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| **Table 2** Characteristics of Included Studies. | | | | | | | | | | | | | | | | | | |
| Paper | Groups | Treatment/ Control Groups | Delivery format | Intervention Description & Length | Intervention Completion | Sample criteria | Measure Times | Sample size | Mean age (range) | Mean BMI (range) | % male | | Developer Involvement | | Country | | Attrition  post T1/C or T1/T2/C | Measures |
| Albertson, Neff, Dill-Shackleford (2015) | 1 T, 1 C | T: MSC Audio podcast; C: waitlist control | Individual | T: 20-minute audio recordings per day for 3 weeks. Three meditations: Compassionate Body Scan, Affectionate Breathing, LKM.  C: waitlist control group  (Total dosage = 7 hours) | Mean days podcasts listened to 3.6 days per week (1-7; SD 1.88) 53% intervention completion | Females over 18 years with internet access. | Pre, Post, 3 mo FU (T group only) | 228 (98 T; 130 C) | T: 38.42 (SD = 1.42) (18-60) C: 36.42 (SD = 1.31) | Not reported | 0% | | 1 | | USA | | 45.6%/59.2%; T FU 52% | SCS; BSQ; OBCS; BAS; CSWS |
|  | ***Findings:*** Compared to the control group, intervention participants experienced significantly greater reductions in body dissatisfaction, body shame, and contingent self-worth based on appearance, as well as greater gains in self-compassion and body appreciation. All improvements were maintained when assessed 3 months later. | | | | | | | | | | | | | | | | | | |
| Braun, Park, Gorin, Garivaltis, Noggle and Conboy (2016) (Study 1) | T | T: Yoga Weight Loss Workshop with self-compassion focus, plus home practice. | Group | 14 x 2 hr sessions of workshops and Kripalu (*means compassionate, kind, merciful in Sanskri*t) yoga (week 1 – 4) as well as Kripalu yoga (weeks 5 – 10) plus 30-minute home practice (week 1 - 10).  Sessions include self-compassion focus, as it is a foundation in Kripalu yoga, with mindfulness meditations, particularly applied to eating and weight stigma.  (Total dosage = 33 hours) | Mean number of sessions attended was 9.6 ± 3.15 (69%, range = 4 - 14) | Female, 18 years or older, BMI greater than 25, able to walk 2 miles at a moderate pace, physician consent, non-participation in other weight-loss programs, yoga-naïve | Pre, Post, 3mo FU | 22 | 48.20 (SD = 14.3) | 30.8 (SD = 4.2) | 0% | | 1 | | USA | | Post 9.1% FU 40.9% | MEQ; Weight Loss; WELQ; SCS; BAQ; SIBID-S; |
|  | ***Findings:*** All variables targeted reported significant changes from base line to post-treatment with increases in mindful eating, self-compassion, weight self-efficacy, body awareness and decreases in body image dysphoria. Most variables continued to improve from post to follow-up except body image dysphoria. Clinically significant reduction in weight loss was also noted between post and follow-up assessment. | | | | | | | | | | | | | | | | | | |
| Braun, Park, Gorin, Noggle and Conboy (2016) (Study 2) | T | T: Yoga Weight Loss Workshop with self-compassion focus, plus home practice. | Group | 10 week, 20 session curriculum of: 2 x 2 hr workshops in addition to 15 minutes of home exercises and 2 x 30 minutes of gentle yoga each week.  Sessions include self-compassion focus, as it is a foundation in Kripalu yoga, with mindfulness meditations, particularly applied to eating and weight stigma.  (Total dosage = 52.5 hours) | Participants attended approximately 13.8 ± 5.21 out of 20 sessions (69%, range 9 – 20) | Female, 18 years or older, BMI greater than 25, able to walk 2 miles at a moderate pace, physician consent, non-participation in other weight-loss programs, yoga-experienced | Pre, Post, 3 mo FU | 21 | 49.4 (SD = 10.7) | 35.5 (SD = 6.8) | 0% | | 1 | | USA | | Post 9% FU 42% | MEQ; Weight Loss; WELQ; SCS; BAQ; SIBID-S; |
|  | ***Findings:*** Increases in: mindful eating, self-compassion weight self-efficacy and body awareness between T1 and T2. Decreases in Body image dysmorphia. | | | | | | | | | | | | | | | | | |
| Braun, Park & Conboy (2012) | T | T: Kripalu yoga methods that promote self-compassion. | Group | 5 - Day intervention incorporating Kripalu yoga methods.  Sessions include self-compassion focus, as it is a foundation in Kripalu yoga, with mindfulness meditations, nutritional classes, and fitness walking.  (Total dosage = 64.75 hours) | Not clearly reported | BMI greater than 25 | Pre, Post, 3 mo FU & 1 year FU | 37 | Not clearly reported | Not clearly reported | | 0% | | 1 | | USA | Post = 84%; 3-month FU = 47%; 1-year FU = 51% | HPLP; SCS; FFMQ; POMS; SRBW | |
|  | ***Findings:*** Significant improvements in nutrition behaviours, self-compassion, mindfulness, stress management, and spiritual growth were observed immediately post-program, with medium to large effect sizes. At 3-month follow-up, stress management, self-compassion, FFMQ and non-reactivity facets remained significantly significant. No significant changes were found between base-line and follow-up for physical activity. Self-report weight loss at 1 year was significant. | | | | | | | | | | | | | | | | | | |
| Carter, Kirby & Gilbert (2020) | T | T: 12 sessions of compassion focused therapy (Gilbert) | Group | 12 x 2 hour sessions consisting of group a workbook, activities, psychoeducation and compassionate imagery techniques. Sessions included: Introduction to compassion, three types of emotion systems, attention training and mindfulness, exploring safety/safeness and compassion from others, the compassionate self, multiple selves, working with self-criticism, working the shame and guilt, deepening compassion for the self, compassion assertiveness, compassion for others and forgiveness, wrap-up content and reflection. Homework included assigned workbook activities and listening to MP3 recordings of meditation practices.  (Total dosage = 25 hours) | 100% | BMI greater than 30 | Pre, Post, 3 mo FU | 5 | 30.6 (6.43) | 32.38 (SD = 1.98, range 30 – 35) | | 0% | | 1 | | AUS | 0% | BMI (inclusion); BISS; CEAS; OAS; SCS; EAT-26; IPAQ; PSQ, FG | |
|  |  | ***Findings:*** Results indicated that CFT had a positive impact on reducing body weight shame, increasing compassion and improving health engaging behaviours (relationship with food and exercise). Qualitative feedback indicated the importance of the group dynamics to help with the de-shaming of body appearance for individuals. | | | | | | | | | | | | | | | | | |
| Duarte, et al., (2019) | T, C | T: CFT Integrated Slimming World Program; C: Slimming World Program | Group | Overall, weekly meetings lasting 1.5 hours with no fixed duration plus online videos.  C: Sessions include: weekly weigh-in, behaviour change techniques (ie goal setting), action planning, self-monitoring and relapse management.  T: Completed the same material as control group with additional discussions structured around basic concepts of CFT and online video exercises of CFT techniques.  (Total dosage = not clearly reported) | 46.2% | Adults attending a commercial weight management programme, aged 18 years or older with a BMI of 20-70. | Pre, Post, 6 mo FU & 12 mo FU | 974 (T: 426; C: 548) | Not clearly reported | Not clearly reported | | Not clearly reported | | 1 | | UK | Post = 69%/ 73%; 6 month FU 57%;/64%; 12 month FU = 45%/45% | WFSCSRS; WFES; BISS; WFFS; TFEQ; RRR; BES; CEAS; weight | |
|  | ***Findings:*** The compassion intervention significantly reduced binge eating symptomatology and dropout, and improved psychological adjustments and self-evaluation, but did not affect weight outcomes. Compassion, self-reassurance and reductions in shame and self-criticism mediated the effect of the intervention on reductions of binge eating symptomatology. Negative self-evaluation, binge eating symptomatology, susceptibility to hunger and eating guilt were significant predictors of dropout. | | | | | | | | | | | | | | | | | | |
| Forbes, Moffitt, Bokkell & Donovan (un published) | T | T: Self-Compassion for Women Workshop (informed by CFT Gilbert, 2010) | Group | 2 group sessions lasting 7 hours. Workshop consisted of psychoeducation on compassion with all activities having a self-compassion focus as applied to de-stigmatising obesity, relaxation techniques, imagery work, and writing tasks, homework exercises, and relapse and prevention planning.  (Total dosage = 14 hours) | 100% attended both sessions and completed all assessment | Females, 18 years and over, BMI greater than 25, internalised weight stigma. Not pregnant or planning on becoming pregnant 6 months from sign up. | Pre, Post, 3 mo FU | 15 | 43.40 (SD = 12.38) | 38.13 (SD = 8.50, range = 27.64 – 58.14) | | 0% | | 0 | | AUS | .6% | SCS; IWBS; BMI; SWLS; WEB-SG; ULS-8; DASS-21; SSI; WBIS; BIC; WEL-SF; | |
|  | ***Findings:*** Significant increase in self-compassion, life satisfaction and weight efficacy. Significant decrease in psychological distress, loneliness, internalised weight stigma, body shame, body dissatisfaction. | | | | | | | | | | | | | | | | | | |
| Horan & Taylor (2018) | T | T: Health Behaviour Change Program focused on Self-Compassion and Mindfulness | Group | 10 x 1hr weekly sessions of 30 minute didactic psychoeducation and 30 minutes of guided group exercise. Psychoeducation incorporated: self-compassion, mindfulness nutrition, exercise and stress management.  (Total dosage = 10 hrs) | Average attendance was 8.2 sessions (SD = 1.6) | University faculty and staff | Pre, Post | 24 | 51.8 (SD = 12.2) | 29.05 (8.24) | | 21% | | 1 | | USA | Not clearly reported | FFMQ-SF, SCS-SF, DSQ, PACE+ DFSM, SQUASH, MEQ, SWLS, SEM, JDS, weight, BMI, Inches, HR | |
|  | ***Findings:*** A significant increase was reported from pre to post-test across physical domains ie thigh circumference, muscular endurance, abdominal crunches, leisure time physical activity, mindful eating and mindful exercise as well as mindfulness and self-compassion. In addition to affective well-being. Significant decreases were reported for reduction of consumption of fat. | | | | | | | | | | | | | | | | | | |
| Joplin (Dissertation 2015) | T | T: Body Positive workshop | Group | 1 x 8 hr workshop contend included: critical viewing of societal messages about health and weight, psycho-education about intuitive eating and movement, experiential exercises to assist with building self-compassion and appreciate every body’s unique beauty.  (Total dosage = 8 hours) | Not clearly reported | 18 years and older, concerns of: body image, disordered eating and/or an eating disorder | Pre, Post, 1 mo FU | 39 | M = 20 - 29 years old. Range 18-65 | Not reported | | 0% | | 1 | | USA | Pre = 100%; Post = 100%; FU = 79.2% | BAS: SCS; IES-2 | |
|  | ***Findings:*** Significant improvements body appreciation and intuitive eating but not SC were found at post-test. Results were maintained at 1 month FU assessment. | | | | | | | | | | | | | | | | | | |
| Mantzios & Wilson (2015) | T1; T2; C | T1: Mindfulness meditation, T2: Mindful Self Compassion (MSC), C: Psychoeducation | Group | Overall, 2 x 3 hour workshops for mindfulness; 3 x 3 workshops for MSC.  Plus home practice 20-30 minutes across 5 weeks.  All groups received psychoeducation material relating to eating behaviours and weight loss. T1 & T2: received mindfulness & LKM training T2: received SC meditation training and SC psychoeducation. C: Treatment-As-Usual where participants watched their weight and food consumption.  (Total dosage = T1 = 35 hours; T2 = 50 hours ;C = 2 hours) | Not clearly reported | Military employees not clinically obese | Pre, Post, 6 mo & 12 mo FU | 63 (19 T1; 14 T2; 30 TAU) | 22.03 (SD = 3.10) | 26.63 (SD = 4.35) | | 95% | | 0 | | Greece | Overall attrition = 28.4% (T1 = 34.5%; T2 = 51.7%;). | BMI | |
|  | ***Findings:*** Participants lost weight in both experimental groups, while the control group gained weight during the initial 5 weeks. 6 month follow-up results revealed that only the mindfulness with self-compassion meditation group continued losing weight, while the mindfulness meditation group showed no significant weight differences. At a 1-year follow-up, both experimental groups regained some weight, while the control group paradoxically lost weight. Overall, the mindfulness with self-compassion meditation group lost significantly more weight than either of the two remaining groups (which did not significantly differ). | | | | | | | | | | | | | | | | | | |
| Mantzios & Wilson (2014) (Study 3) | T1; T2 | T1: Mental construal focused on self-compassionate eating; T2: Mindful Self-Compassion Meditations | Group | T1: Participants spend a few moments prior and during meals to consider ‘how important is it for me and all people to eat healthy?’ or ‘How kind are you to yourself now that you eat this meal?’; T2: 3 full day introduction to mindfulness and LKM with self-compassion. Plus 3 times per day practice for 5 weeks.  (Total dosage = not clearly reported) | Not clearly reported | Undergraduate students trying to lose weight. | Pre, Post, 3 mo FU | 98 | 23.30 (SD = 5.53) | 25.79 (SD = 3.97) | | 58% | | 1 | | Greece | Not clearly reported | SCS; MAAS; ATQ; CBAS | |
|  | ***Findings:*** Compared the concrete construal diaries with a mindful self-compassionate meditation programme. There was no difference in weight loss at the end of the intervention, but at a three-month follow-up, the dieters performed better at weight maintenance. | | | | | | | | | | | | | | | | | | |
| Moffitt, Neumann & Willison (2018) | T1; T2; C | T1: Self-compassion T2: Self-esteem, C: Positive distraction | Not clearly stated | Participants were asked to spend 3 minutes writing a paragraph to themselves. Instructions were dependent upon group allocation: T1: self-compassion (write a paragraph to yourself expressing loving kindness, compassion and understanding); T2: self-esteem (describe positive qualities); C: positive distraction (control) (describe a hobby that you enjoy).  (Total dosage = 3 minutes) | 97% completed the tasks as instructed | Female, undergraduate students | Pre, Post | 153 | 22.49 (SD = 6.96) | 23.44 (SD = 4.82) | | 0% | | 0 | | AUS | 0.2% | SCS; RSES; EDI-BD; VAS; SIM; | |
|  | ***Findings:*** At post-intervention, state weight dissatisfaction and appearance dissatisfaction were significantly lower and self-improvement motivation was significantly higher in the self-compassion group than in both the self-esteem and control groups. Trait body dissatisfaction moderated the efficacy of the intervention whereby the benefit of the self-compassion intervention became evident at moderate levels of trait body dissatisfaction, and was most apparent at high levels of body dissatisfaction. | | | | | | | | | | | | | | | | | | |
| Palmeira, Cunha & Pinto-Gouveia (2017) | T; C | Kg-Free (see Palmeira, Pinto-Gouveia & Cunha, 2017) | Group | See Palmeira, Pinto-Gouveia & Cunha (2017) | See Palmeira, Pinto-Gouveia & Cunha (2017) | See Palmeira, Pinto-Gouveia & Cunha (2017) | Pre, Post, 3 mo FU | 60 | 34.09 (SD = 5.3) | 42.55 (SD = 9.05) | | 0% | | 1 | | Portugal | Not clearly reported | WSSQ; ORQBW; TFEQ-R21; AAQW-R; OAS; SCS; FFMQ-15 | |
|  | ***Findings:*** At post-treatment and 3-month follow-up, participants reported increased quality of life, mindfulness and self-compassion abilities and decreased weight self-stigma, emotional eating, shame, weight-related experiential avoidance, self-criticism and body mass index. Shame and self-criticism reductions were important mediators of changes in health-related outcomes, whereas weight related experiential avoidance, mindfulness and self-compassion mediated changes in weight and eating-related outcomes. | | | | | | | | | | | | | | | | | | |
| Palmeira, Pinto-Gouveia & Cunha (2017) | T; C | T: An acceptance, mindfulness and compassion-based group intervention (Kg-Free); TAU (medical and nutritional appointments). | Group | Overall 1 session per week for 10 weeks plus 2 x 2.5 booster sessions.  T: The Kg-Free Program included: (1) psychoeducation on eating and emotions; (2) mindfulness; (3) values and committed action towards healthy behaviours; (4) acceptance and defusion skills; and (5) self-compassion as an antidote for shame and self-criticism, and explicitly developed through experiential exercises (e.g., loving-kindness and self-compassion meditations). Participants received a manual and audio files for homework exercises.  C: Treatment-As-Usual, included medical appointments, physical examinations, nutritional appointments individuals are weighed, receive tailored dietary recommendations, and physical activity prescriptions (at least 3 times per week of moderate to high intensity physical exercise is usually recommended).  (Total dosage T = 30 hours; TAU: Not clearly reported) | 88% of participants attended majority of the 12 sessions (M = 10.89; SD = 1.12); TAU: not clearly reported | Females between 18 and 55 years old with a BMI greater than 25. Do not meet criteria for binge eating disorder, severe psychiatric conditions, medical conditions that affect weight and medication associated with significant weight or appetite changes. | Pre, Post | 73 (T = 36; C = 37) | T 41.97 (SD = 8.79); C 42.73 (SD = 8.36) | T 34.82 (SD = 5.26); C 33.65 (SD = 4.83) | | 0% | | 1 | | Portugal | 13% / 13% | WSSQ; ORWELL-97; TFEQ-R21; BMI; Waist Circumference; Total Cholesterol; GHQ-28; Physical exercise; AAQW-R; FSCRS; SCS; FFMQ-15 | |
|  | ***Findings:*** Overall, participants enrolled in Kg-Free found the intervention to be very important and helpful when dealing with their weight-related unwanted internal experiences. Moreover, when compared with TAU, the Kg-Free group revealed a significant increased health-related QoL and physical exercise and a reduction of weight self-stigma, unhealthy eating behaviours, BMI, self-criticism, weight-related experiential avoidance and psychopathological symptoms at post-treatment. Results for self-compassion showed a trend towards significance, whereas no significant between-groups differences were found for mindfulness. | | | | | | | | | | | | | | | | | | |
| Pineau (Dissertation 2014) | T1; T2; C | T1 = Mindful Sport Performance Enhancement (MSPE) T2; Mindful Sport Performance Enhancement-SC (MSPE-SC) influenced by Neff (MSC) & Gilbert (CFT); C: waitlist control | Group | 90 minute (MSPE/MSPE-SC) once per week for 6 weeks.  T1: Sport specific meditation and skill building, group discussion, homework guided meditation practice plus daily meditation practice log.  T2: replication of T1 with the inclusion of self compassion scripts for exercises (i.e., common humanity, kindness and loving kindness meditation).  C: waitlist control  (Total dosage = 9 hours) | 75%; n = 45 completed the post-intervention assessment (T1 = 12; T2 = 11; C = 22) and 42 completed follow-up assessment (MSPE = 12; MSPE-SC = 9; C = 21). 39 completed PA (T1 = 11; T2 = 11, C= 17). 28 Completed post-intervention time trial (MSPE = 10; MSPE-SC = 6; C = 12). 15 participated in actual race (T1 = 9; T2 = 2, C = 4) | Member of college cross country teams | Pre, Post, 6 mo FU plus Pre, Post time trials | 55 (T1 = 16; T2 = 15; TAU = 24) | Not reported | Not reported | | 47% | | 0 | | USA | Not clearly reported | PHLMS; FFMQ; EAT-26; MBSRQ-ASI-R; BICSI; SCS; CSCI; SAS; TDRS; DFS-2; MCSDS-SF; RPL; CEQ; PL; CSAI-2R; FSS-2; TMS; MPL; | |
|  | ***Findings:*** Runners who received MSPE and MSPE-SC showed no changes in state or trait mindfulness, self-compassion, performance, most performance-related variables, or body image | | | | | | | | | | | | | | | | | | |
| Seo (Dissertation 2015) | T1; T2; C | T1: Mindfulness Meditation (MM); T2: Innate Compassion Training (ICT) C: Psychoeducation | Individual | Interventions were delivered using 20-minute podcasts, that were recommended to be listened to 3-5 times each week for either 3 weeks (Cohort 1), 1 week (Cohort 2), or 1 time per week for 1 week (Cohort 3)  T1 = mindfulness meditation (MM), T2 Loving-Kindness Meditation (ICT), C = Body Image (BI) – readings on how to improve body image dissatisfaction.  (Total dosage = 30 hours Cohort 1; 1 hour Cohort 2; 20 minutes Cohort 3) | Cohort 1 = 12%; Cohort 2 = 100%; Cohort 3 = 69% completed all assessment | Female, 18 years or older, body image issues, access to computer and listening device | Pre, Post, 3 mo FU | 474 (Cohort 1 = 269, Cohort 2 = 32, Cohort 3 = 176) | Not clearly reported | Not clearly reported | | 0% | | 0 | | USA | Cohort 1 = 88%/ 90%; Cohort 2 = 0% / 0%; Cohort 3 = 30% | SCS; BISS; BSQ-16;BAS; CSWS; | |
|  | ***Findings:*** statistically significant results were obtained between pre and post-test across all groups. A significant increase of self-compassion, body image, body appreciation, body dissatisfaction and contingencies of self-worth. Statistically significant results were obtained between pre and post-test across all groups. A significant increase of self-compassion, body image, body appreciation, body dissatisfaction and contingencies of self-worth. Increases from pre-test to post-test was reported across all conditions. The largest improvement was seen in the ICT condition in cohorts 2 and 1 for body appreciation and self-worth. Respondents in conditions ICT and Control Group (Body Image) had slightly higher improvements than the MM group on Body dissatisfaction. | | | | | | | | | | | | | | | | | | |
| Stern & Engeln (2018) (Study 1) | T1; T2; T3; C | T1: General self-compassionate letter; T2: Body- compassionate letter; T3: Body- functionality-focused letter; C: Neutral writing task | Individual | Prompts were provided for each intervention group to induce self-compassion (T1 & T2). T1 was general self-compassion and focused on personal strengths, weaknesses, and imperfections T2; was directed specifically toward the body's strengths, weaknesses and imperfections. T3: The body-function prompt encouraged participants to reflect on all that their body does to get them through each day. C: was directed to write about the previous day.  (Total dosage = 25 minutes) | 97% successfully passed attention checks | Females, 18 years or older, enrolled in university | Between groups experimental design | 251 (T1 = 62; T2 = 61; T3 = 60; C = 61) | 19.44 (SD = 1.22) | 22.24 (SD = 3.68) | | 0% | | 0 | | USA | 3% failed attention checks | PNAS-Brief; BISS | |
|  | ***Findings:*** Greater positive affect was found in the in the experimental groups relative to the control. No significant differences between the three experimental conditions was found for negative affect, the contrast comparing the three experimental conditions to the control condition was not significant. No significant differences between any of the three experimental conditions. Greater body satisfaction was found for the experimental conditions. | | | | | | | | | | | | | | | | | | |
| Stern & Engeln (2018) (Study 2) | T1; T2; C1; C2 | T1: General self-compassionate letter, T2: Body-compassionate letter: C1: Neutral self prompt; C2 Neutral body prompt | Individual | Prompts were provided for each intervention group to induce self-compassion (T1 & T2). T1 was general self-compassion and focused on personal strengths, weaknesses, and imperfections T2; was directed specifically toward the body's strengths, weaknesses and imperfections. C1: participants were asked to describe their bodies. C2: Participants were asked to describe themselves (with no specific reference to the body in the instructions).  (Total dosage = 15 minutes) | 96% successfully passed attention checks | Females, 18 years or older, enrolled in university | Between groups experimental design | 241 (T1 = 57; T2 = 59; C1 = 60; C2 = 56) | 19.31 (SD = 1.30) | 22.03 (SD = 3.89) | | 0% | | 0 | | USA | 4% failed attention checks | PNAS-Brief; BISS | |
|  | ***Findings:*** A significant main effect of compassion cues on positive affect was found. Compassion condition reported greater positive affect than the neutral conditions. A significant main effect of focus, with greater positive affect in non-body-focused conditions. There was a non-significant interaction between focus and compassion. The overall model of analysis was statistically significant. A significant main effect of compassion cues on negative affect was found, with self-compassion cues leading to lower negative affect. There was a significant main effect of compassion cues on body satisfaction however non-significant main effect of focus and the interaction between focus and compassion. | | | | | | | | | | | | | | | | | | |
| Stern & Engeln (2018) (Study 3) | T1; T2; T3; C | T1: General self-compassionate letter; T2: Body-compassionate letter; T3: Body- functionality-focused letter; C: Positive life event | Individual | Prompts were provided for each intervention group to induce self-compassion (T1 & T2). T1 was general self-compassion and focused on personal strengths, weaknesses, and imperfections T2; was directed specifically toward the body's strengths, weaknesses and imperfections. T3: The body-function prompt encouraged participants to reflect on all that their body does to get them through each day. C: was directed towards a positive life event.  Across all conditions participants were instructed to re-read and reflect upon their sentences. No timing requirements were enforced with respect to writing or reflecting on the sentences.  (Total dosage = NA) | 78% successfully passed attention checks | Female, 18 years or older, active sorority member | Between groups experimental design | 1158 (T1 = 209; T2 = 191; T3 = 245; C = 264) | 20.15 (SD = 6.33) | 22.41 (SD = 3.49) | | 0% | | 0 | | USA | 12% wrote three or fewer sentences and 11% failed attention checks | PNAS-Brief; BISS | |
|  | ***Findings:*** Experimental conditions reported higher positive affect than those in the control condition. The three experimental letter-writing conditions indicated significantly higher levels of body satisfaction for experimental conditions. | | | | | | | | | | | | | | | | | | |
| Stuart (Dissertation 2015) | T; C | T: Live health positive (LHP) with self-compassion focus; C: Non diet program (NDP) | Group | 1 x 60 minute non-diet approach lecture for 10 weeks. Both groups received lecture, group discussion, hands on experience and take-home activities. Interventions for both groups taught intuitive eating, intuitive exercise and finding enjoyment forms of physical activity.  T: A health education program incorporating lessons from non-diet approaches, resilience and self-compassion (Neff)  C: Standard non diet program (NDP). Presentation of research supporting non-diet approach, pitfalls of using BMI as a health indicator and lack of evidence showing that weight loss prolongs life. In addition, self-acceptance through discussions around body image and acceptance.  (Total dosage = 10 hours) | 100% completed the program and assessment | 18 years or older, English speaking, employed at the university of Utah and Salt Lake community college | Pre, Post, 3 month FU | 29 (T = 17; C = 12) | T = 52.9 (SD = 10.4); C = 49.8 (SD = 11.5) | Not clearly reported | | 0% | | 1 | | USA | T = 0%; C = 16% | IES-2; MPAM-R; L-Cat2.2; PNAS; SIH; SCS-SF; FG | |
|  | ***Findings:*** Significant changes in intuitive eating over time in both groups. Intuitive eating significantly improved from pre-test to post-test and pre-test to follow-up, but there was non-significant from post-test to follow-up. Significant changes in enjoyment motivations for engaging in physical activity over time in the LHP group. Enjoyment motivations for physical activity significantly improved in the LHP group from pre-test to post-test however no significant results were reported from post-test to follow-up. There was a statistically significant difference between the LHP and NDP groups regarding enjoyment motivations for engaging in physical activity, with LHP reporting higher enjoyment motivations than NDP at post-test. No other significant differences were found. | | | | | | | | | | | | | | | | | | |
| Stuart (Dissertation 2009) | T | T: Quiet Your Inner Critic (QYIC) workshop, informed by Neff’s self-compassion. | Group | 1 x 1hr session. QYIC included: introduction to self-compassion, and self-criticism; examples of critical and compassionate self-talk, myths and facts about the effects of self-compassion, and characteristics of a compassionate response, writing exercises, compassion meditation, and discussion.  (Total dosage = 1 hour) | Not clearly reported | Females, attending university | Pre, Post | 8 | 21 (SD = 3.38) | Not clearly reported | | 0% | | 1 | | USA | Not clearly reported | SCS, APS-R, EAT-26, RSES | |
|  | ***Findings:*** Results indicated that participants scored significantly higher on self-compassion after the workshop than before the workshop. Post test data was only collected for SCS - 26 item. | | | | | | | | | | | | | | | | | | |
| Toole & Craighead (2016) | T; C | T: Compassion meditation training; C: Waitlist control | Individual | Participants attended two lab visits approximately 1 week apart.  T: completed a self-compassion meditation training exercise (20-minutes) with compassionate body scan (lab session plus days 1, 2 & 3), affectionate breathing (days 4 & 5) and LKM (days 6 & 7). Participants were sent an email each day for a week with a mediation to complete.  C: waitlist control condition.  (Total dosage = 2.6 hours) | Mean number of days participants in the intervention group listened to the podcasts (excluding Visit 1) was 1.5 (range: 0–6, SD = 2.09). | Undergraduate females | Pre, Post | 87 | 18.58 (SD = 0.87, range 18 - 21) | 22.20 (SD = 3.60) | | 0% | | 0 | | USA | 4.6% (T = 3; C = 1) | BMI, SCS, BAS, RSES, OBCS, Acceptability, Practice Frequency | |
|  | ***Findings:*** Results suggest that brief exposure to the basic tenets of self-compassion holds promise for improving aspects of self-compassion and BID | | | | | | | | | | | | | | | | | | |
| Voelker, Petrie, Huang & Chandran (2019) | T; C | T: Bodies in Motion (Neff self-compassion focus); C: Waitlist | Group | T: Program consisted of a 35 minute introduction session followed by 4, 75 minute sessions plus homework exercises. Session 1: Psychoeducation and mindfulness. Session 2: contextual factors and self-compassion. Session 3: Psychoeducation on appearance ideals and exposure. Continued practice of mindfulness and self-compassion. Session 4: self compassionate experiences and practice.  C: waitlist control condition  (Total dosage = 6 hours). | 62% considered completers. (T = 59%; C = 65%) | Female college athletes | Pre, Post, 3 month FU | 158 (T: 97; C: 61) | T: 19.53 (SD = 1.27); C: 19.64 (SD = 1.16) | T: 23.68 (SD = 1.16). C: 22.67 (SD = 3.03) | | 0% | | Not clearly reported | | USA | Over all 61%. Time 2 (n = 12) and Time 3 (n = 48). T:42%; C: 65% | WPS-F; PSPS; SATAQ-4; EDE-Q; BSS; BAS; BPSS-R; PNAS: FMI-SF; SCS-SF | |
|  | ***Findings:*** After program completion, Bodies in Motion athletes reported less thin-ideal internalization, as compared to the control athletes, over time. | | | | | | | | | | | | | | | | | | |
| Vimalakanthan, Kelly & Trac (2018) | T1; T2; C | T1: Self-Help Strategy of Caregiving (informed by Gilbert CFT); T2: Self-Help Strategy of Competition; C: Self-Help Strategy of distraction. | Not clearly stated | Overall, each condition included one lab session (1 hour) and home practice (48 hours).  T1: Participants were introduced to the idea that they have a compassionate focused mindset. Participants were asked to shift from seeing their appearance comparison target as a competitor and instead a fellow human being and then to generate caring thoughts and feelings towards the other. T2: Participants were encouraged to minimize any sense of inadequacy from their appearance comparison by thinking of the various ways in which they might be superior to their comparison target. Focused on domains outside of appearance in which they felt particularly superior to their comparison targets; C: Introduced participants to the approach of distracting oneself from continuing the make comparisons. This was achieved by asking them to count backwards in threes from 50.  (Total dosage = 1 hour) | 88% considered completers | Females that made physical appearance comparisons. | Pre, Post | 120 (T1 = 42; T2 = 39; C = 39) | 20.7 (SD = 2.24) | 21.7 (SD = 3.10) | | 0% | | 0 | | USA | .5% did not completed post measures; (T1 = 3; T2 = 2; C = 2). .2% failed attention checks (T1 = 1; T2 = 2; C = 1). .3% excluded as outlyers (T1 = 0; T2 = 4; C = 1) | SCO, BSQ-16B, EDE-Q, BEECOM, CEQ, | |
|  | ***Findings:*** Although there was no main effect of condition, trait social comparison orientation interacted with condition to predict outcomes. Among women engaging more frequently in social comparison, the caregiving condition was more effective than the Competition condition at reducing body dissatisfaction, restrained eating, and body, eating, and exercise-related comparison. | | | | | | | | | | | | | | | | | | |
| Ziemer, Lamphere, Raque-Bogdan & Schmidt (2018) | T1; T2; C | T1: Self-compassion writing, T2: Expressive writing; C: diary writing: | Individual | Participates wrote online for 20 minutes once a week for three weeks.  T1: wrote about their body image from a self-compassionate perspective; T2: wrote about their deepest feelings associated with their body image; C: wrote write about the events of their day in a factual and detail oriented way.  (Total dosage = 1 hour) | T1:81%; T2: 80%, C:89% | Females, 18 years and over, enrolled in college/university. | Pre, Post | 152 | T1; 19.10 (SD = .22); T2 19.20 (SD = .22), C 18.92 (SD = .22) | Not reported | | 0% | | 0 | | USA | 17% (T1 = 10; T2 = 10C = 6) | BAS-2; BIQLI; PNAS; SCS; Acceptability | |
|  | ***Findings:*** Results indicated that negative and positive affect decreased for all three groups. There were no differences between groups on positive body image or affect; however, the self-compassion writing group reported greater increases in self-compassion. Moreover, mediator models revealed that the effect of group (self-compassion vs. traditional/control writing) on body appreciation and body image quality of life was mediated by self-compassion. | | | | | | | | | | | | | | | | | | |

*Note.* A&D = Acceptance and Diffusion; AAQW-R = Acceptance and Action Questionnaire for Weight-Related Difficulties-Revised; APS-R = Almost Perfect Scale-Revised; ASIR-R = Appearance Schemas Inventory-Revised; ATQ = Automatic Thought Questionnaire; BAQ = Body Awareness Questionnaire; BAS = Body Appreciation Scale; BAS-2 = Body Appreciation Scale 2; BES = Binge Eating Scale; BEECOM = Body Image Concern Subscale; BICS = Body Image Coping Strategies Inventory, BIQLI = Body Image Quality of Life Inventory; BISS = Body Image Shame Scale; BMI = Body Max Index; BSQ = Body Shape Questionnaire; BSQ-16A Body Dissatisfaction; BSQ-16B = Body Shape Questionnaire; CBAS = Cognitive Behavioural Avoidance Scale; CEQ = Credibility and Expectations Questionnaire; CEAS = Compassion Engagement and Action Scale; CFT = Compassion Focused Therapy; CMT = Compassionate Mind Training; CSCI = Carolina Sport Confidence Inventory; CSWS = Contingencies Self-Worth Scale; DASS-21 = Depression Anxiety Scale; DFS-2 = Dispositional Flow Scale-2; DSQ = Dietary Screener Questionnaire; EAT = The Eating Attitudes Test; EDE-Q = Dietary Restraint Subscale; EDI-BD = Eating Disorders Inventory – Body Dissatisfaction Subscale; FFMQ = Five Facet Mindfulness Questionnaire; FFMQ-SF = Five Facet Mindfulness Questionnaire – Short Form; FG = Focus Group; FMI = Freiburg Mindfulness Inventory; FSCRS Forms of Self-Criticizing/Attacking & Self-Reassuring Scale; FSS-2 = Flow State Scale -2; GHQ = General Health Questionnaire; HPLP = Health-Promotion Lifestyle Profile II; HR = Heart Rate; IES-2 = Intuitive Eating Scale – 2; IPAQ = International Physical Activity Questionnaire; IWBS = Internalised Weight Bias Stigma; JDS = Job Diagnostic Survey; L-Cat2.2 = Stanford Leisure Time Activity; LKM = Loving Kindness Meditation; ULS-8 = UCLA Loneliness Scale – Short Form; MAAS = Mindful Attention and Awareness Scale; MBSRQ-AS = Multidimensional Body-Self Relations Questionnaire-Appearance Scale; MCSDS = Marlowe Crowne Social Desirability Scale; MCSDS-SF = Marlowe Crowne Social Desirability Scale – Short Form; MEQ = Mindful Eating Questionnaire; MPAM-R = Motives For Physical Activity Measure-Revised; MPL = Mindfulness Practice Logs; MSPE = Mindful Sport Performance Enhancement; MSPE-SC = Mindful Sport Performance Enhancement-Self Compassion; OAS = Other As Shamer Scale; OBCS = Objectified Body Consciousness Scale; ORWBQ = Obesity Related Well-Being Questionnaire; PACE+ DFSM = PACE+ Dietary Fact Screener Questionnaire; PANAS-Brief = Positive and Negative Affect Scale-Brief; PNAS = Positive and Negative Affect Scale; RCSAI-2 = Revised Competitive Sport Anxiety Inventory-2; PE = Program Evaluation; PHLMS = Philadelphia Mindfulness Scale; PSPS: Perceived Sociocultural Pressures Scale; PSQ = Program Satisfaction Questionnaire; POMS = Profile of Mood States; RA = Running Activities; RSES = Rosenberg Self-Esteem Scale; SAS = Sport Anxiety Scale; RRR = The Revised Rigid Restraint Scale; RPL = Running Practice Logs; SATAQ - 4 = Sociocultural Attitudes Towards Appearance Questionnaire-4; SCO = Social Comparison Orientation; SCS = Self-Compassion Scale; SCS-SF = Self-Compassion Scale - Short Form; SEM = State Energy Measure; SIBID-S = Situational Inventory of Body Image Dysphoria-Short Form; SIH = Single-Item Self-Report Health Measure; SIM = Self-Improvement Motivation; SQUASH = Short Questionnaire to Assess Health Enhancing Physical Activity; SRBW = Self-Report Body Weight; SSI = Stigmatizing Situations Inventory; SWLS = Satisfaction With Life Scale; TAU = Treatment As Usual; TDRS = Thoughts During Running Scale; TFEQ = Three Factor Eating Questionnaire; TFEQ-R21 = Three Factor Eating Questionnaire-21R; TMS = Toronto Mindfulness Scale; VAS = Visual Analogue Scale; WBIS = Weight Bias Internalization Scale, WEB-SG = Weight and Body-Related Shame and Guilt Scale; WELQ = Weight Efficacy Lifestyle Questionnaire, WELQ–SF = Weight Efficacy Lifestyle Questionnaire Short Form; WSSQ = Weight Self-Stigma Questionnaire; WPS-F = Weight Pressures in Sports for Females; WFSCSRS = Weight-Focused Self-Criticism/Self-Reassuring Scale; WFES = Weight-Focused External Shame Scale; WFFS = Weight-Focused Feelings Scale.