

## Mindlessness, Submissive Behavior and Thought Suppression: A Perceptual Buffering of Self-Compassion to Psychological Vulnerabilities Among Indians

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### Abstract

This study was designed to study the relationship among mindlessness, self-compassion, submissive behavior, thought suppression, depression, anxiety and stress among university students. The sample consisted of 100 university students, in the age range of 17-22 years from private universities viz., Banasthali University, K.N. Modi University and Dayalbagh Educational Institute. Standardized psychological tests were administered for the purpose of the study. Results indicate negative correlation among self-compassion, submissive behavior, mindlessness, thought suppression, depression and anxiety. Positive correlation was observed among submissive behavior, mindlessness, thought suppression, depression and anxiety. When regression analysis was conducted, self-compassion emerged as a significant predictor of mindlessness, thought suppression, depression and anxiety.

**Keywords:** Mindlessness; Self-compassion; Submissive behavior; Thought suppression; Anxiety; Depression; Stress

### Introduction

Self-compassion refers to individual's positive attitude toward oneself accompanied by non-judgmental tendency for one's own pain, failures, limitations, suffering and inadequacies. It encompasses sensitivity and self-awareness for one's own pain and the source of that pain from which suffering has been generated. Individuals with self-compassionate tendency try to help themselves by alleviating the feeling of loss with gentle touch, care and understanding in place of denying or avoiding the reality. It is an important and positive strength of human beings [1]. Several researches have shown the adequacy and positive impact of self-compassion [2-7].

Neff [6,8] has suggested three components of self-compassion: self-kindness, common humanity and mindfulness. Self-kindness involves caring, kind and warm attitude toward oneself when dealing with adversaries. People with self-kindness are non-judgmental, do not criticize one too harshly [9-12] and exercise patience. Moreover, they accept the reality with positive understanding, kind, gentle and sympathetic outlook. Common humanity is the second dimension of self-compassion. People with common humanity regard their inadequacies as part of each person's life. Such people strongly feel that facing challenges is an experience which every human being encounters in their respective lives. Thereby, it reduces the feeling of frustration, less negative emotions and increased psychological well-being [12]. Mindfulness is another component of self-compassion. Mindfulness refers to balanced sensitivity and self-awareness toward one's own thoughts and feelings rather than exaggeration of one's perceived inadequacies. People with a strong sense of mindfulness emphasize and interpret the negative events in a larger perspective and avoid indulgence in over-identification.

Self-compassionate people are more likely to resort to alternatives that can balance the needs of self and others [2]. Individuals low on self-compassion has the tendency to submit to the demands of others. They use overt strategies to cope with the demands of others rather than covert strategies because advanced forms of behavioral manifestations are not socially desirable. They usually shy away from expressing their actual feelings and abandon their need achievement seeking behavior because it may hurt the feelings of others or to be accepted by others.

And if anything goes wrong, they blame one and become submissive to others.

Thinking could be functional or dysfunctional. Mindlessness is a state characterized by lack of consciousness/awareness or absence of conscious processing of information in the external and internal environment. Mindless activity does not mean absence of cognitive activity. In such a state, people are not able to reason. In quantitative terms, they are engaged in cognitive processing but in a reduced fashion. When the person takes the information mindlessly then the person hears what is being said but does not indulge in any cognitive processing [13].

Thought suppression refers to a conscious effort of suppressing selected thoughts from one's own awareness. Thought suppression was extensively studied by William James in 1890 but systematic research was conducted by Wegner and colleagues. Wegner [14] has given a theory of ironic processes to explain thought suppression. According to him, dual - process mechanism is involved in suppression: conscious and deliberate effort to divert attention away from unwanted and intrusive thoughts, and an unconscious process (without any effort) ironically operating to monitor process which maintains vigilance for unwanted thought occurrences in conscious awareness, and triggers action of the operating process if the unwanted thought appears in awareness. These two processes operate together to ensure that unwanted thoughts remain outside of conscious awareness. Ironically, however, by maintaining vigilance for the unwanted thought, the monitoring system helps assure that the unwanted and intrusive thoughts never become dormant. Two processes in thought

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suppression are particularly crucial to psychopathology: First, since the operating process is effortful, suppression is psychologically taxing, and second, if suppression is attempted under conditions of competing and heavy cognitive load, the effortful operating process gets hampered and hence the effortless monitoring process begins to manifest in the unconscious processing of unwanted thoughts that are targeted by the suppression attempt, thereby resulting in an ironic return of the unwanted thought [15].

This study also takes into consideration three clinical variables, viz, depression, anxiety and stress. Depression is a mental state characterized by persistent low mood and withdrawal affecting the one's thoughts, feelings, behavior and psychological well-being negatively. Anxiety is an unpleasant state marked by excessive worry and fear, often accompanied by physiological changes. Stress is an unpleasant state involving psychological and physiological changes in response to perceived or real life situations.

## Review of Literature

Self-compassion encompasses perceiving oneself with compassion and kindness, making ego-protective boundaries more permeable between one and others. Early researches investigated the physiological aspect of self-compassion [16]. According to social mentality theory (based on neurobiology, evolutionary biology and attachment theory) self-compassion appears to suppress the alarm or threat system (pertaining to feelings of unrelatedness, insecurity and defensiveness) usually governed by limbic system and stimulates the self-soothing system usually related to oxytocin-opiate system and secured attachment. In other words, self-compassion is correlated with behaviors like, loving, caring, sense of security, non-judgmental, supportive, intimate and non-aggressive with their partners to whom they are in relationship.

A growing body of research has shown that self-compassion is directly linked to mental health. It has been found to be positively associated with attachment styles [4], better well-being, optimism, curiosity and exploration, happiness [17], self-esteem, social connectedness and self-acceptance [18], affective and reflective wisdom, personal initiative [17] greater life satisfaction and negatively associated with neurotic perfectionism, and negative affect [17], shame, fear of failure, and burnout [19]. It also provided buffer against psychological vulnerabilities, like anxiety, fear of failure, thought suppression, self-criticism and rumination [20]. It has been seen that self-compassion is strongly predicted certain personality variables, like extraversion, conscientiousness, agreeableness [17] and neuroticism (negatively). Moreover, it has been observed that self-compassion facilitates emotional intelligence and wisdom [21]. In a classroom setting, it was found to be positively associated with mastery goal orientation and negatively with performance goal orientation [22] and subsequently to creative originality [23]. Thus, people with self-compassion are intrinsically motivated to learn and try to attain mastery in their every endeavor.

Although, empirical evidence related to roots of individual differences in self-compassion is skimpy yet several researches stressed on the role of environmental factors contributing to self-compassion. Much of the research on self-compassion suggested that cognitive-developmental factors affect the functioning of adolescents [21]. She found that parenting style (secure attachment), maternal support, harmonious family environment are all linked to high levels of self-compassion. Besides, preliminary evidence exhibited the role of culture in the development of healthy forms of self-compassion and

self-criticism [24]. They found that culture gives feedback pertaining to value attached to self-compassion and self-criticism and individual differences can be accounted for human willingness either to reject or accept the feedback. Moreover, developmental factors, like egocentrism was found to be negatively related with self-compassion and positively linked with maturity because research has shown a weak association between age and self-compassion [25]. Further research in this arena will help the developmental psychologists to explore and understand the relation between self-compassion and age (lifespan).

A promising body of findings has documented the facilitating and beneficial nature of self-compassion among clinical and non-clinical samples. Previous research work has revealed that self-compassionate people are better able to deal with life challenges and acknowledgement of personal limitations with less intense emotional reactions and greater clarity [26] because it increases sense of security and relatedness. Recent trends in the arena of cognitive-behavioral therapy suggested that contextual methods like acceptance and mindfulness have gained credence [27]. In this line, previous research on both clinical population [28] and non-clinical population [29] have supported the utility of acceptance and recognized as one of the methods in therapeutic process [30].

Given that self-compassion harness positive feelings and filter out negative feelings about oneself enhancing psychological health. Review of literature led us to infer that people low on self-compassion may adopt submissive tendencies to fulfill their needs. Though, submissive behavior is a negative construct, in one way, that for fulfilling one's own desires, the person gets submissive to external agency but at the same time the person is aware of what he or she is doing (mindfulness of actions done in one's capacity). So, we thought it would be interesting to examine how self-compassion and submissive behavior would differ. It was thought that self-compassion and submissive behavior would be correlated significantly. Therefore, a study was designed to measure these constructs among Indian population.

## Objective

To study the relationship among self-compassion, submissive behavior, mindlessness, thought suppression, depression, anxiety and stress.

## Problem

To examine whether there could be any relationship among self-compassion, submissive behavior, mindlessness, thought suppression, depression, anxiety and stress.

## Hypotheses

- (1) Self-compassion would be negatively related with submissive behavior, mindlessness, thought suppression, depression, anxiety and stress.
- (2) Submissive behavior would be positively related with mindlessness, thought suppression, depression, anxiety, and stress.
- (3) Mindlessness would be positively related with thought suppression, depression, anxiety, and stress.
- (4) Thought suppression would be positively related with depression, anxiety and stress.
- (5) Depression would be positively related with anxiety and stress.
- (6) Anxiety would be positively related with stress.

## Participants

The sample consisted of 100 university students; in the age range of 17-22 years was taken from Banasthali University, K.N. Modi University and Dayalbagh Educational Institute. The participants included both males and females (Females; N=50; Males; N=50). All the three universities are privately owned.

## Variables

### Predictor variables

Self-compassion and submissive behavior.

### Criterion variables

Mindlessness, thought suppression, depression, anxiety and stress.

## Measures

### Self-compassion scale

This scale was developed by Neff [8]. It consists of 26 items. The respondents responded to 26 items on a 5-point scale ranging from 1 = almost never to 5 = almost always (1-5) to evaluate how often participants act in the manner stated in each of the items. It is composed of six subscales: self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification. Cronbach's alpha coefficient for the overall scale was 0.92.

### Submissive behavior scale

This scale was developed by Gilbert and Allan [31] and refined by Allan and Gilbert [32]. It consists of 16 items. The respondents responded to 16 items from always (5) to never (0). This scale has good reliability, with a Cronbach's alpha of 0.89.

### White bear suppression inventory (1994)

This inventory was developed by Wegner and Zanakos [33]. A 15-item questionnaire designed to measure thought suppression. The respondents responded to 15 items from (1) strongly disagree to (5) strongly agree. WBSI was found to have good stability of 0.92.

### Mindfulness Attention Awareness Scale-Lapse Only (MAAS-LO) (2009)

This scale was developed by Jonathan S. A. Carriere, J. Allan Cheyne, Daniel Smilek [34], created to specifically capture attention and awareness in daily life. The 15-item Mindful Attention Awareness Scale (MAAS; Brown & Ryan) [35] was selected as a measure of attention lapses. MAAS items ask about mindlessness in everyday situations and, using a Likert scale ranging from almost never (1) to almost always (6), responses indicating greater frequency indicate less mindfulness.

In order to effectively use the MAAS as a measure of attention lapses only several adjustments are required. Two items on the MAAS (items 2 and 6) actually refer to consequences of attention failures and were therefore removed. In addition, one item (item 12) references attention lapses while driving, a situation not commonly experienced for a large proportion of university students, and was removed. Thus, we used a revised version of the MAAS including only the 12 items referring to attention lapses, which we have called the Mindful Attention Awareness Scale-Lapses Only (MAAS-LO). In addition, because we interpret this scale as a measure of attention lapses, we do not reverse score items, as is conventional for the original MAAS. The MAAS-LO has a minimum score of 12 (infrequent attentional lapses) and a maximum score of 72 (very frequent attentional lapses).

### Depression, Anxiety and Stress Scale (DASS)

This scale was developed by Lovibond and Lovibond [36]. It has been designed to measure the emotional states of depression, anxiety and stress. It consists of 21 items. Respondents responded to 21 items on a 4 point likert scale ranging from (0) Did not apply to me at all to (3) applied to me very much or most of the time. Internal consistency of the test is 0.94.

## Results

Table 1 shows correlation coefficients among studied variables. Results indicate significant negative relationship between self-compassion and submissive behavior ( $r = -0.37$ ;  $p < 0.05$ ), mindlessness ( $r = -0.30$ ;  $p < 0.05$ ), thought suppression ( $r = -0.40$ ;  $p < 0.01$ ), depression ( $r = -0.29$ ;  $p < 0.05$ ), and anxiety ( $r = -0.32$ ;  $p < 0.05$ ), and insignificant negative relationship with stress ( $r = -0.001$ ;  $p > 0.05$ ). Thus, the hypothesis 1 is partially accepted.

Significant positive relationship was found between submissive behavior and mindlessness ( $r = 0.27$ ;  $p < 0.05$ ), thought suppression ( $r = 0.23$ ;  $p < 0.05$ ), depression ( $r = 0.29$ ;  $p < 0.01$ ), and negative relationship with anxiety ( $r = -0.31$ ;  $p < 0.01$ ), while insignificant positive relationship was found between submissive behavior and stress ( $r = 0.09$ ;  $p > 0.05$ ). Thus, the hypothesis 2 is partially accepted.

Positive correlation coefficients were found when mindlessness was correlated with thought suppression ( $r = 0.42$ ;  $p < 0.01$ ), depression ( $r = 0.35$ ;  $p < 0.05$ ), while insignificant positive relationship with anxiety ( $r = 0.07$ ;  $p > 0.05$ ) and stress ( $r = 0.02$ ,  $p > 0.05$ ). Thus, the hypothesis 3 is partially accepted.

Perusal of Table 2, exhibits significant negative relationship between thought suppression and depression ( $r = -0.26$ ;  $p < 0.05$ ), while insignificant positive relationship with anxiety ( $r = 0.07$ ;  $p > 0.05$ ), and insignificant negative relationship with stress ( $r = -0.08$ ;  $p > 0.05$ ). Thus, the hypothesis 4 is partially accepted.

Variables	Self-compassion	Submissive behaviour	Mindlessness	Thought suppression	Depression	Anxiety	Stress
Self-compassion	1	-0.37*	-0.30*	-0.40**	-0.29*	-0.32*	-0.001
Submissive behavior	-0.37*	1	0.27*	0.23*	0.29**	-0.31**	0.09
Mindlessness	-0.30*	0.27*	1	0.42**	0.35*	0.07	0.02
Thought suppression	-0.40**	0.23*	0.42**	1	-0.26*	0.07	-0.08
Depression	-0.29*	0.29**	0.35*	-0.26*	1	0.05	0.06
Anxiety	-0.32*	0.31**	0.07	0.07	0.05	1	0.14
Stress	-0.001	0.09	0.02	-0.08	0.06	0.14	1

Note: \*\*correlation significant at 0.01 level (2 tailed).  
\*correlation significant at 0.05 level (2 tailed).

Table 1: Correlation among studied variables.

Criterion Variables		R	R <sup>2</sup>	Adjusted R	β value	B value	F	t
Mindlessness	Submissive Behavior	0.27	0.07	0.06	0.27	0.14	8.34 p<0.01	6.28 p<0.01
	Self-compassion	0.30	0.14	0.09	-0.30	-0.26	4.89 p<0.05	-3.13 p<0.05
Thought Suppression	Submissive Behavior	0.23	0.05	0.03	0.23	0.15	7.67 p<0.05	4.43 p<0.05
	Self-compassion	0.40	0.09	0.05	-0.40	-0.29	8.16 p<0.01	-5.52 p<0.01
Depression	Submissive Behavior	0.29	0.08	0.07	0.29	0.13	8.72 p<0.00	3.47 p<0.00
	Self-compassion	0.29	0.07	0.03	-0.29	-0.18	5.66 p<0.01	-3.88 p<0.05
Anxiety	Submissive Behavior	0.31	0.10	0.09	-0.31	0.11	10.35 p<0.01	9.13 p<0.00
	Self-compassion	0.32	0.11	0.07	-0.32	-0.17	7.50 p<0.01	-6.28 p<0.01

**Table 2:** Stepwise regression analysis for the criterion variables.

Insignificant correlation coefficients were found when depression was correlated with anxiety ( $r = 0.05$ ,  $p > 0.05$ ) and stress ( $r = 0.06$ ,  $p > 0.05$ ) and when anxiety was correlated with stress ( $r = 0.14$ ,  $p > 0.05$ ). Thus, the hypotheses 5 and 6 are rejected.

The Table 2 exhibits the results of multiple regression (stepwise) analysis where criterion variable was mindlessness. The values of R are 0.27 and 0.30 respectively; indicate inter-correlations among predictor and criterion variables. The values of R square are 0.07 and 0.14 indicating that 7% and 14% of the variance in mindlessness scores respectively are to be accounted for by variables submissive behavior and self-compassion (individual contribution). The values of adjusted R were found to be 0.06 and 0.09 which shows that 6% and 9% variance in mindlessness scores respectively are to be explained by the submissive behavior and self-compassion. Thus, submissive behavior and self-compassion are strongly predicting the criterion variable, mindlessness.  $\beta$  values of 0.27, -0.30 indicates that a change of one standard deviation in submissive behavior and self-compassion will result in a change of 0.27, -0.30 standard deviations respectively in mindlessness. The multiple regression equation states that every unit increase in submissive behavior and self-compassion led to increase and decrease in mindlessness scores by their respective coefficients of 0.14, -0.26. The significant value of F for submissive behavior is 8.34 and for self-compassion are 4.89. This indicates that the R square is statistically significant. The t values indicated that submissive behavior ( $t = 6.28$ ,  $p < 0.01$ ) and self-compassion ( $t = -3.13$ ;  $p < 0.05$ ) are significant positive and negative predictors of mindlessness respectively.

Multiple regression (stepwise) analyses, when criterion variable was thought suppression. The values of R are 0.23 and 0.40 respectively; indicate inter-correlations among predictor and criterion variables. The values of R square are 0.05 and 0.09 indicating that 5% and 9% of the variance in thought suppression scores respectively are to be accounted for by variables submissive behavior and self-compassion. The values of adjusted R were found to be 0.03 and 0.05 which shows that 3% and 5% variance in thought suppression scores respectively are to be explained by the submissive behavior and self-compassion. Thus, submissive behavior and self-compassion are strongly predicting the criterion variable, thought suppression.  $\beta$  values of 0.23, -0.40 indicate that a change of one standard deviation in submissive behavior and self-compassion will result in a change of 0.23, -0.40 standard deviations respectively in thought suppression. The multiple regression equation states that every unit increase in submissive behavior and self-compassion led to increase and decrease in thought suppression

scores by their respective coefficients of 0.15, -0.29. The significant value of F for submissive behavior is 7.67 and for self-compassion are 8.16. This indicates that the R square is statistically significant. The t values indicated that submissive behavior ( $t = 4.43$ ,  $p < 0.05$ ) and self-compassion ( $t = -5.52$ ;  $p < 0.01$ ) are significant positive and negative predictors of thought suppression respectively. (Table 2).

Multiple regression (stepwise) analyses, when criterion variable was depression. The values of R are 0.29 and 0.29 respectively; indicate inter-correlations among predictor and criterion variables. The values of R square are 0.08 and 0.07 indicating that 8% and 7% of the variance in depression scores respectively are to be accounted for by variables submissive behavior and self-compassion. The values of adjusted R were found to be 0.07 and 0.03 which shows that 7% and 3% variance in depression scores respectively are to be explained by the submissive behavior and self-compassion. Thus, submissive behavior and self-compassion are strongly predicting the criterion variable, depression.  $\beta$  values of 0.29, -0.29 indicates that a change of one standard deviation in submissive behavior and self-compassion will result in a change of 0.29, -0.29 standard deviations respectively in depression. The multiple regression equation states that every unit increase in submissive behavior and self-compassion led to increase and decrease in depression scores by their respective coefficients of 0.13, -0.18. The significant value of F for submissive behavior is 8.72 and for self-compassion are 5.66. This indicates that the R square is statistically significant. The t values indicated that submissive behavior ( $t = 3.47$ ,  $p < 0.001$ ) and self-compassion ( $t = -3.88$ ;  $p < 0.05$ ) are significant positive and negative predictors of depression respectively.

Multiple regression (stepwise) analyses, when criterion variable was anxiety. The values of R are 0.31 and 0.32 respectively; indicate inter-correlations among predictor and criterion variables. The values of R square are 0.10 and 0.11 indicating that 10% and 11% of the variance in anxiety scores respectively are to be accounted for by variables submissive behavior and self-compassion. The values of adjusted R were found to be 0.09 and 0.07 which shows that 9% and 7% variance in anxiety scores respectively are to be explained by the submissive behavior and self-compassion. Thus, submissive behavior and self-compassion are strongly predicting the criterion variable, anxiety.  $\beta$  values of -0.31, -0.32 indicates that a change of one standard deviation in submissive behavior and self-compassion will result in a change of -0.31, -0.32 standard deviations respectively in anxiety. The multiple regression equation states that every unit increase in submissive behavior and self-compassion led to increase and decrease in anxiety



scores by their respective coefficients of 0.11, -0.17. The significant value of F for submissive behavior is 10.35 and for self-compassion are 7.50. This indicates that the R square is statistically significant. The t values indicated that submissive behavior ( $t = 9.13, p < 0.00$ ) and self-compassion ( $t = -6.28; p < 0.01$ ) are significant positive and negative predictors of anxiety respectively (Table 2).

## Discussion

Present finding of the study revealed negative relationship among self-compassion, submissive behavior, mindlessness, thought suppression, depression and anxiety. Individuals low on self-compassion has the tendency to submit to the demands of others. They use overt strategies to cope with the demands of others rather than covert strategies because advanced forms of behavioral manifestations are not socially desirable. They usually shy away from expressing their actual feelings and abandon their need achievement seeking behavior because it may hurt the feelings of others or to be accepted by others. They subordinate themselves and adopt compromising solutions to avoid conflict. This argument has been indirectly supported by previous empirical researches [1-3] and lending its support to our present finding of negative association between self-compassion and submissive behavior. A study conducted by Akin [37] revealed negative relation between self-compassion and submissive behavior. Recent researches have shown that self-compassionate people are able to balance their negative emotions in the face of adversity and do not get carried away with their criticisms. Rather, they accept their criticisms and interpret them as learning opportunity [1,38]. Individual's low on self-compassion is not able to regulate their emotions, due to failure. As a consequence, they exhaust their information processing capacity [39,40] and restricting one's own capacity to learn from life experiences [19,38]. This may lead to mindlessness. Empirical researches have also shown that self-compassionate individuals handle their losses with gentle touch and care and by recognizing them as human errors. Moreover, they would prefer to bring such thoughts into conscious awareness [41] and find ways to fix the problems rather than suppressing negative thoughts arising out of inadequacies [1,5]. Thus, providing support for negative association between self-compassion and thought suppression. It has been observed that less compassionate people are self-critical and criticize themselves very harshly. They remain preoccupied and ruminate over their losses [6,42], leading to depression [43]. A study conducted by Neff, Rude and Kirkpatrick [17] supported the negative association (of the study) of self-compassion with anxiety, depression and thought suppression.

The underlying assumption of submissive behavior is personal inferiority in some manner, avoids upsetting others and denying or not able to stand for one's own rights, feelings and beliefs. As a result, submissive people tend to suppress and repress their thoughts and feelings of being dominated by others [44]. Thus, it provides the fulcrum for the positive correlation between submissive behavior and thought suppression. Studies have demonstrated the association of submissive behavior and psychopathological problems [32]. It was observed that submissive acts may lead to depression [45-48]. The vulnerability to submissive acts may be related to maladaptive coping strategies [49]. Such strategies would make it difficult to deal with the situations effectively. As a result, the individual may sink into the groove of submissive thoughts and thereby less mindful towards his or her immediate environment. Thus, this could be the probable reason for the positive correlation between submissive behavior and mindlessness. According to social rank theory and evolutionary perspective submissive displays, in humans, are focused on attitudes

like, approval, desire to gain, fear of losing and others. Every individual has sense of awareness about their true feelings and self-worth [50] and their continual inhibition may have detrimental effect on well-being. Sometimes actual feelings or self may stand in direct conflict with the needs of the person and this may create anxiety. Consequently, people may resort to submissive acts to deal with the anxiety effectively on one hand and gratification of needs on the other hand. This may explain the negative association between submissive behavior and anxiety.

It has been observed that some events produce distress in an individual. The thoughts arising out of this distress ruminate and the person remains preoccupied with them. Consequently, unpleasant state of mindlessness occurs. In the wake of such events, certain psychological processes, like thought suppression, mindfulness trigger to modulate their negative effects. A study conducted by Garland and Robert-Lewis [51] concluded that in short-term traumatic experiences has positive association with thought suppression but in long-term it may have detrimental psychological effects on people. Thus, this study lends its indirect support to positive correlation between mindlessness and thought suppression.

Studies have shown that people try to get rid of unwanted thoughts by suppressing them [52]. Suppression of emotional thoughts increases the susceptibility of various psychopathologies, like depression, clinical obsessions and anxiety [14]. Negative emotional thoughts are the main reason of depressive tendencies. Thus, depressive people try to get rid of these negative emotional thoughts as it is a very unpleasant state for them. Studies have revealed that depressive people frequently adopt thought suppression as a coping strategy to reduce the unpleasant state of negative thoughts by suppressing such negative thoughts [53].

## Conclusion

The present study examined various psychological vulnerabilities in relation to self-compassion. Findings of the study revealed the buffering role of self-compassion in dealing with mindlessness, submissive behavior, thought suppression, depression, anxiety and stress among Indians. Self-compassion is individual's positive attitude toward oneself accompanied by non-judgmental tendency for one's own pain, failures, limitations, suffering and inadequacies. Several researches have shown the adequacy and positive impact of self-compassion [2,3]. Thus, it is an important and positive strength of human beings [1] and could be used in intervention programs for fostering psychological well-being.

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