

THE INFLUENCE OF SELF-CONCEPT ON RESILIENCE BEING MEDIATED BY SELF-COMPASSION AND COMPASSION FOR OTHERS AMONG THAI ADOLESCENTS

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Abstract: This investigation attempted to examine the influence of self-concept on resilience being mediated by self-compassion and compassion for others among Thai adolescents. Study I was conducted to translate into Thai language and test the construct validity and reliability of the following research instruments: Adolescents' Self-Concept Short Scale (ASCSS), Child & Youth Resilience Measure (CYRM), Self-Compassion Scale (SCS), and Compassionate Love for Humanity Scale (CLHS). Data for Study I were collected from 500 Thai adolescents in the Bangkok area. Study II tested for the best-fit model of the causal relationship between self-concept and resilience, being mediated by the factors of self-compassion and compassion for others. Data for Study II were collected from 503 Thai adolescents in the Bangkok area. A self-administered survey questionnaire in Thai was employed for data collection which consisted of the following parts: a researcher-constructed set of questions to elicit demographic information, the ASCSS to measure the level of positive self-concept, the CYRM to measure the level of resilience, the SCS to measure the level of self-compassion, and the CLHS to measure the level of compassion for others. The results of Study I confirmed that ten items from the ASCSS, eight items from the CYRM, and two items from the CLHS should be eliminated. In terms of component, the original scale of ASCSS was consisted of six dimensions while in this study, five dimensions were established. The original scale of CYRM consists of three subscales, however, in this study, six components were identified. For the SCS, the original scale consisted of six dimensions, whereas this study identified three dimensions. For the last scale CLHS, the scale was presented to measure a single, underlying factor. Nevertheless, in this study, four components were identified. After the EFA, the results of study I demonstrated that the Thai versions of the ASCSS, CYRM, SCS, and CLHS are psychometrically sound and, therefore, reliable and valid for use with Thai participants. In Study II, the fully identified path model demonstrated that self-concept has positive influence on the participants' reported level of resilience,

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being mediated by self-compassion, however, the results indicated that the factor of compassion for others does not function as the mediator of the two causal relationship between self-concept and resilience for this particular population of this study.

Keywords: Self-concept, Resilience, Self-compassion, Compassion for others, Thai adolescents

Introduction

It has been reported that around 20 % of the world's children and adolescents have mental disorders or problems (WHO, 2014) and the WHO (2017) recognizes the importance of promoting healthy practices during adolescence to prevent health problems in adulthood (WHO, 2017). In Thailand, there is a large number of adolescents require psychological treatment and mental health promotion for adolescents including school-based program is considered crucial, however the field is still growing (Ministry of Education, 2016). Research suggests that creating a systematic framework for education and health in the cultural context is significant (Harkness & Keefer, 2000). Thus, emphasizing cultural implication in the development of the mental health promotion program for Thai adolescents is pivotal.

In this research, the four variables of mental health (i.e., self-concept, resilience, self-compassion, compassion for others), which are aligned with Buddhism, were selected to examine the level of mental health of Thai adolescents as 95 % of Thai people are Buddhists, and Buddhism has a strong influence on Thai people's cognitive style, attitude, behavior, and social values (Chinnawong, 2007). Positive 'self-concept' is enhanced when every individual realizes his or her own potential; without positive 'self-concept', an individual may lose his or her focus on working to one's potential (Huitt, 2011; Piers & Herzberg, 2002). If an individual's resilience level is decreased, one may struggle to cope with the normal stresses of life (Friedli, 2009). An individual without 'self-compassion' may not be able to work productively and fruitfully as he or she is not aware of how to work effectively without being too harsh on oneself (Neff, 2003a, 2003b, 2017). An individual without 'compassion for others' may not be able to make a good contribution to his or her community (Pommier, 2010; Sprecher & Fehr, 2005a). Having high levels of these four variables is likely to contribute towards the enhancement of mental health.

Objectives

The primary purpose of the present study was to investigate the direct and indirect influences of self-concept and resilience, being mediated by self-

compassion and compassion for others, among Thai adolescents. In order to achieve its purposes, this study incorporated the following specific objectives: 1) To translate selected Western-based instruments for use with Thai adolescents and test their psychometric properties (reliability and validity). 2) To investigate the structural direct and indirect relationships between self-concept and resilience, being mediated by self-compassion and compassion for others among Thai adolescents.

Literature Review

The following abridged review of literature contains theoretical perspectives and empirical findings which demonstrate interrelationships among the key variables of self-concept, resilience, self-compassion, and compassion for others.

Self-concept

Self-concept has been researched as an important concept in psychology for the last few decades as it deepens the understanding of how an individual perceives oneself, and it also serves to explain and predict the appropriateness of the individual's behavior (Piers & Herzberg, 2002; Veiga & Leite, 2016). In similar fashion, Huitt (2011) argued that, "one's paradigm or worldview and one's relationship to that view provide the boundaries and circumstances within which one develops a vision about possibilities; this is one of the major issues facing children and youth today" (Huitt, 2011, para. 3). Having a healthy self-concept is necessary for efficient personal growth of children and adolescents. According to Piers and Herzberg (2002), self-concept is defined as "a person's self-perceptions in relation to important aspects of life" (Piers & Herzberg, 2002, p. 37). Tibetan Buddhist scholar and Jungian sandplay therapist/teacher Martin Kalff (1983) discussed how 'self' is considered importantly in both Buddhism and Jungian psychology. He argued that both approaches in their own ways indicate that "it is the exaggeration of the importance of the ego, a wrong view, and a misapprehension of its relative and dependent nature that is the cause of pain and suffering" (p. 104). *Resilience*

The conceptualizations of resilience are closely tied with the adaptive psychological perspective of mental health (Friedli, 2009). The contribution by the founders of resilience research including Antonovsky, Garmezy, and Werner was turning away from an emphasis on maladjustment among risk-exposed groups toward the strengths of risk-exposed individuals and protective factors (Bartley, 2006). Although there is a vast amount of studies on resilience, and defining resilience is an ongoing issue (Friedli, 2009; Mejia, 2004; Ungar, 2008), Hall (2010) analyzed 38 resilience and related measures and concluded that the Child & Youth Resilience Measure (CYRM) developed by Ungar and Leibenberg (2009) has "acceptable psychometric properties and

is the only measure to look at resilience across cultures” (p. 4). According to Ungar (2017), the Resilience Research Centre defined resilience as: (1) the capacity of individuals to navigate their ways to resources that sustain well-being; (2) the capacity of individuals’ physical and social ecologies to provide those resources; and (3) the capacity of individuals, their families, and their communities to negotiate culturally meaningful ways to share resources” (p. 4). The concept of resilience is evident in Buddhist approach to psychology as it emphasizes the deeper reflective processes. Buddhists meditate for self-healing purpose and the technique is nowadays widely recognized as ‘mindfulness’ (Chinnawong, 2007). Research showed that mindfulness is an effective approach to promote individuals’ resilience (Goldhagen, Kingsolver, Stinnett, & Rosdahl, 2015).

Self-compassion

Kristin Neff is the first-ever scholar who operationally defined the Buddhist concept of self-compassion (feeling compassion for oneself as it is for others) and introduced the construct to psychology over a decade ago (Neff, 2003a; Pommier, 2010). Self-compassion is defined as, “being touched by and open to one’s own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one’s suffering and to heal oneself with kindness” (Neff, 2003b, p. 87). Neff’s urge for the construction of self-compassion is attributed to her fine literature review on how several psychologists realized the necessity of introducing alternative conceptualizations of a healthy attitude and relationship to oneself which replaces ‘self-esteem’. Their concern is that self-compassion stems from evaluations of self-worth and involves judgments and comparisons (Neff, 2003b). Empirical research on self-compassion has been extensively conducted by Neff and her colleagues and its effectiveness has been well demonstrated (Neff, 2017).

Compassion for others

Elizabeth Ann Pommier (2010), the developer of the construct and scale of compassion for others as a Buddhist concept reviewed the literature on compassion in relation to psychology and purported that compassion is associated with positive psychological outcomes. Sprecher and Fehr (2005a) argued that the term ‘compassion’ alone lacks transcendent and emotional qualities, so they decided to name the construct *compassionate love* rather than compassion. Compassionate love is defined by Sprecher and Fehr (2005a) as “an attitude toward other(s), either close others or strangers, or all of humanity. It contains feelings, cognitions, and behaviors that are focused on caring, concern, tenderness, and an orientation towards supporting, helping, and understanding the other(s), particularly when the other(s) is (are) perceived to be suffering or in need” (Sprecher & Fehr, 2005a, p. 629). The definition of compassion by Lazarus (1991, as cited in Sprecher & Fehr, 2005a) of ‘being

moved by another's suffering and wanting to help' (p. 289) is consistent with the concept of the cited authors who insist that empathy, a cousin concept of compassion should be distinguished from compassion and support Lazarus' discussion that "while empathy is focused on sharing another's emotional state, compassion is an other-directed emotion in its own right" (Sprecher & Fehr, 2005a, p. 630). The influence of compassion for others on Thai people's positive mental health has been demonstrated (Dunlap & Vorapanya, 2014).

Conceptual framework

People with good coping skills are those who believe in oneself, recognizes one's strengths, values oneself, and chooses the best environment that helps them stabilize. (Zimmerman, 2000). Self-compassion promotes positive self-view or self-concept (Pisitsungkagarn, Taephant, & Attasaranya, 2013). Individuals with high level of positive mental health possess self-compassion skills that promote resilience against psychopathology (Trompetter et al., 2016). Personal growth involves the simultaneous improvement of both positive self-concept and compassion for others (Tedeschi & Calhoun, 1996). Compassion training can serve as a new, powerful method for enhancing positive affect in response to adverse situations (Klimecki et al., 2013). If individuals have higher level of positive self-concept, they have higher level of resilience. If individuals have higher level of positive self-concept, they have higher level of resilience, being mediated by self-compassion. If individuals have higher level of positive self-concept, they have higher level of resilience, being mediated by compassion for others. The conceptual framework of the current investigation comprises the model showing the links among the core variables, as depicted in the following Figure 1.

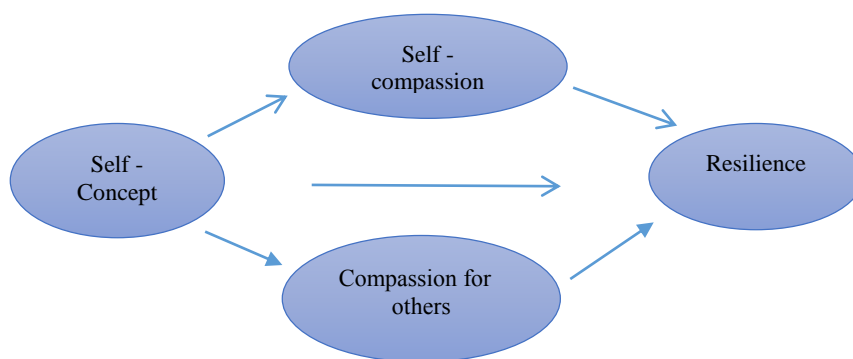


Figure 1. Full model showing the possible causal relationships among the four variables.

Research Hypotheses

The following research hypotheses were generated for testing in Study I and Study II. **H1**: Self-concept directly influences resilience such that the higher the level of positive self-concept, the higher is the level of resilience. **H2**: Self-concept indirectly influences resilience, being mediated by self-compassion and compassion for others such that the higher the level of positive self-concept, and the higher the levels of self-compassion and compassion for others, the higher is the level of resilience.

Study I (Methodology)

Participants: A total of 500 participants (male: n=250, female: n=250) were involved in the confirmatory factor analysis phase of the study. The participants consisted of Thai secondary school students from Bangkok, aged 13 to 18 years. *Instrumentation*: The researcher used a self-administered survey questionnaire with Likert-type rating scales for data gathering. The questionnaire consisted of a researcher-constructed Personal Information section and the following psychometric scales: Adolescents' Self-Concept Short Scale (ASCSS), Child & Youth Resilience Measure (CYRM), Self-Compassion Scale (SCS), and Compassionate Love for Humanity Scale (CLHS).

Procedure: The data collection procedure for Study I basically involved purposive sampling conducted on a group of adolescents within the proximity of Bangkok area, using a self-report structured questionnaire incorporating demographic information and the four Thai-translated scales for use with the targeted Thai population. Informed consent and confidentiality clauses were clarified to participants before data collection. Following the completion of data collection, every questionnaire was inspected and invalid ones were screened out. Only those deemed valid were subjected to data analysis.

Data analysis: Scores from the completed questionnaires were encoded accordingly. To test the reliability of the Thai versions of the scales, the following statistical procedures were employed:

Step 1 (Exploratory factor analysis). Exploratory factor analysis was conducted to examine the factor loading of the four scales.

Step 2 (Confirmatory factor analysis). Confirmatory factor analysis (CFA) was administered to evaluate the adequacy of the factor structure identified via exploratory factor analysis (EFA).

Step 3 (Reliability analysis). The calculation of corrected item-total correlation and Cronbach's alpha was performed to test the internal consistency (reliability) of the scales.

Study II (Methodology)

Participants: A total of 500 participants (male: n=250, female: n=250) were involved in the study. The participants consisted of Thai secondary students from Bangkok aged 13 to 18 years. *Instrumentation:* The four Thai scales validated in the Study I were used. *Procedure:* The same data collection procedure as Study I was used. *Research design:* Structural equation modeling (SEM) was employed in achieving the best-fit model so as to bring the confirmatory approach into association with structural theory.

Results

Study I

Step 1: Exploratory Factor Analysis

The results obtained from the KMO and Bartlett's Test of Sphericity for the four ASCSS, CYRM, SCS, and CLHS scales are highly significant, $p < .001$. KMO of all scales are above 0.6, which is recommended by Kaiser (Kaiser, 1974). Hence, an exploratory factor analysis (EFA) was conducted. 10 items from the ASCSS, eight items from the CYRM, and two items from the CLHS were eliminated. In terms of elimination of items, two criteria are normally used. First, an item was eliminated if the inclusion of that item resulted in a substantial lowering of Cronbach's alpha (Walsh & Betz, 1985). Second, an item was considered to have an acceptable level of internal consistency if its corrected item-total (I-T) correlation was equal to or greater than 0.33 (Hair, Anderson, Tatham, & Black, 1998). In terms of component, the original scale of ASCSS was consisted of six dimensions while in this study, popularity and happiness were combined, thus five dimensions were established. The original scale of CYRM consists of three subscales. In this study, six components were identified. For the SCS, the original scale consisted of six dimensions, whereas this study identified three dimensions. For the last scale CLHS, the scale was presented to measure a single, underlying factor, however, in this study, four components were identified.

Step 2: Confirmatory Factor Analysis

The above analysis confirmed that the chi-square goodness-of-fit value for all scales are acceptable as X^2/df is less than 3, suggesting that the co-variance matrix for the posited models fit the sample co-variance matrix well. Furthermore, the incremental fit indices (Goodness of Fit Index - GFI, Incremental Fit Index - IFI, Tucker-Lewis Index - TLI, Comparative Fit Index - CFI) are all above 0.90 except TLI in ASCSS, but it is very close to 0.9 and it is within the acceptable range. The RMSEA values of 0.032 in CYRM and 0.044 in SCS are slightly outside the range (.05-.08) suggested by Browne and Cudeck (1993) and indicates some minor error of approximation when compared to the population co-variance matrix, however, these values are still

within the acceptable range and indicate that the four models provide a very good fit to independence model. Examination of the standardized loadings for the indicator variables representing the ASCSS, CYRM, SCS, and CLHS showed that they are all statistically significant by the C.R. test, indicating convergent validity for these four scales. Convergent validity of the four scales can be assessed from the confirmatory factor analysis model by determining whether each indicator variables estimated standardized loading/coefficient with its underlying latent construct is significant (greater than twice its standard error) (Anderson & Gerbing, 1988).

Step 3: Reliability Analysis

Examination of the Cronbach's alphas for the Adolescents' Self-Concept Short Scale (ASCSS = 0.819), the Child & Youth Resilience Measure (CYRM = 0.739), the Self-Compassion Scale (SCS = 0.818), and the Compassionate Love for Humanity Scale (CLHS = 0.901) showed that they ranged from 0.739 to 0.901. Although Ho (2006) argued that an alpha of 0.80 or higher indicates that the items in the tested instrument are internally consistent, Blunch (2008) discussed that if it is at least higher than 0.7, the internal consistency is acceptable, while if the alpha value is higher than 0.9, the internal consistency is excellent.

Study II

After determining that the data set meets the assumptions of the technique of confirmatory factor analysis, CFA was conducted to evaluate the factor structures of the ASCSS, CYRM, SCS, and CLHS. The X^2 goodness-of-fit test (via structural equation modeling) was employed to test the null hypothesis that the sample covariance matrix for the model was obtained from a population that has the proposed model structure. Figures 2 presents the results of path analysis and the table 1 shows the results of model fits.

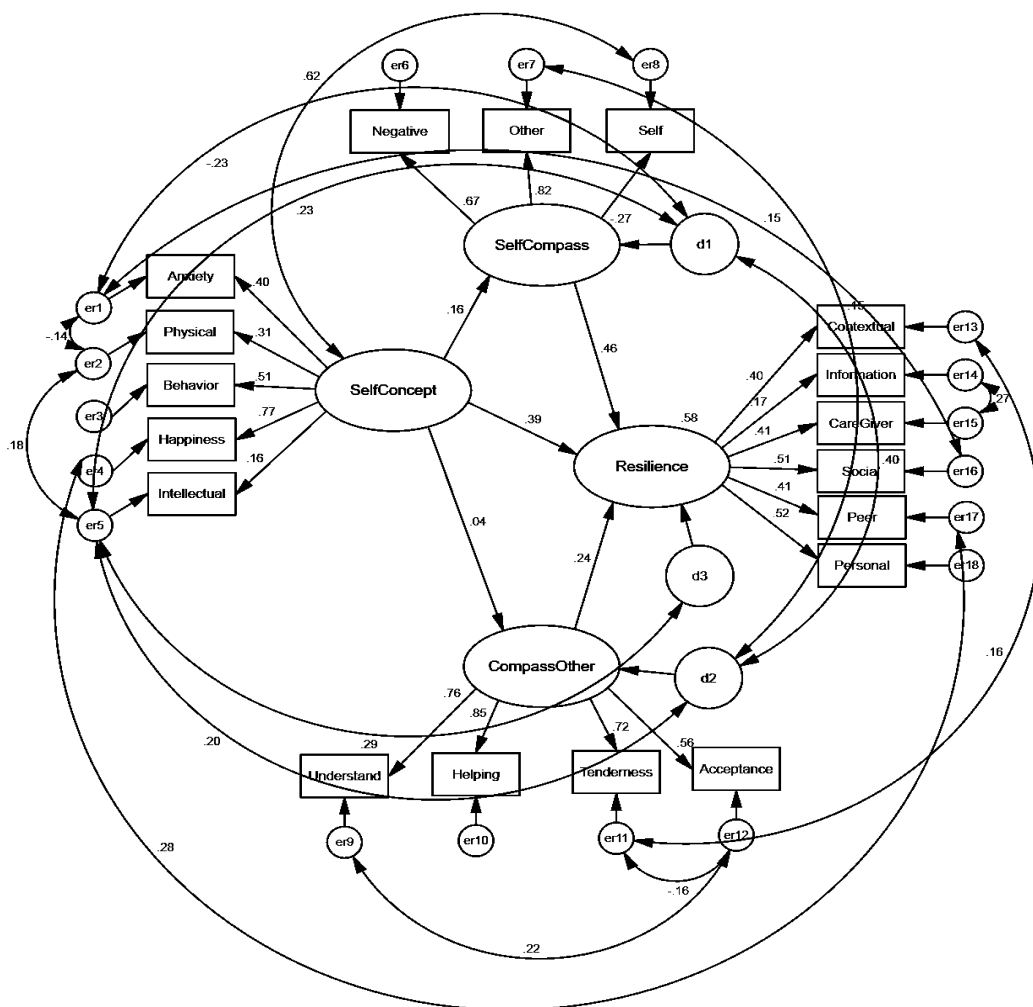


Figure 2. The path analysis of full model.

Table 1 X^2 Goodness-of-Fit Value, Goodness Fit Index (GFI), Incremental Fit Index (IFI), TuckerLewis Index (TLI), Comparative Fit Index (CFI), and Root Mean Square Error of Approximation (RMSEA) for Full model.

df	GFI	IFI	TLI	CFI	RMSEA
1.644	0.645	0.961	0.947	0.96	0.036

The above analysis of model confirmed that the actual fits of the SEM model are acceptable. The chi-square goodness-of-fit value for both models are acceptable as X^2/df is less than 3, suggesting that the co-variance matrix for the posited models fit the sample co-variance matrix well. Furthermore, the incremental fit indices (Goodness of Fit Index - GFI, Incremental Fit Index –

IFI, Tucker-Lewis Index – TLI, Comparative Fit Index – CFI) are mostly above 0.90 except GFI. The GFI value of 0.645 as well as the RMSEA value of 0.036 are slightly outside the range suggested by Browne and Cudeck (1993) and indicates some minor error of approximation when compared to the population co-variance matrix, however, these values are still within the acceptable range and indicate that the model provides a very good fit to independence model, and supports the hypothesized structure of each model. In terms of the structural relationships of the constructs in the path analysis, the coefficients (β) value between self-concept and resilience is 0.39 and the value between self-compassion and resilience is 0.46, whereas the value between self-concept and compassion for others is 0.04 and the value between self-concept and self-compassion is 0.16 and the effects are low. The P value between self-concept and self-compassion is 0.023 and the path relationship is significant whereas the P value between self-concept and compassion for others is 0.486 and the path relationship is not significant. The results indicated that self-concept directly influences resilience. The results also indicated that self-concept indirectly influences resilience, being mediated by self-compassion, but self-concept does not indirectly influence resilience, being mediated by compassion for others. The results further suggest that self-concept and self-compassion are significant independent variables to influence the level of resilience, which is the dependent variable.

Research Hypotheses Results

H1: Self-concept directly influences resilience such that the higher the level of positive self-concept, the higher is the level of resilience.

The findings fully supported Hypothesis 1.

H2: Self-concept indirectly influences resilience, being mediated by self-compassion and compassion for others such that the higher the level of positive self-concept, and the higher the levels of self-compassion and compassion for others, the higher is the level of resilience.

The findings partially supported Hypothesis 2. The results reflected the argument that self-concept indirectly influences resilience, being mediated by self-compassion, however, self-concept does not indirectly influence resilience, being mediated by compassion for others.

Discussion

Overall, the findings of Study I indicated that the Thai versions of the ASCSS, CYRM, SCS, and CLHS are psychometrically sound and, therefore, reliable and valid. This confirms the hypothesis that the model is consistent with empirical data. The results also showed that the tools have theoretical and empirical efficacy, and that they have all been demonstrated to be valid and reliable instruments for use in Study II which aimed to investigate structural

relationships between self-concept and resilience, being mediated by the factors of self-compassion and compassion for others. It is noticeable that all the Thai versions of the scales' factor loadings have been newly identified in the current study via EFA. This shows that there is a cultural impact on factor loading when one investigating and confirming psychometrics (Mylonas, 2009).

The findings of Study II were in line with theoretical perspectives and empirical findings on the structural relationship between self-concept and resilience. The findings supported the claim by Zimmerman (2000) that people with good coping skills are those who recognizes one's strengths and chooses the best environment that helps them stabilize. (Zimmerman, 2000). The findings also supported the theoretical perspectives and empirical findings on the structural relationship among self-concept, resilience, and self-compassion. A cross-cultural study of self-compassion by Neff et al., (2008) involving 568 undergraduates in the United States, Thailand, and Taiwan revealed that among the three countries, self-compassion was highest in Thailand and lowest in Taiwan, with the United States falling in between. Neff and Seppala (2016) claimed that these results are attributed to the factor that Thais are strongly influenced by Buddhism in which cultural values include compassion for self and others. It is assumed that the Thai adolescents who participated in this current study likewise followed the same pattern of the findings.

Regarding the understanding of the notions of self-compassion and self-concept, Neff (2008) emphasized the importance of considering how to de-emphasize rather than promote a separate self-concept to develop healthy, compassionate self-attitudes as self-compassion is about a more connected view of the self rather than less separate view of the self when considering personal failings. Defining self-concept is complex as there are multiple related psychological theories including humanistic psychology, developmental psychology and psychodynamics which consider different aspects of self-concept from their theoretical perspectives (Wylie, 1979). Wylie (1979) who reviewed 4,500 references on some aspects of self-concept emphasized the importance of acknowledging the non-phenomenal self and insightfulness of the self-concept although "there are no methodologically defensible ways presently available to measure the unconscious self-concept and insightfulness of the self-concept" (p. 3). Self-concept in Buddhist psychology may not be considered as an entity which should be de-emphasized (Kalff, 1983) or an alternative of self-compassion. Forming a healthy, mature self-concept is described as 'individuation' in Jungian psychology. Jung considered individuation as the ultimate goal for all human

beings just like all Buddhists work on their spiritual journey (Young-Eisendrath, 1989). Thus, in both Jungian psychology and Buddhism, having positive self-concept is the foundation for improving general psychological attributes, which include resilience and self-compassion (Kawai, 1967; Samuels, Shorter, Plaut, 1986). This could be the rationale for the current research finding that self-concept indirectly influences resilience, being mediated by self-compassion.

In terms of the structural relationship among self-concept, resilience, and compassion for others, there was no significant path relationship and the results did not accord with the theoretical perspectives and empirical findings. Snyder, Lopez, and Pedrotti (2011) discussed that in a Buddhist sense, compassion for others is reflective thinking outside ourselves in order to connect with others as in Buddhism, compassion for others is actualized when one is able to “transcend preoccupation with the centrality of self” (Cassel, p. 397, as cited in Snyder et al., 2011, p. 32). While it was assumed that the participants of this study also own such a character value of compassion as they come from the culture where Buddhism is regarded as the core cultural value, the current results did not indicate this is applicable to the participated Thai adolescents. This could be explained that participants aged between 13 to 18 years old are still developing their personalities through working on their own personal growth (Sigelman & Rider, 2009) and they might not have reached the level of compassion which Thai adults might generally have reached. Furthermore, one must consider that the above discussed past research findings were all based on the data using college students or adults unlike the participants of the current study who are adolescents aged between 13 to 18 years old. Overgaauw et al. (2017) discussed the concept of empathy, which is similar to compassion for others and stated that according to the past research children with higher levels of empathy have generally better emotional regulations, less aggression, and more prosocial ways” (Overgaauw et al., 2017). Compared to the studies on compassion for others for adolescents, the studies of empathy for adolescents are wide-spread. While the current research followed the rigorous steps of Brislin’s (1970) back-translation model and validation study of the compassion for others scale in order to modify the original scale which target population was adult, the notion of compassion for others might have been rather complex for adolescents.

Limitations and Recommendations

Despite this study’s partial success in terms of meeting its objectives, there are limitations that need to be considered when interpreting the results both for the path model analysis and the experimental research. Firstly, this study utilized a self-report measure which required the participants to recall and rate

their perceptions. Such retrospective style of responding forces the participants to rely on their memory when responding to the study's questionnaire items. Reliance on memory per se is clearly subjected to memory errors/lapses which can adversely affect the accuracy of the participants' true feelings/responses. Secondly, this study was conducted with a restrictive sample that involved only Thai adolescents who study in Thai schools in Bangkok. As such, caution is advised when generalizing the findings from the present study to the Thai adolescents from other parts of Thailand.

Another important point is that this study was conducted in Thailand while most of the related studies were conducted in Western countries. Cultural differences may possibly explain different outcomes. This researcher paid serious attention to the Buddhist / Thai cultural values, but the researcher also acknowledges the insufficiency of Thai- based theoretical perspectives and related studies. Therefore, discussion relied on Western perspectives and studies which may not necessarily reflect Thai culture and values.

Relative to the findings of this study, future research should explore the following avenues:

1. Future research on the mental health interventions among Thai adolescents can include more activities which promotes self-compassion following the Study II finding. This may show better results in improving mental health among Thai adolescents.
2. A qualitative approach in investigating the same variables used in this study might allow for the research process to elicit unique and rich experiential data as most of the responses involve abstract constructs such as emotions and feelings. In-depth face-to-face interviewing would generate deeper and more open responses, although this approach might require more time and resources in order to be effective.
3. Future studies could build on the present study by targeting specific populations. For example, future studies may include studies involving both Buddhist and non-Buddhist cultural setting, although in this study Buddhism was specifically selected and discussed to address Thai adolescents' mental concerns.
4. Future research may also investigate other psychological constructs such as academic motivation or emotional intelligence, which are generally main concerns for schools. Such a research could enhance our knowledge on how Thai adolescents may develop their characters and study habits.

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