THE ATLANTIC Journal of Medical Science and Research

Atlantic J Med Sci Res 2026;6(1):7-13
DOI: 10.5455/atjmed.2025.11.038

Original Article

Hilal Seki Oz[1], Didem Ayhan[2], Cansu Sayin[3], Ayse Sinem Tas[4]

[1]Kırşehir Ahi Evran University, Faculty of Health Sciences, Department of Psychiatric Nursing, Kırşehir, Türkiye
[2]Bandırma Onyedi Eylül University, Faculty of Health Sciences, Department of Mental Health and Psychiatric Nursing, Balıkesir, Türkiye
[3]Kırşehir Ahi Evran University, Faculty of Health Sciences, Department of Nursing, Kırşehir, Türkiye
[4]Bandırma Onyedi Eylül University, Faculty of Health Sciences, Department of Fundamental of Nursing, Balıkesir, Türkiye

Received: 24 November, 2025
Accepted: 07 January, 2026
Published: 12 January, 2026

Corresponding Author: Ayse Sinem Tas, Bandırma Onyedi Eylul University, Faculty of Health Sciences, Department of Fundamental of Nursing, Balıkesir, Türkiye
Email: atas@bandirma.edu.tr

CITATION
Seki Oz H, Ayhan D, Sayin C, Tas AS. The relationship between self-compassion and anger levels of among nursing students. Atlantic J Med Sci Res. 2026;6(1):7-13. DOI: 10.5455/atjmed.2025.11.038

The relationship between self-compassion and anger levels of among nursing students

Abstract

Aim: In recent years, self-compassion has become a prominent topic in nursing education, necessitating further research to understand it better.
Materials and Methods: This descriptive study was conducted among 344 nursing students enrolled at a state university. Data were collected using the Self-Compassion Scale–Short Form and the State–Trait Anger Expression Inventory. Statistical analyses included Pearson correlation and multiple linear regression analyses to determine the relationship between self-compassion and types of anger.
Results: The findings indicated that all types of anger together explained 27.7% of the variance in self-compassion among nursing students (R^2=0.277). A one-unit increase in controlled anger was associated with a 0.398-unit increase in self-compassion (β=0.398. t=5.282), whereas a one-unit increase in suppressed anger led to a 0.478-unit decrease in self-compassion (β= −0.478. t= −0.589). Similarly, a one-unit increase in total anger resulted in a 0.199-unit decrease in self-compassion (β= −0.199. t= −2.440).
Conclusion: These findings suggest that fostering self-compassion may contribute to improved anger management among nursing students. Integrating self-compassion practices into nursing education could support students' emotional regulation and professional development.

Keywords: Self-compassion, anger, nursing students, nursing

INTRODUCTION

Nurses are responsible for providing physical, social, and mental health care to individuals, families, and communities. Nurses, who coordinate care and spend the most time with individuals while delivering health care, are expected to provide compassionate care as well as possess sufficient professional knowledge to ensure quality care (1). Providing compassionate care includes alleviating individuals' pain with empathy, meeting special care needs, establishing therapeutic communication, and promoting mutual benefit through nurses' professional satisfaction. To provide compassionate care, nurses are expected to have a high level of self-compassion (2). The concept of self-compassion refers to caring for one's own needs and feelings and showing kindness, compassion, and understanding toward oneself, as one would toward others. Therefore, nurses with high levels of self-compassion tend to be kinder, more empathetic, and more willing to help others (3).

Self-compassion also improves the ability to manage emotions such as sadness, anger, resentment and fear. Anger, an important human emotion, is instinctive and universal (4). Anger is a powerful emotion that can have both positive and negative consequences for the individual if it is not controlled (5).

Student nurses, who represent the future nursing workforce, face multiple academic and clinical stressors during their professional education (1). Student nurses may experience increased pressure and anger due to their disadvantaged position within hospital units and the relationships they establish with healthcare team members (4). It is also crucial for nursing students to maintain mental well-being and manage their anger to ensure high-quality patient care (6). Therefore, recognizing anger, controlling anger, and expressing anger appropriately are critical skills for nursing students and should be addressed in nursing education (7).

Self-compassion is essential in controlling anger and enables individuals to be kinder and more understanding toward themselves. The possible impact of nursing students' level of self-compassion on their psychological well-being, balanced affect, and effective coping skills may have a profound effect on their patient care behaviors, anger levels, and compassion (4,7,8). It is known that the level of compassion shown by nurses to patients is related to the level of self-compassion. The relationship a person establishes with oneself forms the basis for one's interaction with the environment (8). Therefore, the level of compassion and anger that a person shows toward others is directly related to self-compassion. The concept of self-compassion in nursing education has gained increasing attention in recent years, and more research is being conducted to better understand it. It is important to determine the level of self-compassion among nurses who play a critical role in patient care during their student years and to examine the relationship between self-compassion and anger. In this way, awareness of these concepts can develop during the student period, providing a foundation for compassionate patient relationships and effective anger regulation. This study aimed to determine nursing students' levels of self-compassion and anger and the relationship between these two concepts.

Research Questions:

1. Is there a significant relationship between nursing students' levels of self-compassion and their levels of anger?
2. How do nursing students' anger expression styles (controlled anger, suppressed anger, and total anger) affect their self-compassion levels?
3. Do controlled anger, suppressed anger, and total anger predict self-compassion levels among nursing students?

MATERIALS AND METHODS

Study Design

The study employed a descriptive and analytical research design.

Population and Sample

The study population consists of nursing students at Kırşehir Ahi Evran University Faculty of Health Sciences in the 2023-2024 academic year. In the Faculty of Health Sciences, 810 students were actively enrolled in the Nursing Department. The sample size was calculated using a formula for a known population and was determined to be 325 out of 810 students, with a 5% margin of error and a 98% confidence interval. A potential data loss of 10% was taken into account, resulting in a total of 357 individuals. The inclusion criteria were being over 18 years of age, being an active student in the Nursing Department, being able to read and write Turkish, and willingness to participate in the study. The exclusion criteria were being under 18 years of age and not having active student status in the Nursing Department (graduates, students who had suspended their enrollment, or inactive students). Student recruitment was achieved through stratified sampling, and the study was completed with the participation of 344 students.

Implementation of the Study

After obtaining the necessary institutional and ethics committee approvals, nursing students were informed about the study, and verbal and written consent was obtained from those who met the inclusion criteria. The data collection process was carried out in April and May 2024 and was completed by reaching 357 participants. There was a data loss of 13 participants, and data from 344 participants were analyzed.

Data Collection Tools and Characteristics

The study's data were collected using the Introductory Information Form, Self-Compassion Scale-Short Form, and State-Trait Anger Expression Inventory.

Introductory Information Form: This form was prepared by the researchers and consisted of 10 questions, including demographic information (4,7,8).

The Self-Compassion Scale–Short Form, which was adapted into Turkish by Yıldırım and Sarı (2018), consists of 11 items (9). The scale is a five-point Likert-type scale, and respondents were asked to respond using the following options: 1 "Never," 2 "Rarely," 3 "Sometimes," 4 "Frequently," and 5 "Always." An increase in the scores obtained from the self-compassion scale indicates a high level of self-compassion. The scale's psychometric properties, construct validity, criterion-related validity, internal consistency coefficient, and test-retest reliability were examined. The scale's internal consistency coefficient was calculated to be 0.75. The scale consists of a single dimension (9).

State-Trait Anger Expression Inventory (STAXI): This is a self-report scale that measures the experience and expression of anger. The State-Trait Anger Expression Inventory (STAXI), developed by Spielberger (1988) and validated in Turkish by Özer (1994), consists of four subdimensions and 34 items: internalized anger, externalized anger, anger control, and trait anger (10,11). Participants were asked to respond using a four-point Likert scale: 1 "Does not define at all," 2 "Defines a little," 3 "Defines a lot," and 4 "Defines very well." While the first 10 items of the 34-item scale measure the level of trait anger, the remaining 24 items assess individuals' anger styles (anger-internal, anger-external, and anger-control subdimensions). High scores on the trait anger scale indicate a high level of anger; high scores on the anger-internal scale indicate that anger is

suppressed and kept inside; high scores on the anger-external scale indicate that anger is easily expressed; and high scores on the anger-control scale indicate that anger can be controlled. The Cronbach's alpha coefficients of the scale were 0.79 for the trait anger dimension, 0.78 for the anger externalization dimension, 0.62 for the anger internalization dimension, and 0.84 for the anger control dimension (11).

Implementation of the Study

After obtaining the necessary institutional and ethics committee approval for the research, nursing students were informed about the research and verbal and written consent was obtained from those who met the inclusion criteria. The data collection process of the research was realised in April and May 2024 and the data collection process was completed by reaching 357 participants. There was a data loss of 13 individuals, and the data of 344 individuals were analyzed. Data were collected face-to-face using the 'Introductory Information Form,' the 'State-Trait Anger Expression Inventory (STAXI),' and the 'Self-Compassion Scale–Short Form.' The surveys took approximately 15 minutes to complete.

Ethical Approval

It was approved by the Kırşehir Ahi Evran University Social and Human Sciences Scientific Research and Publication Ethics Board in its meeting held on 16.11.2023, numbered 2023/10/13. In addition, written informed consent was obtained from all participants prior to their inclusion in the study.

Data Analysis

The statistical analyses of this study were carried out using the Statistical Package for the Social Sciences (SPSS) 29.0 for Windows. The Kolmogorov-Smirnov test assessed whether the data followed a normal distribution. Numbers, percentage distributions, means, and standard deviations were used to present normally distributed data, and Pearson correlation and multiple linear regression analyses were employed in data analysis. In statistical analysis, a p-value of <0.05 was accepted as an indicator of significant difference.

RESULTS

The mean age of the student nurses participating in the study was 21.34±1.84. Seventy-six percent were female, 66.3% had a balanced income and expenditure, 59% lived in an urban area, 89% lived in a nuclear family, 74.5% described their family relationships as good, 59.9% had three or fewer siblings, 81.1% lived in halls of residence during their studies, 83.2% liked their profession, and the class distribution was similar (Table 1).

Table 1. Descriptive characteristics of nursing students

Variables	Categories	n	%
Age	≤20 years	182	52.9
	≥21 years	162	47.1
Gender	Female	262	76.2
	Male	82	23.8
Income level	Income<expenses	72	20.9
	Income=expenses	228	66.3
	Income> expenses	44	12.8
Place of residence with family	Urban	203	59.1
	Rural	141	40.9
Family type	Nuclear	308	89.5
	Extended	36	10.5
Relationship with the family	Poor	88	25.5
	Good	256	74.5
Number of siblings	1-3	206	59.9
	4-6	112	32.6
	≥7	26	7.5
Place of residence during study	Home	65	18.9
	Dormitory	279	81.1
Year of study	1	79	23.0
	2	88	25.6
	3	90	26.1
	4	87	25.3
Liking the nursing profession	No	58	16.9
	Yes	286	83.1
Total	140	344	100

When examining the descriptive statistics of the measurement tools used in the study, the total score of the Self-Compassion Scale was at a moderate level (33.73±7.13, range 11–55), the Trait Anger subdimension of the STAXI was slightly below average (22.22±6.19, range 10–40), the total score of the Anger-control subdimension was high (22.46±4.90, range 10–32), the total score of the Anger-external subdimension was low (16.79±4.53, range 9–30), and the total score of the Anger-internal subdimension was low (18.18±5.01. range 8–31) (Table 2).

While there was a statistically significant positive moderate relationship between the level of self-compassion and controlled anger, a statistically significant negative moderate relationship was found between self-compassion and externalized and internalized anger (Table 3).

When the predictive effect of nursing students' anger scores on self-compassion scores was examined, the model was found to be significant, and 27.7% of self-compassion could be explained by all types of anger (R^2=0.277). In the significance of the model, the predictive effects of controlled anger, internalized anger, and trait anger scores were statistically significant ($p<0.05$). In contrast, the effect of externalized anger was not significant ($p>0.05$). Accordingly, a one-unit increase in the controlled anger score increases the self-compassion score by 0.398 units (β=0.398. t=5.282). On the other hand, a one-unit increase in the internalized anger score causes a 0.478-unit decrease in the self-compassion score (β= -0.478. t=0.589). Similarly, a one-unit increase in the total anger score causes a 0.199-unit decrease in the self-compassion score (β= -0.199. t= -2.440) (Table 4).

Table 2. Descriptive characteristics of the measurement tools

Scales	X±SD	Min.	Max.	Cronbach's Alpha
Self-Compassion Scale	33.73±7.13	11	55	0.84
Trait Anger	22.22±6.19	10	40	0.85
Anger-control	22.26±4.90	10	32	0.83
Anger-external	16.79±4.53	9	30	0.79
Anger-internal	18.18±5.01	8	31	0.78

Table 3. The relationship between the Self-Compassion Scale and STAXI scores of nursing students

Variables		Trait Anger	Anger-control	Anger-external	Anger-internal
Self-Compassion	r	-0.410	0.314	-0.317	-0.393
	p	0.000	0.000	0.000	0.000

Pearson correlation analysis

Table 4. Prediction results of nursing students' self-compassion scores with multiple linear regression analysis

STAXI scores	β	t	F	R2
Anger-control	.398**	5.282	32.414	0.277
Anger-external	0.062	0.589		
Anger-internal	0-.478**	-6.022		
Trait Anger	0-.199*	-2.440		

*:p<0.01, **:p<0.05

DISCUSSION

The aim of this study was to examine the relationship between self-compassion and anger levels in nursing students and to evaluate the predictive role of anger and anger styles on self-compassion. Anger, as one of the individuals' anger styles, can negatively affect self-compassion, particularly in those with high tendencies toward emotional distress and self-criticism. Neff (2003) stated that self-compassion involves an individual's ability to be kind to themselves, to feel a sense of common humanity, and to develop mindfulness (12). However, bottled-up internalized anger can interfere with these processes. For example, Krieger et al. (2013) showed that internalized anger increased individuals' critical attitudes toward themselves and decreased their levels of self-compassion (13). In addition, Cheung and Ng (2019), who examined the relationship between anger and depression, emphasized that internalized anger causes a decrease in self-compassion by increasing individuals' self-criticism (14). Basharpoor et al. (2015), in their study on self-compassion, anger, and suicide in university students, found a weak negative relationship between internalized anger and self-compassion (15). In a study conducted with women with chronic pain disorders, acceptance and commitment therapy and cognitive behavioral therapy decreased internalized anger and increased self-compassion scores (16). In this type of therapy, it can be assumed that the aims of the therapy, such as correct expression, making sense of one's feelings, and changing ineffective ways of behaving, will reduce the amount of bottled-up anger, while teaching the correct way of expressing anger. Experiencing anger in an appropriate way, which can be harmful not only to the interlocutor but also to the person experiencing the emotion if it is not expressed correctly, can lead the person to develop a better understanding of themselves and to treat themselves more compassionately. This literature shows results consistent with our study. It is an understandable result that they show a negative relationship with self-compassion, assuming that bottled-up anger has a component that wears down, criticizes, and devalues the person.

Our results show that controlled anger has a positive impact on self-compassion. This finding was also supported by a study conducted by Wu et al. (2019) (17). In this study, controlled anger was found to play an important role in individuals' self-compassion development. Specifically, developing anger management skills enables individuals to be kinder and more understanding toward themselves. A study of 220 clinical nurses working in a hospital found a strong positive relationship between anger management and self-compassion (18). The positive effect of controlled anger on self-compassion highlights the importance of emotional regulation skills. In a study conducted by Gross (2015), it was found that emotional regulation strategies increase self-compassion levels in individuals, which are effective in anger management (19). Furthermore, Allen and Leary (2010) emphasized that self-compassion helps individuals regulate their negative emotions, which has a positive effect on anger control (20). Another study examined the mediating role of self-compassion in maladaptive cognitive and behavioral tendencies such as anxiety, fear, anger, and emotion regulation difficulties in mindfulness-based stress management training. The study found that changes in mindfulness led to changes in self-compassion, and that self-compassion had a mediating effect on emotion regulation (21). Particularly in stressful professions such as nursing, developing emotional regulation skills plays a crucial role in enhancing self-compassion. These findings support the positive relationship between controlled anger and self-compassion. The negative effect of the total anger score on self-compassion is often emphasized in the literature, which suggests that anger causes individuals to be less compassionate toward themselves in general. Gilbert (2009) stated that high levels of anger inhibit an individual's ability to develop compassion for themselves, and this situation has a negative impact on mental health (22). Furthermore, Sirois and Kitner (2015), who investigated the relationship between anger and self-compassion, showed that high levels of anger cause individuals to be more critical and less compassionate toward themselves (23). Another multicenter study examined the mediating role of self-compassion in the relationship between perfectionism, anger, aggression, and hostility in university students. According to the construct model, there was a significant negative relationship between self-compassion and anger (7). In a study investigating levels of self-compassion and anger through hypothetical scenarios, participants were given a scenario in which they were wronged, and their reactions were assessed. It was found that as self-compassion increased, anger decreased, and self-expression in response to injustice increased (24). Barcaccia et al. (2020), in their study of 1.660 adolescents, found that anger, which can be explained as a tendency to protect oneself, has a linear relationship with depression, self-confidence, and alienation from parents (25). According to this study, self-compassion leads to lower levels of depression and anxiety. Network analyses showed that adolescents with high levels of self-compassion had lower psychopathological risk factors. Self-compassion was explained by concepts such as self-understanding, self-love, self-awareness, and self-forgiveness, and its negative relationship with anger was found to be significant. In another study, participants' self-confidence and self-compassion were enhanced with self-compassion and emotion-focused training designed to increase self-compassion and protective anger skills. The increase in self-confidence and self-compassion with this training also reduced self-criticism and anger (26). These findings support the decreasing effect of overall anger on self-compassion.

The lack of a significant effect of expressed anger on self-compassion is a relatively underexplored issue in the literature. However, some studies suggest that externalised anger may indirectly affect individuals' levels of self-compassion. For example, Martin and Dahlen (2005) found that externalised anger may indirectly affect self-compassion levels by influencing

individuals' social relationships (27). However, they emphasise that this effect is not direct and is usually mediated by other factors. Shian-Ling et al. (2012), in their study on mindfulness-based stress management training, found that self-compassion did not mediate externalisation and internal suppression of anger (21). Basharpoor's (2016) study found no significant relationship between externalised anger and self-compassion (15). It was also found that externalised anger may weaken an individual's social support system, which may have an indirect effect on self-compassion (28). A study conducted with forensic psychiatric patients in Korea examined variables such as entrapment, psychological flexibility, anger, and self-compassion, which are thought to influence ward climate and reactive aggression. In this study, no significant relationship was found between anger or any anger style (suppressed, controlled, or expressed) and self-compassion. There was also no significant relationship between expressed anger and self-compassion in our study. Although Kim and Son (2024) reported results consistent with our study in this regard, the relationships between internalized and controlled anger and self-compassion were entirely different from those in our study (29). This difference may be related to cultural differences between the samples and the influence of culture on emotions and forms of emotional expression. Future cross-cultural studies comparing nursing students from different countries may help clarify how cultural norms influence the expression of anger and self-compassion.

Limitations

This study represents the students from the center and time period in which it was conducted and cannot be generalized to all nursing students.

CONCLUSION

The study found that controlled anger levels in nursing students were positively related to self-compassion scores and inversely related to internalized anger and total anger scores. However, no correlation was found between externalised anger and self-compassion. Accordingly, when all types of anger were assessed, anger explained 27.7% of the variance in self-compassion. The importance of self-compassion in nursing students is often discussed in the context of stressful educational processes and coping with emotional distress. Developing anger management skills can both increase self-compassion and enable students to achieve a healthier emotional balance in their professional lives. Given that self-compassion has a protective effect on individuals' mental health, increasing self-compassion may help nursing students develop anger management skills and cope more effectively with emotional distress. Incorporating self-compassion and anger management training into nursing curricula, such as through mindfulness-based interventions or structured programs, may enhance students' emotional resilience. Furthermore, supervision and debriefing sessions during clinical placements can provide essential support for emotional regulation and professional development.

Acknowledgement

The authors would like to express their sincere gratitude to the Scientific and Technological Research Council of Türkiye (TÜBİTAK) for funding this study under the 2209-A Research Project Support Programme for Undergraduate Students (Project No. 1919B012325691).

Conflict of Interests

The authors declare that there is no conflict of interest in the study.

Financial Disclosure

This study was funded by TÜBİTAK under Project No. 2209-A (Project Number: 1919B012325691).

Ethical Approval

The study protocol received approval from the Kirşehir Ahi Evran University Social and Human Sciences Scientific Research and Publication Ethics Board (Meeting date: 16 November 2023; Approval number: 2023/10/13.

REFERENCES

1. Cant R, Gazula S, Ryan C. Predictors of nursing student satisfaction as a key quality indicator of tertiary students' education experience: An integrative review. Nurse Educ Today. 2023;126:105806.
2. Lee J, Jun WH. Effect of compassion competence on cultural competence in student nurses: Mediating effect of professional nursing values. J Prof Nurs. 2022;41:134-9.
3. Hagermanm LA, Manankil-Rankin L, Schwind JK. Self-compassion in undergraduate nursing: an integrative review. Int J Nurs Educ Scholarsh. 2020;17:1.
4. Jun WH, Choi EJ, Cho HM. Effects of an extracurricular anger self-control program for nursing students. Int J Environ Res Public Health. 2021;18:3059.
5. Yun K, Yoo YS. Effects of the anger management program for nurses. Asian Nurs Res (Korean Soc Nurs Sci). 2021;15:247-54.
6. Aktas B, Dastan NB. The effect of coping with anger psychoeducation on trait anger and anger expressions of nursing students: A randomized controlled trial. Teach Learn Nurs. 2025;20:e713-20.
7. Abdollahi A, Gardanova ZR, Ramaiah P, et al. Moderating role of self-compassion in the relationships between the three forms of perfectionism with anger, aggression, and hostility. Psychol Rep. 2023;126:2383–402.
8. Shahidi Delshad E, Nobahar M, Raiesdana N, et al. Academic resilience, moral perfectionism, and self-compassion among undergraduate nursing students: A cross-sectional, multi-center study. J Prof Nurs. 2023;46:39-44.
9. Yıldırım M, Sarı T. Turkish adaptation of Self-Compassion Scale Short Form: Validity and reliability study. Abant Izzet Baysal University Journal of Faculty of Education. 2018;18:2502-17.
10. Spielberger C. State-Trait-Anger-Expression-Inventory (STAXI). Odessa, FL Psychological Assessment Resources. 1988.
11. Özer KA. Preliminary Study of Trait Anger and Anger Expression Style Scales, Turkish Journal of Psychology. 1994;9:26-35.

12. Neff KD. Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. Self and Identity. 2003;2:85-101.
13. Krieger T, Altenstein D, Baettig I, et al. Self-compassion in depression: Associations with depressive symptoms, rumination, and avoidance in depressed outpatients. Behav Res Ther. 2013;44:501-13.
14. Cheung RY, Ng MC. Mindfulness and symptoms of depression and anxiety: The underlying roles of awareness, acceptance, impulse control, and emotion regulation. Mindfulness. 2019;10:1124-35.
15. Basharpoor S, Daneshvar S, Noori H. The relation of self-compassion and anger control dimensions with suicide ideation in university students. Int J High Risk Behav Addict. 2016;5:e26165.
16. Marsa S, Poorani F, Zarei S, et al. Comparison of the effectiveness of acceptance and commitment therapy and cognitive-behavioral therapy on suppressed anger and self-compassion in women with chronic pain disorder: Women with chronic pain disorder. Chronic Diseases Journal. 2024;225-34.
17. Wu Q, Chi P, Zeng X, et al. Roles of anger and rumination in the relationship between self-compassion and forgiveness. Mindfulness. 2019;10:272-8.
18. Kim YA, Han KS. Work performance, anger management ability, resilience, and self compassion of clinical nurses. J Korean Acad Psychiatr Ment Health Nurs. 2021;30:110-8.
19. Gross JJ. Emotion regulation: Current status and future prospects. Psychological Inquiry. 2015;26:1-26.
20. Allen AB, Leary MR. Self-compassion, stress, and coping. Soc Personal Psychol Compass. 2010;4:107-18.
21. Shian-Ling et al. Mechanisms of change in mindfulness-based stress reduction: Self-compassion and mindfulness as mediators of intervention outcomes. J Cogn Psychother. 2012;26:270-80.
22. Gilbert P. Introducing compassion-focused therapy. Adv Psychiatr Treat. 2009;15:199-208.
23. Sirois F, Kitner R. Less adaptive or more maladaptive? A meta-analytic investigation of procrastination and coping. European Journal of Personality. 2015;29:433-44.
24. Schellenberg BJ, Geddes A, Strachan S, Bailis D. When self-compassion lacks ferocity: Anger and responding to false accusations. J Pers. 2025;93:1235-45.
25. Barcaccia B, Cervin M, Pozza A, et al. Mindfulness, self-compassion and attachment: A network analysis of psychopathology symptoms in adolescents. Mindfulness. 2020;11:2531-41.
26. Halamová J, Kanovský M, Varšová K, Kupeli N. Randomised controlled trial of the new short-term online emotion focused training for self-compassion and self-protection in a nonclinical sample. Current Psychology. 2021;40:333-43.
27. Martin RC, Dahlen ER. Cognitive emotion regulation in the prediction of depression, anxiety, stress, and anger. Pers Individ Dif. 2005;39:1249-60.
28. Lindsay EK, Creswell JD. Mechanisms of mindfulness training: Monitor and Acceptance Theory (MAT). Clin Psychol Rev. 2017;51:48-59.
29. Kim SH, Son C. Effects of entrapment, anger, psychological flexibility, and self-compassion on the ward climate and reactive aggression in forensic psychiatric hospital patients. Int J Law Psychiatry. 2024;94:101986.