Self-Compassion as a Resource of Resilience

10

J. Austin, C. H. C. Drossaert, and E. T. Bohlmeijer

From Risk to Resilience

For a long time, the field of clinical and developmental psychology has been grounded in a disease model of stress and coping and focused almost exclusively on pathology, mental illness, social problems, and risk factors (Zautra & Reich, 2012). Clinical psychology has been predominantly concerned with maladaptive functioning and hardly with the promotion of adaptive functioning (Bohlmeijer & Westerhof, 2021). Well-known risk factors such as unemployment and social isolation were expected to result in diminished functioning and health, assuming a linear relation between exposure to risk factors and resulting poor health outcomes. The underlying premise was that people tend to get lost in despair at times of adversity. However, rates of severe distress and posttraumatic stress symptoms following traumatic experiences have been found lower than anticipated (Zautra & Reich, 2012), and a wealth of research demonstrated positive and adaptive changes following adversity that were unaccounted for by known risk factors (e.g., Garmezy, 1991; Luthar et al., 1993; Rutter, 1993; Werner & Johnson, 2002). It is now firmly established that resilience is a common and ordinary response to experiencing adversity (Christopher, 2004; Masten, 2001; Richardson, 2002; Zautra et al., 2010). In this chapter we will explore self-compassion as a resource of resilience. First, we will discuss how resilience is defined and how it can be related to both mental distress and mental well-being. We will then investigate how self-compassion contributes to resilience using examples of experiencing war and cancer.

J. Austin (✉) · C. H. C. Drossaert · E. T. Bohlmeijer
Department of Psychology, Health & Technology, University of Twente, Enschede, The Netherlands
e-mail: j.austin@utwente.nl

What Is Resilience?

There are varying definitions of resilience. Some emphasize individual traits that contribute to recovery from adversity, such as optimism, agency, and the ability to make meaning of experiences. Others focus more on social and environmental processes that facilitate individual resilience, such as supportive family influences and community cohesion (Ungar, 2012; Zautra et al., 2010). Resilience may in fact be seen as a metatheory, encompassing many fields of inquiry (e.g., social, cognitive, and evolutionary) (Joseph & Linley, 2006; Richardson, 2002). The consensus seems to be that resilience is best defined as *an adaptive response to adversity* (Richardson, 2002; Zautra et al., 2010). A common approach is to infer resilience based on the individual variations in outcomes of people who experienced adversity (Ungar, 2012). According to Zautra et al. (2010), these outcomes can be categorized into recovery, sustainability, and growth. First, *recovery* pertains to the return to baseline func-

A. Finlay-Jones et al. (eds.), *Handbook of Self-Compassion*, Mindfulness in Behavioral Health,
https://doi.org/10.1007/978-3-031-22348-8_10

tioning, or the "bouncing back" emotionally after adversity. This does not necessarily imply recovery to previous parameters, since resiliency refers to maintaining *any* healthy, relatively stable equilibrium of psychological and physical functioning, including a newly established one (Bonanno, 2004). It has even been posited that recovery to pre-trauma functioning leaves the individual vulnerable to future traumatization, since their world view has not been accommodated to encompass the disruptive experience (Joseph & Linley, 2006). Thus, sometimes recovery is about "bouncing forward" (Walsh, 2020). Second, while meeting the challenges of the stressors at hand, resilience is fostered by *sustainability* of approach motivations toward personal values and goals (Zautra et al., 2010). Being able to maintain sources of positive emotions and engagement with meaningful goal-directed activities contributes to a sense of well-being and can be seen as a fundamental aspect of resilience (Tugade et al., 2004). Third, in addition to recovering from adversity and sustaining purposeful living, a disruptive event encompasses a potential for (adversarial or posttraumatic) *growth*. The disruption of normalcy and the individual's worldview during times of adversity asks for a reintegration and meaning-making of life events (Joseph & Linley, 2006; Richardson, 2002; Tedeschi & Calhoun, 2003; Zautra et al., 2010). When experiences are accommodated in a positive direction, growth may occur in self-views (e.g., greater acceptance of vulnerabilities), life orientation (e.g., renegotiating priorities), and social relationships (e.g., increased closeness with others) (Joseph & Linley, 2006). Adversarial growth (or posttraumatic growth, benefit finding) has been linked to increased well-being and reduced distress (Helgeson et al., 2006) and increased social connection and support (Petrie et al., 1999; Rzeszutek & Gruszczyńska, 2018). While it is now established that resilience, consisting of recovery, sustainability, and growth processes, is a normal and beneficial response to adversity, the extent to which resilience is accounted for in the broader mental health context (e.g., models, assessments, and interventions of mental health) is less clear.

Resilience in the Context of Mental Health

Similar to the risk and resilience literature, there has been a tendency to automatically equate mental health with an absence of mental illness or symptoms of psychopathology. However, mental health has two dimensions: mental illness and mental well-being (Westerhof & Keyes, 2010). The World Health Organization (WHO) defines mental well-being as: "A state of well-being in which the individual realizes [their] own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to [their] community" (2005, p. 12). In concordance with this definition, mental well-being can be divided into three components. The first component is *emotional* or subjective well-being and comprises satisfaction with life and the presence of positive affect (Diener et al., 1999). The second component is *psychological* well-being and comprises aspects of positive, individual functioning such as autonomy, self-acceptance, and having meaningful goals and positive relationships (Ryff, 1989). The third component is *social* well-being and can be defined as optimal social functioning in terms of social engagement and societal functioning (Keyes, 1998). In this way, mental well-being comprises the presence of both emotional well-being as an indicator of *feeling* well along with psychological and social well-being as indicators of *living* well. When emotional, psychological, and social well-being are all high, this is defined as flourishing (Keyes, 2002). Sustainable mental health can be realized when both the reduction of maladaptive and the promotion of adaptive cognitions, emotions, and behavior are focused on in interventions (Bohlmeijer & Westerhof, 2021; Wood & Tarrier, 2010).

In the context of clinical psychology, the possibility of increased positive functioning as an outcome of treatment of mental illness or distress has long been overlooked (Rottenberg et al., 2018). Yet clients particularly value personal growth as an outcome of treatment (Zimmerman et al., 2006). For example, in a systematic review of qualitative studies on clients' perspectives of

recovery among persons recovered from eating disorders, it was found that clinical indices for recovery were considered less important than aspects of recovery related to psychological well-being (De Vos et al., 2017). Also, it has been demonstrated that the presence of mental well-being cannot be taken for granted when mental illness is absent. Mental illness and mental well-being function as two related yet distinct phenomena: one continuum represents the presence or absence of mental well-being, the other the presence or absence of mental illness. This two-related-factor model of mental well-being and illness has demonstrated superiority over one-factor models in large representative surveys of American, English, and Dutch adults (Keyes, 2005; Lamers et al., 2011; Schotanus-Dijkstra et al., 2016; Weich et al., 2011; Westerhof & Keyes, 2010) and also recently in clinical samples (Franken et al., 2018). The two-continua model explains why some people with mental illness may still be able to flourish (De Vos et al., 2017; Westerhof & Keyes, 2010) and clients may reliably change on either distress or mental well-being (Trompetter et al., 2017).

Resilience and the Two-Continua Model of Mental Health

The two-continua model of mental health is also relevant to the conceptualization and research of resilience. One dimension of resilience is related to coping with stress-related difficult emotions and cognitions (Livneh, 2001) (i.e., recovery). Regulating these, often short-term, responses with adaptive coping and emotion regulation strategies is important for restoring previous levels of functioning or bouncing back or forward to an earlier or new equilibrium. Successful coping with negative emotions and cognitions may primarily influence distress and symptoms of mental illness. However, there is also a growing body of literature focusing on a second dimension of resilience, i.e., the adaptive role of positive processes in the aftermath of negative life-events (i.e., sustainability and growth). In reaction to adversity, people may become increasingly aware of and develop positive responses such as positive emotions, gratitude, strengths, virtues, positive relationships, renewed meaning, and values (Peterson & Seligman, 2003; Tedeschi & Calhoun, 1995; Zautra et al., 2010). Successful regulation of these, often longer-term, positive responses may primarily result in personal growth and higher levels of mental well-being. However, although recovery from mental distress may often pertain to short-term processes and sustainability and growth of mental well-being may often pertain to long-term processes, this distinction is of course not absolute. Awareness of positive events and emotions may promote adaptation in the short term (e.g., experiencing gratitude), and negative emotions such as sadness and anger may be experienced in the long term and warrant continued coping. Below we will argue that self-compassion can be related to both distress-reducing and well-being-promoting dimensions of resilience and mental health.

Self-Compassion as an Adaptation and Resilience Resource

Self-compassion refers to a warm, wise, and kind attitude in times of difficulty and the ability to be sensitive to personal suffering (Neff et al., 2007). Self-compassion can be described as an adaptive way of relating to the self when experiencing personal inadequacies or adversity in life (Gilbert, 2010; Neff & McGehee, 2010). Many definitions of (self-)compassion exist, all stating that compassion consists of an awareness of suffering, being moved by the suffering, and acting or being motivated to act to alleviate suffering (Strauss et al., 2016). Variations in the definitions pertain to additional elements of the ability to tolerate uncomfortable feelings in response to perceived suffering and a recognition of commonality with other suffering beings, as well as a focus on compassion for/from others or for oneself (Strauss et al., 2016). For example, Gilbert (2014) describes three flows of compassion: having compassion for the self, having compassion for others, and (being open to and capable of) receiving compassion from others. Focusing on

compassion toward the self, Neff (2003) proposed three elements that make up self-compassion: (1) *mindfulness* or holding one's present-moment experience in balanced perspective rather than getting lost in surrounding narratives; (2) *self-kindness*, or treating oneself with care and understanding rather than with harsh self-judgment; and (3) *common humanity*, or the acknowledgment that imperfection is a shared aspect among all humans rather than a sign of personal failure. Together, these elements form a self-compassionate frame of mind. Self-compassion is positively related to resilience in various general and clinical populations (Alizadeh et al., 2018; Bluth et al., 2018; Hayter & Dorstyn, 2014; Nery-Hurwit et al., 2018) and can promote resilience in a number of ways. We will now explore self-compassion as an adaptation resource in the context of recovery (mental distress) and sustainability and growth (mental well-being) processes of resilience, as illustrated in Fig. 10.1.

Recovery from Mental Distress with Self-Compassion

Given that self-compassion is often measured on a spectrum with uncompassionate self-responding at one end (self-judgment, isolation, over-identification) and compassionate self-responding at the other end (kindness, common humanity, and mindfulness), one of the reasons self-compassion may reduce distress is because it facilitates less judgment, isolation and over-identification.

For example, one way in which self-compassion may serve as a resource of recovery and resilience in general is through regulating overwhelming emotions with *mindfulness*. Through mindfulness, experiences are held in balanced awareness without resisting, avoiding, or exaggerating them (Germer & Neff, 2019). Mindfulness facilitates awareness and clarity regarding emotional experiences, which are helpful for active coping (Eckland & Berenbaum, 2020). People high in self-compassion are more able to maintain openness and equanimity in the face of stressors, thereby modifying the context in which these negative experiences occur (Trompetter et al., 2017). In addition, people high in self-compassion seem to exhibit less maladaptive emotion regulation strategies such as experiential avoidance (Allen & Leary, 2010; Eichholz et al., 2020; Finlay-Jones et al., 2015; Raes, 2010; Scoglio et al., 2018; Trompetter et al., 2017). This nonreactive, nonjudgmental stance toward the stressors at hand is linked to higher

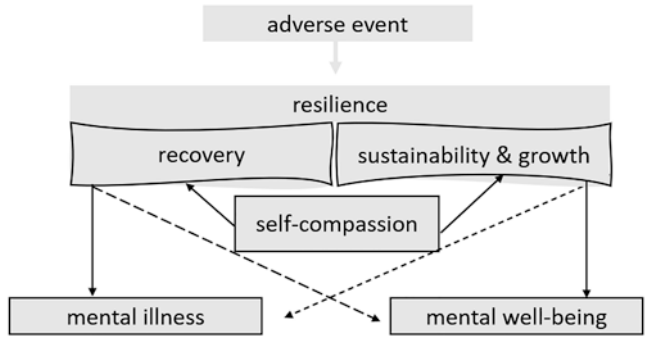

Fig. 10.1 Model of self-compassion (including mindfulness, self-kindness, and common humanity aspects) as a resource of resilience in the context of mental illness and well-being. An adverse event is depicted as a precedent to resilience. This model does not include other (non-resilient) responses to adversity that may occur. Recovery predominantly involves reduction of mental distress/illness (solid arrow) but may also involve boosting well-being (dashed arrow). Sustainability and growth predominantly involve increasing mental well-being (solid arrow) but may also pertain to reducing mental illness (dashed arrow). Self-compassion aids both the distress-reducing and well-being-promoting dimensions of resilience.

resilience in clinical and nonclinical populations (Chien-Chung et al., 2020; Freligh & Debb, 2019; Montero-Marin et al., 2015; Roemer et al., 2015; Zarotti et al., 2020). Gilbert (2014) describes three main emotion regulation systems: one focused on abilities to notice and respond to threat appropriately (threat system), one focused on seeking out and acquiring resources (drive system), and one focused on caring and resting (soothing system). The soothing system represents an evolved mammalian caregiving system, allowing mammals, in contrast to other lifeforms, to protect, nurture, and soothe their immaturely born young. Through mindfulness, the soothing system is accessed, allowing for a non-striving, accepting, and being-in-the-moment experience rather than a state based on activation (e.g., protecting or achieving) (Gilbert, 2014). When recovering from adverse life events, mindfulness thus supports the individual to not get lost in surrounding narratives and stay rooted in present-moment experiences.

In addition to being present, *self-kindness* can be evoked in order to comfort and care for ourselves in the midst of emotional turmoil, thereby alleviating distress (Germer & Neff, 2019). This is related to the notion that (self-)compassion involves the motivation to alleviate suffering and that by practicing self-compassion, we are treating ourselves with the same kindness and understanding that we would treat another during times of adversity (Gilbert, 2014). While mindfulness alone is about the *experience* and *being mode*, self-compassion is about the *experiencer* and *doing mode.* In other words, mindfulness is focused on our relationship with our experiences (how we perceive and respond to external and internal stimuli), while self-compassion focuses on how we relate to ourselves (e.g., as a person having a difficult experience). In the context of recovery, self-kindness may take the form of nurturing, reassuring, or self-supportive thoughts or behaviors, rather than self-critical thinking or destructive behaviors (Neff, 2003). Being critical toward one's own role in causing, exacerbating, or dealing with an adverse event can be seen as an internal threat to our self-concept, thereby activating threat-based emotions such as disappointment, anger, or contempt. In contrast, self-kindness can activate self-soothing emotions (Gilbert, 2014). Indeed, individuals with PTSD with higher levels of shame engage more in self-critical and less in self-reassuring ways of thinking (Harman & Lee, 2010). Self-kindness may also take the form of self-care behaviors to facilitate recovery, for example, by taking rest, self-soothe, lower productivity, guard boundaries, adhere to medical/psychological treatment, and conduct healthy lifestyle behaviors. Evidently, self-kindness not only pertains to being kind and self-soothing (i.e., "yin self-compassion") but may just as well involve firm action such as setting boundaries or undergoing difficult treatments (i.e., "yang self-compassion") (Neff & Germer, 2018). The objective is to alleviate suffering, and whether that involves soothing or firm action likely differs from situation to situation and from person to person.

Finally, self-compassion may foster experiences of *common humanity*, belonging, and social support (Alizadeh et al., 2018; Neff, 2003; Wilson et al., 2020). Through the awareness that suffering is part of life and experiencing suffering is not a personal failing, experiences can be deshamed, and feelings of self-blame are diminished (Gilbert, 2014; Neff, 2003). This means that common humanity evokes an understanding that we haven't necessarily done something wrong and that emotional challenges are simply part of the human experience. In contrast, in response to adverse events, people often tend to feel as if everyone else has it easier and that the personal suffering is abnormal rather than a part of being human (Germer & Neff, 2019). Self-compassion is related to greater feelings of being supported (Alizadeh et al., 2018; Wilson et al., 2020) and thus may be helpful in counteracting these feelings of isolation.

Sustainability and Growth of Mental Well-being with Self-Compassion

Beyond initial recovery, confrontation with adversity can ignite a process of revaluation of values and goals in life. Self-compassion could

foster sustainability of approach motivations and growth, thereby contributing to mental well-being. Commonly, discrepancies between a previous world view (e.g., a just and fair world) and the threat to this worldview instigated by the adversity (e.g., this suffering is unfair) are attempted to be bridged in a process of meaning-making (Park & Ai, 2006). Self-compassion can facilitate the process of meaning-making, for example, by evaluating the adversity in a balanced way (Yela et al., 2020). Research shows that past the initial shock or survival mode following adverse events, rumination and overidentification with the adverse event often persist (García et al., 2015; Im & Follette, 2016; Kim et al., 2017; Szabo et al., 2017). Through *mindfulness*, adverse experiences can continue to be held in balanced awareness (Tubbs et al., 2019; Vujanovic et al., 2009), allowing flexibility to process experiences and to create space for making sustainable and growth-promoting choices. In conjunction, s*elf-kindness* helps to facilitate proactive action, which could promote well-being in the long term (Akın, 2014). These fierce aspects of self-compassion, such as encouraging growth and drawing boundaries, facilitate getting back to a meaningful life after dealing with adversity (Germer & Neff, 2019). In the context of Gilbert's three emotion regulation systems, this implies a reactivation of the drive system, involving the motivation to engage in valued activities once again. This engagement may take the form of committed action steps (e.g., developing assertiveness skills, refraining from addictive behaviors, targeted exposure to fears) that serve personal values such as taking good care of oneself and others (Tirch et al., 2014). While integrating the adverse experiences into a new narrative, awareness of *common humanity* enables seeing adversity as part of being human, rather than a unique and isolating personal failure or a case of bad luck (Neff, 2003). This may allow for a growth-promoting narrative, with more flexibility in moving onward in life. Past adversity and trauma pose a risk for experiencing loneliness (Hensley et al., 2012; Hyland et al., 2019; Kearney et al., 2018; Zahava Solomon et al., 2015; Zeligman et al., 2017). Loneliness in turn hinders the opportunity to experience growth (Lee et al., 2019; Zeligman et al., 2017). In contrast, self-compassion promotes resilience by facilitating decreased loneliness (Akın, 2014).

Indeed, research shows that self-compassion is related to higher resilience and mental well-being in the context of various types of adversity, such as low well-being (Sommers-Spijkerman et al., 2018), work- and study-related stress and anxiety (Kemper et al., 2015; Lefebvre et al., 2020; Tang, 2019), chronic illness (Baker et al., 2019; Hayter & Dorstyn, 2014; Nery-Hurwit et al., 2018), interpersonal violence (Scoglio et al., 2018), divorce (Masumeh et al., 2019), and other types of trauma such as natural disaster and traffic accidents (Shebuski et al., 2020). More recently, a burgeoning body of research has explored the protective role of self-compassion in buffering against stressors arising as a result of the COVID-19 pandemic (Lau et al., 2020). For example, studies have demonstrated that self-compassion is associated with less pandemic-related stress and greater resilience in populations who have experienced extreme disruption and occupational challenges, including health professionals (Kotera et al., 2021), teachers (Chen, 2022), and parents (Davis et al., 2021).

Despite many decades of research on adversity, very little is known about differences between various kinds of adversity and how they may affect resilience. However, distinctions have been made between chronic adversity or single-incident trauma (Bonanno & Diminich, 2013) and internal or external sources of threat (Sumalla et al., 2009). To explore the ways in which self-compassion may contribute to resilience in depth, we will use two different types of adversity as case studies: going through war (i.e., an external threat) and receiving a cancer diagnosis (i.e., an internal threat). These contrasting types of hardship will aid the exploration of self-compassion as a resource of resilience across adversity types.

Self-Compassion and Resilience in the Context of War Veterans

The Adversity of Going Through War

"Difference exaggerated, invented, or politicized in the extreme can explode into large-scale armed conflict between groups that find others so 'other' that they must be killed" (Sylvester, 2011, p. 1), in other words, war. Exposure to the atrocities of war may involve committing, witnessing, or failing to prevent acts of violence; experiencing betrayal, loss, and sexual misconduct; and observing grotesque mutilations, injury, and death (Forkus et al., 2019; Lueger-Schuster et al., 2012; Snyder, 2014). War affects individuals in myriad ways, as combatant, victim of abuse, family member, service or health professional, and many more (Sylvester, 2011). For this chapter, we will focus on veterans of war and the psychological consequences of surviving a war after serving in the military. Other research addresses mental illness and well-being in military recruits and prisoners of war (e.g., Mantzios, 2014; Solomon et al., 2009).

Veterans are at increased risk for posttraumatic stress symptoms and posttraumatic stress disorder (PTSD). PTSD is a mental health disorder resulting from exposure to trauma, characterized by intrusive reexperiencing of the event, avoidance, negative cognitions, and emotional arousal, among other symptoms (Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition: DSM-5, 2013). The occurrence of PTSD among veterans has been estimated at around 23% (Bryan et al., 2013; Fulton et al., 2015), and a greater proportion may experience posttraumatic stress symptoms (Melvin et al., 2012; Schreuder et al., 2000). Depression (Gadermann et al., 2012), suicidal ideation (Craig et al., 2015), deliberate self-harm (Bryan & Bryan, 2014), elevated levels of anger (Renshaw & Kiddie, 2012; Wilk et al., 2015), and drug and alcohol abuse (Burnett-Zeigler et al., 2011; Jeffery et al., 2013; Seal et al., 2011) are common among veterans. Fundamental views about the self (e.g., that one has control over their experiences), the world (e.g., that it is a safe place), and other people (e.g., that others are fundamentally benevolent) may be challenged (Creamer & Forbes, 2004). Wartime experiences during combat and other missions pose the risk of the so-called moral injury, in which one's deeply held personal beliefs are transgressed or violated. Cognitive dissonance then results from the discrepancy between personal beliefs about one's goodness and the goodness of the world and the disruptive wartime experiences (Litz et al., 2009). Moral injury is in turn associated with increased distress and suicidality (Forkus et al., 2019; Kelley et al., 2019).

Problems in social and occupational functioning, such as unemployment, marital issues, and homelessness, are prevalent among veterans (Held & Owens, 2015; Prigerson et al., 2001). Furthermore, the devastating effects of war are not limited to veterans themselves. Their parents, children, partners, and health professionals may be affected by secondary trauma (Bramsen et al., 2002; Gibbons et al., 2012; Gliske et al., 2019; Johnson et al., 2014; Melvin et al., 2012; Vasterling et al., 2015). Although the adversity of war is clear, the above also implies that if 23% of veterans experience PTSD, that means that 77% of veterans do not experience this level of continued distress. In a longitudinal study that monitored symptoms of PTSD, depression, and anxiety over the course of 2 years, 68% of veterans were characterized as resilient (Isaacs et al., 2017). What helps these veterans to be resilient after wartime, and in particular, what role does self-compassion play in this?

Promoting Resilience in Veterans with Self-Compassion

Research shows that self-compassion is related to decreased PTSD symptomology in veterans (Dahm et al., 2015; Forkus et al., 2019; Hiraoka et al., 2015; Meyer et al., 2019; Rabon et al., 2019) and that self-compassion interventions can help reduce PTSD symptomology (Lang et al., 2019; Steen et al., 2021). Since avoidance is a key part of PTSD, the *mindfulness* component of self-compassion may be helpful to tolerate, be

with, or engage with difficult experiences (Kelley et al., 2019). Indeed, mindfulness interventions have been found acceptable (Bravo et al., 2019) and effective (Bremner et al., 2017; King et al., 2013; Polusny et al., 2015) in reducing PTSD symptomology for veterans. The mindfulness component of self-compassion allows for a non-evaluative and accepting stance toward difficult experiences. This approach-oriented attitude could also support veterans to refrain from using substances as an avoidant coping strategy (Forkus et al., 2019).

In the case of moral injury, viewing oneself as a bad person and engaging in self-punishing cognitions or behaviors are typical (Litz et al., 2009). Viewing or participating in morally transgressive events challenges not only one's moral compass but also perceptions of the self as a capable and just individual (Forkus et al., 2019). In contrast, some facets of self-compassion moderate the link between moral injury and adverse outcomes (e.g., suicide ideation), suggesting that the impact of moral injury can be attenuated by self-compassion (Kelley et al., 2019). *Self-kindness* may be particularly helpful to be more understanding toward oneself, counteracting harsh self-criticism and stimulating self-care (Gilbert et al., 2006; Neff, 2003). This may further facilitate breaking the cycle of negative cognitions in trauma-related guilt (Held & Owens, 2015) and depression (Forkus et al., 2019). Similarly, *common humanity* may help to integrate transgressive experiences into a sense of self, in which the veteran is simply an imperfect human being who had to make difficult decisions in a tough situation (Forkus et al., 2019). This could facilitate a sense of belonging as well as connecting with others, especially after going through an isolating experience of war and then having to reintegrate into society.

In addition to recovery, this reintegration requires finding new goals and calibrating meaning in post-war life, in order to facilitate mental well-being. Posttraumatic growth may involve positive perceptions of new possibilities, relations to others, personal strengths, and a new appreciation of life (Cann et al., 2010). Increased emotional stability through mindfulness may be an important resource, as emotional stability facilitates growth in veterans (Heppner et al., 2015; Tsai & Pietrzak, 2017). Behaviors stemming from kinder styles of self-relating may contribute to personal goals and purpose, and purpose in life is in turn related to growth in veterans (Isaacs et al., 2017; Tsai & Pietrzak, 2017). Noteworthy, in the context of Gilbert's drive system (which focuses on acquiring (coping) resources), striving to overcome worthlessness through maladaptive overachieving or addictive behaviors may occur, as is common in veterans. At the same time, the drive system is an important source of vitality, positive emotions, and motivation (Irons & Lad, 2017). While traditional masculinity norms in military culture are related to worse mental health outcomes overall, the masculinity aspect of "success dedication" is linked to greater quality of life and mindfulness in veterans (Ramon et al., 2019). This dedication to success inherent to military culture could be a potential catalyst for facilitating compassionate goals and self-care behaviors, as this drive for success may be a source of vitality to be used for other goals as well. Furthermore, perceived social support (Staugaard et al., 2015; Tsai & Pietrzak, 2017) as well as altruism (Isaacs et al., 2017; Tsai et al., 2016) predicts growth in veterans. Self-compassion could facilitate this growth via common humanity through increased social connection (Germer & Neff, 2019).

Evidence for self-compassion interventions to facilitate resilience in veterans is still limited. Interventions specifically aimed at training self-compassion seem promising (Serpa et al., 2021; Alliger-Horn et al., 2016; Grodin et al., 2019; Lee, 2009), while other types of interventions may increase self-compassion indirectly (e.g., Bergen-Cico et al., 2018). Compassion-based interventions typically include psychoeducation about emotions and various exercises to cultivate compassionate skills and attitudes, which may be adapted to the needs of veterans (Grodin et al., 2019). Lee (2009) describes how the cultivation of compassionate resilience can be helpful for veterans with PTSD. Compassionate resilience, as trained with compassion-based interventions such as compassion-focused therapy, enables the

development of self-soothing capabilities and feelings of safeness in the face of confronting memories (Lee, 2009). This may take the form of developing an image of a compassionate self who cares for and self-soothes a traumatized part of the self (Alliger-Horn et al., 2016). Using this imagery to learn compassionate self-talk can break the cycle of self-criticism that is maintaining feelings of threat. Furthermore, being able to access feelings of self-compassion facilitates the development of new perspectives on the meaning of the traumatic event, which may be actively addressed with compassionate rescripting. This can be useful to work though trauma stories and develop more helpful inter- and intrapersonal relationships (Lee, 2009).

Self-Compassion and Resilience in the Context of Cancer

The Adversity of Going Through Cancer

What does it entail to have cancer? Many cancer patients describe receiving a diagnosis of cancer as an event that turns their entire life upside down and demolishes all sense of certainty (Austin et al., 2021). Cancer, a term that describes a group of diseases in which abnormal and uncontrollable cell growth occurs (WHO, 2020), involves profound physical, functional, psychological, and social changes. It is estimated that, worldwide, more than 18 million people each year are diagnosed with cancer, and the physical, emotional, and financial burden of cancer continues to grow globally (WHO, 2020; International Agency for Research on Cancer, 2019). Regarding the physical burdens of a cancer diagnosis, patients face side effects of their treatment (e.g., nausea due to chemotherapy), fatigue, pain, and functional limitations (e.g., decreased mobility). They are at an increased risk for depression and anxiety (Trindade et al., 2018; Zabora et al., 2001), and many cancer patients struggle with distress, negative body image, and self-blame (Callebaut et al., 2017; Przezdziecki et al., 2013; Zabora et al., 2001). In addition, cancer often challenges social roles both within close relationships (e.g., from partner to caregiver or care recipient) and within the societal and employment context (e.g., from employee to being exempted from work). Some cancer patients report feelings of loneliness, for example, because despite abundant social support, the illness is something they only go through by themselves. They may also experience feelings of uselessness because of not being able to contribute to others (Austin et al., 2021). Despite all this, it is estimated that around 65% of people with cancer do not experience prolonged distress (Herschbach et al., 2020; Wang et al., 2016; Zabora et al., 2001). What helps these patients to be resilient after receiving a cancer diagnosis, and what role does self-compassion play in this?

Promoting Resilience in People with Cancer with Self-Compassion

Resilience in the context of cancer pertains to adaptation to a cancer diagnosis and may involve attributes such as meaning-making, positive emotions, social support, and cognitive flexibility (Seiler & Jenewein, 2019). Recovery from cancer may involve different challenges than other (acute) types of trauma, given that the source of the threat is internal, the stressors are widespread, the threat is ongoing in the future, and there is greater perceived control over the threat (Sumalla et al., 2009). Accordingly, individuals with cancer may experience a greater sense of personal failure if disease progression worsens. Seiler and Jenewein (2019) posit that resilience in the context of cancer occurs both directly, via individual coping abilities and personality traits, and indirectly, via redefinition of the individual's self, post-diagnosis. This is akin to recovery (direct) and sustainability and growth (indirect) processes. As previously discussed, self-compassion addresses both of these pathways. Self-compassion appears a relevant adaptation resource in the context of cancer, since higher self-compassion in cancer patients has been associated with lower depression (Pinto-Gouveia et al., 2014; Todorov et al., 2019; Zhu et al.,

2019), anxiety (Todorov et al., 2019; Zhu et al., 2019), and distress (Pinto-Gouveia et al., 2014; Todorov et al., 2019), lower body-image distress (Todorov et al., 2019), and higher treatment adherence (Sirois & Hirsch, 2019) and is directly related to higher resilience (Alizadeh et al., 2018).

To learn more about self-compassion as part of an adaptation process in response to a cancer diagnosis, we conducted an interview study with 26 cancer patients about their experiences of self-compassion (Austin et al., 2021). Patients were asked to familiarize themselves with the concept of self-compassion by trying out various self-compassion exercises for 2 weeks, after which patients were asked about their ideas, experiences, and examples regarding self-compassion in the context of their diagnosis. Various self-compassionate actions and cognitions were described, originating from participants' personal experiences. Related to mindfulness, participants described allowing emotions to arise, as well as releasing them as they come up. This also included taking a balanced perspective, instead of getting lost in negative thoughts. Many different forms of self-kindness were described. In the context of self-kind rather than self-critical thinking, participants described acknowledging that you are going through a hard time; realizing that things aren't your fault; encouraging yourself; acceptance of the condition, negative emotions, and functional limitations; and paying attention to positive things in life.

Further, participants described self-kind behaviors, such as guarding social and physical boundaries, undertaking pleasurable activities, asking for and accepting help, and taking responsibility for their health. While participants did not explicitly describe their experience in terms of common humanity (e.g., realizing that adverse experiences and failings are human and part of life), they described feeling connected to other patients, close family, and friends. Patients acknowledged the importance of self-compassion in the challenging time after receiving a cancer diagnosis. These experiences mostly pertain to the recovery aspect of resilience, since participants were interviewed about their experiences shortly after receiving a cancer diagnosis. However, another qualitative interview study with people with breast cancer found similar aspects in the context of (sustainability and) growth, describing experiences of renewed attitudes toward the self, relationships, and life in general (Barthakur et al., 2016).

Similar to veterans, compassion-based interventions are increasingly available for people with cancer (Austin et al., 2020). While these interventions are promising, attending self-compassion training face-to-face is not always feasible for people with cancer (and, perhaps, other populations who experienced adversity). The often already high load of medical appointments of cancer patients constitutes a substantial burden of care. Lathren et al. (2018) offered a Mindful Self-Compassion training entirely via videoconferencing, thereby addressing a population of young adult cancer survivors at a distance. Mobile technology offers benefits in terms of addressing issues of accessibility and availability (Gemert-Pijnen et al., 2018; Kelders & Howard, 2018) in general and in times of crisis and may offer additional benefits regarding integration of newly learned skills into daily life (Jones et al., 2015; Williams et al., 2007) and interactive and personalization features. In our current work, we are co-designing and evaluating a self-compassion mobile intervention for people with newly diagnosed cancer with cancer patients and oncology nurses (Austin et al., 2022). We expect that participation in mobile interventions such as this one will help cancer patients relate to themselves and their cancer experience with compassion and that this in turn will facilitate their resilience in the face of the diagnosis. This work is an important step in the direction of offering feasible low-threshold self-compassion and resilience interventions for people with limited capacity due to experienced adversity.

Conclusion

In this chapter we have discussed resilience as the ability to adapt to adversity and difficult life circumstances, particularly in the context of

surviving military service and surviving cancer. There is growing evidence that self-compassion is an inner resource that promotes resilience and the ability to adapt in two major ways. First, it supports the willingness and ability to acknowledge and process the emotional and cognitive suffering that is created by serious negative life events. This facilitates the recovery aspect of resilience, especially in the context of mental illness. Second, it can be supportive in creating a context in which humans become more aware of important values in their lives and reengage in meaningful activities. This facilitates sustainability and growth aspects of resilience, especially in the context of mental well-being. Self-compassion promotes a sense of care, fierceness, and courage to be resilient in the face of adversity. We recommend future studies to further investigate the different ways in which self-compassion can promote resilience, taking into account both mental distress and mental well-being outcomes.

References

Akın, U. (2014). Self-compassion as a predictor of proactivity. *International Online Journal of Educational Sciences, 6*, 103–111. https://doi.org/10.15345/iojes.2014.01.011

Alizadeh, S., Khanahmadi, S., Vedadhir, A., & Barjasteh, S. (2018). The relationship between resilience with self- compassion, social support and sense of belonging in women with breast cancer. *Asian Pacific Journal of Cancer Prevention, 19*(9), 2469–2474. https://doi.org/10.22034/apjcp.2018.19.9.2469

Allen, A. B., & Leary, M. R. (2010). Self-compassion, stress, and coping. *Social and Personality Psychology Compass, 4*(2), 107–118. https://doi.org/10.1111/j.1751-9004.2009.00246.x

Alliger-Horn, C., Zimmermann, P., & Schmucker, M. (2016). Guilt, shame and compassionate imagery in war: Traumatized german soldiers with ptsd, a pilot study. *Journal of Clinical Medicine, 5*, 90. https://doi.org/10.3390/jcm5100090

Austin, J., Drossaert, C. H. C., Schroevers, M. J., Sanderman, R., Kirby, J. N., & Bohlmeijer, E. T. (2020). Compassion-based interventions for people with long-term physical conditions: A mixed methods systematic review. *Psychology & Health*, 1–27. https://doi.org/10.1080/08870446.2019.1699090

Austin, J., Drossaert, C. H. C., Schroevers, M. J., Sanderman, R., & Bohlmeijer, E. T. (2021). Experiences of self-criticism and self-compassion in people diagnosed with cancer: A multimethod qualitative study. *Frontiers in Psychology, 12*. https://doi.org/10.3389/fpsyg.2021.737725

Austin, J., Drossaert, C. H. C., Van Dijk, J., Sanderman, R., Børøsund, E., Mirkovic, J., et al. (2022). Integrating top-down and bottom-up requirements in eHealth development: The case of a mobile self-compassion intervention for people with newly diagnosed cancer. *JMIR Cancer*. doi:24/05/2022:37502

Baker, D. A., Caswell, H. L., & Eccles, F. J. R. (2019). Self-compassion and depression, anxiety, and resilience in adults with epilepsy. *Epilepsy & Behavior, 90*, 154–161. https://doi.org/10.1016/j.yebeh.2018.11.025

Barthakur, M. S., Sharma, M. P., Chaturvedi, S. K., & Manjunath, S. K. (2016). Posttraumatic growth in women survivors of breast cancer. *Indian Journal of Palliative Care, 22*(2), 157–162. https://doi.org/10.4103/0973-1075.179609

Bergen-Cico, D., Smith, Y., Wolford, K., Gooley, C., Hannon, K., Woodruff, R., et al. (2018). Dog ownership and training reduces post-traumatic stress symptoms and increases self-compassion among veterans: Results of a longitudinal control study. *Journal of Alternative and Complementary Medicine, 24*(12), 1166–1175. https://doi.org/10.1089/acm.2018.0179

Bluth, K., Mullarkey, M., & Lathren, C. (2018). Self-compassion: A potential path to adolescent resilience and positive exploration. *Journal of Child and Family Studies, 27*, 1–11. https://doi.org/10.1007/s10826-018-1125-1

Bohlmeijer, E. T., & Westerhof, G. J. (2021). A new model for sustainable mental health: Integrating well-being into psychological treatment. In J. N. Kirby & P. Gilbert (Eds.), *Making an impact on mental health: The applications of psychological research* (pp. 153–188). Routledge/Taylor & Francis Group. https://doi.org/10.4324/9780429244551-7

Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist Journal, 59*(1), 20–28. https://doi.org/10.1037/0003-066x.59.1.20

Bonanno, G. A., & Diminich, E. D. (2013). Annual research review: Positive adjustment to adversity – Trajectories of minimal–impact resilience and emergent resilience. *Journal of Child Psychology and Psychiatry, 54*(4), 378–401. https://doi.org/10.1111/jcpp.12021

Bramsen, I., van der Ploeg, H. M., & Twisk, J. W. (2002). Secondary traumatization in Dutch couples of World War II survivors. *Journal of Consulting and Clinical Psychology, 70*(1), 241–245.

Bravo, A. J., Witkiewitz, K., Kelley, M. L., & Redman, J. C. (2019). Prevalence of mental health problems and willingness to participate in a mindfulness treatment: An examination among veterans injured in combat. *Mindfulness, 10*(5), 953–963. https://doi.org/10.1007/s12671-018-1047-4

Bremner, J. D., Mishra, S., Campanella, C., Shah, M., Kasher, N., Evans, S., et al. (2017). A pilot study of the effects of mindfulness-based stress reduction on post-traumatic stress disorder symptoms and brain response to traumatic reminders of combat in operation enduring freedom/operation Iraqi freedom combat veterans with post-traumatic stress disorder. *Frontiers in Psychiatry, 8*, 157. https://doi.org/10.3389/fpsyt.2017.00157

Bryan, C., & Bryan, A. (2014). Nonsuicidal self-injury among a sample of United States military personnel and veterans enrolled in college classes. *Journal of Clinical Psychology, 70*(9), 874–885.

Bryan, C. J., Morrow, C. E., Etienne, N., & Ray-Sannerud, B. (2013). Guilt, shame, and suicidal ideation in a military outpatient clinical sample. *Depression and Anxiety, 30*(1), 55–60. https://doi.org/10.1002/da.22002

Burnett-Zeigler, I., Ilgen, M., Valenstein, M., Zivin, K., Gorman, L., Blow, A., et al. (2011). Prevalence and correlates of alcohol misuse among returning Afghanistan and Iraq veterans. *Addictive Behaviors, 36*(8), 801–806. https://doi.org/10.1016/j.addbeh.2010.12.032

Callebaut, L., Molyneux, P., & Alexander, T. (2017). The relationship between self-blame for the onset of a chronic physical health condition and emotional distress: A systematic literature review. *Clinical Psychology and Psychotherapy, 24*(4), 965–986. https://doi.org/10.1002/cpp.2061

Cann, A., Calhoun, L. G., Tedeschi, R. G., Taku, K., Vishnevsky, T., Triplett, K. N., & Danhauer, S. C. (2010). A short form of the posttraumatic growth inventory. *Anxiety, Stress & Coping, 23*(2), 127–137. https://doi.org/10.1080/10615800903094273

Chen, J. J. (2022). Self-compassion as key to stress resilience among first-year early childhood teachers during COVID-19: An interpretative phenomenological analysis. *Teaching and Teacher Education, 111*, 103627. https://doi.org/10.1016/j.tate.2021.103627

Chien-Chung, H., Yafan, C., Huiying, J., Marci, S., Chuwei, L., & Cailee, O. (2020). Mindfulness, life skills, resilience, and emotional and behavioral problems for gifted low-income adolescents in China. *Frontiers in Psychology, 11*. https://doi.org/10.3389/fpsyg.2020.00594

Christopher, M. (2004). A broader view of trauma: A biopsychosocial-evolutionary view of the role of the traumatic stress response in the emergence of pathology and/or growth. *Clinical Psychology Review, 24*(1), 75–98. https://doi.org/10.1016/j.cpr.2003.12.003

Craig, J. B., Rudd, M. D., Evelyn, W., Stacey, Y.-M., & Alan, P. (2015). Nonsuicidal self-injury as a prospective predictor of suicide attempts in a clinical sample of military personnel. *Comprehensive Psychiatry, 59*, 1–7. https://doi.org/10.1016/j.comppsych.2014.07.009

Creamer, M., & Forbes, D. (2004). Treatment of post-traumatic stress disorder in military and veteran populations. *Psychotherapy: Theory, Research, Practice, Training, 41*(4), 388–398. https://doi.org/10.1037/0033-3204.41.4.388

Dahm, K. A., Meyer, E. C., Neff, K. D., Kimbrel, N. A., Gulliver, S. B., & Morissette, S. B. (2015). Mindfulness, self-compassion, posttraumatic stress disorder symptoms, and functional disability in U.S. Iraq and Afghanistan war veterans self-compassion and mindfulness in U.S. war veterans. *Journal of Traumatic Stress, 28*(5), 460–464. https://doi.org/10.1002/jts.22045

Davis, J. A., Gibson, L. Y., Bear, N. L., Finlay-Jones, A. L., Ohan, J. L., Silva, D. T., & Prescott, S. L. (2021). Can positive mindsets be protective against stress and isolation experienced during the COVID-19 pandemic? A mixed methods approach to understanding emotional health and wellbeing needs of perinatal women. *International Journal of Environmental Research and Public Health, 18*(13), 6958. https://doi.org/10.3390/ijerph18136958

De Vos, J. A., LaMarre, A., Radstaak, M., Bijkerk, C. A., Bohlmeijer, E. T., & Westerhof, G. J. (2017). Identifying fundamental criteria for eating disorder recovery: A systematic review and qualitative meta-analysis. *Journal of Eating Disorders, 5*(1), 1–14. https://doi.org/10.1186/s40337-017-0164-0

Diagnostic and statistical manual of mental disorders: DSM-5 (2013). American Psychiatric Association.

Diener, E., Suh, E. M., Lucas, R. E., & Smith, H. L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin, 125*(2), 276–302. https://doi.org/10.1037//0033-2909.125.2.276

Eckland, N. S., & Berenbaum, H. (2020). Emotional awareness in daily life: Exploring its potential role in repetitive thinking and healthy coping. *Behavior Therapy*. https://doi.org/10.1016/j.beth.2020.04.010

Eichholz, A., Schwartz, C., Meule, A., Heese, J., Neumüller, J., & Voderholzer, U. (2020). Self-compassion and emotion regulation difficulties in obsessive-compulsive disorder. *Clinical Psychology & Psychotherapy., 27*, 630. https://doi.org/10.1002/cpp.2451

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. https://doi.org/10.1371/journal.pone.0133481

Forkus, S. R., Breines, J. G., & Weiss, N. H. (2019). Morally injurious experiences and mental health: The moderating role of self-compassion. *Psychological Trauma: Theory, Research, Practice and Policy, 11*(6), 630–638. https://doi.org/10.1037/tra0000446

Franken, K., Lamers, S. M. A., Ten Klooster, P. M., Bohlmeijer, E. T., & Westerhof, G. J. (2018). Validation of the mental health continuum-short form and the dual continua model of well-being and psychopathology in an adult mental health setting. *Journal of Clinical Psychology, 74*(12), 2187–2202. https://doi.org/10.1002/jclp.22659

Freligh, C. B., & Debb, S. M. (2019). Nonreactivity and resilience to stress: Gauging the mindfulness of African American college students. *Mindfulness, 10*(11), 2302–2311. https://doi.org/10.1007/s12671-019-01203-w

Fulton, J. J., Calhoun, P. S., Wagner, H. R., Schry, A. R., Hair, L. P., Feeling, N., et al. (2015). The prevalence of posttraumatic stress disorder in operation enduring freedom/operation Iraqi freedom (OEF/OIF) veterans: A meta-analysis. *Journal of Anxiety Disorders, 31*, 98–107. https://doi.org/10.1016/j.janxdis.2015.02.003

Gadermann, A. M., Engel, C. C., Naifeh, J. A., Nock, M. K., Petukhova, M., Santiago, P. N., et al. (2012). Prevalence of DSM-IV major depression among u.s. military personnel: Meta-analysis and simulation. *Military Medicine, 177*, 47–59. https://doi.org/10.7205/MILMED-D-12-00103

García, F. E., Cova, F., Rincón, P., & Vázquez, C. (2015). Trauma or growth after a natural disaster? The mediating role of rumination processes. *European Journal of Psychotraumatology, 6*(1), 26557. https://doi.org/10.3402/ejpt.v6.26557

Garmezy, N. (1991). Resiliency and vulnerability to adverse developmental outcomes associated with poverty. *American Behavioral Scientist, 34*(4), 416–430. https://doi.org/10.1177/0002764291034004003

Gemert-Pijnen, J. E. W. C. V., Kip, H., & Kelders, S. M. (2018). Introducing eHealth. In S. M. Kelders, J. E. W. C. Van Gemert-Pijnen, H. Kip, & R. Sanderman (Eds.), *eHealth research, theory and development: A multidisciplinary approach* (1st ed., pp. 3–26). Routledge.

Germer, C., & Neff, K. (2019). *Teaching the mindful self-compassion program: A guide for professionals*. Guilford Publications.

Gibbons, S. W., Hickling, E. J., & Watts, D. D. (2012). Combat stressors and post-traumatic stress in deployed military healthcare professionals: An integrative review. *Journal of Advanced Nursing, 68*(1), 3–21. https://doi.org/10.1111/j.1365-2648.2011.05708.x

Gilbert, P. (2010). *The compassionate mind: A new approach to life's challenges*. New Harbinger Publications.

Gilbert, P. (2014). The origins and nature of compassion focused therapy. *British Journal of Clinical Psychology, 53*(1), 6–41.

Gilbert, P., Baldwin, M., Irons, C., Baker, J., & Palmer, M. (2006). Self-criticism and self-warmth: An imagery study exploring their relation to depression. *Journal of Cognitive Psychotherapy, 20*, 183–200. https://doi.org/10.1891/088983906780639817

Gliske, K., Richmond, A., Smischney, T., & Borden, L. M. (2019). Mindfulness strategies: Supporting military parents during reintegration. *Mindfulness, 10*(9), 1721–1729. https://doi.org/10.1007/s12671-019-01156-0

Grodin, J., Clark, J. L., Kolts, R., & Lovejoy, T. I. (2019). Compassion focused therapy for anger: A pilot study of a group intervention for veterans with PTSD. *Journal of Contextual Behavioral Science, 13*, 27–33. https://doi.org/10.1016/j.jcbs.2019.06.004

Harman, R., & Lee, D. (2010). The role of shame and self-critical thinking in the development and maintenance of current threat in post-traumatic stress disorder. *Clinical Psychology & Psychotherapy, 17*(1), 13–24. https://doi.org/10.1002/cpp.636

Hayter, M. R., & Dorstyn, D. S. (2014). Resilience, self-esteem and self-compassion in adults with spina bifida. *Spinal Cord, 52*(2), 167–171. https://doi.org/10.1038/sc.2013.152

Held, P., & Owens, G. P. (2015). Effects of self-compassion workbook training on trauma-related guilt in a sample of homeless veterans: A pilot study. *Journal of Clinical Psychology, 71*(6), 513–526.

Helgeson, V. S., Reynolds, K. A., & Tomich, P. L. (2006). A meta-analytic review of benefit finding and growth. *Journal of Consulting and Clinical Psychology, 74*(5), 797–816.

Hensley, B., Martin, P., Margrett, J. A., MacDonald, M., Siegler, I. C., Poon, L. W., & The Georgia Centenarian Study. (2012). Life events and personality predicting loneliness among centenarians: Findings from the Georgia centenarian study. *The Journal of Psychology, 146*(1–2), 173–188. https://doi.org/10.1080/00223980.2011.613874

Heppner, W. L., Spears, C. A., Vidrine, J. I., & Wetter, D. W. (2015). Mindfulness and emotion regulation. In B. D. Ostafin, M. D. Robinson, & B. P. Meier (Eds.), *Handbook of mindfulness and self-regulation* (pp. 107–120). Springer.

Herschbach, P., Britzelmeir, I., Dinkel, A., Giesler, J. R. M., Herkommer, K., Nest, A., et al. (2020). Distress in cancer patients: Who are the main groups at risk? *Psycho-Oncology, 29*(4), 703–710. https://doi.org/10.1002/pon.5321

Hiraoka, R., Meyer, E. C., Kimbrel, N. A., DeBeer, B. B., Gulliver, S. B., & Morissette, S. B. (2015). Self-compassion as a prospective predictor of PTSD symptom severity among trauma-exposed U.S. Iraq and Afghanistan war veterans. *Journal of Traumatic Stress, 28*(2), 127–133. https://doi.org/10.1002/jts.21995

Hyland, P., Shevlin, M., Cloitre, M., Karatzias, T., Vallières, F., McGinty, G., et al. (2019). Quality not quantity: Loneliness subtypes, psychological trauma, and mental health in the US adult population. *Social Psychiatry and Psychiatric Epidemiology, 54*(9), 1089–1099. https://doi.org/10.1007/s00127-018-1597-8

Im, S., & Follette, V. M. (2016). Rumination and mindfulness related to multiple types of trauma exposure. *Translational Issues in Psychological Science, 2*(4), 395–407. https://doi.org/10.1037/tps0000090

International Agency for Research on Cancer (2019). Ci5plus: Cancer incidence in five continents time trends. Retrieved from http://ci5.iarc.fr/CI5plus/Default.aspx

Irons, C., & Lad, S. (2017). Using compassion focused therapy to work with shame and self-criticism in complex trauma. *Australian Clinical Psychologist, 3*(1).

Isaacs, K., Mota, N. P., Tsai, J., Harpaz-Rotem, I., Cook, J. M., Kirwin, P. D., et al. (2017). Psychological resilience in U.S. military veterans: A 2-year, nationally representative prospective cohort study. *Journal of Psychiatry Research, 84*, 301–309. https://doi.org/10.1016/j.jpsychires.2016.10.017

Jeffery, D. D., Babeu, L. A., Nelson, L. E., Kloc, M., & Klette, K. (2013). Prescription drug misuse among U.S. active duty military personnel: A secondary analysis of the 2008 DoD survey of health related behaviors. *Military Medicine, 178*(2), 180–195.

Johnson, W. B., Bertschinger, M., Snell, A. K., & Wilson, A. (2014). Secondary trauma and ethical obligations for military psychologists: Preserving compassion and competence in the crucible of combat. *Psychological Services, 11*(1), 68–74. https://doi.org/10.1037/a0033913

Jones, D. J., Anton, M., Gonzalez, M., Honeycutt, A., Khavjou, O., Forehand, R., & Parent, J. (2015). Incorporating mobile phone technologies to expand evidence-based care. *Cognitive Behavioral Practice, 22*(3), 281–290. https://doi.org/10.1016/j.cbpra.2014.06.002

Joseph, S., & Linley, P. A. (2006). Growth following adversity: Theoretical perspectives and implications for clinical practice. *Clinical Psychology Review, 26*(8), 1041–1053. https://doi.org/10.1016/j.cpr.2005.12.006

Kearney, M. A., Zeligman, M., Brack, J. L., & Payne, E. (2018). Trauma and dissociation: Predictors of loneliness in students at an urban university. *Journal of College Counseling, 21*(2), 165–179. https://doi.org/10.1002/jocc.12095

Kelders, S. M., & Howard, M. (2018). Opportunities of technology to promote health and well-being. In S. M. Kelders, J. E. W. C. Van Gemert-Pijnen, H. Kip, & R. Sanderman (Eds.), *eHealth research, theory and development: A multidisciplinary approach* (1st ed., pp. 48–68). Routledge.

Kelley, M. L., Bravo, A. J., Davies, R. L., Hamrick, H. C., Vinci, C., & Redman, J. C. (2019). Moral injury and suicidality among combat-wounded veterans: The moderating effects of social connectedness and self-compassion. *Psychological Trauma: Theory, Research, Practice and Policy, 11*(6), 621–629. https://doi.org/10.1037/tra0000447

Kemper, K. J., Mo, X., & Khayat, R. (2015). Are mindfulness and self-compassion associated with sleep and resilience in health professionals? *Journal of Alternative and Complementary Medicine, 21*(8), 496–503. https://doi.org/10.1089/acm.2014.0281

Keyes, C. L. M. (1998). Social well-being. *Social Psychology Quarterly, 61*(2), 121–140.

Keyes, C. L. M. (2002). The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior, 43*(2), 207–222.

Keyes, C. L. M. (2005). Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of Consulting and Clinical Psychology, 73*(3), 539–548.

Kim, J. S., Jin, M. J., Jung, W., Hahn, S. W., & Lee, S. H. (2017). Rumination as a mediator between childhood trauma and adulthood depression/anxiety in non-clinical participants. *Frontiers in Psychology, 8*, 1597. https://doi.org/10.3389/fpsyg.2017.01597

King, A. P., Erickson, T. M., Giardino, N. D., Favorite, T., Rauch, S. A. M., Robinson, E., et al. (2013). A pilot study of group mindfulness-based cognitive therapy (MBCT) for combat veterans with posttraumatic stress disorder (PTSD). *Depression and Anxiety, 30*(7), 638–645. https://doi.org/10.1002/da.22104

Kotera, Y., Ozaki, A., Miyatake, H., Tsunetoshi, C., Nishikawa, Y., & Tanimoto, T. (2021). Mental health of medical workers in Japan during COVID-19: Relationships with loneliness, hope and self-compassion. *Current Psychology, 40*(12), 6271–6274. https://doi.org/10.1007/s12144-021-01514-z

Lamers, S. M. A., Westerhof, G. J., Bohlmeijer, E. T., ten Klooster, P. M., & Keyes, C. L. M. (2011). Evaluating the psychometric properties of the mental health continuum-short form (MHC-SF). *Journal of Clinical Psychology, 67*(1), 99–110. https://doi.org/10.1002/jclp.20741

Lang, A. J., Malaktaris, A. L., Casmar, P., Baca, S. A., Golshan, S., Harrison, T., & Negi, L. (2019). Compassion meditation for posttraumatic stress disorder in veterans: A randomized proof of concept study. *Journal of Traumatic Stress, 32*(2), 299–309. https://doi.org/10.1002/jts.22397

Lathren, C., Bluth, K., Campo, R., Tan, W., & Futch, W. (2018). Young adult cancer survivors' experiences with a mindful self-compassion (MSC) video-chat intervention: A qualitative analysis. *Self and Identity, 17*(6), 646–665. https://doi.org/10.1080/15298868.2018.1451363

Lau, B. H.-P., Chan, C. L.-W., & Ng, S.-M. (2020). Self-compassion buffers the adverse mental health impacts of COVID-19-related threats: Results from a cross-sectional survey at the first peak of Hong Kong's outbreak. *Frontiers in Psychiatry, 11*. https://doi.org/10.3389/fpsyt.2020.585270

Lee, D. (2009). Compassion-focused cognitive therapy for shame-based trauma memories and flashbacks in post-traumatic stress disorder. In N. Grey (Ed.), *A casebook of cognitive therapy for traumatic stress reactions* (pp. 230–247). Routledge.

Lee, J., Blackmon, B. J., Lee, J. Y., Cochran, D. M., & Rehner, T. A. (2019). An exploration of posttraumatic growth, loneliness, depression, resilience, and social capital among survivors of Hurricane Katrina and the Deepwater Horizon Oil Spill. *Journal of Community Psychology, 47*(2), 356–370. https://doi.org/10.1002/jcop.22125

Lefebvre, J. I., Montani, F., & Courcy, F. (2020). Self-compassion and resilience at work: A practice-oriented review. *Advances in Developing Human Resources, 22*(4), 437–452. https://doi.org/10.1177/1523422320949145

Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review, 29*(8), 695–706. https://doi.org/10.1016/j.cpr.2009.07.003

Livneh, H. (2001). Psychosocial adaptation to chronic illness and disability. *Rehabilitation Counseling Bulletin, 44*(3), 151–160.

Lueger-Schuster, B., Glück, T. M., Tran, U. S., & Zeilinger, E. L. (2012). Sexual violence by occupational forces during and after World War II: Influence of experiencing and witnessing of sexual violence on current mental health in a sample of elderly Austrians. *International Psychogeriatrics, 24*(8), 1354–1358. https://doi.org/10.1017/S104161021200021X

Luthar, S. S., Doernberger, C. H., & Zigler, E. (1993). Resilience is not a unidimensional construct: Insights from a prospective study of inner-city adolescents. *Development and Psychopathology, 5*(4), 703–717. https://doi.org/10.1017/s0954579400006246

Mantzios, M. (2014). Exploring the relationship between worry and impulsivity in military recruits: The role of mindfulness and self-compassion as potential mediators. *Stress and Health, 30*(5), 397–404.

Masten, A. S. (2001). Ordinary magic. Resilience processes in development. *American Psychologist Journal, 56*(3), 227–238. https://doi.org/10.1037//0003-066x.56.3.227

Masumeh, S., Shirin, A., & Hadees, H. (2019). The effectiveness of self-compassion training on loneliness and resilience in destitute women. *Shenakt Journal of Psychology and Psychiatry, 5*(6), 71–84. https://doi.org/10.29252/shenakht.5.6.71

Melvin, K. C., Gross, D., Hayat, M. J., Jennings, B. M., & Campbell, J. C. (2012). Couple functioning and post-traumatic stress symptoms in US Army couples: The role of resilience. *Research in Nursing & Health, 35*(2), 164–177. https://doi.org/10.1002/nur.21459

Meyer, E. C., Szabo, Y. Z., Frankfurt, S. B., Kimbrel, N. A., DeBeer, B. B., & Morissette, S. B. (2019). Predictors of recovery from post-deployment posttraumatic stress disorder symptoms in war veterans: The contributions of psychological flexibility, mindfulness, and self-compassion. *Behaviour Research and Therapy, 114*, 7–14. https://doi.org/10.1016/j.brat.2019.01.002

Montero-Marin, J., Tops, M., Manzanera, R., Piva Demarzo, M. M., Álvarez de Mon, M., & García-Campayo, J. (2015). Mindfulness, resilience, and burnout subtypes in primary care physicians: The possible mediating role of positive and negative affect. *Frontiers in Psychology, 6*, 1895. https://doi.org/10.3389/fpsyg.2015.01895

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

Neff, K., & Germer, C. (2018). *The mindful self-compassion workbook: A proven way to accept yourself, build inner strength, and thrive*. Guilford Publications.

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

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. https://doi.org/10.1016/j.jrp.2006.03.004

Nery-Hurwit, M., Yun, J., & Ebbeck, V. (2018). Examining the roles of self-compassion and resilience on health-related quality of life for individuals with Multiple Sclerosis. *Disability and Health Journal, 11*(2), 256–261. https://doi.org/10.1016/j.dhjo.2017.10.010

Park, C. L., & Ai, A. L. (2006). Meaning making and growth: New directions for research on survivors of trauma. *Journal of Loss and Trauma, 11*(5), 389–407. https://doi.org/10.1080/15325020600685295

Peterson, C., & Seligman, M. E. P. (2003). Character strengths before and after September 11. *Psychological Science, 14*(4), 381–384.

Petrie, K. J., Buick, D. L., Weinman, J., & Booth, R. J. (1999). Positive effects of illness reported by myocardial infarction and breast cancer patients. *Journal of Psychosomatic Research, 47*(6), 537–543. https://doi.org/10.1016/S0022-3999(99)00054-9

Pinto-Gouveia, J., Duarte, C., Matos, M., & Fráguas, S. (2014). The protective role of self-compassion in relation to psychopathology symptoms and quality of life in chronic and in cancer patients. *Clinical Psychology & Psychotherapy, 21*(4), 311–323. https://doi.org/10.1002/cpp.1838

Polusny, M. A., Erbes, C. R., Thuras, P., Moran, A., Lamberty, G. J., Collins, R. C., et al. (2015). Mindfulness-based stress reduction for posttraumatic stress disorder among veterans a randomized clinical trial. *Journal of the American Medical Association, 314*(5), 456–465. https://doi.org/10.1001/jama.2015.8361

Prigerson, H. G., Maciejewski, P. K., & Rosenheck, R. A. (2001). Combat trauma: Trauma with highest risk of delayed onset and unresolved posttraumatic stress disorder symptoms, unemployment, and abuse among men. *The Journal of Nervous and Mental Disease, 189*(2), 99–108.

Przezdziecki, A., Sherman, K. A., Baillie, A., Taylor, A., Foley, E., & Stalgis-Bilinski, K. (2013). My changed body: Breast cancer, body image, distress and self-compassion. *Psychooncology, 22*(8), 1872–1879. https://doi.org/10.1002/pon.3230

Rabon, J. K., Hirsch, J. K., Kaniuka, A. R., Sirois, F., Brooks, B. D., & Neff, K. (2019). Self-compassion and suicide risk in veterans: When the going gets tough, do the tough benefit more from self-compassion? *Mindfulness, 10*(12), 2544–2554. https://doi.org/10.1007/s12671-019-01221-8

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. https://doi.org/10.1016/j.paid.2010.01.023

Ramon, A. E., Guthrie, L., & Rochester, N. K. (2019). Role of masculinity in relationships between mindfulness, self-compassion, and well-being in military veterans. *Psychology of Men & Masculinities, 21*, 357. https://doi.org/10.1037/men0000240

Renshaw, K. D., & Kiddie, N. S. (2012). Internal anger and external expressions of aggression in OEF/OIF veterans. *Military Psychology, 24*(3), 221–235. https://doi.org/10.1080/08995605.2012.678197

Richardson, G. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology, 58*(3), 307–321. https://doi.org/10.1002/jclp.10020

Roemer, L., Williston, S. K., & Rollins, L. G. (2015). Mindfulness and emotion regulation. *Current Opinion in Psychology, 3*, 52–57. https://doi.org/10.1016/j.copsyc.2015.02.006

Rottenberg, J., Devendorf, A. R., Kashdan, T. B., & Disabato, D. J. (2018). The curious neglect of high functioning after psychopathology: The case of depression. *Perspectives on Psychological Science: a journal of the Association for Psychological Science, 13*(5), 549–566. https://doi.org/10.1177/1745691618769868

Rutter, M. (1993). Resilience: some conceptual considerations. *Journal of Adolescent Health, 14*(8), 626–631, 690-626. https://doi.org/10.1016/1054-139x(93)90196-v

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*(6), 1069–1081. https://doi.org/10.1037//0022-3514.57.6.1069

Rzeszutek, M., & Gruszczyńska, E. (2018). Posttraumatic growth among people living with HIV: A systematic review. *Journal of Psychosomatic Research, 114*, 81–91. https://doi.org/10.1016/j.jpsychores.2018.09.006

Schotanus-Dijkstra, M., Pieterse, M. E., Drossaert, C. H. C., Westerhof, G. J., de Graaf, R., ten Have, M., et al. (2016). What factors are associated with flourishing? Results from a large representative national sample. *Journal of Happiness Studies, 17*(4), 1351–1370.

Schreuder, B. J. N., Kleijn, W. C., & Rooijmans, H. G. M. (2000). Nocturnal re-experiencing more than forty years after war trauma. *Journal of Traumatic Stress, 13*(3), 453–463. https://doi.org/10.1023/A:1007733324351

Scoglio, A. A. J., Rudat, D. A., Garvert, D., Jarmolowski, M., Jackson, C., & Herman, J. L. (2018). Self-compassion and responses to trauma: The role of emotion regulation. *Journal of Interpersonal Violence, 33*(13), 2016–2036. https://doi.org/10.1177/0886260515622296

Seal, K. H., Cohen, G., Waldrop, A., Cohen, B. E., Maguen, S., & Ren, L. (2011). Substance use disorders in Iraq and Afghanistan veterans in VA healthcare, 2001-2010: Implications for screening, diagnosis and treatment. *Drug and Alcohol Dependence, 116*(1–3), 93–101. https://doi.org/10.1016/j.drugalcdep.2010.11.027

Seiler, A., & Jenewein, J. (2019). Resilience in cancer patients. *Frontiers in Psychiatry, 10*, 208–208. https://doi.org/10.3389/fpsyt.2019.00208

Serpa, J. G., Bourey, C. P., Adjaoute, G. N., & Pieczynski, J. M. (2021). Mindful self-compassion (MSC) with veterans: A program evaluation. *Mindfulness, 12*(1), 153–161. https://doi.org/10.1007/s12671-020-01508-1

Shebuski, K., Bowie, J.-A., & Ashby, J. S. (2020). Self-compassion, trait resilience, and trauma exposure in undergraduate students. *Journal of College Counseling, 23*(1), 2–14. https://doi.org/10.1002/jocc.12145

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

Snyder, J. (2014). "Blood, guts, and gore galore": bodies, moral pollution, and combat trauma. *Symbolic Interaction, 37*(4), 524–540. https://doi.org/10.1002/symb.116

Solomon, Z., Dekel, R., Zerach, G., & Horesh, D. (2009). Differentiation of the self and posttraumatic symptomatology among ex-POWs and their wives. *Journal of Marital and Family Therapy, 35*(1), 60–73. https://doi.org/10.1111/j.1752-0606.2008.00102.x

Solomon, Z., Bensimon, M., Greene, T., Horesh, D., & Ein-Dor, T. (2015). Loneliness trajectories: The role of posttraumatic symptoms and social support. *Journal of Loss and Trauma, 20*(1), 1–21. https://doi.org/10.1080/15325024.2013.815055

Sommers-Spijkerman, M. P. J., Trompetter, H. R., Schreurs, K. M. G., & Bohlmeijer, E. T. (2018). Compassion-focused therapy as guided self-help for enhancing public mental health: A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 86*(2), 101–115. https://doi.org/10.1037/ccp0000268

Staugaard, S. R., Johannessen, K. B., Thomsen, Y. D., Bertelsen, M., & Berntsen, D. (2015). Centrality of positive and negative deployment memories predicts posttraumatic growth in danish veterans. *Journal of Clinical Psychology, 71*(4), 362–377. https://doi.org/10.1002/jclp.22142

Steen, M. P., Di Lemma, L., Finnegan, A., Wepa, D., & McGhee, S. (2021). Self-compassion and veteran's health: A scoping review. *Journal of Veterans Studies, 7*(1), 86–130. https://doi.org/10.21061/jvs.v7i1.219

Strauss, C., Lever Taylor, B., Gu, J., Kuyken, W., Baer, R., Jones, F., & Cavanagh, K. (2016). What is compassion and how can we measure it? A review of definitions and measures. *Clinical Psychology Review, 47*, 15–27. https://doi.org/10.1016/j.cpr.2016.05.004

Sumalla, E. C., Ochoa, C., & Blanco, I. (2009). Posttraumatic growth in cancer: Reality or illusion? *Clinical Psychology Review, 29*(1), 24–33. https://doi.org/10.1016/j.cpr.2008.09.006

Sylvester, C. (2011). Experiencing war: An introduction. In C. Sylvester (Ed.), *Experiencing war*. Routledge.

Szabo, Y. Z., Warnecke, A. J., Newton, T. L., & Valentine, J. C. (2017). Rumination and posttraumatic stress symptoms in trauma-exposed adults: A systematic review and meta-analysis. *Anxiety, Stress & Coping, 30*(4), 396–414.

Tang, W. K. (2019). Resilience and self-compassion related with achievement emotions, test anxiety, intolerance of uncertainty, and academic achievement. *Psychological Studies, 64*(1), 92–102. https://doi.org/10.1007/s12646-019-00482-6

Tedeschi, R. G., & Calhoun, L. G. (1995). *Trauma & transformation: Growing in the aftermath of suffering*. Sage.

Tedeschi, R. G., & Calhoun, L. G. (2003). Routes to posttraumatic growth through cognitive processing. In *Promoting capabilities to manage posttraumatic stress: Perspectives on resilience* (pp. 12–26). Charles C Thomas Publisher.

Tirch, D., Schoendorff, B., & Silberstein, L. R. (2014). Compassion and psychological flexibility. In D. Tirch, B. Schoendorff, L. R. Silberstein, P. Gilbert, & S. C. Hayes (Eds.), *The ACT practitioner's guide to the science of compassion: Tools for fostering psychological flexibility*. New Harbinger Publications.

Todorov, N., Sherman, K. A., & Kilby, C. J. (2019). Self-compassion and hope in the context of body image disturbance and distress in breast cancer survivors. *Psycho-Oncology, 28*(10), 2025–2032. https://doi.org/10.1002/pon.5187

Trindade, I. A., Ferreira, C., Borrego, M., Ponte, A., Carvalho, C., & Pinto-Gouveia, J. (2018). Going beyond social support: Fear of receiving compassion from others predicts depression symptoms in breast cancer patients. *Journal of Psychosocial Oncology, 36*(4), 520–528. https://doi.org/10.1080/07347332.2018.1440275

Trompetter, H. R., Kleine, E., & Bohlmeijer, E. T. (2017). Why does positive mental health buffer against psychopathology? An exploratory study on self-compassion as a resilience mechanism and adaptive emotion regulation strategy. *Cognitive Therapy and Research, 41*(3), 459–468.

Tsai, J., & Pietrzak, R. H. (2017). Trajectories of posttraumatic growth among US military veterans: A 4-year nationally representative, prospective cohort study. *Acta Psychiatrica Scandinavica, 136*(5), 483–492. https://doi.org/10.1111/acps.12800

Tsai, J., Sippel, L. M., Mota, N., Southwick, S. M., & Pietrzak, R. H. (2016). Longitudinal course of posttraumatic growth among U.S. military veterans: Results from the national health and resilience in veterans study. *Depression and Anxiety, 33*(1), 9–18. https://doi.org/10.1002/da.22371

Tubbs, J. D., Savage, J. E., Adkins, A. E., Amstadter, A. B., & Dick, D. M. (2019). Mindfulness moderates the relation between trauma and anxiety symptoms in college students. *Journal of American College Health, 67*(3), 235–245. https://doi.org/10.1080/07448481.2018.1477782

Tugade, M. M., Fredrickson, B. L., & Barrett, L. F. (2004). Psychological resilience and positive emotional granularity: Examining the benefits of positive emotions on coping and health. *Journal of Personality, 72*(6), 1161–1190. https://doi.org/10.1111/j.1467-6494.2004.00294.x

Ungar, M. (2012). *The social ecology of resilience: A handbook of theory and practice* [1 online resource (xv, 463 pages): Illustrations]. https://doi.org/10.1007/978-1-4614-0586-3

Vasterling, J. J., Taft, C. T., Proctor, S. P., Macdonald, H. Z., Lawrence, A., Kalill, K., et al. (2015). Establishing a methodology to examine the effects of war-zone PTSD on the family: The family foundations study. *International Journal of Methods in Psychiatric Research, 24*(2), 143–155. https://doi.org/10.1002/mpr.1464

Vujanovic, A. A., Youngwirth, N. E., Johnson, K. A., & Zvolensky, M. J. (2009). Mindfulness-based acceptance and posttraumatic stress symptoms among trauma-exposed adults without axis I psychopathology. *Journal of Anxiety Disorders, 23*(2), 297–303. https://doi.org/10.1016/j.janxdis.2008.08.005

Walsh, F. (2020). Loss and resilience in the time of COVID-19: Meaning making, hope, and transcendence. *Family Process, 59*(3), 898–911. https://doi.org/10.1111/famp.12588

Wang, G.-L., Cheng, C.-T., Feng, A.-C., Hsu, S.-H., Hou, Y.-C., & Chiu, C.-Y. (2016). Prevalence, risk factors, and the desire for help of distressed newly diagnosed cancer patients: A large-sample study. *Palliative and Supportive Care, 15*, 1–10. https://doi.org/10.1017/S1478951516000717

Weich, S., Brugha, T., King, M., McManus, S., Bebbington, P., Jenkins, R., et al. (2011). Mental well-being and mental illness: Findings from the adult psychiatric morbidity survey for England 2007. *The British Journal of Psychiatry: the Journal of Mental Science, 199*(1), 23–28. https://doi.org/10.1192/bjp.bp.111.091496

Werner, E. E., & Johnson, J. L. (2002). Can we apply resilience? In M. D. Glantz & J. L. Johnson (Eds.), *Resilience and development: Positive life adaptations* (pp. 259–268). Springer.

Westerhof, G. J., & Keyes, C. L. M. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Development, 17*(2), 110–119. https://doi.org/10.1007/s10804-009-9082-y

Wilk, J. E., Quartana, P. J., Clarke-Walper, K., Kok, B. C., & Riviere, L. A. (2015). Aggression in US soldiers post-deployment: Associations with combat exposure and PTSD and the moderating role of trait anger. *Aggressive Behavior, 41*(6), 556–565. https://doi.org/10.1002/ab.21595

Williams, G. C., Lynch, M., & Glasgow, R. E. (2007). Computer-assisted intervention improves patient-centered diabetes care by increasing autonomy support. *Health Psychology, 26*(6), 728–734. https://doi.org/10.1037/0278-6133.26.6.728

Wilson, J. M., Weiss, A., & Shook, N. J. (2020). Mindfulness, self-compassion, and savoring: Factors that explain the relation between perceived social support and well-being. *Personality and Individual Differences, 152*. https://doi.org/10.1016/j.paid.2019.109568

Wood, A. M., & Tarrier, N. (2010). Positive clinical psychology: A new vision and strategy for integrated research and practice. *Clinical Psychology Review, 30*(7), 819–829. https://doi.org/10.1016/j.cpr.2010.06.003

World Health Organization: WHO. (2005). *Promoting mental health: Concepts, emerging evidence, practice*. WHO.

World Health Organization: WHO. (2020). *Factsheet about cancer*. Retrieved from https://www.who.int/news-room/fact-sheets/detail/cancer

Yela, J. R., Crego, A., Gómez-Martínez, M., & Jiménez, L. (2020). Self-compassion, meaning in life, and experiential avoidance explain the relationship between meditation and positive mental health outcomes. *Journal of Clinical Psychology, 76*(9), 1631–1652. https://doi.org/10.1002/jclp.22932

Zabora, J., BrintzenhofeSzoc, K., Curbow, B., Hooker, C., & Piantadosi, S. (2001). The prevalence of psychological distress by cancer site. *Psychooncology, 10*(1), 19–28. https://doi.org/10.1002/1099--1611(200101/02)10:1<19::aid-pon501>3.0.co;2-6

Zarotti, N., Povah, C., & Simpson, J. (2020). Mindfulness mediates the relationship between cognitive reappraisal and resilience in higher education students. *Personality and Individual Differences*, 156. https://doi.org/10.1016/j.paid.2019.109795

Zautra, A., & Reich, J. (2012). Resilience: The meanings, methods, and measures of a fundamental characteristic of human adaptation. *The Oxford Handbook of Stress, Health, and Coping*. https://doi.org/10.1093/oxfordhb/9780195375343.013.0009

Zautra, A. J., Arewasikporn, A., & Davis, M. C. (2010). Resilience: Promoting well-being through recovery, sustainability, and growth. *Research in Human Development, 7*(3), 221–238. https://doi.org/10.1080/15427609.2010.504431

Zeligman, M., Bialo, J. A., Brack, J. L., & Kearney, M. A. (2017). Loneliness as moderator between trauma and posttraumatic growth. *Journal of Counseling and Development, 95*(4), 435–444.

Zhu, L., Yao, J., Wang, J., Wu, L., Gao, Y., Xie, J., et al. (2019). The predictive role of self-compassion in cancer patients' symptoms of depression, anxiety, and fatigue: A longitudinal study. *Psycho-Oncology, 28*(9), 1918.

Zimmerman, M., McGlinchey, J. B., Posternak, M. A., Friedman, M., Attiullah, N., & Boerescu, D. (2006). How should remission from depression be defined? The depressed patient's perspective. *American Journal of Psychiatry, 163*(1), 148–150. https://doi.org/10.1176/appi.ajp.163.1.148