Subjective Well-being from the Perspective of Self-Compassion in Adolescents

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Abstract
The aims of this study was to determine the relationship between self-compassion and subjective well-being in adolescents. The proposed hypothesis is that higher self-compassion correlates with higher subjective well-being. Boy and girl adolescent students (ages 14 to 20 years old) were the subject of research as students. Data are collected using the scale on terms of the scale -compassion theory suggested by Neff (2012) and subjective well-being with the value of (r = 0.487; p = 0.000 [p < 0.01]). Additional analysis was also presented to compare the primary study variables with the variables gender, grade, and age group. There was no difference in self-compassion or subjective well-being with respect to gender (p = 0.125; [p > 0.05]) and grade (subjective well-being with respect to gender p = 0.969, self-compassion with respect to gender; p = 0.153 [p > 0.05]). Regarding age, study participants younger than 17 years of age do not show a correlation with subjective well-being.

Introduction
Subjective well-being refers to how human beings assess their condition in life. Diener (2000) states that subjective well-being is an individual evaluation of life in terms of either cognitive or affective dimensions. A positive feeling of subjective well-being will broaden someone’s perspective and attitude, leading to increased social ability, greater motivation, and objective-oriented activities (Biswas-Diener, Diener & Tamir, 2004). Furthermore, from the educational and adolescent perspectives, Lewis, Huebner, Malone, and Valois (2011) show that students in vocational schools who feel satisfaction during their early years in school believe that their level of trust in their school is important for their future, that it broadens their thinking, and that it provides a greater sense of openness to life experiences.

However, some studies suggest that many teenage students do not feel a positive sense of subjective well-being. Preliminary research on 31 female students of Vocational High School Bina Harapan shows that only 22.6% of respondents answer that they “often”, or “almost always” feel satisfied with their life, and 35.5% of respondents report “sometimes.” When respondents are asked if they are satisfied with life in general, 71.5% report “sometimes”, “rarely” and “barely satisfied”, while only 22.6% report “often” and “almost always.”

These results suggest that it is important to study subjective well-being among adolescents. Adolescence begins at age 10 to 13 and lasts until age 18 to 22. It refers to the transitional development period between childhood and maturity characterized by biological, cognitive, and social emotional changes (Santrock, 2003) as such, the sample used for the current study drew from an adolescent student population at a vocational high school.

We use the theoretical framework of self-compassion that consists of self-kindness versus self-judgment, a common sense of humanity versus being isolated, and mindfulness versus overidentification components (Neff, 2012). Neff (2012) describes self-compassion as having a warm attitude and practicing self-forgiveness when experiencing failure and agony rather than engaging in self-blame. When someone denies or rejects certain truths, he or she will likely experience stress, frustration, and self-blame. However, when someone accepts reality wholeheartedly, he or she will be more likely to experience positive energy, leading to greater self-hospitality and self-awareness, which is essential for coping with problems (Neff, 2012).

Self-blame can be understood as a form of self-humiliation regarding a particular deed or set of circumstances that connote personal weakness (Neff, 2012). Excessive self-blame can manifest in neurotic symptoms. Horney (Feist & Feist, 2010; p: 206) explains that alienated feelings in neurotic people persist because of misleading self-perceptions, such that they perceive themselves as perfect and therefore no one can criticize them.

Research focusing on neuroticism and extroversion in people ages 16–26, and comparing these variables with reported life satisfaction and mental well-being of people ages 60–64, finds that openness at a young age has a direct and positive effect on well-being and life satisfaction in the future (Utami, 2013). A dominant positive feeling toward life tends to be reflected as high subjective well-being (Putri & Sutarman, 2009).

Self-compassion also requires adolescents to think beyond themselves and to stay connected with others (Snyder et al., 2011). Neff (2012) further explains that having self-compassion enables people to admit that life challenges and individual failures are common things in life and that these unpleasant phenomena can be viewed as shared experiences.

Neff, Rude, and Kirkpatrick (2007) argue that people with self-compassion tend to feel more happiness, optimism, curiosity, and positive affect than those who do not possess this trait. In addition, Neff (2011) shows that greater self-compassion predicts a significant decrease in depression levels and a higher level of life satisfaction. This research also finds that self-compassion has a strong negative relationship to neuroticism and can predict well-being when controlling for the neuroticism variable. Some results in this research also indicate prove that subjective well-being is viewed as a consideration variable together along with self-compassion in adolescents.

In line with Diener, Suh, Lucas, and Smith’s (1999) theory (see also Diener, 2000), there are two dimensions of subjective well-being: the cognitive and the affective. The
cognitive dimension consists of global life satisfaction with domain life satisfaction as a subdimension, while the affective dimension consists of pleasant (positive) affect and unpleasant (negative) affect. The purpose of this study is to determine whether subjective well-being is associated with self-compassion.

Method

The research participants are students at Vocational High School Bina Harapan, who range in age from 14 to 20 years, attend a class of Guidance and Counseling and agreed to participate in this research. The students were all in grades 10, 11 and 12. A purposive sampling technique was used to identify participants, and 104 respondents in total provided complete answers.

Data involved the use of a subjective well-being scale based on Diener et al.’s (1999; see also Diener, 2000) theory and a self-compassion scale based on Neff’s (2012) theory. The subjective well-being scale consists of 46 items representing the two dimensions and four aspects of subjective well-being proposed by Diener et al. (1999; see also Diener, 2000): the cognitive dimension (aspects: global life satisfaction and domain satisfaction) and the affective dimension (aspects: more positive feeling). The self-compassion scale consists of 25 items representing 6 subscales (Neff 2012): self-kindness, self-judgment, common humanity, isolated, mindfulness, and overidentified.

Table 1
Internal Consistency Based on the Cronbach’s Alpha Method of Total Item Correlation

<table>
<thead>
<tr>
<th>Sub-scale</th>
<th>Cronbach’s Alpha</th>
<th>Item numbers</th>
<th>r, (Item Deleted)</th>
<th>Sub-scale</th>
<th>Cronbach’s Alpha</th>
<th>Item numbers</th>
<th>r, (Item Deleted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-kindness</td>
<td>0.671</td>
<td>21</td>
<td>0.784</td>
<td>Common Humanity</td>
<td>0.819</td>
<td>43</td>
<td>0.713</td>
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<tr>
<td>1</td>
<td>0.605</td>
<td>22</td>
<td>0.823</td>
<td>4</td>
<td>0.637</td>
<td>23</td>
<td>0.820</td>
</tr>
<tr>
<td>4</td>
<td>0.638</td>
<td>24</td>
<td>0.786</td>
<td>7</td>
<td>0.680</td>
<td>25</td>
<td>0.782</td>
</tr>
<tr>
<td>5</td>
<td>0.637</td>
<td>26</td>
<td>0.796</td>
<td>8</td>
<td>0.632</td>
<td>27</td>
<td>0.791</td>
</tr>
<tr>
<td>6</td>
<td>0.680</td>
<td>28</td>
<td>0.815</td>
<td>9</td>
<td>0.653</td>
<td>29</td>
<td>0.827</td>
</tr>
<tr>
<td>7</td>
<td>0.657</td>
<td>30</td>
<td>0.800</td>
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<td>0.621</td>
<td>31</td>
<td>0.813</td>
</tr>
<tr>
<td>8</td>
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<td>32</td>
<td>0.824</td>
<td>15</td>
<td>0.724</td>
<td>33</td>
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</tr>
<tr>
<td>9</td>
<td>0.653</td>
<td>34</td>
<td>0.874</td>
<td>16</td>
<td>0.710</td>
<td>35</td>
<td>0.889</td>
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</tbody>
</table>

Sign “()” refers to the number of reliable items scale.

Internal consistency in preliminary test of self-compassion scale is $r_{xy} = .67$ for self-kindness subscale, $r_{xy} = .77$ for self-judgement subscale, $r_{xy} = .82$ for common-humanity subscale, $r_{xy} = .89$ for isolation subscale, $r_{xy} = .72$ for mindfulness subscale, and $r_{xy} = .79$ for over-identified subscale (see Table 1). Items distribution for subjective well-being also presented in Table 2.

Data were analyzed using Pearson product-moment correlations. This method was selected because of its compatibility with research data in the form of interval data. PASW (Predictive Analytics Software) Statistics 18 for Windows was used to perform this analysis.

Results

The results of the normality test show that data distribution for the self-compassion variable is normal ($p = 0.101$ [p >0.05]). Data distribution for the subjective well-being variable is also normal ($p = 0.200$ [p >0.05]). The results of the linearity test show that the two primary research variables are linear: $F = 30.793$, or $p = 0.000$ ($p < 0.05$), and $R^2 = 0.24$.

The results of the data analysis yield the following results: $r = 0.487, p = 0.000$ ($p < 0.01$), showing a significant, positive relationship between the variables of self-compassion and subjective well-being. Therefore, the results corroborate the research hypothesis.
Additional correlation analysis was also performed, the results of which show that the research variables have a significant, positive correlation with gender: for male adolescent subjects, $r = 0.495$, $p = 0.000$ ($p < 0.05$); for female adolescent subjects, $r = 0.463$, $p = 0.000$ ($p < 0.05$). Grade also has significant, positive correlation: for grade 10, $r = 0.635$, $p = 0.000$ ($p < 0.05$); for grade 11, $r = 0.472$, $p = 0.001$; for grade 12, $r = 0.389$, $p = 0.017$ ($p < 0.05$).

Regarding age, study participants younger than 17 years of age do not show a correlation with subjective well-being: $r = 0.14$, $p = 0.174$ ($p > 0.05$). For those 17 years of age and older, there is a significant, negative correlation with subjective well-being: $r = -0.269$, $p = 0.020$ ($p < 0.05$). There is a significant, positive correlation for self-compassion with participants younger than 17 years of age: $r = 0.297$, $p = 0.024$ ($p < 0.05$). However, for those 17 years of age and older, there is no correlation with self-compassion: $r = 0.009$, $p = 0.474$ ($p > 0.05$).

The interaction of subjective well-being and self-compassion show a significant, positive correlation both with respondents younger than 17 years of age ($r = 0.500$, $p = 0.000$ [$p < 0.01$]) and with those 17 years of age and older ($r = 0.449$, $p = 0.000$ [$p < 0.01$]). The relationship interaction between the research variables and age group is significant and positive: for those younger than 17 years of age, $r = 0.500$, $p = 0.000$ ($p < 0.05$); for those 17 years of age and older, $r = 0.449$, $p = 0.000$ ($p < 0.05$).

The results of t-test analysis between the subjective well-being and the self-compassion variables in the male and female adolescent respondents show that there is no significant difference toward gender (subjective well-being mean score is 149.02, $p = 0.125$ [$p > 0.05$]; for female adolescent respondents, the subjective well-being mean score is 144.41, $p = 0.125$ [$p > 0.05$]). Self-compassion and gender also do not show differences between male and female respondents (male respondents have a mean score of 65.42, $p = 0.221$ [$p > 0.05$]); female respondents have a mean score of 63.27, $p = 0.221$ [$p > 0.05$]).

The results of a one-way analysis of variance yield no significant differences in the mean of the subjective well-being score for grade 10, 11 and 12 ($p = 0.969$ [$p > 0.05$], or $F = 0.031$). The mean score for self-compassion in grade 10, 11 and 12 is also not significant ($p = 0.513$ [$p > 0.05$], or $F = 0.671$).

Discussion

The data analysis shows the existence of a positive relationship between the self-compassion variable and the subjective well-being variable, corroborating the main research hypothesis. Correlation coefficients (calculated using the Pearson product-moment approach) are $r = 0.487$ and $p = .000$ ($p < .01$), indicating that the self-compassion and subjective well-being variables have a significant, positive relationship. This relationship, in turn, suggests that the higher the self-compassion, the higher is the subjective well-being, and vice versa (i.e., the lower the self-compassion, the lower is the subjective well-being).

The findings in the current research provide support for Neff and colleagues’ work (e.g., Neff 2011; Neff & Vonk, 2009), which shows that self-compassion is directly connected with well-being. The current study reaffirms this correlation by sampling students at a vocational high school Bina Harapan. The role of self-compassion in learning has been analyzed previously, and the research explores the notion that self-compassion facilitates a sense of freedom in the learning process for adolescents, which in turn can help dilute or diminish the negative consequences of self-blame, isolation, and excessive identification toward failure. Furthermore, it enables students to develop a greater sense of self-hospitality, a common humanity, and emotional balance (Neff, Hsieh, & Dejitterat, 2005).

Students with greater self-compassion tend to focus on assignment mastery rather than worrying about the results of evaluation, and they are better able to maintain self-confidence in their competency as students, which in turn triggers greater intrinsic motivation (Neff et al., 2005). Of the students at vocational high school Bina Harapan, 73.07% reported self-compassion levels ranging from medium to very high, indicating that most students at vocational high school Bina Harapan already have a high sense of self-compassion.

The results also reveal that 26.93% of the vocational high school Bina Harapan student respondents have low to very low levels of reported self-compassion. This condition might be improved through intervention because self-compassion can be increased more easily than uplifting self-esteem (Neff & Vonk, 2009).

Gilbert (Neff, 2011) has performed a group therapy technique called “compassionate mind strategy” (CMS), designed to instill self-compassion in hospital patients. Likewise, Kabat-Zinn’s “mindfulness therapy” and “mindful self-compassion training” (Neff, 2011) have also been developed to improve self-compassion. Some of these therapies and types of training could serve as a basis for subsequent research exploring educational design with students or adolescents as the subjects to help them grow their sense of self-compassion. This might improve the chances for adolescents (and vocational students in particular) to gain a higher sense of subjective well-being.

The influence of self-compassion on subjective well-being is also evident from the magnitude of the coefficient of determination ($R^2$), which is 0.237. This indicates that self-compassion has the effective contribution of 23.7% on subjective well-being variables. The remaining percentage (76.3%) then refers to other factors.

Neff (2003) suggests that a deeper comparison of self-compassion in terms of gender would be a worthwhile issue for further research. Women tend to be more self-critical and maintain more negative feelings than men, but they are also able to be more gentle and kind to themselves (self-kindness) and view their experiences as part of a common humanity.
Our study has proved that there is no significant difference between the mean of research respondents’ grade level in either self-compassion or subjective well-being. This suggests that both self-compassion and subjective well-being for respondents in grade 10, 11 and 12 are likely to be similar.

This study has employed a purposive sampling technique. Therefore, the results cannot be generalized to all adolescents.

The self-compassion scale used in this study is a modification of Neff’s (2003) self-compassion scale that takes into account its suitability for adolescent learners. In future studies, if it is necessary to perform modifications to ensure appropriateness for the given sample, it is possible to make necessary changes without reducing or adding items.

**Conclusion**

This study shows a significant, positive correlation between self-compassion and subjective well-being in adolescents. There were no significant differences between the research variables and gender and grade. The relationship between self-compassion and subjective well-being applies to adolescent males and females at all grade levels and all age groups among the research respondents.

The findings yield some further actionable insights. Students at vocational high school Bina Harapan who reported high levels of self-compassion should work to recognize and retain this quality because it is closely related to their subjective well-being in life. Students with lower reported self-compassion should work to enhance this quality in themselves either through independent learning or by taking advantage of guidance and counseling opportunities at their school. In other words, they can actively participate in training to improve their self-compassion. Researchers should further examine the effect subjective well-being, with respect to the class origin, gender, and age group.

When evaluating the research scale, researchers should consider using or adapting a scale that has been developed and validated by previous researchers. In addition, while creating the self-compassion scale, it is worth noting that a situation or context in this scale is necessary. As for the schools, they should be sure that they are providing adequate support for their students in terms of identifying and enhancing issues pertinent to self-compassion because this study reinforces the premise that a person’s subjective well-being is associated with self-compassion, across gender, grade levels, and age groups.

**References**


