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Cultural Meanings of Self-Compassion: Authorising and Contesting the Compassionate Self Across Diverse Contexts

Yasuhiro Kotera

yasuhiro.kotera@nottingham.ac.uk

University of Nottingham

Borja Astilleros Martinez

Universidad de Murcia

James Chircop

University of Derby

Yumna Ali

Hazara University

Habib Adam

University of Vienna

Yoko Aldous

University College London

Muhammad Aledeh

Wiener Gesundheitsverbund

Dev Bandhu Poudel

G.P. Koirala Memorial (Community) College

Carolina Eugenia Cáceres Videla

Universidad Gabriela Mistral

Dana Abu Omar

Hebrew University of Jerusalem

Juliet Wilkes

University of Surrey

Tracey Harrington

Dublin City University

Noelia Lucía Martínez Rives

Universidad de Murcia

Carlo Lazzari

University of Nottingham

Rory Colman

University of Derby
Karl Mitchell
University of Derby
Lucie-May Golbourn
Lancaster University
Gulcan Garip
University of Derby

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Abstract

Self-compassion is often presented as an intrapersonal capacity, but this framing can obscure a prior cultural question: what kind of self is a person invited to become, and when is that position socially legitimate? This international author-reflexive qualitative inquiry analysed written reflections from 18 co-authors on cultural orientations and positive and negative meanings of self-compassion. Reflexive thematic analysis identified four modes through which the compassionate self was authorised or contested: moral and spiritual authorisation; relational responsibility; functionally disciplined self-care; and social policing through associations with weakness, indulgence, laziness, or reduced discipline. Gendered and generational expectations shaped these positions. We propose the cultural legitimation of the compassionate self to describe how moral, relational, spiritual, and occupational vocabularies make self-compassion permissible. This perspective reveals an ambivalence: framing self-compassion through responsibility and productivity may widen acceptability while making self-care conditional on continued usefulness to others.

Introduction

Self-compassion is commonly defined as responding to one's suffering with kindness rather than harsh judgement, recognising suffering as part of common humanity rather than personal failure, and maintaining balanced awareness rather than becoming over-identified with distress (Neff, 2022, 2003). It has become prominent within psychological research and mindfulness-, compassion-, and acceptance-oriented interventions. Reviews associate self-compassion-related approaches with improved wellbeing and reduced distress (Wilson et al., 2019), while intervention studies position self-compassion as a resource in education, healthcare, bereavement support, and occupational wellbeing (Kotera & Van Gordon, 2021; Uneno et al., 2024). In this literature, self-compassion is generally treated as an adaptive orientation towards the self that can be measured, strengthened, and translated into practice.

This apparently straightforward proposition contains a cultural and political complexity. Treating oneself compassionately is not merely an internal technique. It involves recognising one's suffering as worthy of attention, interrupting self-criticism, legitimising personal needs, and deciding how care for oneself relates to obligations towards others. These acts carry assumptions about personhood and morality (Rose, 1996). A person who pauses, forgives themselves, establishes a boundary, or refuses relentless self-demand may be understood as wise and humane; the same person may be judged self-indulgent, weak, disloyal, insufficiently disciplined, or unwilling to fulfil a role (Montero-Marin et al., 2018). Self-compassion therefore offers a possible way of being a person, and its acceptability depends partly on whether that way of being is socially recognisable as legitimate.

Beliefs about self-compassion matter because people may fear that self-kindness will produce complacency, irresponsibility, or reduced motivation (Chwyl et al., 2020). Kotera's research programme has linked self-compassion with shame, resilience, motivation, sleep, and professional or caregiver identity across construction, healthcare, nursing, and education contexts (Kotera, Cockerill, et al., 2021;

Kotera et al., 2021; Kotera et al., 2019; Kotera et al., 2024; Kotera, Tsuda-Mccaie, et al., 2022). Cross-contextual studies involving Malaysia, Germany, South Africa, Japan, and non-WEIRD countries further support its relevance while indicating the need for greater cultural depth (Kotera et al., 2023; Kotera, Hélène Mayer, et al., 2021; Kotera et al., 2023; Kotera, Ting, et al., 2021).

This evidence establishes associations and cross-contextual relevance, but it does not fully explain what self-compassion means to those asked to practise it. Psychometric research can test whether scales function similarly across groups, and correlational studies can establish relationships with shame or wellbeing. These contributions are indispensable, yet equivalence of measurement does not guarantee equivalence of meaning (Kotera et al., 2025). A person may endorse kindness towards the self while understanding it as religious mercy, responsible maintenance of one's capacity to care for others, resistance to punitive self-criticism, or a strategy for remaining productive. Similar scores may therefore conceal different moral worlds.

Most cross-cultural self-compassion research has prioritised scale validation, measurement invariance, and comparisons of mean levels or associations (Büyüköksüz et al., 2025; Montero-Marin et al., 2018), although culturally grounded intervention research demonstrates the importance of local meanings (Garvey et al., 2025). These approaches identify important regularities and differences, but cultures can become containers explaining variation after psychological constructs have already been defined. Critical cross-cultural scholarship cautions that psychology may universalise assumptions about autonomy, choice, self-improvement, and wellbeing (Christopher & Hickinbottom, 2008; Kotera et al., 2026). Self-compassion is not owned by one culture; compassion practices have diverse religious, philosophical, familial, and communal histories. The psychological construct nevertheless enters contexts in which selfhood, suffering, virtue, and care are already organised through local and translocal discourses.

A focus on subjectivity provides a way to analyse this problem. Subjectivity refers here not to a sealed interior realm but to historically and culturally situated ways in which people experience, evaluate, and work upon themselves (Kokanović & Flore, 2017). People become intelligible to themselves through vocabularies and practices that are social before they are personal. They are positioned through culturally available roles and ideals, which they may accept, combine, modify, or resist. From this perspective, self-compassion is not simply a beneficial property that individuals possess to varying degrees. It is also a discourse and technology of selfhood that proposes suffering should be noticed in a particular manner and that a person may legitimately relate to themselves with kindness, balance, and shared humanity.

This framing resonates with critical scholarship on the social, cultural, material, and affective production of experience. Such scholarship has examined how positive psychology may operate as neoliberal governmentality (Binkley, 2011), how self-help may construct self-managing subjects (Rodríguez-López, 2023), and how idealised identities may devalue discordant feelings through self-othering (Chowdhury, 2022). Research on precarity and mental health apps further challenges individualised accounts of

wellbeing and demonstrates how technologies of care can amplify some experiences while concealing others (Light, 2024; Ruse et al., 2024). This raises a question rarely foregrounded in self-compassion research: what forms of subjectivity does self-compassion enable, discipline, or silence?

Foucault (1988)'s concept of technologies of the self describes practices through which people act upon their thoughts, conduct, and ways of being in relation to valued ends. Such practices are neither inherently oppressive nor simply liberating; they take shape within regimes of knowledge and power that define desirable subjects. Self-compassion may be read in this sense as a contemporary technology of the self. Its exercises teach people to identify self-criticism, reinterpret suffering, regulate attention, and cultivate kindness. These practices may loosen punitive relations to the self, but their meanings depend on the cultural and institutional projects into which they are inserted.

Portability at the level of procedure does not imply neutrality at the level of subjectivity. Writing a compassionate letter presupposes that the self is a legitimate recipient of care (Shapira & Mongrain, 2010); acknowledging common humanity configures individuality and belonging (Kotera, Llewellyn-Beardsley, et al., 2022); and responding to mistakes without condemnation distinguishes accountability from punitive self-judgement (Breines & Chen, 2012). These assumptions may resonate with moral traditions or conflict with ideals of sacrifice, endurance, hierarchy, toughness, or productivity.

The term "culture" therefore requires caution. It can too easily be reduced to national membership or represented as a stable set of values uniformly possessed by a population. Contributors to the present inquiry described orientations at national, regional, bicultural, generational, classed, spiritual, familial, and professional levels (Kotera, 2025). Cultural meanings emerge through institutions, histories, religions, occupations, media, families, and transnational psychological discourses. They offer repertoires for self-understanding but do not determine conduct. We use "cultural scripts" to mean socially recognisable narratives that make a practice intelligible, not rules followed by every group member (Kotera, 2026).

The language of self-compassion also enters a wider therapeutic culture in which individuals are encouraged to monitor and optimise themselves. Rodríguez-López (2023) argues that self-help constructs self-managed subjects through psychological reflexivity and emotional management. Problems rooted in precarious work, unequal care burdens, discrimination, or institutional demands may consequently be reframed as matters of personal regulation. Self-compassion can challenge relentless self-criticism, but when promoted mainly as resilience, burnout prevention, or performance maintenance, it can also become another requirement of competent self-management: the good worker compassionately repairs themselves so that they can continue.

Chowdhury (2022) concept of self-othering further illuminates resistance to self-compassion. Idealised identities can suppress aspects of the self perceived as deficient or morally suspect. The strong, self-sacrificing, productive, or emotionally controlled person may position vulnerability as an inferior internal other. Difficulty with self-compassion is therefore not always an absence of skill. A person may understand intellectually that compassion is beneficial while feeling that extending it to themselves is

wrong. This felt wrongness is socially organised through expectations of what a good worker, parent, professional, believer, man, woman, older person, or younger person should be.

Relational framings complicate both the autonomous self assumed in some psychological models and the neoliberal self-manager described in critical accounts. Contributors often made self-compassion legitimate as a means of remaining able to care for family, fulfil obligations, contribute to a community, or practise safely in healthcare. This challenges the assumption that the compassionate self must be autonomous or self-prioritising. Yet relational legitimation is ambivalent. A person may be permitted to care for themselves only because doing so benefits others. Care then remains derivative: suffering matters because an exhausted caregiver or worker becomes less useful (Kotera, 2026). The familiar claim that one “cannot pour from an empty cup” may validate rest while still defining the person primarily as a vessel for others.

The present article develops these issues through reflexive perspectives generated by an international author team. The original analysis identified four narratives affecting the acceptability of self-compassion: moral or spiritual legitimacy, relational duty and social harmony, functional self-care under pressure, and suspicion or stigma. We reinterpret these as modes of authorising and contesting the compassionate self. Our purpose is not to rank national cultures or claim that a small group represents entire populations, but to treat the reflections as a situated archive of partial and heterogeneous cultural scripts.

We propose the concept of the cultural legitimation of the compassionate self: the processes through which self-compassion becomes recognisable as an acceptable, valuable, and appropriately motivated way of being. Legitimation may be moral, when linked to mercy, forgiveness, or mature conduct; relational, when justified by sustaining care and belonging; functional, when it preserves safe and effective performance; or social, when judged against gendered, generational, classed, or occupational expectations. These modes may coexist and conflict within the same family, institution, profession, community, or individual.

Study aim

Accordingly, this study asks: how do culturally available moral, spiritual, relational, occupational, gendered, and generational discourses authorise or contest self-compassion as a way of relating to oneself? It has two connected aims: empirically, to elaborate the four themes generated from the author-team reflexive exercise; and conceptually, to interpret these themes as forms of subjectification and develop the idea of the cultural legitimation of the compassionate self. The analysis seeks theoretically informed propositions rather than representative claims about national populations.

Methods

Contributors and materials

The study used written reflections generated through a structured author-team reflexive exercise conducted between 7 and 17 November 2025. Eighteen co-authors contributed to the exercise. Each contributor was invited to respond briefly to four prompts:

1. “Which culture do you feel most oriented to?”

2. “What are positive perspectives on self-compassion in that culture?”

3. “What are negative perspectives on self-compassion in that culture?”

4. “Any other comments?” (optional)

The prompts were designed to elicit situated interpretations of self-compassion rather than formal assessments of cultural values. Contributors reflected on cultural contexts to which they personally felt oriented and on the meanings of self-compassion they perceived as available within those contexts.

Cultural orientation was deliberately self-defined. Contributors described orientations using national, regional, bicultural, generational, familial, spiritual, classed, and professional-context framings. Some identified primarily with a national or regional context, whereas others located their reflections within healthcare, family systems, religious or spiritual traditions, migration experiences, or generational and social-class positions. This variation was retained because it reflected the article’s understanding of culture as heterogeneous and relational rather than as a fixed characteristic equivalent to nationality. The complete list of self-described cultural orientations is provided in Supplementary Information 1.

The resulting material constituted a small, purposefully structured corpus of author-generated reflections. Contributions varied in length and detail because the exercise was not designed as an interview study and did not involve follow-up questioning. The material was therefore treated as a collection of situated interpretive accounts rather than as exhaustive narratives of contributors’ cultural experiences. Its value lay in the range of culturally available meanings it brought together, including understandings of self-compassion as forgiveness, spiritual practice, relational responsibility, sustainable self-care, weakness, indulgence, or reduced discipline.

The dual position of contributors as both co-authors and sources of reflective material is important. Their responses were shaped by personal cultural positioning, professional experience, familiarity with psychological language, and participation in an international research team concerned with self-compassion. The exercise therefore did not provide unmediated access to cultural beliefs. Rather, it generated reflective accounts produced within a particular scholarly and relational context. This feature

was treated as part of the knowledge-production process rather than as a source of contamination to be removed.

Ethics and consent

The manuscript is based exclusively on contributions made by members of the author team. No data were collected from patients, members of the public, research participants outside the author group, or individuals in dependent relationships with the researchers. Formal institutional ethics review was therefore not sought because the material originated from an internal scholarly and reflexive exercise among collaborating authors.

All contributors were informed that their written reflections would be analysed for publication and consented to their inclusion. Contributions were reported in de-identified form using author-contributor identification codes. Although the broad cultural orientations of contributors are presented in Supplementary Information 1, the analysis does not attribute specific interpretations to named individuals. This approach sought to preserve the analytic value of cultural positioning while reducing unnecessary personal identification.

Methodological orientation

We used reflexive thematic analysis, guided by a relativist and interpretive qualitative stance in which meanings are understood as multiple, situated, and produced through relations between contributors, researchers, language, and context (Burns et al., 2022; Wilson, 2025). Reflexive thematic analysis was appropriate because the study sought to identify patterns of shared meaning without assuming that themes existed as objective entities awaiting discovery. Themes were understood as interpretive constructions developed through active engagement with the material and informed by the study's questions concerning culture, acceptability, and subjectivity.

The analysis initially had an inductive and descriptive orientation. It began by attending closely to how contributors characterised positive and negative meanings of self-compassion in their own terms. As the article was subsequently developed for a subjectivity-oriented analysis, these patterns were interpreted more critically as cultural scripts through which a compassionate relationship to the self could be authorised, restricted, or discredited. The analysis therefore moved iteratively between description and interpretation. It remained grounded in the written reflections while examining the moral, relational, spiritual, occupational, gendered, and generational assumptions through which self-compassion was made intelligible.

Analytic process

Initial coding and theme development were undertaken by YK. The contributions were read repeatedly to develop familiarity with the range and texture of the accounts. Segments concerning positive and

negative constructions of self-compassion were identified and assigned concise codes capturing their apparent meaning. Coding remained close to contributors' language during the initial stage, including ideas such as forgiveness, grace, family obligation, self-sacrifice, burnout prevention, emotional restraint, toughness, laziness, and fear of lowered standards.

Codes were then compared across contributions and grouped according to conceptual similarity and contrast. Attention was paid not only to recurring endorsements of self-compassion but also to tensions within the material: for example, self-care being valued when it sustained caregiving but criticised when interpreted as prioritising the self. Candidate themes were developed by examining the broader organising assumptions connecting individual codes. Themes were refined by checking coherence among the codes grouped within each theme and by considering whether the themes were sufficiently distinct from one another.

This process generated four interrelated themes: moral and spiritual authorisation; relational responsibility and social harmony; functionally disciplined self-care under pressure; and social suspicion, stigma, and resistance. Gendered and generational expectations were treated as influences operating across the themes rather than as entirely separate thematic categories. The complete analytic coding framework is provided in Supplementary Information 2.

The wider author team reviewed the developing coding structure and thematic interpretation. This collective review enabled contributors to consider whether the analysis was recognisable in relation to the submitted reflections and whether distinctions among themes were conceptually coherent. Feedback was used to refine theme boundaries, terminology, and the interpretation of within-theme tensions. Team review was not intended to produce a single objectively correct reading or calculate intercoder agreement. Consistent with reflexive thematic analysis, differences in interpretation were treated as opportunities to interrogate assumptions and strengthen the analytic account rather than as errors requiring statistical resolution (Braun & Clarke, 2021a).

Analytic rigour was supported through repeated engagement with the complete dataset, comparison across contributions, iterative refinement of codes and themes, attention to contradictory or ambivalent meanings, and reflexive scrutiny by the wider team. We did not use frequency counts to determine thematic importance, because the brevity of contributions and structure of the prompts made numerical prevalence potentially misleading. A theme was considered analytically important when it illuminated how self-compassion could be made legitimate or illegitimate, not simply when it appeared most often.

Consistent with reflexive thematic analysis, we did not treat data saturation as an appropriate analytic endpoint (Braun & Clarke, 2021b). Because the exercise involved a small international author group rather than population sampling, we do not make claims about the prevalence of particular beliefs within countries or cultures. The themes are presented as theoretically informative patterns within this specific corpus. They provide candidate cultural scripts and conceptual propositions that may guide future qualitative, experimental, and intervention research, rather than representative conclusions about national populations.

Results

The four prompts generated complementary forms of information about how self-compassion was culturally positioned. Responses to the first prompt showed that contributors oriented themselves to culture at different levels rather than exclusively through nationality. Their descriptions included national and regional cultures, bicultural positions, family systems, spiritual traditions, social class, generation, and professional settings such as healthcare. Responses to the second and third prompts identified positive and negative meanings attached to self-compassion within these contexts. The optional fourth prompt provided additional qualifications, particularly concerning gender, generation, occupation, and variation within cultural groups.

Across these responses, four themes captured how culturally available moral, spiritual, relational, occupational, gendered, and generational discourses authorised or contested self-compassion as a way of relating to oneself: (1) moral and spiritual authorisation; (2) relational responsibility and social harmony; (3) functionally disciplined self-care under pressure; and (4) social suspicion, stigma, and resistance (Table 1). These themes describe different conditions under which the compassionate self became recognisable as legitimate, questionable, or unacceptable. They were not mutually exclusive and sometimes appeared together within the same reflection.

Table 1
Themes and framing implications

Theme	Core cultural framing of self-compassion	Implication for intervention messaging
1. Moral and spiritual authorisation	Legitimated through forgiveness, grace, mercy, contemplation, and ethical maturity	Use locally resonant moral or spiritual language and emphasise continuity with established values
2. Relational responsibility and social harmony	Accepted when sustaining family, community, or professional roles; contested when interpreted as self-prioritisation	Frame self-compassion as supporting sustainable care and contribution while addressing concerns about selfishness
3. Functionally disciplined self-care under pressure	Valued as protection against burnout and as compatible with high standards	Emphasise sustainable and safe functioning without reducing self-compassion to performance maintenance
4. Social suspicion, stigma, and resistance	Discredited as weakness, indulgence, laziness, reduced discipline, or fashionable psychological language	Acknowledge resistance and use credible, contextually grounded framings involving courage and responsible action

Moral and spiritual authorisation

Contributors commonly described self-compassion positively when it could be understood through established moral or spiritual vocabularies. These included forgiveness, mercy, grace, prayer, faith, contemplative practice, mindfulness, acceptance, and non-judgement. Within such accounts, self-

compassion was not necessarily perceived as a recently imported psychological technique. It could instead be recognised as continuous with long-standing teachings about how people should respond to suffering, wrongdoing, imperfection, or human limitation.

This framing authorised self-compassion by presenting kindness towards oneself as a virtue rather than an avoidance of responsibility. Forgiving oneself could represent ethical maturity when it allowed a person to acknowledge mistakes without remaining trapped in punitive self-condemnation. Acceptance could be understood as wisdom or balanced judgement rather than passivity. Similarly, contemplative and spiritual traditions provided familiar practices through which suffering could be observed without excessive attachment or judgement.

However, moral and spiritual authorisation was not automatic. The same moral frameworks could produce limits around permissible self-kindness. Self-compassion risked becoming questionable when it appeared to excuse misconduct, weaken discipline, or substitute personal comfort for moral responsibility. The findings therefore suggested that culturally resonant spiritual language could legitimise self-compassion while also establishing conditions around when it was deserved. The compassionate self became acceptable when kindness was understood as compatible with humility, accountability, and ethical conduct.

Relational responsibility and social harmony

A second prominent theme concerned the relationship between care for oneself and obligations towards others. Contributors frequently described self-compassion as acceptable when it sustained a person's ability to care for family members, maintain relationships, contribute to a community, or support colleagues. Within these accounts, self-care was not primarily justified as an individual entitlement. It became meaningful through its contribution to relational continuity and collective wellbeing.

This relational framing challenged the idea that attention to the self necessarily competes with care for others. Rest, emotional acknowledgement, and reduced self-criticism could be seen as enabling a person to remain present and dependable within important relationships. Self-compassion was therefore authorised as a form of responsible maintenance: caring for oneself made continued caregiving, participation, and contribution possible.

At the same time, contributors identified strong counter-discourses of self-sacrifice, over-responsibility, and placing others before oneself. Where endurance and personal sacrifice were treated as evidence of love, loyalty, or good character, directing compassion towards oneself could be interpreted as selfish or overly self-focused. A person might feel shame about expressing needs, setting boundaries, or withdrawing temporarily from responsibilities. Relational expectations therefore both enabled and constrained self-compassion. The compassionate self was most recognisable when it remained connected to service and belonging, but less acceptable when it appeared to disrupt established obligations or redistribute care towards the self.

Functionally disciplined self-care under pressure

The third theme positioned self-compassion as a practical resource for functioning under demanding conditions. This framing was especially visible in reflections involving healthcare, caregiving, employment, and other high-pressure environments. Contributors associated self-compassion with preventing burnout, managing stress, reducing the effects of self-criticism, supporting emotional regulation, and maintaining sustainable performance.

Within this theme, self-compassion was not equated with lowering expectations. It could be presented as compatible with professionalism, resilience, and high standards because it helped individuals recover from difficulty and continue acting effectively. A compassionate response to mistakes, exhaustion, or emotional distress could protect functioning more effectively than persistent self-punishment. This allowed self-compassion to be understood as disciplined and practical rather than soft or indulgent.

Nevertheless, the reflections also revealed a tension within functional legitimation. Occupational and cultural expectations to remain strong could make self-compassion difficult precisely where it was most needed. Workers and caregivers might recognise the value of self-care while feeling unable to acknowledge their own limits. Moreover, when self-compassion was justified mainly through burnout prevention or performance sustainability, its legitimacy could remain conditional on usefulness. Care for the self became permissible because it restored productivity or protected professional performance, rather than because the person's suffering was intrinsically worthy of care.

Social suspicion, stigma, and resistance

The fourth theme captured negative interpretations through which self-compassion was socially discredited. Contributors described associations with weakness, softness, self-indulgence, laziness, excuses, self-pity, reduced discipline, and lowered standards. These meanings were particularly salient where toughness, stoicism, endurance, emotional restraint, work intensity, or social comparison were valued.

Within these accounts, resistance to self-compassion did not necessarily reflect ignorance of its psychological benefits. A person could understand its potential usefulness while fearing what practising it would communicate about their character. Extending kindness towards oneself might suggest an inability to tolerate hardship or compete successfully. Self-criticism could therefore retain social value as evidence of ambition, accountability, or seriousness.

Some contributors also noted scepticism towards the language surrounding mindfulness and compassion. Such terminology could be perceived as fashionable, imported, inauthentic, overly therapeutic, or disconnected from everyday pressures. This suggested that resistance may concern not only the principle of responding less harshly to oneself but also the vocabulary and institutional form through which self-compassion is introduced.

Gendered and generational patterning across themes

Gender and generation operated across all four themes rather than constituting separate categories. Contributors often perceived younger people as more familiar with mental health language and more willing to discuss self-care, boundaries, and emotional needs. Older generations were more frequently described as valuing privacy, endurance, or emotional restraint, although these distinctions were not presented as universal.

Gendered expectations similarly shaped whether self-compassion was recognisable as appropriate. Norms of masculine toughness could penalise vulnerability and self-kindness, while expectations that women remain caring and self-sacrificing could make self-compassion appear incompatible with relational duty. These patterns demonstrate that the cultural legitimation of the compassionate self was negotiated not only between national contexts but also within them through intersecting moral, relational, occupational, gendered, and generational positions.

Discussion

This study examined how culturally available moral, spiritual, relational, occupational, gendered, and generational discourses authorise or contest self-compassion as a legitimate way of relating to oneself. Four modes of legitimation and resistance were identified: moral and spiritual authorisation; relational responsibility and social harmony; functionally disciplined self-care under pressure; and social suspicion, stigma, and resistance. Together, these themes indicate that cultural variation concerns not only how self-compassion is defined but also what practising it is understood to signify about a person. Self-compassion could signal ethical maturity, responsible maintenance of relationships, and sustainable professional functioning. It could also signal weakness, selfishness, indulgence, insufficient discipline, or withdrawal from expected roles.

The findings extend self-compassion research by shifting attention from whether individuals or populations possess more or less self-compassion towards the social conditions under which a compassionate relationship to the self becomes recognisable as permissible. We describe this process as the cultural legitimation of the compassionate self. This concept highlights that people do not encounter self-compassion as a neutral psychological skill. They interpret it through existing ideas about virtue, responsibility, suffering, strength, work, gender, and social belonging. Self-compassion becomes easier to inhabit when it can be connected to culturally intelligible values; it may remain difficult when it threatens an idealised identity or appears to violate obligations towards others.

The theme of moral and spiritual authorisation demonstrates that self-compassion need not be introduced as a novel psychological import. Contributors connected it with forgiveness, grace, mercy, contemplation, acceptance, and ethical maturity. These vocabularies can make self-compassion continuous with familiar moral practices and thereby reduce suspicion. However, this form of legitimation is conditional. Self-kindness was more acceptable when it remained compatible with accountability, humility, and proper conduct. The findings therefore caution against assuming that religious or spiritual traditions uniformly endorse self-compassion. Such traditions can provide resources

for compassionate self-understanding while also maintaining distinctions between legitimate mercy and perceived self-excusing behaviour.

Relational responsibility was similarly enabling and restrictive. Self-compassion became legitimate when it sustained caregiving, family participation, collegiality, or community contribution. This finding challenges models that treat self-care primarily as an autonomous individual right (Light, 2024). In many of the reflections, care for oneself acquired meaning through relationships: it was valuable because it enabled a person to remain present, dependable, and able to care for others. This relational understanding is not necessarily less psychologically healthy than an individualistic framing. It may offer a culturally resonant route through which self-compassion can be integrated with belonging and responsibility.

Nevertheless, relational authorisation can make self-care conditional on usefulness. A person may feel entitled to rest only when rest can be justified as improving their subsequent service to others. This tension is important for research and practice because an apparently culturally sensitive message, such as “caring for yourself helps you care for others”, may unintentionally reproduce the belief that the person’s own suffering is insufficient reason for care (Rodríguez-López, 2023). Cultural adaptation should therefore recognise relational values without reducing the self to an instrument for meeting family, professional, or communal demands.

The theme of functionally disciplined self-care presents a comparable ambivalence. Contributors described self-compassion as useful for preventing burnout, regulating distress, reducing destructive self-criticism, and maintaining safe professional practice. This interpretation may be particularly acceptable in high-demand occupational environments because it frames self-compassion as compatible with discipline and high standards. It directly challenges fears that self-kindness necessarily reduces motivation or performance (Chwyl et al., 2020).

This interpretation is consistent with previous research showing that self-compassion is intertwined with shame, resilience, motivation, sleep, and mental wellbeing across occupational and educational settings (Kotera et al., 2022; Kotera, Tsuda-McCaie, et al., 2021). Such findings suggest that self-compassion does not operate as an isolated personal characteristic but is embedded within the demands, identities, and expectations of particular contexts. Occupational cultures that value toughness or emotional control, for example, may intensify shame and make compassionate self-responding more difficult, even when self-compassion is associated with better wellbeing (Y. Kotera et al., 2019). The present findings offer a subjectivity-oriented explanation for such patterns: resistance may arise not because individuals fail to understand self-compassion, but because practising it risks becoming inconsistent with a valued professional, gendered, or moral identity.

Cross-contextual evidence likewise supports the relevance of self-compassion across diverse societies while cautioning against assuming that its meaning remains unchanged as it moves between them. The present analysis adds qualitative and conceptual depth to this literature by suggesting that associations between self-compassion and wellbeing may be shaped by the vocabularies through which self-

compassion is understood. An item concerning kindness towards oneself might evoke spiritual acceptance, resilience, relational responsibility, withdrawal from obligation, or a temporary means of restoring productivity. Cross-cultural research should therefore examine interpretive equivalence alongside psychometric and measurement equivalence.

The fourth theme, social suspicion and resistance, reinforces this point. Self-compassion was sometimes associated with weakness, softness, self-pity, laziness, fashionable therapeutic language, or reduced standards (Kotera et al., 2020). These interpretations demonstrate that resistance should not automatically be treated as a deficit in psychological knowledge. It may be a socially meaningful response to the subject position being offered. In settings where legitimate personhood is organised around stoicism, sacrifice, competition, or emotional restraint, self-compassion may threaten recognisability as a serious worker, responsible family member, strong man, caring woman, or morally disciplined person (Chowdhury, 2022). Interventions should therefore explore the sources of resistance rather than merely correcting supposedly mistaken beliefs.

Practically, mindfulness- and compassion-based programmes should attend to how self-compassion is introduced and justified (Uneno et al., 2024). In contexts where toughness and endurance are valued, it may be useful to present self-compassion as courageous engagement with suffering rather than avoidance. Where relational responsibility is central, programmes can acknowledge that personal and collective wellbeing are interconnected (White, 2017), while also affirming that suffering does not require a productivity-based justification to deserve care. Where spiritual language is meaningful, concepts such as mercy, forgiveness, humility, or balanced awareness may support familiarity, provided that facilitators avoid treating religious traditions as homogeneous. Programme materials should also be examined for gendered, classed, generational, and occupational assumptions about who can legitimately express vulnerability.

The findings also suggest that cultural adaptation should involve more than translating terminology or adding culturally familiar examples. Adaptation requires examining the subjectivity proposed by an intervention (Bernal et al., 1995). Practitioners might ask whether the programme addresses participants primarily as autonomous individuals, productive workers, family caregivers, spiritual subjects, or members of interdependent communities. They should also consider which forms of distress are legitimised, who is made responsible for change, and whether self-compassion is presented as intrinsically valuable or principally as a means of restoring effective functioning.

Strengths and limitations

The study’s principal novelty is its conceptualisation of self-compassion as a culturally legitimated subject position rather than solely a measurable psychological attribute. It brings self-compassion research into dialogue with scholarship on subjectivity and identifies how moral, relational, spiritual, and occupational vocabularies can make compassionate self-relating possible, conditional, or socially

discreditable. The international and culturally heterogeneous author team also enabled the analysis to move beyond a single national or professional perspective.

Methodological rigour was supported through repeated engagement with the complete corpus, systematic coding, constant comparison across contributions, iterative development of themes, attention to contradictory meanings, and reflexive review by the wider author team. The analysis did not equate frequency with importance or use intercoder agreement as a proxy for interpretive quality. Instead, it followed the principles of reflexive thematic analysis by treating themes as theoretically informed interpretations grounded in the material (Braun & Clarke, 2021a). The provision of the cultural orientation labels and analytic coding framework in the supplementary materials further improves transparency.

The study's significance lies in connecting cultural meaning with intervention acceptability. It provides a conceptual framework that can inform the design, adaptation, implementation, and evaluation of self-compassion-based interventions. The four modes of legitimation can also generate testable hypotheses regarding whether particular framings, such as courage, forgiveness, relational sustainability, or professional responsibility, affect willingness to engage with self-compassion.

Several limitations must also be recognised. The corpus consisted of brief written reflections from co-authors rather than interviews with purposively sampled community participants. Contributors were academically and professionally engaged with self-compassion research, which may have increased familiarity with psychological terminology and positive interpretations. Their reflections cannot represent the cultures to which they felt oriented, and the analysis should not be used to infer national prevalence or stable cultural differences. The brevity and structured nature of the responses also limited opportunities to explore contradictions through follow-up questioning. Finally, because the contributors were also authors, the material and analysis were generated within a shared scholarly project. We addressed this through reflexive team review, but the dual role remains a defining feature of the study.

Future research should test and elaborate these propositions with participants beyond academic author teams. In-depth interviews, focus groups, ethnographic work, and discourse analysis could examine how self-compassion is negotiated in families, workplaces, healthcare settings, and religious communities. Experimental studies could compare different framings of self-compassion and assess effects on perceived legitimacy, anticipated stigma, willingness to practise, and intervention engagement. Such research should investigate variation within cultures and across gender, generation, occupation, social class, religion, and migration experience rather than relying exclusively on national comparisons.

Conclusion

Self-compassion was culturally meaningful but not unconditionally acceptable. It became legitimate when connected to moral virtue, spiritual continuity, relational responsibility, or sustainable functioning, and was contested when associated with weakness, selfishness, indulgence, or reduced discipline. The concept of the cultural legitimation of the compassionate self captures how people negotiate self-

compassion through culturally available expectations of who they should be. Understanding these processes can support more culturally responsive interventions while preventing adaptation from making care for the self conditional on continued productivity or usefulness to others.

Declarations

Author Contribution

Conceptualisation: YK. Data collection and Analysis: All (YK, BAM, JC, YA, HA, YA, MA, DBP, CECV, DAO, JW, TH, NLMR, CL, RC, KM, LMG, GG). The first draft of the manuscript was written by YK and all the other authors (BAM, JC, YA, HA, YA, MA, DBP, CECV, DAO, JW, TH, NLMR, CL, RC, KM, LMG, GG) commented on the manuscript. All authors (YK, BAM, JC, YA, HA, YA, MA, DBP, CECV, DAO, JW, TH, NLMR, CL, RC, KM, LMG, GG) read and approved the final manuscript.

Data Availability

Anonymised data and materials are available from the corresponding author upon reasonable request. Individual contributor responses are not publicly available due to identifiability.

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