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Self-Compassion as a Mediator between Self-Criticism and Physical Symptom Reporting

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A B S T R A C T

This study aimed to investigate whether self-compassion mediates the relationship between self-criticism and physical symptom reporting in a sample of Iranian adults. A descriptive correlational research design was employed with a sample of 435 participants selected based on the Morgan and Krejcie sample size table. Participants completed three standardized self-report instruments: the Levels of Self-Criticism Scale (LOSC), the Self-Compassion Scale (SCS), and the Patient Health Questionnaire-15 (PHQ-15) for physical symptom reporting. Data were analyzed using SPSS-27 for descriptive statistics and Pearson correlation analysis, and AMOS-21 was used to conduct Structural Equation Modeling (SEM) to evaluate the mediation model. The results revealed significant correlations between all study variables. Self-criticism was positively correlated with physical symptom reporting ($r = .47$, $p < .001$) and negatively correlated with self-compassion ($r = –.53$, $p < .001$). Self-compassion was also negatively associated with physical symptom reporting ($r = –.45$, $p < .001$). SEM analysis indicated that the model demonstrated good fit ($\chi^2/df = 2.10$, CFI = .96, RMSEA = .051). Direct effects were significant from self-criticism to physical symptom reporting ($\beta = .29$, $p < .001$), from self-criticism to self-compassion ($\beta = –.53$, $p < .001$), and from self-compassion to physical symptom reporting ($\beta = –.26$, $p < .001$). The indirect effect of self-criticism on physical symptoms through self-compassion was also significant ($\beta = .14$, $p = .002$), confirming partial mediation. The findings suggest that self-compassion serves as a psychological buffer that partially mediates the impact of self-criticism on physical symptom reporting. Enhancing self-compassion may reduce the somatic burden of individuals prone to self-critical thinking, offering valuable implications for psychological interventions and health promotion.

Keywords: *Self-criticism, Self-compassion, Physical symptom reporting.*

1. Introduction

The relation between psychological processes and physical health outcomes has garnered considerable attention across clinical and health psychology research. Among these processes, the link between self-critical tendencies and the manifestation of physical symptoms—such as fatigue, headaches, or gastrointestinal complaints—has emerged as a particularly salient area of study. Self-criticism, characterized by harsh self-evaluation and chronic internalized dissatisfaction, has been consistently associated with a heightened vulnerability to stress-related health concerns, including both psychological and somatic symptoms (Vidal et al., 2024). Despite robust evidence supporting this association, the underlying mechanisms that explain how self-critical attitudes translate into physical symptom reporting remain inadequately understood. One increasingly recognized psychological construct that may illuminate this pathway is self-compassion—a mindful, kind, and balanced attitude toward oneself in times of suffering or perceived inadequacy. In particular, growing evidence suggests that self-compassion may buffer the adverse effects of self-criticism on physical health by regulating emotional distress and physiological reactivity (Polat, 2025; Santos & Cassidy, 2024).

Self-criticism is a self-evaluative cognitive style that has been extensively linked to psychological disorders such as depression and anxiety, but its somatic implications have become more prominent in recent years (Vidal et al., 2024). Individuals with high levels of self-criticism often exhibit persistent rumination and negative emotional states, which are known to trigger or exacerbate physical symptoms through chronic activation of the stress response system (Garnsey, 2025; Tapeinos et al., 2024). From a biopsychosocial perspective, repeated self-attacking thoughts may influence autonomic dysregulation, increase inflammatory responses, and reduce immune functioning, ultimately making individuals more susceptible to experiencing and reporting somatic complaints (Xie, 2023). Although these associations have been empirically supported, understanding protective psychological factors that can interrupt or attenuate this negative cascade is crucial for advancing holistic models of health.

Self-compassion has emerged as a promising protective factor in the relationship between self-criticism and mental health outcomes, and its relevance to physical symptomatology is increasingly recognized. Conceptually defined by Neff as comprising self-kindness, common humanity, and mindfulness, self-compassion enables individuals to respond to suffering with understanding rather than judgment, to recognize suffering as a shared human experience, and to hold painful thoughts and feelings in mindful awareness rather than over-identifying with them. These elements may allow individuals to maintain psychological equilibrium and reduce the physiological burden of stress, thereby mitigating the severity and frequency of somatic complaints (Carvalho, 2025; Kotera et al., 2022). A growing body of research has shown that self-compassion is negatively associated with physical symptom reporting and positively linked with better physical health outcomes through reduced stress, better emotion regulation, and healthier behaviors (Mistretta et al., 2023; Pastore & Fortier, 2023).

Several studies have explored the mediating role of self-compassion in various psychological and health-related relationships. For example, Bodok-Mulderij and colleagues demonstrated that self-compassion mediated the link between religious beliefs and mental health, suggesting that internal cognitive-affective styles may be critical pathways through which broader psychosocial factors affect well-being (Bodok-Mulderij et al., 2023). Similarly, Garnsey's work among emerging adults highlighted the role of self-compassion in promoting mental health by encouraging health behavior engagement (Garnsey, 2025). Furthermore, Liu et al. found that among clinical nurses, self-compassion significantly mediated the association between stressors and work engagement via moral resilience, reinforcing its buffering effect against occupational stress (Liu et al., 2025). This mediating role has also been validated in student populations, with findings indicating that self-compassion fosters psychological flourishing and life satisfaction through mechanisms such as hope and emotion regulation (Liu et al., 2024; Tran et al., 2022).

Research has also examined the relationship between self-compassion and physical health outcomes in the context of chronic conditions and pain. Mistretta et al. showed that self-compassion mitigated pain-related disability by enhancing self-efficacy and future self-identification among individuals with chronic pain, illustrating how this construct can impact both physical and psychological aspects of health simultaneously (Mistretta et al., 2023). Furthermore, Cutajar and Bates, in their studies of Australian women during the perinatal period, reported that higher levels of self-compassion were linked to reduced levels of anxiety and depressive symptoms, which are often comorbid with physical complaints (Cutajar & Bates, 2024, 2025). These

findings align with the biopsychosocial model of health, which posits that psychological self-regulation strategies—like self-compassion—can directly influence physical symptomatology via neural and endocrine pathways.

In adolescent and young adult populations, self-compassion has similarly been shown to mediate critical psychological outcomes. Tapeinos et al. identified self-compassion as a mediator between suicidal ideation and internalized gender roles in adolescents, suggesting that it plays a key role in navigating emotional vulnerabilities during identity development (Tapeinos et al., 2024). Likewise, Syafitri et al. found that self-compassion and emotion regulation jointly predicted mental health outcomes among high-school students, supporting the proposition that cultivating self-compassion during adolescence may protect against both psychological and somatic dysfunction (Syafitri et al., 2024). In university students, the role of self-compassion in enhancing help-seeking behaviors, improving life satisfaction, and reducing loneliness has been widely supported (Min et al., 2022; Xie, 2023; Zhang & Shen, 2023). These findings have critical implications for understanding how self-attitudes contribute to health behavior and symptom management across the lifespan.

Moreover, studies conducted in culturally diverse contexts lend further credibility to the universality of self-compassion's mediating effects. For instance, Tran et al.'s research among Vietnamese students demonstrated that self-compassion significantly mediated the relationship between psychological distress and life satisfaction, with hope as a contributing factor (Tran et al., 2022). Similarly, in a study of Chinese college students, Zhang and Shen found that self-compassion and dispositional mindfulness jointly predicted mental health during COVID-19 lockdowns, suggesting these protective factors are vital under conditions of chronic stress (Zhang & Shen, 2023). This cross-cultural evidence underscores the adaptability of self-compassion interventions and supports their integration into global health promotion frameworks.

In workplace settings, self-compassion has also shown promise in enhancing occupational health and reducing burnout. Liu et al. demonstrated that clinical nurses who reported higher levels of self-compassion also reported greater work engagement, mediated by increased moral resilience (Liu et al., 2025). Hong and Wang further found that core self-evaluation and resilience partially explained the relationship between compassion fatigue and professional expertise, suggesting that fostering self-compassion in care professions may prevent emotional exhaustion and related physical symptoms (Hong & Wang, 2024). Likewise, Kim and Jun emphasized that professional values mediated the effect of self-leadership on compassion competence in mental health nurses, highlighting the organizational relevance of cultivating compassionate self-regard in health systems (Kim & Jun, 2024).

Finally, the structural nature of self-compassion's mediation has been clarified through advanced statistical methods such as Structural Equation Modeling (SEM). For example, Polat employed SEM to demonstrate that self-compassion not only directly reduced health anxiety and rumination but also indirectly improved psychological functioning through latent emotional regulation pathways (Polat, 2025). Santos and Cassidy similarly demonstrated that materialistic values' effects on well-being were mediated by self-compassion, reinforcing its transdiagnostic role in enhancing life quality (Santos & Cassidy, 2024). These studies affirm that self-compassion is not merely a desirable trait but a statistically significant mediator in a range of health-related psychological processes.

Despite the growing body of evidence supporting self-compassion's role as a mediator between cognitive-emotional risk factors and various health outcomes, few studies have specifically examined its capacity to mediate the relationship between self-criticism and physical symptom reporting. This gap is particularly relevant in populations exposed to sociocultural or occupational stressors, such as residents of Middle East countries like Iran, where somatization may be a common expression of psychological distress. Investigating this mediation pathway can provide valuable insights into targeted interventions aimed at reducing both psychological suffering and somatic symptom burdens. Therefore, the present study aims to examine the mediating role of self-compassion in the relationship between self-criticism and physical symptom reporting.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a descriptive correlational research design to examine the mediating role of self-compassion in the relationship between self-criticism and physical symptom reporting. The sample consisted of 435 participants from Iran, selected based on the Morgan and Krejcie (1970) sample size determination table to ensure adequate statistical power for correlation and structural equation modeling analyses. Participants were recruited

through online platforms and community centers, with inclusion criteria requiring participants to be adults (18 years or older), fluent in Spanish, and willing to complete all survey components. The demographic characteristics of the sample, including age, gender, education level, and employment status, were recorded to provide a comprehensive overview of the participant pool.

2.2. Measures

2.2.1. Physical Symptom Reporting

The PHQ-15 (Patient Health Questionnaire-15) was developed by Kroenke, Spitzer, and Williams in 2002 as a self-report instrument for assessing somatic symptoms in medical and general populations. It includes 15 items that measure the severity and frequency of common physical symptoms experienced over the past four weeks, such as fatigue, headaches, stomach pain, and dizziness. Each item is rated on a 3-point Likert scale from 0 (not bothered at all) to 2 (bothered a lot), yielding a total score ranging from 0 to 30, with higher scores indicating greater somatic symptom burden. The PHQ-15 has demonstrated excellent internal consistency (Cronbach's alpha ranging from 0.80 to 0.88) and strong construct validity across diverse samples, making it a widely accepted tool in both clinical and research settings (Casto & Lecci, 2012; Howren et al., 2009; Williams & Wiebe, 2000).

2.2.2. Self-Criticism

The Levels of Self-Criticism Scale (LOSC), developed by Thompson and Zuroff in 2004, is a 22-item self-report questionnaire designed to assess two dimensions of self-criticism: comparative self-criticism (CSC) and internalized self-criticism (ISC). Participants rate items on a 7-point Likert scale ranging from 1 (not at all true of me) to 7 (very true of me). The CSC subscale reflects the tendency to view oneself as inferior to others, while the ISC subscale captures the tendency to judge oneself harshly against personal standards. The LOSC has been shown to possess good internal consistency (Cronbach's alphas above 0.80 for both subscales) and strong convergent and discriminant validity with related psychological constructs such as depression, self-esteem, and perfectionism, making it a robust tool for measuring self-critical tendencies (Marzi & Seadatee Shamir, 2019; Mohamadi & Jabalameli, 2024; Tofangchi et al., 2021; Werner et al., 2019).

2.2.3. Self-Compassion

The Self-Compassion Scale (SCS), developed by Kristin Neff in 2003, is a 26-item self-report measure that assesses how individuals relate to themselves during times of difficulty. The scale is composed of six subscales: Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Over-Identification. Respondents rate each item on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always). A total score is calculated by averaging the subscale scores, with higher scores reflecting greater self-compassion. The SCS has shown excellent internal consistency (Cronbach's alpha = 0.92 for the total scale) and good test-retest reliability. Numerous studies have confirmed the scale's construct validity, supporting its use as a standard measure of self-compassion in psychological research (Polat, 2025; Rezagholiyan et al., 2025; Walton, 2025).

2.3. Data Analysis

Data were analyzed using SPSS version 27 and AMOS version 21. Descriptive statistics were first calculated to examine means and standard deviations for all study variables. Pearson correlation coefficients were then used to assess the bivariate relationships between physical symptom reporting (dependent variable), self-criticism (independent variable), and self-compassion (mediating variable). Following correlation analysis, Structural Equation Modeling (SEM) was conducted using AMOS-21 to evaluate the proposed mediation model, examining both direct and indirect paths between variables. Model fit was assessed using standard indices including the Chi-square statistic, the Comparative Fit Index (CFI), the Tucker-Lewis Index (TLI), and the Root Mean Square Error of Approximation (RMSEA). Significance of indirect effects was tested using bootstrapping with 5,000 resamples.

3. Findings and Results

The study sample consisted of 435 participants from Iran, with 258 individuals (59.3%) identifying as female and 177 individuals (40.7%) identifying as male. In terms of age, 112 participants (25.7%) were between 18 and 25 years old, 174 (40.0%) were between 26 and 35, 89 (20.5%) were between 36 and 45, and 60 participants (13.8%) were aged 46 years and older. Regarding education level, 49 participants (11.3%) had completed secondary school, 196 (45.1%) held a bachelor's degree, 139 (31.9%) held a master's degree, and

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51 (11.7%) had a doctoral degree. Employment status showed that 308 participants (70.8%) were employed, 76 (17.5%) were students, and 51 (11.7%) were unemployed or retired. These frequencies and percentages illustrate a diverse sample in terms of gender, age, education, and employment status.

Table 1

Descriptive Statistics for Study Variables

Variable	Mean	SD
Self-Criticism	89.42	12.36
Self-Compassion	81.17	13.59
Physical Symptom Reporting	14.58	5.62

The descriptive statistics for the study variables are presented in Table 1. The mean score for self-criticism was 89.42 (SD = 12.36), indicating a moderately high level of self-critical tendencies among participants. Self-compassion had a mean of 81.17 (SD = 13.59), suggesting moderate levels of compassionate self-attitudes. Physical symptom reporting, as measured by the PHQ-15, yielded a mean of 14.58 (SD = 5.62), reflecting a noticeable degree of somatic complaints in the sample.

Prior to conducting correlation and SEM analyses, key statistical assumptions were examined. The normality of the data was assessed by evaluating skewness and kurtosis values for all variables; skewness ranged from –0.74 to 0.41 and kurtosis ranged from –0.67 to 0.52, indicating acceptable univariate normality. Linearity and homoscedasticity were confirmed through scatterplot inspection, showing no significant curvature or funneling. Multicollinearity was assessed using tolerance and Variance Inflation Factor (VIF) statistics; all tolerance values were above 0.82 and VIF values ranged from 1.10 to 1.22, suggesting no issues with multicollinearity. Additionally, Mahalanobis distance was used to assess multivariate outliers, and only 4 cases exceeded the critical value of 16.27 ($p < .001$), which were retained after verifying their influence was minimal. These findings confirmed that all assumptions for Pearson correlation and SEM were met.

Table 2

Correlations Between Study Variables (N = 435)

Variable	1	2	3
1. Self-Criticism	—		
2. Self-Compassion	–.53**	—	
3. Physical Symptom Reporting	.47**	–.45**	—

Pearson correlation coefficients between the key study variables are reported in Table 2. There was a significant positive correlation between self-criticism and physical symptom reporting ($r = .47$, $p < .001$), indicating that higher self-criticism was associated with more frequent physical symptoms. Conversely, self-compassion was negatively correlated with both self-criticism ($r = –.53$, $p < .001$) and physical symptom reporting ($r = –.45$, $p < .001$), suggesting that greater self-compassion is related to reduced self-criticism and fewer somatic symptoms.

Table 3

Fit Indices for the Structural Equation Model

Fit Index	Value
χ^2	176.41
df	84
χ^2/df	2.10
GFI	.94
AGFI	.91
CFI	.96
TLI	.95
RMSEA	.051

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The fit indices of the structural equation model are presented in Table 3. The model demonstrated a good fit to the data: $\chi^2(84) = 176.41$, $p < .001$; $\chi^2/df = 2.10$. The Goodness-of-Fit Index (GFI) was .94, and the Adjusted Goodness-of-Fit Index (AGFI) was .91. The Comparative Fit Index (CFI) reached .96, and the Tucker-Lewis Index (TLI) was .95. The Root Mean Square Error of Approximation (RMSEA) was .051, which falls within the acceptable range for model fit.

Table 4

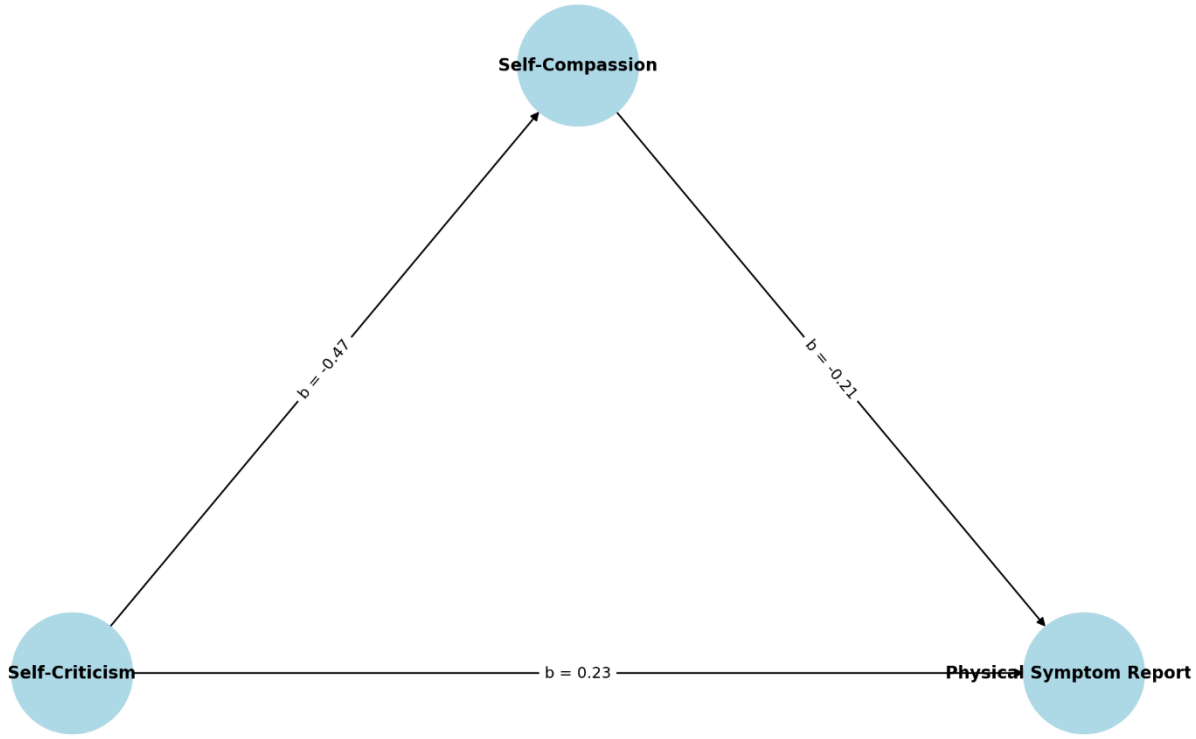
Direct, Indirect, and Total Effects in the Structural Equation Model

Path	b	SE	β	p
Self-Criticism → Physical Symptoms (Direct)	0.23	0.05	.29	< .001
Self-Criticism → Self-Compassion (Direct)	–0.47	0.04	–.53	< .001
Self-Compassion → Physical Symptoms (Direct)	–0.21	0.06	–.26	< .001
Self-Criticism → Physical Symptoms (Indirect via Self-Compassion)	0.10	0.03	.14	.002
Self-Criticism → Physical Symptoms (Total)	0.33	0.06	.43	< .001

Path coefficients for the direct, indirect, and total effects are reported in Table 4. The direct path from self-criticism to physical symptom reporting was significant (b = 0.23, SE = 0.05, β = .29, p < .001). The direct path from self-criticism to self-compassion was also significant and negative (b = –0.47, SE = 0.04, β = –.53, p < .001). The direct path from self-compassion to physical symptom reporting was likewise significant and negative (b = –0.21, SE = 0.06, β = –.26, p < .001). Importantly, the indirect effect of self-criticism on physical symptom reporting through self-compassion was significant (b = 0.10, SE = 0.03, β = .14, p = .002), indicating partial mediation. The total effect of self-criticism on physical symptom reporting (combining direct and indirect paths) was also significant (b = 0.33, SE = 0.06, β = .43, p < .001).

Figure 1

Model with Beta Coefficients



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4. Discussion and Conclusion

The present study aimed to explore the mediating role of self-compassion in the relationship between self-criticism and physical symptom reporting among Iranian adults. The findings revealed significant correlations among all primary variables: self-criticism was positively associated with physical symptom reporting, while self-compassion was negatively associated with both self-criticism and physical symptoms. Structural Equation Modeling further confirmed that self-compassion significantly mediated the relationship between self-criticism and physical symptom reporting, indicating that individuals with high levels of self-criticism tend to report more somatic symptoms, particularly when their level of self-compassion is low.

These results align with previous literature suggesting that self-critical individuals are more likely to experience heightened physiological and emotional stress responses, which in turn can contribute to the development or exacerbation of physical symptoms (Polat, 2025; Vidal et al., 2024). Consistent with the biopsychosocial model, self-criticism can act as a psychological vulnerability factor that predisposes individuals to somatic complaints through chronic emotional dysregulation and heightened stress reactivity (Garnsey, 2025). When left unchecked, these internal stressors may manifest physically as tension, fatigue, and various bodily pains. In this study, participants with elevated self-criticism indeed reported more frequent and severe physical symptoms, supporting this theoretical framework.

The mediating role of self-compassion in this pathway is particularly noteworthy. Our findings suggest that individuals who demonstrate greater self-compassion are less likely to allow self-critical thoughts to escalate into somatic distress. This is consistent with previous studies that position self-compassion as a powerful internal regulator, capable of buffering the negative effects of harsh self-evaluation and emotional turmoil. For instance, Kotera et al. showed that self-compassion mediated the link between work stress and mental health among Japanese employees, with higher self-compassion associated with better outcomes across domains of psychological functioning (Kotera et al., 2022). Similarly, Garnsey found that self-compassion was linked to increased engagement in health-promoting behaviors, which in turn contributed to improved physical health outcomes (Garnsey, 2025).

The buffering function of self-compassion was also confirmed in healthcare and caregiving contexts. Liu et al. demonstrated that among clinical nurses, self-compassion mediated the relationship between stress and work engagement through moral resilience, reinforcing the relevance of self-compassion in emotionally demanding settings (Liu et al., 2025). Hong and Wang's research with counseling professionals also found that self-compassion, when paired with core self-evaluation, contributed to resilience against compassion fatigue (Hong & Wang, 2024). These findings support the current study's conclusion that self-compassion plays a protective role in modulating the impact of internal stressors, such as self-criticism, on health-related outcomes.

The present study also reinforces the theoretical position that self-compassion is not merely the absence of self-criticism but an active psychological resource that fosters emotional resilience and somatic well-being. Pastore and Fortier's study during the COVID-19 pandemic found that self-compassion was a key mediator in promoting student mental health through positive education frameworks (Pastore & Fortier, 2023). Similarly, Min et al. showed that postgraduate students who reported higher self-compassion were more likely to engage in help-seeking behavior and experience reduced psychological distress (Min et al., 2022). These behaviors are known to reduce the likelihood of somatic symptom escalation, supporting the idea that self-compassion influences both mental and physical domains.

Furthermore, studies across diverse cultural contexts confirm the generalizability of these findings. Tran et al., working with Vietnamese university students, demonstrated that self-compassion mediated the relationship between distress and life satisfaction via hope, suggesting cross-cultural validity in the mediation model (Tran et al., 2022). Similarly, Zhang and Shen's study of Chinese college students during the pandemic found that self-compassion and mindfulness were significant predictors of better mental health outcomes, further supporting the protective capacity of self-compassion under stress (Zhang & Shen, 2023).

In populations with chronic illness or pain, self-compassion has been linked to reduced symptom severity and greater emotional adjustment. Mistretta et al. reported that among adults with chronic pain, self-compassion mediated the relationship between pain and disability through improved future self-identification and self-efficacy (Mistretta et al., 2023). These findings mirror the present study's results in a non-clinical population, suggesting that self-compassion universally contributes to improved outcomes by mitigating the physical and psychological costs of internal self-attacks.

In youth and adolescent populations, the significance of self-compassion as a mediator has also been documented. Tapeinos et al. reported that self-compassion mediated the relationship between suicidal ideation and gender role adherence, emphasizing its importance during identity formation (Tapeinos et al., 2024). Syafitri et al. further established that emotion regulation and self-compassion jointly predicted mental health in high-school students, indicating the early protective value of self-compassion (Syafitri et al., 2024). While the present study focused on adults, these developmental findings reinforce the necessity of fostering self-compassion across the lifespan.

Importantly, this study contributes to a growing recognition that somatic symptoms are not merely physiological anomalies but are frequently tied to psychological processes such as internal dialogue, self-regulation, and emotional coping. As Xie argued, coping style and self-compassion significantly influence levels of loneliness and subjective distress, which can ultimately affect physical health (Xie, 2023). Similarly, Santos and Cassidy emphasized that materialistic value orientation was linked to poorer health outcomes via reduced self-compassion, further suggesting that psychological constructs profoundly shape health behaviors and symptom perception (Santos & Cassidy, 2024).

The present findings also support calls for integrating self-compassion into wellness and clinical programs. In education settings, Liu et al. highlighted the role of self-compassion and emotion regulation in predicting flourishing among college students, promoting interventions targeting these factors for optimal psychological well-being (Liu et al., 2024). In perinatal mental health research, Cutajar and Bates demonstrated that self-compassion reduced depression and social anxiety in Australian women, reinforcing its relevance in emotionally sensitive periods (Cutajar & Bates, 2024, 2025). These converging findings validate the inclusion of self-compassion as a core component in therapeutic and preventive programs aiming to reduce the physical impact of emotional strain.

While the present study offers valuable insights, several limitations must be acknowledged. First, the cross-sectional design limits causal inferences; although the findings suggest that self-compassion mediates the relationship between self-criticism and physical symptom reporting, longitudinal data would be necessary to confirm the directionality of these relationships. Second, the reliance on self-report measures introduces the possibility of response bias, including social desirability and inaccurate symptom recall. Third, the sample, while sufficiently powered, consisted solely of Iranian adults, which may limit the generalizability of the findings to other cultural or demographic populations. Additionally, other potentially relevant mediators or moderators—such as perceived stress, health behaviors, or social support—were not included in the model and could offer a more comprehensive understanding of the pathways between self-attitudes and somatic health outcomes.

Future studies should consider using longitudinal or experimental designs to establish temporal order and causality in the relationship between self-criticism, self-compassion, and physical symptom reporting. Incorporating physiological measures such as cortisol levels or heart rate variability could provide objective support for the stress-buffering function of self-compassion. It would also be beneficial to replicate this study across different cultural and clinical contexts to examine whether the mediating role of self-compassion remains consistent in diverse populations. Exploring other mediators—such as emotion regulation strategies, resilience, or mindfulness—could deepen our understanding of how self-attitudes affect physical health. Finally, future research could examine the effects of self-compassion training interventions on somatic health outcomes to assess practical applications in both clinical and non-clinical populations.

Given the findings, practitioners should consider incorporating self-compassion training into therapeutic and preventive mental health interventions, especially for individuals who exhibit high levels of self-criticism and frequent physical complaints. Educational institutions could include self-compassion development modules in curricula aimed at promoting emotional resilience and reducing stress-related health issues in students. Health professionals and counselors working in high-stress environments may benefit from professional development focused on fostering self-compassion to improve both their well-being and service quality. Public health campaigns could also promote self-compassion as a wellness skill, emphasizing its role in mitigating stress and preventing psychosomatic symptoms. Integrating these approaches may lead to more holistic, psychologically informed strategies for improving individual and population health outcomes.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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