

Will Self-Compassion Relieve Distress?: A Correlational Study Among Indonesian Undergraduate Students

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ABSTRACT

Background Self-compassion has been considered beneficial in overcoming negative self-assessment due to inadequate coping that increases vulnerability to significant distress among undergraduate students in emerging adulthood.

Methods Subjects were 552 Indonesian undergraduate students from Diponegoro University, Indonesia ($M_{Age} = 20.03$; $SD_{Age} = 1,022$). Sex and age category were identified for further analysis. The measurements used the Self-Compassion Scale (SCS) and General Health Questionnaire-12 (GHQ-12). The GHQ-12 also measures psychological morbidity in three dimensions, i.e. social dysfunction, anxiety and depression symptoms, and loss of confidence. Data were analyzed using Spearman's rho. Additional analyzes using the Mann-Whitney *U* Test and descriptive statistics were also performed.

Results Self-compassion had a significant negative relation with distress. Self-compassion was significantly related to all dimensions of distress, i.e. loss of confidence, anxiety and depression symptoms, and social dysfunction (from largest to smallest respectively). The correlation between self-compassion and distress in men was higher than women, both were significant. The correlation between those two constructs in late adolescence and early adulthood were also significant. Both sex and age did not significantly predict self-compassion and distress.

Conclusion The existence of self-compassion could predict a lower level of distress both in general and based on its dimensions, as well as correlations based on sex and age categories. A higher correlation in men may be of concern, while the absence of a marked difference in the correlation by age category could be due to the effect of small age variation in both age categories that was still in the emerging adult period. This was also supported by a non-significant difference of each variable across sex and age category. Discussions based on cultural values were also considered.

Key words distress; emerging adult; Indonesia; self-compassion; undergraduate student

Undergraduate students nowadays are prone experiencing distress, which are harmful and damaging stress.¹ However, students from LMICs (low and middle income countries) such as Indonesia faced more challenges than other countries due to high stigma and low mental health literacy. This condition resulted in a high treatment gap even though mental health consultation facility is available in some universities in Indonesia. Research among Indonesian undergraduate students found that 45.7% of 495 were at risk of having distress.² Distress among undergraduate students can be caused by various factors. Undergraduate students who are in the emerging adulthood period (approximately 18 to 25 years of age) undertake various experimentation and exploration efforts aimed at forming their identity. Although there will be residential changes peak during emerging adulthood, there is often instability in love, work, and education.³ There is evidence that sex, level of interest towards field of study, having close friends, religious practice, absence of pocket money, having financial distress, conflict with friends, having a satisfying relationship with the family and friends, family history of mental illness, history of recreational drug use, lower grades than anticipated, lack of vacation or break, prospect of finding a job, and social support are significantly associated factors of mental distress among undergraduate students.^{4,5} Inadequacy in coping increases vulnerability to significant distress which then is considered a critical juncture in the development of mental illness.^{6,7} Elevated distress has been shown to increase impulsivity and risk taking behaviors in emerging adulthood.⁸ Furthermore, a previous study shows distress among university students has a direct effect on the emergence of depressive symptoms.⁹ There is an increasing trend of psychopathology from adolescence to early adulthood in the form of anxiety disorder and substance use disorder.¹⁰

In addition to the various factors mentioned above,

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Abbreviations: GHQ-12, General Health Questionnaire-12; SCS, Self-Compassion Scale

self-coldness which has recently been identified as theoretically distinct from self-compassion can be one of the factors that significantly determines the high level of distress among university students and community adults.¹¹ Among college students, self-coldness results in self-criticism tendencies and negative emotional symptoms that will lead to psychological vulnerability and can encourage self-injury as an attempt to escape from the unbearable psychological stress.¹² Self-critical individuals have a self-evaluative and self-abating nature, and often feel extreme guilt and shame for not living up to the demanding standards they set for themselves.¹³ They criticize themselves in a hostile manner when they perceive failure, generate feelings of worthlessness, and perpetuate negative affect.

Contrary to self-coldness, self-compassion does buffer the relationship between self-coldness and distress, and the relationship between self-coldness and well-being among university students and community adults.¹¹ Other studies among the adolescent and adult population explain the negative relationship between self-compassion and distress.^{14, 15} Self-compassion, a construct derived from Buddhist psychology and recently proposed as an alternative way to conceptualize healthy self-attitudes, is an emotionally positive self-attitude that will protect a person against the negative consequences of self-judgment, isolation, and rumination (such as depression). It involves being open and aware of one's own suffering, understanding towards oneself and offering kindness in instances of failure, desiring one's own well-being, perceiving one's experiences as part of the common human experience, taking a nonjudgmental attitude towards one's inadequacies and failures, and holding painful feelings in mindful awareness.¹⁶

Furthermore, self-compassion spurs positive adjustments (greater acceptance, forgiveness, and

personal improvement) in the face of regrets,¹⁷ reduces depression and increases happiness.¹⁸ People with high self-compassion are more likely to have constructive changes in the face of various difficult life events,¹⁹ report that their personal shortcomings can be changed,²⁰ experience a decline in maladaptive beliefs, hold and promote adaptive beliefs about failures by increasing the positive responses to the self and decreasing the negative responses to the self.²¹ Later, self-compassion is positively associated with mastery goals and negatively associated with performance goals, which is mediated by the lesser fear of failure and greater perceived competence.²²

The present study aimed to examine the relation between self-compassion and distress among Indonesian undergraduate students in emerging adulthood. Specifically, it was hypothesized that there was a significant negative relation. The higher the self-compassion, the lower the perceived distress, and vice versa. Further analyses were carried out to obtain a comprehensive explanation of this research.

SUBJECTS AND METHODS

Subjects

Participants in this study were Indonesian undergraduate students in emerging adulthood from Diponegoro University, Indonesia (i.e. the Faculty of Psychology and the Faculty of Public Health). A total of 552 students were obtained using convenience sampling. Demographic characteristics of the participants and descriptive statistics of the variables are shown in Table 1.

Measurements

The Self-Compassion Scale (SCS) used in this study was developed by Neff and adapted into Indonesian language.²³ SCS was developed using an undergraduate

Table 1. Demographic characteristics of the participants and descriptive statistics of the variables

	N (%)	Age (years)	Self-compassion	Distress
		Mean ± SD	Mean ± SD	Mean ± SD
All subjects	552 (100)	20.03 ± 1.02	3.50 ± 1.103	10.19 ± 5.544
Sex				
Male	88 (16)	20 ± 1.07	3.54 ± 1.125	10.00 ± 5.272
Female	464 (84)	20 ± 1.01	3.49 ± 1.099	10.23 ± 5.599
Age category*				
Late adolescence (18–20 years old)	367 (66.5)	19.5 ± 0.73	3.48 ± 1.114	10.12 ± 5.509
Early adulthood (21–25 years old)	185 (33.5)	21.1 ± 0.46	3.52 ± 1.080	10.34 ± 5.626

*) The transition of developmental period from late adolescence to early adulthood is based on developmental periods as described in Papalia, Olds, and Feldman (2009).

sample and has been used extensively in studies that measure self-compassion.²⁴ SCS is a 26-item self-report which representing six aspects, namely self-kindness, self-judgment (reverse scored), common humanity, isolation (reverse scored), mindfulness, and over-identification (reverse scored). All items are responded by five-point Likert scale scored from 1 (almost never) to 5 (almost always) for positive items and in reverse for negative items.^{23, 24} The higher total score in the scale indicates the higher level of self-compassion. Cronbach α in this study = 0.958. Sample items of the SCS are displayed in the Appendix 1.

The Indonesian short version of General Health Questionnaire (GHQ-12) was used to measure the prevalence of psychological distress in university students and can indicate poor mental health.^{2, 9, 25, 26} GHQ-12 is a 12-item self-report which measures psychological morbidity, both in community and non-psychiatric settings to detect psychiatric disorders.²⁷ The GHQ-12 was widely used to perform not only unidimensional measurements, but also psychological morbidity in three dimensions (“social dysfunction”, “anxiety and depression”, and “loss of confidence”).^{28–30} All responses are scored consecutively from 0 (less than usual) to 3 (much more than usual). The total scale score is obtained from the sum of all item scores, whereas, the total score of each dimension is obtained from the sum of the item scores for each dimension. The higher total score in the scale indicates the higher level of distress, as well as its dimensions. Cronbach α in this study = 0.836 (with details that α of social dysfunction, anxiety and depression, and loss of confidence were 0.713, 0.736, and 0.744 respectively).

Data analysis

The data were processed quantitatively by correlational approach using the Spearman's rho. For additional analyses, a comparative approach using the Mann-Whitney *U* Test and descriptive statistical method were also performed. The Statistical Package for the Social Sciences (SPSS) of Windows Version 22 were used.

Procedures and ethical consideration

Data were collected cross-sectionally. The study was conducted in accordance with the ethical standards in the 1964 Declaration of Helsinki. Subjects were given

a printed sheet that explained the aim and procedure of the study, information confidentiality, benefit and risk of participation, and the right to participate or not participate in the study before or during the course of study. Subjects signed the informed consent sheet before completing the questionnaires. In general, there was no harm done in the completion of the psychological scale in this study.

RESULTS AND DISCUSSION

Correlations among psychological constructs

Table 2 shows a significant negative relation between the self-compassion and distress variables. This result is in line with previous research that higher levels of self-compassion were related to less personal distress,³¹ or less perceived stress in daily life.³² Furthermore, greater self-compassion is associated with lower levels of symptomatology or mental health symptoms,¹⁵ and increasing resilience to stress.³³

Further explanation of the perceived low level of distress may be due to self-compassion which has consistently been associated with higher levels of positive cognitive restructuring, and lower levels of avoidant ways of coping such as avoidance, escape or rumination.^{34, 35} Self-compassion can help people maintain their emotional balance (less negative affect and more positive affect), especially when they face stressful events.³⁶ Self-compassionate adolescents forgive personal failings, recognize the failings as normal,³⁷ and treat themselves kindly through accepting imperfections instead of ruminating about it or treating themselves harshly.

Furthermore, the results indicate that self-compassion was negatively and significantly related to the social dysfunction dimension. Specifically among college students, self-compassion is linked to more perspective taking and greater forgiveness, but not to more compassion for humanity, empathetic concern, and altruism.³¹ Across interpersonal relationship contexts, higher levels of self-compassion are related to better efforts to conflict resolution, greater likelihood to compromise and lesser likelihood to self-subordinate needs, as well as greater authenticity, lower levels of emotional turmoil, and higher levels of relational well-being.³⁸ Self-compassion may allow people to soothe and calm the intensity of their emotions so that they can respond to relationship

Table 2. Spearman's rho correlation between self-compassion with distress and its dimensions

	Distress	Social dysfunction	Anxiety and depression symptoms	Loss of confidence
Self-compassion	-0.462	-0.313	-0.421	-0.464

Spearman's rho r , all correlations are significant ($P = 0.000$).

conflicts more peacefully,³⁹ remain interconnected and avoid self-centeredness without negating the self by acknowledging that personal needs just as others' needs are valid and worthy,⁴⁰ allowing themselves the ability to resolve conflicts in a healthy and productive manner.⁴¹ Self-compassion increases acceptance of one's own imperfections, which in turn, may enhance the acceptance of others' imperfections.⁴² However, the correlation between self-compassion and this dimension was the lowest of the three dimensions of distress, whereas the highest correlation was with the dimension of loss of confidence as will be discussed later.

The results also showed that there was significant negative association between self-compassion with the dimensions of anxiety and depression symptoms. Previous research has consistently shown that greater self-compassion was associated with lower levels of symptomatology, in this case in particular including depression and anxiety, in addition to stress as a common expressions of psychopathology.¹⁵ One study, for example, further explained that the relation between self-compassion and anxiety was mediated by the worry type of repetitive thinking, while the relation between self-compassion and depression was mediated by the ruminative type of repetitive thinking.³⁵ Brooding (self-critical moody type of rumination), rather than reflection (emotionally neutral type of rumination), was a significant mediator of the relationship between self-compassion and depression (and anxiety).

Explaining that there was significant negative relation between self-compassion and the dimension of loss of confidence, the highest among all dimensions, cannot be done directly since previous studies regarding these two variables is still limited or not widely carried out. Self-compassion entails treating oneself with kindness, recognizing one's shared humanity, and being mindful when considering negative aspects of oneself,⁴³ while loss of confidence, that is, the opposite of self-confidence means the loss of belief and trust in the ability to control self and the environment.⁴⁴ A number of previous studies actually provide an indirect explanation, namely through the relation between self-compassion and constructs that contain or are similar to self-confidence. Individuals with higher levels of self-compassion are emotionally intelligent who then perceive themselves as confident, besides being better able to understand, control and manage their emotions.⁴⁵ Self-compassion also has a positive relation with self-efficacy and control beliefs specifically about learning among university students.⁴⁶ In other studies, a higher level of self-compassion is associated with a higher level of self-esteem,⁴⁷ whereas a higher level of self-esteem is

associated with a higher level of self-confidence and a lower level of cognitive anxiety.⁴⁸

The highest correlation indicates the importance of self-compassion for higher levels of confidence. The explanation above regarding how self-compassion refers to treating oneself, and not others, clarifies why self-compassion has a greater negative contribution to loss of confidence than social dysfunction. However, the way self-compassion works regarding those statements is not easy. In another study, the authors also explain that a higher level of self-compassion is not always followed by a higher level of self-esteem, but self-compassion moderates the influence of self-esteem on mental health.³⁷ Amongst those high who understand and practice self-compassion, low self-esteem has little effect on mental health, suggesting a potentially buffering effect. Respect and love for oneself can underlie higher self-esteem, associated with more positive patterns of perfectionism; while self-esteem that is dependent on competence aspects show a more negative perfectionism.⁴⁹ Furthermore, it is also stated that negative patterns of perfectionism are related to higher levels of cognitive anxiety and lower levels of self-confidence.

Considering the differences in the mean score (standard deviation) of SCS among undergraduate students in several countries, it was found that 3.41 (0.48) for Thailand, 3.14 (0.68) for the United States, and 2.92 (0.48) for Taiwan.⁵⁰ In Taiwan which has a Confucian culture, the low score of SCS was considered related to the seeking of self-improvement through self-criticism whereas the highest score in Thailand which is a Buddhist country was regarded related to the familiarity with Buddhist teachings on compassion. The results of the current study, compared to the previous studies, shows the highest in mean score (3.50) and the most varied in standard deviation (1.1). Self-compassion as being open to and moved by one's own suffering is basically an attempt to broaden Western understanding of compassion which was considered limited to others.²³ In Buddhism, compassion is one of the four heavenly abodes (*Brahma-viharas* in Pali) which as a whole includes loving-kindness (*metta*), compassion (*karuna*), empathetic joy (*mudita*), and equanimity (*uppekha*).⁵¹ In Indonesia, the teaching of compassion is not only found in Buddhism, but also in other major religions, namely Islam, Protestantism, Catholicism, Hinduism, and Confucianism. It is unique that learning about religion is compulsory for all students at all levels of education in Indonesia. The differences in terms of understanding and practicing compassion are understandable and seemingly the reason for more variability of data (SD 1.1).

Table 3. Spearman's rho correlations between self-compassion and distress according to sex and age category

	Distress			
	Male	Female	Late adolescence	Early adulthood
Self-compassion	-0.536	-0.446	-0.485	-0.428

Spearman's rho r , all correlations are significant ($P = 0.000$).

Table 4. Mann-Whitney U Test results on variables according to sex and age category

	Grouping variables	Self-compassion	Distress
Z score	Sex	-0.920	-0.129
	Age category	-1.278	-0.424

Mann-Whitney U 's Z , all values are not significant.

The differences and correlations in psychological constructs based on sex and age category

Table 3 shows that the negative correlation between self-compassion and distress in men was higher than women, and both were significant. The negative correlations between those two constructs in late adolescence and early adulthood were also significant. Those results might explain the additional findings as shown in Table 4 that indicate no significant difference in self-compassion and distress scores according to sex and age category, both between men and women, and between adolescence and early adulthood.

The finding that there was no significant difference in self-compassion between males and females was not in line with previous research which conducted a meta-analysis of 71 included publications (88 study estimates).⁵² Another previous study actually supports the result of that meta-analysis that males are more self-compassionate than females (which also explains why the correlation was higher in males), namely because females tend to be more critical of themselves and to use more negative self-talk than males do.⁵³ However, the result of the current study confirms several previous studies which reported that there was no sex difference in the Japanese version of the SCS, as well as in the Thai or Taiwanese versions.^{50, 54} The similarity of results in the Indonesian sample with those in previous studies seems to be related to the familiarity of all these countries with the Eastern teaching of *karuna*, (*karunia* in Indonesian), a Sanskrit word which has been translated into English both as compassion to others and compassion to one's self.

The finding that there was no significant difference in self-compassion between late adolescents and early adults, seems to be in line with one of the previous studies which could not prove the significance of difference in self-compassion levels reported by adolescents

and young adults, where self-compassion among both groups of subjects was strongly associated with psychological resilience.⁵⁵ In addition, the age categorization appears somewhat problematic. Although age categories are differentiated based on physical, cognitive, and psychosocial development,⁵⁶ the narrow age range in the subjects of this study for both age categories may explain the insignificant difference, in which case both are still in emerging adulthood.³ The difference can be more apparent over a wider age range, which is supported by the results of a previous study among normal populations where age was positively related to self-compassion.⁵⁷ However, the increase of self-compassion with age needs to be applied carefully, because negative relationships are actually found in the psychopathological experience (i.e. social anxiety disorder).⁵⁷ Even a study in normal populations once found that older adolescents had a weaker negative association between self-compassion and distress compared with younger adolescents, which means there is an effect of weakening as a function of age in current research.¹⁴

The absence of significant differences in distress either based on sex or age category indicates that emerging adulthood as a life transition has inherent characteristics that do not distinguish the difficulty of experiences across sexes and ages.⁵⁸ This current study did not take into account the differences between those who live alone (generally in boarding houses) and those who live with their parents. This inquiry seems to be important, since previous studies have shown contradicting results for the two categories of student psychosocial characteristics in terms of differences in psychological symptoms. Among the results of previous studies, it was stated that college students who live alone have higher anxiety (as a psychological impact of Covid-19)⁵⁹ and the prevalence rates of both suicide attempts and nonsuicidal self-harm.⁶⁰ The results of other

previous studies stated that there were no differences between the two groups of college students in terms of obsessive-compulsive symptoms,⁶¹ anxiety and depression (because of living in a disaster-prone region)⁶² and psychological distress.⁶³

We hope researchers will take the results above into account in future studies focused on self-compassion, distress, depression and anxiety, and self-confidence, all of which reach a wider developmental period, and consider more psychosocial factors to distinguish and pay attention to the wisdom of eastern thinking. Likewise, practitioners of psychology, psychiatry, and counseling can also consider the results above in future interventions that focus on self-compassion to decrease distress among undergraduate students in emerging adulthood, individually or in groups.

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Appendix 1. Sample items of the Self-Compassion Scale (Neff, 2003) and the translation into Indonesian

Sample item	Aspect
I'm kind to myself when I'm experiencing suffering. (Saya lembut pada diri saya sendiri saat saya merasa menderita.)	Self-kindness
I'm intolerant and impatient towards those aspects of my personality I don't like. (Saya tidak tahan dan tidak sabar dengan bagian-bagian dari pribadi saya yang tidak saya sukai.)	Self-judgment (reverse scored)
I try to see my failings as part of the human condition. (Saya melihat kegagalan-kegagalan saya sebagai hal yang manusiawi.)	Common humanity
When I'm feeling down I tend to feel like most other people are probably happier than I am. (Saat saya merasa terpuruk, saya merasa bahwa kebanyakan orang lebih bahagia dari pada saya.)	Isolation (reverse scored)
When something upsets me I try to keep my emotions in balance. (Ketika sesuatu mengganggu pikiran saya, saya berusaha menjaga emosi agar tetap stabil.)	Mindfulness
When something painful happens I tend to blow the incident out of proportion. (Ketika sesuatu yang menyakitkan terjadi pada saya, saya terus-terusan memikirkan kejadian itu.)	Over-identification (reverse scored)