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# Investigating the Link between Self-Compassion, Coping Styles and Post Traumatic Stress Symptoms in Students

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## ABSTRACT

Emerging adulthood, characterized by the rapid emotional, intellectual, and spiritual development during this stage, exposes young adults to several diverse and various sources of stressors that affect their mental health. The current research addresses a gap in the literature by focusing on the interaction between self-compassion, coping styles, and post-traumatic stress symptoms (PTSS) among students. The study hypothesizes that higher self-compassion correlates with fewer PTSS symptoms and that adaptive coping mechanisms mediate this relationship. Analyzing a sample of 143 students revealed that self-compassion is associated with reduced PTSS. Problem-focused coping partially mediated this relationship, suggesting that actively addressing stressors helps maintain self-compassion. In contrast, avoidant and emotion-focused coping did not mediate this relationship, indicating their limited effectiveness. These findings underscore the importance of

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self-compassion and adaptive coping in mitigating PTSS, suggesting potential pathways for enhancing student resilience through targeted interventions. This study contributes to understanding student mental health, emphasizing the need for support systems that promote self-compassion and effective coping strategies.

**Keywords***: Self compassion, Coping, Coping styles, PTSD, PTSS, Students*

## INTRODUCTION

The stage of emerging adulthood, the time of huge personal and social growth, exposes young adult learners to various stressors. These can range from academic stress, the intricacy of romantic relationships, financial management, and career planning. The ability to negotiate these challenges effectively and with equanimity is central to the development of their psychological well-being. This study will investigate two principal factors likely to impact this ability: self-compassion and coping strategies.

### Decoding Stress Management Techniques

"Coping" refers to the strategies people use to deal with and overcome adversity (Lazarus & Folkman, 1984). Coping is not a one-size-fits-all solution. Psychologist Richard Lazarus, a pioneer in stress and coping, developed a "transactional model" to emphasize that coping is a dynamic process (Lazarus & Folkman, 1984). Faced with a stressful situation, an individual goes through a process of appraisal. She or he assesses the threat of the situation and his or her own resources to meet the threat (Lazarus & Folkman, 1984). That assessment dictates the coping strategies she or he employs, which can be broadly categorized as problem focused or emotion-focused (Lazarus & Folkman, 1984). Problem-focused strategies are aimed at the situation itself,

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like seeking tutoring for a difficult course or researching job openings (Lazarus & Folkman, 1984). Emotion Focused strategies are aimed at the emotional responses brought on by the situation, such as relaxation techniques or spending time with friends (Lazarus & Folkman, 1984). Whether these strategies are effective or not depends on the situation and the resources of the individual (Lazarus & Folkman, 1984).

**Self-Compassion as a Shield**

Self-compassion, as defined by Neff (2003), "cultivates an internal voice of empathy and kindness towards oneself". It motivates individuals to recognize struggles as part of the collective human experience, countering severe self-criticism (Neff, 2003). Research has demonstrated that self-kindness is associated with numerous positive outcomes, including reduced anxiety, depression, and rumination (Castilho et al., 2015; Neff et al., 2007; Raes, 2010). Moreover, self-kindness has been linked to the development of healthy coping styles (Barry et al., 2015). These healthy coping styles can equip individuals with superior tools to navigate challenges and stressors in a constructive manner, fostering resilience (Barry et al., 2015).

**Post-Traumatic Distress and the Call for Intervention**

While managing everyday stressors is a vital life skill, certain situations can overwhelm an individual's coping mechanisms, potentially leading to the development of Post-Traumatic Stress Disorder (PTSD) (American Psychiatric Association, 2013). PTSD is a mental health condition that can develop after exposure to a terrifying event – a car accident, assault, natural disaster, or witnessing violence (American Psychiatric Association, 2013). Symptoms of PTSD can include intrusive thoughts or memories of the event, nightmares, flashbacks, emotional numbness,

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hypervigilance, and difficulty concentrating (American Psychiatric Association, 2013). These symptoms can significantly impact a person's daily life and functioning (American Psychiatric Association, 2013). However, it's important to note that not everyone who experiences a traumatic event will develop PTSD (American Psychiatric Association, 2013).

Individuals with less effective coping mechanisms or lower levels of self-kindness may be at a higher risk (Neria et al., 2008). Post-Traumatic Stress Symptoms (PTSS) can be present even if a full diagnosis of PTSD is not met. PTSS refers to the experience of some of the symptoms of PTSD, but not all or to a lesser degree that does not cause significant impairment (National Center for PTSD, 2023). It is important to acknowledge this distinction as some individuals may experience PTSS following a traumatic event but not meet the full criteria for a PTSD diagnosis. When PTSD symptoms are present and cause significant distress or impairment, a diagnosis of PTSD can be made (American Psychiatric Association, 2013). It is crucial to seek professional help for PTSD, as there are effective treatments available (American Psychiatric Association, 2013).

## RATIONALE OF THE STUDY

The study "Exploring the Connection between Self-Kindness, Coping Mechanisms, and Post-Traumatic Stress Symptoms (PTSS) in Students" aims to address mental health issues in student populations. It recognizes the diverse stressors students face, from academic pressures to traumatic events, and the impact on their well-being. The study seeks to understand the factors that contribute to resilience and vulnerability towards PTSS, crucial for designing effective interventions and support systems.

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Self-compassion, the ability to be kind and understanding to oneself during adversity, is considered a buffer in mental health. However, PTSS symptoms, including intrusive thoughts, negative self-beliefs, and emotional dysregulation, can erode self-compassion. PTSS sufferers may become self-critical, blaming themselves for the traumatic event, and inhibiting their self-kindness. PTSS also alters the stress coping response. Adaptive coping methods like problem-solving, seeking support, or positive reframing facilitate stress management. However, PTSS disrupts these healthy coping skills, leading to avoidance, a common coping mechanism. Avoidance provides temporary relief but hinders long-term healing and discourages seeking support.

While individual studies have explored the relationship between self-compassion, coping styles, PTSD, and mental health outcomes, none have focused on their interaction influencing PTSS among students. This study fills this gap, aiming to provide a comprehensive understanding of the mechanisms underlying PTSS development and maintenance in student populations.

In conclusion, the study's importance lies in the high prevalence of mental health issues among students, the role of self-compassion and coping styles in managing stress and trauma, and the potential to develop interventions that enhance student resilience and well-being. The study aims to deepen our understanding of PTSS in students and contribute to mental health and resilience promotion on college campuses.

## REVIEW OF LITERATURE

Allen et al. (2024) focused on survivors of natural disasters, emphasizing how self-compassion, characterized by self-understanding and open-hearted awareness, acts as a resource in reducing PTSS. They posit a link between self-compassion and perceived social support, which

mediates the effect on PTSS. Roni et al. (2022) addressed a gap in literature concerning cardiac-disease-induced PTSS in partners of cardiac patients, highlighting the need for interventions to alleviate distress. Silverstein et al. (2022) demonstrated the correlation between parent and child PTSS, indicating the predictive role of parental distress on child PTSS. Bucich et al. (2022) explored unique PTSD symptom profiles and risk factors associated with childhood abuse experiences, suggesting implications for tailored therapeutic interventions. Song et al. (2023) investigated the impact of COVID-19 on medical students' PTSS, emphasizing the protective roles of positive coping mechanisms and social support. Mohammad et al. (2023) examined peritraumatic stress symptoms among COVID-19 survivors in Iraq, identifying predictors such as education level and duration of infection.

Jalal et al. (2022) focused on PB's impact on PTSS among refugee school children, advocating for comprehensive interventions. Liu et al. (2020) studied the prevalence and predictors of PTSS following the COVID-19 outbreak, highlighting gender differences and the need for targeted mental health services. In summary, these studies emphasize the importance of self-compassion, social support, and specific interventions in alleviating posttraumatic stress symptoms (PTSS) among varied populations and in response to different traumatic events.

Zhang et al. (2014) employed a bifactor model to examine coping styles, revealing a coexistence of general and specific coping resources, emphasizing the need for comprehensive coping assessments in mental health interventions. Besharat (2007) investigated the link between personality traits and coping styles, finding neuroticism, extraversion, conscientiousness, and openness influence stress management strategies, highlighting personality's significant role. Małkowska-Szkutnik and Mazur (2012) explored smoking habits, coping styles, and mental health in adolescents, revealing that frequent smoking correlates with negative emotional-focused coping

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and increased mental health strain. Meyer et al. (2015) analyzed coping strategies, perceived stress, and mental health outcomes, emphasizing the importance of investigating coping behavior clusters for mental health improvement. Jenzer et al. (2020) explored the longitudinal relationship between trauma exposure, coping styles, and mental health in university students, suggesting increased approach coping might decrease future trauma exposure, emphasizing its potential as an intervention target. Kasi et al. (2012) investigated coping styles in individuals with anxiety and depression symptoms, identifying religion, acceptance, seeking instrumental support, and active coping as common mechanisms, highlighting the influence of cultural factors on coping styles for mental health interventions. These studies highlight the intricate nature of coping mechanisms and their significant influence on mental health results, advocating for personalized interventions that consider individual variations and environmental circumstances.

Neely et al. (2009) highlighted self-compassion as a significant predictor of college students' well-being, emphasizing its role alongside goal management, stress, and social support. Fong and Loi (2016) further underscore the mediating role of self-compassion in reducing student distress and enhancing well-being, offering insights into intervention strategies. Suh and Jeong (2021) extended this understanding, revealing self-compassion's negative association with suicidal thoughts and behaviors, emphasizing its potential as a protective factor, particularly in clinical populations. Costanzo (2022) and Braehler and Neff (2020) delved into the application of self-compassion, particularly in trauma contexts like Post-Traumatic Growth (PTG) and Post-Traumatic Stress (PTS), highlighting its therapeutic potential and the need for compassionate interventions. Ewert et al. (2021) further substantiate these findings through a systematic meta-analysis, demonstrating the positive relationship between self-compassion and adaptive coping strategies, suggesting its role in promoting resilience.

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Joseph and Bance (2019) contributed to this discourse by presenting a feasible intervention program aimed at enhancing self-compassion and reducing trauma-related shame among sexually abused children, emphasizing its significance in vulnerable populations. Additionally, studies such as "Grief, Self-Compassion and Coping styles among Younger and Older Adults" (2023), Lee and Yun (2023), Demetriou et al. (2023), and Rahat and Ilhan (2016) provide further insights into the interplay between self-compassion, coping styles, and adjustment to life transitions, emphasizing its relevance across diverse age groups and contexts. Together, these studies emphasize the crucial importance of self-compassion in facilitating effective coping, bolstering resilience, and advancing psychological well-being among diverse groups, thus emphasizing its relevance for interventions targeting mental health issues.

## METHODOLOGY

### Research Design

A cross-sectional design with a multi-group comparison will be employed. Participants will be categorized into groups based on their self-reported trauma exposure levels (no trauma, low trauma, high trauma) to gain a more nuanced understanding of the interplay between these variables depending on trauma experience.

### Variables

- ***Independent Variables***: Self-compassion, Coping styles
- ***Dependent Variable***: Post-traumatic Stress Symptoms
- ***Demographic variables***: College students aged 18-25

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## RESEARCH OBJECTIVES AND HYPOTHESIS

### *Self-Compassion and PTSS*

- *Hypothesis*: Students with higher levels of self-compassion will report significantly fewer symptoms of post-traumatic stress following a traumatic event.
- *Objective*: To quantify the strength and direction of the association between self-compassion and PTSS in students.

### *Coping Styles and PTSD Symptoms*

- *Hypothesis***:** Specific types of coping styles will have differential associations with PTSS. For instance, emotion focused coping may be more strongly linked to PTSS reduction than avoidance coping.
- *Objective:* To categorize students' preferred coping styles and examine how these styles correlate with the severity of PTSS. The objective will also explore if specific coping styles are more or less effective for different types of traumatic experiences.

### *Mediating Role of Coping Styles*

- *Hypothesis***:** The relationship between self-compassion and PTSS symptoms will be partially mediated by coping styles. Students with high self-compassion who utilize adaptive coping mechanisms will experience the lowest levels of PTSD, while those with low self-compassion and maladaptive coping styles will report the highest levels of PTSD.
- *Objective***:** To investigate if coping styles act as an intermediary factor in the association between self-compassion and PTSD. This objective will involve using statistical mediation analysis to determine the extent to which coping styles explain the protective effect of self-compassion on PTSS development.

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## Participants

A total of 150 students participated in this study. However, 7 responses were excluded due to errors, leaving a final sample size of 143 participants for analysis. Convenience sampling was employed, recruiting participants through online and offline mediums. The sample population leaned slightly female, with 88 females (61.5%) participating compared to 55 males (38.5%). There was also one non-binary participant (0.7%). It's important to consider how well this gender distribution reflects the broader student population at our university or nationally. Most participants (82, representing 57.3%) reported living off-campus, indicating a significant portion of the student body commutes or lives independently. There is a smaller group of commuter students (24, or 16.8%) who likely live close enough to campus to attend classes without residing on-site. Finally, 37 students (25.9%) reported living on campus, suggesting a presence of traditional dormitory life. This distribution highlights the diverse living arrangements among the student body, with a mix of off-campus independence, commuting convenience, and on-campus residential experiences.

***Inclusion criteria****:*

- Age range: 18-25 years old
- Full-time student at any university or college
- Fluency in the language of the study materials (e.g., English)
- Ability to provide informed consent.
- No diagnosed cognitive impairments that may interfere with data collection.

***Exclusion criteria****:* Cognitive impairment that may interfere with data collection.

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## Tools

To investigate the relationships between self-compassion, coping styles, and PTSD symptoms, this study employed three well-established self-report measures.

***Self-Compassion Scale Short-Form (SCS-SF),*** developed by Raes et al. (2011), is a concise 12-item questionnaire. It delves into three key aspects of self-compassion: self-kindness (being supportive towards oneself during difficulties), self-mindfulness (non-judgmental awareness of thoughts and feelings), and common humanity (recognizing that suffering is a shared human experience). Participants' responses on a Likert scale indicate their level of self-compassion, with higher scores reflecting greater self-care and understanding.

***Impact of Event Scale-Revised (IES-R),*** developed by Weiss & Foa (2007), assesses the severity of PTSD symptoms. This 22-item measure aligns with the DSM-5 criteria and captures three core clusters: intrusion (unwanted memories, flashbacks, nightmares), avoidance (efforts to escape thoughts, feelings, or reminders of the trauma), and hyperarousal (increased alertness, sleep problems, feeling on edge). Participants rate the extent to which they experience these symptoms over the past week, with higher scores indicating a greater severity of PTSD symptoms.

***Brief COPE***, developed by Carver (1997), is a 28-item inventory that categorizes coping styles into three broader categories. Problem-focused coping includes strategies like planning and seeking social support to directly address the stressor. Emotion-focused coping involves managing the emotional response through venting, acceptance, or even self-blame. Avoidant coping strategies, such as denial or substance use, aim to escape dealing with the stressor or its emotions. By analyzing these categories, researchers can gain insights into participants' preferred coping styles.

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## RESULTS

### *Correlation analysis*

**Table 1**

*Pearson's correlation between study variables*

| | | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| **1** | **PTSS** | **-** | | | | |
| **2** | **Self-compassion** | **-.17*** | **-** | | | |
| **3** | **Problem focused coping** | **.35**** | **.19*** | **-** | | |
| **4** | **Avoidant coping** | **.49**** | **-.11** | **.36**** | **-** | |
| **5** | **Emotion focused coping** | **.49**** | **-.05** | **.67**** | **.56**** | **-** |

***Correlation is significant at 0.01 level,*

Table (1) represents the coefficient of correlation between PTSS, Self-compassion, Coping (Problem focused coping, Avoidant coping, Emotion focused coping).

- The association between PTSS and Self-compassion is significant and negative.
- The association between PTSS and Problem-focused coping is significant and positive.
- The association between PTSS and Avoidant coping is significant and positive.
- The association between PTSS and Emotion-focused coping is significant and positive.
- The association between Self-compassion and Problem-focused coping is significant and positive.
- The association between Self-compassion and Avoidant coping is not significant.
- The association between Self-compassion and Emotion-focused coping is not significant.

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***Mediation Analysis***

**Table 2**

*Mediation model statistics of the study variables*

| Effect | Relationship | Coefficient | Confidence interval | | Conclusion |
|---|---|---|---|---|---|
| | | | LB | UB | |
| Indirect | (IV ➔M1 ➔DV) | .0263 | .0094 | .0502 | Partial mediation |
| Direct | (IV ➔DV) | -.0711 (p<0.01) | -.1137 | -.0285 | |
| Total | (IV➔DV) | -.0448 (p<0.05) | -.0861 | -.0034 | |

*IV= PTSS, DV= Self-compassion, M1= Problem focused coping*

Table 2 presents the mediation with PTSS as independent variable, Self-compassion as dependent variable, and Problem focused coping as the mediator. Results revealed a significant indirect effect, and significant direct effect. Hence Problem focused coping partially mediates the relationship of Self-compassion and PTSS.

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**Table 3**

*Mediation model statistics of the study variables*

| Effect | Relationship | Coefficient | Confidence interval | | Conclusion |
|---|---|---|---|---|---|
| | | | LB | UB | |
| **Indirect** | **(IV➔M1➔DV)** | **-.0041** | **-.0290** | **.0201** | **No mediation** |
| **Direct** | **(IV➔DV)** | **-.0406 (p>0.05)** | **-.0884** | **.0071** | |
| **Total** | **(IV➔DV)** | **-.0448 (p<0.05)** | **-.0861** | **-.0034** | |

*IV= PTSS, DV= Self-compassion, M1= Avoidant coping*

Table 3 presents the mediation with PTSS as independent variable, Self-compassion as dependent variable, and Avoidant coping as the mediator. Results revealed insignificant indirect effect, and insignificant direct effect. Hence Avoidant coping does not mediate the relationship of Self-compassion and PTSS.

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**Table 4**

*Mediation model statistics of the study variables*

| Effect | Relationship | Coefficient | Confidence interval | | Conclusion |
|---|---|---|---|---|---|
| | | | LB | UB | |
| **Indirect** | **(IV➔M1➔DV)** | **.0052** | **-.0196** | **.0277** | **No mediation** |
| **Direct** | **(IV➔DV)** | **-.0499 (p<0.05)** | **-.0978** | **-.0021** | |
| **Total** | **(IV➔DV)** | **-.0448 (p<0.05)** | **-.0861** | **-.0034** | |

*IV= PTSS, DV= Self-compassion, M1= Emotion focused coping*

Table 4 presents the mediation with PTSS as independent variable, Self-compassion as dependent variable, and emotion focused coping as the mediator. Results revealed insignificant indirect effect, and significant direct effect. Hence Avoidant coping does not mediate the relationship of Self-compassion and PTSS.

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# DISCUSSION

## Correlation Analysis Results

The results from Table 1 provide valuable insights into the relationships between post-traumatic stress symptoms (PTSS) and various coping mechanisms, as well as the role of self-compassion. Here's a breakdown of the findings:

***PTSS and Coping Strategies***:

- There is a **significant positive correlation** between PTSS and **problem-focused coping** (r = .35), suggesting that individuals with higher levels of PTSS may be more likely to engage in problem-solving efforts to cope with their stress.
- PTSS also shows a **significant positive correlation** with **avoidant coping** (r = .49), indicating that higher PTSS is associated with a tendency to avoid dealing with stressors.
- A similar **significant positive correlation** exists between PTSS and **emotion-focused coping** (r = .49), which implies that individuals with higher PTSS may also use more emotion-regulation strategies to manage their stress.

***Self-compassion's Role***:

- Interestingly, self-compassion has a **significant negative correlation** with PTSS (r = -.17), suggesting that higher levels of self-compassion are associated with lower levels of PTSS.
- Self-compassion is **positively correlated** with **problem-focused coping** (r = .19), indicating that individuals with greater self-compassion may be more inclined to tackle problems head-on.

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- However, the correlations between self-compassion and both **avoidant** and **emotion-focused coping** are not significant, which could mean that self-compassion does not necessarily influence these coping styles.

**Implications**

These findings suggest that while PTSS is linked to increased use of various coping strategies, self-compassion may serve as a protective factor, potentially reducing the severity of PTSS and promoting more adaptive coping mechanisms like problem-focused coping. The lack of significant association with avoidant and emotion-focused coping suggests that self-compassion's influence may be more specific to proactive coping efforts.

**Future Research**

Future studies could explore the causal relationships between these variables and whether interventions aimed at increasing self-compassion could lead to a decrease in PTSS and a shift towards more adaptive coping strategies.

**Mediation Analysis Results**

The mediation analysis results provide a nuanced understanding of the relationships between post-traumatic stress symptoms (PTSS), self-compassion, and different coping strategies. Here's a detailed discussion of the findings:

***Table 2: Problem-Focused Coping as a Mediator**:*

- The **indirect effect** of PTSS on self-compassion through problem-focused coping is significant (Coefficient = .0263, CI = [.0094, .0502]), indicating partial mediation.

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- The **direct effect** of PTSS on self-compassion remains significant (Coefficient = -.0711, $p < 0.01$), even when problem-focused coping is accounted for.
- This suggests that while problem-focused coping does mediate the relationship between PTSS and self-compassion, PTSS also directly reduces self-compassion independently of coping strategies.

***Table 3: Avoidant Coping as a Mediator***

- The analysis shows no significant indirect effect of PTSS on self-compassion through avoidant coping (Coefficient = -.0041, CI = [-.0290, .0201]).
- The direct effect of PTSS on self-compassion is also not significant (Coefficient = -.0406, $p > 0.05$).
- These results indicate that avoidant coping does not mediate the relationship between PTSS and self-compassion.

***Table 4: Emotion-Focused Coping as a Mediator***

- Like avoidant coping, emotion-focused coping does not show a significant indirect effect on the relationship between PTSS and self-compassion (Coefficient = .0052, CI = [-.0196, .0277]).
- However, the direct effect of PTSS on self-compassion is significant (Coefficient = -.0499, $p < 0.05$).
- This indicates that emotion-focused coping does not play a mediating role, and PTSS has a direct negative impact on self-compassion.

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### Implications

The mediation analysis highlights the complex interplay between PTSS, self-compassion, and coping strategies. Problem-focused coping partially mediates the relationship, suggesting it could be an important factor in understanding how individuals with PTSS maintain self-compassion. In contrast, avoidant and emotion-focused coping strategies do not mediate this relationship, which could imply that these strategies are less effective in preserving self-compassion in the face of PTSS.

### Future Directions

Further research could investigate why problem-focused coping serves as a partial mediator and explore interventions that could enhance self-compassion in individuals with PTSS, potentially mitigating the negative effects of stress symptoms. Additionally, examining the reasons behind the lack of mediation by avoidant and emotion-focused coping could provide deeper insights into the coping process for individuals experiencing PTSS.

## LIMITATIONS

While the correlation analysis provides valuable preliminary insights, several limitations should be considered. The cross-sectional nature of the study precludes establishing causal relationships between variables. Longitudinal studies are needed to examine the temporal associations between PTSS, self-compassion, and coping strategies over time. Additionally, the

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study's sample characteristics, such as demographics and trauma history, may influence the observed relationships and should be explored in future research.

## CONCLUSION

This study aimed to investigate the complex interplay of self-compassion, coping styles, and post-traumatic stress symptoms in college students. Specifically, we wanted to understand the kinds of coping styles that college students employ during turbulent waters of challenges and traumas. Data was collected from a total of 143 participants.

The good news is that the study found a chink in the armor: self-compassion was emerging as a possible defense mechanism. More self-compassion, defined as kindness, understanding, and familiarity with shared human suffering, was associated with fewer symptoms of PTSS. In other words, self-compassion is emerging as a protective shield against trauma's psychological blows.

The research also ascertained the coping styles employed when faced with adversity. All three styles—problem-focused, avoidant, and emotion-focused—were associated positively with PTSS. That paints a picture of students grappling with trauma likely employing a variety of strategies, perhaps reflecting attempts to manage the emotional and practical consequences of their experiences.

However, closer examination revealed a more complex tale. Problem-focused coping, defined as actively dealing with the stressors themselves through planning, seeking social support, and positive reframing, emerged as a partial mediator in the relationship between PTSS and self-compassion. It is fascinating that these students used problem-focused coping strategies, and it would, in this way, protect their self-compassion from the detrimental effects of PTSS. In plain

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words, battling the challenges about the trauma may help students maintain a sense of self-care and understanding even when symptoms of PTSS are alive.

The absence of mediation from avoidant and emotion-focused coping styles is telling another story. If anything, students with PTSS may be able to rely on these kinds of coping mechanisms, such as denial, self-blame, and venting, but they apparently do not directly affect self-compassion. That could be a sign that, although giving short relief, these kinds of coping mechanisms are not as effective in the long term toward self-care and understanding in the face of trauma.

## FURTHER EXPLORATION

This study gives us some good information, but we need to keep looking into it. Right now, we can't say for sure if self-compassion directly helps students cope better with tough situations. We need to study this over a longer time to see if things like self-compassion, how students deal with stress, and their symptoms change over time after something bad happens.

We also need to understand why some ways of coping, like avoiding problems or focusing on emotions, don't seem to help much. Maybe they work better in certain situations, or maybe they get better over time. Figuring this out will help us understand how students handle tough times.

By figuring out how self-compassion, coping styles, and symptoms of stress are all connected, we can find better ways to help students through hard times. Teaching students to be kind to themselves and giving them ways to solve problems and get support from others can help them get through tough situations. Even though there's still a lot we don't know, the idea of giving students tools to handle life's challenges better is a big reason to keep studying this.

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