Understanding the Correlation Between Self-Compassion and Psychological Well-Being Among Young Adults in India

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Abstract:

The present study examined the correlation between self-compassion and psychological well-being subscales (personal growth, environmental mastery, purpose in life, self-acceptance, autonomy, and positive relationships with others) in young adults in India. The sample (aged 18–40, N = 109) was collected using a non-probability sampling technique from various regions of India. The tools used were the Self-Compassion Scale (Neff, 2003) and the Psychological Wellbeing Scale (Ryff, 1989). The data were found to be normally distributed, so Spearman's rank correlation coefficient was used for analysis. The study aimed to address research questions such as Hypothesis 1, which posits no significant correlation between levels of self-compassion and psychological well-being. Hypothesis 2, on the other hand, proposes a significant correlation between these levels. The results indicate a positive correlation between self-compassion and the psychological well-being subscales of personal growth, purpose in life, self-acceptance, and positive relationships with others and no significant correlation between Environmental mastery and Autonomy in young adults. This finding contributes to our understanding of self-compassion by exploring the downstream effects of its components.

Keywords: Self-compassion, psychological well-being, personal growth, Environmental mastery, purpose in life, Autonomy, positive relationship with others, young adults, Mental health.

INTRODUCTION

Positive psychology has made important progress in the investigation of strengths, well-being, and happiness (Diener, Lucas, & Scollon, 2006) all over the world. However, in India, research with young adults shows noticeable instability. The majority of research has focused on psychopathology such as suicidal ideation and depression (Lam et al., 2004). This shows the lack of research on well-being and its dimensional factors. Our current research aimed to identify young adults' self-compassion and psychological well-being from perspectives of positive psychology and elucidate the implementation of programs that uplift young adults' well-being in India.

For this study, Ryff's (1989) psychological wellbeing (PWB) and Neff's (2003a, 2003b) self-compassion investigated how self-compassion as character strength contributed to different dimensions of psychological wellbeing.

Carol Ryff's Psychological Wellbeing (Ryff, 1989) is a structure developed for exploring individuals' overall well-being. Psychological well-being identifies six dimensions, such as autonomy, environmental

mastery, personal growth, positive relationships with others, purpose in life, and self-acceptance. From these specific dimensions, we can understand that Ryff's framework, differing from other Epicurean well-being indicators, takes individual development and self-realization as the foundational elements of quality of life. This framework is appropriate for inquiring about positive functioning in young adults since one of the most important topics is personal growth. Psychological well-being has also been found to be positively related to many other facets of individual functioning, such as biological health and hedonic well-being, and negatively related to maladaptive functioning (Ryff & Singer, 1996). Thus, it is essential to identify the components contributing to young adult's psychological well-being. Psychological Well-Being:

High Self-Acceptance: You possess a positive attitude towards yourself; acknowledge and accept multiple aspects of yourself, including both good and bad qualities; and feel positive about your past life. Low Self-Acceptance: You feel dissatisfied with yourself; are disappointed with what has occurred in your past life; are troubled about certain personal qualities; and wish to be different than what you are. Personal Growth: Strong Personal Growth: You have a feeling of continued development; see yourself as growing and expanding; are open to new experiences; have the sense of realizing your potential; see improvement in yourself and behavior over time; and are changing in ways that reflect more self-knowledge and effectiveness. Weak Personal Growth: You have a sense of personal stagnation; lack the sense of improvement or expansion over time; feel bored and uninterested in life; and feel unable to develop new attitudes or behaviors. Purpose in Life: Strong Purpose in Life: You have goals in life and a sense of directness; feel there is meaning to your present and past lives; hold beliefs that give life purpose; and have aims and objectives for living. Weak Purpose in Life: You lack a sense of meaning in life; have few goals or aims; lack a sense of direction; do not see the purpose of your past life; and have no outlook or beliefs that give life meaning. Positive Relations with Others: Strong Positive Relations: You have warm, satisfying, trusting relationships with others; are concerned about the welfare of others; are capable of strong empathy, affection, and intimacy; and understand the give and take of human relationships. Weak Relations: You have few close, trusting relationships with others; find it difficult to be warm, open, and concerned about others; are isolated and frustrated in interpersonal relationships; and are not willing to make compromises to sustain important ties with others.

Environmental Mastery: High Environmental Mastery: You have a sense of mastery and competence in managing the environment; controlling a complex array of external activities; making effective use of surrounding opportunities; and choosing or creating contexts suitable to your personal needs and values. Low Environmental Mastery: You have difficulty managing everyday affairs; feel unable to change or improve surrounding contexts; are unaware of surrounding opportunities; and lack a sense of control over the external world. Autonomy: High Autonomy: You are self-determining and independent; can resist social pressures to think and act in certain ways; regulate behavior from within; and evaluate yourself by personal standards. Low Autonomy: You are concerned about the expectations and evaluations of others; rely on the judgments of others to make important decisions; and conform to social pressures to think and act in certain ways.

However, young adulthood is a stage where specific risk factors for psychological well-being may develop, especially cognitive and emotional developments that could encourage young adults to identify themselves and the world in increasingly complex and practical ways. This change makes them more self-conscious and more into their successes and setbacks. (e.g., Rankin, Lane, Gibbons, & Gerrard, 2004), and tend to incorporate failures into self-appraisals, resulting in self-criticism and exaggeration of their

feelings (Neff, 2009). This negative direction may impair young adult's quality of life to a large extent. As such, tributary factors that are most predictive of psychological well-being may be those that can effectively help young adults put a barrier against those negative tendencies. This is why we specified how self-compassion facilitated young adult's psychological well-being in our study. Self-compassion is referred to as the ability to turn compassion inward and hold one's feelings of suffering with a sense of warmth, connection, and concern (Neff, 2003a). In more detail, self-compassion, introduced by Neff (2003), comprises self-kindness, mindfulness, and common humanity. Self-kindness is defined as offering oneself warmth and non-judgmental understanding. Common humanity refers to identifying the imperfections and adversities that are unavoidable parts of the shared human experience. Mindfulness aims to describe taking a balanced approach instead of suppressing painful feelings. In developing a measurement tool, Neff (2003b) also introduced self-judgment, isolation, and over-identification to examine these three factors, resulting in the Self-Compassion Scale (SCS), which contains six subscales.

REVIEW OF LITERATURE

On a conceptual framework, self-compassionate young adults who hold a healthy attitude towards themselves should be less likely to develop those negative directions. Empirically, self-compassion can prevent individuals from developing pathological symptoms such as anxiety and depression (e.g., Pauley & McPherson, 2010). After all, self-compassion benefited various aspects of positive functioning, serving as strong predictors of hedonic forms of well-being characterized by subjective happiness (Hollis-Walker & Colosimo, 2011; Neff, Kirkpatrick, & Rude, 2007), positive affect (Neff & Vonk, 2009), and life satisfaction (Allen & Leary, 2010). A positive association can be expected between young adults' self-compassion and psychological well-being.

We put together psychological well-being and self-compassion as a way to determine young adult's positive functioning. We expected a high level of purpose in life and positive relationships with others for young adults, respectively, in an Indian cultural setting. With an idea of the sociocultural contexts that greatly influence the different factors of self-compassion and psychological well-being subscales, we used subscale scores, while self-kindness, purpose in life, and positive relationships with others may be relevant for young adults.

Compassion involves sensitivity to the experience of suffering, coupled with a deep desire to alleviate that suffering (Goertz, Keltner, & Simon-Thomas, 2010). This means opening one's awareness to the pain of others without avoiding or disconnecting from it, allowing feelings of kindness towards others and a desire to ameliorate their suffering to emerge (Wispe, 1991). We are the expression of millions of prior circumstances that have all come together to shape us in the present moment. Our economic and social background, our past associations and relationships, our family history, and our genetics have all played a profound role in creating the person we are today (Krueger, South, Johnson, & Iacono, 2008; Riemann, Angleitner, & Strelau, 1997; Triandis & Suh, 2002).

There has been some controversy over whether or not the factor structure of SCS generalizes across populations (e.g., Costa et al., 2015; Williams, Dalgleish, Karl, & Kuyken, 2014) and whether an overall self-compassion score can be reliably used. However, recent research using bifactor analyses suggests that an overall self-compassion factor explains at least 90% of item variance across student, community, meditator, and clinical populations (Neff, Whittaker, & Karl, submitted), providing support for the use of a total SCS score to represent overall trait levels of self-compassion. There has been some controversy over whether or not the factor structure of SCS generalizes across populations (e.g., Costa et al., 2015;

Williams, Dalgleish, Karl, & Kuyken, 2014) and whether an overall self-compassion score can be reliably used. However, recent research using bifactor analyses suggests that an overall self-compassion factor explains at least 90% of item variance across student, community, meditator, and clinical populations (Neff, Whittaker, & Karl, submitted), providing support for the use of a total SCS score to represent overall trait levels of self-compassion.

Research suggests that self-compassion is associated with several positive psychological strengths. For instance, people with higher levels of trait self-compassion report feeling happier than those with lower levels (Hollis-Walker & Colosimo, 2011; Neff, Rude, & Kirkpatrick, 2007; Shapira & Mongrain, 2010; Smeets et al., 2014). They also display higher levels of optimism, gratitude, and positive affect more generally (Breen, Kashdan, Lenser, & Fincham, 2010; Neff, Rude, & Kirkpatrick, 2007).

In addition, the trait of self-compassion has been associated with feelings of autonomy, competence, relatedness, and self-determination (Magnus, Kowalski, & McHugh, 2010; Neff, 2003a), suggesting that self-compassion helps meet the basic psychological needs that Ryan and Deci (2001) argue are fundamental to eudaimonic well-being.

To gain a deeper comprehension of why self-compassion produces such a great mental state while also reducing negative mental states, it can be helpful to conceptualize the three aspects of self-compassion loving (kindness), connected (shared humanity), and awareness (presence). When we hold our suffering in a "loving connected presence," we self-soothe to reduce our negative emotions while also producing happy ones.

According to research, practicing self-compassion is crucial for effective coping with a range of medical issues. For example, studies have demonstrated that those who practice self-compassion are more able to maintain emotional equilibrium, perform better in day-to-day activities, and subjectively perceive decreased pain as a result of long-term suffering (Wren et al., 2012; Costa & Pinto-Gouveia, 2011).

The hypothesis that self-compassion strengthens rather than detracts from motivation is supported by a wealth of empirical evidence. For example, although self-compassion has a negative relationship with perfectionism, it is unrelated to the degree of performance criteria that one sets for oneself. (Neff, 2003a.). Self-compassionate individuals set equally high standards for themselves and acknowledge and accept that they won't always be able to meet them. Research has shown that individuals with greater degrees of self-compassion also exhibit lower levels of motivational anxiety and self-handicapping behaviors. compared to individuals with lower levels of procrastination (Sirois, 2013; Williams, Stark, & Foster, 2008).

Research suggests that self-compassion is linked to healthier living. For instance, the trait of self-compassion appears to be an important feature of healthy aging (Allen, Goldwasser & Leary, 2012; Allen & Leary, 2013; Terry & Leary, 2011), and a recent meta-analysis indicates that self-compassion is associated with a variety of health-related behaviors (Sirois, Kitner & Hirsch, 2015). Kelly, Zuroff, Foa, and Gilbert (2009) examined whether self-compassion could help people stop or reduce smoking. More people who were taught to feel empathy for the challenges associated with quitting smoking did so than those who were taught to think about and track their smoking. The self-compassion exercise in particular was efficient with people who were very critical of themselves or reluctant to change. According to other studies, those who are alcohol addicted may be able to cut back on their alcohol consumption by developing self-compassion (Brooks, Kay-Lambkin, Bowman, & Childs, 2012). Research has shown that women who exhibit higher levels of self-compassion are more naturally inclined to exercise, and their fitness objectives are more closely aligned with their health goals than with their egos (Magnus et al.,

2010; Mosewich, Kowalski, Sabiston, Sedgwick, & Tracy, 2011).

Studies have demonstrated the positive effects of self-compassion on interactions with others. Those who were more self-compassionate were described by their partners as being more emotionally attached, welcoming, and supportive of autonomy while being less distant, domineering, and verbally or physically abusive in a study of heterosexual couples (Neff & Beretvas, 2013). more violent than people who lack self-compassion.

Likewise, scant studies have been conducted on the variations in self-compassion among cultural contexts. Is it predominantly a Western issue, for example, that people lack self-compassion? According to Neff, Pisitsungkagarn, and Hseih's (2008) analysis of self-compassion levels in Taiwan, Thailand, and the US, self-compassion was highest in Thailand and lowest in Taiwan. the United States situated in the middle. This might be the case because Buddhism has a great influence on Thai people and because parenting styles and daily interactions in Thailand place a high emphasis on compassion. Conversely, the Confucian philosophy has a greater influence on Taiwanese culture, emphasizing the use of shame and self-criticism as tools for social and parental control. Americans may have had more moderate levels of self-compassion because American cultures convey contradictory messages about positive self-regard.

Early trauma, such as abuse or neglect in childhood, increases the likelihood of self-criticism and humiliation since the victims did not receive enough love, warmth, or comfort when they were young (Gilbert & Proctor, 2006). Paul Gilbert and associates created a novel therapy.

Compassion-focused therapy is a self-compassion-oriented methodology (Gilbert, 2009, 2010). Though they may not always find the procedure emotionally comforting, Gilbert points out that survivors of childhood abuse can quickly recognize their maladaptive thought patterns ("I'm unlovable") and offer substitute self-statements ("Some people love me"). Consequently, "warming up the conversation" is the aim of CFT (Personal Communication, 2011).

Compassionate cognitive responses, visualizations, self-compassionate overt behaviors and habits, and mindfulness training are some of the CFT strategies. In an initial investigation of the sympathetic Hospital Day treatment, patients who struggled with shame and self-criticism experienced significant reductions in depression, self-attacking, humiliation, and feelings of inferiority after participating in mind training, an organized program based on CFT (Gilbert & Procter, 2006). Presently, CFT appears to be effective in treating bipolar disorders, eating disorders, anxiety disorders, psychosis, and other types of suffering (Braehler et al., 2013; Gilbert, 2010).

Efforts to increase self-compassion in therapy are necessary, given the mounting evidence that self-compassion is inversely related to psychopathology, particularly anxiety and depression (MacBeth & Gumley, 2012). It seems as though self-compassion could be developed by teaching clients to engage in self-compassion exercises or by providing a compassionate therapy interaction (Desmond, 2016; Germer, 2012; Germer & Neff, 2013). Additionally promising as an internal resource to lessen carer weariness is self-compassion (Finley-Jones, Rees, & Kane, 2015).

Improvements in compassion appear to affect improvements in mental health and well-being. Many psychological interventions, either explicitly or implicitly (such as compassion-based psychotherapies), promote compassion (Galante et al., 2014; Navarro-Gil et al., 2020).

Explored whether degrees of psychological discomfort and mental wellness affect the relationship between self-compassion and compassion for others. It also looked at the explanatory capacity of both self-compassion and compassion for others in accounting for variance in psychological distress and mental well-being. According to an earlier study (Neff & Germer, 2013), self-compassion—that is, making an

effort to ease one's distress—is a better indicator of mental health than compassion for others. Therefore, we anticipated that self-compassion would be more connected with psychological discomfort (in a negative way) and well-being (in a positive way) than compassion for others. Lastly, we postulated that those with greater mental well-being and lower psychological distress would have a stronger correlation between self-compassion and compassion for others, suggesting a more aggregated self-compassion-compassion for others motivational structure (Gilbert, 2022).

Operationalization, and thus representing possible variations in the functioning of the motivational system (i.e., variations in terms of a higher or lower aggregate) (Gilbert et al., 2017). In addition, we evaluated how well self-compassion and compassion for others explain variations in psychological distress and mental well-being. Moreover, we investigated whether psychological distress and mental well-being levels affected the relationship between self-compassion and compassion for others. According to an earlier study (Neff & Germer, 2013), self-compassion—that is, making an effort to ease one's distress—is a better indicator of mental health than compassion for others. Therefore, we anticipated that self-compassion would be more connected with psychological discomfort (in a negative way) and well-being (in a positive way) than compassion for others. In conclusion, we hypothesized that self-compassion and empathy for others will.

To ascertain whether the lack of consistency in earlier studies (Gu et al., 2020; Leary et al., 2007; A. Lopez et al., 2018; Pommier et al., 2020) could be related to the use of different operational definitions, we conducted all of these explorations using two distinct and concurrent operationalizations of comparison.

METHODOLOGY

Aim: To investigate the correlation between self-compassion and psychological well-being in young adults

Objective

1. To examine the correlation between self-compassion and psychological well-being subscales (personal growth, environmental mastery, purpose in life, self-acceptance, autonomy, and positive relationships with others) in young adults, and to understand how self-compassion influences the overall psychological well-being of this demographic.

Hypothesis

● Ho: There is no significant relationship between self-compassion and psychological well-being subscales (personal growth, environmental mastery, purpose in life, self-acceptance, autonomy, and positive relationships with others) in young adults. The null hypothesis is that self-compassion does not significantly influence the presented levels of psychological well-being subscales (personal growth, environmental mastery, purpose in life, self-acceptance, autonomy, and positive relationships with others) in young adults. Therefore, it is most likely that the statistically significant differences in psychological well-being and self-compassion are unconnected and originate from the measures of chance. This study seeks to establish a hypothesis about this claim that will serve as a reference point for comparing the research findings.

● H1: There is a significant relationship between self-compassion and psychological well-being subscales (personal growth, environmental mastery, purpose in life, self-acceptance, autonomy, and positive relationships with others) in young adults. The alternate hypothesis assumes that there is a coherent and significant correlation with probability between self-compassion and the psychological well-being sub-scales (personal growth, environmental mastery, purpose in life, self-acceptance,

autonomy, and positive relationships with others) in young adults. This is interpreted to mean that self-compassion influences the various stub-scales of psychological well-being (personal growth, environmental mastery, purpose in life, self-acceptance, autonomy, and positive relationships with others).

Variables

1. Independent variable: The variable being manipulated by the experimenter is self-compassion.
2. Dependent variable: The variable being studied is psychological well-being sub-scales (personal growth, environmental mastery, purpose in life, self-acceptance, autonomy, and positive relationships with others).

Sample

The sample size was 109 of which 42 males and 67 females aged 18 to 40 years. The nonprobability sampling technique, the snowball sampling method was used to collect the data.

Inclusion criteria

1. Young adults aged from 18 to 21 years
2. Ability to understand and complete the questionnaires in the language of administration.
3. Participants must be able to reflect on their childhood experiences and current emotional states.

Exclusion criteria

1. History of severe mental health disorders that may affect their responses or ability to participate effectively in the study.
2. Refusal to participate in the study

Instruments

Two tools used in the study are;

1. Self-compassion scale short form developed by Neff, K.D. in the year 2011.

The reliability and Validity of the self-Compassion scale-short form The current study's goal was to develop and evaluate the Self-Compassion Scale (SCS) in a condensed form. The 12-item Self-Compassion Scale–Short Form (SCS–SF) factorial structure was created and cross-validated using two Dutch samples. The third sample was English, and this time the SCS-SF was validated. The SCS–SF showed an almost perfect correlation ($r > 0.97$ in all samples) and adequate internal consistency (Cronbach's alpha ≥ 0.86 in all samples). The SCS–SF revealed a single higher-order self-compassion factor in addition to the same six-factor structure as the long form, according to confirmatory factor analysis. Therefore, the SCS–SF stands as a legitimate and trustworthy substitute for the long-form SCS, particularly when considering total self-compassion scores. 2010 John Wiley & Sons, Ltd. All rights reserved.

2. The psychological well-being scale was developed by Ryff and Keeyes in the year 1995.

In 1989, the original paper revealed that the six scales exhibit acceptable internal consistency (α) ranging from .93 to .86. Further, test-retest reliability over six weeks returned coefficients ranging from .88 to .81, suggesting that responses to the questionnaire remained fairly consistent over time in the absence of intervention. Overall, these findings suggest the questionnaire is sufficiently reliable. Cronbach's α values ranged from 0.70 to 0.78 for five of the subscales, while that for purpose in life was lower (0.57).

Procedure

Data for the current study was attained by administering a questionnaire via Google Forms in which subjects of the study were 109 participants and the researcher used a snowball sampling technique. This simply entails inviting more participants anyone known to the initial participants. Thus, participants were

informed of the study objectives, risks, and benefits before filling out the questionnaire through an informed consent form and a compass brief description of the study. At the end of the study, the researcher employed SPSS software to perform various analyses of the data that was collected. SPSS (Statistical Package for the Social Sciences) is one of the most popular programs used in the analysis of data derived from surveys and other social investigations.

The researcher employed both inferential and descriptive statistics to evaluate the hypotheses on the link between the independent factors (self-compassion) and the dependent variable (psychological well-being) in young people. The non-parametric test such as Spearman's rho test is used. Using this statistical test, the research has determined the direction and intensity of the association between the opinion variable—the psychological well-being subscales in young adults—and the independent variable, self-compassion. This analysis provides novel insights into the possible mediating effects of self-compassion on psychological well-being subscales by our study questions.

Ethics:

Ethics guidelines were followed to protect the participants' well-being during the research on self-compassion and its association with young adults' psychological well-being subscales. The study's questionnaire upholds people's rights. For the participants to voluntarily engage in the research, the researcher made every effort to ensure that they understood the purpose of the study, what was expected of them, and the possible risks and rewards of participation. All of the participants gave their consent. Retained information was kept private to protect the participants' identities. The participant was free to end the study at any time without having to give a reason or be questioned about it.

RESULT

The study was conducted to assess the correlation between self-compassion and psychological well-being among young adults. A total of 109 participants took part in this study. Two scales were used: the self-compassion scale, a short form developed by Neff, K.D. SC-SS is designed to investigate and measure levels of self-compassion among individuals. The psychological well-being scale was developed by Ryff and Keeyes. It is designed to assess various dimensions of psychological well-being, such as autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life, and self-acceptance. The Shapiro-Wilk test for normality was used to identify the significance statistics of variables. The Spearman's rho test was conducted to analyze the correlation between the variables, and scores were recorded.

Table 1 Gender, Marital status, Employment status, Religion, socioeconomic status and qualification

	Marital status		
	Married	Single	Total (N = 109)
Gender			
Female	15 (24.6%)	46 (75.4%)	41
Male	10 (24.4%)	31 (75.6%)	60
Employment status			
Student	43 (70.5%)	11 (26.8%)	54
Working	17 (27.9%)	28 (68.3%)	45

Homemaker	1 (1.6%)	0 (0%)	1
Self-employed	0 (0%)	1 (2.4%)	1
Business	0 (0%)	1 (2.4%)	1
Religion			
Hindu	38 (62.3%)	34 (82.9%)	72
Christian	17 (27.9%)	3 (7.3%)	20
Muslim	6 (9.8%)	2 (4.9%)	8
No religion	0 (0%)	1 (2.4%)	1
Region			
South Indian	49 (80.3%)	40 (97.6%)	89
North Indian	11 (18.0%)	1 (2.4%)	12
Socio-economic status			
Higher class	4 (6.6%)	3 (7.3%)	7
Middle class	57 (93.4%)	37 (90.2%)	94
Lower class	0 (0%)	1 (2.4%)	1
Educational Qualification			
Below Bachelor's degree	2 (3.3%)	1 (2.4%)	3
Bachelor's degree	11 (18.0%)	25 (61.0%)	36
Post-graduate degree	48 (78.7%)	14 (34.1%)	62
Above post-graduate degree	0 (0%)	1 (2.4%)	1

Table 2 Age statistics of participants

Central Tendency	Age
Mean	27.0
Median	26.5
Mode	28.5

The research includes essential demographic information, as outlined in Tables 1 and 2. These demographic details encompass gender, employment status, religion, region, socio-economic status, education qualification, and age, collectively providing a comprehensive understanding of the study participants' characteristics. The inclusion of these demographic factors is pivotal as they offer valuable insights into the background and diversity of the participants, enhancing the depth and relevance of our research findings.

Table 1 shows how the gender distribution in the study is fairly balanced, with 67 females and 42 males participating. This balance is crucial as it ensures a diverse perspective on the research findings. The study's inclusivity across genders allows for a comprehensive analysis of self-compassion and psychological well-being in both female and male individuals.

Table 1 shows participants' employment status: 45 are employed, 54 are students, 1 is homemaker, 1 is self-employed, and 1 is business. Notably, students are predominant in both female and male participants in self-compassion and psychological well-being studies. Among males, employed individuals are the second-largest group, while female students are the second-most prevalent.

Table 1 outlines the religious affiliation of participants: Hindus 72, Christians 20, Muslims 8; and

additionally, 1 participant identified as non-religious. Table 1 illustrates the distribution of participants by region, categorized as South Indian and North Indian. The results show that there are 89 South Indian participants and 12 North Indian participants. This valuable information highlights the regional representation of the study's participants. This addition provides a clear and concise explanation of the data presented in Table 1.

Table 1 shows the socioeconomic status of participants, categorized as higher class, middle class, and lower class. The data reveals that the middle class is predominant among both male and female participants, with a total of 95 individuals. There are 7 participants from the higher class and only 1 participant from the lower class. This indicates that the majority of the participants belong to the middle class, highlighting the socio-economic homogeneity of the study sample. This provides a clear and comprehensive explanation of the socio-economic status data presented in Table 1.

Table 1 also presents the educational qualifications of participants in the study of the correlation between self-compassion and psychological well-being. The educational levels are categorized as below bachelor's degree, bachelor's degree, post-graduate, and above post-graduate. The data shows that both male and female participants are predominantly post-graduates. The second most common qualification is a bachelor's degree, with 36 participants. There are 3 participants with qualifications below a bachelor's degree and 1 participant with qualifications above a post-graduate degree. This indicates a high level of education among most participants in the study. This provides a clear and detailed explanation of the educational qualification data presented in Table 1.

Table 2 illuminates the age demographics of our study, emphasizing a mean age of 27 years, with participants falling within the specified range of 27–30 years old. This adherence to a specific age criterion ensures a focused and relevant study group, providing a nuanced understanding of self-compassion and psychological well-being within the context of young adulthood. This provides a clear and accurate explanation of the age demographic data presented in Table 2.

Table 3 Descriptive Statistics of Self-Compassion and Psychological Wellbeing Subscales among young Adults

Variables	N	Mean	Median	Range	Interquartile range	Skewness	Kurtosis
Compassion	109	20.72	20.00	27.0	8.50	-.017	-.286
Positive Relationships with others	109	13.69	13.00	15.00	6.00	.302	-.685
Purpose in Life	109	12.92	13.00	13.00	4.00	.370	-.142
Personal Growth	109	15.87	16.00	18.00	6.00	-.354	.266
Environmental Mastery	109	14.76	15.00	14.00	3.00	-.072	.171
Self-acceptance	109	15.46	15.00	18.00	5.00	-.449	.304
Autonomy	109	14.53	14.00	13.00	5.00	.254	-.712

This is interpreted to mean that self-compassion influences the various stub-scales of psychological well-being The scores of the sample (N = 109) on the variables of self-compassion and psychological well-being sub-scales were subjected to descriptive statistical analyses.

The mean (20.72) and median (20.00) values for compassion indicate a symmetric distribution as they are very close. The negative skewness (-0.017) suggests a slight skew to the left, and the negative kurtosis (-0.286) indicates a flatter distribution with lighter tails.

The mean (13.69) and median (13) for positive relationships with others indicate a symmetric distribution. The positive skewness (0.302) suggests a slight skew to the right, and the negative kurtosis (-0.685) suggests a relatively flat distribution.

The mean (12.92) and median (13.00) for purpose in life indicate a symmetric distribution as they are almost identical. The positive skewness (0.370) suggests a slight skew to the right, and the negative kurtosis (-0.142) suggests a flat distribution.

The mean (15.87) is slightly higher than the median (16) for personal growth, indicating a slight skew to the right. The negative skewness (-0.354) confirms this left skew, and the positive kurtosis (0.266) suggests a deviation from normality is moderate rather than extreme.

The mean (14.76) and median (15.00) for environmental mastery indicate a symmetric distribution as they are almost identical. The negative skewness (-0.072) suggests a slight skew to the left, and the positive kurtosis (0.171) suggests a weak deviation from normality.

The mean (15.46) and median (15.00) for self-acceptance indicate a symmetric distribution, as they are almost identical. The negative skewness (-0.449) suggests a slight skew to the left, and the positive kurtosis (0.304) suggests a mild deviation from normality.

The mean (14.53) and median (14.00) for autonomy indicate a symmetric distribution as they are almost identical. The positive skewness (0.254) suggests a slight skew to the right, and the negative kurtosis (-0.712) suggests a flatter distribution.

The mean and median of compassion and personal growth exhibit a moderate level. Environmental mastery and purpose in life and autonomy have the lowest mean, and the median indicates a weak level. Self-acceptance and positive relationships with others exhibit a mild level.

Table 4 Test of normality

| Tests of normality			
	Shapiro-Wilk		
	Statistic	df	Sig.
Compassion Score	.966	109	.007
Positive relationship with others	.959	109	.002
Purpose in life	.971	109	.017
Personal Growth	.949	109	.000
Environmental Mastery	.977	109	.061
Self-Acceptance	.960	109	.002
Autonomy	.967	109	.009

*. This is a lower bound of the true significance

The values of the Shapiro-Wilk test indicate that the distributions of the variables (autonomy, purpose in

life, growth, positive relationships with others, and compassion score) significantly depart from normalcy when their p-values are less than 0.05. At a 5% significance level, the variable "environmental mastery" has a p-value of 0.061, which is near 0.05 and suggests a slight deviation from normalcy but is not statistically significant.

A p-value greater than 0.05 indicates that the data is not significantly different from a normal distribution thus it fails to reject the null hypothesis (data is normally distributed).

Alternatively, deviations from normality were evident in positive relationships with others, purpose in life, personal growth, autonomy, and self-acceptance with their respective p-values being 0.007, 0.002, 0.017, $p<0.061$, 0.009, and 0.002. A value less than 0.05 suggests a significant deviation from a normal distribution of data therefore the null hypothesis has to be rejected.
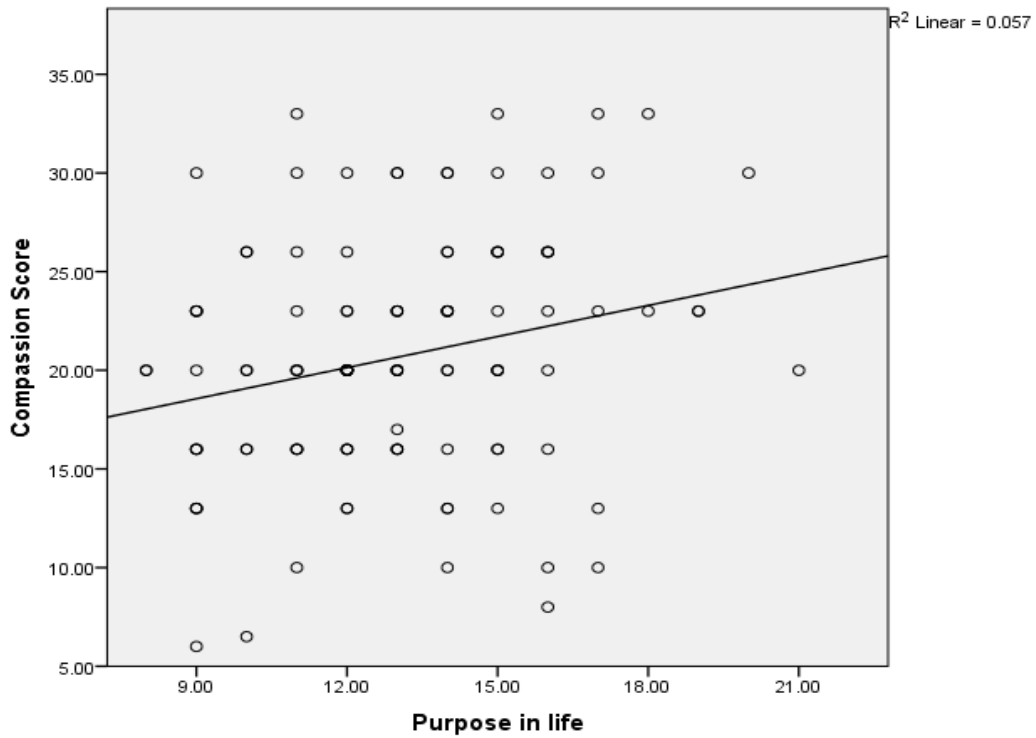
Figure 1 Scatter Plot of Self-Compassion and Personal Growth
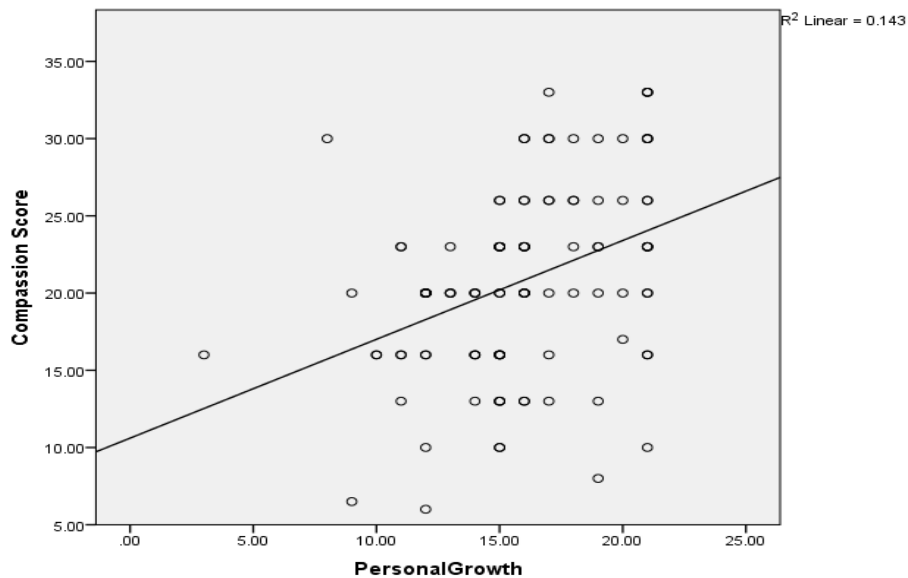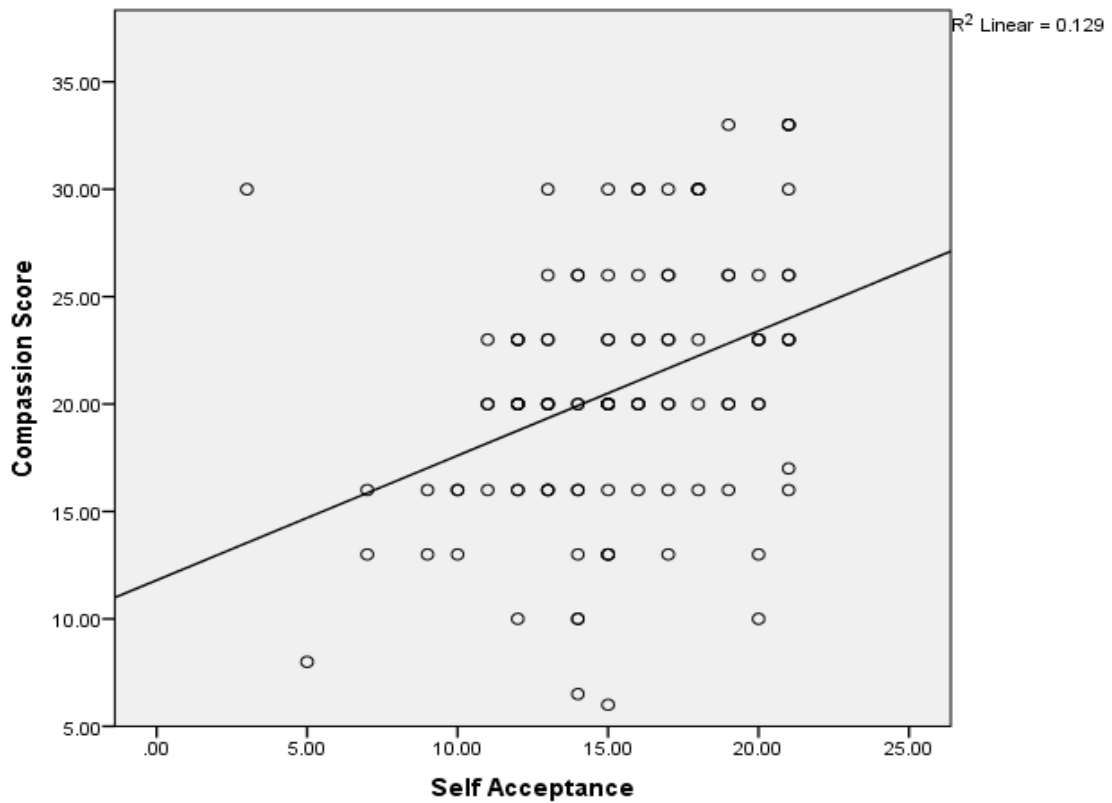

Figure 2 Scatter Plot of Self-Compassion and Environmental Mastery
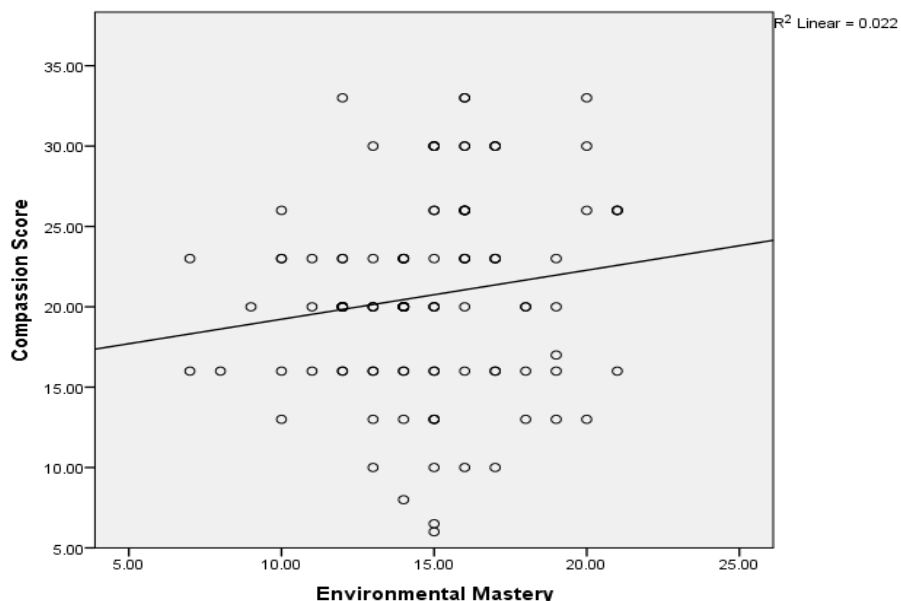
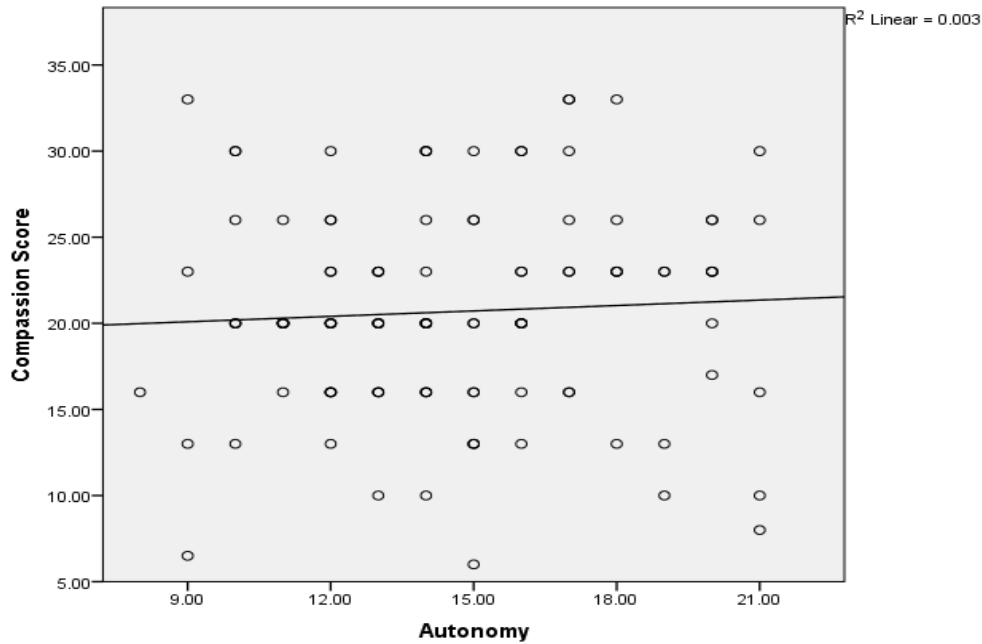**Figure 3 Scatter Plot of Self-Compassion and Purpose in Life**

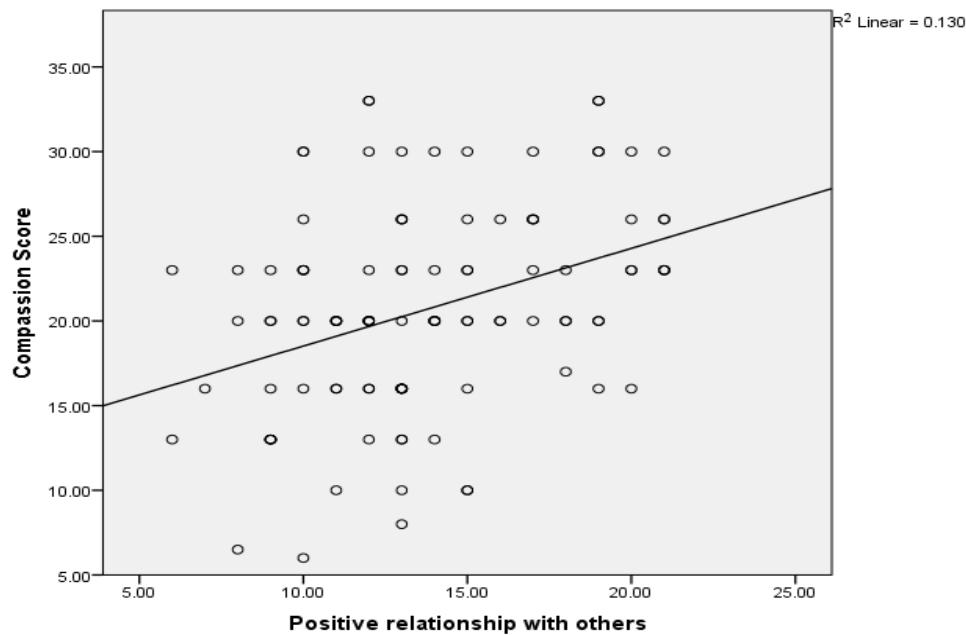**Figure 4 Scatter Plot of Self-Compassion and Self-Acceptance**

Figure 5 Scatter Plot of Self-Compassion and Autonomy

Figure 6 Scatter Plot of Self-Compassion and Positive Relationships with Others

Figures 1,2,3,4,5 and 6 indicate a scatter plot of self-compassion and different sub-scales of psychological well-being (positive relationship with others, autonomy, self-acceptance, purpose in life, environmental mastery, and personal growth) in young adults. Each plot represents the correlation between self-compassion and one of the psychological well-being subscales, illustrating the strength and direction of these relationships. The results indicate relationships between self-compassion and these various aspects of psychological well-being are generally positive, but the strength of these relationships varies. Self-compassion appears to be particularly influential in fostering personal growth, self-acceptance, and to some extent, having a sense of purpose in life. However, its relationship with environmental mastery, positive relationships with others, and autonomy is less pronounced based on the given R^2 values.

Table 5 Non-Parametric correlations

			Compassion Score	Personal Growth	Positive relationship with others	Environmental Mastery	Purpose in life	Self-Acceptance	Autonomy
Spearman's rho	Compassion Score	Correlation Coefficient	1.000	.421**	.349**	.175	.244*	.390**	.097
		Sig. (2-tailed)	.	.000	.000	.069	.011	.000	.317
			109	109	109	109	109	109	109

Table 5 shows the correlation between self-compassion and psychological well-being sub-scales (positive relationship with others, autonomy, self-acceptance, purpose in life, environmental mastery, and personal growth) using Spearman's rho correlation test.

Personal growth: Indicates a moderately positive correlation (rho = 0.421) between the compassion score (self-compassion) and personal growth. This indicates that individuals with higher levels of self-compassion tend to experience greater personal growth. The p-value (Sig.) is less than 0.001, indicating this correlation is statistically significant. Hence, we reject the (Ho).

This suggests that higher self-compassion is associated with better-quality relationships with others. The correlation is statistically significant (p < 0.001). Therefore, we reject the (Ho).

Environmental mastery: indicates a weak positive correlation (rho = 0.175) between the compassion score and environmental mastery. The p-value (Sig.) is 0.069, which is greater than 0.05 (typically considered statistically significant), suggesting that this relationship might not be significant in this sample. Thus, we accept the (Ho)

Purpose in life: shows a weak positive correlation (rho = 0.244) between the compassion score and purpose in life. This indicates that individuals with higher self-compassion tend to have a stronger sense of purpose in life. The correlation is statistically significant (p = 0.011). therefore, we reject the (Ho).

Self-acceptance: indicates a moderately positive correlation (rho = 0.390) between the compassion score and self-acceptance. This suggests that more self-compassionate individuals are more likely to accept themselves. The correlation is statistically significant (p < 0.001). therefore, we reject the (Ho).

Autonomy: shows a very weak positive correlation (rho = 0.097) between the compassion score and autonomy. The p-value (Sig.) is 0.317, indicating that this correlation is not statistically significant in this sample. thus, we accept the (H0).

DISCUSSION

Overall, self-compassion (measured by the Compassion Score) shows significant positive correlations with personal growth, positive relationships with others, purpose in life, and self-acceptance. Studies have consistently found that higher levels of self-compassion are associated with greater personal growth. For example, more self-compassionate individuals tend to set and pursue meaningful goals, navigate challenges effectively, and adapt positively to life changes. This relationship suggests that self-compassion

fosters resilience and encourages individuals to explore and develop their potential (Neff & McGehee, 2010). Also, research indicates that self-compassionate individuals tend to have more satisfying and supportive relationships with others. They are more empathetic, understanding, and less judgmental, which enhances their ability to connect with and support others emotionally (Neff, 2003; Neff & Beretvas, 2013). A greater sense of meaning and purpose in life has been associated with compassion. According to Bluth and Blanton (2014), self-compassionate people are more likely to recognize and pursue objectives that are consistent with their beliefs and aspirations, which results in a stronger sense of fulfillment and purpose. Strong evidence suggests that self-compassion encourages higher levels of self-acceptance. This entails cultivating a good self-image, accepting one's flaws and inadequacies, and being kind and understanding to oneself (Neff, 2003; Neff, 2011).

There is a weak or non-significant correlation between self-compassion, Environmental Mastery and Autonomy in this dataset. Studies looking into the relationship between environmental mastery or autonomy and self-compassion have produced a range of findings. Some have found weak or non-significant correlations, indicating that although self-compassion may improve some aspects of psychological well-being, its impact on these areas may be less significant or context-dependent (Neff & Dahm, 2015; Trompetter et al., 2017).

According to these results, self-compassion is more important for encouraging personal development, building healthy interpersonal relationships, strengthening a sense of purpose in life, and enhancing self-acceptance than it is for environmental mastery and autonomy, which may be less significant or non-existent in this study sample.

Therefore, to foster self-compassion and enhance psychological well-being, individuals can cultivate mindful awareness of their inner dialogue and practice self-kindness in response to setbacks or challenges. Engaging in self-compassion exercises, such as writing compassionate letters to oneself or practicing mindfulness meditation can help develop a more supportive and understanding relationship with oneself. This shift in mindset not only promotes greater self-acceptance and reduces self-criticism but also correlates positively with dimensions of psychological well-being, including increased personal growth, stronger positive relationships with others, a clearer sense of purpose in life, and overall improved emotional resilience (Neff, 2003; Bluth & Blanton, 2014).

IMPLICATIONS

This study aims to establish the correlation between self-compassion and various dimensions of psychological well-being that are significant for both individuals and mental health professionals. Understanding that fostering self-compassion through mindful practices and self-kindness interventions can positively impact personal growth, relationships with others, a sense of purpose, and self-acceptance suggests practical avenues for enhancing overall well-being. For individuals, this underscores the importance of cultivating self-compassion as a self-care strategy, potentially improving resilience and emotional health. For mental health professionals, these findings support the integration of self-compassion interventions into therapeutic practices to promote holistic psychological wellness and enhance therapeutic outcomes. Further research could explore tailored interventions and their effectiveness across diverse populations to refine approaches that support individuals in developing sustainable self-compassion practices.

STRENGTHS

- Utilization of validated scales such as the Self-Compassion Scale (SCS) ensures reliable assessment of self-compassion levels, enhancing the validity of findings.
- The use of appropriate statistical analyses (e.g., correlations, and regression models) ensures rigorous examination of relationships between self-compassion and various dimensions of psychological well-being, offering robust conclusions. Concerning the sample size the research was fairly satisfactory in terms of size.

LIMITATIONS

- The study only utilized correlations for analysis, and thus, it was unable to meet the standard for cause-and-effect relationships.
- Cross-sectional design collects information at a given time only, and hence the results are not amenable to testing hypotheses involving cause-and-effect relationships.
- Self-compassion and psychological well-being are often assessed through self-report measures, which can be influenced by biases such as social desirability or participants' subjective interpretations, potentially affecting the accuracy of results.

FUTURE RECOMMENDATIONS

Conduct longitudinal research to investigate the correlations that exist over time between different aspects of psychological well-being and self-compassion. This would investigate the relationship between changes in well-being outcomes and changes in self-compassion over time, as well as help demonstrate causation. Experimental Designs: Use various experimental designs, such as randomized controlled trials (RCTs), to test the efficacy of therapies meant to increase self-compassion. This could involve compassion-focused treatment, mindfulness-based interventions, or other population-specific strategies.

To understand how cultural, demographic, and contextual factors impact the relationship between psychological well-being and self-compassion, make sure that study samples are diverse. Examining potential variations in how self-compassion is understood and expressed among people from different cultural origins is part of this.

Conduct meta-analytic reviews to synthesize existing research findings on self-compassion and psychological well-being, examining consistency across studies, identifying moderators of effects, and providing more robust estimates of the overall impact.

Future studies can advance knowledge of how self-compassion functions to support psychological health, guide therapies, and improve the general standard of living for various demographics.

CONCLUSION

The study's findings highlight the important connections between self-compassion and several aspects of psychological well-being, such as self-acceptance, healthy interpersonal interactions, personal development, and a sense of purpose in life. Even though the results show strong correlations in these domains, cross-sectional designs, and possible confounding variables point to the need for additional experimental and longitudinal studies. To further understand how cultivating self-compassion can effectively improve psychological resilience and well-being in a variety of circumstances, future research should look into a range of populations, use rigorous methodology, and investigate underlying mechanisms. Therapeutic strategies intended to foster self-compassion and advance holistic psychological

health may be enhanced by incorporating these principles into clinical practice.

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