions

The findings of this study should be interpreted in the context of several limitations. First, we did not directly assess participants' beliefs about self-compassion. Although coding of participants' responses to the psychoeducation task provided some evidence that the psychoeducation was effective at endorsing positive beliefs about self-compassion, future research should consider directly assessing these beliefs either with explicit measures (see Biskas et al., 2022) or implicit measures (see Vantomme et al., 2005) to address any concerns about social desirability. Furthermore, the psychoeducation manipulation was brief and administered online, which may have limited its effectiveness. A meta-analysis of 19 studies examining the effects of different self-compassion interventions on self-criticism demonstrated that longer interventions typically lead to greater reductions in self-criticism (Wakelin et al., 2022). This suggests that a longer and more intensive self-compassion psychoeducation could yield stronger effects on beliefs about self-compassion and/or self-compassionate responding. Similarly, delivering psychoeducation via face-to-face interaction, audio-visual aids (e.g. brochures, posters or videos), and/or in-depth discussion might further enhance its effectiveness (Alfonsson et al., 2017); as might psychoeducation that affords participants a more active role in the process (e.g. problem solving, self-assessment tests and homework tasks). Future research might usefully compare different types of psychoeducation for self-compassion in a factorial design, although we reiterate that the psychoeducation employed in the present research did achieve its goal in the sense that participants who received psychoeducation were more knowledgeable and had more positive beliefs about self-compassion than participants that did not receive psychoeducation, at least in the immediate wake of the manipulation. Therefore, the primary message from our research is that (even effective) psychoeducation needs to be augmented by additional strategies to help people to translate knowledge about self-compassion into self-compassionate responses to goal lapses and difficulties.

Finally, the present research did not consider variables that may influence the effect of psychoeducation on self-compassionate responding. For example, previous research has shown that people with higher levels of perfectionistic concerns, a dimension of perfectionism which is characterized by very high expectations, harsh self-criticism and excessive preoccupation with the expectations that others have of them (Sirois & Molnar, 2016), tend to hold more negative beliefs about self-compassion and, because of this, struggle to respond with self-compassion to lapses (Biskas et al., 2022). Given this, people high in perfectionistic concerns, or other personality traits that are characterized by intense self-criticism (e.g. habitual worrying, contingent self-worth, depression), might struggle to benefit from receiving a self-compassion psychoeducational intervention. Future research might therefore measure such personality traits and investigate whether they moderate the effect of self-compassion psychoeducation on outcomes.

Conclusion

Existing research has demonstrated that people often struggle to respond with self-compassion to difficulties and thus do not experience its benefits for goal pursuit and well-being. This is partly because people may be unfamiliar with self-compassion and/or hold negative beliefs about self-compassion. On this basis, the present research examined whether educating people about self-compassion can help them to respond with self-compassion to goal lapses. However, although psychoeducation appeared to influence participants' beliefs about self-compassion, the findings provided no evidence that psychoeducation promoted responding with self-compassion to lapses. This finding highlights the gap between knowledge and action and stresses the need to develop additional strategies to help people to translate knowledge about self-compassion into self-compassionate responses to goal lapses and difficulties.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The research is funded by a grant from the Economic and Social Research Council (ESRC) ES/S005692/1: "Kindness matters: Helping people to achieve their goals by overcoming the barriers to being self-compassionate."

ORCID iDs

Marios Biskas https://orcid.org/0000-0002-1869-9839
Thomas L. Webb https://orcid.org/0000-0001-9320-0068

Data Availability Statement

The data that support the findings of this research are openly available on the Open Science Framework at https://osf.io/jbnha, Biskas, M., Webb, T. L., & Sirois, F. (2023, July 11). Psychoeducation and Self-Compassionate Responding.

Supplemental Material

Supplemental material for this article is available online.

Note

1. We also tested the effect of the psychoeducation manipulation on state self-compassion after excluding participants who did not show an understanding of self-compassion and/or its benefits. These analyses showed that the interaction between condition and time remained non-significant, F (1, 153) = 1.52, p = .219, η^2 = .010.

References

Alfonsson, S., Johansson, K., Uddling, J., & Hursti, T. (2017). Differences in motivation and adherence to a prescribed assignment after face-to-face and online psychoeducation: An experimental study. *BMC Psychology*, *5*(1), 1–13. https://doi.org/10.1186/s40359-017-0172-5

Alhadidi, M. M., Lim Abdullah, K., Yoong, T. L., Al Hadid, L., & Danaee, M. (2020). A systematic review of randomized controlled trials of psychoeducation interventions for patients diagnosed with schizophrenia. *International Journal of Social Psychiatry*, *66*(6), 542–552. https://doi.org/10.1177/0020764020919475

Bak, H. J. (2001). Education and public attitudes toward science: Implications for the "deficit model" of education and support for science and technology. *Social Science Quarterly*, *82*(4), 779–795. https://doi.org/10.1111/0038-4941.00059

Bayir, A., & Lomas, T. (2016). Difficulties generating self-compassion: An interpretative phenomenological analysis. *The Journal of Happiness & Well-Being*, *4*(1), 15–33.

Bidwell, D. (2016). The effects of information on public attitudes toward renewable energy. *Environment and Behavior*, *48*(6), 743–768. http://dx.doi.org/10.1177/0013916514554696

Biskas, M., Sirois, F. M., & Webb, T. L. (2022). Using social cognition models to understand why people, such as perfectionists, struggle to respond with self-compassion. *British Journal of Social Psychology*, *61*(4), 1160–1182. https://doi.org/10.1111/bjso.12531

Breines, J. G., & Chen, S. (2012). Self-compassion increases self-improvement motivation. *Personality and Social Psychology Bulletin*, *38*(9), 1133–1143. https://doi.org/10.1177/0146167212445599

Campion, M., & Glover, L. (2017). A qualitative exploration of responses to self-compassion in a non-clinical sample. *Health & Social Care in the Community*, *25*(3), 1100–1108. https://doi.org/10.1111/hsc.12408

Chwyl, C., Chen, P., & Zaki, J. (2020). Beliefs about self-compassion: Implications for Coping and self-improvement. *Personality and Social Psychology Bulletin*, *47*(9), 1327–1342. https://doi.org/10.1177/0146167220965303

Cohen, G. L., Aronson, J., & Steele, C. M. (2000). When beliefs yield to evidence: Reducing biased evaluation by affirming the self. *Personality and Social Psychology Bulletin*, *26*(9), 1151–1164. https://doi.org/10.1177/01461672002611011

Dash, S. R., Meeten, F., Jones, F., & Davey, G. C. (2015). Evaluation of a brief 4-session psychoeducation procedure for high worriers based on the mood-as-input hypothesis. *Journal of Behavior Therapy and Experimental Psychiatry*, *46*, 126–132. https://doi.org/10.1016/j.jbtep.2014.09.008

Donker, T., Griffiths, K. M., Cuijpers, P., & Christensen, H. (2009). Psychoeducation for depression, anxiety and psychological distress: A meta-analysis. *BMC Medicine*, *7*(2), 79. https://doi.org/10.1186/1741-7015-7-79

Faul, F., Erdfelder, E., Buchner, A., & Lang, A. G. (2009). Statistical power analyses using G* Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods*, *41*(4), 1149–1160. https://doi.org/10.3758/BRM.41.4.1149

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

Fisher, J. D., & Fisher, W. A. (1992). Changing AIDS-risk behavior. *Psychological Bulletin*, *111*(3), 455–474. https://doi.org/10.1037/0033-2909.111.3.455

Fisher, J. D., Fisher, W. A., Amico, K. R., & Harman, J. J. (2006). An information-motivation-behavioral skills model of adherence to antiretroviral therapy. *Health Psychology*, *25*(4), 462–473. https://doi.org/10.1037/0278-6133.25.4.462

Fisher, W. A., Fisher, J. D., & Harman, J. (2003). The information-motivation-behavioral skills model: A general social psychological approach to understanding and promoting health behavior. In J. Suis & K. A. Wallston (Eds.), *Social psychological foundations of health and illness* (pp. 82–106). Wiley. https://doi.org/10.1002/9780470753552.ch4

Friis, A. M., Johnson, M. H., & Consedine, N. S. (2017). Paradoxical effects of self-compassion on mood and teeth flossing behavior in an experimental setting. *Mindfulness*, *8*(1), 150–158. https://doi.org/10.1007/s12671-016-0585-x

Friis, A. M., Johnson, M. H., Cutfield, R. G., & Consedine, N. S. (2016). Kindness matters: A randomized controlled trial of a mindful self-compassion intervention improves depression, distress, and HbA1c among patients with diabetes. *Diabetes Care*, *39*(11), 1963–1971. https://doi.org/10.2337/dc16-0416

Gilbert, P. (2005). *Compassion: Conceptualizations, research, and use in psychotherapy.* Routledge.

Gollwitzer, P. M. (1999). Implementation intentions: Strong effects of simple plans. *American Psychologist*, *54*(7), 493–503. https://doi.org/10.1037/0003-066X.54.7.493

Gollwitzer, P. M., & Sheeran, P. (2006). Implementation intentions and goal achievement: A meta-analysis of effects and processes. *Advances in Experimental Social Psychology*, *38*(6), 69–119. https://doi.org/10.1016/S0065-2601(06)38002-1

Irons, C., Gilbert, P., Baldwin, M. W., Baccus, J. R., & Palmer, M. (2006). Parental recall, attachment relating and self-attacking/self-reassurance: Their relationship with depression. *British Journal of Clinical Psychology*, *45*(3), 297–308. https://doi.org/10.1348/014466505x68230

Jeziorek, A., & Riazi, A. (2022). Experiences of barriers to self-compassion in women experiencing weight difficulties: An interpretative phenomenological analysis. *Journal of Personalized Medicine*, *12*(9), 1504. https://doi.org/10.3390/jpm12091504

Kelly, A., Katan, A., Sosa Hernandez, L., Nightingale, B., & Geller, J. (2021). Why would I want to be more self-compassionate? A qualitative study of the pros and cons to cultivating self-compassion in individuals with anorexia nervosa. *British Journal of Clinical Psychology*, *60*(1), 99–115. https://doi.org/10.1111/bjc.12275

Kirby, J. N., Tellegen, C. L., & Steindl, S. R. (2017). A meta-analysis of compassion-based interventions: Current state of knowledge and future directions. *Behavior Therapy*, *48*(6), 778–792. https://doi.org/10.1016/j.beth.2017.06.003

Liao, K. Y. H., Stead, G. B., & Liao, C. Y. (2021). A meta-analysis of the relation between self-compassion and self-efficacy. *Mindfulness*, *12*(8), 1878–1891. https://doi.org/10.1007/s12671-021-01626-4

Lord, C. G., Ross, L., & Lepper, M. R. (1979). Biased assimilation and attitude polarization: The effects of prior theories on subsequently considered evidence. *Journal of Personality and Social Psychology*, *37*(11), 2098–2109. https://doi.org/10.1037/0022-3514.37.11.2098

Miyagawa, Y., Taniguchi, J., & Niiya, Y. (2018). Can self-compassion help people regulate unattained goals and emotional reactions toward setbacks? *Personality and Individual Differences*, *134*, 239–244. https://doi.org/10.1016/j.paid.2018.06.029

Neff, K. D. (2003a). Development and validation of a scale to measure self-compassion. *Self and Identity*, *2*(3), 223–250. https://doi.org/10.1080/15298860390209035

Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, *2*(2), 85–101. https://doi.org/10.1080/15298860309032

Neff, K. D. (2016). The self-compassion scale is a valid and theoretically coherent measure of self-compassion. *Mindfulness*, *7*(5), 264–274. https://doi.org/10.1007/s12671-015-0479-3

Neff, K. D., & Dahm, K. A. (2015). Self-compassion: What it is, what it does, and how it relates to mindfulness. In B. D. Ostafin, M. D. Robinson, & B. P. Meier (Eds.), *Handbook of mindfulness and self-regulation* (pp. 121–137). Springer New York. https://doi.org/10.1007/978-1-4939-2263-5_10

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

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. https://doi.org/10.1348/147608309X471000

Pomerantz, E. M., Chaiken, S., & Tordesillas, R. S. (1995). Attitude strength and resistance processes. *Journal of Personality and Social Psychology*, *69*(3), 408–419. https://doi.org/10.1037/0022-3514.69.3.408

Powers, T. A., Koestner, R., & Zuroff, D. C. (2007). Self–criticism, goal motivation, and goal progress. *Journal of Social and Clinical Psychology*, *26*(7), 826–840. https://doi.org/10.1521/jscp.2007.26.7.826

Powers, T. A., Milyavskaya, M., & Koestner, R. (2012). Mediating the effects of self-criticism and self-oriented perfectionism on goal pursuit. *Personality and Individual Differences*, *52*(7), 765–770. https://doi.org/10.1016/j.paid.2011.12.031

Raes, F. (2011). The effect of self-compassion on the development of depression symptoms in a non-clinical sample. *Mindfulness*, *2*(1), 33–36. https://doi.org/10.1007/s12671-011-0040-y

Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the self-compassion scale. *Clinical Psychology & Psychotherapy*, *18*(3), 250–255. https://doi.org/10.1002/cpp.702

Robinson, K. J., Mayer, S., Allen, A. B., Terry, M., Chilton, A., & Leary, M. R. (2016). Resisting self-compassion: Why are some people opposed to being kind to themselves? *Self and Identity*, *15*(5), 505–524. https://doi.org/10.1080/15298868.2016.1160952

Selensky, J. C., & Carels, R. A. (2021). Weight stigma and media: An examination of the effect of advertising campaigns on weight bias, internalized weight bias, self-esteem, body image, and affect. *Body Image*, *36*, 95–106. https://doi.org/10.1016/j.bodyim.2020.10.008

Simpson, K. M., Semenchuk, B. N., & Strachan, S. M. (2022). Put MY mask on first: Mothers' reactions to prioritizing health behaviours as a function of self-compassion and fear of self-compassion. *Journal of Health Psychology*, *27*(5), 1259–1266. https://doi.org/10.1177/1359105321995979

Sirois, F. M., Bögels, S., & Emerson, L. M. (2019). Self-compassion improves parental well-being in response to challenging parenting events. *The Journal of Psychology*, *153*(3), 327–341. https://doi:10.1080/00223980.2018.1523123

Sirois, F. M., & Hirsch, J. K. (2019). Self-compassion and adherence in five medical samples: The role of stress. *Mindfulness*, *10*(1), 46–54. https://doi.org/10.1007/s12671-018-0945-9

Sirois, F. M., Kitner, R., & Hirsch, J. K. (2015). Self-compassion, affect, and health-promoting behaviors. *Health Psychology*, *34*(6), 661–669. https://doi.org/10.1037/hea0000158

Sirois, F. M., & Molnar, D. S. (2016). Conceptualizations of perfectionism, health, and well-being: An introductory overview. In F. M. Sirois & D. S. Molnar (Eds.), *Perfectionism, health and well-being* (pp. 45–68). Springer.

Sturgis, P., & Allum, N. (2004). Science in society: Re-evaluating the deficit model of public attitudes. *Public Understanding of Science*, *13*(1), 55–74. https://doi.org/10.1177/0963662504042690

Taylor-Rodgers, E., & Batterham, P. J. (2014). Evaluation of an online psychoeducation intervention to promote mental health help seeking attitudes and intentions among young adults: Randomised controlled trial. *Journal of Affective Disorders*, *168*, 65–71. https://doi.org/10.1016/j.jad.2014.06.047

Tobin, R., & Dunkley, D. M. (2021). Self-critical perfectionism and lower mindfulness and self-compassion predict anxious and depressive symptoms over two years. *Behaviour Research and Therapy*, *136*, 103780. https://doi.org/10.1016/j.brat.2020.103780

Ulusoy, Y., & Duy, B. (2013). Effectiveness of a psycho-education program on learned helplessness and irrational beliefs. *Educational Sciences: Theory and Practice*, *13*(3), 1440–1446. https://doi.org/10.12738/estp.2013.3.1469

Van Daele, T., Hermans, D., Van Audenhove, C., & Van den Bergh, O. (2012). Stress reduction through psychoeducation: A meta-analytic review. *Health Education & Behavior*, *39*(4), 474–485. https://doi.org/10.1177/1090198111419202

Vantomme, D., Geuens, M., De Houwer, J., & De Pelsmacker, P. (2005). Implicit attitudes toward green consumer behaviour. *Psychologica Belgica*, *45*(4), 217–239. https://doi.org/10.5334/pb-45-4-217

Wakelin, K. E., Perman, G., & Simonds, L. M. (2022). Effectiveness of self-compassion-related interventions for reducing self-criticism: A systematic review and meta-analysis. *Clinical Psychology & Psychotherapy*, *29*(1), 1–25. https://doi.org/10.1002/cpp.2586

Zhang, J. W., & Chen, S. (2016). Self-compassion promotes personal improvement from regret experiences via acceptance. *Personality and Social Psychology Bulletin*, *42*(2), 244–258. https://doi.org/10.1177/0146167215623271

Zhang, J. W., & Chen, S. (2017). Self-compassion promotes positive adjustment for people who attribute responsibility of a romantic breakup to themselves. *Self and Identity*, *16*(6), 732–759. https://doi.org/10.1080/15298868.2017.1305985

Zimmerman, B. J., Bandura, A., & Martinez-Pons, M. (1992). Self-motivation for academic attainment: The role of self-efficacy beliefs and personal goal setting. *American Educational Research Journal*, *29*(3), 663–676. https://doi.org/10.3102/00028312029003663

Zuwerink, J. R., & Devine, P. G. (1996). Attitude importance and resistance to persuasion: It's not just the thought that counts. *Journal of Personality and Social Psychology*, *70*(5), 931–944. https://doi.org/10.1037/0022-3514.70.5.931