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## EFFECTIVENESS OF EMOTION FOCUSED TRAINING FOR SELF-COMPASSION AND SELF-PROTECTION IN INDIVIDUALS WITH INCREASED NARCISSISM

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### Abstract

**Objective:** The goal of the study was to map out the effectiveness of a 14-day online intervention (EFT-SCP) focused on self-compassion and self-protection in people with an increased level of narcissism.

**Method:** The research sample consisted of 63 participants, 19 men and 44 women, aged 21 to 70 years ( $M = 32.49$ ;  $SD = 15.73$ ). Participants were randomly assigned to intervention group ( $N = 32$ ) or to the passive control group ( $N = 31$ ).

**Results:** The results indicate that the self-compassion level in the experimental group did not increase following the intervention. However, the same group scored significantly lower on self-criticism after taking part in the intervention.

**Conclusion:** Short term online intervention was able to decrease self-criticism in subclinical population with increased traits of narcissism but was not effective in increasing self-compassion. It seems that in individuals with increased narcissism, it could take longer to develop kind and warm feelings towards self, connected to self-compassion. The process of decreasing self-criticism was effective and could be the starting point for further cultivating of self.

**Keywords:** narcissism, self-criticism, self-protection, self-compassion

### Introduction

Compassion and prosocial behavior are crucial for mental health, well-being and healthy relationships between people and the world, and therefore, they have

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recently been in the forefront of research in psychology (Gilbert, 2013). Research in the area of social psychology and many other professional studies have been pointing to the health benefits of self-compassionate attitude, indicating that there is a connection between self-compassion and well-being. On the other hand, self-criticism is one of the indicators of psychopathology and is associated with numerous mental disorders (Halamová, 2018). The absence of compassion and accessibility in relationships is typical for individuals with a narcissistic personality disorder. The feeling of one's own importance and grandiosity in narcissistic individuals, associated with lack of empathy and compassion, impedes and limits their maintenance and development of relationships and affects their decision making ability and interactions (Kramer, et al., 2018).

Gilbert (2013) explains the term compassion from the evolutionary point of view. He claims that compassion is a developed motivational system designed to regulate negative influences. According to Gilbert (2018), compassion comes from the same capacities developed in primates for the purpose of bonding and attachment, including cooperative behavior, which is important for group survival. He further defines compassion as a deep awareness of the suffering of others associated with the feeling of wanting to alleviate it. At the same time, compassion requires kindness and care towards oneself and a realization that failure or erring is part of the human nature (Neff, 2003).

Self-compassion represents a form of a relationship with oneself, and that is why it is not based on a comparison with others, unlike the concept of self-criticism, for which such a comparison is a characteristic trait. Self-compassion leads us to believe that as human beings we do not need to be particularly excellent or special (Halamová, 2018). In order to feel good and comfortable with ourselves we do not need to be better than others (Neff, 2012).

Self-compassion correlates with a more stable evaluation of oneself, manifests higher emotional resilience (Neff, 2011), and along with self-criticism, which is on the other end of the spectrum of internal self-evaluation and represents its negative forms (Gilbert, 2000), self-compassion is an important part of internal experience of an individual.

Clinical psychologists are showing an ever greater interest in developing interventions and various intervention exercises as well as identifying aspects of current treatment procedures, which can help increase self-compassion levels (Halamová, 2018).

A study by Bluth and Eisenlohr-Moul (2017) presents findings concerning an 8-week self-compassion intervention, which resulted in significant decrease in stress and significant increase in resilience towards stressful situations. Similarly, the aim of Smeets, Neff, Alberts and Peter's (2014) study was to examine the effectiveness of a 3-week self-compassion intervention designed to increase resilience and wellbeing of university students. In this study, the intervention aimed at self-compassion resulted in increased life satisfaction and substantially higher mindfulness, optimism, self-efficacy and self-compassion itself.

The Emotion Focused Training aimed at Emotions of Self-Compassion and Self-Protection (EFT-SCP) invented by Halamová (2018), used in current study, proved to be very effective in increasing self-compassion, which is a necessary component of an individual's health and well-being. Moreover, it has proven to be most effective in the long run because it also decreases the level of self-criticism (Halamová, 2018).

The self-criticism personality trait lies on the other side of the coin of self-compassion and self-kindness. It is a relatively stable trait, but it is also an inner state of an individual, which pertains to sensitivity to various forms of negative self-evaluation and self-judgment focused on various aspects of the self, such as emotions, personality and intellectual attributes, physical appearance, behavior or inner thoughts (Gilbert, 2000). Self-criticism, as an intense and permanent relationship with the self, is identified by uncompromising high performance demands and by expression of hostility and contempt towards oneself when these high standards are not met (Lerman et al., 2015).

The conclusions of research studies carried out in the last 20 years associate self-criticism with a broader spectrum of psychological disorders and illnesses such as, for example, self-harm (Babiker & Arnold, 1997), social anxiety (Cox et al., 2000), posttraumatic stress disorder (Rosen et al., 2005), anger and aggression (Gilbert and Miles, 2000), and mood disorder (Teasdale & Cox, 2001). Self-criticism is also associated with a number of random psychopathologies such as eating disorders, depression and anxiety.

Narcissistic vulnerability, characterized by feelings of isolation or over-identification, which are associated with low self-compassion, has been found to be positively connected to depressive tendencies related to self-criticism (Neff, 2003). Self-critical individuals have a higher probability of developing a self-critical depression (Blatt & Homann, 1992), lower probability of responding to treatment, and greater probability of a relapse if they even do respond to treatment (Teasdale & Cox, 2001). Theoretical and empirical research indicates that a minimum of two interpersonal processes are closely connected with traits, self-criticism and depression, and those are: the inability to self-soothe and to resist attacks on the self (Blatt, 1974). The introjective or self-critical type of depression reflects an excessive harshness of superego introjects in individuals suffering from self-critical depression (Halamová, 2018). In this kind of depression underlied with self-criticism, an individual has a very cruel self-critical inner voice which can lead to the feelings of unworthiness, inferiority, failure or guilt. Individuals afflicted with this type of depression have a chronic fear of disapproval, criticism, loss of love, lack of appreciation and loss of acceptance. They continuously strive for success and perfection, they are often excessively competitive, they place too many demands on themselves and work hard. Sometimes, these individuals accomplish great things but their satisfaction is very short term (Blatt & Homann, 1992).

Narcissism is a personality disorder, which presents itself by an extremely positive view of oneself and hypersensitivity to feedback from others. However,

individuals with narcissistic traits may have a fundamental view of themselves that is fragile, even negative (Morf & Rhodewalt, 2001). Vulnerable narcissism is a characteristic personality trait typical for its manifestation in feelings of isolation or over-identification. Vulnerable narcissism could be also associated with low self-compassion (Neff, 2003).

While narcissism requires intense social comparisons (Krizan & Bushman, 2011), individuals with a high level of self-compassion avoid such comparisons and prefer sharing experiences with others instead of feeling superior to them, which is sometimes manifested by aggression (Neff & Vonk, 2009).

Depressive tendencies concerning self-criticism were significantly positively correlated with narcissistic vulnerability, which includes feelings of inadequacy, inhibition, and hypersensitivity. The relationship between self-critical depressive experience and narcissistic vulnerability is identical to the characteristics of shame, which is the driving force for pathological narcissism (Kohut & Wolf, 1978). Patients suffering from narcissistic vulnerability can find interventions helpful because they improve interpersonal relationships and reject self-criticism (Kealy, 2012).

### *Aim of the Study*

The aim of the study is to map the effectiveness of intervention focused on self-compassion and self-protection in people with non-clinical narcissism.

The following hypotheses arose from the theoretical background:

H1: Participants in experimental group will score higher in self-compassion after the intervention.

H2: There will be no difference in self-compassion between pre-test and post-test in control group.

H3: Participants in experimental group will score higher in self-compassion after the intervention in comparison to the control group.

H4: Participants in experimental group will score lower in self-criticism after the intervention.

H5: There will be no difference in self-criticism between pre-test and post-test in control group.

H6: Participants in experimental group will score lower in self-criticism after the intervention in comparison to the control group.

## **Method**

### *Sample*

Of the 142 participants who filled out the introductory battery of questionnaires, we chose a final sample of 63 individuals, based on their above average score in the

measurements of narcissism, using the Narcissistic Personality Inventory based on the studies by Ames et al., (2006) and Ackerman (2011).

All of our participants were from the Slovak Republic, aged 21 to 80 years; mean age 32.49 ( $SD = 15.73$ ). The sample comprised 19 men (30.2%) and 44 women (68.8%).

### *Measures*

#### *Sussex-Oxford Compassion Scale*

The Sussex-Oxford Compassion Scale (SOCS-S; Gu et al., 2020) consists of a series of statements, which describe the type of a relationship an individual can have with the self. It comprises the following 5 subscales: a) recognizing suffering, b) understanding the universality of suffering, c) feeling for the person suffering, d) tolerating uncomfortable feelings, e) motivation to act to alleviate suffering. The participants scored the statements using a 5-point Likert scale (1 = not at all true, 2 = rarely true, 3 = sometimes true, 4 = often true, 5 = always true) designating the degree to which the statements were true for them. The SOCS-S has a very good internal consistency ranged from 0.74 to 0.97 Cronbach's alpha for total scores and individual subscales.

#### *Narcissistic Personality Inventory*

The Narcissistic Personality Inventory-16 (NPI-16; Raskin & Terry, 1988) is a 40-item scale, which captures the range of various aspects of the narcissism construct. It is the most broadly used tool in nonclinical research. The length of the NPI can prevent its use in situations where the main concern or problem is the time constraint and participant fatigue (Ames, 2006). That is the reason why we decided to use the NPI-16 version (Ames et al., 2006), which comprises 16 pairs of statements taken from the NPI inventory. It is a shortened valid version, the reliability of which is expressed by Cronbach's alpha = .746. The participants taking the NPI-16 select one of the pairs of statements that best reflects their feelings and beliefs about themselves (Ames et al., 2006).

#### *The Forms of Self-Criticising and Self-Reassuring Scale*

The Forms of Self-Criticising and Self-Reassuring Scale (FSCRS; Gilbert et al., 2004) was designed to measure self-criticism, self-reassurance and the way people feel and think about themselves when they experience their own failures. It consists of a series of 22 statements. The scale comprises the following three factors: inadequate self, which reflects feelings of defeat, set-backs, and failures; self-reassurance, which reflects positive feelings towards the self as well as understanding and acceptance of our own failures (in this case, failures are perceived as part of the human existence); and the hated self, which is characterized by aggression, hate and disgust directed towards the self (Gilbert & Irons, 2004). In a study conducted by Halamová and colleagues (2017) a Slovak standardization sample ( $N = 1181$ ) was used for the first time to verify the psychometric properties

of the FCSRS scale. The FCSRS and its three subscales have a good convergent validity (-.46\*\*\*) and a good internal consistency (0.75-0.85). The participants use a 5-point scale (1 = not at true, 2 = rarely true, 3 = sometimes true, 4 = often true, 5 = always true) to express the extent to which the statements are true for them.

### *Procedure*

#### *Emotion Focused Training for Self-Compassion and Self-Protection*

In our research, we used the 14-day online version of the Emotion Focused Training for Self-Compassion and Self-protection (EFT-SCP; Halamová, 2018), which consists of 14 exercises for various diagnostic categories and is an original Slovak intervention, which has proven to be the most effective in decreasing the level of self-criticism in the general population, from the long-term point of view (Halamová, et al., 2018). This training focuses on self-compassion and self-protection emotions. It was developed based on current knowledge on self-criticism from Emotion Therapy and previous programs cultivating self-compassion (e.g. Compassion Mind Training and Mindful Self-Compassion Program) (Halamová, et al., 2018). The following are individual exercises used in the intervention: How would you take care of a friend, Emotive drawing of a self-critic, Practicing saying No, Negative feedback practice, Memory projection memories, Expressing protective anger, Self-protective language, Self-protection in everyday life, Memories of compassion, Compassionate letter from a friend, Expressing self-compassion, Self-compassionate touch, Self-compassionate language, Self-compassion in everyday life (Halamová, 2018).

Prior the intervention we sent an introductory e-mail to the participants explaining the course of the research study and the requirements to fill out the battery of the questionnaires online. Following data collection and NPI-16 evaluation, we selected 63 participants with an increased level of narcissism to be our research sample. Subsequently, we divided the participants into an experimental (E) and control (K) group.

The course of the intervention itself (EFT – SCP) went as follows: For 14 consecutive days, every day the experimental group participants were sent one exercise to the e-mail address that they wrote down on their pre-test, which they completed that particular day. Following each exercise, they reflected on it by answering questions such as: How was it doing this exercise? How did you feel? What did you realize while doing this exercise? What can you apply from this exercise in your everyday life? Their opinions were sent to our e-mail address so that we could check that they finished the exercise and the subsequent opinion each day on time. Those participants, who did not finish the intervention or who missed more than 2 exercises were excluded from our study.

In our study, the control group was passive and did not take any specific action. After two weeks, we asked the experimental and the control group to again fill out the original battery of questionnaires.

### Data analysis

Data obtained from NPI-16 from 142 participants were evaluated and from the data pool we proceed with 63 participants with higher levels of trait narcissism who were randomly assigned to the experimental or control group. All participant from the experimental and control group filled the pre-test and post-test questionnaires and all the participants in experimental group did at least 12 exercises from 14.

After verifying the data distribution for each group in each condition we proceed with the independent and paired t-tests to test the hypotheses.

### Results

Following the intervention, the experimental group scored significantly higher in self-compassion than the control group ( $p < 0.05$ ). Experimental and control group were equal in self-compassion prior the intervention (see Table 1).

In self-compassion, the control group attained significantly higher score in the pre-test than in the post-test, which means that self-compassion decreased in their case (see Table 2).

**Table 1.** Comparison of pre-test and post-test results in the experimental and the control group in self-compassion

Groups		<i>N</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>	Cohen's <i>d</i>
Self-compassion	Pre E	32	3.64	.83	0.04	.97	.01
	Pre C	31	3.63	.60			
Self-compassion	Post E	32	3.62	.98	-2.05	.04	.52
	Post C	31	3.17	.73			

Note: C = control group; E = experimental group; n = number of participants; M = mean; SD = standard deviation; p = statistical significance.

**Table 2.** Pre-test and post-test for the control group in self-compassion

Control group		<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>	Cohen's <i>d</i>
Self-compassion	Pre-test	31	3.63	0.60	2.71	.01	.69
	Post-test	31	3.17	0.73			

Note: C = control group; E = experimental group; n = number of participants; M = mean; SD = standard deviation; p = statistical significance.

No significant difference was found in the self-compassion variable between the pre-test and the post-test in the experimental group (see Table 3).

**Table 3.** Pre-test and post-test for the experimental group in self-compassion

Experimental group		<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>	Cohen's <i>d</i>
Self-compassion	Pre-test	32	3.64	0.83	0.09	.93	.02
	Post-test	32	3.62	0.98			

Note: C = control group; E = experimental group; n = number of participants; M = mean; SD = standard deviation; p = statistical significance.

Following the intervention, the experimental group reached a significantly lower level of self-criticism than the control group (see Table 4).

In the self-criticism variable, the control group did not manifest a significant difference between the pre-test and the post-test (see Table 5).

**Table 4.** Pre-test a post-test for the experimental and the control group in self-criticism

Groups		<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>	Cohen's <i>d</i>
Self-criticism	Pre-test C	31	2.76	0.64	0.51	.61	.13
	Pre-test E	32	2.86	0.93			
Self-criticism	Post-test C	31	2.60	0.63	-2.02	.05	.51
	Post-test E	32	2.27	0.67			

Note: C = control group; E = experimental group; n = number of participants; M = mean; SD = standard deviation; p = statistical significance.

**Table 5.** Pre-test and post-test for the control group in self-criticism

Control group		<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>	Cohen's <i>d</i>
Self-criticism	Pre-test	31	2.76	0.64	0.97	.33	.25
	Post-test	31	2.60	0.63			

Note: C = control group; E = experimental group; n = number of participants; M = mean; SD = standard deviation; p = statistical significance.

Following the intervention, the experimental group scored significantly lower than in the pre-test in the self-criticism variable (see Table 6).

**Table 6.** Pre-test and post-test for the experimental group in self-criticism

Experimental group		<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>p</i>	Cohen's <i>d</i>
Self-criticism	Pre-test	32	2.86	0.93	2.92	.01	.73
	Post-test	32	2.27	0.67			

Note: C = control group; E = experimental group; n = number of participants; M = mean; SD = standard deviation; p = statistical significance.



## **Discussion**

Narcissism is associated with aggression, anxiety and depression (Dodge & Coie, 1987). Since a self-compassionate attitude and a kind approach to oneself result in an improved well-being and psychological health of every individual, protecting us from feelings of failure and frustration, depression and burnout, we have decided in our research to determine if it is possible to increase self-compassion and, at the same time, decrease self-criticism in people with increased level of narcissism. We expected that, following the EFT-SCP intervention, participants in the experimental group will score significantly higher in self-compassion than participants in the control group. Analyzing our data, we found that, following the intervention, the experimental group scored significantly higher in self-compassion than the control group, thus confirming our expectations. We based this hypothesis on the results of a study by Bluth and Eisenlohr-Moul (2016), presenting findings concerning an 8-week self-compassion intervention, which proved to be very effective. Similarly, a study by Smeets and colleagues (2014) showed a 3-week intervention aimed at self-compassion leading to increased well-being and substantially greater mindfulness, optimism, self-efficacy and self-compassion itself. In our research study the increase in self-compassion in participants was reached through a 14-day online training aimed at emotions of self-compassion and self-protection (Halamová, 2018).

For individuals with traits of narcissism the process of forgiving oneself is simpler (Fisher & Exline, 2006). That is the reason why we expected that participants with a higher level of narcissism would score higher, following an intervention with exercises focused on the area of forgiving oneself. Contrary to these expectations, we found that following the intervention in the participants from the experimental group there was not difference between pre-test and post-test in self-compassion. Neff (2003b) claims that non pathological narcissism indicates a low self-compassion based on feelings of superiority over others. Moreover, that feelings of isolation or exaggerated self-identification, associated with self-compassion, are characteristic for some types of narcissism.

In addition to the experimental group, which took part in the intervention and showed significant differences in the self-compassion level between pre-test and post-test, we decided to map the level of self-compassion in the control group, which did not take part in the intervention. Analyzing our data, we found that the control group reached a higher score in self-compassion in the pre-test than in the post-test. Since we did not send any exercises to the control group in the 14-day period of intervention, neither did we try to influence them in any other way, we assume that the different scores in the pre- and post-test in self-compassion were not the result of our influence but, rather, the personal answers of the participants could have been affected by various factors in their everyday lives.

The experimental group reached a lower score in self-criticism after the intervention than did the control group, which is what we expected. The content of the intervention exercises often focuses on self-reflection, imagining being one's own self-critic or giving feedback to one's own behavior and reactions in the past.

The study aimed to test the effectiveness of the intervention in reducing the level of self-criticism in participants with non-clinical narcissism. The results show a significant decrease in the level of self-criticism and these results are consistent with Halamová (2017) and Halamová et al. (2019). Such interventions, which support mindfulness and self-compassion and help reduce an exaggerated critical view of oneself, have the potential to improve psychological functioning of the participants in several areas, such as decreasing stress and increasing resilience as well as the ability to value one's own self.

We are well aware of the limitations of our study, mainly the limited and, in terms of gender, unbalanced sample. We also consider as a limit fact that mainly individuals motivated to cultivate their selves could be those who persisted until the end of the intervention. For future research, we recommend to verify a long-term effect of the intervention and verify its effect on individuals with clinical narcissism.

## **Conclusion**

We recorded a significant increase in self-compassion in the experimental group compared to the control group. However, in the experimental group we found no difference in the level of self-compassion between the pre-test and post-test. In other words, the self-compassion did not increase in the post-test.

The key finding of our research is that using intervention exercises we were able to decrease the level of self-criticism in the experimental group participants in 14-day EFT-SCP intervention, which is consistent with Halamová (2017). Self-compassion and self-criticism are constructs, which significantly influence psychosocial, physical as well as work functioning of each individual, and affect his/her mental and physical health and well-being. It is, therefore, important to find tools or interventions, which would help lower stress, reduce negative attitudes and views of oneself, possibly increase an individual's resilience and ability to value him/herself. Decreasing self-criticism can be a key step in creating a more positive relationship with oneself.

## **Compliance with Ethical Standards Disclosure of potential conflicts of interest**

The authors declare that they have no potential conflicts of interests.

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## **Ethical approval**

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

## **Informed consent**

Written informed consent was obtained from all individual participants included in the study.

## **Availability of data and materials**

In order to comply with the ethics approvals of the study protocols, data cannot be made accessible through a public repository. However, data are available upon request for researchers who consent to adhering to the ethical regulations for confidential data.

## **Author Contributions**

MB designed research project. KV collected data. KV and MB performed the statistical analysis. Both authors wrote the first draft of the article, interpreted the results, revised the manuscript and read and approved the final manuscript.

## **Declaration**

All individuals listed as authors qualify as authors and have approved the submitted version. Their work is original and is not under consideration by any other journal. They have permission to reproduce any previously published material.

**References**

- Ackerman, R. A., Witt, E. A., Donnellan, M. B., Trzesniewski, K. H., Robins, R. W., & Kashy, D.A. (2011). What does the narcissistic personality inventory really measure? *Assessment, 18*(1), 67-87.
- Ames, D. R., Rose, P., & Anderson, C. P. (2006). The NPI-16 as a short measure of narcissism. *Journal of research in personality, 40*(4), 440-450.
- Babiker, G., & Arnold, L. (1997). *The language of injury: Comprehending self-mutilation*. Wiley-Blackwell.
- Blatt, S. J. (1974). Levels of object representation in anaclitic and introjective depression. *The psychoanalytic study of the child, 29*(1), 107-157.
- Blatt, S. J., & Homann, E. (1992). Parent-child interaction in the etiology of dependent and self-critical depression. *Clinical psychology review, 12*(1), 47-91.
- Bluth, K., & Eisenlohr-Moul, T. A. (2017). Response to a mindful self-compassion intervention in teens: A within-person association of mindfulness, self-compassion, and emotional well-being outcomes. *Journal of Adolescence, 57*, 108-118.
- Cox, B. J., Rector, N. A., Bagby, R. M., Swinson, R. P., Levitt, A. J., & Joffe, R. T. (2000). Is self-criticism unique for depression? A comparison with social phobia. *Journal of affective disorders, 57*(1-3), 223-228.
- Dodge, K. A., & Coie, J. D. (1987). Social-information-processing factors in reactive and proactive aggression in children's peer groups. *Journal of Personality and Social Psychology, 53*, 1146-1158.
- Fisher, M. L., & Exline, J. J. (2006). Self-forgiveness versus excusing: The roles of remorse, effort, and acceptance of responsibility. *Self and Identity, 5*(02), 127-146.
- Gilbert, P. (2013). *The compassionate mind*. Robinson. London: CPI Group.
- Gilbert, P. (2000). Varieties of submissive behavior as forms of social defense: Their evolution and role in depression.
- Gilbert, P., & Irons, C. (2004). A pilot exploration of the use of compassionate images in a group of self-critical people. *Memory, 12*(4), 507-516.
- Gilbert, P., Clarke, M., Hempel, S., Miles, J. N. V., & Irons, C. (2004). Criticizing and reassuring oneself: An exploration of forms, styles and reasons in female students. *The British Journal of Clinical Psychology, 41*, 31-50. doi:10.1348/014466504772812959.
- Gilbert, P., & Miles, J. N. (2000). Sensitivity to Social Put-Down: it's relationship to perceptions of social rank, shame, social anxiety, depression, anger and self-other blame. *Personality and individual differences, 29*(4), 757-774.
- Gu, J., Baer, R., Cavanagh, K., Kuyken, W., & Strauss, C. (2020). Development and psychometric properties of the Sussex-Oxford compassion scales (SOCS). *Assessment, 27*(1), 3-20.
- Halamová, J. (2018). *Sebasúcit a sebakritickosť: Tvorba a meranie efektu intervencie*. Bratislava: Univerzita Komenského v Bratislave.

- Halamová, J., Heligmanová, M., & Strnádelová, B. (2019). Depresia a efekt krátkodobého online tréningu zameraného na emócie pre sebasúcit a sebaobranu. *Psychoterapie, 13*(3).
- Halamová, J., Kanovský, M., & Pacúchová, M. (2017). Robust psychometric analysis and factor structure of the forms of self-criticizing/attacking and self-reasuring scale. *Ceskoslovenska Psychologie, 61*(4).
- Halamová, J., & Kanovský, M. (2017). Sebasúcit a sebakritickosť: Psychometrická analýza meracích nástrojov [Self-criticism and self-blame: Psychometric analysis of measuring instruments]. *Bratislava, Slovakia: Univerzita Komenského v Bratislave*.
- Halamová, J., Kanovský, M., Varšová, K., & Kupeli, N. (2018). Randomised controlled trial of the new short-term online emotion focused training for self-compassion and self-protection in a nonclinical sample. *Current psychology, 1*-11.
- Kealy, D., Tsai, M., & Ogradniczuk, J. S. (2012). Depressive tendencies and pathological narcissism among psychiatric outpatients. *Psychiatry Research, 196*(1), 157-159.
- Kohut, H., & Wolf, E. S. (1978). The disorders of the self and their treatment: An outline. *International Journal of Psycho-Analysis, 59*, 413-425.
- Kramer, U., Pascual-Leone, A., Rohde, K. B., & Sachse, R. (2018). The role of shame and self-compassion in psychotherapy for narcissistic personality disorder: An exploratory study. *Clinical psychology & psychotherapy, 25*(2), 272-282.
- Krizan, Z., & Bushman, B. J. (2011). Better than my loved ones: Social comparison tendencies among narcissists. *Personality and Individual Differences, 50*(2), 212-216.
- Lerman, S. F., Rudich, Z., Brill, S., Shalev, H., & Shahar, G. (2015). Longitudinal associations between depression, anxiety, pain, and pain-related disability in chronic pain patients. *Psychosomatic medicine, 77*(3), 333-341.
- Morf, C. C., & Rhodewalt, F. (2001). Unraveling the paradoxes of narcissism: A dynamic self-regulatory processing model. *Psychological inquiry, 12*(4), 177-196.
- Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and identity, 2*(2), 85-101.
- Neff, K. D. (2011). Self-compassion, self-esteem, and well-being. *Social and personality psychology compass, 5*(1), 1-12.
- Neff, K. D. (2012). The science of self-compassion. *Compassion and wisdom in psychotherapy, 1*, 79-92.
- Neff, K. D., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of personality, 77*(1), 23-50.
- Raskin, R., & Terry, H. (1988). A principal-components analysis of the Narcissistic Personality Inventory and further evidence of its construct validity. *Journal of personality and social psychology, 54*(5), 890.

- Rosen, C., Tiet, Q., Cavella, S., Finney, J., & Lee, T. (2005). Chronic PTSD patients' functioning before and after the September 11 attacks. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies*, *18*(6), 781-784.
- Smeets, E., Neff, K., Alberts, H., & Peters, M. (2014). Meeting suffering with kindness: Effects of a brief self-compassion intervention for female college students. *Journal of clinical psychology*, *70*(9), 794-807.
- Teasdale, J. D., & Cox, S. G. (2001). Dysphoria: Self-devaluative and affective components in recovered depressed patients and never depressed controls. *Psychological Medicine*, *31*(7), 1311-1316.