

THE ROLE OF SELF-COMPASSION IN REDUCING LONELINESS AND PSYCHOLOGICAL DISTRESS AMONG YOUNG ADULTS

Fiza Zulfiqar ^{a*}, Syeda Warda Khalid ^b, Aneesa Rasool ^c, Maleeha Shoukat ^d, & Syeda Warisha Tanzeem ^e

^a University of the Punjab, Lahore, Pakistan. Email: fizazulfiqar6666@gmail.com

^b Air University, Islamabad, Pakistan. Email: swardakhalid1997@gmail.com

^c Bahauddin Zakariya University, Multan, Pakistan. Email: aneesarasool253@gmail.com

^d Iqra University, Islamabad, Pakistan. Email: maleeha31224@iqraisb.edu.pk

^e Bahauddin Zakariya University, Multan, Pakistan. Email: wareeshatanzeem350@gmail.com

*Correspondence to: Ms. Fiza Zulfiqar, University of the Punjab, Lahore, Pakistan. Email: fizazulfiqar6666@gmail.com

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ABSTRACT

Young adulthood is a developmental period marked by significant social, emotional, academic, and personal changes, during which individuals may experience loneliness and psychological distress that negatively affect emotional well-being and daily functioning. Self-compassion, defined as responding to oneself with kindness, understanding, and acceptance during difficulty or failure, may serve as a protective factor that helps individuals cope with stress and maintain emotional balance. The present study examined the role of self-compassion in reducing loneliness and psychological distress among young adults, investigating the relationships among these variables and whether self-compassion significantly predicted lower loneliness and psychological distress. A quantitative, cross-sectional design was employed, and data were collected from 180 young adults aged 18 to 30 years from universities and the general community in Pakistan using the Self-Compassion Scale, the UCLA Loneliness Scale, and the Depression Anxiety Stress Scales-21. The sample comprised 79 males (43.9%) and 101 females (56.1%), with a mean age of 22.87 years ($SD = 3.45$). Pearson correlation showed significant negative relationships between self-compassion and loneliness ($r = -.48, p < .001$) and between self-compassion and psychological distress ($r = -.44, p < .001$). Regression analysis showed that self-compassion significantly predicted lower loneliness ($\beta = -.48, p < .001, R^2 = .230$) and lower psychological distress ($\beta = -.44, p < .001, R^2 = .194$). These findings suggest self-compassion is an important protective factor for emotional well-being among young adults and support the value of self-compassion-based interventions, though the cross-sectional design limits causal interpretation.

I. INTRODUCTION

Young adulthood, typically spanning the ages of 18 to 30, is widely recognized as a distinct developmental period characterized by identity exploration, instability, self-focus, and a subjective feeling of being "in-between" adolescence and full adulthood (Arnett, 2000). This period is marked by significant transitions, including entry into higher education or the workforce, the formation of intimate relationships, increased independence from family, and the establishment of long-term personal and career goals. While these transitions provide opportunities for growth, they also expose young adults to heightened psychological vulnerability. The disruption of established

social networks, academic and occupational pressures, and uncertainty about the future can contribute to elevated experiences of loneliness and psychological distress during this stage of life. Loneliness is defined as the subjective and distressing experience that results from a discrepancy between an individual's desired and actual levels of social contact or connection (Russell, 1996). It is not merely the objective absence of social relationships but a painful perception of social disconnection that can occur even when a person is surrounded by others. Loneliness has been consistently linked to a range of adverse psychological and physical health outcomes, including depression, anxiety, cardiovascular disease, and premature mortality (Hawkley & Cacioppo, 2010; Heinrich & Gullone, 2006). Young adults, particularly university students navigating new social environments, have been identified as a population at heightened risk of loneliness (McIntyre et al., 2018; Mushtaq et al., 2014).

Psychological distress, encompassing symptoms of depression, anxiety, and stress, represents another significant concern among young adults. Rising academic demands, financial pressures, and the transition to independent living have been associated with increasing rates of psychological distress in this population. Left unaddressed, psychological distress can interfere with academic performance, occupational functioning, interpersonal relationships, and overall quality of life. Given the psychological risks associated with this developmental stage, researchers have increasingly turned their attention toward identifying protective factors that may buffer young adults against loneliness and distress. One such factor that has received growing empirical attention is self-compassion. Self-compassion, as conceptualized by Neff (2003b), involves treating oneself with kindness and understanding during times of failure or suffering (self-kindness versus self-judgment), recognizing that imperfection and hardship are part of the shared human experience (common humanity versus isolation), and holding painful thoughts and emotions in balanced awareness rather than over-identifying with them (mindfulness versus over-identification). Unlike self-esteem, which is often contingent upon external validation or successful performance, self-compassion offers a stable and non-evaluative source of emotional resilience (Neff & Vonk, 2009).

Theoretically, self-compassion may reduce loneliness by fostering a secure and accepting relationship with the self, which can, in turn, support healthier engagement with others and reduce the tendency toward social withdrawal or excessive self-criticism following social setbacks (Allen & Leary, 2010). This process resonates with Gilbert's (2009) compassion-focused framework, which proposes that an internal soothing system built on self-directed warmth can down-regulate the threat-based emotions that often drive social avoidance. Similarly, self-compassion may reduce psychological distress by promoting adaptive emotion regulation, reducing rumination, and buffering against the harsh self-criticism that often accompanies depression, anxiety, and stress (Raes, 2010). A substantial body of research supports these theoretical propositions, demonstrating consistent negative associations between self-compassion and various indices of psychopathology (MacBeth & Gumley, 2012) as well as positive associations with well-being (Zessin et al., 2015). Notably, Neff and McGehee (2010) found that self-compassion was associated with greater psychological resilience among both adolescents and young adults, even after accounting for the influence of family and peer support, suggesting that self-compassion may offer a source of resilience that operates somewhat independently of external social resources.

Despite the growing international literature on self-compassion, relatively few studies have simultaneously examined its relationship with both loneliness and psychological distress within a single sample of young adults, particularly within South Asian cultural contexts such as Pakistan, where collectivistic social structures and unique academic and family pressures may shape the expression and experience of these constructs differently than in Western populations. The present study addresses this gap by examining the role of self-compassion in relation to loneliness and psychological distress among young adults aged 18 to 30 years in Pakistan. Understanding the protective role of self-compassion has important implications for both theory and practice. From a theoretical standpoint, this study contributes to the growing body of literature examining self-compassion as a transdiagnostic protective factor. From a practical standpoint, findings from this study may inform the development of self-compassion-based interventions, such as Mindful Self-Compassion training (Neff & Germer, 2013), which could be integrated into university counseling services and community mental health programs to reduce loneliness and psychological distress among young adults.

Objectives

1. To examine the relationship between self-compassion and loneliness among young adults.
2. To examine the relationship between self-compassion and psychological distress among young adults.
3. To determine whether self-compassion significantly predicts lower levels of loneliness among young adults.
4. To determine whether self-compassion significantly predicts lower levels of psychological distress among young adults.

Hypotheses

- H1: Self-compassion will be significantly and negatively correlated with loneliness among young adults.
- H2: Self-compassion will be significantly and negatively correlated with psychological distress among young adults.
- H3: Self-compassion will significantly and negatively predict loneliness among young adults.
- H4: Self-compassion will significantly and negatively predict psychological distress among young adults.

II. LITERATURE REVIEW

Self-compassion was formally introduced into psychological research by Neff (2003a, 2003b), who defined it as a multidimensional construct comprising three bipolar components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. Individuals high in self-compassion respond to their own suffering, failure, and perceived inadequacy with warmth and understanding rather than harsh self-criticism. Neff (2003a) developed the Self-Compassion Scale (SCS) to operationalize this construct, and subsequent research has provided extensive evidence for its reliability and validity across diverse populations (Neff, Pisitsungkagarn, & Hsieh, 2008). Neff and Vonk (2009) distinguished self-compassion from global self-esteem, demonstrating that although both constructs are related to psychological health, self-compassion is associated with more stable feelings of self-worth that are less contingent on external achievement or social comparison. This distinction is particularly relevant for young adults, whose self-esteem may fluctuate considerably in response to academic performance, peer relationships, and social media comparison. Numerous studies have documented the association between self-compassion and adaptive psychological functioning. Neff, Kirkpatrick, and Rude (2007) found that self-compassion was associated with greater emotional resilience, optimism, and life satisfaction, as well as reduced anxiety and depression. Similarly, Neff, Hsieh, and Dejjattarat (2005) demonstrated that self-compassion buffered university students against negative emotional reactions to academic failure, allowing them to maintain motivation and adaptive coping strategies. Neely, Schallert, Mohammed, Roberts, and Chen (2009) further found that self-kindness was associated with more effective coping and greater subjective well-being among college students facing stress.

Emerging research has begun to explore the relationship between self-compassion and loneliness. Sugianto (2020) found that self-compassion significantly predicted lower loneliness among university students, with self-kindness, common humanity, and mindfulness negatively associated with loneliness, while self-judgment, isolation, and over-identification were positively associated with loneliness. Similarly, other investigations using the Self-Compassion Scale and the UCLA Loneliness Scale have reported moderate negative correlations between the two constructs among undergraduate samples, suggesting that individuals who treat themselves with greater kindness and understanding tend to report fewer feelings of social disconnection. A theoretical explanation for this relationship is offered by the common humanity component of self-compassion, which involves recognizing that suffering and imperfection are part of the shared human experience rather than isolating personal failures. This orientation may directly counteract the sense of isolation that characterizes loneliness. Additionally, self-compassionate individuals may be less prone to harsh self-judgment following social rejection or setbacks, reducing the likelihood of subsequent social withdrawal (Allen & Leary, 2010). Loneliness itself has been extensively studied as a risk factor for poor mental and physical health. Hawkley and Cacioppo (2010) reviewed extensive evidence linking loneliness to depression, cardiovascular disease, cognitive decline, and increased mortality risk. Heinrich and Gullone (2006) similarly emphasized the clinical significance of loneliness, noting its associations with a broad range of psychopathology. Among university students specifically, McIntyre et al. (2018) found that loneliness was a significant predictor of psychological distress, independent of academic pressures.

A substantial body of literature has examined the relationship between self-compassion and psychological distress, encompassing depression, anxiety, and stress. In an influential meta-analysis, MacBeth and Gumley (2012) synthesized findings from 20 samples across 14 studies and reported a large aggregate effect size for the negative association between self-compassion and psychopathology, concluding that self-compassion represents a robust protective factor against depression, anxiety, and stress. Building on this work, Zessin, Dickhäuser, and Garbade (2015) conducted a meta-analysis specifically examining self-compassion and well-being, finding consistent positive associations between self-compassion and indicators of psychological well-being, alongside negative associations with negative affect and distress. Raes (2010) proposed that rumination and worry mediate the relationship between self-compassion and depression and anxiety, suggesting that self-compassionate individuals are less likely to engage in repetitive negative thinking following distressing events, thereby reducing their vulnerability to depressive and anxious symptoms. Fong and Loi (2016) similarly found that self-compassion mediated the relationship between stress and psychological health among university students, highlighting its role as a key mechanism of resilience. Finlay-Jones, Rees, and Kane (2015) extended this line of research to professional populations, demonstrating that self-compassion was associated with more adaptive emotion regulation strategies and lower psychological distress among psychologists.

Wei et al. (2011) examined self-compassion in the context of attachment theory, finding that self-compassion partially mediated the relationship between attachment anxiety and avoidance and subjective well-being among college students and community adults. This suggests that self-compassion may serve as an internal resource that compensates for insecure attachment patterns, thereby protecting against psychological distress. Given the consistent protective associations documented in correlational research, interventions designed to cultivate self-compassion have been developed and evaluated. Neff and Germer (2013) conducted a randomized controlled trial of the Mindful Self-Compassion (MSC) program, finding significant increases in self-compassion, mindfulness, and life satisfaction, alongside significant reductions in depression, anxiety, and stress among participants. These findings provide preliminary evidence that self-compassion is not only a stable individual difference but also a malleable skill that can be cultivated through structured intervention, with downstream benefits for loneliness and psychological distress.

Research examining gender differences in self-compassion has generally found that men report slightly higher levels of self-compassion than women, a pattern attributed to gender socialization processes that may encourage greater self-criticism among women (Yarnell et al., 2015). Cross-cultural research by Neff, Pisitsungkagarn, and Hsieh (2008) comparing samples from the United States, Thailand, and Taiwan found that self-construal and cultural values shaped the expression of self-compassion, underscoring the importance of examining this construct within specific cultural contexts, such as Pakistan, where collectivistic values, family obligations, and academic expectations may uniquely influence young adults' experiences of self-compassion, loneliness, and psychological distress. Taken together, the reviewed literature provides strong theoretical and empirical support for self-compassion as a protective factor against both loneliness and psychological distress. However, most existing studies have examined these relationships separately or within Western, predominantly student samples. Few studies have simultaneously examined the relationships between self-compassion, loneliness, and psychological distress within a single South Asian young adult sample drawn from both university and community settings. The present study addresses this gap by examining these relationships among 180 young adults aged 18 to 30 years in Pakistan, using well-validated psychometric measures.

III. METHOD

Participants

The present study employed a quantitative, cross-sectional research design to examine the relationships between self-compassion, loneliness, and psychological distress among young adults. This design was considered appropriate for capturing the associations among the study variables at a single point in time and for testing whether self-compassion significantly predicted loneliness and psychological distress. A total of 180 young adults aged 18 to 30 years participated in the study. Participants were recruited from universities and the general

community in Pakistan using a convenience sampling technique. The sample comprised 79 males (43.9%) and 101 females (56.1%), with a mean age of 22.87 years ($SD = 3.45$). Participants' educational level and employment status were also recorded as part of the demographic information (see Table 1). Inclusion criteria required that participants be between 18 and 30 years of age, able to read and understand English or Urdu, and willing to provide informed consent. Individuals with a self-reported diagnosis of a severe psychiatric or neurological condition that could impair comprehension of the questionnaire items were excluded from participation.

Measures

[I] Demographic Information Sheet: A demographic questionnaire was used to collect information regarding participants' age, gender, educational level, and employment status. **[II]** Self-Compassion Scale (SCS): Self-compassion was assessed using the Self-Compassion Scale developed by Neff (2003a). The SCS consists of items measuring six subcomponents of self-compassion: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Items are rated on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always), with negatively worded subscale items reverse-scored prior to computing a total self-compassion score. Higher total scores reflect greater self-compassion. The scale has demonstrated strong internal consistency and construct validity in prior research (Neff, 2003a; Neff, Pisitsungkagarn, & Hsieh, 2008). **[III]** UCLA Loneliness Scale (Version 3): Loneliness was measured using the UCLA Loneliness Scale, Version 3, developed by Russell (1996), building on the original scale by Russell, Peplau, and Ferguson (1978) and its subsequent revision by Russell, Peplau, and Cutrona (1980). This 20-item self-report scale assesses subjective feelings of loneliness and social isolation, with items rated on a 4-point scale ranging from 1 (never) to 4 (often). Positively worded items are reverse-scored, and total scores range from 20 to 80, with higher scores indicating greater loneliness. The scale has demonstrated strong internal consistency, with Cronbach's alpha coefficients ranging from .89 to .94 in prior research (Russell, 1996). **[IV]** Depression Anxiety Stress Scales-21 (DASS-21): Psychological distress was assessed using the DASS-21, a 21-item self-report measure derived from the original 42-item DASS developed by Lovibond and Lovibond (1995). The DASS-21 comprises three subscales measuring depression, anxiety, and stress, with items rated on a 4-point scale ranging from 0 (did not apply to me at all) to 3 (applied to me very much or most of the time). Subscale scores are summed and doubled to allow comparison with the original DASS-42 norms, and a total psychological distress score can be derived by summing across all three subscales. The DASS-21 has demonstrated strong psychometric properties across clinical and non-clinical populations (Antony et al., 1998; Henry & Crawford, 2005).

Procedure

Ethical approval for the study was obtained prior to data collection, and the research was conducted in accordance with ethical principles for research involving human participants. Participants were approached individually at universities and within the general community and were provided with an information sheet outlining the purpose of the study, the voluntary nature of participation, and assurances of confidentiality and anonymity. Written informed consent was obtained from all participants prior to questionnaire administration. Participants then completed the demographic information sheet followed by the SCS, UCLA Loneliness Scale, and DASS-21, in a fixed order, taking approximately 15 to 20 minutes to complete. Participants were debriefed upon completion and provided with contact information for psychological support services, should they wish to access them. Data were analyzed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics, including means, standard deviations, and frequency and percentage distributions, were computed to summarize demographic characteristics and study variables. Reliability analysis was conducted to determine the internal consistency (Cronbach's alpha) of each measure. Pearson product-moment correlation analysis was used to examine the relationships between self-compassion, loneliness, and psychological distress. Simple linear regression analyses were conducted to determine whether self-compassion significantly predicted loneliness and psychological distress. An alpha level of .05 was used to determine statistical significance for all analyses.

IV. RESULTS

This section presents the descriptive, correlational, and regression results obtained from the analysis of data collected from 180 young adults.

Table I: Demographic Characteristics of Participants (N = 180)

Variables	Category	n	%
Gender	Male	79	43.9
	Female	101	56.1
Age Group (years)	18–21	62	34.4
	22–25	74	41.1
	26–30	44	24.5
Educational Level	Undergraduate	98	54.4
	Graduate/Postgraduate	82	45.6
Employment Status	Student (unemployed)	112	62.2
	Employed	68	37.8
Residential Setting	Urban	121	67.2
	Rural	59	32.8

Note. Percentages are calculated within each demographic category and may not sum to exactly 100% due to rounding.

Table 1 presents the demographic characteristics of the sample, including gender, educational level, and employment status.

Table II: Descriptive Statistics and Reliability Coefficients for Study Variables and Subscales

Variables	M	SD	Range	Cronbach's α
Age (years)	22.87	3.45	18–30	—
Self-Compassion	81.16	12.08	26–130	.86
Self-Kindness	14.62	2.91	5–25	.78
Common Humanity	11.84	2.35	4–20	.74
Mindfulness	11.97	2.28	4–20	.76
Loneliness	45.63	9.87	20–80	.89
Psychological Distress	34.92	14.76	0–63	.91
Depression Subscale	11.48	5.62	0–21	.85
Anxiety Subscale	10.91	5.34	0–21	.82
Stress Subscale	12.53	5.71	0–21	.84

Table 2 presents the means, standard deviations, possible score ranges, and internal consistency (Cronbach's alpha) coefficients for age, self-compassion, loneliness, and psychological distress, along with their respective subscales. All three primary measures demonstrated good to excellent internal consistency, with alpha coefficients ranging from .86 to .91 for total scores, and from .74 to .85 for the individual subscales, supporting the reliability of the instruments within this sample.

Table III: Pearson Correlations Among Self-Compassion, Loneliness, and Psychological Distress

Variables	1	2	3
1. Self-Compassion	—		
2. Loneliness	-.48**	—	
3. Psychological Distress	-.44**	.52**	—

** $p < .001$

Pearson product-moment correlation analysis was conducted to examine the relationships between self-compassion, loneliness, and psychological distress. As shown in Table 3, self-compassion demonstrated a significant negative correlation with loneliness, $r = -.48$, $p < .001$, indicating that higher levels of self-compassion were associated with lower levels of loneliness. Self-compassion also demonstrated a significant negative correlation with psychological distress, $r = -.44$, $p < .001$, indicating that higher levels of self-compassion were

associated with lower levels of psychological distress. In addition, loneliness and psychological distress were significantly positively correlated with one another, $r = .52$, $p < .001$.

Figure I: Correlations between self-compassion and loneliness, and between self-compassion and psychological distress (N = 180)

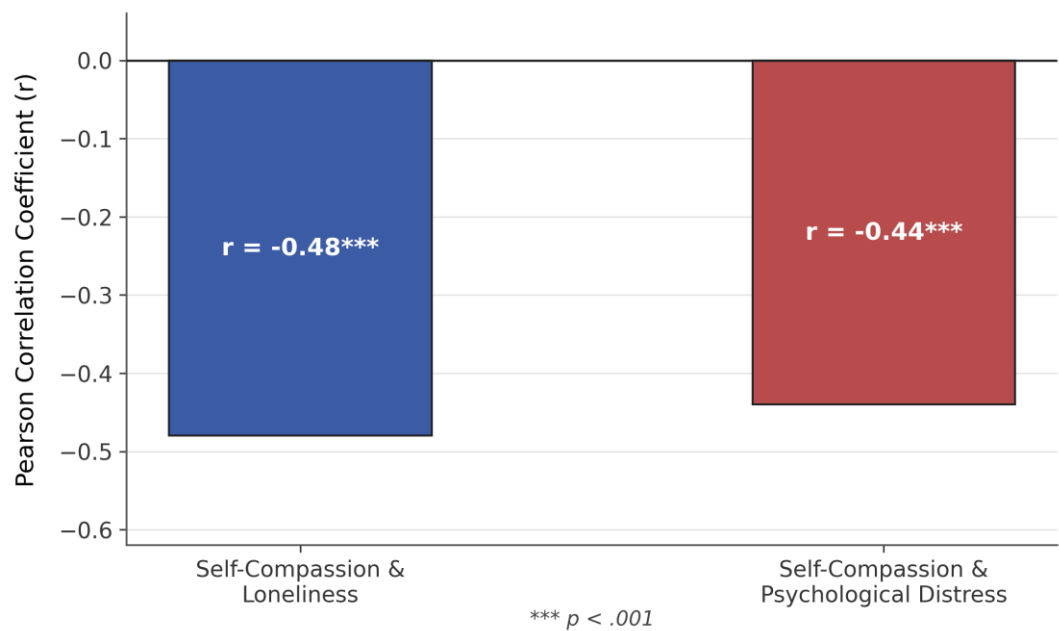


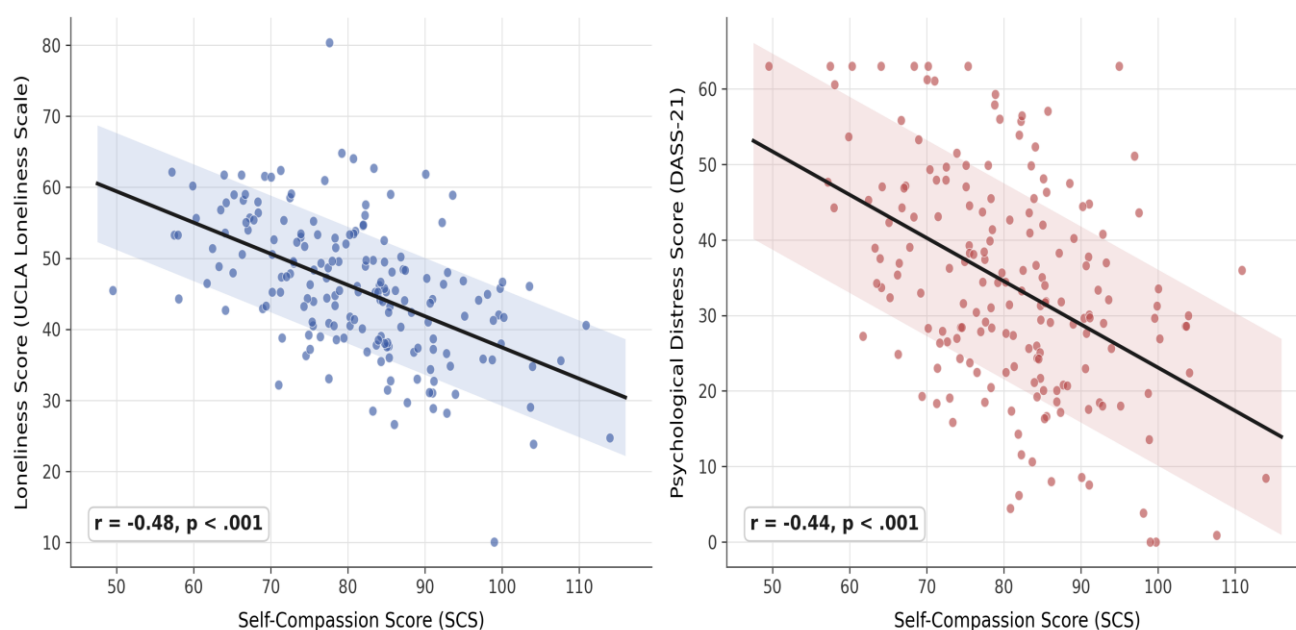
Table IV: Summary of Linear Regression Analyses for Self-Compassion Predicting Loneliness and Psychological Distress

Outcomes	B	SE B	β	t	p	R ²	F (1, 178)
Loneliness	-0.39	0.054	-.48	-7.30	< .001	.230	53.19
Psychological Distress	-0.54	0.082	-.44	-6.55	< .001	.194	42.90

Note. B = unstandardized regression coefficient; SE B = standard error of B; β = standardized regression coefficient. Predictor in both models: total Self-Compassion Scale score.

Simple linear regression analyses were conducted to examine whether self-compassion significantly predicted loneliness and psychological distress. As presented in Table 4, self-compassion significantly predicted loneliness, $B = -0.39$, $SE\ B = 0.054$, $\beta = -.48$, $t(178) = -7.30$, $p < .001$, accounting for approximately 23.0% of the variance in loneliness scores, $R^2 = .230$, $F(1, 178) = 53.19$, $p < .001$. This indicates that, on average, each one-point increase in self-compassion score was associated with a 0.39-point decrease in loneliness score. Self-compassion also significantly predicted psychological distress, $B = -0.54$, $SE\ B = 0.082$, $\beta = -.44$, $t(178) = -6.55$, $p < .001$, accounting for approximately 19.4% of the variance in psychological distress scores, $R^2 = .194$, $F(1, 178) = 42.90$, $p < .001$. These findings support Hypotheses 3 and 4, indicating that self-compassion is a significant negative predictor of both loneliness and psychological distress among young adults.

Figure II: Scatterplots illustrating the negative linear relationships between self-compassion and loneliness (left) and between self-compassion and psychological distress (right), with fitted regression lines (N = 180)



Summary of Findings

Overall, the results indicated that self-compassion was significantly and negatively associated with both loneliness and psychological distress among young adults. Regression analyses further confirmed that self-compassion significantly predicted lower levels of both outcomes, explaining a meaningful proportion of variance in each. These findings provide empirical support for all four hypotheses proposed in this study.

V. DISCUSSION

The present study examined the role of self-compassion in relation to loneliness and psychological distress among 180 young adults aged 18 to 30 years in Pakistan. Consistent with the study's hypotheses, results revealed significant negative correlations between self-compassion and both loneliness and psychological distress, and regression analyses confirmed that self-compassion significantly predicted lower levels of both outcomes. These findings are consistent with, and extend, the existing body of literature demonstrating the protective role of self-compassion in psychological well-being. The significant negative relationship between self-compassion and loneliness observed in this study ($r = -.48$) aligns closely with previous findings, including Sugianto (2020), who reported that self-compassion significantly predicted lower loneliness among university students. This relationship may be explained through the common humanity component of self-compassion, which encourages individuals to view their struggles and imperfections as part of the shared human experience rather than as isolating personal failures. By reframing distressing experiences in this way, self-compassionate individuals may feel more connected to others, even during periods of difficulty, thereby reducing subjective feelings of loneliness. Additionally, self-compassionate individuals may be less likely to engage in harsh self-criticism following social setbacks or rejection, reducing the likelihood of subsequent social withdrawal that can perpetuate loneliness (Allen & Leary, 2010).

The significant negative relationship between self-compassion and psychological distress ($r = -.44$) similarly corroborates a substantial body of prior research, including the meta-analytic findings of MacBeth and Gumley (2012), who reported a robust negative association between self-compassion and psychopathology across multiple studies. This relationship may be explained by the emotion-regulatory functions of self-compassion. Specifically, self-compassion has been shown to reduce maladaptive rumination and worry (Raes, 2010), which are well-established cognitive risk factors for depression and anxiety. Additionally, the self-kindness component of self-compassion may buffer individuals against the harsh self-critical thinking patterns that often characterize and

exacerbate psychological distress. The regression findings, indicating that self-compassion explained approximately 23.0% of the variance in loneliness and 19.4% of the variance in psychological distress, suggest that self-compassion represents a meaningful, though not exclusive, predictor of these outcomes. This is consistent with the understanding that loneliness and psychological distress are multiply determined constructs, influenced by a range of additional factors including social support, attachment style, coping strategies, and situational stressors (Wei et al., 2011). Nonetheless, the substantial proportion of variance explained by self-compassion alone underscores its potential significance as a target for psychological intervention.

The significant positive correlation observed between loneliness and psychological distress ($r = .52$) further supports the well-documented overlap between these constructs, consistent with prior research linking loneliness to depression, anxiety, and broader psychopathology (Hawkley & Cacioppo, 2010; Heinrich & Gullone, 2006; McIntyre et al., 2018). This finding reinforces the importance of addressing both constructs simultaneously in intervention efforts targeting young adult populations. These findings carry important practical implications. Given that self-compassion is not a fixed trait but a skill that can be cultivated through structured intervention (Neff & Germer, 2013), universities and community mental health services in Pakistan and similar contexts may benefit from incorporating self-compassion-based programs, such as Mindful Self-Compassion training, into student counseling and wellness initiatives. Such interventions may offer a cost-effective and scalable approach to reducing loneliness and psychological distress among young adults, particularly in settings where access to more intensive mental health services may be limited.

Limitations and Future Directions

Several limitations of the present study should be acknowledged. First, the cross-sectional design precludes causal inference; while self-compassion was found to significantly predict loneliness and psychological distress, it is equally plausible that loneliness and distress may reduce individuals' capacity for self-compassion, or that a bidirectional relationship exists between these constructs. Second, the study relied exclusively on self-report measures, which may be subject to social desirability bias and shared method variance, potentially inflating the observed associations. Third, the sample was recruited using a convenience sampling technique from universities and the general community in Pakistan, which may limit the generalizability of findings to other populations and cultural contexts. Finally, the study did not control for potentially relevant covariates, such as social support, attachment style, or prior mental health history, which may have influenced the observed relationships. Future research should employ longitudinal designs to examine the temporal and potentially bidirectional relationships between self-compassion, loneliness, and psychological distress over time. Intervention-based research, such as randomized controlled trials of self-compassion training programs, would provide stronger causal evidence regarding whether increasing self-compassion produces sustained reductions in loneliness and psychological distress among young adults. Additionally, future studies could examine potential mediating and moderating variables, such as social support, emotion regulation strategies, and attachment style, to better understand the mechanisms underlying these relationships. Cross-cultural comparative studies would also be valuable in clarifying how cultural values and social structures shape the expression and protective function of self-compassion across different populations.

VI. CONCLUSION

The present study provides evidence that self-compassion is significantly and negatively associated with both loneliness and psychological distress among young adults aged 18 to 30 years, and that self-compassion significantly predicts lower levels of both outcomes. These findings underscore the potential value of self-compassion as a protective psychological factor that supports emotional well-being and adaptive functioning during the developmentally challenging period of young adulthood. Given the malleability of self-compassion and the availability of evidence-based interventions designed to cultivate it, the present findings support the integration of self-compassion-based approaches into mental health promotion efforts for young adults, particularly within university and community settings. While the cross-sectional design of this study limits causal interpretation, the findings offer a strong empirical foundation for future longitudinal and intervention-based research aimed at reducing loneliness and psychological distress through the cultivation of self-compassion.

VII. REFERENCES

- Allen, A. B., & Leary, M. R. (2010). Self-compassion, stress, and coping. *Social and Personality Psychology Compass*, 4(2), 107–118.
- Antony, M. M., Bieling, P. J., Cox, B. J., Enns, M. W., & Swinson, R. P. (1998). Psychometric properties of the 42-item and 21-item versions of the Depression Anxiety Stress Scales in clinical groups and a community sample. *Psychological Assessment*, 10(2), 176–181.
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480.
- Finlay-Jones, A. L., Rees, C. S., & Kane, R. T. (2015). Self-compassion, emotion regulation and stress among Australian psychologists: Testing an emotion regulation model of self-compassion using structural equation modeling. *PLoS ONE*, 10(7), e0133481.
- Fong, M., & Loi, N. M. (2016). The mediating role of self-compassion in student psychological health. *Australian Psychologist*, 51(6), 431–441.
- Gilbert, P. (2009). *The compassionate mind: A new approach to life's challenges*. New Harbinger Publications.
- Hawkey, L. C., & Cacioppo, J. T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine*, 40(2), 218–227.
- Heinrich, L. M., & Gullone, E. (2006). The clinical significance of loneliness: A literature review. *Clinical Psychology Review*, 26(6), 695–718.
- Henry, J. D., & Crawford, J. R. (2005). The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample. *British Journal of Clinical Psychology*, 44(2), 227–239.
- Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales* (2nd ed.). Psychology Foundation of Australia.
- MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review*, 32(6), 545–552.
- McIntyre, J. C., Worsley, J., Corcoran, R., Harrison-Woods, P., & Bentall, R. P. (2018). Academic and non-academic predictors of student psychological distress: The role of social identity and loneliness. *Journal of Mental Health*, 27(3), 230–239.
- Mushtaq, R., Shoib, S., Shah, T., & Mushtaq, S. (2014). Relationship between loneliness, psychiatric disorders and physical health? A review on the psychological aspects of loneliness. *Journal of Clinical and Diagnostic Research*, 8(9), WE01–WE04.
- Neely, M. E., Schallert, D. L., Mohammed, S. S., Roberts, R. M., & Chen, Y. (2009). Self-kindness when facing stress: The role of self-compassion, goal regulation, and support in college students' well-being. *Motivation and Emotion*, 33(1), 88–97.
- Neff, K. D. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2(3), 223–250.
- Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85–101.
- Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology*, 69(1), 28–44.
- Neff, K. D., Hsieh, Y. P., & DeJitterat, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and Identity*, 4(3), 263–287.
- 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.
- Neff, K. D., & McGehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity*, 9(3), 225–240.
- Neff, K. D., Pisitsungkagarn, K., & Hsieh, Y. P. (2008). Self-compassion and self-construal in the United States, Thailand, and Taiwan. *Journal of Cross-Cultural Psychology*, 39(3), 267–285.
- Neff, K. D., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality*, 77(1), 23–50.

- Raes, F. (2010). Rumination and worry as mediators of the relationship between self-compassion and depression and anxiety. *Personality and Individual Differences*, 48(6), 757–761.
- Russell, D., Peplau, L. A., & Cutrona, C. E. (1980). The revised UCLA Loneliness Scale: Concurrent and discriminant validity evidence. *Journal of Personality and Social Psychology*, 39(3), 472–480.
- Russell, D., Peplau, L. A., & Ferguson, M. L. (1978). Developing a measure of loneliness. *Journal of Personality Assessment*, 42(3), 290–294.
- Russell, D. W. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. *Journal of Personality Assessment*, 66(1), 20–40.
- Sugianto, D. (2020). Self-compassion as a way to embrace loneliness in university students. *Psikodimensia: Kajian Ilmiah Psikologi*, 19(1), 1–10.
- Wei, M., Liao, K. Y. H., Ku, T. Y., & Shaffer, P. A. (2011). Attachment, self-compassion, empathy, and subjective well-being among college students and community adults. *Journal of Personality*, 79(1), 191–221.
- Yarnell, L. M., Stafford, R. E., Neff, K. D., Reilly, E. D., Knox, M. C., & Mullarkey, M. (2015). Meta-analysis of gender differences in self-compassion. *Self and Identity*, 14(5), 499–520.
- Zessin, U., Dickhäuser, O., & Garbade, S. (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology: Health and Well-Being*, 7(3), 340–364.