Original Article

The Relationship between Self-Compassion and Mental Health in Naresuan University Students

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Objective: The present study examined the relationship between self-compassion and mental health, and examined the predictive role of self-compassion in mental health in Naresuan University students.

Materials and Methods: A total of 390 undergraduate students participated in the present study. Three research instruments used in the present study included demographic characteristic questionnaires, the self-compassion scale [SCS], and Thai mental health questionnaires [TMHQ].

Results: The overall results showed that the majority of students had self-compassion at a moderate level (62.8%), followed by a high level (36.7%), and a low level (0.5%). From the research findings, the sample students tended to be at risk of having mental health problems, including social functioning deficits (0.8%), psychosis (5.6%), depression (12.1%), anxiety (22.8%), and somatization disorders (24.1%). In correlation analysis, self-compassion was found to be negatively correlated with mental health problems (r = -0.41 to -0.57, *p*<0.01). Moreover, the findings indicated that mental health problems were negatively predicted by self-compassion at 17.1% to 32.1%.

Conclusion: The study showed that self-compassion could be highly beneficial for protecting the individual against mental health problems. Therefore, it is advisable to teach self-compassion to undergraduate students.

Keywords: Relationships, Self-compassion, Mental health

Self-compassion is a self-attitude construct derived from Buddhist psychology which involved self-care and kindness when faced with adversities. It consisted of three components: self-kindness, a sense of common humanity, and mindfulness[1]. Self-kindness is acceptance of self as it is and treating oneself with love and understanding even in times of distress or failure. A sense of common humanity involved the perception that one's experiences is part of the larger human experience rather than isolated as the failure. Mindfulness is being aware of one's painful experiences without judgment, or being devalued, changed, or avoided; instead, Mindfulness is about being observant of one's thoughts and emotions without over-identifying with them[2].

Mental health problems among adolescent persists, and should therefore be the focus of this study. Adolescents confront stress and a fast-paced life that is replete with rapid changes in cognition, body, and mind[3]. They are concerned with risks of academic failure, appearances, and attractiveness to the opposite sex[4]. A rising number of students also coped with depression and anxiety when encountering problems[5]. A previous study indicated that a high level of self-compassion in university students was positively associated with life satisfaction, identity development, intrinsic motivation, and a decrease in negative affect over the academic result[6]. Self-compassion was found to have a significant, positive association with happiness, optimism, and posive affect, while

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preventing neuroticism[7]. The promotion of mental health to improve the quality of life in all aspects is significant as well as paving a way for maximizing mental health capacity. Specifically, it is one of the basic driving forces for personality development[8] and the basis for cultivating qualities of university students[5]. The better students' mental health, the better their educational performance[9].

The researchers chose Naresuan University because it is a comprehensive university and is top ranked in admission rate of the lower northern region. Most of its students stayed in dormitories. They were faced with major changes in study, self-adjustment, peer group, living life and lifestyle which may result in mental illness. In addition, the research was to examine the relationship between self-compassion and mental health in Naresuan University students and use its findings as a guideline for planning, prevention, promotion and learning arrangement for good mental health and success of its students.

Objective

The present study consisted of three objectives: 1) to study self-compassion and mental health, 2) to examine the relationship between self-compassion and mental health, and 3) to examine the predictive role of self-compassion in mental health. The study investigated whether self-compassion would be negatively correlated with all domains of mental health problems: somatization, depression, anxiety, psychosis, and social functioning.

Material and Method
Samples

The sample included 390 undergraduate students in the semester 1 of the academic year 2015/16 of Naresuan University from first-fourth academic years who were 247 women and 143 men by using the formula in case of knowing the population size, but not the proportion (Phattharayuttawat. 2003).

$$n_{pm} = \frac{NZ^2}{4NE^2 + Z^2}$$

When

n_{pm}	= the minimum sample size
N	= number of population (N = 18,810)
Z	= the value of the standard normal variable given (1.96 for a 95% CI)
E	= the acceptable sampling error (= 0.05 assumed in this study)

The sample was selected from Health Sciences, Science and Technology, and Social Sciences majors. The samples were randomly selected to respond to the questionnaires.

The present study was conducted under the approval of the Siriraj Institutional Review Board [SIRB], Faculty of Medicine, Siriraj Hospital, Mahidol University (Si. 504/2015). Informed consent was obtained from all participants.

Measurements
Self-compassion scale [SCS]

In the present study, the researchers employed the 26-item Self-Compassion Scale [SCS][1] translated into Thai version by Watcharawadee Boonsrangsom[10]. A five-point scale from 'almost never' to 'almost always' was selected varied upon how often the responder behaves in the stated manner. The scale was divided into six subscales, with three positive and three negative (e.g., "I'm disapproving and judgmental about my own flaws and inadequacies", "When I'm feeling down I tend to obsess and fixate on everything that's wrong", "When times are really difficult, I tend to be tough on myself", "I'm kind to myself when I'm experiencing suffering", "I try to see my failings as part of the human condition"). The subtotal of each subscale was divided by numbers of the item. Means were ranged between 1 to 5 points and then were interpreted. Internal consistency for the 26-item SCS-Thai version considering Cronbach's alpha was 0.83.

Thai mental health questionnaire [TMHQ]

The TMHQ was developed by Sucheera Phattharayuttawat, Thienchai Ngamthipwattana, and Kanokrat Sukhatunkha[11]. It is a 70-item self-report screening scale originally developed to identify possible presences of psychopathology for the Thai in the setting of community or a medical outpatient and inpatient clinic. Its objective is to screen for mental health problems among the general population by assessing an individual's mental health over a 1-month period. This 5-point scale was found to be significantly different at the 0.001 level between people with mental disorders and people without mental disorders. Cronbach's alpha of the questionnaire was 0.87, and of each scale was between 0.82 and 0.94. The total score was compared the mean with T-score of each group. T-score from 40 to 65 or less meant mental health state was normal while T-score above 65 indicated a mental health problem with that symptom. The symptoms that the TMHQ measures are based on the DSM-IV as follows: somatization, depression, anxiety, psychosis,

and social functioning.

Procedure

Permission was obtained from Deans of Naresuan University to allow the process of data collection, and the faculty and student participants were informed about the purposes and protection of rights of the study to students. Participation in the study was voluntary. Self-report questionnaires were administered in a quiet classroom setting. The demographic data, self-compassion level, and mental health state were reported by frequency, percentage, mean, SD, and min-max. Pearson correlation coefficient was calculated to assess statistical significance for the relationship of self-compassion and mental health problems, and a simple linear regression coefficient was used to analyze the use of self-compassion as a predictor of mental health problems.

Ethical consideration

The present study was conducted with the approval of the Siriraj Institutional Review Board [SIRB], Faculty of Medicine, Siriraj Hospital, Mahidol University; Si. 413/2015.

Results

The demographic data of the sample are presented in Table 1. The samples were 247 women (63.3%) and 143 men (36.7%). Each group of 130 participants (33.3%) was selected from Health Sciences, Science and Technology, and Social Sciences majors.

Self-compassion levels of Naresuan University students are presented in Table 2. When summarizing the means of all 6 subscales, the total self-compassion score would range between 6 to 30 points and was classified into 3 levels as follows:

Total self-compassion score self-compassion level

06.00 to 14.00 Low self-compassion
14.01 to 22.00 Moderate self-compassion
22.01 to 30.00 High self-compassion

The self-compassion mean was 21.01 (SD ± 2.49). The sample had self-compassion in moderate level at 62.8% (n = 245), high level at 36.7% (n = 143), and low level at 0.5% (n = 2).

The mental health of the Naresuan University students in the study was analyzed using a T-score with an ending point of 65. It was found that most samples had normal mental health states among the samples with a social function (99.2%, n = 387), psychotic (94.4%, n = 368), depression (87.9%, n = 343), anxiety (77.2%, n = 301) and somatization (75.9%, n = 296). The percent of mental health problems among the samples was social function (0.08%, n = 3), psychosis (5.6%, n = 322), depression (12.1%, n = 47), anxiety (22.8%, n = 89), and somatization (24.1%, n = 94).

The correlations of the data are presented in Table 4. The correlations showed that self-compassion had a significant negative association with somatization ($p = 0.01$, r = -0.426), depression ($p = 0.01$, r = -0.567), anxiety ($p = 0.01$, r = -0.540), psychosis ($p = 0.01$, r = -0.413), and social functioning ($p = 0.01$, r = -0.554).

The statistical significance of simple regression analysis are presented in Table 5. A simple regression analysis was conducted to test the hypothesis that self-compassion could predict all mental health problems. As shown by the results, self-compassion could negatively predict somatization ($R^2 = 0.182$, $p < 0.001$), depression ($R^2 = 0.321$, $p = 0.000$),

Table 1. The demographic data of the sample

Demographic	Frequency (n)	Percentage (%)
Gender		
Male	143	36.7
Female	247	63.3
Cluster		
Health sciences	130	33.3
Science and technology	130	33.3
Social sciences	130	33.3

Table 2. Self-compassion levels of Naresuan University students (n = 390)

	Mean	SD	Min-max	Level					
				Low		Moderate		High	
				n	%	n	%	n	%
Self-compassion	21.01	2.49	12.40 to 28.50	2	0.5	245	62.8	143	36.7

Table 3. Mental health state of Naresuan University students (n = 390)

Scale	Mental health state			
	Normal		Problem	
	n	%	n	%
1) Somatization	296	75.9	94	24.1
2) Depression	343	87.9	47	12.1
3) Anxiety	301	77.2	89	22.8
4) Psychosis	368	94.4	22	5.6
5) Social functioning	387	99.2	3	0.08

Table 4. Pearson product-moment correlation coefficient between self-compassion score and mental health scores (by scale) of Naresuan University students (n = 390)

	Somatization	Depression	Anxiety	Psychosis	Social functioning
Self-Compassion	-0.426**	-0.567**	-0.540**	-0.413**	-0.554**

**$p<0.01$

Table 5. Simple linear regression analysis using self-compassion as the predictor of somatization, depression, anxiety, psychosis, and social functioning

Scale	R	R^2	p	Predictive equation
Somatization	-0.426	0.182	0.000	Y' = 3.137 to 0.103x
Depression	-0.567	0.321	0.000	Y' = 3.415 to 0.127x
Anxiety	-0.540	0.292	0.000	Y' = 3.176 to 0.101x
Psychosis	-0.413	0.171	0.000	Y' = 2.076 to 0.076x
Social functioning	-0.554	0.307	0.000	Y' = 3.614 to 0.120x

$p<0.001$

anxiety ($R^2 = 0.292$, $p = 0.000$), psychosis ($R^2 = 0.171$, $p = 0.000$), and social functioning ($R^2 = 0.307$, $p = 0.000$).

Discussion

The aim of the present study was to investigate the relationship between self-compassion and mental health. The results indicated that there is a significant negative relationship between these variables. Self-compassion involved being open to understand of one's own suffering, experience sense of caring and kindness toward oneself, have a non-judgmental attitude toward one's inadequacies and failures, and recognized that one's own experience is part of the common human experience. Self-compassion

leads to the acceptance of distresses and inadequacies as part of the human condition[4]. Thus, people with high self-compassion are more likely to have good mental health and prepared for adversities.

The findings showed that self-compassion is mostly negatively related to depression and anxiety scales; it suggested that in order to experience self-compassion, a person needs to apply a meditation perspective by confronting painful feelings as acceptance which is the first step to self-compassion[7]. In addition, self-compassion helps mitigate the effects of fixation[12] and fosters resilience against anxiety and depression[13]. Self-compassionate people reframed negative affect, less likely to blame themselves or feel

isolated in one's own suffering. They are more mindful and aware of their cognition and emotions thus inhibiting negative thoughts and feelings.

Self-compassion was negatively related to social functioning problems because the resolution relied on the effect of psychological factors such as the degree to which people are kind to themselves. Self-compassion allowed acceptance of personal need, which connected these individuals and less likely to be egocentric[14]. People with self-compassion are more likely to be fulfilled in the areas of autonomy, efficacy, and relationships[7]. Self-compassionate people feel loved and self-kindness toward themselves, just as they are able to give to others. They perceived others as a human being who has feelings and needs just like them. Therefore, they are socially well-adjusted and connected with others; they tended to solve interpersonal conflicts more appropriately.

Self-compassion is negatively related to psychotic symptoms-related problems, because self-compassion influenced self-acceptance which subsequently leads to a sense of hope and empowerment to cope with negative affects of psychosis including self-criticism[15].

Self-compassion is negatively related to somatization problems and could be, as they possessed the qualities that do not suppress frustration, negative affects, disappointment or painful experiences. Instead, they perceived experiences mindfully, try to understand them in a balanced way, and stop automatic negative thinking; this process over-identified frustration, negative affects, and disappointing experiences. Subsequently, self-compassionate individuals avoided negative emotional fixation and attempted to understand situations and thus reduced internal conflict and chances in which it may be expressed in the form of somatization.

However, mental health problems are caused by (1) biological factors (e.g., genetics, chemical imbalance, (2) psychological factors (e.g., personality, coping strategies), and (3) social factors (e.g., social support, environment). Self-compassion can then be viewed as a factor that prevents mental health problems due to psychological and social factors.

There are several limitations in the present study. First, self-compassion is limited to self-report, and many people may not be fully aware of their own emotional experiences. Second, TMHQ is a screening tool for a mental health problem, not a diagnostic assessment. Moreover, the questions investigated only within 1-month period of mental health state prior

to the test. Third, the data collection period may affect the mental health results since it was 2 weeks before the mid-term examinations. The participants may have had stress and anxiety due to the upcoming examinations as a confounding factor. Finally, the sample was limited to undergraduate students at Naresuan University. Therefore, the comparison of our findings with populations of other ages, education levels, and geographical regions is important.

Conclusion

The current study provided significant information that involved the role of self-compassion in mental health. An increment of self-compassion will benefit mental health. In addition, the study showed that the encouragement of self-compassion could be highly useful for diminishing mental health problems. It is advisable to cultivate self-compassion in undergraduate students.

What is already known on this topic?

Undergraduate students with high self-compassion will have good mental health, such as happiness, optimism, life satisfaction, as well as less depression, anxiety, and psychosis.

What this study adds?

The results demonstrated that self-compassion is related to mental health in Thai culture. The current study suggested that the cultivation of self-compassion could be highly beneficial for diminishing mental health problems in undergraduate students of Thailand.

Potential conflicts of interest

None.

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