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Contribution of self-compassion to positive mental health among Korean university students

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Although evidence suggests self-compassion can serve as an important predictor of positive mental health, few studies have examined the contribution of self-compassion to mental health. This study examined the relations between six components of self-compassion and three dimensions of positive mental health (Psychological, Emotional and Social Well-being) in young Korean adults. A sample of 689 Korean college students were administered the Self-Compassion Scale (SCS) and the Mental Health Continuum Short Form (MHC-SF) to evaluate self-compassion and positive mental health. A multiple indicators multiple causes (MIMIC) analysis revealed that Self-Kindness significantly predicted all dimensions of positive mental health. Additionally, Over-Identification significantly contributed to Emotional Well-being, Common Humanity to Social Well-being and Isolation to Psychological Well-being. These results suggest Self-Kindness is a key predictor of positive mental health and that specific components of self-compassion are strongly related to specific dimensions of mental health in Koreans.

Keywords: Korean; Positive mental health; Self-compassion; Well-being.

Self-compassion refers to having compassion for oneself in the same sense that one has compassion for others. According to a pioneering study conducted by Neff (2003a), self-compassion consists of three main positive components and their negative counterparts: Self-Kindness versus Self-Judgement, Common Humanity versus Isolation and Mindfulness versus Over-Identification. Self-Kindness and Self-Judgement involve treating oneself kindly or criticising oneself during difficult times or situations. Common Humanity refers to considering distress as a shared human experience, whereas Isolation refers to considering one's own painful experiences. Mindfulness involves observing negative thoughts and feelings critically, whereas Over-Identification means being entrapped by negative thoughts and feelings.

In many studies, the positive and negative components of these three pairs have been combined to form a single dimension, because they have been reported to be strongly associated (Neff, 2003a). However, some evidence indicates that the factor structure of self-compassion differs across cultures and between individuals. A six-factor structure of self-compassion was not found in Buddhists (Zeng, Wei, Oei, & Liu, 2016), and an unidimensional factor structure of self-compassion was not found to apply in Italians (Petrocchi, Ottaviani, & Couyoumdjian, 2014), French participants (Kotsou & Leys, 2016) or psychiatric patients (Costa, Maroco, Pinto-Gouveia, Ferreira, & Castilho, 2016). Furthermore, in Koreans, the correlation between Self-Kindness and its counterpart Self-Judgement was reported to be much weaker than that found in a US sample (Kim, Yi, Cho, Chai, & Lee, 2008). These observations suggest instability of the factor structure of self-compassion and the need to consider cultural contexts and individual characteristics when investigating self-compassion.

The modern definition of mental health addresses the presence of positive mental health, that is, mental well-being, and the absence of mental illness (Keyes, 2005). Studies on mental health have shown positive mental health embraces hedonic and eudaimonic perspectives of well-being (Ryff, 1989). The hedonic view emphasises emotional well-being, a state of feeling good and being satisfied with one's life, whereas the eudaimonic view stresses optimal functioning in private (Ryff, 1989) and social life (Keyes, 2002), which denote psychological

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and social well-being, respectively. According to studies performed in different countries, the prevalence of mental health level differs across cultures. The percentage with positive mental health was higher in black South Africans (Wissing & Temane, 2013) but lower in Koreans (Lim, Go, Shin, & Cho, 2013) than in Americans (Keyes, 2005). Lim et al. (2013) reported the percentage of Koreans with complete mental health was half that found in Americans, which is consistent with the findings of Neff et al., who found Asians are less satisfied with their lives than Westerners (Neff, Pisitsungkagarn, & Hsieh, 2008). Factors, such as, emotional arousal and expression levels and interdependent self-construal might be associated with the lower prevalence of positive mental health reported in Asian countries (Lim et al., 2013).

Several studies have suggested a positive association between self-compassion and mental health. Leary, Tate, Adams, Allen, and Hancock (2007) demonstrated that self-compassion attenuated negative emotions and buffered psychological symptoms, such as, depression (Hall, Row, Wuensch, & Godley, 2013) and eating problems (Kelly, Vimalakanthan, & Miller, 2014). It has been also been reported self-compassion is significantly associated with life satisfaction (Neff et al., 2008) and with cognitive, psychological and affective well-being (Zessin, Dickhauser, & Garbade, 2015). However, some findings suggest the relation between mental health and self-compassion is culture dependent. Neff et al. (2008) found that correlations between self-compassion and life satisfaction (an element of emotional well-being) differed among Americans, Thais and Taiwanese. In addition, these authors observed some dimensions of self-compassion, including self-kindness and self-judgement, were not correlated to life satisfaction in Thai subjects. Given that previous findings were largely obtained by studies conducted in North America and Europe (Zessin et al., 2015), it is important that the nature of the association between self-compassion and mental health be determined in Asian populations. However, no study has yet investigated specific relationships between the three dimensions of self-compassion and hedonic and eudaimonic mental well-being, and information on this specific relationship is important given reported associations between components of self-compassion and cultural factors that affect mental health.

The present study was undertaken to examine relationships between self-compassion and positive mental health in Korean university students. To investigate associations between variables, six components of self-compassion and three dimensions of positive mental health were all included as separate variables in the analysis. Based on previous results regarding the possible alleviation of distress and boosting of positive psychological functioning by self-compassion, we expected that the three dimensions of self-compassion would enhance the three types of mental well-being in different ways in our young Korean adult cohort.

METHODS

Participants

Participants were 689 college students who were taking psychology courses from a university in South Korea. The present data was from our two independent study projects started in April 2015 and September 2015, respectively, that were aimed to examine a mediation effect of global self-compassion on relations between emotional abuse and depression/social anxiety (Park & Lim, 2016; Ye & Lim, 2017). The present study performed a new analysis to explore the relationship between six self-compassion dimensions and three positive mental health components. Participants' ages ranged from 18 to 29 years (mean age $\pm SD$, 21.51 $\pm$3.24 years) and 64.9% were female. The students received a course credit in exchange for their voluntary participation in the study. Sample size was calculated using the Westland (2010) formula. Latent factors in the model are measured using three to six indicators. Calculations using Westland (2010) formula indicated that a sample of $n = 200$ would be required to provide sufficient power.

Measures

The Self-Compassion Scale

The Self-Compassion Scale (SCS) is a 5-point Likert scale that assesses the six components of self-compassion using 26 questions (Neff, 2003a): *Self-Kindness, Self-Judgement, Common Humanity, Isolation, Mindfulness and Over-Identification*. In the present study, questions regarding *Self-Judgement, Isolation* and *Over-Identification* were reverse-scored when total self-compassion scores were calculated. In Koreans, it was previously found that 6-factor structure of the SCS was most suitable (Kim et al., 2008). The components of the Korean version of the SCS have good internal consistency (Cronbach's alpha range, .74–.80) and 3-week test–retest reliability (range, .64–.86) and total SCS scores have been shown to be significantly correlated with various psychological indicators, including depression ($r = -.37$), anxiety ($r = -.70$), life satisfaction ($r = .42$) and emotional intelligence ($r = .38$) (Kim et al., 2008). Factor analytic studies of the SCS have been inconsistent. Three alternative models have been reported: (a) a unidimensional model (Neff, 2003a), (b) a correlated six-factor model (Kim et al., 2008), (c) a model of one higher order factor and six lower order

factors (Neff, 2003b), and (d) a bifactor model comprised of two general and six specific factors (Brenner, Heath, Vogel, & Crede, 2017). We chose the correlated six-factor model supported by a Korean study (Kim et al., 2008).

The Mental Health Continuum-Short Form

The MHC-SF is a shorter version of the Mental Health Continuum Scale (MHC-LF), a 40-item self-administered questionnaire based on the model of mental health continuum (Keyes, 2002, 2009). The MHC-SF consists of 14 items designed to measure positive mental health. Participants rate these items using a 7-point Likert scale, where 0 = never and 6 = every day. The MHC-SF addresses three dimensions of positive mental health (Emotional, Social and Psychological Well-being). Items of Emotional Well-being (items 1–3) denote emotions and satisfaction with lives. Items of Social Well-being (items 4–8) reflect five elements of functioning in public life (Keyes, 2002), namely, social integration, social contribution, social coherence, social actualization and social acceptance. Items of Psychological Well-being (items 9–14) reflect six elements of functioning in private life (Ryff, 1989), that is, autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance. Lim et al. (2013) reported the Korean version of the MHC-SF has a Cronbach's alpha of .93 and that scale scores were significantly correlated with mental illness ($r = -.38$) and psychosocial functioning ($r = .54$). Two different factor structure models of the MHC-SF have been reported: (a) a correlated three-factor model (Keyes, 2002) and (b) a bifactor model with one higher-order factor and three lower-order factors (de Bruin & Du Plessis, 2015). We adopted the correlated three-factor model supported by Korean study conducted by Lim et al. (2013).

Procedure

After obtaining informed consent, participants completed the SCS and the MHC-SF in group format with pen or pencil. Each group consisted of 30–40 students. Participants were told that the study was being conducted to examine "the mental health of college students". The scales took about 10 minutes to complete. No personal identifying information was collected. The purpose and benefits of the study were discussed with participants at the end of the study.

Data analyses

Data were analysed using SPSS 18 and Mplus 6.0. Pearson's correlation coefficient was used to examine the correlation between SCS and MHC-SF scores. A multiple indicators multiple causes (MIMIC) analysis was conducted using Mplus software to examine relations between the six components of self-compassion and the three dimensions of positive mental health. The MIMIC model is two part structural equation model. The first reflects relations between latent variables and their indicators, and the second provides causal relationships between predictors and latent variables. For MIMIC analysis, three latent variables (Emotional, Social and Psychological Well-being) were computed and eight predictors (gender, age and the six components of self-compassion) were adopted. Comparative Fit Index (CFI), Tucker–Lewis Index (TLI) and Root Mean Square Error of Approximation (RMSEA) were used to evaluate MIMIC model fit. Due to the relatively large sample size, significant effect size was set at $< .01$. Listwise deletion method was used to exclude missing data (11 cases).

RESULTS

Correlations between self-compassion and positive mental health

Correlation coefficients between the six components of self-compassion and the three dimensions of positive mental health are provided in Table 1. *Self-Kindness* and *Mindfulness* were moderately correlated with all three dimensions of positive mental health ($r = .30 \sim .42$, $p < .001$). *Common Humanity, Isolation, and Over-Identification* were slightly to moderately correlated with dimensions of positive mental health ($|r| = .22 \sim .33$, $p < .001$) and *Self-Judgement* was slightly correlated with dimensions of positive mental health ($|r| = .21 \sim .25$, $p < .001$).

Unique contributions of self-compassion to positive mental health

The MIMIC model was applied to verify the specific contributions of each component of self-compassion to the three dimensions of positive mental health. In this model, Emotional, Social and Psychological Well-being were treated as latent variables, and eight observable variables (gender, age and the six components of self-compassion) were used to predict these three latent variables. This model provided an acceptable fit with data (CFI = .925; TLI = .906; RMSEA = .066).

Specific relationships between the six components of self-compassion and the three dimensions of positive mental health are shown in Table 2. As shown in Figure 1, MIMIC analysis showed *Self-Kindness* significantly positively predicted Emotional Well-being ($\beta = .316$, $p < .001$), Social Well-being ($\beta = .252$, $p < .001$) and

TABLE 1
Intercorrelations between Self-Compassion factors and MHC-SF factors ($N = 689$)

	SCS	*SK*	*SJ*	*CH*	*I*	*M*	*OI*	*MHC-SF*	*EWB*	*SWB*	*PWB*
SCS	–										
SK	.72***	–									
SJ	−.74***	−.34***	–								
CH	.52***	.50***	−.03	–							
I	−.75***	−.25***	.69***	−.12**	–						
M	.58***	.59***	−.04	.57***	−.18***	–					
OI	−.74***	−.25***	.74***	−.04	.74***	−.16***	–				
MHC-SF	.50***	.47***	−.26***	.32***	−.32***	.38***	−.31***	–			
EWB	.43***	.39***	−.25***	.22***	−.30***	.30***	−.30***	.82***	–		
SWB	.41***	.38***	−.21***	.29***	−.24***	.33***	−.25***	.91***	.63***	–	
PWB	.50***	.48***	−.25***	.33***	−.33***	.39***	−.29***	.94***	.71***	.78***	–
Range	33–120	5–25	5–24	4–20	4–19	4–20	4–20	0–69	0–15	0–25	0–30
Mean	82.37	12.91	11.86	11.57	9.11	11.65	10.79	38.11	8.98	12.12	17.01
SD	15.18	3.95	4.46	3.23	3.73	3.30	3.48	12.19	2.87	4.68	5.87
Cronbach α	.93	.79	.81	.79	.82	.75	.78	.94	.91	.84	.91

CH = Common Humanity; EWB = Emotional Well-being; I = Isolation; M = Mindfulness; MHC-SF = Mental Health Continuum-Short Form; OI = Over-Identification; PWB = Psychological Well-being; SCS = Self-Compassion Scale; SK = Self-Kindness; SJ = Self-Judgement; SWB = Social Well-being.

Psychological Well-being ($\beta = .353$, $p < .001$). Moreover, *Common Humanity* was found to significantly and positively predict Social Well-being ($\beta = .122$, $p < .01$). *Isolation* significantly negatively predicted Psychological Well-being ($\beta = -.214$, $p < .001$) and *Over-Identification* significantly negatively predicted Emotional Well-being ($\beta = -.206$, $p < .001$).

DISCUSSION

This is the first study to examine the abilities of components of self-compassion to predict positive mental health. In the present study, the six components of self-compassion were found to be related to specific dimensions of mental health. The *Self-Kindness* component of self-compassion positively predicted all three components of positive mental health, which suggests *Self-Kindness* is the key, proximal predictor of positive mental health. According to previous studies, *Self-Kindness* was associated with reduced risk of depression and enhanced physical health (Hall et al., 2013). A meta-analytic study showed that kindness-focused intervention effectively increased positive emotion and mindfulness and promoted compassion for oneself and others (Galante, Galante, Bekkers, & Gallacher, 2014). It would seem that being kind to oneself enhances happiness and evaluations of one's life by increasing self-acceptance and reducing self-blame.

We also found *Over-Identification* negatively predicted Emotional Well-being, which concurs with an earlier finding that *Over-Identification* is moderately correlated with positive affect (Pallant & Lae, 2002). Negative thoughts, such as, worry and rumination, generate negative emotions and reduce positive emotions (McLaughlin, Borkovec, & Sibrava, 2007), and it is possible that a vicious cycle of negative thoughts makes individuals feel unhappy and less satisfied with their lives by diminishing positive affect and causing failure to regulate negative affect.

In the present study, *Common Humanity* positively predicted Social Well-being, which is consistent with prior findings that social connectedness (a construct similar to *Common Humanity*) is moderately or highly correlated with Social Well-being (Williams & Galliher, 2006). These findings suggest that those who view their suffering as something experienced by others feel they belong to society and are social acceptable, which enhance Social Well-being.

On the other hand, *Isolation*, the negative counterpart of *Common Humanity*, negatively predicted Psychological Well-being. Given the weak correlation observed between *Common Humanity and Isolation* in our sample, it would appear that these two components of self-compassion assess different aspects in Koreans. Indeed, some items included in *Isolation* imply feelings of isolation caused by painful social comparisons. Social comparisons may have a negative impact on mental well-being, especially those of individuals that perceive self in a social context. Considering that Korea is an interdependent culture, a perception that one's suffering is greater than that of others might lead to a negative evaluation of one's private life.

The present study shows that associations between specific components of self-compassion and their counterparts were weaker in our Korean sample than found

TABLE 2
Estimates of gender, age and the factors of self-compassion under the MIMIC model

Latent variable (% variance explained)	*Predictors*	*β*	*SE*	P
Emotional well-being				
(24.3%)	Gender	.006	.065	.8783
	Age	−.086	.009	.0168
	Self-Kindness	.316	.011	.0000
	Self-Judgment	.086	.012	.1591
	Common Humanity	.017	.012	.7039
	Isolation	−.132	.013	.0190
	Mindfulness	.069	.013	.1725
	Over-Identification	−.206	.015	.0006
Social well-being				
(27.5%)	Gender	.136	.080	.0004
	Age	.056	.011	.1386
	Self-Kindness	.252	.013	.0000
	Self-Judgment	.030	.014	.6462
	Common Humanity	.122	.014	.0098
	Isolation	−.067	.016	.2601
	Mindfulness	.092	.016	.0850
	Over-Identification	−.163	.018	.0114
Psychological well-being				
(34.9%)	Gender	.046	.073	.1861
	Age	.037	.011	.2832
	Self-Kindness	.353	.012	.0000
	Self-Judgment	.081	.013	.1606
	Common Humanity	.085	.013	.0450
	Isolation	−.214	.014	.0000
	Mindfulness	.092	.015	.0569
	Over-Identification	−.112	.017	.0516

SE = Standard error.

in previous Western studies. In the present study, the correlation coefficient between *Common Humanity* and *Isolation* was −.12, which was weaker than the −.50 reported in an US study (Neff, 2003a). Similarly, the correlation coefficient between *Mindfulness* and *Over-Identification* was −.16, which was much weaker than the −.77 observed in this US study. These results concur with those of previous Korean, Japanese and Buddhist studies, in which weaker correlations were observed between main components and their negative counterparts (Kim et al., 2008; Neff, 2003a; Zeng et al., 2016, respectively). Our study adds to evidence indicating that the factor structure of the SCS depends on culture and individual characteristics. One possible explanation for our results is that Koreans may not view specific counterpart terms as antonyms of self-compassion terms. Korean society is influenced by Confucianism, which values the negative aspects of self-compassion. For example, in Confucianism, *Self-Judgement* might be regarded to be similar to Cautiousness (Kim, 2016). Furthermore, culturally different attitudes to self might allow Koreans to consider high levels of the negative aspects of self-compassion to be less undesirable than Westerners. On the other hand, it is possible that the third variable such as self-construal influences the association between components of self-compassion and their counterparts. It has been previously suggested self-construal might differ between Asian countries (Han, Kim, & Inumiya, 2016) and that associations between self-construal and dimensions of self-compassion are also culture dependent (Neff et al., 2008).

The findings of the present study have interventional implications. Our study showed that different components of self-compassion were strongly associated with specific dimensions of positive mental health. Although self-compassion intervention has been reported to have positive effects on mental health (Smeets, Neff, Alberts, & Peters, 2014), our findings suggest specific components of self-compassion should be targeted. In particular, they suggest *Self-Kindness* should be the focus of intervention efforts aimed at enhancing positive mental health, because in the present study, this component of self-compassion was found to be associated with all three dimensions of positive mental health. On the other hand, *Over-Identification, Common Humanity, and Isolation* were found to be positively associated with Emotional Well-being, Social Well-being and Psychological Well-being, respectively.

Some limitations of the present study should be noted. First, due to its cross-sectional design, our findings should be interpreted with caution. Since positive mental health has been reported to function as an independent or predictive variable in previous studies, it is possible that positive mental health is an independent variable of self-compassion (Keyes, 2005). Future longitudinal or experimental studies are required to resolve the causative nature of this relation. Second, we used a convenient sample of students, which was not representative of all Korean college students. Furthermore, the cohort contained a higher proportion of women, and thus, we suggest studies using more representative samples be undertaken to confirm our results.

In conclusion, the *Self-Kindness* component of self-compassion was found to predict positive mental health among young Korean adults. Furthermore, the study suggests specific components of self-compassion predict specific dimensions of positive mental health. Intervention strategies that focus on these specific components of self-compassion might prove effective at enhancing dimensions of positive mental health among young Korean adults. Future research is needed to examine the effects of self-compassion-based interventions designed to boost individual dimensions of positive mental health.

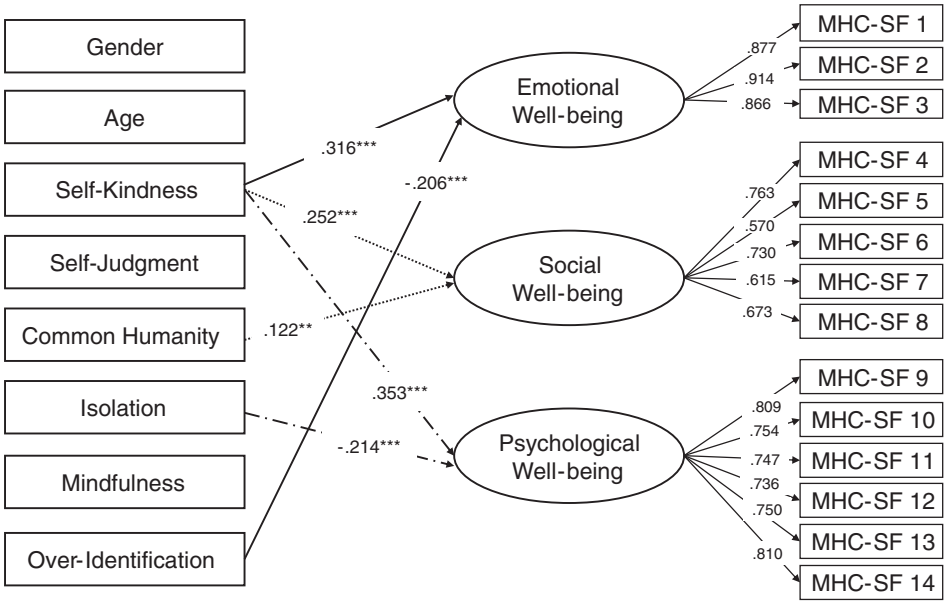

Figure 1. Contribution of self-compassion to positive mental health.
Values indicate standardised loadings/coefficients. Only statistically significant paths are shown.
$^{**}p < .01$. $^{***}p < .001$.

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