

HAIGAZIAN UNIVERSITY

The Relationship between Self-Compassion and Life Satisfaction among
University Students in Lebanon

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Abstract

Self-compassion, drawn from Buddhist teachings, was presented as a new positive psychology concept. It consists of six factors: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Studies have indicated a variation in the relationship between the six components of self-compassion and life satisfaction across cultures. The present study investigated the relationship between the six elements of self-compassion and life satisfaction among university students in Lebanon, controlling for self-esteem. The study method consisted of a survey. A hundred and thirty university students completed a questionnaire which included demographic data, the satisfaction with life scale, the self-compassion scale and self-esteem scale. Findings indicated a positive correlation with life satisfaction for self-kindness, mindfulness and overall self-compassion, and a negative correlation with life satisfaction for isolation and over-identification. Gender differences were identified. Mindfulness predicted life satisfaction in males. Over-identification predicted life satisfaction in females. However, future studies are needed to confirm those results.

**The relationship between Self-compassion and Life satisfaction
among University Students in Lebanon**

The concept of positive psychology developed with the goal of shifting the focus of psychology from merely repairing the psychological damage to helping people to flourish. Lately, research has been increasingly focusing on identifying the ways to provide welfare and happiness (Mojdegan, Moghidi & Ahghar 2013).

For a long time there was a general agreement that self-esteem is necessary for good mental health (Leary, 1999). Self-esteem is defined as the individual's perceived worth of him or herself (Baumeister, Campbell, Krueger & Vohs, 2003). The idea that high self-esteem is equivalent to being psychologically healthy is widely accepted among parents, teachers and psychologists (Neff, 2009a). Evidence suggested that while high self-esteem results in better health and prosocial behavior, low self-esteem is related to many mental disorders such as depression, anxiety, eating disorders, and behavioral problems like violence and substance abuse (Mann, Hosam, Schaalma & De Vries, 2004). Nonetheless, recent evidence showed that self-esteem may not be what was once hoped. In a review about the relation between self-esteem and positive psychological

outcomes, authors noted that evidence does not support the tenet that programs or interventions aiming at increasing self-esteem are beneficial. They found that high self-esteem increased initiative and good feelings only. Thus, they recommended limiting the use of self-esteem to promote positive outcomes (Baumeister, Campbell, Krueger & Vohs, 2003). Another research suggested that overemphasizing self-esteem may enhance both prosocial and antisocial tendencies (Baumeister, Campbell, Krueger & Vohs, 2003), may cause inaccurate self-knowledge (Baumeister, Heatherton, & Tice, 1993) and may lead to violence against people who threaten the ego (Baumeister, Smart & Boden 1996). Moreover, studies didn't show that high self-esteem results in better school performance. Actually, self-esteem was found to be dependent on occupational success and not vice versa (Baumeister, Campbell, Krueger & Vohs, 2003). Finally, research suggests that failure of self-esteem enhancement programs is due to the resistance of established self-esteem to change. This resistance was due to the importance of external evaluation to people with low versus people with high self-esteem, the former counts mainly on external sources to form an idea about themselves (Baumeister, 1993). Based on these findings, a newer psychological approach was needed to provide positive psychological outcomes without the negative psychological outcomes observed with self-esteem. Thus,

researchers have tried to conceptualize a new healthier attitude toward oneself which can result in positive outcomes (Neff, 2003a).

Self-compassion, drawn from Buddhist teachings, was presented by Neff (2003a) as a healthier alternative toward oneself as compared to self-esteem in which self-evaluation is dependent on a set of external standards or expectations. Self-compassion seems to be associated with positive psychological outcomes without the negative effects associated with self-esteem (Neff & Vonk, 2009, Crocker, Karpinski, Quinn, & Chase, 2003, Marshall, Parker, Ciarrochi, Sahdra, Jackson, & Heaven, 2015). Findings suggest that self-compassion is significantly associated with subjective well-being (Zessin, Dickhauser, & Garbade, 2015). Subjective well-being is one of the 3 factors used to assess the quality of life, along with economic and social indicators (Diener & Suh 1999). Subjective well-being is necessary for good life quality. In addition, life satisfaction, the cognitive element of subjective well-being (Diener, Oishi, Lucas, 2003), was suggested as a marker of population mental health (Bray & Gunnell, 2006)

In the Middle East, self-compassion was rarely studied. One study was found, which only explored the psychometric properties of an Arabic version of the Self-compassion scale as well as

the relationship between self-compassion and emotional intelligence among university students in Egypt and Saudi Arabia, and it examined sex differences in self-compassion (Teleb and Awalmeh, 2013). Moreover, In the Lebanese population, the relationship between self-compassion and life satisfaction, one aspect of subjective well-being, was never studied before; this study aims at studying this relationship.

Background of the study

In western psychology there is an increasing interest in self-compassion. Compassion is about opening up to the pain of others and connecting with their sufferings with a feeling of kindness and the desire to soothe their pain. It also includes being nonjudgmental toward people in the event of failure or wrong doing, and seeing their actions as part of the experience of human beings (Neff, 2003a). Accordingly, Self-compassion, includes being open to one's own suffering and desiring to soothe one's own pain by being kind with oneself. It also includes being nonjudgmental toward one's own failures and flaws and perceiving those experiences as part of the experience of the human condition (Neff, 2003a).

Self-compassion consists of three main elements (Neff, 2003a). Each element is composed of two opposite components and

each of which needs to be assessed separately (Neff, 2016): the first element self-kindness versus self-judgment, the second element common humanity versus isolation, and the third element mindfulness versus over-identification. In the following paragraphs the six factors will be elaborated.

Self-kindness entails being warm, gentle, and understanding towards oneself when suffering because of a failure or of a feeling of inadequacy rather than attacking oneself with self-criticism. Though particular shortcomings may be identified, the self is offered unconditional acceptance and support. Even though being flawed and experiencing life difficulties is part of life, when this fact is rejected the person suffers from frustration and self-judgment. So, acknowledging one's flaws and problems without judgment enables the person to have positive emotions and to do what is necessary for change to be (Neff, 2003b). On the other hand, self-judgment is about being degrading, aggressive and disapproving of oneself (Neff, 2003b). People are often unaware of this negative interaction with oneself, and the resulting harm and suffering (Barnard & Curry, 2011).

Common humanity is about realizing that all humans make mistakes, fail, and have their own flaws. Self-compassion helps

the person to develop a broader perspective towards one's shortcomings and problems and thus enables the person to feel less isolated when experiencing pain (Neff, 2003b). On the other hand, isolation, is experienced as the person irrationally thinks that all other people are perfect, thus unable to perceive but his worthless self. Likewise, when a person is faced with life difficulties he feels that people are having an easier life (Neff, 2003b). He feels disgraceful and thus withdraws away from others concealing his true self (Barnard & Curry, 2011)

Mindfulness is about being in a receptive openness with regard to one's feelings and thoughts as they are experienced in the present moment, neither denying nor ruminating on the negatives in oneself and life experiences (Neff, 2003b). On the other hand, over-identification is about agonizing over one's failures and flaws preventing being in touch with the present experiences (Barnard & Curry, 2011). When people experience life difficulties they tend to over-identify with their negative thoughts and feelings thus depriving themselves from the clarity which is one of the benefits of mindfulness (Neff, 2003b)

Self-compassion was developed based on the theoretical conception advanced by Neff from Buddhism (2003b). Through a

series of exploratory and confirmatory factor analysis, the self-compassion scale was set to be comprised of 26 items divided roughly evenly among the six factors (Barnard & Curry, 2011).

The body of research studying the relationship between self-compassion and positive psychological outcomes is growing. Self-compassion has been shown to be invariably related to positive psychological outcomes such as happiness, well-being and decreased negative psychological outcomes like anxiety and depression (Barnard & Curry, 2011; MacBeth & Gumley, 2012; Zessin, Dickhauser, & Garbade, 2015). Research has shown that self-compassion can be learned and integrated as a lasting trait that leads to well-being (Neff & Germer 2013). Furthermore, many programs for self-compassion enhancement are being developed and implemented (Gilbert, 2014; Neff & Germer, 2013).

Life satisfaction is the cognitive element of subjective well-being (Diener, Oishi, Lucas, 2003). It is an indicator of both well-being and psychopathology (Proctor, Linley, Maltby, 2008). It is considered as an estimate of the "apparent" quality of life. It is used to assess how much life is apparently acceptable for them irrespectively of actual conditions (Saris, Veenhoven, Shcerpenzeel & Bunting, 1996). Studies have shown an

association between self-compassion and life satisfaction (Neely, Schallert, Mohammed, Roberts, & Chen, 2009; Neff, 2003b; Neff, Pisitsungkagarn, & Hsieh, 2008; Yang, 2016)

Although self-compassion has been studied for more than a decade, researches using the six self-compassion subscales scores are still in their early stages (Bluth & Blanton, 2014). A recent study among teens in USA found that among all the six subscales self-kindness, self-judgment and mindfulness did not significantly correlate with life satisfaction, whereas isolation and over-identification were significantly related to less life satisfaction, and common humanity was significantly related to more life satisfaction (Bluth, & Blanton, 2014). Another study found that isolation, common humanity, and mindfulness were the only components significantly associated with well-being among young adults in Canada with isolation showing the highest correlation (Hollis-Walker & Colosimo, 2011). In a study among undergraduates, all six subscales were significantly linked to life satisfaction in the United States, Taiwan (Neff, Pisitsungkagarn & Hsieh, 2008) as well as in the Chinese Hong Kong (Yang, 2016). Nonetheless, in Thailand, all self-compassion subcomponents except self-kindness and self-judgment demonstrated significant association with life satisfaction. Furthermore, common humanity was not associated

with depression (Neff, Pisitsungkagarn & Hseih, 2008). Finally, a study using an international sample found that self-judgment and isolation were negatively associated with quality of life while self-kindness and mindfulness were positively associated with it (Van Dam, Sheppard, Forsyth, & Earleywine 2011). In conclusion, different studies using the self-compassion subscales revealed different results about which component of self-compassion is significantly associated with life satisfaction, suggesting cross cultural difference in this relationship. This study aims at exploring this relationship among Lebanese.

Problem Statement

Studies have shown a difference in the relationship between the subscales and one aspect of subjective well-being, life satisfaction, in different populations. No studies were found examining this relationship in the Lebanese population. The aim of the researcher is to determine if any association exists between self-compassion subscales and life satisfaction among University students in Lebanon.

Results using samples from USA, Thailand, Taiwan, Chinese Hong-Kong and international participants showed that the negative subscales (self-judgment, isolation and over-

identification) of self-compassion when found to have significant relationship with life satisfaction they are negatively associated with this positive psychological measure and that the positive subscales of self-compassion(self-kindness, common humanity and mindfulness) when found to have significant relationship with life satisfaction they are negatively associated with this positive psychological measure(Bluth & Blanton, 2014; Neff, Pisitsungkagarn & Hsieh, 2008; Van Dam, Sheppard, Forsyth, & Earleywine 2011; Yang, 2016). The study hypotheses are as follow, life satisfaction is:

A1-positively associated with self-kindness

A2-positively associated with common humanity

A3-positively associated with mindfulness,

A4-positively associated with self-compassion.

A5-negatively associated with self-Judgment

A6-negatively associated with isolation

A7-negatively associated with over-identification.

Further examination of the contribution of the six self-compassion subscales to life satisfaction controlling for self-esteem will be made too.

Significance of the Study

The self-compassion subscales related research is still in its infancy. Researchers have been calling for more care to be given for the self-compassion subscales and especially, to clarify the relation between those subscales and specific psychological outcomes (Bluth, & Blanton, 2014; MacBeth & Gumley 2012). This study aimed to be an answer for the researchers suggestions for future studies. The following research questions will be explored: is self-compassion related to life satisfaction among Lebanese? What factors of self-compassion are related to life satisfaction among Lebanese?

In clinical practice, it struck me how much self-criticism and the lack of self-compassion contributed to the psychological suffering of the clients and their dissatisfaction with life regardless of their original problem. Self-compassion interventions resulted in an increase in satisfaction with life, making it a promising intervention (Neff & Germer, 2013). Research has shown different results for the relationship between the self-compassion subcomponents and life satisfaction across cultures. However, it is yet unclear which subcomponents are really associated with life satisfaction among Lebanese. The results of this study will help in identifying which

subcomponents of self-compassion are significantly correlated with life satisfaction in the Lebanese population, thus guiding the focus of self-compassion training programs targeting the enhancement of life satisfaction among Lebanese individuals.

Overview of the Methodology

The following quantitative study was carried to assess the correlations between self-compassion and its subscales with life satisfaction controlling for self-esteem. Moreover, it employed regression analysis was to study the association between dependent and independent variables. A convenience sample of 130 University students in Lebanon was used. The participants were briefed about the content and the aim of the study; they were also asked to sign the informed consent form. The questionnaire included demographic information such as age, gender, level of education, religious sect and marital status followed by the satisfaction with life scale, self-compassion scale, and self-esteem scale.

Limitations of the study

Although this study was expected to contribute to the self-compassion field in the Arab world, some limitations should be noted. The sample used was a convenience sample of university

students in Lebanon, thus the generalization of the results to all the Lebanese population remained questionable at best. Moreover, a correlation does not imply causation, thus careful conclusions should be drawn from the association between life satisfaction and different subcomponents of self-compassion.

Definition of key Terms

Subjective well-being: is the way people assess emotionally and cognitively the worth of their life. It has an emotional element and a cognitive element; Cognitive well-being is conceptualized by the life satisfaction construct (Diener, Oishi, Lucas, 2003)

Life satisfaction: is defined as the general evaluation of one's own quality of life using his chosen standards (Diener, Emmons, Larsen, & Griffin, 1985).

Self-esteem: it is a part of the self-concept, and is defined as the individuals' general positive assessment or appraisal of oneself (Cast & Burke, 2002).

Self-compassion: is about being open to one's own suffering and desiring to soothe one's own pain by being kind with one-self. It also includes being nonjudgmental toward one's own failures and flaws and perceiving those experiences as part of the

experience of the human condition. It consists of three main elements (Neff, 2003a). Each element is composed of two opposite subcomponents and each of which needs to be assessed separately (Neff, 2016): self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification.

Self-kindness: is about being warm, gentle, and understanding towards oneself when suffering because of a failure or of a feeling of inadequacy (Neff, 2003b).

Self-judgment: is about being harsh towards oneself when suffering because of a failure or of a feeling of inadequacy, attacking oneself with self-criticism (Neff, 2003b).

Common humanity: is about realizing that all humans make mistakes, fail, and have their own flaws, thus feeling less isolated when experiencing pain (Neff, 2003b).

Isolation: is about the person irrationally thinking that all other people are perfect thus unable to perceive but his worthless self and thus when faced with life difficulties he feels that people are having an easier life (Neff, 2003b).

Mindfulness: is about being in a receptive openness with regard to one's feelings and thoughts as they are experienced in the present moment, neither denying nor ruminating on the negatives in oneself and life experiences (Neff, 2003b).

Over-identification: is about when the person becomes so much consumed with their own feelings that other reactions or interpretations are impossible to access (Neff, 2003b).

Chapter 2

Review of Literature

The purpose of the current study was to examine the relationship between the six factors of self-compassion and life satisfaction among university students in Lebanon. This chapter includes a review of the development of the self-compassion scale, followed by an examination of associated psychological outcomes with self-compassion, a highlight on the difference between self-compassion and self-esteem, as well as an inspection of the roots of self-compassion and self-compassion interventions. The chapter will conclude with discussing the relationship between self-compassion and life satisfaction in different cultures.

Self-compassion

Although empirical studies about compassion for others are widespread, self-compassion is only recently attracting the attention of Western psychology. This is the result of the increased interest in positive mental health, which is not simply the absence of psychopathology but includes both feeling well and functioning well in life (Keyes, 2005)

According to Neff (2003a), most people tend to be harsher on themselves than on others in an attempt to avoid becoming

self-indulgent and to promote personal growth and improvement. However, they end up feeling too bad and demotivated to make any change or to grow. Continuous self-criticism can cloud personal perception and hinder identification of personal weaknesses, which require change. Moreover, when people experience life difficulties they tend to go into a problem solving mode while disregarding the need to comfort themselves first.

Nonetheless, self-compassion produces the emotional safety leading to accurate self-perception and thus, enables the person to identify the needed areas of growth and change. Self-compassion includes six factors, and it is defined: "as a state of mind involving increased self-kindness and reduced self-judgment, increased common humanity and reduced isolation, increased mindfulness and reduced over-identification" (Neff, 2016). The parasympathetic nervous system is activated in a safe environment and is responsible for slowing of heart rate, inhibiting the fight/flight mechanisms of the sympathetic nervous system, and decreasing the body stress response (Porges, 2007). It was proposed by Neff (2016) that a compassionate response, including the three factors, self-kindness, common humanity and mindfulness, activates the parasympathetic nervous system while an uncompassionate response, including the other three factors, self-judgment, isolation and over-identification, activates the sympathetic nervous system.

Self-compassion might be thought as equivalent to self-centeredness, passivity and or self-pity. Self-compassion is not to be confused with self-centeredness. On the contrary, self-compassion is rooted in the concept that everyone deserves compassion including oneself (Neff, 2003a). In addition, there is a concern that high self-compassion may result in passivity towards one's own failure and flaws rendering those failures and flaws unnoticed and thus uncorrected. This concern is not valid, because on the contrary, self-compassion provides the emotional safety to perceive oneself with clarity, noticing and correcting personal flaws, and as a result, encouraging oneself with kindness and patience to adopt unpleasant requirements and restrictions and to give up damaging behaviors for further well-being (Neff, 2003a). This was confirmed by research that showed that self-compassion was associated with initiative, exploration and curiosity suggesting that self-compassionate people are more likely to take action toward their goals and to feel responsible for their life (Neff, Rude, & Kirkpatrick, 2007). Moreover, self-compassion is quite different from self-pity (Neff, 2003a). When people experience self-pity, they become absorbed by their own problems and feelings, they feel disconnected from others, and they forget about people with comparable problems. In contrast, people with self-compassion do not over-identify with

their problems, so they realize their experience as part of the human condition, thus are able to perceive it more objectively.

Development of the Self-Compassion Scale

At first self-compassion was conceptualized as comprised of three elements, each with two opposite subcomponents based on her theoretical definition of self-compassion (Neff, 2003b). Then the resulting items were pilot tested with 68 undergraduate students using focus groups of three to five participants based on the comprehensibility and relevance of those items. Next, using another sample of 71 undergraduate students, incomprehensible or unclear items were removed, leaving 71 potential items divided evenly among the three negative components and the three positive components of self-compassion. Those potential items were tested using a sample of 391 undergraduate students with the goal of selecting items based on reliability results and factor analysis. Then, an exploratory factor analysis was conducted and items with loadings less than 0.4 were removed from the subscales, leaving 26 items. Those 26 items were distributed as follow: five items for each of the two factors self-kindness and self-judgment and four items for each of the factors common humanity, isolation, mindfulness and over-identification. The resulting items were investigated utilizing

a series of confirmatory factor analysis with two goals. The first goal was to assess the adequacy of a one factor model for each two opposite components. The results did not fit one factor model; the model was more adequate when the positive versus negative components of the three elements were considered separate. Consequently Neff (2003b) hypothesized that the six factors are separate. The second goal was to assess if a single higher order factor would encompass the six factors, using a reverse coding for the negative factors. The results were marginally satisfying for an overall self-compassion factor. The internal consistency was 0.92. This 26 items scale was cross validated using a second sample of 232 undergraduate students. Results were consistent for an overall self-compassion score and six separate components for self-compassion, with test retest reliability in the range of 0.85-0.93 over a 3 week period (Neff, 2003b). In this same study, it was verified that self-compassion is not significantly correlated to social desirability. In addition, the scale showed construct validity. The Buddhists who practiced meditation developing mindfulness and compassion had higher self-compassion score as compared to undergraduate students. Moreover, the number of years of meditation practice in Buddhists was positively correlated with the overall self-compassion score (Neff, 2003b).

Self-compassion associated outcomes

Research has shown that self-compassion is positively associated with a set of positive psychological outcomes including increased feeling of happiness, optimism, positive affect, wisdom (Neff, Rude & Kirkpatrick, 2007; Hollis-Walker, & Colosimo, 2011), well-being in later life (Allen, Goldwasser, & Leary, 2012; Homan, 2016), higher levels of relational well-being (Yarnell & Neff, 2013). In addition, Neff examined the associations of self-compassion among 391 undergraduate. Self-compassion was found to be positively associated with life satisfaction, social connectedness, and emotional intelligence (Neff, 2005). Moreover, self-compassion significantly predicted psychological health beyond the effect of the big five factors of personality (OCEAN), openness, conscientiousness, extroversion, agreeableness, neuroticism among 177 undergraduates (Neff, Rude & Kirkpatrick, 2007).

People with higher self-compassion showed consistently lower psychopathology (MacBeth & Gumley, 2012; Barnard & Curry, 2012). In a study investigating self-compassion among people with social anxiety disorders as compared to control, they were found to have less self-compassion and there was a negative association between the degree of self-compassion and the severity of social anxiety disorder (Werner, Jazaieri, Goldin,

Heimberg & Gross, 2012). Furthermore, the study by Neff (2005) found that among undergraduates self-compassion was negatively associated with self-criticism, depression, anxiety, rumination, thought suppression, and neurotic perfectionism among undergraduate. In another study among 132 non-clinical adolescents, self-compassion was also found to be associated with decreased anxiety and depression (Muris, Meesters, Pierik & Kock, 2016).

Many studies have shown the association of negative and positive affect with self-compassion. Negative and positive affect are the emotional element of subjective well-being (Diener, Oishi, Lucas, 2003). The study by Neff, Rude, & Kirkpatrick (2007) among undergraduates at a large university showed a positive association of self-compassion with positive affect and a negative association with negative affect. On the other hand, research indicated that low self-compassion is associated with greater sadness, anxiety and negative attitude when facing real, imagined, or remembered events (Leary, Tate, Adams, Batts Allen, & Hancock 2007). Moreover, in a study with Christian clergy, self-compassion was negatively associated with emotional exhaustion and positively associated with satisfaction with ministry (Barnard & Curry, 2012).

High Self-compassion is associated lower defensiveness and negative emotional states and self-blame suggesting an advantage in coping with stressful life events (Terry & Leary, 2011). In support of this conclusion, a study among 114 students who transitioned to college showed that higher self-compassion was associated with less depression, homesickness and greater satisfaction with the transition to university (Terry, Leary, Mehta, 2013). Those results were confirmed in a research involving five studies aiming at studying the importance of self-compassion in dealing and reacting to actual life events (Leary, Tate, Adams, Allen & Hancock, 2007). Study 1 involved 117 undergraduates reporting daily problems and inconveniences within the last 20 days plus their reactions and thoughts around those daily hassles. Self-compassion predicted emotional and cognitive reactions. Higher self-compassion was associated with regulating emotions by being kind and warm toward oneself and with keeping the event in perspective. Study 2 included 123 undergraduates who were asked to indicate their feelings and reactions to three different scenarios involving failing, losing or being humiliated. Self-compassion was associated with balanced thoughts, feelings and behaviors in reaction to imagined negative life events. Study 3 involved 66 undergraduates who were involved in a real interpersonal event in which they are required to speak in front of a camera for 3

minutes about themselves and to receive feedback from the research about their video. As a result they are to receive neutral feedback if they are in the intervention group or positive feedback if they are in the control group. The neutral feedback is perceived negatively as compared to controls who received positive feedback. Self-compassion abated negative emotions related to neutral feedback. In study 4, 102 undergraduates were involved in a videotaped awkward and mildly embarrassing situation where they had to stand in front of a camera and tell a story for children that start with "once upon a time there was a little bear...". Subsequently people were asked to rate themselves and others and to share how they feel. People with low self-compassion underrated their performance as compared to other observers/raters. In study 5, 115 undergraduates were asked to recall an event from high school that made them feel bad about themselves. After experimentally inducing self-compassion, people were found to acknowledge their contribution to negative events without being overwhelmed by negative emotions. All those studies shed light on the importance of self-compassion not only in dealing with psychopathology but also in promoting positive mental health.

Self-compassion and Self-esteem

In our modern world, one of the major problems with self-esteem is the fact that it is based on the extent to which a person is unique or stands out among people, and thus being average becomes unacceptable. However, it is worth noting that it is impossible for all people to be above average (Neff, 2004). Self-compassion was advanced as a new positive psychology concept that can replace self-esteem providing positive psychological outcomes without the negative outcomes (Neff, 2003a). Self-compassion and self-esteem show different relationships with various psychological measures. A study found that in comparison to self-esteem, self-compassion had no association with narcissism, protected the individual against social comparison, anger and self-rumination, and resulted in enhanced stability of sense of self-worth (Neff & Vonk, 2009). Moreover, self-compassion has been shown to contribute to stability and strength in hardships, unlike self-esteem which may change due to its reliance on external circumstances (Crocker, Karpinski, Quinn, & Chase, 2003). Whereas low self-esteem predicted poor mental health in adolescents (Orth, Robins, & Meier, 2009), other researchers in a longitudinal study, have found that high self-compassion protects adolescents with low self-esteem against having poor mental health

(Marshall, Parker, Ciarrochi, Sahdra, Jackson, & Heaven, 2015). In another study which is an experimental laboratory study including undergraduates revealed that self-compassion decreased the anxiety related to a task that threatens the ego, which consisted of writing about personal weaknesses. In this study self-esteem did not provide such a protection (Neff, Kirkpatrick & Rude, 2007). In a study exploring self-esteem and self-compassion in relation to stress reactivity in daily life as well as positive and negative affect, both self-esteem and self-compassion were positively associated with positive affect and negatively associated with negative affect (Leary, Tate, Adams, Allen & Hancock, 2007; Krieger, Hermann, Zimmermann, & Grosse Holtforth, 2015). Nonetheless, after controlling for self-compassion, self-esteem was no longer associated significantly with positive and negative affect. Moreover, in the same study self-compassion reduced the effect of stress on negative affect but this was not the case for self-esteem which didn't have an effect on stress. Another study also found that unlike self-esteem, self-compassion predicted the stability of self-worth consistently irrespective of external outcomes, like getting social approval, having physical attraction and successful performance (Neff & Vonk, 2009). This suggests that self-compassion, unlike self-esteem, is protective when things go wrong in life. In a study involving undergraduates self-

esteem was found to be associated with self-serving biases about the self and others in reaction to negative life events, unlike self-compassion which was associated with taking personal responsibility for mistakes while being kind with oneself (Leary, Tate, Adams, Allen & Hancock, 2007). These findings show how self-compassion enables accurate self-perception leading to adjustment of behavior. All those studies show some of the advantages of self-compassion as related to self-esteem, like the protective effect of self-compassion in hardships and its importance in accurate self-perception leading to personal development in the right direction.

Roots of Self-compassion

Neuroscience research suggests that humans have many emotion regulation systems among which the following three: threat system, drive or motivational system, contentment and soothing system (Gilbert, 2009). When threat system is activated the results are: autonomic arousal, feelings such as anger, anxiety and disgust, behaviors such as fight, flight or freeze, and cognitive bias related to being overcautious and to anticipating danger. When the motivational system is activated it energizes the human beings to seek material needs like food, sex, friends and others and is associated with feelings of pleasure for achieving and attaining goals. Research in attachment has shown

that when the contentment system is stimulated, through a caring environment, it activates the oxytocin-opiate system. This physiological response results in feelings of security, safety trust and connectedness, in calming the human being, in soothing of threat system; altering of the pain thresholds and regulating stress hormones and the immune system. In addition, contentment system regulates the fight/flight system and drive system responses (Gilbert, 2009). The compassionate caring of parents to children results in a calming physiological response in the child. An excessive activation of the threat system by parents can leave the child unable to feel soothed, lacking self-compassion (Gilbert, 2009). This is supported by the findings that people with deficit in self-compassion are more likely to come from family with dysfunctions, judgmental mothers and show insecure attachment style as compared to people with self-compassion (Neff & McGeehee, 2010). In addition, a study among adolescents who were receiving child protection services found a negative association between emotional abuse, neglect and physical and self-compassion (Tanaka, Wekerle, Schmuck, & Paglia-Boak, 2011). Finally, a study among youth in the age range 16 to 24 years taking part in a substance abuse program revealed that self-compassion mediates the relationship between childhood abuse severity and emotional regulation in later age. This reflects the role of self-compassion in coping with adverse

childhood events and as being the result of childhood emotional environment (Vettese, Dyer, Li, & Wekerle, 2011). Internal thoughts and images are just as effective as external stimuli in activating the emotion systems and related parts of the brain. For example, if a person sees a delicious meal, an external stimulus, the saliva and stomach acids secretion become active. Likewise those physiological responses can be activated using imagination of such meal, an internal stimulus. People feel relieved and soothed when receiving kindness and warmth from others, as an external stimulus. Likewise self-compassion can stimulate the contentment system leading to the feelings of kindness, safety and relief (Gilbert, 2009). Research confirmed that training the brain to think or feel certain feelings results in a stimulation of physiological systems related to those thoughts and images (Begley 2007). In addition, self-compassion exercises have shown to decrease the level of cortisol and the stress hormone (Rockcliff, Gilbert, McEwan, Lightman, & Glover, 2008).

Self-compassion interventions

Self-compassion was advanced as one possible resilience mechanism contributing to mental health and protecting against psychopathology and thus was suggested as a promising intervention in therapy and prevention of psychopathology

(Trompetter, De Kleine & Bohlmeijer, 2016). In addition, Compassion can be thought of as a skill that one can train in, with increasing evidence that focusing on and practicing compassion can influence the brain electrical activity enhancing positive affect and the immune system positively (Gilbert, 2009).

Many programs for self-compassion enhancement are being developed and implemented while some are therapeutic mainly targeting clinical conditions like compassion focused therapy (CFT) also referred to as compassionate mind training (the main technique in CFT developed by Gilbert in 2014), whereas others are applicable to both general public and clinical cases like Mindful self-compassion (MSC) by Neff and Germer (2013).

The CFT includes the therapist expressing compassion and having skills for compassion. The client experiences compassion in his interaction with the therapist including feeling safe and de-shamed. In addition, the therapist will be engaged in training the client to develop his compassionate attributes and skills through compassion mind training. In short, Compassionate mind training includes psychoeducation and a variety of exercises including fostering self-kindness through warm language, visualization and engaging in self-compassionate habits (Gilbert, 2009). Initially CFT was created to aid people

with high shame and self-criticism causing them mental problems. It was tested in an uncontrolled trial with six patients who volunteered from a cognitive behavior therapy center where they were receiving therapy for chronic personality disorders and /or mood disorders (Gilbert & Procter, 2006). All participants reported childhood emotional or physical or sexual abuse and or neglect. The program included 12 two hour sessions in training as an addition to CBT, once per week. Results revealed significant decrease in anxiety, depression, self-criticism and shame along with significant increase in self-soothing and self-warmth. In a study which focused on patients recovering from psychosis, 18 of these participants completed the 10 weeks program that included 20 sessions of group therapy with three modules. The first module is about understanding psychosis and the recovery process, the second is about learning compassion and developing their own ideal friend and the third module includes developing plan for recovery after psychosis. Results showed significant reduction in depression and general psychopathology and an increase in self-esteem (Laithwaite, O'Hanlon, Collins, Doyle, Abraham, Porter, 2009). In another study among forty adults with schizophrenia spectrum disorder or bipolar disorder with psychotic features, the addition of CFT was found to be associated with a significant decrease in depression as compared to those treated with only CBT (Braehler,

Gumley, Harper, Wallace, Norrie & Gilbert, 2013). Furthermore another study using a 16 week program of group compassion focused therapy among participants with personality disorders showed a significant decrease in shame, feelings of hating oneself, depression and stress and an increase in self-reassuring among participants (Lucre, & Corten, 2013). Recently, though CFT was assumed originally for clinical cases, a study that included 28 participants comprised of nurses and midwives, counselors/psychotherapists and other health care providers studied the effect of attending a 3 day introductory workshop on compassion-focused therapy. Results revealed a statistically significant increase in self-compassion (Beaumont, Irons, Rayner, Dagnall, 2016). Furthermore, the researcher proposed a Compassionate mind training for student therapists aiming at fostering well-being and resilience and decreasing stress, distress and burnout (Beaumont & Hollins Martin, 2016).

Mindful self-compassion programs, on the other hand, are different from CFT. They are delivered as a course and not as part of individual or group therapy. The course consists of two hours, once per week, over an 8 week period including a retreat for meditation for half a day. The program is focused on developing the self-compassion of the participants. It includes introduction of self-compassion and difference with self-esteem

plus formal and informal practices of self-compassion (Neff & Germer, 2013). Preliminary evidence suggests that MSC programs increase self-compassion, mindfulness, life satisfaction and happiness in nonclinical cases and those effects were retained at 6 months and 1 year follow ups (Neff & Germer 2013). For clinical cases, however, it was suggested as an adjunct to psychotherapy. For instance, the MSC program was pilot studied among 63 diabetics in the age range of 18-70 years. The training increased self-compassion and significantly reduced depression and diabetes distress and significantly decreased HbA1c an indicator for glycemic control as compared to a wait list control. This study showed emotional and metabolic benefits for patients with diabetes (Friis, Johnson, Cutfield & Consedine, 2016).

Self-compassion and life Satisfaction

Life satisfaction is the cognitive element of subjective well-being (Diener, Oishi, Lucas, 2003) and one of the indicator of quality of life (Diener & Suh 1999). Research has shown a positive association between life satisfaction and mental as well as physical health (Siahpush, spittal & Singh, 2008). In a study among college students, self-compassion was found to be associated with well-being defined as a sense of self-mastery, low perceived stress and negative affect, a sense

of purpose in life, and high life satisfaction (Neely, Schallert, Mohammed, Roberts, & Chen, 2009). This relationship between self-compassion and life satisfaction was found across cultures. Self-compassion was found to be associated with life satisfaction among university students in Thailand, Taiwan, the United-States (Neff, 2003b; Neff, Pisitsungkagarn, & Hseih, 2008), the Chinese Hong Kong (Yang, 2016) Indonesia (Anggraeni, Kurniawan, 2012) and Turkey (Çağlayan Mülazım & Eldeleklioğlu, 2016).

Research aiming at clarifying which components of self-compassion are associated with life satisfaction is still in its infancy (Bluth & Blanton, 2014). Studies have shown a differential relationship between the six factors of self-compassion and life satisfaction across cultures. For instance, in a study among 252 university students in Turkey, all the six factors of self-compassion predicted life satisfaction as expected except for self-kindness (Çağlayan Mülazım & Eldeleklioğlu, 2016; Uysal, 2014). A study among 223 undergraduate Thai students found that among the six self-compassion factors only self-kindness and self-judgment did not predict life satisfaction (Neff, Pisitsungkagarn, & Hseih, 2008). Another study using an international sample aimed at investigating the relationship between the six subscales of

self-compassion and quality of life (Van Dam, Sheppard, Forsyth, & Earleywine 2011). In this study the quality of life score was considered a measure of life satisfaction. The international sample included 504 participants with the age range 18-73, where 32.7% are from outside the USA mainly participants from Canada, Australia, and the United Kingdom. Results showed that self-judgment and isolation were negatively associated with quality of life while self-kindness and mindfulness were positively associated with it. Common humanity and over-identification did significantly predict life satisfaction. On the other hand all the six factors of self-compassion predicted life satisfaction among 181 undergraduates in USA and 164 undergraduates in Taiwan (Neff, Pisitsungkagarn, & Hsieh, 2008). Furthermore, research has shown that self-compassion can be learned and integrated as a lasting trait leading to well-being (Neff & Germer 2013).

In conclusion, the aim of the current study was to investigate the relationship between the six factors of self-compassion (self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification) and life satisfaction among Lebanese university students. More precisely, the study investigated the following hypotheses:

Hypothesis 1: There is a positive association between life satisfaction and self-compassion

Hypothesis 2: There is a positive association between life satisfaction and self-kindness

Hypothesis 3: There is a positive association between life satisfaction and self-judgment

Hypothesis 4: There is a positive association between life satisfaction and common humanity

Hypothesis 5: There is a positive association between life satisfaction and isolation

Hypothesis 6: There is a positive association between life satisfaction and mindfulness

Hypothesis 7: There is a positive association between life satisfaction and over-identification

Further examination of the contribution of the six self-compassion subscales to life satisfaction after controlling for self-esteem will be made too.

Chapter 3

Method

Research Design

This is a quantitative study that consisted of self-report surveys. A regression analysis was used to study the association between dependent and independent variables. The independent variables were self-esteem and components of self - compassion (self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification). Self-compassion components and self-esteem were reported using the self-compassion scale by Neff and Rosenberg self-esteem scale respectively. Self-esteem was used as a control. The dependent variable is life satisfaction reported using the satisfaction with life scale.

Participants

The target population was university students in Lebanon. The final convenient sample consisted of 130 University students 59.2% (N=77) female, 40.8 % (N=53) male. Those students were enrolled in different faculties (distributed among more than 39 different majors) and were distributed among different English-speaking private universities as follows: Haigazian University (40%, N=52), Lebanese International University LIU (34.6%,

N=45), American University of Beirut AUB (12.3%, N=16), American University of Lebanon AUL (11.5%, N=15), others (1.5% N=2).

Their age range was 18 to 32. (See Table 1)

Table 1

Demographic characteristics of the participants

		Mean(SD)	Number	Percentage
	Age	21.26(2.321)	130	--
Gender	Male	--	53	40.8%
	Female	--	77	59.2%
Educational level	Graduate	--	15	11.5%
	Undergraduate	--	115	88.5%
Religious sect	Sunni	--	42	32.3%
	Shia	--	33	25.4%
	Orthodox	--	25	19.2%
	Druze	--	9	6.9%
	Catholic	--	5	3.8%
	Maronite	--	4	3.1%
	Protestant	--	3	2.3%
	Others	--	9	7%
Marital status	Single	--	117	90%
	Married	--	3	2.3%
	Divorced	--	0	0%
	Others	--	10	7.7%

SD: standard deviation

Materials

The questionnaire package was divided into three parts: 1) an informed consent form (see Appendix A), which included the purpose of the study, the name and contact information of the researcher, the average time expected to finish the survey, the confidentiality of the participant as well as the right to withdraw from the study during at any time during the process; 2) demographic information (see Appendix B): age, gender, level of education (graduate and undergraduate), religious sect (Protestant, Maronite, Sunni, Shia, Catholic, Orthodox, Druze) and marital status (single, married, divorced) and 3) three psychological inventories, the Satisfaction with Life Scale (See Appendix C), Self-compassion Scale (See Appendix D), and Self-esteem Scale (See Appendix E) for the questionnaires).

Satisfaction with Life Scale

Life satisfaction was measured using the satisfaction with life scale (Diener, Emmons, Larsen, & Griffin, 1985). It is a five item scale that assesses the global life satisfaction using a 7-point Likert-type scale that ranges from 1 (strongly disagree) to 7 (strongly agree) scores on statements such as, "In most ways my life is close to my ideal". Scores can range from 5 to 35, the coefficient alpha was 0.87 (Diener, Emmons,

Larsen, & Griffin, 1985). This scale is commonly used by cross cultural researchers to evaluate and compare life satisfaction across cultures (Yang et al., 2017).

Self-compassion scale

Self-compassion was measured using the self-compassion scale (SCS) developed by Neff (2003b). It is comprised of 26 items which represent six subscales that measure the six factors: Self-kindness (5 items, such as, When I'm going through a very hard time, I give myself the caring and tenderness I need..), self-judgment (5 items, such as, I'm intolerant and impatient towards those aspects of my personality I don't like.), common humanity (4 items, such as, I try to see my failings as part of the human condition), isolation (4 items, such as, When I fail at something that's important to me, I tend to feel alone in my failure.), mindfulness (4 items, such as, When I'm feeling down I try to approach my feelings with curiosity and openness) and over-identification (4 items, such as, When something painful happens I tend to blow the incident out of proportion). Participants rated the statements using a 5 point scale ranging from 1 to 5 (1 = almost never to 5 = almost always). This scale was designed to provide a score for each of the six subscales self-kindness, self-judgment, common humanity,

isolation, mindfulness and over-identification. In addition, an overall self-compassion score can be obtained by averaging all factors scores. The internal consistency coefficient alpha of the scale was 0.92 and a test retest reliability of 0.96 (Neff, 2003b).

Self-Esteem Scale

Self-esteem was measured using the Rosenberg self-esteem scale (Rosenberg, 1965). It is a well-known ten-item scale that assesses self-worth using a 4-point Likert-type scale that ranges from 1 (strongly disagree) to 4 (strongly agree) scores for statements such as, "I feel that I'm a person of worth, at least on an equal plane with others". Scores can range from zero to 40. The coefficient alpha of the scale was 0.825. The scale demonstrated construct validity by significant correlation of self-reports with peers and professional reports.

Procedure

The participants were approached individually at the university Campus of Haigazian University, Lebanese International University (LIU), American University of Lebanon (AUL) and American University of Beirut (AUB). They were briefed about the content and the aim of the study and asked to sign the

informed consent form. This survey-based study was approved by the graduate committee of the faculty of Social and Behavioral Sciences at Haigazian University.

Statistical Analysis

Data were analyzed using SPSS 20.0. Quantitative data about average age and the distribution among different specialties, sex, religious sects and marital status were obtained. Reliability was tested for the overall scales and for each of the six factors of self-compassion. The self-compassion scale was scored according to the protocol indicated by the developer, Neff (2003b).

Excluded data sets from the analysis

The researcher distributed 150 questionnaires in different universities. Questionnaires with missing answers in one or more of the scales were removed from the analysis resulting in a final sample with 130 participants.

Chapter 4

Results

The purpose of this study was to examine the relationship between self-compassion and life satisfaction. This chapter provides an overview of the results of the predicted hypotheses including the reliability testing of the scales used as well as the descriptive statistics.

Reliability Testing

To determine the internal reliability of the used scales, Cronbach alpha was calculated for: Life satisfaction scale, the six components of self-compassion (self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification), the overall self-compassion scale and self-esteem scale. Cronbach alpha was above 0.7 for all the scales except for over-identification which was 0.619 and was considered acceptable (see Table 2).

Table 2

Cronbach's Alpha for self-compassion, self-compassion subscales, self-esteem and life satisfaction

Variables	Previous Cronbach's Alpha	Current Cronbach's Alpha
LIFE SATISFACTION	0.79-0.87	0.738
SELF ESTEEM	0.79-0.825	0.793
OVERALL SELF-COMPASSION	0.92-0.86	0.783
SELF-KINDNESS	0.78-0.83	0.736
COMMON HUMANITY	0.76	0.731
MINDFULNESS	0.72-0.75	0.73
SELF-JUDGMENT	0.75-0.81	0.702
ISOLATION	0.73-0.80	0.757
OVER-IDENTIFICATION	0.72-0.80	0.619

Descriptive Statistics

Table 3

Descriptive Statistics for Self-Compassion, Self-Compassion subscales, Self-Esteem and Life Satisfaction

Variables	Mean	SD
LIFE SATISFACTION	22.3154	5.53079
AVERAGE LIFE SATISFACTION	4.4631	1.106
SELF ESTEEM	29.9385	4.54905
OVERALL SELF-COMPASSION	3.1279	0.53802
SELF-KINDNESS	3.2077	0.74933
COMMON HUMANITY	3.3231	0.79207
MINDFULNESS	3.3519	0.74038
SELF-JUDGMENT	2.9462	0.75976
ISOLATION	2.9538	0.86926
OVER-IDENTIFICATION	3.2154	0.73976

Hypothesis Testing

The following hypotheses were tested (see table 4), using Pearson's correlation:

Hypothesis 1: There is a positive association between life satisfaction and self-compassion.

Hypothesis 2: There is a positive association between life satisfaction and self-kindness.

Hypothesis 3: There is a negative association between life satisfaction and self-judgment.

Hypothesis 4: There is a positive association between life satisfaction and common humanity.

Hypothesis 5: There is a negative association between life satisfaction and isolation.

Hypothesis 6: There is a positive association between life satisfaction and mindfulness.

Hypothesis 7: There is a negative association between life satisfaction and over-identification.

Hypotheses 1,2,5,6 and 7 were endorsed, while hypotheses 3 and 4 were not.

Table 4

Correlation Matrix for Life Satisfaction, Self-Esteem, Self-Compassion and Self-Compassion subscales

	Life Satisfaction
	R
SELF-ESTEEM	0.317**
SELF-COMPASSION	0.252**
SELF-KINDNESS	0.295**
COMMON HUMANITY	0.050
MINDFULNESS	0.224*
SELF-JUDGMENT	-0.105
ISOLATION	-0.180*
OVER-IDENTIFICATION	-0.204*

**Correlation is significant at 0.01 level
*Correlation is significant at 0.05 level

Next, a stepwise regression analysis of all independent variables as predictors of life satisfaction was performed; the analysis revealed that only self-kindness and self-esteem predicted significantly life satisfaction (see Tables 5, 6, 7).

Self-kindness and self-esteem predicted 12.2% of variance in life satisfaction ($F = 8.647, p < 0.0001$). Furthermore, after removing all non-significant variables, the regression equation showed significant relation of self-esteem and self-kindness

with life satisfaction with a beta coefficient of 0.240 and 1.511 respectively.

Table 5

Regression analysis model summary for all subjects predicting life satisfaction

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.349	.122	.107	5.18774
Dependent variable: Life satisfaction				
Predictors : constant, Self-esteem and self-kindness				

Table 6

Summary of Regression Analysis for Variables predicting Life Satisfaction

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	10.244	3.122		3.281	.001
1 SELF-ESTEEM	.240	.116	.198	2.062	.041
SELF-KINDNESS	1.511	.700	.207	2.159	.033
Dependent variable: Life satisfaction					

Table 7

Excluded variables from the regression equation predicting life satisfaction

Model	Beta In	t	Sig.	Partial Correlation	Collinearity Statistics	
					Tolerance	
1	AGE	.040	.476	.635	.043	.991
	SEX	-.030	-.357	.722	-.032	.998
	EDUCATION LEVEL	.022	.263	.793	.024	.981
	RELIGIOUS SECT	.033	.395	.694	.035	.997
	COMMON HUMANITY	-.056	-.609	.543	-.055	.850
	MINDFULNESS	.040	.397	.692	.036	.699
	OVER- IDENTIFICATION	-.060	-.605	.546	-.054	.726
	ISOLATION	-.019	-.196	.845	-.018	.714
	SELF-JUDGMENT	.083	.834	.406	.075	.720

Additional analysis

Though it was not hypothesized upon, some additional analysis revealed interesting findings. The data were split for females and males to determine the regression model for each. For females, the model including over-identification only predicted 11.1% of variance in life satisfaction ($F = 9.356, p < .01$). Self-esteem was among the excluded variables (see Tables 8, 9, 10). After removing all non-significant variables, for females, the regression equation showed significant relation of over-

identification with life satisfaction with a beta coefficient of -2.593.

Table 8

Regression analysis model summary for females

Sex	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Female	1	.333 ^b	.111	.099	5.31926
Dependent variable : Life satisfaction					
Predictors: constant, Over-identification					

Table 9

Summary of Regression Analysis for Variables predicting Life Satisfaction among females

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	30.412	2.762		11.009	.000
1 OVER-IDENTIFICATION	-2.593	.848	-.333	-3.059	.003
Dependent variable: Life satisfaction					

Table 10*Excluded variables from the regression equation for females*

Model	Beta In	t	Sig.	Partial Correlation	Collinearity Statistics
					Tolerance
SELF-KINDNESS	.191	1.586	.117	.181	.805
SELF-ESTEEM	.155	1.191	.238	.137	.698
ISOLATION	-.120	-.962	.339	-.111	.759
1 SELF-JUDGMENT	.099	.811	.420	.094	.800
MINDFULNESS	-.061	-.523	.602	-.061	.867
COMMON HUMANITY	-.035	-.300	.765	-.035	.858

For males, the model including only mindfulness predicted 20.3% of variance in life satisfaction ($F = 12.980$, $p < .001$; see Tables 11, 12, 13). After removing all non-significant variables, for males, the regression equation showed significant relation of over-identification with life satisfaction with a beta coefficient of 3.281.

Table 11*Regression analysis model summary for males*

Sex	Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
Male	1	.450	.203	.187	4.93028
Dependent variable : life satisfaction					
Predictors : constant , Mindfulness					

Table 12

Summary of Regression Analysis for Variables predicting Life Satisfaction among males

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.		
	B	Std. Error	Beta				
1	(Constant)	11.384	3.166		3.595	.001	
	MINDFULNESS	3.281	.911		.450	3.603	.001

Dependent variable: Life satisfaction

Table 13

Excluded variables from the regression equation for males

Model	Beta In	t	Sig.	Partial Correlation	Collinearity Statistics	
					Tolerance	
1	SELF-KINDNESS	.084	.574	.569	.081	.735
	SELF-ESTEEM	.233	1.799	.078	.247	.894
	OVER-IDENTIFICATION	.160	1.192	.239	.166	.860
	ISOLATION	.028	.216	.830	.031	.921
	SELF0-JUDGMENT	-.173	-1.393	.170	-.193	.998
	COMMON HUMANITY	-.103	-.811	.421	-.114	.970

Further analysis also provided the following significant results: In females, there was a positive correlation between the overall self-compassion and life satisfaction and between self-esteem and life satisfaction. In males, however, only self-

esteem was positively correlated with life satisfaction. In males, of the six factors of self-compassion, only self-kindness and mindfulness were positively correlated with life satisfaction. In females, self-kindness was positively correlated with life satisfaction whereas isolation and over-identification were negatively correlated with life satisfaction (see Table 14).

Table 14

Correlation for Life Satisfaction, Self-Esteem, Self-Compassion and Self-Compassion subscales for males and females

	Life satisfaction	
	Male	Female
	r	R
SELF-ESTEEM	.355**	.291*
SELF-COMPASSION	.255	.260*
SELF-KINDNESS	.294*	.300**
COMMON HUMANITY	-.022	.095
MINDFULNESS	.450**	.068
SELF-JUDGMENT	-.191	-.070
ISOLATION	-.100	-.255*
OVER-IDENTIFICATION	-.31	-.333**

**Correlation is significant at 0.01 level
*Correlation is significant at 0.05 level

Moreover, a comparison analysis for different gender and religious sect was performed. Religious sects differences in

life satisfaction were not significant. Gender comparison revealed interesting findings. There was no significant difference between male and female for different dependent and independent variables means except for self-judgment where females showed significantly lower average (see table 15).

Table 15

Means, t-test mean comparison for Self-Compassion, Self-Compassion subscales, Self-Esteem and Life Satisfaction among males and females

	sex	Mean	df	t	Sig. (2-tailed)
LIFE	Male	22.528	128	.363	.717
SATISFACTION	Female	22.1688			
SELF-ESTEEM	Male	29.8113	128	-.263	.793
	Female	30.0260			
OVERALL SELF-	Male	3.0509	128	-1.357	.177
COMPASSION	Female	3.1808			
SELF-KINDNESS	Male	3.1623	128	-.572	.568
	Female	3.2390			
COMMON	Male	3.2689	128	-.646	.519
HUMANITY	Female	3.3604			
MINDFULNESS	Male	3.3962	128	.565	.573
	Female	3.3214			
SELF-JUDGMENT	Male	3.1396	128	2.455	.015
	Female	2.8130			
ISOLATION	Male	3.1132	128	1.748	.083
	Female	2.8442			
OVER-	Male	3.2689	128	.682	.496
IDENTIFICATION	Female	3.1786			

Male N=53, Female N=77

Moreover, mindfulness in males is positively correlated with self-kindness and negatively correlated with isolation and over-identification (table 16).

Table 16

Correlation between the six factors of self-compassion among males

	SK	CH	Mi	SJ	Is	OI
SK	1	.294*	.515**	-.371**	-.375**	-.358**
CH	.294*	1	.175	-.069	.177	-.203
Mi	.515**	.175	1	-.04	-.281**	-.374**
SJ	-.371**	-.069	-.04	1	.444**	.450**
Is	-.375**	-.177	-.281*	.444**	1	-.634**
OI	-.358**	-.203	-.374**	.450**	.634**	1

SK=self-kindness, CH=common humanity, Mi=Mindfulness, SJ=self-judgment, Is=Isolation, OI=over-identification
 **Correlation is significant at 0.01 level
 *Correlation is significant at 0.05 level

Finally, over-identification in females is positively associated with isolation and self-judgment and negatively association with self-kindness, common humanity and mindfulness (table 17).

Table 17

Correlation between the six factors of self-compassion among females

	SK	CH	Mi	SJ	Is	OI
SK	1	.378**	.561**	-.462**	-.567**	-.441**
CH	.378**	1	.612**	-.151	-.222	-.377**
Mi	.561**	.612**	1	-.226*	-.398**	-.364**
SJ	-.462**	-.151	-.226*	1	.552**	.447**
Is	-.567**	-.222	-.398**	.552**	1	.491**
OI	-.441**	-.377**	-.364**	.447**	.491**	1

SK=self-kindness, CH=common humanity, Mi=Mindfulness, SJ=self-judgment, Is=Isolation, OI=over-identification
 **Correlation is significant at 0.01 level
 *Correlation is significant at 0.05 level

Chapter 5

Discussion

The purpose of this research was to examine the relationship between the six factors of self-compassion (self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification) and life satisfaction. This chapter discusses the findings of the study.

As hypothesized, life satisfaction was found to be positively associated with self-kindness, mindfulness and overall self-compassion, and negatively associated with over-identification and isolation. This is consistent with previous studies from the USA, Taiwan and Turkey (Neff, Pisitsungkagarn & Hsieh, 2008; Uysal, 2014). In a study in Turkey conducted on 381 undergraduates, the positive factors of self-compassion, i.e., self-kindness and mindfulness were positively associated with life satisfaction and the negative factors of self-compassion, i.e., isolation and over-identification were negatively associated with life satisfaction (Uysal, 2014). This was also true for a sample of 181 undergraduates from the USA and the 164 undergraduates from Taiwan (Neff, Pisitsungkagarn & Hsieh, 2008). Self-esteem was found to be highly correlated with life satisfaction among the Lebanese sample. This finding is

consistent with previous studies (Ayyash-Abdo, & Sánchez-Ruiz, 2012; Diener & Diener, 1995).

Further analysis revealed self-kindness as the only predictor of life satisfaction among Lebanese, after controlling for the effect of self-esteem. This result is an artifact since gender differences in regression analysis were identified with significant predictors other than self-kindness.

Descriptive statistics discussion

A self-compassion score between 2.5 and 3.5 indicates a moderate level. The average score for our sample was in the moderate level of self-compassion. Those results are in the same range as the results from USA. The study on undergraduates from USA showed a self-compassion score that is situated between that of Thailand and Taiwan (Neff, Pisitsungkagarn & Hseih, 2008). Although Lebanese culture was once found to be collectivistic (Bierbrauer, 1994), recent evidence suggests that it is shifting towards a more individualistic culture (Ayyash-Abdo, Tayara & Sasagawa, 2016; Dirani, 2008). It was suggested that individualistic cultures focus on the self, which may promote self-understanding and self-care (Neff, Pisitsungkagarn & Hseih, 2008). In contrast, interdependence is about being deeply connected to a specific social system, like in collectivistic cultures. If that system encourages self-compassion like in

Thailand then it will result in an increase of self-compassion. On the other hand, in cultures which do not actively encourage self-compassion, like USA, Taiwan, and potentially Lebanon, being independent or individualistic promotes self-care and self-compassion (Neff, Pisitsungkagarn & Hsieh, 2008). This might explain why scores of the six factors of self-compassion among Lebanese were comparable to those in USA, and thus situated between Thais and Taiwanese, except for common humanity for which Lebanese showed a higher score. This reflects that Lebanese undergraduates take a broader perspective on their shortcomings and problems realizing that all humans make mistakes and fail.

Regarding life satisfaction, in this study, the average life satisfaction was found to be within the average range (20-24), reflecting that Lebanese students are generally satisfied but have areas in their lives that need improvements (Diener, Emmons, Larsen, & Griffin, 1985). Compared to university students in Thailand, USA and Taiwan (Neff, Pisitsungkagarn & Hsieh, 2008), university students in Lebanon showed higher satisfaction with life despite the social, political and economic circumstances that the country is witnessing these days. One explanation could be that the Lebanese population has experienced a series of traumas, such as, civil war, many

massacres and a number of Israeli invasions that may have molded their personalities and life expectations in unique ways (Abdel-Khalek, 2015). Consequently, this unique history of the country might explain this higher rate of life satisfaction among Lebanese in comparison to others. University students, in particular, might be appraising their life in comparison to their parents' or to other Arab countries who are currently witnessing very violent wars and more severe instabilities.

Gender differences

Though it was not hypothesized, the relationship between life satisfaction and the six factors of self-compassion among both genders was analyzed. In females, over-identification was the only predictor of life satisfaction; this result contradicts earlier findings that suggest that women are generally inclined toward more ruminative coping style as compared to men (Neff, 2003b), thus, being consumed by negative feelings results in a decrease in life satisfaction among women. This can be explained by the results that in females over-identification is positively associated with isolation and self-judgment and negatively associated with self-kindness, common humanity and mindfulness.

On the other hand, in males, mindfulness was a strong predictor of life satisfaction. This result contradicts gender theorists that assert that men are specifically vulnerable to

confront problems with emotional regulation. This is due to the fact that masculinity norms related to being emotionally tough results in men dissociating or disconnecting from their emotions or avoiding emotions (Addis, 2008). This can be explained by the results that in males, mindfulness is positively correlated with self-kindness and negatively correlated with isolation and over-identification.

In terms of gender differences regarding the different variables, Satisfaction with life was found to be similar between Lebanese males and females, which is consistent with results from a previous study among university students in Lebanon (Abdel-Khalek & Nayal 2015).

Furthermore, the current study revealed that women have higher scores of self-compassion, self-kindness, and common humanity but lower scores for self-judgment, isolation and over-identification in comparison with men. This finding contradicts Neff's (2003b) research, in which he suggested that women have a ruminative coping style, and hence it would be expected that they will show more self-judgment, isolation and over-identification as compared to men, and consequently have a lower overall self-compassion. Neff's findings were true for USA but didn't apply to Thailand and Taiwan where no gender differences were observed (Neff, Pisitsungkagarn & Hsieh, 2008). However, it

is important to note that those differences didn't reach statistical significance except for self-judgment in our study. This might be explained by the finding that females have significantly higher independent self-construal as compared to men in Lebanon (Ayyash-Abdo, Tayara, & Sasagawa, 2016), which could promote self-care (Neff, Pisitsungkagarn & Hsieh, 2008). Moreover, those differences might be explained by the fact that women tend to be more empathetic than men (Neff, 2003b). More research is needed to confirm those results, since other differences might have gone undetected due to the small sample size. Future research will help uncover the reasons behind this pattern of gender differences across cultures.

Clinical Implications

In conclusion, self-compassion is associated with life satisfaction among Lebanese population. By becoming more aware and educated about this new concept, namely, "self-compassion", Lebanese mental health practitioners might be able to help their clients by incorporating "self-compassion training" as part of therapy when needed. Moreover, gender differences in self-compassion among Lebanese showed that working on over-identification with women could result in an increase in life satisfaction among females, because of its correlates isolation, self-judgment, self-kindness, common humanity and mindfulness.

On the other hand, working on mindfulness with men could result in an increase in life satisfaction, because of its correlates, self-kindness, isolation and over-identification. Thus, mental health practitioners should be aware of such gender differences and hence implement suitable interventions that are more effective with their particular client.

In conclusion, the findings of this study offer important information to mental health practitioners about the role of self-compassion in relation to life satisfaction. Therefore, it is highly recommended that clinicians tailor their interventions by increasing their clients' self-compassion through individual counseling and various psycho-educational activities.

Limitations

Many limitations can be noted in this study. First, this study used a convenience sample of university students with 130 participants, which limited the generalization of results to the general student population in Lebanon. Second, since this is the first study of its kind on self-compassion and life satisfaction in Lebanon, it would be appropriate to take the results with caution until confirmed by future studies. Third the data reported are limited to self-report measures.

Directions for future research

The current study used a convenience sample of university students. Future research investigating the relation between the six factors of self-compassion and life satisfaction in larger random samples with different age groups will enable generalizable results. Moreover, it was a cross-sectional study; any long term impact of any variable needs further investigation using longitudinal study designs. This leads to suggesting a longitudinal study where self-compassion factors and life satisfaction are assessed longitudinally to detect any mediational impact of the different factors. In addition, further studies are needed to further investigate and explain the cultural differences observed in the relationship between the six factors of self-compassion and life satisfaction.

Gender differences for the six factors of self-compassion were shown in this study but they were not hypothesized upon. Therefore, more research analyzing these differences is needed to be able to compare with other cultures. In addition, differential predictive capacity of the six factors of self-compassion among the two sexes for life satisfaction was shown in this study. Nonetheless, no such difference was tested before. Thus, it is recommended for future studies to investigate the relationship between the six factors of self-

compassion and positive and negative psychological outcomes among males and females.

Self-compassion training appears to be a promising intervention. Future research piloting a self-compassion training program among Lebanese, followed by assessment of the changes in life satisfaction among participants, with an emphasis on identification of self-compassion factors that mostly contributes to this variation in life satisfaction would be valuable.

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Appendix A
Informed Consent Form

Thesis Title: The Relationship between Self compassion and Life satisfaction among University students in Lebanon

Researcher: My name is Hiba Koleilat and I am a graduate student majoring in clinical psychology at Haigazian University. As part of my graduation requirements, I am asked to collect data for my MA thesis study.

Thesis Study description: Filling a survey

You are kindly invited to spare a maximum of 15 minutes to participate in a study entitled "The Relationship between Self compassion and life satisfaction among University students in Lebanon". Please answer ALL questions honestly. Data you provide will remain confidential and anonymous.

In order to participate in this research study, it is necessary that you give your informed consent. By signing this informed consent statement you are indicating that you understand the nature of the research study and that you agree to participate in the research. Please consider the following points before signing:

-I understand that I am participating in psychological research;

-I understand that my identity will not be linked with my data, and that all information I provide will remain confidential;

-I understand that I will be provided with an explanation of the research in which I participated and will be given the name and the email of an individual to contact if I have questions about the research. The contact person is Hiba Koleilat and she can be reached at 03/764 649 or by email: hibakoleilat@gmail.com

-I understand that participation in research is not required, is voluntary, and that, after any individual research project has begun, I may refuse to participate further without penalty.

By signing this form I am stating that I am over 18 years of age, and that I understand the above information and consent to participate in this study.

Signature of participant: _____ Date: _____

Appendix C
The Satisfaction with life scale

- 7 = Strongly agree
- 6 = Agree
- 5 = Slightly agree
- 4 = Neither agree nor disagree
- 3 = Slightly disagree
- 2 = Disagree
- 1 = Strongly disagree

_____ In most ways my life is close to my ideal.

_____ The conditions of my life are excellent.

_____ I am satisfied with my life.

_____ So far I have gotten the important things I want in life.

_____ If I could live my life over, I would change almost nothing.

Appendix D
The Self-compassion Scale

Almost Never 1 2 3 4 5 Almost Always

Statement	1	2	3	4	5
1. I'm disapproving and judgmental about my own flaws and inadequacies.					
2. When I'm feeling down I tend to obsess and fixate on everything that's wrong					
3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.					
4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.					
5. I try to be loving towards myself when I'm feeling emotional pain.					
6. When I fail at something important to me I become consumed by feelings of inadequacy.					
7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am					
8. When times are really difficult, I tend to be tough on myself.					
9. When something upsets me I try to keep my emotions in balance					
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people					
11. I'm intolerant and impatient towards those aspects of my personality I don't like.					
12. When I'm going through a very hard time, I give myself the caring and tenderness I need					
13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.					
14. When something painful happens I try to take a balanced view of the situation.					

The Self-compassion Scale (Cont.)

Almost Never 2 3 4 Almost Always
 1 2 3 4 5

	1	2	3	4	5
15. I try to see my failings as part of the human condition					
16. When I see aspects of myself that I don't like, I get down on myself (criticize myself)					
17. When I fail at something important to me I try to keep things in perspective.					
18. When I'm really struggling, I tend to feel like other people must be having an easier time.					
19. I'm kind to myself when I'm experiencing suffering.					
20. When something upsets me I get carried away with my feelings.					
21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.					
22. When I'm feeling down I try to approach my feelings with curiosity and openness					
23. I'm tolerant of my own flaws and inadequacies.					
24. When something painful happens I tend to blow the incident out of proportion					
25. When I fail at something that's important to me, I tend to feel alone in my failure.					
26. I try to be understanding and patient towards those aspects of my personality I don't like.					

