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RESEARCH ARTICLE

The self-embrace technique: A pilot study on enhancing self-acceptance in university students

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ABSTRACT

University students frequently encounter psychological challenges, including stress, diminished self-esteem, and difficulties with self-acceptance, which can impair academic performance and well-being. This pilot study introduces the Self-Embrace Technique (SET), a brief intervention that integrates self-compassion practices with embodied exercises and evaluates its effects on self-acceptance while exploring changes in self-esteem and perceived stress. Twelve undergraduate students completed a four-session programme over two weeks. Standardised scales were administered pre- and post-intervention: the Rosenberg Self-Esteem Scale, an 8-item Self-Acceptance Scale, and a shortened 5-item Perceived Stress Scale. Quantitative analyses revealed a large, significant increase in self-acceptance ($p < .001$; Cohen's $d = 1.57$), whereas changes in self-esteem and perceived stress did not reach statistical significance. Qualitative feedback indicated greater self-kindness, embodied calm, and heightened emotional awareness. These preliminary findings suggest that SET is feasible and may strengthen student well-being by directly targeting self-acceptance as a protective factor. Given the small, homogeneous sample and exploratory design, results should be interpreted cautiously; nonetheless, the study offers a foundation for future controlled trials in higher education settings.

Keywords: perceived stress; pilot study; self-acceptance; Self-Embrace Technique; self-esteem; university students

University students often face multiple academic, social, and personal pressures that place them at risk of psychological distress (Gull et al., 2026). Research consistently shows that this stage of life is marked by heightened stress, low self-esteem, and difficulties with self-acceptance (Arnett, 2014; Misra & McKean, 2000; Qian et al., 2022)). These challenges can undermine mental health and academic performance, highlighting the need for effective interventions that build resilience and a positive sense of self (Beiter et al., 2015; Diener et al., 2018; Pinto-Coelho & Relojo, 2017).

Self-esteem has long been considered central to mental health and is defined as an individual's overall evaluation of self-worth (Rosenberg, 1965). Low self-esteem is associated with anxiety, depression, and poor academic adaptation (Orth & Robins, 2014). Yet scholars argue that self-esteem alone does not capture the full picture of self-related well-being (Deci & Ryan, 1995; Neff, 2011).

Self-acceptance, by contrast, refers to the ability to acknowledge and embrace one's strengths and limitations without harsh judgement, and has been identified as a more stable and adaptive foundation for psychological health (MacInnes, 2006; Ryff, 1989). While self-esteem often depends on external validation, self-acceptance promotes unconditional self-regard and emotional balance (Chamberlain & Haaga, 2001). Students with higher self-acceptance typically demonstrate better emotion regulation, lower stress sensitivity, and more positive interpersonal relationships (Neff & Germer, 2013).

University life brings numerous stressors, from academic workload and financial pressure to the broader transition towards independence (Pascoe et al., 2020; Relojo et al., 2018; Robotham & Julian, 2006). Persistent exposure to these demands contributes to burnout and emotional exhaustion, with consequences that extend beyond academic performance into long-term psychological functioning (Dyrbye et al., 2006). Interventions that address both the symptoms of stress and the underlying self-concept are therefore essential to supporting student well-being in any sustained way.

In recent years, mindfulness and self-compassion programmes have been widely adopted as tools for reducing self-criticism and promoting psychological well-being (Neff, 2003; Neff & Germer, 2013). However, many of these

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interventions remain primarily cognitive or reflective in their orientation, engaging the mind more than the body. Emerging evidence on interoception and embodied self-awareness suggests that integrating bodily experience into therapeutic practice can deepen emotional regulation and foster a greater sense of internal safety (Mehling et al., 2011). Approaches that engage both mind and body may therefore offer a more complete pathway towards durable self-acceptance.

The Self-Embrace Technique (SET) extends existing compassion-based models by combining self-compassion and embodiment within a single integrated practice. Rather than relying solely on reflective or cognitive strategies, SET incorporates a physical act of self-hugging alongside guided imagery and compassionate inner dialogue. This embodied gesture provides a direct, sensory experience of warmth and self-directed care, translating self-compassion from abstract reflection into felt bodily reality. By grounding the practice in somatic experience, SET aims to make self-kindness more immediate and personally meaningful for participants.

Designed to be brief, low-cost, and culturally adaptable, SET offers an accessible tool for university students who may lack access to formal psychological support. By simultaneously engaging cognitive, emotional, and somatic processes, the technique encourages participants to internalise self-kindness and cultivate unconditional self-acceptance as a protective factor for resilience. Its brevity and simplicity also make it feasible for delivery in group educational settings, without requiring specialist clinical infrastructure.

Despite the growing literature on mindfulness and compassion-based interventions, few studies have explored how embodied compassion practices directly enhance self-acceptance as a primary outcome. Most research has focused on stress reduction or cognitive restructuring rather than on integrative, body-inclusive methods suited to student populations (MacInnes, 2006). This gap suggests the need for exploratory work that places self-acceptance at the centre of intervention design.

The present pilot study therefore aims to evaluate the preliminary effects of the Self-Embrace Technique on self-acceptance, self-esteem, and perceived stress among university students in Vietnam. It seeks to determine whether a short, embodied practice can foster a more compassionate and accepting relationship with oneself, and to provide a foundation for future controlled trials in higher education contexts.

METHOD

Research design

This exploratory pilot study employed a convergent mixed-methods design to obtain both quantitative and qualitative insights into the Self-Embrace Technique (SET). Quantitative data were gathered using a pre-test and post-test approach, while qualitative data were collected through post-intervention interviews. This triangulated design provided a comprehensive understanding of the technique's preliminary effectiveness and the psychological experiences underlying change.

Participants

A purposive sample of 12 university students in Vietnam voluntarily participated in the study. Eligible participants were aged 18–29 and self-reported challenges with self-esteem, self-acceptance, or perceived stress. The sample was predominantly female (n = 10, 83.3%), with most participants (n = 8, 66.7%) aged over 25 years. Ten students (83.3%) were in their final year of study, and nine (75%) reported previous counselling or psychotherapy experience. All participants provided written informed consent prior to enrolment.

Intervention: The Self-Embrace Technique

The Self-Embrace Technique consisted of four guided sessions delivered over two consecutive weeks, each lasting approximately 30 to 45 minutes. SET is an integrative approach grounded in self-compassion theory (Neff, 2003), compassion-focused therapy (Gilbert, 2014), and embodiment research (Mehling et al., 2011). Rather than functioning as a procedural manual, SET was structured around five interrelated processes that engage cognitive, emotional, and somatic mechanisms of self-acceptance.

The first process, grounding, focused on regulating the body to establish a foundation of emotional safety. Each session began with mindful breathing and body awareness exercises designed to activate the parasympathetic nervous system (Porges, 2011), stabilising attention and promoting a sense of internal calm as a precondition for deeper emotional work.

The second process, visualisation, involved accessing a compassionate inner image. Participants visualised a safe inner space and a version of themselves in need of care. This guided imagery engaged affective memory systems, enabling compassionate connection with vulnerable emotional states (Gilbert, 2014).

The third process, self-dialogue, centred on reframing inner speech. Participants practised gentle, compassionate self-talk grounded in cognitive reappraisal theory (Gross, 2015), transforming critical internal narratives into more supportive ones and fostering a more balanced self-perception.

The fourth process, embodied compassion, involved experiencing self-kindness through physical action. Through a self-hug, participants enacted warmth and self-directed protection. Physical self-contact of this kind can activate oxytocin release and the affiliative system, enhancing feelings of safety and self-worth (Porges, 2011).

The fifth and final process, reflection, supported the integration of emotional insight. Sessions concluded with brief journaling or group reflection. Writing about emotional experiences promotes meta-cognitive integration (Pennebaker, 1997), helping participants consolidate new self-understanding and strengthen self-acceptance over time.

Measures

Three quantitative measures were administered at pre- and post-intervention, alongside post-intervention qualitative interviews.

The Rosenberg Self-Esteem Scale (RSES) is a widely used 10-item instrument that measures global self-worth by assessing both positive and negative feelings about the self (Rosenberg, 1965). The scale has been validated across multiple populations and is particularly suitable for use with university students.

The Self-Acceptance Scale (SAS) was developed specifically for this study, with items conceptually grounded in the work of MacInnes (2006) and Neff (2003). The 8-item scale was designed to assess unconditional self-acceptance, and internal consistency within the current sample was acceptable (Cronbach's $\alpha = 0.760$).

The adapted stress measure consisted of a brief 5-item questionnaire developed to assess participants' general levels of perceived stress. Items were conceptually based on the original Perceived Stress Scale (Cohen et al., 1983) but were adapted and shortened to suit the demands of a pilot context. Internal consistency in the current sample was good (Cronbach's $\alpha = 0.862$). The use of this non-validated instrument is acknowledged as a limitation of the study.

Post-intervention semi-structured interviews were conducted to gather in-depth qualitative data on participants' experiences with SET, its perceived effects, and any challenges encountered during the programme.

Procedure

After providing informed consent, participants completed pre-intervention measures before attending four facilitated SET sessions, delivered either in person or via secure online platforms. Following the final session, participants completed the same questionnaire battery and took part in a semi-structured interview. All ethical guidelines were observed throughout, including confidentiality, voluntary participation, and the right to withdraw at any stage without consequence.

Data analysis

Quantitative analysis was conducted using paired-samples t-tests to compare pre- and post-intervention scores for self-acceptance, self-esteem, and perceived stress. Effect sizes were reported as Cohen's d, and all analyses were carried out using SPSS. Qualitative analysis followed Braun and Clarke's (2006) six-phase thematic framework, applied to interview transcripts to identify recurrent experiential themes relating to change processes during the intervention.

RESULTS

Quantitative findings

Paired-samples t-tests were conducted to examine pre- and post-intervention changes in self-acceptance, self-esteem, and perceived stress. Table 1 presents the mean scores, standard deviations, *t*-values, *p*-values, and effect sizes.

Table 1
Comparison of Mean Scores Before and After the Intervention (N = 12)

Scales	Time	M (SD)	*t* (11)	*p*	Cohen's *d*
Self-Esteem (RSES)	Pre-test	31.83 (3.04)	–0.73	.482	0.21
	Post-test	33.58 (7.05)			
Self-Acceptance (SAS)	Pre-test	28.50 (2.07)	–5.45	< .001	1.57
	Post-test	47.92 (11.83)			
Perceived Stress (PSS)	Pre-test	2.92 (3.60)	–2.04	.066	0.59
	Post-test	15.67 (3.17)			

Self-acceptance showed a large and statistically significant increase following the intervention, t (11) = 5.45, p < .001, d = 1.57. Participants reported greater unconditional self-acceptance after completing the programme; however, this finding should be interpreted cautiously given the small sample size and the use of a non-validated scale.

Self-esteem showed a modest but non-significant increase (p = .482, d = 0.21), suggesting that short-term gains in self-acceptance did not yet extend to global self-worth within the timeframe of this pilot.

Perceived stress showed a trend towards increase from pre-intervention (M = 12.92, SD = 3.60) to post-intervention (M = 15.67, SD = 3.17), t (11) = 2.04, p = .066, d = 0.59. Although this change did not reach statistical significance, the pattern may reflect heightened emotional awareness rather than genuine increases in distress, an adjustment that has been observed in early stages of self-compassion practice (Germer & Neff, 2013).

Qualitative findings

Thematic analysis of the post-intervention semi-structured interviews identified five recurrent experiential themes, illuminating the psychological processes underlying participants' engagement with the Self-Embrace Technique. These themes were derived inductively from interview transcripts following Braun and Clarke's (2006) six-phase framework and collectively provide a textured account of how SET was experienced at cognitive, emotional, and somatic levels.

Theme 1: The Inward Journey: Reconnection and Self-Discovery

Participants described a process of rediscovering neglected or forgotten aspects of themselves, often framing the SET sessions as an opportunity to turn inward in ways that everyday life rarely permitted. One participant reflected: “It felt like I met a part of me I had long forgotten”. This sense of reconnection appeared to extend beyond momentary introspection, with several participants describing a renewed curiosity towards their own inner world. The structured use of visualisation and self-dialogue within SET seemed to create psychological conditions in which previously dismissed or suppressed self-aspects could be acknowledged and attended to with greater openness. These accounts suggest that SET may function partly as a vehicle for restorative self-contact, offering participants a form of inner encounter that is both emotionally meaningful and personally illuminating.

Theme 2: Silencing the Inner Critic: From Judgement to Empathy

A prominent theme across interviews was a reported shift in the quality of participants' internal dialogue, moving from harsh self-critical patterns towards gentler and more forgiving self-understanding. One participant noted: “Although the judgment still appears, I am kinder now; I can forgive myself”. This transformation was not described as the elimination of self-criticism but rather as an increased capacity to observe it with greater compassion and less reactivity. Participants spoke of developing a more balanced relationship with their own perceived failures and shortcomings. This finding aligns with theoretical accounts of self-compassion as involving a shift in perspective towards the self rather than a simple suppression of negative self-evaluation (Neff, 2003). The self-dialogue component of SET appeared particularly salient in facilitating this change, providing participants with structured language and imagery through which to practise more supportive inner speech.

Theme 3: Embodied Security and Calm

Participants frequently described feeling physically soothed and emotionally grounded during and after the self-hugging component of SET. One participant explained: "My body relaxed; I felt gentle and safe". These accounts suggest that the embodied gesture served as more than a symbolic act, producing tangible somatic shifts that participants associated with reassurance and inner calm. Several described a reduction in physical tension, a slowing of their breathing, and a general sense of settling within their bodies. These experiences are consistent with theoretical accounts of physical self-contact activating affiliative neurobiological systems, including those associated with oxytocin release and parasympathetic regulation (Porges, 2011). For some participants, this embodied sense of safety appeared to function as a foundation from which deeper emotional processing became possible, suggesting that the somatic dimension of SET may play a generative rather than merely supportive role in the change process.

Theme 4: Empowerment and Renewed Agency

Beyond the experience of calm, participants described a growing sense of personal confidence and capacity to face challenges that had previously felt overwhelming. One student reflected: "I realised I could handle things I thought I could not". This theme points to a functional dimension of SET that extends beyond emotional regulation into the domain of perceived self-efficacy. Participants spoke of approaching academic and interpersonal stressors with a greater sense of psychological resource, attributing this shift at least partly to the repeated practice of directing care and support towards themselves. This emergent sense of agency is consistent with theoretical links between self-compassion and adaptive coping, whereby internalising self-kindness may reduce the threat appraisal associated with difficult situations and support more flexible, problem-focused responses (Neff & Germer, 2013).

Theme 5: A Practical and Sustainable Tool

Participants placed notable emphasis on the perceived practicality of SET as a technique they could carry into their daily lives beyond the formal programme. One participant stated: "Yes, I will keep using it when life feels heavy". Rather than viewing SET as an intervention confined to a therapeutic context, participants described it as a portable and personally owned resource for self-care. Its brevity, simplicity, and embodied nature were cited as features that made it easy to remember and to adapt across different situations and emotional states. Several participants expressed intention to use it during periods of academic pressure, interpersonal difficulty, or emotional overwhelm. These accounts suggest that SET may support ongoing autonomous practice in ways that more cognitively demanding or session-intensive interventions do not, which is a relevant consideration for scalable delivery in university settings.

Integration of findings

The qualitative accounts align closely with the quantitative results, suggesting that the observed rise in self-acceptance reflects both statistically measurable and subjectively lived improvements in emotional self-connection. The themes illuminate the mechanisms through which SET may operate, pointing to the complementary roles of cognitive reappraisal, compassionate inner dialogue, and somatic experience in fostering unconditional self-acceptance. Collectively, the quantitative and qualitative findings indicate that SET fostered greater emotional awareness and self-acceptance, even where changes in perceived stress and self-esteem did not reach statistical significance. These preliminary outcomes provide a basis for deeper examination of SET's mechanisms and implications, which are addressed in the discussion that follows.

DISCUSSION

The present pilot study examined the potential of the Self-Embrace Technique (SET) as a brief, integrative intervention for enhancing self-acceptance among university students. Quantitative and qualitative findings jointly indicate that SET may serve as a promising and accessible tool for promoting psychological well-being through the cultivation of self-compassion and embodied awareness. At the same time, the results must be interpreted cautiously given the study's small sample size, absence of a control group, and exploratory design. The discussion that follows situates these findings within existing theory and evidence, considers the mechanisms through which SET may operate, and outlines implications for both research and practice.

The most notable finding was the large and statistically significant improvement in self-acceptance following the intervention ($p < .001$, d = 1.57). This aligns with theoretical expectations

derived from self-compassion frameworks (Gilbert, 2014; Neff, 2003), which propose that structured practices fostering warmth and non-judgement towards oneself can produce meaningful shifts in emotional well-being. Self-acceptance, as distinct from self-esteem, reflects an unconditional regard for oneself that does not depend on performance or external evaluation (MacInnes, 2006; Ryff, 1989). SET's explicit emphasis on compassionate self-dialogue and embodied safety appears to have directly targeted this construct, offering participants a mode of self-engagement that was both cognitively reframing and somatically grounding.

Participants' qualitative accounts reinforced this outcome, with many describing a transition from habitual self-criticism to a more measured and forgiving inner stance. This shift is consistent with theoretical accounts of self-compassion as involving a reorientation towards the self rather than the simple suppression of negative self-evaluation (Neff, 2003). Taken together, these findings suggest that self-acceptance can be cultivated even within a brief intervention when cognitive, emotional, and somatic components are meaningfully integrated. However, given the absence of a control group and the limited statistical power inherent to a pilot design, this conclusion should be regarded as preliminary. Future studies employing larger samples, validated measures, and longitudinal follow-up are necessary to determine whether these effects are robust, generalisable, and sustained over time.

The modest and non-significant increase in self-esteem (p = .482, d = 0.21) suggests that brief engagement with SET did not produce a detectable shift in participants' global evaluations of self-worth within the timeframe of this pilot. This finding is theoretically coherent. Self-esteem is considered a relatively stable trait that develops across extended periods and is shaped by social comparison, academic achievement, and interpersonal feedback (Orth & Robins, 2014). A four-session intervention spanning two weeks would not be expected to produce reliable change in so entrenched a construct. It is also possible that the mechanisms targeted by SET, namely compassionate self-dialogue, visualisation, and embodied safety, are more proximal to self-acceptance than to global self-worth, and that changes in self-esteem may emerge as downstream effects over a longer period of sustained practice. Future research might examine whether extended SET programmes or booster sessions produce cumulative effects on self-esteem as self-acceptance consolidates.

The trend towards increased perceived stress from pre- to post-intervention (M = 12.92 to M = 15.67; p = .066, d = 0.59), while not statistically significant, warrants careful consideration rather than dismissal. This pattern should not be interpreted straightforwardly as evidence of harm or inefficacy. Research on self-compassion and mindfulness-based interventions has documented an initial period in which heightened self-awareness temporarily amplifies perceptions of distress before emotional integration and regulation are consolidated (Germer & Neff, 2013). As participants turn inward and begin attending to previously avoided emotional content, the salience of stress-related experience may increase before subsiding.

This interpretation is supported by the qualitative data. Participants in Theme 1 described encountering aspects of themselves that had long been neglected or suppressed, with one noting that the experience felt like meeting a forgotten part of oneself. Encountering these neglected emotional states can initially generate tension, even as it marks the beginning of authentic acceptance. At the same time, the complementary theme of embodied security and calm, in which participants described feeling physically soothed and safe during self-hugging, suggests that SET provided sufficient somatic grounding to help participants remain present with difficult material rather than becoming overwhelmed by it. This balance between emotional activation and bodily reassurance may account for the observed increase in stress awareness without a corresponding escalation in subjective distress. Future studies with larger samples, validated stress instruments, and follow-up time points would be better positioned to determine whether this upward trend reflects a transient adjustment effect or a more problematic pattern.

A distinctive contribution of this study lies in its attention to embodiment as an active mechanism of psychological change. The self-hug component of SET offered participants a tangible, sensory experience of warmth and protection, complementing the cognitive and emotional dimensions of self-compassion practice. Consistent with polyvagal theory (Porges, 2011), physical self-contact may engage affiliative neurobiological systems, including those associated with oxytocin

release and parasympathetic activation, thereby supporting feelings of internal safety and self-worth. Participants' descriptions of feeling protected, calm, and physically relaxed during the self-hug illustrate how embodied experience can reinforce self-acceptance at both physiological and emotional levels simultaneously (Mohamed et al., 2023).

These findings are consistent with emerging research on body-based and somatically integrated mental health interventions, which suggests that engaging the body as an active site of therapeutic change can deepen and accelerate psychological processes that remain inaccessible through purely cognitive or verbal means (Fuchs, 2021; Mehling et al., 2011). The integration of embodied compassion with reflective awareness within SET therefore represents a theoretically grounded and practically innovative direction for student well-being programmes, particularly within cultural contexts that tend to emphasise self-discipline and achievement over self-kindness and acceptance.

Theoretically, this study extends the literature on self-compassion by foregrounding the role of embodiment in the cultivation of self-acceptance. It demonstrates how a brief, structured practice can translate abstract compassion principles into felt, lived experience, making them accessible to individuals who may find purely reflective or cognitive approaches less personally resonant. The study also contributes to a small but growing body of work suggesting that self-acceptance, rather than self-esteem, may represent a more tractable and psychologically stable target for brief interventions with university students (MacInnes, 2006; Ryff, 1989).

Practically, SET's brevity, low cost, and flexibility make it well suited to a range of university well-being contexts, including counselling services, preventive psychoeducation workshops, peer support programmes, and self-directed mental health initiatives. Its lack of reliance on clinical infrastructure or specialist training also makes it a viable option for deployment in resource-limited settings. Participants' expressed intention to continue using SET independently following the programme suggests that the technique may support autonomous ongoing practice, which is an important consideration for scalable public health approaches to student mental health. Its potential for adaptation across different cultural contexts warrants further exploration, particularly in settings where self-compassion practices may carry different social meanings or face different barriers to acceptance.

CONCLUSION

This exploratory pilot study provides preliminary evidence that the Self-Embrace Technique is a feasible and promising approach to fostering self-acceptance among university students. By integrating cognitive reflection, emotional compassion, and embodied practice within a brief and accessible format, SET offers a novel pathway for cultivating self-understanding and psychological resilience in a population frequently underserved by existing mental health provision.

Several limitations warrant caution in interpreting these findings. The small and predominantly female sample restricts generalisability, and the absence of a control group precludes causal inference. The non-validated Self-Acceptance Scale limits the interpretive strength of the primary outcome, and the lack of follow-up data means the durability of observed changes remains unknown. Future research should employ randomised controlled designs, validated measures, more diverse samples, and longitudinal follow-up to establish whether SET's effects are robust and sustainable. The inclusion of physiological indicators such as heart rate variability or salivary oxytocin would also help clarify the embodied mechanisms underlying change.

Despite these limitations, the study offers a meaningful contribution to the emerging literature on embodied compassion practices in higher education. If replicated under more rigorous conditions, SET may represent a scalable and culturally adaptable resource for supporting student mental health across diverse university contexts.

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