

The effectiveness of self-compassion intervention on Vietnamese migrants’ resilience and mental well-being

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Abstract

This study investigates the effectiveness of a self-compassion intervention in enhancing resilience and mental well-being among internal migrant women in Vietnam. Internal migrants often face unique stressors, including socio-economic challenges and limited access to mental health services, which can heighten their vulnerability to psychological distress. A mixed-method approach was employed to assess both the quantitative and qualitative impacts of the intervention. A total of 85 participants were recruited, with 43 participants receiving a 3-week self-compassion training and the control group receiving no intervention. Pre- and post-intervention assessments of resilience, self-compassion, and mental well-being were conducted using standardized measures such as the Self-Compassion Scale (SCS), Connor-Davidson Resilience Scale (CD-RISC), and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). The study results indicated a significant improvement in resilience, mental well-being and even self-compassion among the intervention group compared to the control group ($p = 0.00 < 0.05$). Qualitative interviews further revealed personal experiences of increased mindfulness, emotional regulation, enhanced coping skills, and improved social support networks. These findings suggest that self-compassion intervention is an effective tool for promoting mental health, resilience, and self-compassion among marginalized populations, particularly internal migrant women. Future studies are recommended to explore the long-term effects and scalability of such interventions across broader settings.

Keywords: resilience, mental well-being, self-compassion intervention, internal migrants.

1. Introduction

Migration is a rapidly growing global phenomenon, with an estimated 281 million international migrants and 89 billion forced migrants as of 2023 (Stevenson et al., 2023). In Vietnam alone, 78,600 migrant workers were deployed, contributing to this statistic (IOM, 2021). With a population of approximately 99 million people, Vietnam constitutes about 1.25% of the world's population of 7.9 billion (Worldometer, 2022). Internal migration is also significant in Vietnam, with 6.4 million internal migrants accounting for 7.3% of the total population (United Nations Population Fund [UNFPA], 2019). Vietnam has experienced several waves of migration over the years, notably in 1954, 1961, 1975, and the current ongoing migrations.

Internal migrant women are among the most vulnerable groups, facing numerous challenges in their daily lives. Often marginalized from social support systems, these women have limited opportunities for personal and professional advancement. Despite their significant roles within the family, they frequently encounter cultural discrimination.

Economic hardships and social burdens contribute to their psychological struggles, diminishing their resilience compared to non-migrants (Action Aid Vietnam, 2011). The limited research available on Vietnamese migrant women and mental health highlights issues similar to those faced by international migrant women (McKelvey & Webb, 1996; Steel et al., 2002 2005; Morash, 2007; Fu & Van Landingham, 2012; Nguyen, 2016).

According to Vo (2021), half of all inter-provincial migrants in Vietnam relocate to the Ho Chi Minh City (HCMC) metropolitan area in search of employment and educational opportunities. Binh Tan is a notable inner-city area for migrant workers, with a population of 611,170 people spread across 52 square kilometers and ten wards. Binh Tan district serves as an industrial hub within HCMC, encompassing areas like Vinh Loc B of Binh Chanh (Wikimedia Foundation, 2022). Many residents from the Mekong Delta migrate to these newly urbanized and industrialized districts, including Binh Tan, Vinh Loc B, and greater HCMC, seeking better job prospects. In these burgeoning areas, migrant women often find employment in the textile, garment, footwear, leather, seafood processing, and electronics industries. However, due to low education levels and lack of skills, many migrants in this group end up working as lottery sellers, street vendors, or recycling collectors. While government and non-government organizations periodically report on migration, there is limited research focused on improving the well-being or providing psychological training interventions for these migrant workers.

Numerous studies have highlighted that migrants commonly face psychological challenges such as anxiety and depression due to the stress of adapting to a new environment, social isolation, loneliness, and discrimination. Research has shown that satisfaction levels among women migrants regarding recognition, respect, reward, and spousal support are generally low, impacting their overall resilience (Jo, 2020). Additionally, a systematic review on resilience and mental health found that although resilience is typically linked to better mental health outcomes in displaced populations, the evidence for this relationship and its underlying mechanisms remains limited in both quantitative and qualitative studies (Siriwardhana et al., 2014). Therefore, it is essential to establish favorable conditions for migrants to learn and enhance their labor skills. Rees et al. (2016) proposed a theoretical model illustrating how internal migration redistributes populations across settlement systems during development processes. Supporting the well-being and resilience of migrant workers, particularly women, is crucial. Self-compassion interventions could be a promising approach to achieving this goal.

2. Literature Review

2.1. Mental well-being

Research on mental well-being (MWB) encompasses various disciplines, including psychology, medicine, and public health. The World Health Organization (WHO, 2004) defines mental health as a state of well-being in which individuals can recognize their potential, cope with everyday stresses, work productively, and contribute meaningfully to society. This definition emphasizes that mental health is more than just the absence of mental disorders. Typically, individuals who are happy tend to experience positive emotions and perform tasks more effectively. According to Carol Ryff (1995), well-being involves realizing and developing one's true potential. Ryff's model measures several factors of mental well-being, including emotions, life satisfaction, relationships with others, personal control, purpose in life, and independence. Well-being is the outcome of a life well-lived. Mental well-being, in simple terms, refers to how individuals evaluate their own lives, encompassing both cognitive assessments, such as life satisfaction, and emotional reactions to events, like experiencing positive emotions. It is a broad concept that includes various facets of daily life experiences. Levi (1987) defines psychological well-being as "a dynamic state characterized by a reasonable amount of harmony between an individual's abilities, needs, and expectations, and environmental demands and opportunities" (as cited in Hasan & Tiwari, 2019). Positive mental health, mental capital, and well-being—whether psychological, emotional, or subjective—are additional concepts frequently referenced in the literature (de Cates, Stranges, et al., 2015). Many researchers, including Lyubomirsky, King, and Diener (2005), view mental well-being as a valuable outcome associated with feeling good and performing tasks more effectively.

2.2 Resilience

Resilience, as defined by the American Psychological Association (APA, n.d.), is the ability to adapt to the challenges and adversities of life. One's thoughts, feelings, and actions play a crucial role in determining their capacity to manage both internal and external pressures. A key aspect of resilience is positive adaptation, or the ability to maintain or regain mental health. Researchers across diverse fields—including psychology, psychiatry, sociology, genetics, endocrinology, and neuroscience—study resilience. It is also seen as a personal trait, characterized by the tendency to recover or grow even when protective or adaptive factors have failed (Connor and Davidson, 2003; Richardson, 2002). Luthans (2002) describes resilience as the capacity to recover constructively from setbacks, conflicts, and failures, as well as from successes, progress, and increased responsibilities. In contrast, Masten defines resilience as "a dynamic system's capacity to adapt successfully."

Masten (2014) defines resilience as the ability of a dynamic system to adapt successfully. Ledesma similarly considers resilience as "the ability to bounce back from adversity, frustration, and misfortune." Concepts such as survival, recovery, and thriving are intrinsically linked to resilience, describing how individuals face and overcome adversity. Ledesma (2014) explains that people can respond to challenges in three ways: by surviving the incident, then recovering from it, and ultimately thriving because of having endured the hardship.

Resilience has become an increasingly prominent research topic, as evidenced by analyses of data from the Web of Science (WoS) spanning from 1975 to 2018. These studies help us understand the multifaceted and complex nature of resilience as documented in academic literature (Moldovan, 2019). Recent empirical studies have shown a growing interest in resilience, with Luthar and colleagues highlighting ambiguities in its definition and the skills individuals develop when considered resilient, noting its fluctuating nature. According to Luthar et al. (2000), it is essential to address the significant conceptual and methodological issues identified by both critics and proponents. This indicates that while resilience is a popular and relevant concept, there are still numerous aspects that require further exploration by researchers.

2.3 Self-compassion

Self-compassion involves recognizing and accepting one's suffering without avoidance or self-distancing, coupled with a desire to heal oneself with kindness. It means embracing one's pain, flaws, and failures as natural parts of the human experience. This approach is especially crucial during challenging times, as it fosters a sense of connectedness and reduces feelings of isolation. By acknowledging that suffering is a shared human experience, self-compassion helps to provide perspective and remind us that things could be worse, thereby promoting greater acceptance and understanding of our imperfections (Neff, 2003). Self-compassion is composed of three interconnected components. The first is self-kindness, which entails treating oneself with warmth and understanding in the face of adversity or failure, rather than being overly self-critical.

The second component, common humanity, entails recognizing that one's experiences are part of the larger human condition, rather than feeling isolated by them. The final component, mindfulness, involves maintaining a balanced, non-judgmental awareness of the present moment. This means acknowledging and observing painful experiences without over-identifying with them (Neff, 2003). Additionally, self-compassion encompasses several key elements: extending kindness and care toward oneself, and making conscious efforts to alleviate personal suffering. This involves treating oneself with compassion rather than self-judgment, understanding one's problems as part of common humanity rather than isolated incidents, and being sympathetic to one's stress without exaggerating or ignoring it (Neff, 2003; Raes et al., 2011). Ciaramella and colleagues conduct a systematic review examining the connection between resilience and psycho-social interventions in migrant populations. The study evaluates both qualitative and quantitative research to assess stable dimensions such as strength, perseverance, courage, self-efficacy, action

capacity, and problem-solving or stress management skills. The findings reveal the impacts of strategies designed to enhance overall psycho-social health and well-being (Ciaramella et al., 2021).

2.4 Resilience and Mental health well-being

A strong and positive connection between resilience and psychological well-being was demonstrated. The study assessed the effectiveness of resilience interventions and their potential impact on psychological well-being. Initial equivalence testing confirmed that at the start of the study, participants were comparable across all variables. Findings indicate that the resilience-based intervention led to a significant increase in resilience within the treatment group, while no changes were observed in the control group over the 10-week period, as anticipated (Avey et al., 2022). Additionally, resilience interventions that integrate Cognitive Behavioral Therapy (CBT) with mindfulness techniques were found to positively enhance individual resilience (Joyce et al., 2018). Resilience and positive psychology are closely intertwined, with research indicating that interventions combining Cognitive Behavioral Therapy (CBT) and mindfulness techniques can significantly enhance individual resilience (Davydov et al., 2010; Windle, 2011). Meta-analyses reveal a strong correlation between these measures, yet they also suggest that self-report measures of resilience are distinct from those of well-being (Burns & Anstey, 2010; Martínez-Martí & Ruch, 2017). This indicates a complex relationship between resilience and well-being, where higher levels of well-being may precede the development of resilience (Kuntz, Näswall, & Malinen, 2016). Furthermore, ample evidence points to the significant role of positive emotions in fostering resilience (Ong, Zautra, & Reid, 2010).

2.5 Self-compassion training interventions aimed at enhancing resilience and mental well-being

An intervention study focused on cultivating self-compassion among adolescents may enhance resilience and foster curiosity and exploration, offering new and healthy coping strategies for challenges that can ultimately improve emotional well-being (Bluth et al., 2018). Moreover, another study found that self-compassion is strongly linked to well-being in both adolescents and adults and serves as a partial mediator in the relationship between family/cognitive factors and well-being (Neff, 2010). Additionally, research indicates that proactive coping is positively associated with self-compassion, and both proactive coping and self-compassion are inversely related to stress levels.

Increasing self-compassion enhances the ability to cope with stress. To cultivate self-compassion, students often engage most in mindfulness practices but practice self-kindness less frequently in their daily lives (Tran & Minh Diep, Tran, 2017). There's a strong correlation between self-compassion and psychological well-being. Therefore, school counselors should integrate these concepts and practices into their training programs to improve the mental health of university students (Quang, 2021).

3. Conceptual Framework

A systematic review and meta-analysis assessed the effectiveness of self-compassion-related therapies, such as compassion-focused therapy, mindfulness-based cognitive therapy, and acceptance and commitment therapy, in enhancing self-compassion and reducing psychopathology in both clinical and sub-clinical populations. Effect sizes were calculated using the standardized difference in change scores between the intervention and control groups. The findings indicated that these therapies significantly improved all three outcomes examined. Overall, the review provides evidence that third-wave therapies, including those mentioned, can enhance self-compassion and alleviate psychopathology, although not necessarily more effectively than other interventions (Wilson, 2019).

3.1 The conceptual framework for the intervention

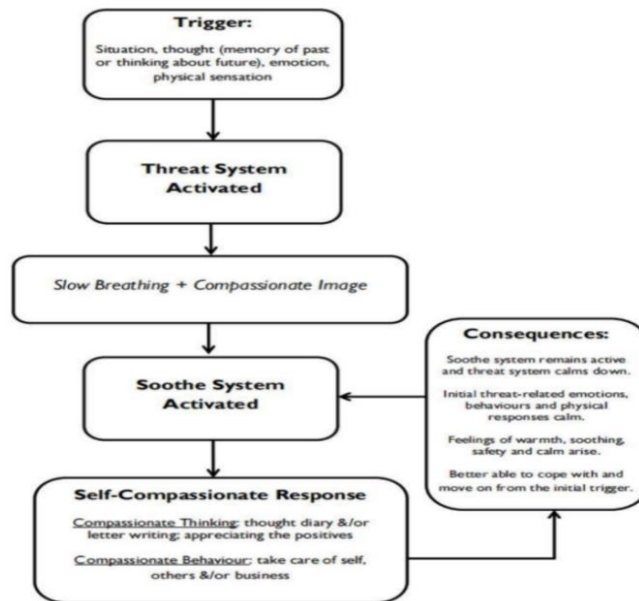


Figure 1: Module 7 – Self-compassion living; adapted from Saulsman, L., Campbell, B., & Sung, A. (2017).

3.2 Conceptual Framework for study

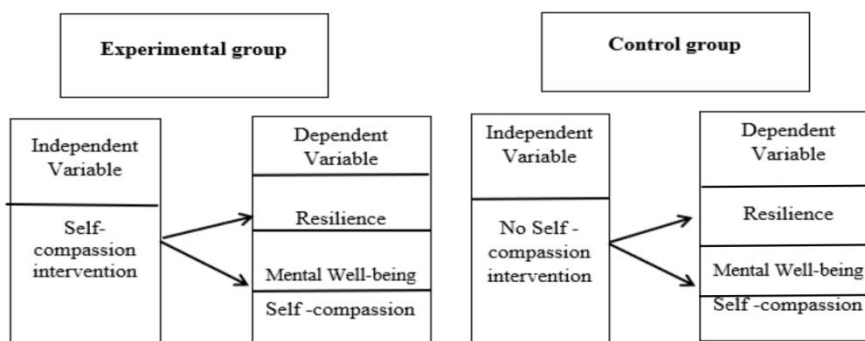


Figure 2: Framework of the Experimental study

3.3 Research Objectives

1. To elaborate on the impact of self-compassion interventions on the resilience and mental well-being of internal migrant women in Binh Tan.
2. To examine the lived experiences of internal migrant women in Binh Tan who participate in a self-compassion intervention, with a focus on its effects on their resilience and psychological well-being.

3.4 Method

The research employs a mixed-methods approach, incorporating both quantitative and qualitative methods to achieve its objectives. A total of 85 internal migrant women in Ho Chi Minh City were randomly selected to participate in the self-compassion intervention. The aim is to examine the impact of self-compassion on mental well-being and resilience within this target group.

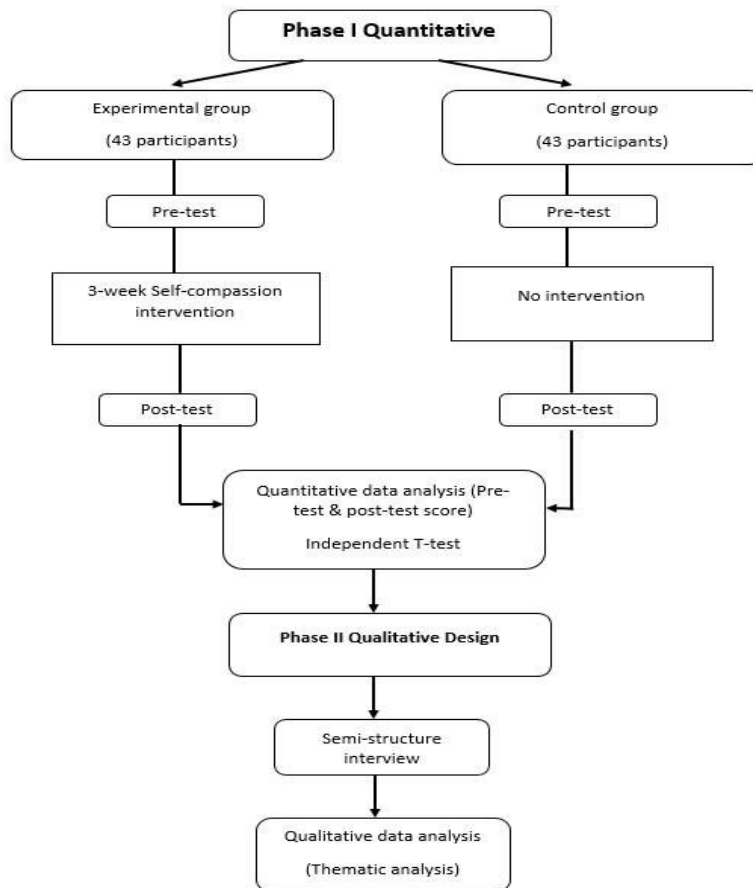


Figure 3: The process in the Mixed- method study

3.4.1. Phase 1: Quantitative design

The qualitative findings used to the quantitative results were explained by following the sequence and objectives outlined by Creswell & Clark (2017). Decisions regarding data collection were made according to these guidelines. The data were gathered in the subsequent phase: First of all, the researcher requested ethical approval (IRB) from IRAS at Assumption University. Data was collected by contacting directly the migrant women in many places in Binh Tan, Binh Chanh. With permission from the Dean of the Graduate School of Human Sciences, Assumption University of Thailand, the concerned authorities in the target group were approached. Once their permission is obtained, these women were requested to fill in the printed questionnaires using paper and pen. Before obtaining their responses, the written consent of the participants were be sought through an Informed Consent form (see Appendix A) which was be printed, like the rest of the questionnaire. The questionnaire was taken approximately 20 minutes to fill out for the pre-test.

Participants of the Study I: The sample are migrant women who left their hometowns to live in Ho Chi Minh for many reasons, mostly for their living. They were recruited using convenience sampling. They mostly live in poor areas such as Binh Tan, Binh Chanh.

To assess the reliability of the translated Vietnamese versions of the scales, questionnaires were distributed among female participants, yielding 245 valid responses. The study utilized the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) and the Connor-Davidson Resilience Scale (CD-RISC). In the intervention phase, 42 participants formed the control group and 43 participants formed the experimental group.

Descriptive statistics, including frequencies and percentage distributions, were used to display the respondents' demographic data. The data were analyzed using the SPSS software package and various statistical methods. In the quantitative analysis, an Independent Samples T-test was utilized to examine the data.

3.4.2. Phase 2: Qualitative Design

Participants of the study II: Thirteen participants from the therapy group were selected for semi-structured interviews as part of a qualitative study. Selection was based on their performance on the post-test for the dependent variables. The interviews aimed to offer a detailed and comprehensive examination of the intervention's acceptability and impact, complementing the quantitative findings.

Creswell, J.W. & Creswell J. D, (2017) suggests semi-structured or in-depth interviews typically require a minimum sample size of 5 to 25 participants. Additionally, Fugard & Potts (2015) suggest that a minimum sample size of at least 12 is needed for thematic analyses in qualitative studies to ensure adequate data for analysis. Therefore, a total of 13 participants were selected for the semi-structured interviews in this qualitative study.

Setting: The interviews were conducted in-person, and they were in a quiet, safe location at the participants' convenience. Before the interview began, participants were asked if they could take notes or record it (Braun, Clarke & Gray, 2017).

Data collection Procedure: The semi-structured interview recruiting was officially announced by the researcher. The majority of the 13 interviewees were done on-site.

Data Analysis: The aim of the data analysis for the qualitative design is to answer the research questions. Semi-structured interview questions were formed based on phase 1 experimental study. Thematic analysis was used to analyze qualitative data to find themes and patterns in the interview data (Robinson, 2022). Thematic analysis, a method for evaluating qualitative data, involves reviewing data to identify, examine, and report recurring themes (Braun & Clarke, 2006). While it primarily serves to describe the data, it also includes interpretation in the process of selecting codes and developing themes.

Summary

This mixed-method study aimed to evaluate the effectiveness of a self-compassion intervention in enhancing the resilience, mental health, and self-compassion of internal migrant women. This chapter outlines the research design and methodology, detailing the sample, data collection methods, and data analysis techniques. It also covers the sample size, the reliability and validity of the study measures, and the assessment of the intervention's effectiveness.

4. Results

4.1. Descriptive Information of Interviewees

The interviews were conducted face-to-face in the field with 13 randomly selected internal migrant women in Ho Chi Minh. Here are demographic data of the interviewees. According to the descriptive analysis, the education range of the experimental group and control group nearly similar in education background, career or salary. The respondents were in primary school (n=32, 37.6%), in secondary school (n=33, 38.8%) and in high school (n=20, 23.5%). They mostly for both groups, come from the South of Vietnam (n=56, 65.9%), then some originally come from the North (n=24, 28.2%) and a few from the Central of Vietnam (n=5, 5.9%). 80% of the participants belong to major group (n=68), and the rest is minor groups (n=17, 20%). The respondents mostly have low salary for selling lottery (n=15, 17.6% or being as a worker with low salary (n= 35, 41.2%) having no income as a house wife (n=35, 41.2%). As a result, 72,9% respondents have low income under 3 million dong/month (n=62); from 3-5 million is 17,6 (n=15), and above 5 million is 9,4 (n=9). The period of migrant was less than one year (n=11, 12.9%), from one to five years (n=6, 7.1%), and over 5 years (n=68, 80%).

4.2 Reliability of the research instruments

Three translated Vietnamese scales were used. And these Vietnamese versions and they were published by the Institute of Psychology in Vietnam. The internal consistency of the items is assessed using coefficient alpha, also known as Cronbach's alpha. If the alpha value of an instrument is 0.70 or more, it is deemed dependable (Kimberlin & Winterstein, 2008). To make sure the reliability of these research instruments, the researcher conduct the survey both online and onsite with 246 migration women. One responder could not finish the questionnaires so the participants were reached to 245.

4.2.1 Mental health well-being: The Warwick-Edinburgh Mental Well-being Scale (WEMWBS, 2008)

The computed Cronbach's alpha coefficient for the WEMWBS is 0.826, indicating that all items have sufficient item-total correlations, according to the reliability study. Thus, it can be said that the WEMWBS has enough internal consistency and that the scale's dependability is regarded as good.

4.2.2 Resilience: The Resilience Scale - (10-item CD-RISC)

According to Barelds and Luteijn (2013), a coefficient alpha above 0.7 is considered sufficient, with values below 0.7 deemed inadequate, between 0.7 and 0.8 considered adequate, and above 0.8 regarded as good. The computed Cronbach's alpha coefficient for Resilience scale is 0.763, hence the reliability of this scale is acceptable and considered good.

4.2.3 The Self-Compassion Short-form (SCS-SF-12)

And Nunnally (1978) states that a good scale should have a Cronbach's Alpha reliability of 0.7 or higher. Similarly, Hair et al. (2009) suggest that a scale demonstrating both multidimensionality and reliability should meet a Cronbach's Alpha threshold of 0.7 or above. The Cronbach's Alpha reliability of Self-compassion scale is 0.674 after deleted two items 2 and 10 in the questionnaire. It is also acceptable based on a preliminary exploratory study, a Cronbach's Alpha of 0.6 is considered acceptable.

4.3. Intervention

The concepts and strategies in these modules have been developed from evidence-based psychological practice, primarily Compassion-Focused Therapy, which is an extension of an adjunct to Cognitive Behavior Therapy. These modules particularly draw on the work of Paul Gilbert and Kristen Neff. There are seven modules for the training program. For instance, understanding self-compassion, barriers, preparing for self-compassion, compassionate image/ thinking/behaviour and self-compassionate living (Saulsman et al., 2017).

Table 1: Intervention Protocol of Self-compassion

See table 1 in the Appendices

4.4 Results of the Independent-Samples T-Tests

Paired sample t-tests were conducted to compare the pretest scores of the experimental and control groups in relation to the outcomes of the Independent-Sample t Tests. Resilience, mental health, and self-compassion were the end variables for which the groups were initially deemed equal, as evidenced by the lack of significant variations in these scores. Then, using Independent-Sample t Tests, post-test results were compared between the experimental and control groups.

This study assessed the effectiveness of a self-compassion intervention in improving resilience, self-compassion, and mental well-being among Vietnamese internal migrant women in Ho Chi Minh City. It evaluated 85 participants before and after the intervention using the reliable and valid Resilience Scale - (10-item CD-RISC), the Mental Well-being Scale (WEMWBS), and the Self-Compassion Short-form (SCS-SF-12).

Initial equality: *T-test for the pretest scores of experimental and control groups (Mental Well-being)*

Levene's test for equality of variances, which determines if the variances of the two populations are equal, is used to check the assumption of homogeneity of variance. The Levene statistic in this instance is $F = 1.431$, and the associated p-value is high (i.e., $p > 0.05$).

In terms of Mental Well-being, the mean of each item to find the differences in group before and after the Self-compassion intervention, the table below shows the result.

Table 2: Group Statistics: Pretest and Post-test of Mental Well-being

| Treatments | N | Sig. | Well-being | | | |
|--------------|----|-------|------------|-------|--------|-------|
| | | | Pre | | Post | |
| | | | Mean | Stdev | Mean | Stdev |
| Experimental | 43 | 0 | 51.700 | 5.040 | 58.470 | 5.989 |
| Control | 42 | 0.015 | 50.760 | 5.656 | 52.000 | 5.609 |
| Total | 85 | | 51.240 | 5.342 | 55.270 | 6.623 |

Value sig. of both experimental and control groups have values less than 0.05, so the H_0 hypothesis is rejected. The two factors before and after intervention were correlated with each other in each group. For the intervention group, the average score before intervention was 51.7, and in the post-intervention period it increased to 58.47. The score difference is 6.77 points. In contrast, for the group without intervention, the control group's score increased but was not significant (1.24 points). This increase is even lower than the average score of both groups (4.03 points).

Initial equality: *T-test for the pretest scores of experimental and control groups (Resilience)*

Regarding to Resilience variable, the mean of the Resilience in pretest and Post-test also demonstrate some changes through the below table.

Table 3: Group Statistics: Pretest and Post-test of Resilience

Value sig. of both experimental and control groups have values less than 0.05, so the H_0 hypothesis is rejected. The two factors before and after intervention were correlated with each other in each group. For the intervention group, the average score before intervention was 25.16, and in the post-intervention period it increased to 29.67. The score difference is 4.51 points. In contrast, for the group without intervention, the control group's score decreased but was not

| Treatments | N | Sig. | Resilience | | | |
|--------------|----|------|------------|-------|--------|-------|
| | | | Pre | | Post | |
| | | | Mean | Stdev | Mean | Stdev |
| Experimental | 43 | 0 | 25.160 | 4.382 | 29.670 | 4.740 |
| Control | 42 | 0 | 26.880 | 4.121 | 26.210 | 3.936 |
| Total | 85 | | 26.020 | 4.315 | 27.960 | 4.671 |

significant (0.67 points). This decrease is lower than the average score of both groups (1.94 points).

Initial equality: *T-test for the pretest scores of experimental and control groups (Self-compassion)*

For the Self-compassion variable, we can see the difference each group and within that group before and after intervention.

Table 4: Group Statistics: Pretest and Post-test of Self-Compassion

| Treatments | N | Sig. | Self-Compassion | | | |
|--------------|----|------|-----------------|-------|--------|-------|
| | | | Pre | | Post | |
| | | | Mean | Stdev | Mean | Stdev |
| Experimental | 43 | 0 | 25.160 | 4.382 | 29.670 | 4.057 |
| Control | 42 | 0 | 39.740 | 4.717 | 39.570 | 4.085 |
| Total | 85 | | 38.710 | 4.530 | 41.380 | 4.427 |

Value sig. of both experimental and control groups have values less than 0.05, so the Ho hypothesis is rejected. The two factors before and after intervention were correlated with each other in each group. For the intervention group, the average score before intervention was 37.7, and in the post-intervention period it increased to 43.14. The score difference is 5.44 points. In contrast, for the group without intervention, the control group's score decreased slightly (0.17 points). This decrease is lower than the average score of both groups (2.67 points).

Finally, based on the findings of the independent sample t-tests, this study supports two hypotheses: (1) that the experimental group of Vietnamese internal migrant women will significantly differ from the control group in terms of post-test resilience scores; and (2) that the experimental group will significantly differ from the control group in terms of post-test mental well-being scores.

5. Discussion and Implications

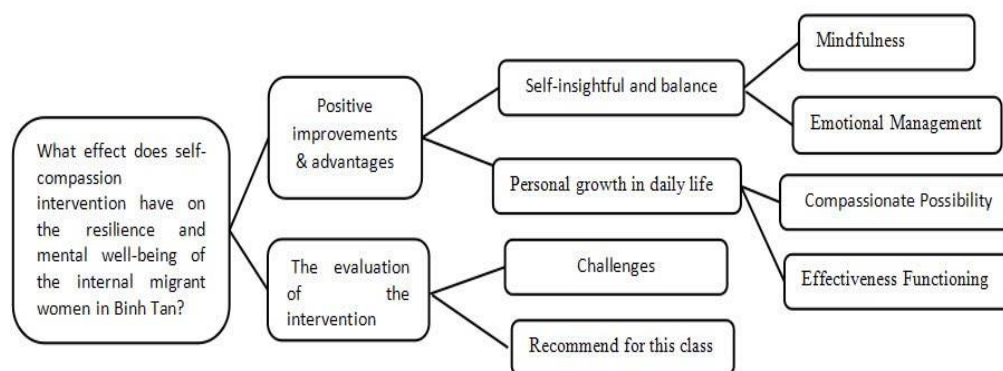


Figure 4: The theme map on the effectiveness of the intervention

7.1 Topic 1: Positive improvements and advantages

Embracing positive improvements in daily life can significantly enhance one's overall well-being and effectiveness. Key areas of development consist of:

7.1.1. Theme one: Self-insightful and balance

This part emphasized on the effect of the intervention on participants resulting in mindfulness, emotional regulation skills throughout the sessions and exercises. Here is a detailed explanation of each category.

Sub theme - Mindfulness: There are some good changes for these women in this point. Since living in low socioeconomic state, they know a little or don't care much for their mental health though some of them can apply it in another way in their daily life such as saying rosary for Catholic and recitation of sutras.

Being here and now: Some of them were *happy* to know those people here in the group more in gut level through sharing and approaching this time. Some of them move from acquaintances to being friends. They start to *enjoy* the sessions and the time to join these sessions compare to those first time.

Being focus: Participants kept trying, some tend to talk more in the group compare to the first time, some felt like being students, took notes during sessions and joined seriously.

Slow breathing: Slow, mindful breathing techniques are commonly used to promote relaxation, reduce stress, and enhance overall well-being by calming the nervous system and bringing focus to the present moment.

Sub theme - Emotional management: This relates to the ability to control over one's own emotional state or reduce anger, anxiety to feel happy or calm. Aspects that are related to this sub theme are listed below:

Self-awareness: Based on my experience to work with those people, with the observation and through the interviews, I can see they know themselves in the basic level and they know how to name their feelings also.

Self-compassion: This seems to be a lacking point of those people. Followed by the culture or tradition, the Vietnamese women tend to care for the family, the husband and their children more than about themselves.

Interpersonal abilities: Emphasizing on the collective culture, the women can mingle and relate to others quite well. However, how to remain in healthy relationship or avoiding toxic ones is something for them to pick up during the session.

Acceptance and flexibility: The reality of their economic background is low, they also have to deal with many difficulties in life. Slowly, they accept the fact and try to do somethings good for their families.

7.1.2. Theme two: Personal growth in daily life

These aspects in discussions about personal growth can provide a comprehensive view of how individuals can enhance their daily lives and overall well-being. Though this is a simply course, it can bring great impact for those who need it and can apply it in daily life. Below are some elements that are connected to this theme:

Sub theme _ Compassionate possibility: This point captures the essence of blending kindness with a hopeful attitude. It signifies approaching situations and interactions with empathy and understanding while maintaining an optimistic outlook. It's about fostering a positive environment through both caring actions and an encouraging mindset.

Being kindness: Kindness is the quality of being gentle, caring and helpful. Based on their sharing, some of them change bit by bit on their way of living

Optimistic: Optimism is an attitude reflecting a belief or hope that the outcome of some specific endeavor or positive thinking.

Sub theme _ Effectiveness functioning: This theme highlights the ability to manage various aspects of life efficiently by resolving issues, interacting constructively with others, and maintaining a well-rounded and balanced lifestyle.

Problem solving skills: It involves developing better strategies for finding solutions, increasing creativity in tackling problems, and improving decision-making processes. This improvement can lead to more efficient and effective handling of obstacles and better outcomes in various situations.

Life management skills: This term refers to the skills needed to effectively manage and harmonize various aspects of one's life. It involves developing better strategies for time management, goal setting, stress management, and overall life organization.

7.2 Topic 2: The evaluation of the intervention

This refers to the process of assessing the effectiveness and impact of a particular intervention or program. This typically involves measuring outcomes, analyzing data, and determining whether the intervention achieved its intended goals. The evaluation helps in understanding the success of the intervention, identifying areas for improvement, and guiding future decisions or adjustments.

7.2.1. Theme three: Challenges

This conveys the sense of something requiring significant effort or skill during the intervention training. It is included these elements:

Staying attentive in meditation: This means maintaining focused awareness on the present moment during meditation practice. The goal is to cultivate a steady and mindful presence, allowing individual to deepen one's meditation experience and enhance mental clarity and relaxation.

Maintaining engagement in emotional regulation exercise: This means consistently participating in and applying techniques designed to manage and modulate emotional responses. Maintaining engagement ensures that the emotional regulation practices become a routine part of one's life, leading to better emotional health and stability.

Managing on-site training: It involves overseeing and coordinating training sessions conducted at a specific location, such as a workplace or training facility and ensuring that the training environment is conducive to learning and that all logistical and content-related aspects are handled efficiently.

7.2.2. Theme four: Recommendations for this class

This part focuses on the participants' opinion of the intervention. In light of the interviews, all of the participants find these sessions are useful and would love to join it again.

Well-structured sessions: According to the participants, the well-structured sessions were highly valued, as they felt the life skills learned were practical and applicable to their daily lives. Their positive experiences led them to volunteer for the next program. Additionally, others expressed interest in joining after hearing about the program from their friends who shared their positive experiences.

Recognize the facilitator's approach: The internal migrant women acknowledged the facilitator's approach during the self-compassion intervention.

6. Discussion

In order to assess the effect of the self-compassion intervention on improving resilience and mental well-being among internal migrant women, this chapter includes data from both quantitative and qualitative designs. The outcomes show that these outcomes were significantly improved by the intervention. Additionally, findings from the semi-structured interviews reveal that most participants had positive impressions and experiences regarding the intervention's impact on their lives. The post-test results for resilience and mental health in the experimental group were considerably greater than those in the control group, confirming the study assumptions. Thus, it can be said that the intervention successfully improved mental health and resilience.

8.1 Study limitations

This research is restricted in that it only looks at the participants themselves, even if the intervention is beneficial based on the quantitative outcome and good experience sharing of engaging the intervention. Most of the participants are low-educated. This factor affects a lot on the way they answered the survey or followed up with session training. They love to join the training, but regarding to the exercises, it takes long time for them to be familiar with or be patient to practice it frequently. They mostly come from the low socioeconomic status. Hence, they often expect to receive something whenever they join the program. This expectation also affects on the way they participated in the training.

8.2 Recommendations for further research

Research with a bigger sample size will be more effective and dependable, strengthening the findings. And in order to preserve the participants' resilience and mental health, this should be carried out in conjunction with follow-up sessions. To acquire better results, the study can also be conducted with several target groups.

8.3 Study implications

The findings open up new avenues for investigating therapies that are similar and might be used to improve mental health and resilience in similar groups. The practical implications of the study's findings can be seen in the following domains:

Research: This study fills a gap in the literature by looking at a fresh area of research into self-compassion, resilience, and mental health well-being.

Counseling Practice: Providers of psycho-social assistance, such as social workers and counselors, may find this intervention module useful.

Besides, this study can support for whom work with vulnerable individuals of the migrant community in terms of its intervention content. The course presents useful techniques like self-care, emotion control, and mindful meditation that promote resilience and improve mental health. These skills can be used as a reference for developing counseling practices aimed at promoting healthy behaviors and sustaining mental well-being.

7. Conclusions

This study provides compelling evidence that a self-compassion intervention significantly enhances resilience and mental well-being among internal migrant women in Binh Tan, Vietnam. The mixed-method approach, combining quantitative and qualitative data, demonstrates that self-compassion can be an effective, low-cost psychological tool to address the mental health challenges faced by this vulnerable population. Quantitative findings revealed substantial improvements in self-compassion, resilience, and overall well-being post-intervention, compared to the control group. Specifically, the intervention group showed increased emotional resilience, better coping mechanisms, and improved psychological health, suggesting that self-compassion fosters greater adaptability to stress and life challenges.

The qualitative insights further underscore the practical benefits of the intervention. Participants reported significant reductions in self-criticism and heightened emotional regulation, allowing them to face adversity with greater equanimity. Additionally, the development of social connectedness and empathy, as indicated by the participants, highlights the broader psycho-social impact of self-compassion training. This is particularly crucial for internal migrant women, who often experience isolation and limited social support in their new environments. The results support the hypothesis that self-compassion is a feasible and scalable approach for improving mental well-being in marginalized groups. Given the socio-economic constraints and limited access to mental health services faced by internal migrants, self-compassion interventions provide a practical, culturally adaptable strategy for enhancing mental resilience. The success of this intervention in Binh Tan indicates its potential for broader application across similar socio-economic settings in Vietnam and beyond. However, while the short-term benefits are evident, future research should examine the long-term sustainability of these effects and assess the impact of integrating such interventions into public health initiatives. Additionally, further exploration of cultural factors that may influence the uptake and effectiveness of self-compassion practices is warranted. Overall, this study highlights the importance of incorporating self-compassion into mental health interventions for vulnerable populations, with significant implications for policy and program development in low-resource contexts.

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APENDICES

Table 1: A 3-week intervention protocol of self-compassion for enhancing resilience and mental well-being

| Session | Part | Description | Duration (Min) | Materials required |
|-------------------|--|--|-------------------|--|
| Week 1 (150 mins) | | | | |
| | | Introducing the intervention, rapport-building activity. | 20 mins | - Informed consent formed. - Flip chart, colour markers and pens. |
| | | To help the participants understand what the workshop will be and some suggested practices. | 10 mins | |
| | Informed consent form | Committing to joining. And undergo the exercise. | 10 mins | |
| | 1 | Welcome. Overview the program | 20 mins | |
| | Break-time - 20 mins – interaction & refreshment | | | |
| 2 | Reviewing | | 5 mins | - PPT |
| | Content Analysis self-compassion cycle | What are self-compassion and its importance? Related to resilience and mental well-being to calm their mind. | 35 mins | - Mats, soft music |
| | Exercise: Slow-breathing | To have a basic idea about meditation, breathing and its importance to practice it. | 10 mins | |
| | Sharing Wrap up Homework | To be able to understand its meaning. Practice slow breathing daily. | 10 mins | |
| Week 2 (150 mins) | | | | |

| | | | | |
|--|--|--|---------|--|
| 3 | Review the previous content | Learning and experience of doing homework. | 10 mins | - Flip chart, colour markers. - PPT |
| | Barriers | Things need to pay attention to and build up resilience. | 10 mins | Mats, soft music |
| | Attention retraining | Debate: Tips to overcome negative self and focus more. Meditation: To attend to the present moment. | 20 mins | |
| | Wrap up | Being aware of some barriers and ways to overcome them and enhances resilience. | 10 mins | |
| Break-time - 20 mins – interaction & refreshment | | | | |
| 4. | 1. Review the previous content | Sharing the experience of doing the previous exercise. | 10 mins | - PPT - Mats |
| | 2. Practice compassion image/ communication/ thinking. | To debate irrational thinking. Have positive thinking. | 25 mins | |
| | 3. Appreciate the Positives | Applying good skills to enhance well-being. | 10 mins | |
| | Self-compassion action plan | HW: Imagery - The Ultimate One. | 15 mins | |
| Week 3 (150 mins) | | | | |
| 5. | 1. Review the previous content | Brainstorm sharing. | 10 mins | - Flip chart, colour markers and pens |
| | 2. Self-care: self-soothing activities. | To love themselves and nurture it to enhance their well-being. | 15 mins | - Mats, soft music |
| | 3. Take care of others | To express its care and kindness. | mins | |
| | 4. Exercise practice | Slow-breathing. Imagery - The Ultimate One. | 15 mins | |

| Break-time - 15 mins – interaction & refreshment | | | | |
|--|---|---------------------------------------|---------|----------------------|
| 6. | 1. From Self-criticism to self-kindness | To review, and strengthen the skills. | 10 mins | Questionnaire. Pens. |
| | 2. Sharing | Enhance self-confidence and openness. | 30 mins | |
| | 3. Evaluation | Fill in the Evaluation form. | 5 mins | |
| | 4. Post-test | Fill in the Questionnaires. | 20 mins | |
| | 5. Conclusion | Vote of thank | 5 mins | |

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