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**SELF-COMPASSION,  
PSYCHOLOGICAL RESILIENCE  
AND SOCIAL MEDIA USE IN THAI  
AND BRITISH HIGHER  
EDUCATION STUDENTS**

**THANYALAK BOONLUE**

PhD

2017

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PSYCHOLOGICAL RESILIENCE  
AND SOCIAL MEDIA USE IN THAI  
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THANYALAK BOONLUE

A thesis submitted in partial fulfilment  
of the requirements of the  
University of Northumbria at Newcastle  
for the degree of  
Doctor of Philosophy

Research undertaken in the Faculty of  
Health and Life Sciences and in  
collaboration with Rajamangala  
University of Technology Lanna,  
Thailand

May 2017

## **Abstract**

Young people face a number of important changes as they embark on their university studies and previous research has suggested that self-compassion and psychological resilience are likely to be the protective factors for young people during this transition point. To date, no research has focused on self-compassion, psychological resilience among Thai and British students. Furthermore we are yet to develop an understanding of how social media amongst other factors affects self-compassion and psychological resilience, in particular how social media use might help students to better deal with potential difficulties in their lives.

The aim of this thesis was to explore the factors that affect self-compassion and psychological resilience among Thai and British university students and to explore the role that social media use has on these constructs.

Using a mixed methods approach, a total of 767 University students (482 Thai and 285 British undergraduate students) completed a questionnaire examining the predictors of self-compassion and psychological resilience and this was then followed up with 42 in-depth semi structured interviews (21 Thai and 21 British undergraduate students). The results of the questionnaire showed that personal factors and social media factors were predictors of self-compassion in both Thai and British students. In addition, social support and perceived success influenced psychological resilience among Thai and British students. The qualitative data showed that Thai and British students had experienced similar kinds of problems, for example, academic problems and relationship difficulties. The findings highlighted the importance of family and friends for helping Thai and British students to deal with difficulties in life while teachers and social media also had a small but important role to play. Finally, the findings highlighted that the different cultural dimensions had a vital effect on understanding self-compassion, psychological resilience and social media use in Thai and British students.

These findings provide insights for Thai and British university lecturers as to how to use social media to enhance self-compassion and psychological resilience in their students. They also provide beneficial information for Thai and British university lecturers and psychologists to develop programs to enhance Thai and British students' self-compassion, psychological resilience and effective social media use. Finally, the findings of this thesis will help Thai and British university lecturers, counsellors or psychologists to assist vulnerable students in dealing with the difficulties they face in an appropriate manner.

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## **Acknowledgements**

I would like to acknowledge and thank the following important people both in Thailand and the UK who supported me throughout my study. This thesis could not be completed without their help, support, and advice. First of all, I would like to express my sincere gratitude to my supervisor team, Prof. Pam Briggs and Dr. Elizabeth Sillence, for their kindness. They helped and gave me some useful advice when I had problems during the past three years. They also gave me the psychological support when I felt stressful about my study.

I wish to express my sincere thanks to Northumbria University and Rajamangala University of Technology Lanna (RMUTL) for giving me a great opportunity to study in a PhD program at Northumbria University and allowing me to collect data from the higher education students. In addition, I also thank my colleagues who have worked at Department of Social Sciences, Faculty of Business Administration and Liberal Arts, Rajamangala University of Technology Lanna (RMUTL). I could not accomplish my data collection process without their help and support.

I would like to thank Dr. Kristin Neff for allowing me to use the Self-Compassion Scale (SCS) for my study. I would also like to thank Dr. Kathryn M. Connor and Dr. Jonathan R.T. Davidson for allowing to use the Connor – Davidson Resilience Scale (CD – RISC).

I would like to thank all friends, colleagues (PaCT Lab and the CoCo Lab) and other staff of the Faculty of Health and Life Sciences, especially Prof. Lynne Coventry. I am really grateful for their meaningful help and encouragement.

I would like to thank all Thai and British participants for their willingness to participate in each study and share their valuable experiences.

Finally, I wish to thank my family for their help and encouragement. My special thanks go to my auntie who was always there when I needed her.

## **Declaration**

I declare that the work contained in this thesis has not been submitted for any other award and that it is all my own work. I also confirm that this work fully acknowledges opinions, ideas and contributions from the work of others.

Any ethical clearance for the research presented in this thesis has been approved. Approval has been sought and granted by the Faculty Ethics Committee on 8<sup>th</sup> May 2014.

**I declare that the Word Count of this thesis is 73,567 words.**

Name: Thanyalak Boonlue

Signature: Thanyalak Boonlue

Date: 01/09/2017

# **CHAPTER 1: INTRODUCTION**

## **1.1 Aims of the thesis**

The aims of this research were to study the factors that affect self-compassion and psychological resilience, to study the relationship between self-compassion and psychological resilience and to compare self-compassion and psychological resilience among Thai and British university students. Additionally, it aimed to explore the role that social media use had on these two constructs. In the sections below this overall aim is justified in terms of (1) the pressures facing university students and their resulting psychological wellbeing; (2) the importance of self-compassion and psychological resilience as constructs that support psychological wellbeing; (3) the key role of social media in the lives of young people and the possible interactions between social media use and self-compassion/psychological resilience and (4) the reasons for comparing Thai and UK students. This is followed by a summary of the research framework used in this thesis (described in more detail in chapter 5) and a brief summary of the content of each chapter.

## **1.2 Background and significance of the thesis**

### **1.2.1 The pressures facing university students and their resulting psychological wellbeing**

Being a young person is a vital stage of life. During this period, individuals have to encounter the external changes in term of society, culture, economics, politics and environment. They also have to deal with a number of psychological wellbeing challenges, in particular associated with going to university. Specifically, young adults who have just started their degrees at university often experience increased challenges. It was found that the new students needed social support for adjustment in higher education system and moving far away from their homes (Wilcox, Winn, & Fyvie-Gauld, 2005) while some of freshmen lived far away from home for the first time and they may lack social support that they had obtained before (Crocker & Canevello, 2008). Similarly, first and second year students have higher levels of depression,



anxiety and stress than students in the different years (Bayram & Bilgel, 2008) whereas some medical students felt stressful in the first year of their study than other students (Guthrie et al., 1998). In addition, Moffat, McConnachie, Ross, & Morrison (2004) revealed that the first group of stressor in the first year medical students were relevant to academic stress (i.e. studying and assessment) and the second group of stressors were personal stress (i.e. friendship problems and financial problems) and Andrews & Wilding (2004) reported that financial problems and other problems could boost the levels of anxiety and depression in British undergraduate students. Furthermore, medical students in Nigeria had to encounter varied difficulties, for instance, financial problems, academic problems and family problems and these stressors had the effects on students' mental health eventually (Omigbodun et al., 2006).

Building from this research, this thesis attempts to explore what factors threatened or protected the mental wellbeing of young people during this difficult period of their lives. In particular, with a focus on Thai and British students.

### **1.2.2 The importance of self-compassion and psychological resilience as constructs that support psychological wellbeing**

Several lines of research suggested that self-compassion and psychological resilience were likely to be the protective factors for young people (university students). There is a relatively small and growing body of literature that is concerned with self-compassion compared to psychological resilience. To begin with, many researchers and psychologists believed that self-esteem would lead people to be successful in life. However, it could not be proved that high self-esteem was relevant to a good academic or task performance. Also, the relationship between self-esteem and coping or adjustment after adversity were unclear and maybe depended on other factors (Baumeister, Campbell, Krueger, & Vohs, 2003). After that, self-compassion was highlighted and used widely because it was very beneficial and had less side effects than self-esteem (Neff, 2011b).

Self-compassion was defined as an ability to hold one's feelings of suffering with a sense of warmth, connection, and concern (Neff & McGehee, 2010) or ability that individuals could be compassionate to themselves (Heffernan, Quinn Griffin, McNulty, & Fitzpatrick, 2010). It emerged from Buddhist Psychology (Neff, 2003)

but it was not applied for Buddhism only. It has been explored in a psychological research for a long time (Persinger, 2012). Neff (2003) proposed that self-compassion consisted of three main components. They were: (1) treating themselves with the caring and understanding (Self-kindness); (2) feeling that individual's experiences linked with the others (Common humanity) and; (3) balancing their emotions when negative feeling appeared (Mindfulness).

Self-compassion was beneficial for people in several dimensions. For example, it was strongly related to emotional wellbeing (Persinger, 2012) and positive feelings (Barnard & Curry, 2011), helped people to encounter their failure and weakness without negative responses (Breines & Chen, 2012), decreasing self-criticism, isolation, and over-identification when people dealt with difficulties (Neff et al., 2005) and lessened anxiety when participants had to face with the stressful events (Neff, Kirkpatrick, & Rude, 2007).

It was found that there were many factors affecting self-compassion. For instance, Kelly & Dupasquier (2016) found that perceived affection from parents was associated with being self-compassionate and gaining self-compassion via their experience and perceiving of social protection and Pepping, Davis, O'Donovan, & Pal (2015) revealed that high levels of denial and overprotection from parents and low levels of affection from parents were relevant to low levels of self-compassion. In addition, the university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers which was different from the support they had received from their flatmates (Wilcox et al., 2005).

Interestingly, Buddhists highlighted the importance of compassion for oneself and other people whereas the distress and imperfection were kinds of human experience and Thai culture valued compassion and recognizing themselves, including their mistakes (Neff et al., 2008). For example, both privileged and un-privileged people in Bangkok perceived that showing gratitude to parents, making their families feel happy and being wealthy were crucial for their lives. They also agreed that compassion was one of the vital morals that had effects on their ways of lives (Sangsukh, 2012). This made Thais were familiar with self-compassion and applied it in their lives.

In Thailand, some research has examined the effectiveness of self-compassion. For example, Prawichai (2002) reported that most of the adolescents felt stressed about their studying, and some felt stressed about money, love, friends, family, health,

gambling, their envy, and drugs and they looked into themselves and accepted their weak points, not just blamed other people or their environment. Interestingly, it was shown that religion had less influence on Thai adolescent's behaviour than the Internet despite the fact that they thought that religious doctrines should be the way to relief their distress. This meant that Thai adolescents could not rely on religious doctrines to cope with their suffering because they did not truly understand about it while some of them also thought that it was impractical and complicated (Prawichai, 2002). Moreover, the factors effecting the aggressive behaviours of Thai adolescents were parenting styles, teaching, friends, media, and environment, especially female adolescents that were influenced by parenting styles and media more than male adolescents (Tovichakchaikul, 2008). Similarly, family interruption had an effect on materialism in adolescent with low socio-economic status whereas communication with friends was linked to materialism in Thai students (Nguyen, Moschis, & Shannon, 2009).

There is a large volume of published studies describing the role of psychological resilience on young people's adjustment and psychological wellbeing. Psychological resilience was derived from a previous psychiatric study exploring children who were not influenced by the adversity (Baek, Lee, Joo, Lee, & Choi, 2010). It was defined as a human characteristic (International Federation of Red Cross and Red Crescent Societies, 2004). It helped people to deal with adversity and distress and promoted new university students to understand how their assets and supported systems can lead them to be successful (Allan, McKenna, & Dominey, 2014). Karreman & Vingerhoets (2012) found that secure attachment was associated with higher retrospection and resilience and mediated the effect on wellbeing partly. The recent research certified that undergraduate students' subjective well-being was significantly related to the faculty that they studied in and the second year students had higher level of subjective well-being than the first and the third year students (Bogdan & Negovan, 2015). In addition, they pointed out that the interaction between students' proactive coping, having high standards and learning context (private or public university) had an effect on students' subjective wellbeing associated with the faculty that they studied.

Thus far, a number of studies have reported that there were varied factors affecting psychological resilience. For instance, recent research indicated that there were two main factors that had the effects on resilience. They consisted of family that

formalized the individuals' roles and resilience and rituals and spirituality that facilitated individuals to deal with the negative circumstances (Hebbani & Srinivasan, 2016). It was also shown that higher resilience was relevant to higher academic outcomes for female university inductees while it was related to poorer scores in males (Allan et al., 2014). Additionally, the recent study suggested that the relationship between resilience and academic achievement need further investigation in higher education (HE) (Allan et al., 2014) and qualitative approach with cultural and ethnic prospects was probably beneficial for understanding how society could affect resilience (Choowattanapakorn, Aléx, Lundman, Norberg, & Nygren, 2010).

### **1.2.3. The key role of social media in the lives of young people and the possible interactions between social media use and self-compassion/psychological resilience**

Over the past two decades, young people in many countries all around the world have influenced by the Internet and social media. On the one hand, they have up-to-date technology for having effective long distance communications, dealing with their work, including offering the social support. Also, social media, for example Facebook, can be used to build a relationship in classrooms, exchange knowledge, and boost students' interest in learning activities and online lessons in Thailand (Keawsuksai & Jussapalo, 2013). On the other hand, using the Internet and social media affected individual's interpersonal relationships, offered the social comparisons or social judgement and increased new kinds of social problem such as a cyber-crime.

Social networking is the online community where everyone can connect each other via the Internet and social media for exchanging and sharing information (Thitimajshima, 2010). As social networking sites such as Facebook have become more popular, the researchers have become increasingly interested in understanding the potential consequence of their use (Feinstein et al., 2013). During the last 10 years, the number of adults in Great Britain using the Internet has increased dramatically. According to a recent statistics, 39.3 million adults (78%) accessed the Internet every day or almost every day, 23.1 million more than in 2006, when directly comparable records began (Office for National Statistics, 2015). In addition, social media use had increased gradually from 45% in 2011 and 54% in 2014 to 61% in 2015 and most adults who were 16 – 24 years old actively used the Internet up to 96% compared with

29 % of people who were older were 65 years or over (Office for National Statistics, 2015). It was also found that 16 – 24 year old adolescents spent approximately one and a half hour per day using social media (Ofcom, 2014).

Similarly, the Thai population used the internet increasingly over the period. Looking at the detail, the percentage of 15 to 24-year-old adolescents spending their time on the internet started at 39.7 in 2007, and then increased continuously to 51.9 in 2011 (National Statistical Office, 2011). In addition, it was reported that Thai populations who were born in 1981-2000, spent time online more than 50 hours per week in 2015 (ETDA, 2015). Surprisingly, Thailand was the seventh country in Asia Pacific that used social media the most in January, 2016 (34 million) (Statista Incorporations, 2016).

Social media was widespread under the development of computer technology (Wijitboonyarak, 2011). In addition, Social Network sites (SNS) were widely used by adolescents (Patarapongsant & Woraphiphat, 2013). Previous studies have found that an online communication had positive and negative effects on the adolescents (Best, Manktelow, & Taylor, 2014; Moreno & Kota, 2014; Valkenburg & Peter, 2009b) whereas a number of studies found the benefits of social media. For example, research results showed that young immigrants in the United States used social media to maintain their own self when they had to deal with the cultural shock and social media also helped them to adjust themselves into the new culture (Zhang, Jiang, & Carroll, 2012). Similarly, the adolescents used online interactions as tools for communication and creating and maintaining their relationship in the real life due to the students could use them to contact many people in life, for example, researchers, neighbourhood (Agosto & Abbas, 2010; Ellison, Steinfield, & Lampe, 2007) whereas Facebook was used among the users to maintain the relationship with family and other people whom were not regularly contacted via other ways (Burke & Kraut, 2014). The Australian health profession students preferred to use social media for information seeking while 20 percent of them selected to use the journals for the same reason (Usher et al., 2014). It is also important to consider social media's effects on students' learning skills in academic institutions (Balakrishnan, Liew, & Pourgholaminejad, 2015). For the organizational settings, social media functioned as a useful tool for publishing the information, maintaining the relationship and being a representative of the organizations while the employees used their personal accounts actively for working (van Zoonen, van der Meer, & Verhoeven, 2014).

On the other hand, the users who accessed a higher number of contents on Social Media Sites (SNS) became more lonely (Burke, Marlow, & Lento, 2010). Additionally, people who used social media probably compared themselves with the others and this may have affected their psychological wellbeing (Feinstein et al., 2013). It was found that individuals overestimated their friends' sexual risk behaviour and underestimated their friends' protective behaviours related to sex via social media. This study suggested that they underrated the chance to use peer group when they were involved in healthy sexual behaviours (Black, Schmiede, & Bull, 2013). In addition, problematic mobile phone use can be considered to be a kind of addiction because when people are addicted to their mobile phones, they tend to have psychological problems when they did not have their mobile phones (Takao, Takahashi, & Kitamura, 2009).

Social networking site usage was found to lessen social activities and academic achievement and have relationship problems and internet addiction (Kuss & Griffiths, 2011). Mak et al. (2014) investigated Internet behaviours and addiction among adolescents in six Asian countries (China, Hong Kong, Japan, South Korea, Malaysia and the Philippines) and revealed that Internet addictive behaviour is ordinary among adolescents in Asian countries. It is possible this happened due to the reputation of computers and smartphones. Additionally, the currency of IAT (the Internet Addiction Test) in Asian countries was higher than the currency of IAT in Europe. So, they suggested that early intervention is vital to prevent adolescents from Internet addiction and parents could display an important role in the early stage. Surprisingly, 36 percent of tweets showed that adolescent receive some supports from their parents to use marijuana in the U.S. (Thompson, Rivara, & Whitehill, 2015). Furthermore, the privacy, manners and ethics of social media users become the arguable issues in the modern world (Thitimajshima, 2010).

In addition, some researchers indicated the positive and negative effects of social media on young people. For instance, Valkenburg & Peter (2009) noted that an online communication had both positive and negative effects on the adolescents as it may promote an online self-disclosure but it may also be relevant to problematic internet use such as online harassment and bullying due to the decreased possibility of audio and visual perception. Then, Moreno & Kota (2012) pointed out that the negative effects of social media use on adolescents were influence, heart-risk behaviours, cyberbullying, sexual issues, online demanding but the positive effects of

social media use on adolescents were new opportunities for education and prevention for their parents and therapists, social capital and networks, political participation, academic assignments and projects. Likewise, McGuire & Downling (2013) agreed that the internet and cyber technologies in the UK provide great opportunities for business and everyday life but it also brought opportunities to cyber criminals, for example, sexual offending and harassment. Finally, Best, Manktelow, & Taylor (2014) also mentioned that using online communication and social media had positive effects (increasing self-esteem, social support, social capital and self-disclosure) and negative effects on adolescents' wellbeing (increasing harm, isolation, depression and bullying).

Since the 3G internet had been announced in 2013 in Thailand, the number of Thai internet users had increased rapidly (Liengpradit, Sinthupinyo, & Anuntavoranich, 2014). In 2015, the users spent a longer time using the Internet than the previous year because of many reasons. These included 1) affordable prices of mobile phones and laptops, 2) the new and competitive online applications, 3) the Internet network development and services and 4) the governmental policy that support the expansion of the Wi-Fi Internet (Digital Economy) (ETDA, 2015). During that period, social media had been used for the multi-purposes, for instance, developing academic models (Wannaprapha, 2015; Watcharapunyawong, 2013; Wiboolyasarin, 2015), creating teamwork skills by using the problem based learning on social network sites in students with autistic and hearing impairment (Netwong & Pijitkumnerd, 2012), making social and political movements (Chainan, 2012; Suwantararat, 2012), and communicating with other people.

Conversely, playing online games reduced the time that adolescents in the South of Thailand spent on their work or social activities, for example, doing assignments and doing some activities with friends or family (Jaruratanasirikul, Wongwaitaweewong, & Sangsupawanich, 2009). There were some problems that also had been found in Thai female adolescents, for example, inappropriate sexual behaviour, smoking, alcohol drinking and behavioural problems caused by technology and 22.4 percent of female adolescents had met people they knew via the Internet and 8.2 percent of these adolescents had had sex with a stranger they knew via the Internet (Ma-oon, Rahothan, Thamniab, & Klai-ket, 2013). Besides, Khumsri, Yingyeun, Manwong, Hanprathet, & Phanasathit (2015) reported that Thai adolescents had a problematic Facebook use due to they could use the smartphones with new high speed

internet to log on Facebook anytime they wanted. They also mentioned that Thai male high school students were likely to become addicted to Facebook because of their physiology and psychological reaction. In a recent survey, spending too much time on the Internet was the sixth problematic internet usage that Thai population concerned about (19.1 percent) (ETDA, 2015).

#### **1.2.4 The reasons for comparing Thai and UK students**

Prior research had been conducted in Thailand to explore Thai students' psychological wellbeing during their study the universities. It was found that Thai students had to deal with the various problems. For instance, Thai nursing students tended to be stressful in the first year of their study programme because the hierarchical social status, assignments and clinical placements (Naiyapatana, Burnard, & Edwards, 2008). It was also found that the percentage of depressed nursing students in the previous study were high (Ratanasiripong & Wang, 2011). Additionally, social media were widely and increasingly used in Thai students. To date, there have been no investigations into whether social media affected the strategies that young people in the collectivist countries, in particular Thailand, applied to deal with these difficulties.

Moreover, a great deal of previous research into social media has focused on the social media scale development. For instance, Leftheriotis & Giannakos (2014) created the questionnaire that consisted of the employees' motivations in using social media for work while some scales have been created and widely used to measure Internet addictive behaviours, for example, The Internet Addiction Test (IAT) and the Chen Internet Addiction Scale (CIAS) (Mak et al., 2014). However, no research has developed the standardized social media scales or investigated the effects that social media use might have on self-compassion and psychological resilience in Thai and British students. Likewise, no research has been focused on self-compassion, psychological resilience, and social media among Thai and British students despite the longstanding, strong relationship between the two countries. From the researcher's personal teaching experiences, it was found that some Thai students used social media to vent when they felt down. Additionally, Bolton et al. (2013) mentioned that there was not enough research investigating the effects of social media use on Generation Y's characteristics, for example, social identity, psychological and physical wellbeing.

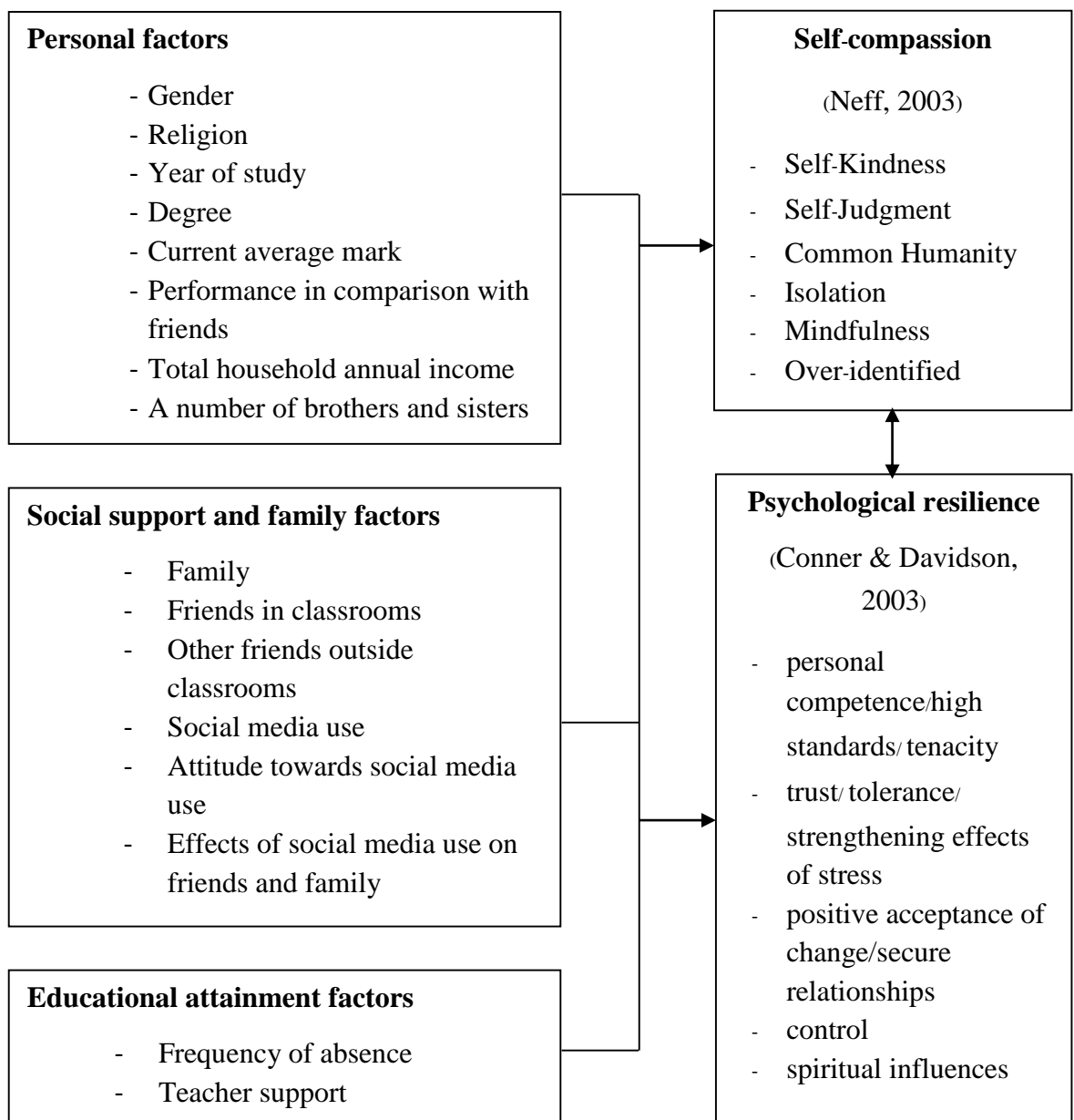


They also suggested that previous research highlighted on the phenomenon in a specific country, studied students' behaviours that would probably be changed according to their ages, depended on the self-report method and did not investigate about the factors and effects of social media use in the details.

Therefore, it is worth investigating whether social media and other factors affected self-compassion and psychological resilience in Thai and British students and understanding the roles that social media use have on helping them to deal with difficulties in their lives.

### 1.3 Research framework

Figure 1.1 Conceptual framework



As shown in Figure 1.1, it had been investigated whether three main factors influenced self-compassion and psychological resilience in Thai and British students, whether social media had an effect on these two constructs and whether self-compassion was associated with psychological resilience in Thai and British students. The relevant literature review on self-compassion and psychological resilience will be illustrated in chapter 2. The literature on social media (chapter 3) and three main factors of self-compassion and psychological resilience (chapter 5) will also be described.

#### **1.4 Research questions**

1. What are the factors affecting self-compassion and psychological resilience in Thai and British students?
2. Does social media use had the effects on self-compassion and psychological resilience in Thai and British students?
3. How can Thai and British students deal with difficulties in life?
4. Do Thai and British students think that social media use can help them to deal with difficulties in life? How?

This thesis will explore these constructs across the following chapters.

1. Chapter 1 This chapter begins with the background and significance of the thesis. The research framework will be presented. Aims, research questions, and implications of the thesis will also illustrated.

2. Chapter 2 The concepts of self-compassion and psychological resilience will be described in the details in chapter 2. Specifically, the researcher will summarise the varied definitions, the measurements, the predictors and the psychological benefits of self-compassion and psychological resilience. Even though there is a larger body of literature has investigated psychological resilience compared to self-compassion, both constructs are beneficial for individuals' mental health. The relationship between self-compassion and psychological resilience is also addressed at the end of chapter.

3. Chapter 3 In chapter 3, the researcher will focus on the prevalence of social media in young people. This chapter begins with the definitions and the types of social media. The relationship between social media and psychological wellbeing and the relationship between social media, self-compassion and psychological resilience will also discussed continuously.

4. Chapter 4 The researcher highlights the cross-cultural comparisons in chapter 4. This chapter consists of the explanation of cross-cultural dimensions and cross-cultural comparisons of the main constructs (social media use, psychological wellbeing, self-compassion and psychological resilience).

5. Chapter 5 The researcher will illustrate the questionnaire development and the pilot study. The ethics of the thesis and the modification of the questionnaire will also be discussed.

6. Chapter 6 This chapter will be relevant to research methodology, sampling strategy, ethics approval and the general information about Thai participants who had completed the questionnaire. In addition, the results of the quantitative data collection in Thailand will be presented in this chapter.

7. Chapter 7 The content in this chapter was relevant to the quantitative data collection in the UK. It consisted of research methodology, sampling strategy, ethics approval, the demographic data of British participants and the results from the data collection in the UK.

8. Chapter 8 This chapter will highlight the results from the qualitative data collection in Thailand. It is relevant to the procedure to obtain the Thai data via the in-depth interviews and the main themes and the sub-themes of dealing with difficulties in Thai higher education students.

9. Chapter 9 The results of the qualitative data collection in the UK will be illustrated in this chapter. It begins with the procedure to obtain the UK data via the in-depth interviews. The main themes and the sub-themes from the data analysis will be described to show how British higher education students deal with difficulties in their lives.

10. Chapter 10 In chapter 10, the researcher focuses on the comparison the main findings between the quantitative and qualitative data collections in Thailand and the UK.

11. Chapter 11 The researcher summarises the key points, the limitation, the contribution to knowledge and practice of this study in chapter 11. The recommendation for Thai and UK academic institutions, families, educational policy makers and future research will be included in this chapter.

## **1.5 Implications**

Firstly, the research findings will be benefit for university lecturers both in Thailand and The UK because it will advance knowledge about self-compassion, psychological resilience and social media use to them. Secondly, it will provide the beneficial information for psychologists to develop programs or trainings to enhance Thai and British students' self-compassion, psychological resilience and appropriate social media use. Thirdly, it will provide the fundamental information for the educational institutions to make the appropriate and effective learning and teaching policy. In addition, other researchers, who interested in investigating those concepts, will have a primary data for doing a further research. Finally, the findings will promote better relations and understanding among the people and nations of Thailand and the UK.

## **1.6 Summary**

This chapter illustrated the aims of the thesis. It also divided the background and the significance of the thesis into 4 sections. They comprised of (1) the pressures facing university students and their resulting psychological wellbeing; (2) the importance of self-compassion and psychological resilience as constructs that support psychological wellbeing; (3) the key role of social media in the lives of young people and the possible interactions between social media use and self-compassion/psychological resilience and (4) the reasons for comparing Thai and UK students. The conceptual framework, research questions and implications of thesis were also addressed. It was found that there was no previous research on self-compassion, psychological resilience, and social media among Thai and British students. In addition, there was no research on the effects social media use might have on these two constructs. Therefore, it was concluded that it would be worth investigating the factors influencing self-compassion and psychological resilience and whether social media had the effects on Thai and British adolescents' psychological wellbeing, in particular, self-compassion and psychological resilience. The next chapter will focus on the literature review of self-compassion and psychological resilience.

# **CHAPTER 2: LITERATURE REVIEW OF SELF-COMPASSION AND PSYCHOLOGICAL RESILIENCE**

## **2.1 Introduction**

In this chapter, the concepts of self-compassion and psychological resilience will be introduced and explored. Issues of definition and measurement will be described. In addition, the predictors of self-compassion and psychological resilience and the relationship between these constructs will be summarised. The relationship between young people and psychological wellbeing will also be discussed.

## **2.2 Self-compassion**

### **2.2.1 Self-esteem vs. self-compassion**

Self-esteem is the way that individuals believe or evaluate themselves. Historically, self-esteem is seen as a key factor in the development of an individual's positive physical and mental health, as well as social and educational achievements. It is one of the traits influencing job satisfaction and job performance (Judge & Bono, 2001). For instance, high self-esteem is associated with optimism and lower anxiety (Leary, Tambor, Terdal, & Downs, 1995). Employees with high organisational-based self-esteem perceived themselves as important, meaningful, effectual, and worthwhile within their employing organisation (Pierce, Gardner, Cummings, & Dunham, 1989). Accordingly, low organisational-based self-esteem (OBSE) employees, who thought that they were worthless in their organisations, developed worse job attitudes when they focused on something outside their organisations (Gardner & Pierce, 2013). In addition, a student with high self-esteem has better physical health, did well in social relations, and was successful both in their educational and social life (Serinkan, Avcık, Kaymakçı, & Alacaoğlu, 2014). Whilst self-esteem could enhance people's initiative and positive feelings, high self-esteem did not always lead to good academic or job performance because those who had high self-esteem misrepresented their successes and characteristics and problems arose because people with high self-esteem often thought that they were better than others (Baumeister et al., 2003).

Self-compassion is the way that individuals thought about themselves positively, realised that their problems were experienced by other people and tried to deal with the negative circumstances consciously. Recent research has shown that the long-term benefits of self-compassion were better attributed to self-esteem. Specifically, people with high self-compassion and low self-esteem had no mental health issues in later life, whilst people with low self-compassion and low self-esteem had poorer mental health in their future lives (Marshall et al., 2015). In addition, it was also found that self-compassion could improve university students' mental health (Fong & Loi, 2016).

Thousands of articles have been written on the importance of self-esteem. Recently however, researchers have started to identify the disadvantages of attempting to achieve high levels of self-esteem, for example, narcissism. In contrast to this, self-compassion has been recognised to offer similar benefits, seemingly without any similar disadvantages. In other words, self-compassion and self-esteem were both seen as beneficial, but self-compassion had fewer side effects than self-esteem (Neff, 2011b). Additionally, Leary et al. (2007) suggested that self-compassion helped people to deal with the undesirable events and it was more useful than self-esteem in some aspects. For example, self-compassionate people had lower negative responses after getting negative feedback than people with high self-esteem.

In Western countries, compassion is perceived as compassion for the others, whilst compassion in Buddhist psychology was relevant to feeling compassion for individuals as same as the others (Neff, 2003 a). Self-compassion was the way that people thought or treated themselves with caring and understanding during the negative circumstances, recognised that their experiences were shared with other people and realised about the negative emotions with consciousness (Neff, 2003b). Additionally, mindfulness as described in the Buddha's teaching, is different from the Western mindfulness as it is based on the religion and the culture, whereas Western mindfulness is related to psychology (Christopher, Charoensuk, Gillbert, Neary, & Pearce, 2009).

Self-compassion refers to the ability to hold one's feelings of suffering with a sense of warmth, connection, and concern (Neff & McGehee, 2010) or the ability that individuals could be compassionate to themselves (Heffernan et al., 2010). It could refer to elements of emotional healing, essentially being aware in the present moment when we are struggling with feelings of inadequacy, despair, confusion, and other

forms of stress (mindfulness) and responding with self-kindness and understanding (self-compassion). Mindful self-compassion also means holding difficult emotions: fear, anger, sadness, shame and self-doubt in loving awareness, leading to greater ease and wellbeing in our daily lives (Germer, 2011). It has also been defined as treating oneself with kindness, recognising one's shared humanity, and being mindful when considering negative aspects of oneself (Neff & Vonk, 2009). Accordingly, it was defined as a kind of accepting and treating oneself kindly when dealing with difficulties (Neely, Schallert, Mohammed, Roberts, & Chen, 2009). Finally, self-compassion involved being kind to oneself when challenged with personal weaknesses or hardship (Krieger, Altenstein, Baettig, Doerig, & Holtforth, 2013). Therefore, self-compassion is a positive feeling or the way that Thai or British adolescents acted, perceived themselves with caring and understanding when they had difficult times, failed, or noticed something that they did not like about themselves. It consisted of self-kindness, common humanity, and mindfulness (Neff, 2003a).

To summarise, self-compassion provided more benefits and less side-effects to the individuals compared to self-esteem. It is possible that self-compassion would be useful for enhancing Thai and British students' psychological wellbeing. If these students were self-compassionate, they would perceive themselves positively and deal with problems consciously and effectively, in particular dealing with the changes in their first and second year at the universities. Therefore, it would be worth exploring this construct in further detail.

### **2.2.2 Components of self-compassion**

Self-compassion is not a new concept. It is linked to mindfulness, being derived from Eastern philosophical thought from a Buddhist tradition, although it is not limited to Buddhism. In addition, it had been explored in psychological research for a long time (Persinger, 2012). Neff (2011) defined self-compassion as being composed of three core components. They include:

1. Self-kindness- Referring to the way we treat or think about ourselves with understanding without a self-judgement.
2. Common humanity- Referring to an individual's feeling about life experience that was connected with others without isolation or alienation by our suffering.

3. Mindfulness- Referring to the way that we try to balance the positive and negative feelings without pain, ignorance or exaggeration.

Referring to Neff's (2011) concept, the true self-compassion consists of the combination between these three essential elements.

In Thai culture, compassion is relevant to Thai lifestyle and it is influenced by religion, in particular Buddhism (Phinitchan, 1992). In Buddha's teachings, there are some that are particularly relevant to compassion and strategies to deal with the suffering. The first teaching is the 4 noble Truths which comprise of the truth of suffering (*dukkha*), the truth of the cause of suffering (*samudaya*), the truth of the end of suffering (*nirhodha*) and the truth of the path that frees us from suffering (*maggā*) (O'Brien, 2016). The second teaching is the 4 holy abidings or sublime states of mind which consist of love or loving kindness (*metta*), compassion (*karuna*), sympathetic joy (*mudita*) and equanimity (*upekkha*) (Nyanaponika, 1999).

### 2.2.3 Measurements of self-compassion

Neff pioneered the study of self-compassion and created two versions of a self-compassion scale. The first version was called the Self-Compassion Scale (SCS). Internal consistency for the 26-item SCS was .92. The test-retest reliability for this scale was .93 (Neff, 2003b). They include:

Table 2.1 Subscales of the Self-Compassion Scale (Neff, 2003b)

Subscales	Definition and example items
Self-Kindness	Definition: accepting and understanding ourselves when we feel suffer or unhappy example items: Item 5 and 12
Self-Judgement	Definition: a tendency to judge one's self negatively example items: Item 1 and 8
Common Humanity	Definition: realising that difficult situations are part of human beings' experiences example items: Item 3 and 7



Subscales	Definition and example items
Isolation	Definition: keeping distance with other people example items: Item 4 and 13
Mindfulness	Definition: emotional awareness when we have negative feelings example items: Item 9 and 14
Over-identified	Definition: focusing on their own feelings too much and forget about the others example items: Item 2 and 6

The second one is the Self-Compassion Scale-Short Form (SCS-CF) and consists of 12 items. It was also divided into 6 subscales as same as the original scale. They included:

Table 2.2 Subscales of the Self-Compassion Scale-Short Form (Raes et al., 2011)

Subscales	Definition and example items
Self-Kindness	Definition: accepting and understanding ourselves when we feel suffer or unhappy example items: Item 2 and 6
Self-Judgement	Definition: a tendency to judge one's self negatively example items: Item 11 and 12
Common Humanity	Definition: realising that difficult situations are part of human beings' experiences example items: Item 5 and 10
Isolation	Definition: keeping distance with other people example items: Item 4 and 8
Mindfulness	Definition: emotional awareness when we have negative feelings example items: Item 3 and 7

Subscales	Definition and example items
Over-identified	Definition: focusing on their own feelings too much and forget about the others example items: Item 1 and 9

The SCS-SF represented a reliable and valid alternative to the long-term SCS, especially when looking at overall self-compassion scores. However, they did not recommend using the short form if the researcher were interested in subscale scores, since the short one less reliable with the short form (Raes et al., 2011). Several studies proved that SCS and SCS-CF had the validity and reliability even though they were translated into other languages (Deniz, Kesici, & Sümer, 2008; Garcia-Campayo et al., 2014; Lopez, 2009). Furthermore, the Self-Compassion Scale was found to be reliable for use with adolescents, suggesting that the scale can be used for research purposes with teens from a similar socioeconomic and educational background as those participating in the current study (Neff & McGehee, 2010). Then, Pommier created the new compassion scale which had 24 items and consisted of 6 subscales ( Kindness, Indifference, Common Humanity, Separation, Mindfulness, and Disengagement) (Pommier, 2011).

#### **2.2.4 The predictors of self-compassion**

Previously, the researchers had investigated the factors associated with self-compassion in different contexts, for example, personal information or characteristics, family, or friends. Some researchers had explored whether gender was related to self-compassion. Neff, Pisitsungkagarn, & Hsieh (2008) investigated the levels of self-compassion and self-construal among Americans, Thais and Taiwanese and found that American women had lower levels of self-compassion than American men but there was no gender difference among Thais and Taiwanese. Similarly, there were no significant gender differences in self-compassion in Turkish university students (Iskender, 2009). In addition, there was no difference between the levels of self-compassion in males and females significantly (Neff & Pommier, 2013).

Nonetheless, some research findings were contrary to the previous studies. For instance, older female adolescents obtained lower levels of self-compassion than older

male adolescents and both younger male and female adolescents (Bluth & Blanton, 2014b) and females obtained lower levels of self-compassion than males (Yarnell et al., 2015). Likewise, older females were the least self-compassionate in comparison with younger females or males in all age groups (Bluth, Campo, Futch, & Gaylord, 2016).

It was found that religion is associated with self-compassion. Tol, Song, & Jordans (2013) found that religious beliefs and practices have a protective influence on mental health. Neff et al. (2008) indicated that religious beliefs could not predict the levels of self-compassion in Taiwan and the United States but they did not investigate this factor in Thailand as there was insufficient religious variance. In addition, People who practice Buddhist meditation had higher levels of self-compassion than community adults or undergraduate students, whereas the level of self-compassion of these adults was not higher than the undergraduates (Neff & Pommier, 2013).

Interestingly, self-compassion was likely to be related to the year of study. Prior studies showed that self-compassion was beneficial for freshmen because it is positively related to life-satisfaction and identity development, reduced negative emotions during their study (Hope, Koestner, & Milyavskaya, 2014) and enhanced the perceived competence and mental health in first and second year social work students (Ying, 2009). However, Neff, Hsieh, & Dejitterat (2005) did not find a relationship between self-compassion and undergraduate students' actual grades in the United States.

Previous research has established that social support is relevant to self-compassion. For example, social support had an effect on self-compassion positively (Jeon, Lee, & Kwon, 2016) and family and cognitive factors were the predictors of self-compassion (Neff & McGehee, 2010). According to the Department of Health & Human Services State Government of Victoria Australia's (2016) report, talking to someone that individuals trusted, was likely to help them have a better understanding of the problems, think about the problems from other perspectives, release stress, perceive that they were not alone and recognise many results for the problems. Several studies had shown that family support is associated with self-compassion. For example, Potter, Yar, Francis, & Schuster's (2014) study proposed that self-compassion consisted of different characteristics (self-warmth and self-coldness) and parental criticism was positively related to social anxiety and self-coldness but

negatively associated with self-warmth. Kelly & Dupasquier's (2016) study found that perceived affection from parents was associated with being self-compassionate and gaining self-compassion via their experience and perceiving of social protection. Pepping, Davis, O'Donovan, & Pal's (2015) study revealed that high levels of denial and overprotection from parents and low levels of affection from parents were relevant to low levels of self-compassion. Furthermore, other findings suggested that childhood maltreatment had a little effect on the relationship between low self-compassion and impairment (Tanaka, Wekerle, Schmuck, & Paglia-Boak, 2011) and parenting style were associated with adolescents' mental health (Sanavi, Baghbanian, Shovey, & Ansari-moghaddam, 2013).

Finally, Alassiri, Muda, & Ghazali (2014) indicated that the family relationship was the most powerful source of socialisation, followed by friends and school. The strength of social ties among family members was derived from two main factors; the family controlling and socialisation from the infants to adolescents and the parent-child emotional bonding. They also mentioned that social network disspread from family to other sources of socialisation, for example, mass media, friends and the school. Specifically, peer groups were vital for learning social interaction without adults' instruction, whilst school was a place that taught children about knowledge, cultures and social skills (Alassiri et al., 2014). Therefore, it would be possible that social support was related to self-compassion.

### **2.2.5 The psychological benefits of self-compassion**

Lots of research has been conducted to prove that self-compassion also offers clear advantages for psychological wellbeing and personal growth. They include;

#### **1. Psychological wellbeing**

The research suggests that self-compassion is strongly related to emotional wellbeing (Persinger, 2012), positive feelings (Barnard & Curry, 2011), competence and mental health (Ying, 2009). It is a vital predictor of psychological health that may be an important component of mindfulness-based intervention (MBIs) for anxiety and depression (Van Dam, Sheppard, Forsyth, & Earleywine, 2011). It was shown to partially mediate the relationship between body preoccupation and depressive symptoms (Wasylikiw, MacKinnon, & MacLellan, 2012) and mediated the relationship between subjective wellbeing and the anxiety of attachment (Wei, Liao,

Ku, & Shaffer, 2011). All components of self-compassion were also negatively related to depression in Chinese adults in Hong Kong (Wong & Mak, 2013). It was found that levels of mindfulness and self-compassion scores in Latino adolescents went up while their levels of stress and depression declined after taking part in the mindfulness group (Edwards, Adams, Waldo, Hadfield, & Biegel, 2014). In addition, it was positively related to emotional intelligence in nurses (Heffernan et al., 2010) and the self-compassion and optimism exercises improved happiness for 6 months and lessened the level of depression for 3 months in Canadians (Shapira & Mongrain, 2010).

Self-compassion was found to be related to psychological wellbeing in the United States, Thailand and Taiwan. Self-compassion was associated with lower levels of depression and higher level of life satisfaction in these three countries (Neff, Pisitsungkagarn, & Hsieh, 2008). Similarly, self-compassion was an important predictor of wellbeing in undergraduate students. Undergraduate students who had encountered difficulties in the past 6 months, were found to have lower levels of wellbeing (Neely et al., 2009). Furthermore, mindfulness and self-compassion were crucial for increasing emotional wellbeing in adolescents in the United States (Bluth & Blanton, 2014a).

Neff & Pommier (2013) proposed that self-compassion was related to both individual wellbeing and concern of other people's wellbeing. Similarly, it was related to wellbeing in older adults (Allen, Goldwasser, & Leary, 2012), associated with psychological growth and decreased psychological illness (Germer & Neff, 2013). Neff (2011) revealed that self-compassion was linked to psychological well-being through increased feelings of both safety and protection, whereas self-esteem was related to psychological wellbeing through feelings of superiority. Additionally, self-compassion was significantly related to positive constructs, for example, happiness, optimism and wisdom and it was significantly related to negative constructs such as negative affect and neuroticism (Neff, Rude, & Kirkpatrick, 2007). Finally, recent studies indicated that self-compassion is beneficial for maintaining university students' mental health because it decreases the ability of negative events to create feelings of shame and other negative feelings (Johnson & O'Brien, 2013).

## 2. Motivation

Self-compassion increased self-improvement motivation in different populations as it helped people to confront their failure and weakness without negative

responses (Breines & Chen, 2012). Accordingly, accepting mistakes and failure as a human experience could help people to lessen the outcomes from losing their self-control and abilities (Wong & Mak, 2013). In addition, they found that boosting self-kindness and mindfulness was beneficial for people who had high levels of autonomy and self-criticism whereas boosting common humanity was probably suitable for people who had high levels of self-criticism. Furthermore, students with self-compassion could continue their study with interest even though they received lower grades than they expected (Neff et al., 2005).

### 3. Learning process

Self-compassion could help people's learning process by decreasing self-criticism, isolation, and over-identification when they deal with difficulties (Neff et al., 2005) and advancing people's self-regulation when they have to deal with medical problems (Terry & Leary, 2011). Dumont & Provost (1999) also found that adolescents who were resilient obtained higher scores in problem-solving skills than adolescent who were in well-adjusted or vulnerable groups. They also suggested that problem-solving coping could prevent adolescents from having high levels of stress or depression.

### 4. Life satisfaction

Self-compassion was beneficial for many groups of people. For example, the participants who were in a resilient group had fewer traumatic life events than other patients (Alim et al., 2008). It was found that highly self-compassionate students had lower levels of homesickness and depression and higher levels of satisfaction with their transition to university (Terry, Leary, & Mehta, 2012). Self-compassion also decreased the relationship between self-esteem and body image satisfaction in female adolescents (Pisitsungkagarn, Taephant, & Attasaranya, 2013). Specifically, self-compassion helped individuals to accept their appearance, perceive that their imperfection was a kind of human experience, and mitigate the stress that they encountered to maintain a good body image. In the UK, research shows that community nurses who obtain high levels of self-compassion, have lower levels of burnout (Durkin, Beaumont, Hollins Martin, & Carson, 2016). Finally, another study showed that uncovering the negative events could help university students to obtain more resilient self-concept and have less psychological distress as they perceived that

they had a better chance to fulfil their needs and accepted themselves positively after the disclosure (Hemenover, 2003).

#### 5. Behavioural problems

Adolescents with low levels of self-compassion tended to be more distressed, suffer from alcohol misuse and more suicide attempts than those who had high levels of self-compassion (Tanaka et al., 2011). Freshmen who had compassionate goals could also set up the appropriate environment for themselves (Crocker & Canevello, 2008).

#### 6. Self-acceptance

It was found that self-compassion was associated with self-acceptance because self-compassionate people were likely to perceive themselves accurately and they were more accepting of their imperfections without negative feelings than low self-compassionate people (Leary, Tate, Adams, Allen, & Hancock, 2007).

### **2.3 Psychological resilience**

#### **2.3.1 Definition of psychological resilience**

Resilience has become the specific word to describe an ability to withstand, adjust, and recover and it has been used in different contexts (International Federation of Red Cross and Red Crescent Societies, 2004). Definitions evolve over time even though some scholars mention the difficulty of deciding on a definition for resilience (Fletcher & Sarkar, 2013; Windle, 2010).

Fundamentally, resilience is understood as referring to positive adaptation, or the ability to maintain or regain mental health, despite experiencing adversity (Herrman et al., 2011). It was defined as an individual's ability and toughness (Choowattanakorn, Aléx, Lundman, Norberg, & Nygren, 2010), ability to cope with stress (Williams & Drury, 2009), and the adaptability to stressors and preservation of psychological wellbeing when encountering difficulties (Haglund, Nestadt, Cooper, Southwick, & Charney, 2007). Windle (2010) mentioned that resilience was an effective process to adapt to or manage the important sources of stress or trauma.

Psychological resilience was derived from a psychiatric study exploring children who were not affected by adversity (Baek, Lee, Joo, Lee, & Choi, 2010). It was understood as the process of adapting well in the face of adversity, trauma,

tragedy, threats or significant sources of stress such as family and relationship problems, serious health problems or workplace and financial stressors (American Psychological Association, 2014). It was a positive developmental phenomenon of regaining psychological balance under adversity (Wang, Liu, & Zhao, 2014). It could refer to the ability to bounce back from negative events by using positive emotions to cope (Tugade, Fredrickson, & Barrett, 2004). Accordingly, Lopez (2009) defined resilience as patterns of doing well after exposure to a serious adversity or threat. She also said that the twin goals of understanding and facilitating are important to study the factors that predict resilience and how these work. These are called promotive factors and proactive factors. Promotive factors are associated with good outcomes in general, regardless of risk exposure such as healthy brain development and good parenting. In contrast, proactive factors moderate risk and show a special effect when adversity is high. Furthermore, resilience enables individuals to thrive in the face of adversity (Connor & Davidson, 2003). Additionally, psychological resilience is defined differently according to context. For example, it could be seen in terms of the mental processes and behaviours that encourage personal strengths and protect a person from the stressors' negative consequence (Fletcher & Sarkar, 2012). It could also be seen in terms of university students' ability to adapt in their first year at the universities (Allan et al., 2014).

Overall, definitions of psychological resilience vary from narrow perspectives, which are linked to recovery from trauma and adversity, to broader definitions that are about learning and growth (Robertson & Cooper, 2013). Therefore, psychological resilience is the positive ability of Thai or British adolescents to deal with difficulties in their lives effectively.

### **2.3.2 Theories of psychological resilience**

Many researchers have tried to summarise the components of resilience. Ko & Pu (2011) mentioned two fundamental components of resilience: experiencing risky situations that were relevant to the psychological illness and positive adjustment during adversity. Castleden, McKee, Murray, & Leonardi (2011) also summarised the components of resilience, including: communication, learning (education and knowledge), adaptation, risk awareness, social capital (trust and social cohesion), good governance, planning/ preparedness, redundancy, economic capacity and



diversification, population physical and mental health. Then, Fletcher & Sarkar (2013) proposed two main concepts (adversity and positive adaptation) and mentioned that psychological resilience was the influence of psychological processes and behaviour in supporting individual's internal resources and preserving him/her from undesirable outcomes. Furthermore, Robertson & Cooper (2013) said that resilience consisted of behavioural and psychological components. The behavioural part helped people to retain their efficacy and focus on their work. The psychological part allowed people to preserve their mental health and wellbeing.

Richardson (2002) proposed the three waves of resilience development consisted of three stages. The first stage described resilience as individual's qualities (Resilient Qualities). The second stage illustrated it as a process (The Resiliency Process) while the final stage justified it as the strength that helps a person to achieve self-actualization and overcome the obstacles. Even though Richardson and colleagues supported the varied definitions of resilience from the multidisciplinary, the theory and relevant model were inadequate (Fletcher & Sarkar, 2013).

Overall, conceptualisations of psychological resilience has changed over the time, from focusing on individual traits to promoting individual's strength. Some research results supported a trait theory of resilience that described resilience as a trait rather than an adjustable condition, noting that a person can move forward to their intrinsic resilience classification (Rainey, Petrey, Reynolds, Agtarap, & Warren, 2014) whereas some researcher argued that resilience was not a fixed state and can be improved (Robertson & Cooper, 2013).

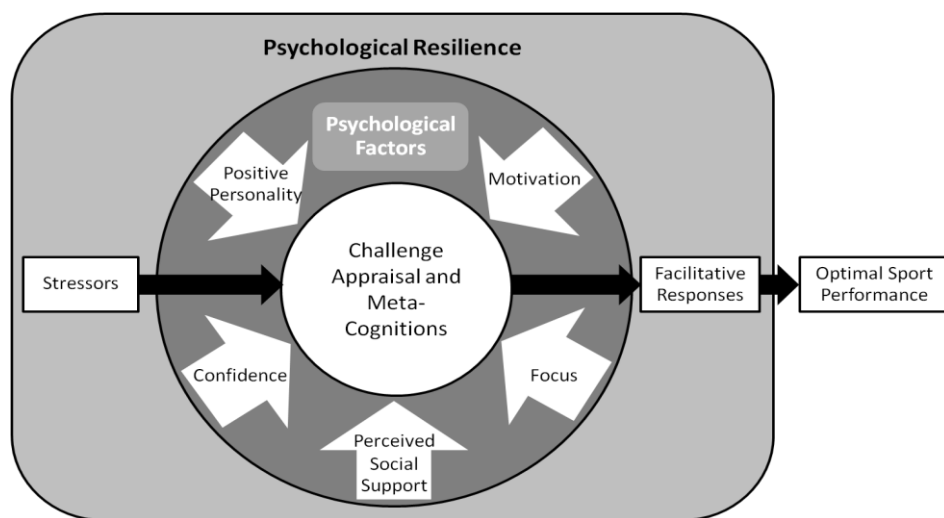


Figure 2.1 A grounded theory of psychological resilience and optimal performance (Fletcher & Sarkar, 2012)

In the grounded theory, psychological resilience was shown as a concept that could explain the relationship between stresses, resilience, and performance regarding varied psychological factors (positive personality, motivation, confidence, focus, and perceived social support) (Fletcher & Sarkar, 2012).

The American Psychological Association (2014) suggested ten ways to improve resilience. They included; 1) maintain good relationships with close family members, friends, or others that are important; 2) avoid seeing crises as insurmountable problems; 3) accept that change is a part of living; 4) move toward your goals; 5) take decisive actions, rather than detaching completely from problems and stresses and wishing they would just go away; 6) look for opportunities for self-discovery; 7) nurture a positive view of yourself; 8) keep things in perspective; 9) maintain a hopeful outlook; 10) take care of yourself to keep your mind and body primed to deal with situations that require resilience. However, some training programs consisted of many sessions and they were very expensive so some scholars tried to create programs to solve these problems. One of them was Stress Management and Resiliency Training (SMART) which improves resiliency, stress, anxiety, mindful attention, and quality of life in the short period (Sharma et al., 2014).

### **2.3.3 Measurements of psychological resilience**

A number of scales have been developed to measure resilience, for example, the Resilience Scale (RS) which was developed by Wagnild & Young (1993), the Connor-Davidson Resilience Scale (CD-RISC) which was created by Connor & Davidson (2003) and the brief resilience scale (BRS) which was developed by Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard (2008). There are two versions of CD-RISC. The first one consists of 25 items, which are ranked from not true at all (0), rarely true (1), sometimes true (2), often true (3), and true nearly all of the time (4) (Connor & Davidson, 2003). The scale investigates how the participant felt in the previous month. The total scores varies from 0-100. The higher scores represent greater resilience. It comprises of 5 main factors; personal competence, high standards, and tenacity (factor 1), corresponds to trust in one's instincts, tolerance of negative effect, and strengthening effects of stress (Factor 2), the positive acceptance of change, and secure relationships (factor 3), control (factor 4) and spiritual influences (factor 5). The test-retest ability of the full scale was .87 (Connor & Davidson, 2003). From

a recent review, the CD-RISC was the best resilience scale to measure the levels of resilience. Several studies have proved the applicability of this scale to different countries and added to the cross-cultural resilience research (Allan et al., 2014; Burns & Anstey, 2010; Fu, Leoutsakos, & Underwood, 2014; Karairmak, 2010; Min et al., 2013). The second version is the 10-item Connor-Davidson Resilience Scale (10-item CD-RISC). The research result showed that the Spanish version of the 10-item CD-RISC had good psychometric properties in young adults and thus can be used as a reliable and valid instrument for measuring resilience (Notario-Pacheco et al., 2011). The findings also confirmed a single dimension underlying the 10 items of the scale. Burns & Anstey (2010) found that the two scale forms are comparable and a shorter item pool is more time efficient and user friendly within the context of a larger battery of survey questionnaires. They also revealed that item 3 and 9 in the questionnaire tapped a latent construct different to the other CD-RISC items. The failure of CD-RISC item 2 to load onto the final solution was not surprising since its item-total scale correlation reported in Connor & Davidson's analysis (2003) was also comparatively low.

Another measurement is The Brief Resilience Scale (BRS) which is reliable and measured as a unitary construct. It was predictably related to personal characteristics, social relations, coping, and health in all samples (Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard, 2008). Similarly, Wagnild (2009) wrote an article to review many studies that used the resilience scale that he and his colleague had developed since 1993. The result showed that the Resilience Scale has been used with a variety of individuals of different ages, socioeconomic, and educational backgrounds. Also, the Resilience Scale has performed as a reliable and valid tool to measure resilience and has been used with a wide range of study populations. It could evaluate a psychological resource that may have positive outcomes in the short term but it could not predict the outcomes in the long term (Pinquart, 2009). Recently, Cénat & Derivois (2014) evaluated the psychometric properties of the Resilience Scale among Haitian child and adolescent survivors of the earthquake on 12 January 2010, and to clarify the underlying structure of the Creole version of the Resilience Scale. This study revealed that the Haitian Creole version of the Resilience Scale (RS) is a valid and reliable measure in assessing resilience of the children and adolescent survivors of the 2010 earthquake.

Some researchers have tried to compare a Likert and a Semantic differential response format with respect to psychometric properties. The semantic version proved better than the Likert version in terms of model fit and uni-dimensionality. One reason for this was that the number of items containing complex side-loadings was substantially higher in the Likert than the semantic differential version. Also, fewer latent classes were needed to fit the item models for most of the factors in the semantic version. The resilience scores from the semantic version are thus less complicated to interpret (Friborg, Martinussen, & Rosenvinge, 2006).

In Thailand, Takviriyannun (2008) developed the Resilience Factors Scale (RFS) to measure the resilience factors in Thai adolescents. However, it was used to test the resilience of Thai adolescents who were at risk of alcohol intake in Bangkok only. Therefore, the generalisability of this scale was limited.

#### **2.3.4 The predictors of psychological resilience**

From reviewing the literature, it was found that there is a larger body of literature on psychological resilience compared to self-compassion. International Federation of Red Cross and Red Crescent Societies (2004) reported that human capital, for instance, knowledge, skills and health, can define the level of an individual's resilience more than other aspects (natural capital, financial capital, social capital and physical capital). There are many factors that affect psychological resilience. They comprise of personal factors, biological factors, and environmental-systemic factors (Herrman et al., 2011). Additionally, NCH (2007) summarised the factors that were relevant to adolescents' resilience. They included;

1. Individual factors: examples of positive individual factors are male gender, empathy with others, and positive self-concept.
2. Family factors: examples of positive family factors are a close bond with at least one person, encouragement of autonomy (girls), encouragement of expression of feelings (boys) and sufficient financial and material resources.
3. Wider community factors: examples of these positive factors are peer contact and good school experiences.

Personal experiences could affect the level of resilience as well as environmental and experiential factors (Robertson & Cooper, 2013). Resilience,

therefore, was the process that depended on an individual and his or her environmental factors, for instance, individual characteristics, social services, and social policies (Ungar, 2013). Fayombo (2010) reported that healthy personality traits were crucial for considering the psychological resilience of Caribbean adolescents, whilst Tol, Song, & Jordans (2013) found that in all of the identified qualitative studies they reviewed, participants perceived resilience to be based on a combination of personal strength and supportive contexts (e.g. family and community support). They found that religious belief and practice have been assessed as protective factors in previous studies.

A recent study found that resilience could be more supportive of academic attainment in females than males, but it was less practical and more complicated for males. Specifically, higher levels of resilience related to higher academic achievement for female university inductees whilst it was related to poorer scores in males. Thus, even though controlling other risk factors were problematic (e.g. financial or family issues), this study showed the influence of gender on psychological resilience and academic achievements (Allan et al., 2014).

The research findings suggested that resilience levels can be changed by boosting positive relationships with family members, friends, and teachers (Kassis, Artz, Scambor, Scambor, & Moldenhauer, 2013). They also found that some characteristics, for instance, country, gender and socio-economic status, could predict the violence and depression resilience of adolescents who encountered the family violence than other factors. In addition, they proposed that the supportive factors of resilience were high self-control, talking with parents or friends about violence, seeking for help, and not confirming aggressive beliefs. Similarly, childhood maltreatment was negatively related to adult resilience. (Topitzes, Mersky, Dezen, & Reynolds, 2013).

In Thailand, some studies show interesting information about personal assets and psychological resilience. Arunruang (2002) found that 1) early adolescents had a moderately high resilience with high relationships attributes. 2) Female students had higher resilience than male students. 3) Students with high and moderate academic achievement had higher resilience than those with low academic achievement. 4) Resilience had positive relationships with problem focused and social support seeking strategies. Accordingly, Parinyaphol & Chongruksa (2008) found that 1) Thai and Muslims have moderate resilience. Even though they were of differing religions, they

obtained the same culture which was called collectivism due to they preferred living with nature peacefully and contacting social network. 2) The students with high Grade Point Average (GPA) had higher resilience than low GPA students. 3) The students who studied in Faculty of Fine and Applied Arts, had higher level of resilience than students from other faculties. Moreover, peer relationships, stressful life events, parent- child relationships and authoritarian parenting style could predict the Resilience Quotient (RQ) amongst the sixth year students in secondary schools in Bangkok and downtown (Parichatikanond, 2010) Their findings also included;

1. Male students' RQ scores were not significantly different from female students' RQ scores. However, female students have a little higher mean scores of RQ than male students.
2. The RQ of students who studied in different educational programme were not significantly different from one another.
3. The Grade Point Average X (GPAX) was not significantly associated with RQ.
4. There were no significant differences of RQ between students whose parents have different educational backgrounds, occupations and income.
5. Parent-child relationships and peer relationships were positively related to RQ in students.

Some research also highlighted the role of religion on psychological resilience. In Haglund et al.'s (2007) study, it was shown that people who had religious, spiritual or altruism, tended to have more resilience when they dealing with difficulties and people who sought social support when they were stressed, tended to have more resilience than isolated people. Then, Souri & Hasanirad's (2011) study found that an individuals' resilience was probably related to their culture and religion. They also described that eligious beliefs encourage people to be optimistic as they believe that their life has meaning and they have the power to cope with change and adversity. Hebbani & Srinivasan (2016) stressed the importance of family, relatives, community and religious practices on the levels of resilience in susceptible adolescents in India.

Previous studies indicated that social support is a protective factor and could influence the wellbeing of the family, the parenting and the resilience in children (Armstrong, Birnie-Lefcovitch, & Ungar, 2005). Specifically, family support was associated with psychological wellbeing of participants in particular their mothers and the social support from different resources was more effective than the few sources of

social support (Mason, 2016). Likewise, low social support from family was related to depressive symptoms in adolescents who lived in East London (Khatib, Bhui, & Stansfeld, 2013) and secure attachment was associated with higher reappraisal and resilience and mediated the effect on wellbeing partly (Karreman & Vingerhoets, 2012).

Not surprisingly, social support (family and community) was found to influence adolescents' educational attainment (Goeke-Morey et al., 2013). In addition, Wu, Tsang, & Ming (2014) found that family support had an effect on children's effort to study and plans to drop out from schools. Klink et al., (2008) mentioned that recognising family support could help premedical students to believe in their ability to deal with their study.

In Thailand, family and friends were vital for increasing psychological resilience. Maneerat, Isaramalai, & Boonyasopun (2011) reported that Thai older adults' resilience was affected by internal strength, external support, communication skill and problem solving skill whereas Choowattanapakorn et al. (2010) suggested that the high resilience in Thai older adults was probably linked to their family relationship, social status and social harmony. They also mentioned that the extended family is crucial for Thai values and norms. Similarly, Thai nursing students with sufficient emotional support from their friends or family, suffered less depression than nursing students who did not get sufficient social support (Ross et al., 2005) and they tended to be stressed in their first year and they felt relieved when they talked to their friends or did sports or other activities. They also sometimes talked to their family when they were stressed (Naiyapatana et al., 2008). It was found that both risks at family and peer levels and resilience factors had direct influences on alcohol use among Thai adolescents (Takviriyannun, 2006). Moreover, family support had an effect on boosting Thai people's resilience partly in both control and intervention groups (Songprakun & McCann, 2012). Finally, after attending the Mental Health and Psychiatric Nursing Practicum, the RQ among nursing students was statistically significant higher than before their practicum (Ananpattiwet, Pengsa-ium, & Akrastrhitanon, 2011).

Several studies had shown similar findings. For instance, Williams & Drury (2009) mentioned that the surrounding people, for example, family, friends, school and life events, were vital factors for resilience. When Pakistani undergraduate medical students felt stressed about their education, they liked to talk to their friends

(Shaikh et al., 2004) and emotional support from friends could also help the first year students to deal with difficulties (Wilcox et al., 2005).

Prior studies have noted the importance of teacher support on psychological resilience, along with family support and peer support. It was found that teacher support was relevant to the subjective wellbeing of their students (Suldo et al., 2009) and family and peer support and perceiving a value of school could predict academic resilience (Gonzalez & Padilla, 1997). It was also found that university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers, which was different from the support they received from their flatmates (Wilcox et al., 2005).

In addition, teacher support was relevant to an academic satisfaction and Grade Point Average (GPA) (Plunkett, Henry, Houlberg, Sands, & Abarca-Mortensen, 2008), school engagement (Brewster, Ph, & Bowen, 2004; Klem & Connell, 2004) and the levels of self-esteem and depression (Reddy, Rhodes, & Mulhall, 2003). Recent studies emphasised that teacher support is vital for high school students dealing with negative situations (Possel, Rudasill, Sawyer, Spence, & Bjerg, 2013), adolescents in rural areas (Davidson & Adams, 2013) and Italian adolescents' resilience and their perception about future employment (Fabio & Kenny, 2015). Finally, teachers could enhance their students' resilience by participation in relevant programmes and activities (Frydenberg et al., 2004).

From the literature review, the researcher assumed that personal factors, social support and family factors, and educational attainment factors would have effects on self-compassion and psychological resilience of both Thai and British students even though they studied in different cultural contexts.

### **2.3.5 The psychological benefits of psychological resilience**

The existing literature on psychological resilience was extensive and focused particularly on their advantages on individuals' mental health. They include;

1. Physical health

Generally, psychological resilience is an ability of people to bounce back following stressful and unsatisfactory situations. If true, this ability to bounce back should be reflected physiologically, with results from a number of studies exploring physical recovery. For example, positive emotions were associated with the quick



recovery from the cardiovascular activation in people with resilience (Tugade et al., 2004). Additionally, personality and genetic factors affected individuals' subjective wellbeing (Diener, 2013).

## 2. Psychological wellbeing

For the psychological outcomes, resilience factors moderated the relationship between the risk and undesirable outcomes (Johnson et al., 2014) and high levels of trait resilience could reduce anxiety symptoms via the cognitive and interpersonal processes (Hou & Ng, 2014). Peng et al. (2012) also mentioned that mental health problems were negatively related to social support, extraversion and resilience in Chinese medical students. Additionally, people with low resilience tended to be depressed at the time of injury and 1 year later, whereas high resilience people had less depression at those times (Rainey et al., 2014). In Thailand, it was found that a self-help manual was effective in boosting resilience and developing positive emotions that could help Thai people dealing with depression (Songprakun & McCann, 2012). However, loneliness was not significantly correlated with resilience among homeless adolescents whilst psychological distress could negatively impact the resilience scores (Perron, Cleverley, & Kidd, 2014).

## 3. Life satisfaction

Psychological resilience offers a number of benefits, with Baek et al. (2010) revealing that resilient people were able to return to the normal stage from stressful life events. Accordingly, they could maintain their daily lives with little or no disturbance (Fletcher & Sarkar, 2013). Some studies showed a relationship between resilience and positive emotions. It was reported that positive emotions could predict both resilience and life satisfaction and the change in the levels of resilience mediated the association between positive emotions and increased the levels of life satisfaction (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009). Tugade, Fredrickson, & Barrett (2004) suggested that resilient people probably used the positive emotions to deal with negative situations. In addition, emotional self-awareness, emotional expression, emotional self-control, and emotional self-management were crucial for psychological resilience after experiencing negative life events (Armstrong, Galligan, & Critchley, 2011).

#### 4. Personality Traits

Fayombo (2010) found that certain personality traits (conscientiousness, agreeableness, openness to experience and extraversion) were positively related to psychological resilience, whereas neuroticism was negatively related to psychological resilience. She also indicated that conscientiousness was the best predictor of psychological resilience.

#### 5. Behavioural management

Previous studies found that resilient students tended to have engagement behaviours, for instance, attending class and school on time and preparing and taking part in class activities (Finn & Rock, 1997). Adolescents who were resilient obtained higher scores in problem-solving skills than adolescent who were in well-adjusted or vulnerable groups (Dumont & Provost, 1999). It was shown that adolescents who received higher levels of emotional support from their fathers and teachers, had lower levels of both emotional and behavioural problems, while adolescents who received higher levels of emotional support from their mothers, obtained lower levels of emotional problems (Yeung & Leadbeater, 2010). Additionally, skipping school was related to poor mental health, loneliness and anxiety and this relationship still persisted after parents' participation (Tammariello, Gallahue, Ellard, Woldesemait, & Jacobsen, 2012). They also suggested that caring parents and productive communication between the school and parents about nonattendance probably enhanced adolescent mental health and identifying the mental problems at an early stage, especially in male adolescents. Moreover, resilience enhancement was probably beneficial for college students' adaptation (Peng et al., 2012) because students with psychological resilience could maintain their mental health during failure and unexpected marks. In addition, academic self-efficacy and feeling of school belonging were positively associated with the final-semester marks and students who realised the importance of competition and relevant ability at the school, tended to be more self-conscious (Roeser, Midgley, & Urda, 1996). The report of NCH (2007) indicated that positive self-concept was a factor that is relevant to adolescents' resilience among other factors .

### **2.4 The relationship between self-compassion and psychological resilience**

Self-compassion is thought to be associated with resilience in a number of different ways (Krieger et al., 2013). However, the relationship between self-

compassion and psychological resilience is unclear, particularly in cross-cultural contexts. Previous studies have examined the relationship between self-compassion or psychological resilience and other psychological concepts. For example, research has showed that resilience was associated with psychological wellbeing (Souri & Hasanirad, 2011). Research indicated that compassion is an important explanatory variable in understanding mental health and resilience (MacBeth & Gumley, 2012). It could also help individuals solve their family problems because they would see their parents as human beings who are imperfect and struggling and recognise that their conflict is shared by the others (Neff & McGehee, 2010). Furthermore, resilience involves a complex interplay between physical determinants of health and psychological characteristics, such as self-esteem and self-compassion. However, the combined contribution of the physical and psychological variables to resilience are modest, so other untested variables may correlate with resilience, including social networks (Hayter & Dorstyn, 2013). Self-compassion levels were also significantly predicted by degree of family functioning more generally. Adolescents and young adults from harmonious, close families were more self-compassionate, whereas those from stressful, conflict-filled homes were less self-compassionate (Neff & McGehee, 2010).

In addition, childhood variables affected psychological resilience to economical crisis in adults because people who had close friends when they were youths, who talked to their parents often, whose parents spent a lot of time with them, and who had high household incomes had high levels of life satisfaction and mental wellbeing. Also, the number of arguments with their fathers, the amount of fighting with other people, and maternal unemployment could explain psychological resilience in adults who lose their jobs (Powdthavee, 2014).

Neff, Kirkpatrick, & Rude (2007) found that self-compassion could lessen anxiety when participants had to face the stressful events. Furthermore, boosting self-compassion was linked to boosting psychological wellbeing. Then, Neff & Germer (2012) developed the Mindfulness Self-compassion Program (MSC) and revealed that it could increase the levels of self-compassion, mindfulness and psychological wellbeing by assisting people to stop blaming themselves and accept their failure as human beings. Then, they could boost their happiness and psychological resilience.

However, there remained the relationship between these constructs which had not yet been known.

## **2.5 Young people and psychological wellbeing**

The literature on adolescents has highlighted various factors affecting young people's psychological wellbeing. Specifically, previous research showed the benefits of social support on psychological wellbeing. For example, the affection from mothers was shown to improve adolescents' happiness (Cheng & Furnham, 2004). Additionally, Skinner, John, & Hampson (2000) reported that peer and family support were crucial for adolescents with diabetes to live and deal with their illness and Klink, Byars-Winston, & Bakken (2008) proposed that recognising family support could help premedical students to believe in their ability to deal with their study.

However, if adolescents felt bad when they asked for help from their parents, it was possible that they would look for help from other family members instead (Barker, 2007). Additionally, if individuals realised that their social support seeking made their friends and families feel worried, it was probably hard for them to ask for help (Taylor et al., 2004). It was also found that friend support was as valuable as family support (Gonzalez & Padilla, 1997; Ross et al., 2005) and emotional support from family and old friends could help first year students to deal with stress when they were adjusting to studying at university for the first few days and then they mainly received social support from their friends at the university (Wilcox et al., 2005). Conversely, 16 – 18 years old adolescents perceived that they received peer support more than parent support (Bokhorst, Sumter, & Westenberg, 2010).

Moreover, teachers play a vital role in improving adolescents' psychological wellbeing. Previous studies showed that teachers were a secondary source of social support for middle and high school students (Richman, Rosenfeld, & Bowen, 1996) and teacher support was relevant to the subjective wellbeing of their students (Suldo et al., 2009). In addition, the university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers which was different from the support they had received from their flatmates (Wilcox et al., 2005). Finally, Lee & Smith's (1999) study highlighted that relationships between students and their teachers, friends, parents, and neighbours were crucial when they were in line with schools' purpose to enhance students' learning ability.

It has also been shown that social media plays a vital role in adolescents' ways of life. For example, Flaherty, Pearce, & Rubin's (1998) study found that participants used the Internet to fulfil their pleasure and Baym, Zhang, & Lin's (2004) study proposed that face-to-face communication was the main choice for communication whereas the Internet was widely used among college students. Additionally, computer-mediated conversation reduced the disadvantages of face-to-face communication due to it provided some benefits, for example, invisibility and disguising the users' identity (Ho & McLeod, 2008). Another study indicated that Myspace users were more suffered and more likely to use unproductive coping strategies (self-blame and venting) than non-Myspace users (Baker & Moore, 2008). They also suggested that these users were more unsatisfied with their online and current friends than non-users and they were probably using Myspace to enhance their social network. (Please see more detail in chapter 3.)

## **2.6 Summary**

This chapter addressed the definitions, measurements, concepts and theories of self-compassion and psychological resilience. It summarised both internal and external factors that have effects on self-compassion and psychological resilience. These factors were divided into three main factors (personal factors, social support and family factors and educational attainment factors). It also described the relationship between self-compassion and psychological resilience. The psychological benefits of these constructs were also discussed.

In summary, there is a large body of literature on psychological resilience compared to self-compassion and little is known about the relationship between self-compassion and psychological resilience, especially in the cross-cultural context. There is also no research about factors affecting these constructs among Thai and British students. Therefore, it is worth exploring these constructs in Thai and British students in more detail.

The next chapter will focus on the relationship between social media and these two constructs. It will also describe the relationship between social media and psychological wellbeing.

# **CHAPTER 3: LITERATURE REVIEW OF SOCIAL MEDIA**

## **3.1 Introduction**

Chapter 2 focused on self-compassion and psychological resilience, the factors affecting these constructs and the relationship between them. However, it did not include social media use which was likely to be one of the predictors of self-compassion and psychological resilience because it was found to be relevant to young people's psychological wellbeing. This chapter will focus on the background of social media, the effects on social media on young people and their psychological wellbeing. It will also investigate the relationship between social media, self-compassion and psychological resilience, as to date there has been no research conducted to investigate the role that social media has on these two constructs in spite of a crucial role that social media had on adolescents' lives.

## **3.2 Social media use**

### **3.2.1 Definition of social media**

A number of researchers have defined social media from varied aspects. For example, Kaplan & Haenlein (2010) defined social Media as a group of Internet-based applications that build on the Web 2.0 and allow the users to create and exchange their contents. Kietzmann, Hermkens, McCarthy, & Silvestre (2011) also mentioned that individuals and societies could use social media to share, create and change their contents whereas Peters, Chen, Kaplan, Ognibeni, & Pauwels (2013) viewed social media as the systems that allow the users to communicate with other people. In addition, social media was referred to the media that the senders use to share the messages with the receivers via social network. Therefore, there are the communications between the senders and receivers or among the receivers (Wijitboonyarak, 2011).

Overall, social media were be defined as online applications that allowed the users to communicate with other people by creating, sharing, or exchanging their information with other people.

### **3.2.2 Classification of social media**

Many researchers describe social media in many different ways. It refers to websites and applications that enable users to create and share content or to participate in social networking (Oxford University, 2013). Also, its content refers to the contents that the users created and disseminated on the web, for example, photos, pictures, or videos, tags, reviews, and play-lists (Ahlqvist, Bäck, Halonen, & Heinonen, 2008). Moreover, it is defined as the usage of technologies to share, debate and change the users' content (Kietzmann et al., 2011).

Some researchers revealed that social media played an important role in political changes, social movements, an organizational management, and industries such as music, broadcasting, and retail (Hearn, Collie, Lyle, Choi, & Foth, 2014). Specifically, social media could provide a new political space for Arab people to take part in public debates without social status and control but it required the high level of self-discipline of users (Klischewski, 2014). It allowed activists to use the fast and low cost way to communicate with other members. However, there were many levels of online interaction, for instance, e-mail, SMS, or Twitter so activists changed their techniques to get what they wanted by using social media first and then the traditional protest would be held (Sandoval-Almazan & Ramon Gil-Garcia, 2014). In addition, employees could also use social media to communicate with other people outside the organizations and this could affect organization's image in a positive or a negative way (Miles & Mangold, 2014). Similarly, most of Thai educational staffs in Nakhon Pathom Province used social media websites to communicate with other people about their works (80.60%) and search for some information/exchange the data (76.12%). However, they would like to attend a training/conference/ seminar to gain knowledge about using the social network sites (35.82%) or receive the handouts which was related to social network (29.85%) (Pumnuch, 2012).

In the era of globalization, using social media becomes a common activity for children and young people. It can help us to communicate with lots of people within a few seconds. At that time, we can share our opinions, beliefs, and culture to let other people know. In other words, it enables teenagers to engage in socialization and communication process, learning opportunities, and even accessing health information (O'Keeffe, Clarke-Pearson, & Council on Communications and Media, 2011).

Figure 3.1 Classification of Social Media by social presence/media richness and self -presentation/self-disclosure (Kaplan & Haenlein, 2010)

		Social presence/Media richness		
		Low	Medium	High
Self- presentation/ Self- disclosure	High	Blogs	Social networking sites (e.g., Facebook)	Virtual social worlds (e.g., Second Life)
	Low	Collaborative projects(e.g., Wikipedia)	Content communities(e.g ., YouTube)	Virtual game worlds (e.g., World of War craft)

According to Figure 3.1, there were various types of social media ( Kaplan & Haenlein, 2010). They included:

**1. Collaborative projects:** these are used to create the contents by many users.

**2. Blog:** it has varied patterns. A person can control it and provide the opportunities for users to communicate with other people by writing comments.

**3. Content communities:** these consist of many different types but users are not requested to create their profile pages.

**4. Social network sites:** the users can use them to create their profiles, communicate with friends and colleagues, send emails or messages, including share pictures and videos.

**5. Virtual game worlds:** these reproduce a virtual images in which users can create their own avatars and communicate with other people as if they are in a real world.

**6. Virtual social world:** these are similar to virtual game worlds but there are no restricted rules for the possibility to contact each other in the real world.

Similarly, as of late 2012, more than 330 different applications were available. Common and familiar examples included (Walaski, 2013):

**1. Blogs:** these are patterns of web-based communication.



**2. Microblogging:** these give opportunities to users to send short messages within 140 digits.

**3. Social networking sites:** these allow users who have similar interests to contact each other, for instance, Facebook and MySpace.

**4. Professional networks:** these are related to users' professions. The users can contact, share, and discuss with other people who have the same careers, for example, LinkedIn and Plaxo.

**5. Video sharing:** the users can upload videos on these sites. They are used for both personal and professional purposes.

**6. Content-driven communities:** these are used to communicate with other people by sharing or editing some incorrect contents.

In addition, some researchers also had attempted to investigate and classified the types of social media. Thitimajshima (2010) reported that there were many kinds of social network sites. They included:

**1. Weblog:** it looked like an online diary that has a comment section and the links to other websites.

**2. Social networking sites:** these sites can be used to show individual's identity and story via the internet, for instance, Facebook, Myspace and Hi5.

**3. Video-sharing Sites:** these sites can be used to present people's projects, for example, Youtube, Flickr and Multiply.

**4. Microblog:** it is used to send the short messages (no more than 140 characters) among the members, for instance, Twitter.

**5. Wikis:** it is a website that everyone can share their knowledge.

**6. Virtual world:** the users can create their own characters to do many activities in the games or virtual communities.

Accordingly, Wijitboonyarak (2011) divided social media that were widely used into 4 categories. These included:

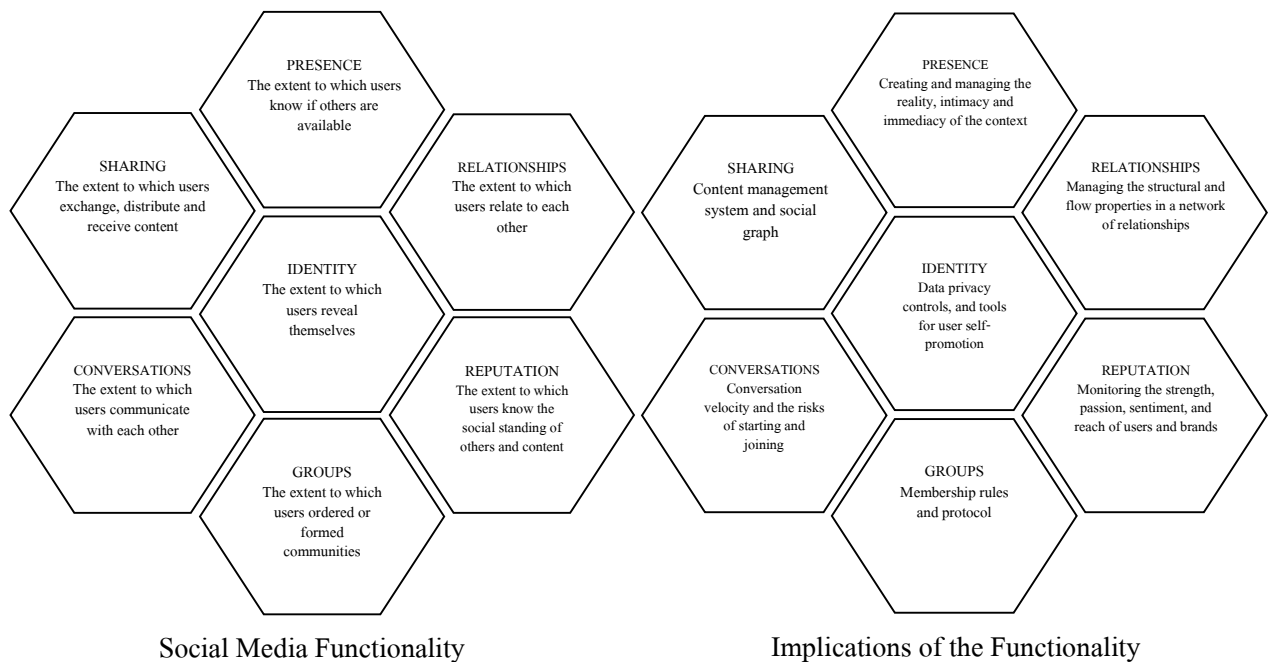
**1. Blogging:** it comes from the combination between the words 'Web' and 'Log'. It facilitates the audiences to broadcast and share their essays.

**2. Twitter and Microblogging:** microblogging limits a number of words to post each time whereas Twitter is a pattern of microblog that allows the audiences to write only 140 characters in one post.

**3. Social Networking:** it is a website that allow people to communicate with other people. The main components of social networking are profiles, connecting and messaging.

**4. Media Sharing:** it is a website that allow people to upload and share the multimedia with other people.

Figure 3.2 The honeycomb of social media (Kietzmann et al., 2011)



According to Figure 3.2, it is a honeycomb of seven functional building blocks (Kietzmann et al., 2011). They included:

- 1. Identity:** social media allow users to show their general information via these sites, for instance, name, age, and gender.
- 2. Conversations:** the users can use social media to communicate with other people.
- 3. Sharing:** the users can share, exchange, forward, and receive contents on social media.
- 4. Presence:** social media allow other users know if someone is approachable.
- 5. Relationships:** the users can use social media to represent how they relate to other people.
- 6. Reputations:** the users can display their prestige on social media sites.
- 7. Groups:** the users can create their different kinds of group on social media.

A recent study investigated how people used the Web to manage their personal information and divided content into 5 different types according to their implications (Lindley, Marshall, Banks, Sellen, & Regan, 2013). They included:

1. High Value Collections

It is collections of content that people upload or restore on the websites because they have determined it as high value. So, it becomes a part of personal information management.

2. Collections that are Curated Online

It is content that had selected, preserved, maintained online. People can also retrieve it when some problems occur.

3. Collections that Emerge through Use

It is collections of content that continuously presented and collected after users have made decision to accept or restore, for instance, E-mails and friend requests.

4. Content for Consumption in the Moment

It is related to posting something via social media websites, for example, Facebook and Twitter. It represents people's communication, social responsibilities, and presenting themselves to other people.

5. Dynamic Contents: Profile and Personal Pages

It refers to profiles and other personal pages that are uneasy to edit or remove because changing them maybe causes negative effects.

### **3.3 The relationship between social media and psychological wellbeing**

Researchers started investigating the effects of social media on psychological wellbeing approximately in 2000 (Lee & Choi, 2014). It was found that social media had both positive and negative effects on individuals' psychological wellbeing. For example, the Internet usage could reduce the levels of loneliness and depression and boost the levels of perceived social support and self-esteem in undergraduate students in the United States (Shaw & Gant, 2002). Ellison, Steinfield, & Lampe (2007) suggested that Facebook use was related to psychological wellbeing and it was probably useful for the users with low self-esteem and low life-satisfaction whereas Facebook use could provide the social support (Kim & Lee, 2011; Nabi, Prestin, & So, 2013), preserve their relationships with remote family and friends (Dunbar, 2016)

or offline network (Lampe, Ellison, & Steinfield, 2008), boosted the happiness (Kim & Lee, 2011), promoted the physical health and improved psychological wellbeing (Nabi et al., 2013) for the users. Facebook usage was also related to psychological wellbeing in particular the samples who had low mental resilience (Ziv & Kiassi, 2015). Accordingly, the frequency of social network sites usage had an indirect effect on Dutch adolescents' self-esteem and wellbeing due to the positive responses that they had received increased their self-esteem and wellbeing but negative responses reduced their self-esteem and wellbeing (Valkenburg, Peter, & Schouten, 2006).

Interestingly, previous research found that people used social media as a tool for the emotional management and receiving some social support or some help. Leung (2007) reported that when the children and adolescents had to deal with difficulties, they were likely to use the Internet for control their emotions and social compensation. If they received more online or offline social support, they were less distressed when they encountered the undesirable events. He also found that social support and Internet usage could buffer the effects of difficulties in life and decrease the level of stress and anxiety in children and adolescents in a short term. Interestingly, sharing and the possibility to receive the feedback on microblogs could help people with low emotional stability to gain the social support and increase their wellbeing due to it did not require the users to have a face-to-face communication (Buechel & Berger, 2012). Recent research demonstrated that students who have mental health problems used social networking websites more than other students because they wanted to communicate or receive the support from other people to fulfil their health-related need. They also suggested that students who spent more time using social networking sites tended to have less time to do health-related activities (Sampasa-Kanyinga & Lewis, 2015) and the BodiMojo mobile application which was developed by using the concept of self-compassion, was beneficial for participants to cope with the stress (Donovan et al., 2016). Furthermore, digital learning influenced the coping strategies that were applied to deal with the online risks by children (Vandoninck, D'Haenens, & Roe, 2013) and some participants share their negative feelings and tried to find some help on Social Network Sites (SNS) (Ophir, 2017).

However, the research result showed that people probably regretted after posting on Facebook due to a few factors. These were: 1) they wanted to be recognised by other people positively; 2) they did not think about the reason or the outcomes of posting; 3) they misunderstood about their norms and cultures; 4) they were in a bad

mood or used drugs or alcohol; 5) they posts were seen by the unexpected people; 6) they did not know their expected people's feedbacks, and; 7) they did not use or understand Facebook properly (Wang et al., 2011). Likewise, social media use influenced the size and nature of an individual's social network and brings new opportunities for social comparison due to it provided novel opportunities for individuals to compare themselves with others, and these comparisons could have negative influences on well-being (Feinstein et al., 2013).

Even though social media use can be very beneficial for business and education sector, it can be a main cause of social problems in children and adolescents. The research result showed that social network becomes a risk factor for children and teenagers to get involve in cyberbullying and online harassment, sexting, Facebook depression (O'Keeffe et al., 2011), isolation, dangers, and etiquette (Likerman, 2010). Furthermore, overuse of technology has influenced our children in an adverse manner; elevated exasperation, deteriorated patience, declining writing skills, and lack of physical interactivity (Martin, 2013).

### **3.4 Young people and social media**

Previous research has investigated social media use and young people in varied dimensions. One topic of particular interest is the motivation of social media use. Papacharissi & Rubin (2000) investigated the predictors of Internet use in the students in the United States and proposed that they were five motives to use the Internet. They consisted of social benefits, passing time, searching for information, convenience and entertainment. Then, Barker (2009) mentioned that the most important motivation for using social networking sites in the United States was communicating with close friends. After that, Luchman, Bergstrom, & Krulikowski (2014) proposed that the motivations for social media website use for young Americans consisted of fun-related dimension (i.e. entertainment) and content-specific dimension (i.e. searching for some information). Similarly, Lee & Choi (2014) revealed that social media use motivation in Americans and Koreans consisted of motivation for socializing, seeking for the self, seeking for information and entertainment. They also reported that different motivations would affect social media use differently. There were four motives for Thai university students' social network sites. They consisted of making new friends, maintaining the relationship, passing time and following their friends (Dumrong Siri &

Pornsakulvanich, 2010). Similarly, Thai people used social networking sites for passing the time, contacting friends, fashioning, maintaining the relationships, entertainment and recreation. In addition, Thai females were likely to use social networking sites to maintain their friendship than males (Pornsakulvanich & Dumrongsiri, 2013).

There is a large volume of published studies describing the factors of social media use. In the early stage, the macro-level research had been developed to investigate the Internet Connectivity in the Organization for Economic Cooperation and Development countries (OECD) and shown that an economic development and policy about telecommunication could predict a level of Internet connectivity in these countries (Hargittai, 1999). The researchers also suggested that their outcomes could give the overall pictures about the differences of Internet use in these countries and the further research needed to focus on specific factors such as personal information (i.e. age, socioeconomic status and political views).

An adjustment is vital for adolescents to live in the technologized world because they had to encounter the major changes while they focused their social lives on their friends rather than their parents (Allen & Sheeber, 2009). Interestingly, social media was found to be relevant to adolescents' identity. Turkle (2005) explained that the computers were a part of adolescents' lives and they could get involved in adolescents' identity development. Specifically, some adolescents focused on the computers and became experts in computers while most adolescents combined their computer skills with the identity development and used the computer for the personal or work-related purpose. Boyd (2007) also described that the adolescents' identity development was long lasting and adolescents needed to be encouraged in every stage. It was shown that social media affected the way that adolescents spent their lives in their homes. Livingstone (2007) discussed the transition from the public culture to the private culture and the transition from the family television to the bedroom culture. Specifically, she described that the bedroom was seen as a place to fade away from family's need previously but recently it was used as a private media centre for children and adolescents.

In addition, social media has been used as an important communication medium to support social bonding in young people. Barker (2009) found that females older adolescents tended to spend more time using social networking sites for communicating with friends, passing time and entertainment whereas males tended to

use social networking sites for social compensation, social identity fulfilment and learning about the societies. She also mentioned that a transition from high school to college could be a hard time for some males who did not receive any support from their peer group. Therefore, they would probably search for an online support instead. For example, older adolescents who felt unsafe when they had face-to-face communication tended to use the Internet to communicate with other people and adolescents who did not have good relationship with their group, were likely to seek for their identity via social networking sites. Moreover, Thai adolescents who lived in Chiang Mai province had positive attitude toward a culture of using Information and Communication Technology (ICT) in their communities to maintain their relationship with relatives (Kemwimoottiwong, 2013).

Interestingly, Thais who were influenced by media and the people who were close to them tended to spend more time using social networking sites and Facebook (Pornsakulvanich & Dumrongsiri, 2013) whereas Jaruratanasirikul, Wongwaitawee Wong, & Sangsupawanich (2009) reported that playing the electronic games could affect Thai adolescents' academic performance due to the lessened time they would spend for educational or social purposes (friends and family). Liengpradit, Sinthupinyo, & Anuntavoranich (2014) also found that Thai college students used social media based on their activities because they tended to change their behaviours and follow their friends' behaviours after seeing their friends' online status. Moreover, the researchers revealed that Facebook use in Thai adolescents has changed over time from logging in several times a day to begin with, to logging in every time they see a notification. In other words, they go online more frequently, but spend less time per visit. This has happened because the lower price and accessibility of mobile phones and the Internet network development in Thailand (Liengpradit et al., 2014).

Nevertheless, social media have been beneficial for Thais in other ways. Lower secondary school students used social media sites to contact their friends and access some information which was difficult to achieve in their real lives (Wangcharoentrakul, 2010). Interestingly, Thai adolescents also used social media for political communication, for example, reading the political and social information, communicating with the group members and making the networks (Chainan, 2012). In addition, Thais used social media to achieve their goals. For example, a Big Tree Project used Facebook to provide their information about preserving the big tree in Bangkok to the audiences (Suwantararat, 2012), a dek-d website was developed for

adolescents to exchange the academic and entertainment information (Anusasanant, 2008) and an online social network was applied to develop a learning model to increase intercultural awareness for students who had learnt foreign languages (Sarasuphab, 2010).

### **3.5 The relationship between social media, self-compassion and psychological resilience**

Social media use has been shown to moderate some of the stressors associated with education in young people. For example, social media helped Chinese students to adjust themselves to their new American culture, (Zhang, Jiang, & Carroll, 2012). An online bulletin board for class notification which was called the Pizza site also helped Dartmouth College students to achieve higher in their class and the number of students' posts was significantly associated with their grades for this subject. In contrast, classroom participation was not related to their academic performance (Wang et al., 2014). In a further study, self-compassion was significantly associated with the tendency to cope with one's negative feelings by using the adaptive emotion-focused strategies of positive reinterpretation and acceptance (Woo Kyeong, 2013). Moreover, self-compassion also correlated with internet connection (Skender & Akin, 2011) and lower anxiety levels (Neff et al., 2005). It is also worth noting that the encouragement of self-compassion has been highly beneficial for diminishing internet addiction (Skender & Akin, 2011). However, Brissette, Scheier, & Carver (2002) mentioned that college students who had large friendship networks tended to obtain more social stressors than those who had smaller friendship network sizes.

Some researchers have tried to study the factors affecting adolescents' social media use. The results showed that mothers had an effect on adolescents' self-concept whereas friendship had an effect on digital media use. Specifically, online communication with friends could influence adolescents' self-concept via positive outcome of friendship characteristics (Davis, 2013). Accordingly, significant others (their loved ones, family members, and friends) were one of the strongest factors that affected social networking site (SNS) use (Pornsakulvanich & Dumrong Siri, 2013) and personal factor (in particular gender) and good family functioning were relevant to the possibility of internet addiction in Hong Kong youth (Yu & Shek, 2013). Hargittai & Shafer (2006) found that males and females did not have different online abilities.



Nevertheless, females perceived their online skills than males did and this influenced female's online behaviours and their pattern of internet usage. Likewise, Takao, Takahashi, & Kitamura (2009) reported that gender, self-monitoring and approval motivation affected ambiguous mobile phone use among Japanese college students. They also indicated that even though gender was a weak predictors of problematic mobile phone use, females tended to have this behavioural problem more than males.

In addition, Hargittai (2010) added that socioeconomic status could predict how people used the Internet in their lives because students who had lower socioeconomic status, females, and Hispanic origin, were likely to use the Internet to search for the information than other students. It was also indicated that social media use was relevant to the users' resilience. Ko & Pu (2011) found that self-disclosure on blogs could enhance the users' resilience according to when the users accessed blogs to record difficulties in their lives: they could vent their feelings and emotions to support their understanding about themselves, maintain the relationships and receive positive feedbacks that could help them to get over difficulties. Nevertheless, there was no research investigating the roles that social media had on self-compassion and psychological resilience, especially from the cross-cultural perspectives.

### **3.6 Summary**

This chapter summarized the definition, classification, and measurements of social media. It has stressed both the positive (i.e. receiving social support and dealing with their emotions) and negative (i.e. providing a social comparison and regret after posting) effects of social media use on young people's wellbeing. It also described the relationship between social media, self-compassion and psychological resilience. Overall, these studies highlighted the need for the further investigation about the effects that social media had on young people's psychological wellbeing, in particular, self-compassion and psychological resilience. To date, no study has explored these three constructs among Thai and British higher education students.

The next chapter will illustrate cross-cultural comparisons of social media use, psychological wellbeing, self-compassion and psychological resilience.

## **CHAPTER 4: CROSS-CULTURAL COMPARISONS**

### **4.1 Introduction**

In this chapter, cross-cultural comparisons between the UK and Thailand will be explored, because different cultures may affect individuals' perception about themselves and the strategies that they apply to deal with difficulties. The cross-cultural dimensions and the cross-cultural comparisons of social media use will be summarized. In addition, this chapter will illustrate cultural differences in psychological wellbeing, self-compassion and psychological resilience.

### **4.2 Cross-cultural dimensions**

In 1998, Hofstede and colleagues developed a model to describe the cultural differences in many countries and proposed some interesting cultural dimensions which were relevant to individualism/ collectivism and masculinity/ femininity. Specifically, they indicated that the UK was one of the masculine countries while Thailand was a feminine country along with other countries, for instance, Denmark, Finland and Norway (Hofstede, 1998). They also described that males were taught to be confident, energetic and strong while females were taught to be soft and to treasure their relationships in the masculine countries whereas everyone was expected to be humble and was allowed to be soft and to treasure the relationships in the femininity countries (Hofstede, 1998). After that, Hofstede & Hofstede (2005) investigated people's values in 50 different countries and proposed that there were four cultural dimensions. They consisted of power distance, individualism, masculinity and uncertainty avoidance. Then, they added the fifth dimension which was called long-term orientation. In their opinion, people in the collectivist countries were protected by their extended families or other people in their groups and defined their identity in relation to their social network, whereas people in the individualist countries were assumed to take care of themselves and their nuclear family and defined their identity on the individual (Hofstede & Hofstede, 2005). Interestingly, Hofstede, Hofstede, & Minkov (2010) proposed that people in the collectivist societies always stayed with their original families (extended family) and the family members were expected to be loyal to their families all their lives. On the contrary, most people in the individualistic

societies stayed in the nuclear family and children in this kind of family were supposed to leave their families when they grew up to live dependently and decrease the relationship with their original families.

### 4.3 Cross-cultural comparisons of social media use

Social media has been found to be popular among people in many countries. It was found that there were many kinds of social media that Thai and British citizens accessed in 2015. Surprisingly, Thailand was in the top 10 countries where people widely used Facebook, Youtube and Google Plus, while the UK was not in the top 20 countries that people used these social media sites regularly (Chaffey, 2015). In addition, Thailand was in the 13<sup>th</sup> ranked county for Twitter popularity compared to the UK (the 20<sup>th</sup> countries) (Chaffey, 2015).

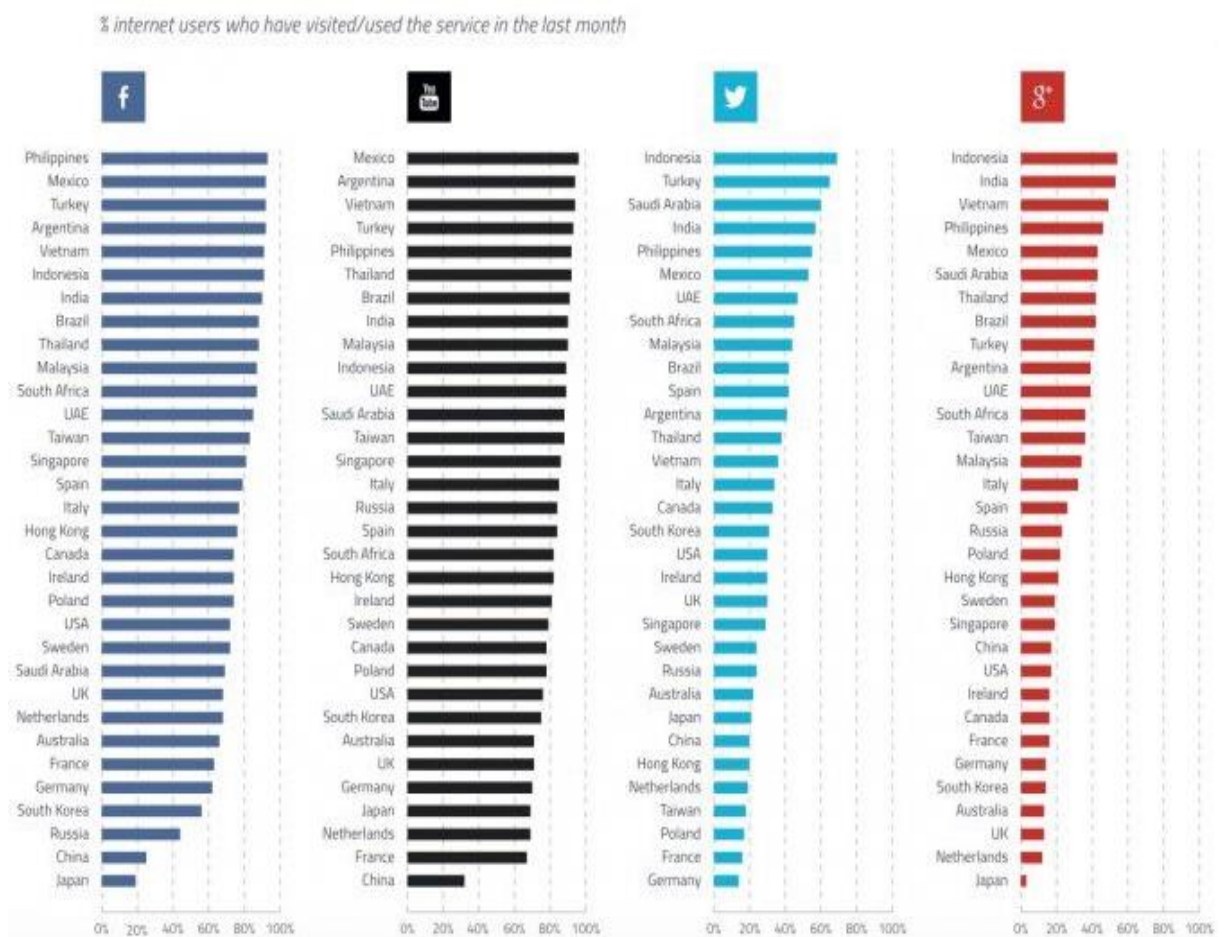


Figure 4.1 The popularity of social network in term of the country (Chaffey, 2015)

The prior study also reported that the most popular social media sites in the UK in the fourth quarter of 2015 was Facebook, followed by Facebook Messenger, WhatsApp and Twitter (Statista Incorporations, 2017a). Then, it was indicated that the most popular social media sites in Thailand in the fourth quarter of 2016 was Facebook, followed by YouTube, Line Application and Facebook Messenger (Statista Incorporations, 2017b). There were varied factors affecting social media use in many countries, for instance, gender, social status and educational background.

Since social media were popular among people all around the world, previous research indicated that social media played an important role in people's lives and some studies specified that it had both advantages and disadvantages for adolescents (Best et al., 2014; McGuire & Downling, 2013; Moreno & Kota, 2014; Valkenburg & Peter, 2009a). Social media like Facebook were beneficial because they allowed the users to use their profiles to show themselves to their online networks and know the backgrounds of people they were contacting (Lampe, Ellison, & Steinfield, 2007) and enabled the users to get the delayed feedback from many other users (Buechel & Berger, 2012). Similarly, writing on blogs could help the bloggers to change their emotions, conquer the obstacles and recover from difficulties in their lives (Ko & Pu, 2011). In addition, there were some functions of computer-mediated conversation, for example, invisibility and decreased social identification, reduced the disadvantages of face-to-face communication on giving the comments and enhancing people's consideration (Ho & McLeod, 2008). Finally, it was indicated that Facebook usage assisted Korean and Chinese college students to feel comfortable and adjust themselves to the new culture while they had stayed in the United States (Park, Song, & Lee, 2014).

The internet was another option for face-to-face communication (Papacharissi & Rubin, 2000) and online communication did not separate people from offline communication but it helped people to maintain the relationship even though they moved to other places (Ellison et al., 2007). It was found that a majority of people use Facebook for attaining quick communication and contact with friends (Cheung, Chiu, & Lee, 2011) and online communication was associated with the closeness to friends in case preadolescents and adolescents used it to talk to their offline friends (Valkenburg & Peter, 2007). Accordingly, Social network sites were used to contact and maintain the relationship with offline networks that people had developed (family, friends and acquaintances) (Kuss & Griffiths, 2011). Shaw & Gant (2002) also

suggested that Internet usage reduced levels of loneliness and depression but also boosted the levels of perceived social support and self-esteem in undergraduate students in the United States. Nevertheless, Flaherty, Pearce, & Rubin's (1998) findings reported that the Internet was not received as an alternative choice for face-to-face communication and the participants in their study preferred to use face-to-face communication to fulfil their social relation needs and apply the Internet to fulfil their pleasure and Baym, Zhang, & Lin (2004) also suggested that face-to-face communication was the main choice for communication whereas the Internet was widely used among college students. Additionally, Yao & Zhong (2014) found that contacting friends and family online could not replace their offline communication to decrease the loneliness while enhancing the face-to-face communication could lessen the Internet addiction.

Social media were likely to function as a tool to slow down the rate of absence in the friendship but it was probably not adequate to maintain the friendships without face-face-face communication (Dunbar, 2016). According to this result, the samples in the UK who had massive online networks did not gain more close friends than they had. Rather, they just added acquaintances to their friendship network as social networking sites did not let them specify their relationships, while offline communication let them discriminate the difference between friends and acquaintances from emotional connection. Similarly, Papacharissi & Rubin (2000) found that students in the United States who were satisfied with their lives and interpersonal communication would use the Internet as a tool, for example, searching for some information. In contrast, people who were not satisfied with their face-to-face communication, used the Internet to be another choice to gain social benefits or pass time. Specifically, they reported that people who felt more appreciated by their friends and family and used social media to search for some information, would feel more pleased than the others and people who used the Internet to achieve their psychological or social needs, were likely to use the Internet more than other groups. They suggested that this probably happened because using the internet was lack of visual communication and allowed the users to create their new identities, feel more relaxed and less stressful than having face-to-face communication. In addition, social media had an effect on psychological wellbeing throughout realising social support and self-esteem (Lee & Choi, 2014). Interestingly, social media rose the possibility to

recognise the social conflict in adolescents because they tended to use drama to represent their identities during the conflict (Marwick & boyd, 2014a).

Some researchers investigated the relationship between individuals' characteristics and Internet or social media use. The research results showed that people who had insufficient self-presentation, tended to use the Internet to communicate with other people (Caplan, 2005). In addition, people who were hard to get along with and people with low levels of self-esteem were more likely to become addicted to Instant Messaging (IM) (Ehrenberg, Juckes, White, & Walsh, 2008) whereas people who were worried and fear for a face-to-face communication, used Facebook for passing time and make them feel less lonely than other people even though they had fewer Facebook friends (Sheldon, 2008). It was also found that people tended to share the high-stress situations on Twitter or face-to-face communication more than low-stress situations (Choi & Toma, 2014). Moreover, even though they used different kinds of media, they perceived more positive effects after sharing positive circumstance, and obtained more negative effects after sharing negative circumstances. The recent research also suggested that clan membership was probably lessen the relationship between aggressive contents in this online game and some behaviours in females. (Ybarra & boyd, 2015). However, another finding proposed the patterns of online opportunities (i.e. social interaction, occupations and social activities) and the online risks (i.e. pornographic and destructive contents) for young people (Livingstone, Bober, & Helsper, 2005). In 2008, Livingstone (2008) proposed that online risks probably derived from the unawareness of users, the users' high self-confidence or the peer ignorance, the users' online literacy or the problematic website design. Online privacy could be problematic during internet usage. Marwick & boyd (2014b) indicated that social media allowed individuals to share other people's information and it was difficult for each person to manage the privacy. Interestingly, it was found that the cultural differences are vital in investigating and distinguishing social media use in many countries. For example, culture played a vital role in exploring the relationship between social media and psychological wellbeing among Korea and the United States (Lee & Choi, 2014). Pornsakulvanich & Dumrong Siri (2013) also suggested that culture was crucial for investigating a usage of social networking sites in Thai population. On the other hand, social media influenced the cultural change. Viberg & Grönlund (2013) proposed that the cultural factors did not influence the students' attitudes toward the mobile appliances usage for learning other

languages in China and Sweden while the technology was crucial for creating the culture.

A great deal of previous research into social media has focused on social media use in the United States and Asian countries. For example, Kim, Sohn, & Choi (2011) indicated that Korean students tended to use social media to receive social support from their offline social network whereas American students tended to use social media for entertainment. It was also found that social media use for seeking information about body image was associated with the satisfaction of their bodies in Americans and Koreans negatively whereas social media use for searching for their status in term of their body image was associated with the satisfaction of their bodies in Koreans (Lee, Lee, Choi, Kim, & Han, 2014). To compare the phenomenon of social media use in different countries, social media use was investigated cross-culturally. Jackson & Wang (2013) indicated that personal factors could predict social media sites usage in China less than the United States. They proposed that the importance of family, friends and their groups (collectivism) tended to play a role in social media use in Chinese sample whereas the importance of self (individualism) was likely to affect social media use in American sample. Nadkarni & Hofmann (2012) also found that people who relied on the collectivism exhibited higher levels of need of belonging while people who lived in the individualistic countries presented the higher levels of need of self-presentation. They suggested that the Facebook users, who had the different offline and online behaviours, were probably make an effort to recompense for the lack communication with friends and other people. Moreover, collectivism affected the incentive to use social media sites in India (Muralidharan, La Ferle, & Sung, 2015).

Finally, a recent cross-cultural research showed that there were two cultural factors ( low uniqueness and high context) and two personal factors ( low conscientiousness and low emotional stability) which could predict the intrusion of Facebook in eight countries ( China, Greece, Israel, Italy, Poland, Romania, Turkey and the United States) (Błachnio et al., 2016). Previous research has explored the effects of social media use. For example, it was reported that cultural differences probably affected females' addictive behaviours, in particular Asian countries (Takao et al., 2009). Another research also reported that an American sample obtained the higher levels of cyberbullying than Japanese sample and suggested that culture, reinforcement and positive attitudes influenced cyberbullying (Barlett et al., 2014).

Interestingly, Facebook addiction in Thai students is higher than some countries, for instance, German and Philippines and there were six factors that predicted Facebook addiction in Thai adolescents (Khumsri et al., 2015). These consisted of: gender, school location, adequate personal finance, duration of using Facebook on weekdays, available time to use Facebook on weekends, and gadgets to log on Facebook.

#### **4.4 Cross cultural comparisons of psychological wellbeing**

The literature has emphasized the importance of psychological wellbeing and other psychological constructs. Some researchers developed some programmes or intervention, which were relevant to psychological wellbeing. McGonigal (2011) studied 220 obese women who had participated in a yearlong health education program that included body image training along with the usual advice about exercise and healthy eating. These women were encouraged to focus on creating health, strength, and wellbeing. They were asked to challenge the deeply held belief that they could only be happy when their bodies looked different. She found that the intervention worked due to the women reported better body image and less self-criticism and social anxiety related to their weight and appearance. They also showed greater average weight loss than the control group.

It was suggested that having good relationship with partners and family, community network, and religious faith in some cultural contexts, played crucial roles in boosting subjective wellbeing (Camfield, Guillen-Royo, & Velazco, 2010). For example, Hong Kong adolescents who had positive Chinese beliefs about difficulties, were likely to have higher level of psychological wellbeing and school adjustment and less behavioural problems and this relationship was stronger in adolescents who had economical problems (Shek, 2004).

Previous research has explored the psychological wellbeing among people in different countries. Generally, people were likely to have a higher level of subjective wellbeing (SWB) when they had personal characteristics according to their norms and values and the cultures affected individuals' levels of SWB and the factors affecting SWB (Diener, 2013). Interestingly, Camfield, Guillen-Royo, & Velazco (2010) found that subjective and psychological wellbeing in Thailand was higher than in Bangladesh, whereas the level of need deprivation was lower than in Bangladesh.



They reported that psychological wellbeing was effected by demographic information in Thailand, for instance, socio-economic status.

There were varied ways of coping with stress. While some people were resilient after the stressors, other people experienced bad situations (Troy & Mauss, 2011). According to Carver, Scheier, & Weintraub's (1989) study, they developed the COPE scale to measure the ways that people dealt with the stress and divided the coping strategies into two main groups. The first group was problem-focused coping, which consisted of active coping, planning, suppression of competing activities, restraint coping and seeking of instrumental social support. The second group was emotional-focused coping, which comprised of seeking of emotional social support, positive interpretation, acceptance, denial and turning to religion. In their previous study, they mentioned that the first group were more productive than the second group (Scheier, Weintraub, & Carver, 1986). An additional group was coping responses that were relevant to focus on and venting of emotions, behavioural disengagement and mental disengagement. Neff, Hsieh, & Dejitterat, (2005) investigated the relationship between self-compassion, achievement goals and coping with academic failure and found interesting results. They included:

1. Self-compassion was negatively related to using focus on and venting of emotions strategy which was a subscale of emotional-focused coping in this study.

2. Self-compassion was negatively associated with avoidance-oriented coping (denial, mental disengagement and behavioural disengagement) because people who treated themselves compassionately during the unsuccessful events, did not have to deny, suppress or hide their feelings but they would accept, perceive and balance their negative feelings.

3. Self-compassion was positively related to active coping and planning which were the subscale of problem-focused coping (Neff, Kirkpatrick, Rude, & Dejithirat, 2004 cited in Neff et al., 2005).

4. Self-compassion was positively related to using positive reinterpretation/growth and acceptance to deal with the bad feelings.

5. Self-compassion was positively related to emotional processing which was a subscale of emotional coping but it was not significantly associated with emotional expression subscale.

6. Self-compassion did not associate with problem-focused coping (active coping, planning, suppression of competing activities, restraint coping and seeking

instrumental social support) due to the fact that they had already received their undesirable marks and they could not change their marks.

A large body of literature has investigated about coping abilities. Carver & Scheier (1994) found that students used an avoidance coping to deal with the negative feeling before the exam and they coped with their grades after the exam by turning to use the problem-focused coping. They also mentioned that even though some students failed on their exam, they tended to make higher effort afterward. Additionally, Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth (2001) proposed three categories of coping which comprised of controlling over the condition and individual's emotions, adaptation to the circumstance and avoidance or disengagement from the condition or individual's emotions. They also showed that coping had been linked to psychological adjustment and mental problems. In addition, it has been suggested that nursing students encountered higher levels of stress and used unproductive coping (emotional-oriented coping, avoidance-oriented coping and distraction coping) during their study (Deary, Watson, & Hogston, 2003).

A number of studies have examined the benefits of the productive coping strategies. For example, Beasley, Thompson, & Davidson's (2003) study indicated that avoidance coping was useful in some situations because distraction-oriented coping decreased the levels of somatic scores in females in their study. Chinese adolescents generally used different ways of coping to deal with the stress (Liu, Tein, & Zhao, 2004) and Hong Kong adolescents who had positive cultural beliefs tended to had greater psychological wellbeing and adjustment at school and less behavioural problems (Shek, 2004). Additionally, Moffat, McConnachie, Ross, & Morrison's (2004) study showed that the first year medical students usually applied active coping strategies to deal with the stressors (active coping, positive reframing, planning and acceptance). In 2011, Thompson, Arnkoff, & Glass (2011) demonstrated that experiential avoidance, avoidant coping and suppression individuals' thought were related to psychological illness (posttraumatic stress disorder (PTSD), depression) and normal illness after the negative situations while mindfulness was related to fewer experiencing these events again, avoidance and PTSD symptoms (Thompson et al., 2011). Interestingly, previous research findings found that people who used an attention control (AC), had higher levels of resilience in the long period while people who used unproductive strategies (i.e. distraction and rumination), would be more in danger over the long-term (Troy & Mauss, 2011).

Religion and culture were the strategies that individuals used to deal with difficulties. One of the important teaching of Buddha is mindfulness which was different from the Western mindfulness (Christopher et al., 2009). When Buddhists applied this teaching to their daily lives, they tended to focus on an importance of the present moment, not the past or tomorrow. It was also found that Theravada Buddhist intensive training was effective to improve Thai adolescents' psychosocial transformation (Thananart, Tori, & Emavardhana, 2000).

#### **4.5 Cross-cultural review of psychological wellbeing in the students**

A large and growing body of literature has investigated psychological wellbeing in relation to the cultural differences. In Thailand, some students were likely to have stress and anxiety. Research showed that the main factor of migraine in Thai junior high school students was the stress from the daily school activities (Visudtibhan et al., 2007). It was found that half of Thai nursing students in the previous study were depressed (Ross et al., 2005) and they tended to be stressful in the first year of their study programme because the hierarchical social status among them and handling with assignments and clinical placements (Naiyapatana et al., 2008). Ratanasiripong & Wang (2011) also revealed that even though Thai nursing students had lower levels of depression than other students, the percentage of depressed nursing students were high. They also found that depression was positively related to social difficulties and negatively related to self-esteem and life satisfaction. Additionally, Thai university students who studied in Faculty of Humanities had higher levels of severe stress and sleep deprivation than the students from Faculty of Medicine but they obtained the same levels of depression, sleepiness at the day time and overweight (Kongsomboon, 2010).

Not surprisingly, some students in other countries have similar problems. Compas, Slavin, Wagner, & Vannatta (1986) found that negative situations and psychological illness that adolescents encountered, were relevant to family problems, school problems, problems with the law and personal issues. Then, Moffat, McConnachie, Ross, & Morrison (2004) suggested that the first group of stressors in first year medical students were relevant to academic stress (i.e. studying and assessment) and the second group of stressors were personal stress (i.e. friendship problems and financial problems). Andrews & Wilding (2004) revealed that financial

problems and other problems could boost the levels of anxiety and depression in British undergraduate students. Similarly, there were several stressors that medical students in Nigeria had to deal with, for instance, financial problems, academic problems and family problems and these stressors had effects on students' mental health eventually (Omigbodun et al., 2006).

In addition, the new students needed social support for adjustment in higher education system and moving far away from their homes (Wilcox et al., 2005) and some of freshmen also lived far away from home for the first time and they may lack social support that they had obtained before (Crocker & Canevello, 2008). Accordingly, the first and second year had higher levels of depression, anxiety and stress than students in the different years (Bayram & Bilgel, 2008) and some medical students felt stressful in the first year of their study than other students (Guthrie et al., 1998). Likewise, Shaikh et al. (2004) proposed that studying and examination were the strongest causes of stress in Pakistani Medical School. Finally, Neely, Schallert, Mohammed, Roberts, & Chen (2009) reported that students who had to deal with difficulties (i.e. financial problem, the loss of family members and academic failure) 6 months ago, had lower level of wellbeing than other students and suggested that self-compassion was related to the students' wellbeing.

#### **4.6 Cross cultural comparisons of self-compassion and psychological resilience**

Even though self-compassion was crucial for understanding mental health and resilience (MacBeth & Gumley, 2012), several studies have investigated self-compassion or psychological resilience separately. There are relatively few historical studies in the area of these two constructs.

It is worth noting that self-compassion was not only related to feeling for individuals but also other people. Neff & Pommier (2013) revealed that self-compassion was linked to concern about other people but females were likely to have weaker relationship between self-compassion and other-focused concern constructs than males. In addition, females probably focused on caring other people rather than themselves. More recently, the research has shown that adolescents who could select the contexts that were relevant for their needs, viewed their growth and felt satisfied about themselves, were likely to be resilient (Sagone & Caroli, 2014). Furthermore,

they described that boys had greater wellbeing than girls and late adolescents had greater wellbeing than middle adolescents.

It has been found that self-compassion is relevant to the cultural differences. Markus & Kitayama (1991) proposed that there were two different views of the self. They consisted of the independent and interdependent view. The independent view was found in the United States and other western countries. From this view, individuals use their personal assets to define their true self and identity, rather than focusing on other people. Nevertheless, other people remain crucial for the purpose of social comparison. In addition, the interdependent view focused on preserving a reciprocal relationship between oneself and other people. In contrast people in Asian countries basically added the others to identify themselves and stressed on the interdependence between individuals and other people. Then, Thongsawang (1994) posited that most Thais liked to be themselves, showed their freedom through some activities and displayed their luxury due to it could prove that they were in a high social status, for instance, wearing expensive outfits, create big events and use expensive equipment. After that, Suwannarit & Rajabhat university lecturers (2003) summarized that Thai people were polite, generous, and friendly. They relied on the truth and help each other, had compassion which was an important moral in Thai society and focused on Individualism which was rooted from Buddhism, for example, they believe that everyone was equal but being good or bad people depended on their performances.

Interestingly, Neff et al. (2008) studied self-compassion and self-construal in the United States, Thailand and Taiwan and reported that the levels of self-compassion were relevant to specific culture rather than the differences between Eastern and Western cultures but that they were related to wellbeing in three countries. She found that Thailand had the highest levels of self-compassion, followed by the United States and Taiwan. Her interesting research findings also included the following (Neff et al., 2008):

1. Thais had higher levels of self-kindness than Americans and Taiwanese did.
2. Thais had lower levels of self-judgement than Americans and Taiwanese did.
3. There was not a significantly difference in common humanity among Thais, Americans and Taiwanese.
4. Thais had lower levels of isolation than Americans and Taiwanese did.

5. Thais had higher levels of mindfulness than Americans did.
6. Thais had lower levels of over-identification than Americans and Taiwanese did.

However, she also pointed out that there was no relationship between gender and culture (Neff et al., 2008). Finally, she added that self-compassion facilitated greater emotional resilience and stability than self-esteem, with less side effects than self-esteem (Neff, 2011).

Cultural and contextual factors have proved to exert a great deal of influence on the factors that affect resilience among the population of youth-at-risk (Ungar, Brown, Liebenberg, Othman, Kwong, Armstrong, & Gilgun, 2007). Similarly, cultural factors influenced academic achievement and academic resilience in Mexican American high school students (Gonzalez & Padilla, 1997). Resilience characteristics not only mitigated risks for PTSD, major depression, and suicidality, but also for substance use problems in adults exposed to children abuse or other traumatic experiences via a combination of factors (i.e. emotional and cognitive control under pressure, tolerance of negative affect, spiritual coping or strong social support) (Wingo, Ressler, & Bradley, 2014).

In Thailand, Parichatikanond (2010) investigated the factors affecting the Resilience Quotient (RQ) of Thai upper secondary school students and found that 1) The students who had different gender, study programme, cumulative Grade Point Average (GPAX), parents' education, parents' occupation, parents' marital status and family income did not have significantly different RQ average scores; 2) RQ was positively related to parent-child relationships, peer relationships and authoritative parenting but it was negatively associated with stressful life events, authoritarian parenting styles and permissive parenting style, and; 3) the predictors of RQ were peer relationships, stressful life events, parent-child relationships and authoritarian parenting style. She highlighted that Thai culture and society focused on the relationship between individuals and relatives or friends, compromise for maintaining the relationship, being generous and using humour and laugh to deal with the negative situations. Therefore, Thai adolescents could have the close relationships with others, were creative and had a good sense of humour but they were likely to less freedom or detach themselves from other people. As such a good relationship with friends and family can support and help students when they have to deal with the crisis in life (Parichatikanond, 2010). Moreover, Pisitsungkagarn, Taephant, & Attasaranya (2013)

also noted that religion and values were relevant to boosting self-compassion, especially in Thailand.

Most of resilience research defined a general operation, i. e. the consequences or successful or unsuccessful behaviours regarding to the specific cultural aspects (Harvey & Delfabbro, 2004). Accordingly, Fletcher & Sarkar (2013) pointed out that the sociocultural context was crucial but it was often disregarded when considering a positive adjustment. Williams & Drury (2009) reported that resilience people were able to have effective relationships with other people and receive the support from them while Baek, Lee, Joo, Lee, & Choi (2010) who developed the Korean version of the Connor-Davidson Resilience Scale (CD-RISC), mentioned that psychological resilience can predict the responses to stress, and resilient people could use positive emotion to recover from undesirable events. In addition, Wells (2010) noted that strong social network, good mental and physical health and low income were related to resilience of older adults who live in New York State and Choowattanapakorn, Aléx, Lundman, Norberg, & Nygren (2010) mentioned that the previous research results were often reported regardless the cultural contexts. Therefore, they tried to compare the levels of resilience among Thai and Swedish older adults and then found that their scores were similar and there was no difference between male and female mean scores of resilience. Liu, Wang, Zhou, & Li (2014) investigated the effects of resilience in the ordinary context rather than risk or crisis events and stressed that resilience had a valuable effect on psychological adjustment and suggested that the experts and therapists should apply the techniques to promote people's resilience for increasing their psychological wellbeing and relieve their suffering.

#### **4.7 Summary**

This chapter begins with the cultural dimensions in Thailand and the UK. Then, the research findings about social media use, psychological wellbeing, self-compassion and psychological resilience were presented continuously. A great deal of previous research into social media has focused on the factors and the effects of social media toward individuals' behaviours and psychological wellbeing. Moreover, a large body of literature has investigated psychological wellbeing and psychological resilience compared to self-compassion.

Overall, previous studies have investigated varied cultural dimensions of social media, psychological wellbeing, self-compassion and psychological resilience separately, but no research has yet explored these three constructs among Thai and British students regarding the cultural differences. Therefore, it is worth studying further to know the relationship between these constructs in the detail.

The next chapter is the first of the empirical research chapters. It will describe the questionnaire development and the pilot study process, including the ethics of the thesis and the final version of questionnaire.



# CHAPTER 5: SURVEY INSTRUMENT

## 5.1 Introduction

The aim of this chapter was to develop a questionnaire which was reliable and valid for data collection in Thailand and the UK. This chapter begins with the conceptual framework, followed by the independent variables of self-compassion and psychological resilience, and the ethics of the thesis. The modifying questionnaire will also be presented. Finally, the final version of questionnaire will be shown at the end of this chapter.

## 5.2 Conceptual framework of the thesis

This conceptual framework consists of three parts; personal factors, social support and family factors, and educational attainment factors. They are derived from the mixture of the researcher's interest and literature review. The details were as follows:

### **The independent variables of self-compassion**

#### 1. Gender

Some researchers had explored whether gender had an effect on self-compassion. For example, there were no significant gender differences in self-compassion in Turkish university students (Iskender, 2009). In addition, there was no difference between the levels of self-compassion in males and females significantly (Neff & Pommier, 2013).

#### 2. Religion

It was found that religious beliefs and practices was one of the protective factors of mental health in previous study (Tol et al., 2013). Neff et al. (2008) indicated that religious beliefs could not predict the levels of self-compassion in Taiwan and the United states but they did not investigate this factor in Thailand as there was not sufficient religious variance in Thailand. It would be worth conducting further research to clarify this issue.

### 3. Year of study

There was no research had investigated the main effects of year of study on self-compassion even though prior research reported that self-compassion was beneficial for the freshmen because it was positively related to life-satisfaction and the identity development, combatted the negative emotions during their study (Hope et al., 2014) and enhanced the perceived competence and mental health in the first and the second year social work students (Ying, 2009).

### 4. Degree

There was no research focussing been explored the effects of degree on self-compassion directly. Some studies described the participants' degree as a part of demographic data and then explored their self-compassion scores and other constructs. For example, Ying (2009) explored the contribution of self-compassion, the perceived competence and mental health in the first and the second year social work students. Therefore, this findings were the primary data for investigating this construct in future research.

### 5. Current average mark

Neff, Hsieh, & Dejitterat (2005) did not found the relationship between self-compassion and undergraduate students' actual grades in the United States. It would be worth studying this factor in the different contexts, in particular Thailand and the UK.

### 6. Performance in comparison with friends

This factor was used as a measure of perceived performance in case some students were in their first year and they had yet to receive actual marks. According to Neff, Hsieh, & Dejitterat's (2005) study, they did not find a relationship between self-compassion and undergraduate students' actual grades in the United States. In addition, Leary, Tate, Adams, Allen, & Hancock (2007) found that people who had low levels of self-compassion, underestimated their performances. However, it is crucial to explore the effects of performance in comparison with friends and self-compassion in Thai and British students directly.

### 7. Total household annual income

Previous research explored total household income or economic status as a demographic data but there was no investigation the effects that this factor had on self-

compassion. For example, Wei, Liao, Ku, & Shaffer (2011) explored the relationship between self-compassion and other constructs (attachment, empathy and subjective wellbeing) in students and adults and found that one in third of their participants were from the middle class, followed by lower class, lower middle class, upper middle class and upper class.

#### 8. A number of brothers and sisters

Previous research indicated that family and cognitive factors were the predictors of self-compassion (Neff & McGehee, 2010) and recognising family support could help premedical students to believe in their ability to deal with their study (Klink et al., 2008). However, if adolescents felt bad when they asked for help from their parents, it was possible that they would look for help from other family members instead (Barker, 2007). In particular, it would be possible that young people turned to talk to their brothers or sisters rather than their parents. Several studies focused on the siblings' adjustment to the critical illness. Nevertheless, there was no investigation on the influence of a number of brothers and sisters that may have on young people's self-compassion specifically.

#### 9. Family

Several reports had shown that the family support was relevant to self-compassion but they were not conducted in the Thai and British cultural contexts. For instance, Neff & McGehee (2010) indicated that family and cognitive factors were the predictors of self-compassion and Klink, Byars-Winston, & Bakken (2008) proposed that recognising family support could help premedical students to believe in their ability to deal with their study. In addition, Kelly & Dupasquier (2016) found that perceived affection from parents was associated with being self-compassionate and gaining self-compassion via their experience and perceiving of social protection. Another finding was parenting style were associated with adolescents' mental health (Sanavi et al., 2013). Finally, Pepping, Davis, O'Donovan, & Pal (2015) revealed that high levels of denial and overprotection from parents and low levels of affection from parents were relevant to low levels of self-compassion.

#### 10. Friends in classrooms

It was also found that friend support was as valuable as family support (Gonzalez & Padilla, 1997; Ross et al., 2005). When young people studied at the

universities, they mainly received social support from their friends at the university (Wilcox et al., 2005). In addition, the university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers which was different from the support they had received from their flatmates (Wilcox et al., 2005). Conversely, another study reported that 16 – 18 years old adolescents perceived that they received peer support more than parent support (Bokhorst et al., 2010). Therefore, it was interesting to examine whether friend support had an effect on self-compassion in Thai and British young people.

#### 11. Other friends outside classrooms

Not surprisingly, emotional support from family and old friends could help the first year students to deal with the stress when they adjust themselves for studying at the university for the first few days before receiving social support from their friends at the university (Wilcox et al., 2005). Additionally, university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers which was different from the support they had received from their flatmates (Wilcox et al., 2005). However, it was unclear whether other friends outside classrooms influenced the levels of self-compassion in Thai and British students.

#### 12. Social media use

Over the past two decades, most research in social media has emphasized the effects that social media had on young people's ways of life, in particular psychological wellbeing. On one hand, they gained the benefits from social media use. For example, sharing with the possibility to receive the feedback on microblogs could help people with low emotional stability to gain the social support and increase their wellbeing as it did not require the users to have a face-to-face communication (Buechel & Berger, 2012). Similarly, students who had mental health problems used social networking websites more than other students because they wanted to communicate or receive the support from other people to fulfil their health-related need (Sampasa-Kanyinga & Lewis, 2015). On the other hand, social media had the disadvantages for young people. For instance, social media use brought new opportunities for social comparison as to it provided novel opportunities for individuals to compare themselves with others, and these comparisons could have negative influences on wellbeing (Feinstein et al., 2013). Nevertheless, there was no research investigating the effects of social media use on self-compassion.

### 13. Attitude towards social media use

To date, several studies indicated that young people perceived social media use differently. Some young people perceived social media as a tool to maintain their offline relationships. For example, Thai young people who lived in Chiang Mai province had a good perspective toward a culture of using Information and Communication Technology (ICT) in their communities to maintain their relationship with relatives (Kemwimoottiwong, 2013). Contrarily, some research showed that social media use could bring the negative effects to young people, for example, regret after posting or social comparison (Feinstein et al., 2013; Wang et al., 2011). However, the effects of attitude towards social media use on young people's self-compassion was still unclear.

### 14. Effects of social media use on friends and family

Prior studies had examined the effects of social media use on the family and peer relationship. On one hand, it was found that online communication did not separate people from offline communication but it helped people to maintain the relationship even though they moved to other places (Ellison et al., 2007) and online communication was associated with the closeness to friends in case preadolescents and adolescents used it to talk to their offline friends (Valkenburg & Peter, 2007). Likewise, social network sites were used to contact and maintain the relationship with offline networks that people had developed (family, friends and acquaintances) (Kuss & Griffiths, 2011) and a majority of people used Facebook for attaining quick communication and contact with friends (Cheung et al., 2011). On the other hand, social media use could affect the time that young people spent communicating with other people face-to-face. Nadkarni & Hofmann (2012) suggested that the Facebook users, who had the different offline and online behaviours, were probably making an effort to recompense for the lack communication with friends and other people. In Thailand, playing computer games could affect Thai adolescents' academic performance as it lessened the time they would spend for educational or social purposes (friends and family) (Jaruratanasirikul et al., 2009) while Thai parents perceived social media as a vital media and concerned about inappropriate behaviours in youths (Siricharoen & Siricharoen, 2012). Despite this, there has been no investigation on the effects of social media use on young people's friends and family, in particular Thailand and the UK.

### 15. Frequency of absence

Neff et al. (2005) had mentioned about the relationship between self-compassion and school performance. She suggested that the enhancement of self-compassion would be useful for students' learning and school based interventions which relied on self-compassion, probably improved students' self-perspective.

### 16. Teacher support

Teachers played a vital role in improving young peoples' psychological wellbeing. Previous studies showed that teacher support was relevant to the subjective wellbeing of their students (Suldo et al., 2009) and university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers which was different from the support they had received from their flatmates (Wilcox et al., 2005). Finally, Lee & Smith's (1999) study highlighted that the relationships between students and their teachers, friends, parents, and neighbors were very crucial when they were in line with schools' purposes to enhance students' learning ability (Lee & Smith, 1999). However, the effects of teacher support on the levels of self-compassion among Thai and British young people was still unclear.

## **The independent variables of psychological resilience**

### 1. Gender

Several lines of evidence suggest that gender was crucial for considering psychological resilience. For instance, a recent study revealed that higher resilience was relevant to higher academic outcomes for female university inductees while it was related to poorer scores in males (Allan et al., 2014) and Parichatikanond (2010) reported that female students had higher resilience than male students. In contrast, another study found that some characteristics, for instance, country, gender and socio-economic status could nominally predict the violence and depression resilience of adolescents who encountered family violence compared to other factors (Kassis et al., 2013). In Thailand, Parichatikanond (2010) also pointed out that male students' Resilience Quotient (RQ) scores were not significantly different from female students' RQ scores. However, female students have slightly higher mean scores of RQ than male students. Therefore, the role that gender had on psychological resilience was unclear and need the further investigation.

## 2. Religion

Previous research has established that religion was associated with psychological resilience. In Haglund et al.'s (2007) study, it was shown that people who had religious, spiritual or altruism, tended to have more resilience when they have to deal with difficulties and people who seek social support when they were stressed, tended to have more resilience than separated people. Then, Souri & Hasanirad's (2011) study found that individuals' resilience were probably related to their cultures and religions and it enhanced people to be optimistic because when they believed that their life has the meaning, they would have the power to adjust themselves to the changes and adversity. Similarly, Tol, Song, & Jordans (2013) mentioned that religious beliefs and practices have been assessed as protective factor in previous studies and Hebbani & Srinivasan (2016) stressed the importance of family, relatives, community and religious practices had on the levels of resilience in susceptible adolescents in India. However, Parinyaphol & Chongruksa (2008) found that Thai and Muslims had moderate resilience. They also proposed that even though Thai and Muslims had different religions, they obtained the same culture which was called collectivism as they preferred living with the nature peacefully and contacting social network.

## 3. Year of study

To date, there was no investigation whether year of study had an effect on psychological resilience. It was found that Thai nursing students tended to be stressful in their first year and they felt relieved when they talked to their friends usually and did some sports or other activities. They also talked to their family sometimes when they were stressed (Naiyapatana et al., 2008).

## 4. Degree

Similar to the effects of year of study on psychological resilience, there was a small amount of research that mentioned about year of study and the strategies of dealing with difficulties. For instance, Thai students who studied in Faculty of Fine and Applied Arts, had higher level of resilience than students from other faculties (Parinyaphol & Chongruksa, 2008) and the RQ of students who studied in different educational programme were not significantly different from one another (Parichatikanond, 2010).

#### 5. Current average mark

Data from several studies suggest that current average mark is likely to be relevant to psychological resilience. In 2002, it was indicated that students with high and moderate academic achievement had higher resilience than those with low academic achievement (Arunruang, 2002). Then, Parinyaphol & Chongruksa (2008) found that the students with high Grade Point Average (GPA) had higher resilience than low GPA students. However, Parichatikanond (2010) identified that the Grade Point Average X (GPAX) was not significantly associated with RQ.

#### 6. Performance in comparison with friends

This factor was used as a measure of perceived performance in case some students were in their first year and they had yet to receive actual marks. It was found that some studies had demonstrated that performance in comparison with friends were relevant to psychological resilience. Hall et al. (2002) indicated that college students with learning disabilities (LD) had displayed the higher levels of need for achievement than their friends while Arunruang (2002) found that Students with high and moderate academic achievement had higher resilience than those with low academic achievement. In 2008, another study showed that the students with high Grade Point Average (GPA) had higher resilience than low GPA students (Parinyaphol & Chongruksa, 2008). After that, Perez, Espinoza, Ramos, Coronado, & Cortes (2009) presented that migrant students who obtained high levels of protective factors (e.g. caring parents or friends) during their difficulties had higher levels of academic achievement than students who had lower levels of protective factors. Finally, Yeager & Dweck (2012) proposed that students who thought or were taught that their internal abilities could be improved, were likely to exhibit the higher levels of achievement and higher levels of course completion despite negative circumstances. However, it was unclear whether this factor could affect the levels of psychological resilience in Thai and British students.

#### 7. Total household annual income

Thus far, most research had examined the total household annual income as the participants' demographic information. However, there was some research that mentioned about the relationship between the income and psychological resilience. Specifically, Fan & Eaton's (2001) study showed that children who came from the lower income tended to express the mental disorder when they became the adults and



Parichatikanond's (2010) study demonstrated that there are no significant differences of Resilience Quotient (RQ) between student whose parents have different educational backgrounds, occupations and income.

#### 8. A number of brothers and sisters

It was found that most studies had examined the relationship between siblings and the adjustment to the severe illness. For instance, Bellin & Kovacs (2006) summarised the resilience in young people who encountered the severe illness and suggested that more research about the important risk and protective factors were crucial to mitigate the stressors that the siblings had to deal with and help the young people to gain more power.

#### 9. Family

A great deal of previous research into psychological resilience has focused on family support. The research finding suggested that resilience levels could be changed by boosting positive relationships with family members, friends, and teachers (Kassis et al., 2013). They found that the supportive factors of resilience were high self-control, talking with parents or friends about violence, seeking for help, and not confirming aggressive beliefs. It was also shown that family support was associated with the psychological wellbeing of participants, in particular their mothers, and social support from different resources was more effective than few sources of social support (Mason, 2016). Likewise, low social support from family were related to depressive symptoms in adolescents who lived in East London (Khatib et al., 2013) and secure attachment was associated with higher reappraisal and resilience and mediated the effect on wellbeing partly (Karreman & Vingerhoets, 2012). Not surprisingly, recognising family support could help premedical students to believe in their ability to deal with their study (Klink et al., 2008) and adolescents could gain the benefit from their family support disregarding their attitudes about sex (Cohn & Hastings, 2010).

In Thailand, Thai nursing students who got sufficient emotional support from their friends or family, experienced less depression than nursing students who did not get sufficient social support (Ross et al., 2005). Additionally, it was found that both risks at family and peer levels and resilience factors had direct influences on alcohol use among Thai adolescents (Takviriyannun, 2006). After that, Parichatikanond's (2010) study revealed that parent-child relationships and peer relationships were positively related to RQ in students and Choowattanapakorn et al.'s (2010) study

suggested that the high resilience in Thai older adults was probably linked to their family relationship, social status and social harmony. They also found that the extended family was crucial for Thai values and norms. A recent study also confirmed that a family support had an effect on boosting Thai people's resilience partly in both control and intervention groups (Songprakun & McCann, 2012).

#### 10. Friends in classrooms

Similar to the family support, resilience levels could be changed by boosting positive relationships with family members, friends, and teachers (Kassis et al., 2013). Prior research had investigated the effects of peer support on young people. For example, when Pakistani undergraduate medical students felt stressed about their study, they liked to talk to their friends if they needed someone to talk to (Shaikh et al., 2004) and emotional support from friends could also help the first year student to deal with difficulties (Wilcox et al., 2005). Interestingly, university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers which was different from the support they had received from their flatmates (Wilcox et al., 2005).

The research in Thailand showed that both risks at family and peer levels and resilience factors had direct influences on alcohol use among Thai adolescents (Takviriyannun, 2006). Additionally, Thai nursing students who got sufficient emotional support from their friends or family, obtained less depression than nursing students who did not get sufficient social support (Ross et al., 2005) and Thai nursing students tended to be stressful in their first year and they felt relieved when they talked to their friends usually and did some sports or other activities (Naiyapatana et al., 2008). It would be worth further investigating whether friends in classrooms had the effects on psychological resilience in Thai and British young people.

#### 11. Other friends outside classrooms

To date, there has been no investigation on the influence of other friends outside classrooms on psychological resilience specifically. For instance, family and peer support and perceiving a value of school could predict academic resilience (Gonzalez & Padilla, 1997) and university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers which was different from the support they had received from their flatmates (Wilcox et al., 2005).

## 12. Social media use

Social media is widely used among young people in Thailand and the UK. It had been reported that the 16 – 24 year old adolescents in the UK spent approximately one and a half hour per day using social media (Ofcom, 2014). Similarly, the percentage of 15 to 24-year-old adolescents in Thailand spending their time on the internet started at 39.7 in 2007, and then increased continuously to 51.9 in 2011. (National Statistical Office, 2011). It has also been found that Thai populations who were born in 1981-2000, spent time online more than 50 hours per week in 2015 (ETDA, 2015). Despite the popularity of social media, more research is needed to examine the roles that social media use would have on the levels of psychological resilience in Thai and British young people.

## 13. Attitude towards social media use

There was some research that was relevant to the attitude towards social media use but they could not clarify whether attitude towards social media use influenced psychological resilience in young people. Specifically, Thai parents perceived social media as a vital media and concerned about inappropriate behaviours in youths (Siricharoen & Siricharoen, 2012) whereas Thai adolescents who lived in Chiang Mai province had good perspective toward a culture of using Information and Communication Technology (ICT) in their communities to maintain their relationship with relatives (Kemwimoottiwong, 2013). In addition, social media use could bring the negative effects to young people, for example, regret after posting or social comparison (Feinstein et al., 2013; Wang et al., 2011).

## 14. Effects of social media use on friends and family

As social networking sites such as Facebook had become more popular, the researchers had become increasingly interested in understanding the potential consequence of their use (Feinstein et al., 2013) and had found that an online communication had positive and negative effects on the adolescents (Best et al., 2014; Moreno & Kota, 2014; Valkenburg & Peter, 2009b). Specifically, Facebook was used to maintain the relationship with family and other people whom were not regularly contacted via other ways (Burke & Kraut, 2014). Moreover, the Thai lower secondary school students used social media sites to contact their friends and access some information which was difficult to achieve in their real lives (Wangcharoentrakul, 2010) and the older adolescents who felt unsafe when they had face-to-face

communication tended to use the Internet to communicate with other people and adolescents who did not have good relationship with their group, were likely to seek for their identity via social networking sites (Barker, 2009). Nonetheless, playing online games reduced the time that Thai adolescents spent on their work or social activities, for instance, doing assignments and doing some activities with friends or family (Jaruratanasirikul et al., 2009). It was also found that individuals overestimated their friends' sexual risk behaviour and underestimated their friends' protective behaviours related to sex via social media. This study suggested that they underrated the chance to use peer group when they were involved in healthy sexual behaviours (Black et al., 2013). Despite the controversial effects of social media use, there was no investigation into the relationship between the effects of social media use on friends and family and psychological resilience.

#### 15. Frequency of absence

Over the past two decades, the research finding showed that the engagement of students was vital for considering an academic resilience (Finn & Rock, 1997). In addition, the previous research indicated that resilience was crucial for both life and academic success and students who thought or were taught that their internal abilities could be improved, were likely to exhibit the higher levels of achievement and higher levels of course completion despite the negative circumstances. (Yeager & Dweck, 2012). Thus far, there was no research examining the frequency of absence on psychological resilience, in particular young people.

#### 16. Teacher support

There is a large volume of published studies describing the role of teacher on individuals' mental health. It was found that teacher support was relevant to the subjective wellbeing of their students (Suldo et al., 2009) and university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers which was different from the support they had received from their flatmates (Wilcox et al., 2005). The recent studies also highlighted that teacher support were vital for high school students who had to deal with negative situations (Possel et al., 2013), adolescents in the rural areas (Davidson & Adams, 2013), Italian adolescents' resilience and their perception about the future employment (Fabio & Kenny, 2015) and school engagement (Sharkey, You, & Schnoebelen, 2008). Finally, resilience levels could be changed by boosting positive relationships with family

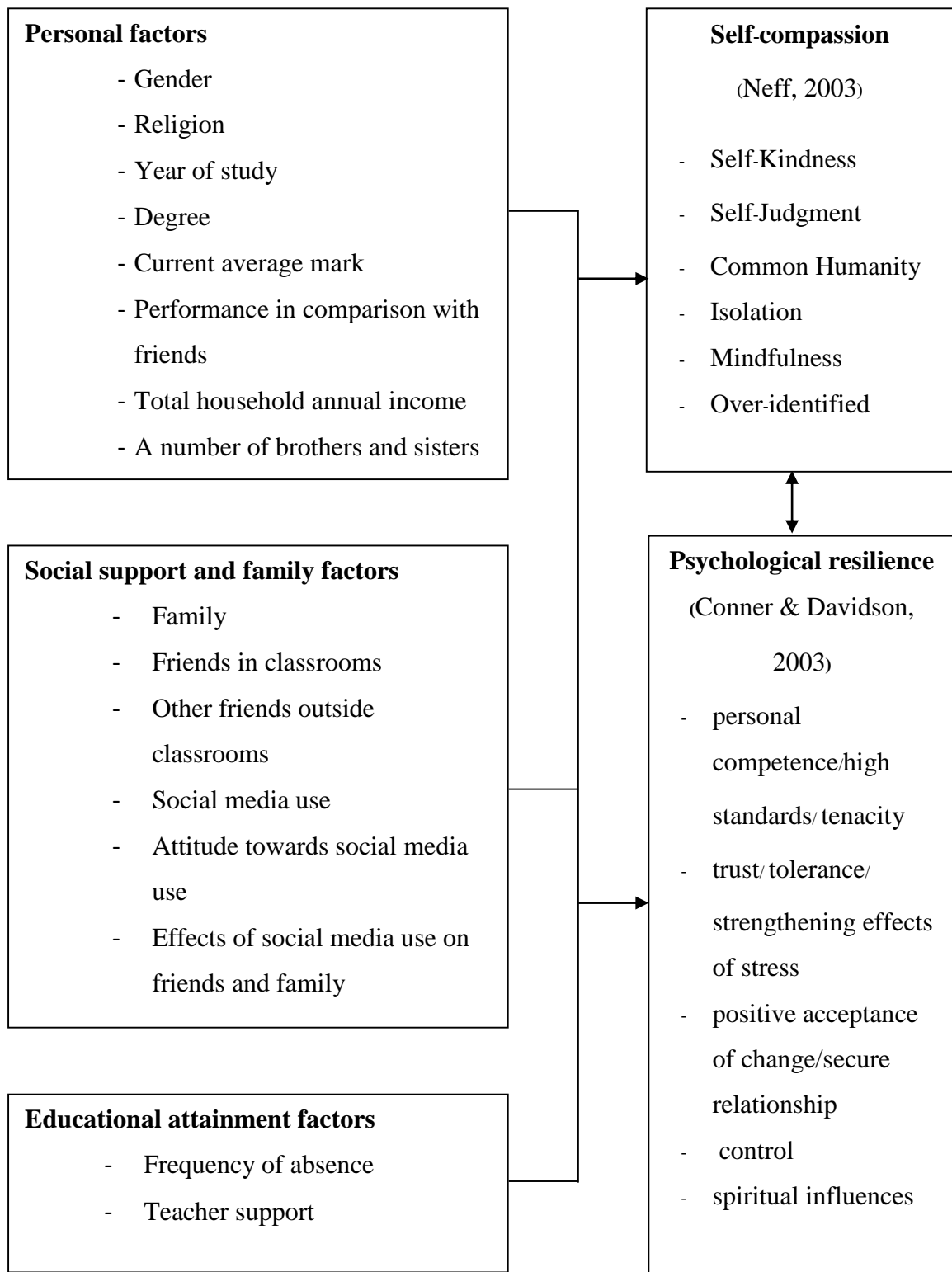
members, friends, and teachers (Kassis et al., 2013) and the teachers could enhance their students' resilience by participation in relevant programmes and activities (Frydenberg et al., 2004). Despite a large body of literature that was relevant to teacher support, more research is needed to explore the roles that it would probably have on psychological resilience in young students.

Furthermore, some researchers summarized the varied factors affecting young people's adjustment. In Cohn & Hastings's (2010) study, there were many factors that influenced young lesbian's coping ability, for example, family support, peer groups, teacher support. Finally, NCH (2007) summarised the factors that were relevant to adolescents' resilience. These factors included individual factors, family factors and wider community factors.

### **5.3 Ethics of the thesis**

The questionnaire was approved by the Faculty of Health and Life Sciences Ethics Committee. Before taking part in this study, participants were given an information sheet, a debrief sheet, and consent forms both a generic informed consent form and a specific form for using when tape recording would be taken. Also, they were given information about the purpose of this study, including construction on how to withdraw or contact the researcher.

Figure 5.1 Conceptual framework of the thesis



### 5.3.1 Survey procedure

This research is divided into five stages roughly allied to the guidelines of Hofstede's cultural dimensions (Hofstede & Hofstede, 2005). The first step is doing pilot interviews and questionnaire development, as reported in this chapter. The second step is collecting data in The United Kingdom. The third step is collecting data in Thailand. The fourth stage is doing the in-depth interview in Thailand. The final stage is doing the in-depth interview in The United Kingdom.

The main purpose of this stage was to have some data to create the final questionnaires for investigating Thai and British students' self-compassion, psychological resilience, and social media use. The survey method consisted of two sections. Firstly, the researcher used the questionnaire to collect data from the participants. Secondly, the researcher had the short interviews to discuss the questionnaire in terms of its wording and relevance.

#### *Data collection*

The pilot data collection process was held from the 19<sup>th</sup> May, 2014 – the 7<sup>th</sup> June, 2014. It was taken place at Rajamangala University of Technology Lanna, Chiang Mai, Thailand. The researcher recruited Thai participants after classes on general study courses. The researchers also asked the lecturers in the Department of Social Sciences to advertise this recruitment when they finished classes. Additionally, the pilot study was taken place at Northumbria University, Newcastle-upon-Tyne in the UK. The researcher used a participant recruitment to recruit the participants. Specifically, the researcher created the leaflets that illustrated the aims of this study, the research methodology, the qualifications of participants and the researcher's telephone number and the email address. Then, the researcher posted the leaflets on the bulletin boards around the faculty.

The survey procedure consisted of two parts. The first part was done using the questionnaire. It included;

1. The personal factors (15 items)
2. The social support and family factors
  - 2.1 Family (10 items)
  - 2.2 Friends in classrooms (10 items)
  - 2.3 Other friends outside classrooms (10 items)

- 2.4 Social media use (18 items)
3. Educational attainment factors (9 items)
4. Self-compassion (26 items)
5. Psychological resilience (25 items)

The second part used a short interview to discuss the questionnaire in terms of its wording and relevance. The interviews were audiotaped. The whole session lasted no more than 45 minutes.

Some examples of the questions are as follows:

1. Is it easy to complete?
2. Is the wording easy to understand?
3. Is the wording correct and relevant to you?
4. Do you think all items are well-organised?

At the end of interviews, all participants received a participant debrief sheet in case they would like to contact the researcher after their participation. They also received £10 in compensation of their time.

### ***Data analysis***

For the first part, a quantitative method strategy was used to collect and analyse data from 14 participants. (Please see more detail in section 5.3.2) Specifically, the IBM SPSS Statistics program (version 21 and 22), which was installed on a university computer, was used to analyse data. Then, a quantitative method was used to analyse data in each part of questionnaire.

### ***Assessment instrument***

The questionnaire is used to ask participants to answer all questions about their general information, social support and family factors and educational attainment factors by filling in the blanks or rating 7 Likert Scales in terms of their opinions. (1=entirely disagree, 2=mostly disagree, 3=somewhat disagree, 4=neither agree nor disagree, 5=somewhat agree, 6=mostly agree, 7=entirely agree) Moreover, all participants were asked to complete the semantic differential versions of the self-compassion and psychological resilience scales. Secondly, specific questions used to ask participants' opinions about the questionnaire.



### **5.3.2 The participants**

This process was divided into 2 stages. Firstly, participants were asked to complete a questionnaire. This covered background demographics as well as scales relating to self-compassion, psychological resilience, and social media use. Then, the researcher talked them through the questionnaire asking them for comments about the questionnaire. The interviews were recorded on an audiotape.

7 British students and 7 Thai students participated in this survey study. After signing in the consent forms, all participants (n=14) were asked to complete the questionnaire and tell their opinions about the questionnaire subsequently. They were 6 males and 8 females. Their average age was 23.79. The religion distribution was 57.1% Buddhist, 21.4% no religion, 14.3% other (Spiritual and Agnostic), 7.1% Christian. Many were the sophomores (50 %) and the seniors (35.7 %). They reported that they studied in varied major; Fine Arts, Engineering, Psychology, and other. There were 3 out of 7 British students' average mark was 60-69 (the upper second class) whereas 5 out of 7 Thai students' average mark was 2.00-3.00. Also, they reported that their fathers had many different kinds of occupations. For instance, their fathers' professions included: architect, warehouse operative, restaurateur/chef, engineer, taxi driver, senior research technician, civil servant, and retired. Equally, their mothers worked in many areas. Specifically, their mothers worked as employee, teaching assistant, hotel catering/management, hair dresser, caterer, civil servant, secretary/travel agent, clerical assistant, agriculturist, and housewife. There were 2 British students whose total household annual income more than £50,000 while all Thai students reported that their total household annual income less than £10,000. Moreover, there were 5 participants who did not have any brothers or sisters, 5 participants who had a brother or sister whereas other participants had 2 - 4 brothers or sisters.

### **5.3.3 The content analysis**

There were some interesting findings after applying the content analysis to analyse the data. They included;

1. All participants agreed that the questionnaire is easy to complete (100 %), for example, some participants mentioned that some items were relevant to friends (21.49%), followed by social media (7.14%) and themselves (7.14%).

2. The participants had different opinions about people who could not finish this questionnaire easily. Some participants thought that they might be people who were not interested in social media use or the internet (28.57%) whereas some participants said that they might be low-educated people (14.29%), secondary student (7.14%), old people (7.14%), and people who had to deal with difficult situations.

3. All of them reported that the wording was easy to understand (100 %). However, 2 participants said that they did not understand an item that related to the name of all social media websites they belonged to (14.29%).

4. All of them said that the questionnaire is correct and relevant for them (100 %). In addition, they revealed that many sections in this questionnaire were relevant for them, for instance, social media (28.57 %), family 21.43 %), psychological resilience (7.14 %), and all sections (24.29 %).

5. All of them (100 %) reported that all items were well-organised (100%).

6. Most of them thought that using a word 'family' was suitable for all questions in section 2.1 (42.86%) whereas the rest of them suggested that using other words, for example, using father/mother separately (35.71%), parents (14.29%), and a guardian (7.14%).

7. The participants thought that the most difficult part in the questionnaire was self-compassion (35.71%), family (21.49%), social media (21.49%), psychological resilience (7.14 %), friends (7.14 %), and none of them (7.14 %).

8. The participants said that the easy part in this questionnaire was family (28.57%), friends (28.57 %), self-compassion and psychological resilience (7.14 %), educational attainment (7.14 %), social media and psychological resilience (7.14 %), family and friends (7.14 %), social media, family and social support (7.14 %), and other (7.14 %).

9. The participants suggested that it was a good questionnaire (35.71 %), a researcher should add an item which was about the purpose of social media use (14.29 %), a researcher should add an item to ask about the purpose of social media use and use different questions between friends inside and outside classroom (7.14 %), a researcher should write a clear instruction for each section (7.14 %), some sections had too many choices for them to choose (7.14 %), and no other suggestions (28.57 %).

### 5.3.4 Questionnaire feedback

Additionally, 71.43 % of participants had a positive thinking about the questionnaire. For Example;

- “I think it was a very good questionnaire. It was a current issue. It showed a lot of current problems. Obviously, it was technology that was rising and involving. It changed our ways to connect to our environment and ourselves. I think it was very interesting. I am happy that I have done that for you”. (P. 3)

- “Yes, it was interesting. It has many sections. It was good, like family, social media, and friends. It was good to put all pieces together. It was interesting”. (P. 7)

- “I felt good because I had a chance to ask myself about self-compassion. Normally, I never do something like that”. (P. 8)

- “It was about me. When I did it, I had time to think about the relationship between my friend or family and I. For me, I do not think friends are very important but I think my family is more important than social media. I think this questionnaire was ok”. (P 9)

- “I think it was a good questionnaire. Each item was applicable and related to my daily life”. (P. 10)

- “I felt good. I think that it was a good questionnaire because it was related to my daily life and my family”. (P 11)

- “It is great that you do research about social media because the internet affects people’s daily lives, especially the children. This research can lead us to know about students’ social media use”. (P 12)

- “It was the time for me to talk with myself about my family, friends, and teachers, including self-compassion”. (P 13)

### 5.4 Modifying the questionnaire

According to the data analysis and the questionnaire feedback, a number of minor modifications were made. Specifically, some items were added or amended because they were inapplicable for Thai and British students. For example, another choice was added to explore the participants’ total household annual income because the money exchange rates in Thailand and the UK were different and some items were amended to focus on social media use in these students.

## **5.5 The final version of questionnaire**

A questionnaire was constructed to investigate these concepts with the following structure:

### **5.5.1 Personal factors (15 items)**

These items were created to investigate the demographic data for each participant, for example, gender, age, religion, and year of study.

### **5.5.2 Social support and family factors (46 items)**

These items were created to measure the role that social support and family factors have on Thai and British students' self-compassion and psychological resilience. This section was divided into 4 categories. They included;

#### **5.5.2.1 Family (8 items)**

These items were created to measure the family support. For instance, item 2.1.1 was 'Your parents asked you about your studies.' and item 2.1.2 was 'Your parents asked you about your future education.' Participants were asked to give answers on a 7 point rating scale, where 1 = entirely disagree and 7 = entirely agree.

#### **5.5.2.2 Friends in classrooms (10 items)**

These items were created to measure the peer support. For instance, item 2.2.1 was 'You have many friends in your classes.' And item 2.2.2 was 'You have classmates to talk to when you feel down.' Participants were asked to give answers on a 7 point rating scale, where 1 = entirely disagree and 7 = entirely agree.

#### **5.5.2.3 Other friends outside the classroom (10 items)**

These items were created to measure friends and family support. For instance, item 2.3.1 was 'You have many friends.' and item 2.3.2 was 'You have close friends to talk to when you feel down.' Participants were asked to give answers on a 7 point rating scale, where 1 = entirely disagree and 7 = entirely agree.

#### **5.5.2.4 Social media use (18 items)**

These items were created to measure social media use. This section was divided into 3 categories. They included;

1) Social media use: For instance, item 2.4.2 was ‘You spend time on social media everyday (e.g. Facebook).’ Participants were asked to answer the multiple choice questions.

2) Attitude towards social media use: For instance, item 2.4.6 was ‘Social media helps you to keep in touch with your friends and family.’ Participants were asked to give answers on a 7 point rating scale, where 1 = entirely disagree and 7 = entirely agree.

3) Effects of social media use on friends and family: For instance, item 2.4.15 was ‘Your use of social media means that you spend less time with family than you used to.’ Participants were asked to give answers on a 7 point rating scale, where 1 = entirely disagree and 7 = entirely agree.

#### **5.5.3 Educational attainment factors (9 items)**

These items were created to explore the role that education have on Thai students’ self-compassion scores and psychological resilience scores. This section was divided into 2 categories. They included;

##### **5.5.3.1 Frequency of absence (1 items)**

For instance, item 3.1 was ‘Over the last semester approximately how many days were you absent from your classes?’ Participants were asked to answer the multiple choice questions.

##### **5.5.3.2 Teacher support (8 items)**

For instance, item 3.2 was ‘How often do you talk to your teachers/lecturers after the session. Participants were asked to answer both the multiple choice questions and the rating scale questions.

According to Preston & Colman (2000), the 10 response categories was the most respondent preference, following by the seven and nine response categories but two to four response categories were ineffective. In addition, Dawes's (2008) study

showed that the five or seven response categories were likely to deliver higher mean scores with the highest achievable score than the ten response categories did. Therefore, the researcher applied the 7 response categories in this study because it could measure the participants' opinions toward each factors clearly. In addition, the pilot study showed that the reliability of the items in each section were acceptable.

#### **5.5.4 Self-compassion (26 items)**

These items were used to investigate the levels of self-compassion in Thai and British participants. The Self-Compassion Scale (SCS) comprises of 26 items which are ranked from almost never (1), occasionally (2), about half of the time (3), fairly often (4) and almost always (5) (Neff, 2003). The total scores rank from 1 – 130. The total scores would perform individuals' levels of self-compassion (Deniz et al., 2008). SCS also had a high level of discriminant validity because it had a moderate correlation with other scales, for example, the Rosenberg Self-Esteem Scale and the Berger Self-Acceptance Scale (Neff, 2003).

#### **5.5.5 Psychological resilience (25 items)**

The Connor-Davidson Resilience Scale (CD-RISC) is a 25 item scale. All items are ranked from not true at all (0), rarely true (1), sometimes true (2), often true (3) and true nearly all the time (4) (Connor & Davidson, 2003). The total scores varies from 0 – 100. Higher scores represent greater resilience. It consists of 5 subscales. They include: 1) personal competence/high standards/ tenacity; 2) trust/ tolerance/ strengthening effects of stress; 3) positive acceptance of change/ secure relationship; 4) control, and; 5) spiritual influences (Connor & Davidson, 2003). This scale had been used throughout the psychological assessment, the scale development, and the cross-cultural research. It was translated into Thai by Nauwarat Imlimtham.

### **5.6 Summary**

This chapter was relevant to the questionnaire development. To illustrate the overall pictures of this thesis, it began with the conceptual framework, followed by a number of variables that were applied and explored whether they were the predictors of self-compassion and psychological resilience. Then, the ethics of the thesis and the

survey procedure were described. The results of the pilot study were also presented. It was found that most items in the questionnaire had acceptable reliability but some items on the questionnaires were not productive and were thus removed or amended before the data collection in Thailand and the UK. Finally, the beneficial feedback from Thai and British participants were included.

For the next chapter, the quantitative data collection in Thailand will be illustrated in the detail. It will begin with the research methodology, followed by the data collection process and the relevant results.

# CHAPTER 6 :QUANTITATIVE DATA COLLECTION IN THAILAND

## 6.1 Introduction

In Thailand, social media use is widespread among Thai adolescents. Thai adolescents use social media for their study and entertainment and also to create or maintain social relationships. From the researcher's teaching experience, using a social media website (Facebook) to create online academic groups and contact with students, shows that some students even use social media to vent or share their feelings when they feel bad or unhappy. On the other hand, some Thai adolescents use social media negatively. For instance, research illustrated that Thai high school students showed high levels of Facebook addiction compared to students from other countries (Khumsri et al., 2015) and that spending too much time on electronic games has a negative effect on students' marks (Jaruratanasirikul et al., 2009).

To date there is no research that explores social media use in relation to the central constructs of this thesis namely self-compassion and psychological resilience. Previous research has investigated the factors that affect self-compassion or psychological resilience separately. Results showed that academic outcome, faculty and an order of birth order had an effect on the resilience of Thai undergraduate students that attended Prince of Songkla University in 2005 (Parinyaphol & Chongruksa, 2008). Previous research has focused on developing the conceptual structures or models for these constructs, for example, developing the conceptual structures of resilience for Thai older adults (Maneerat et al., 2011). In addition, some research investigated the relationship between self-compassion or psychological resilience with other psychological concepts (Pisitsungkagarn et al., 2014). The aim of this study is to explore self-compassion, psychological resilience and social media use among Thai students and the social media effects had on these constructs. The study examines those relationships quantitatively through data collected in Thailand. This chapter begins with a description of the research methodology in which paper based and online questionnaires were used to explore self-compassion, psychological resilience, and social media use among Thai students.



## **6.2 Research methodology**

In this chapter, research was undertaken in an iterative manner. The methodology will begin with the reliability of questionnaire, followed by the sampling strategy, the data collection procedure, and the ethics of thesis. After that, the data analysis and the results will be illustrated continuously. The quantitative approach is illustrated in this chapter and the qualitative approach is exemplified in Chapter 8.

## **6.3 The reliability of questionnaire**

To confirm that each item in the questionnaire could measure the levels of self-compassion, psychological resilience and social media use among Thai higher education students, the reliability of questionnaire was evaluated as followed;

### **1. Personal factors (15 items)**

**2. Social support and family factors (46 items)** - this section was divided into 4 categories. They included;

2.1 Family (8 items) - the Cronbach's Alpha for this section was 0.80 with item-total correlations ranged from .31 to .63.

2.2 Friends in classrooms (10 items) - the Cronbach's Alpha for this section was 0.84 with item-total correlations ranged from .44 to .67.

2.3 Other friends outside the classroom (10 items) - the Cronbach's Alpha for this section was 0.90 with item-total correlations ranged from .51 to .78.

2.4 Social media use (18 items) - these items were created to measure social media use. This section was divided into 3 categories. They included;

2.4.1 Social media use - the mean score for this section was 4.50.

2.4.2 Attitude towards social media use - the Cronbach's Alpha for this section was 0.79. The item-total correlations ranged from .38 - .67.

2.4.3 Effects of social media use on friends and family - The Cronbach's Alpha for this section was .81. The item-total correlations were for these items were .69.

2.5 Educational attainment factors (9 items) - this section was divided into 2 categories. They included:

2.5.1 Frequency of absence - the mean score for this section was 2.08.

2.5.2 Teacher support - the mean score for this section was 4.64.

**3. Self-compassion** (26 items) - the Cronbach's alpha for this study was 0.81. The item-total correlations ranged from .19 - .44.

**4. Psychological resilience** (25 items) – the Cronbach's Alpha for this study was .90. The item-total correlations ranged from .18 - .63.

#### **6.4 Sampling strategy**

Participants were drawn from Rajamangala University of Technology Lanna (RMUTL), which consists of 6 campuses in the North of Thailand: Chiang Mai (the main campus), Chiang Rai, Nan, Tak, Lampang and Phitsanulok. It also had 4 faculties; Faculty of Business Administration and Liberal Arts, Faculty of Sciences and Agricultural Technology, Faculty of Engineer and Faculty of Art and Architecture. Three faculties were located in the main campus (Faculty of Business Administration and Liberal Arts, Faculty of Engineer and Faculty of Art and Architecture) and data was also collected from the students who studied in the Faculty of Sciences and Agricultural Technology in Lampang campus.

To calculate the sample size, the researcher used stratified random sampling to divide all students into 4 groups according to a number of faculties at RMUTL. Then, the researcher calculated the number of participants in each faculty. Overall, there were 25,185 RMUTL students in the second semester of 2014. According to Cochran's the formula below, the researcher needed to collect data from 380 participants (Cochran, 1977).

$$n = \frac{n_0}{1 + (n_0 - 1)/N}$$

In addition, GPower is a statistical power analysis program and regularly used in social and behavioural sciences (Faul, Erdfelder, Lang, & Buchner, 2007). When the researcher used the GPower software to estimate the sample size, it showed that the researcher needed to recruit approximately 210 participants to take part in this study.

## **6.5 Procedure**

This study took place at Chiang Mai campus (the main campus) and Lampang campus of RMUTL in the second semester of the 2014 academic year. It was conducted from February to March, 2015. The researcher recruited the participants after classes on general study courses at the main campus and a seminar course at Lampang campus. Firstly, all students were informed by the course lecturers that the researcher was conducting a social media research. Then, the researcher introduced herself and told them that their participation was voluntary and completion of the scales was anonymous. If they were willing to take part in this project, the researcher would give information sheets, consent forms and questionnaires to them. Finally, when the participants completed the questionnaires, the researcher gave them the debrief sheets.

Before doing the questionnaires, all participants were informed about the purpose of this research and reminded to read all information in the questionnaires carefully. They were encouraged to ask the researcher if they had any questions about the study. When they completed the questionnaire, the researcher invited participants to provide their contact information in order to be entered into the prize draw. In this study, 20 gift vouchers were used as prize draw rewards.

## **6.6 Ethics approval**

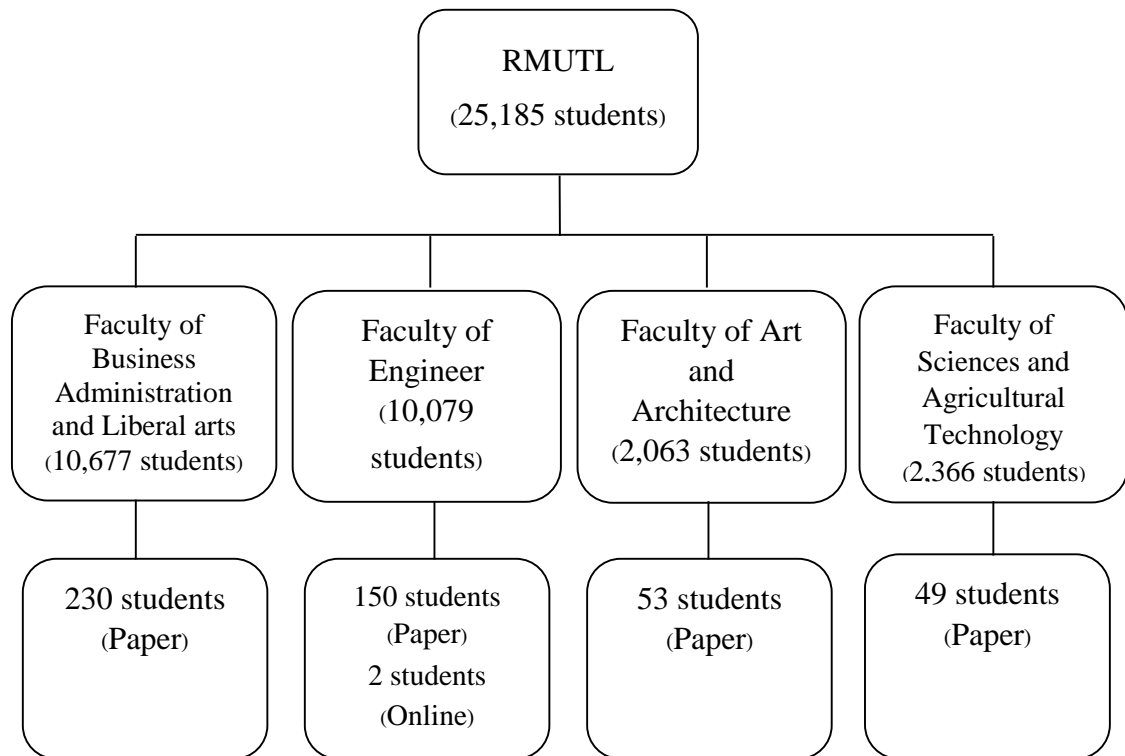
The questionnaire had been approved by the Faculty of Health and Life Sciences ethics committee. For the self-compassion section, the researcher contacted Assoc. Prof. Kristin Neff to obtain permission to use the Self-Compassion Scale (SCS) and translate it into Thai. After receiving full permission, the researcher translated it into Thai and sent them to 2 English-Thai speaking lecturers to proofread the translation. Finally, the researcher amended some items according to English-Thai speaking lecturers' comments and used it to collect data from RMUTL students. In addition, the researcher contacted Dr. Kathryn M. Connor and Dr. Jonathan R.T. Davidson to seek permission to use The Connor-Davidson Resilience Scale (CD-RISC). Dr. Jonathan R.T. Davidson allowed the researcher to use CD-RISC both the English and the Thai versions. For Thai version of CD-RISC, it was translated by Nauwarat Imlimtham. Permission for participation of students was obtained from a chancellor of RMUTL and the Dean of Faculty of Sciences and Agricultural

Technology (Lampang Campus). The researcher also asked the Head of Social Sciences Department to allow one of her colleagues to help her recruiting participants. Furthermore, the researcher contacted the course lecturers in order to gain permission for the data collection.

### 6.7 Participants

In total, 482 undergraduate students who had taken the general courses in the second semester of 2014 completed paper questionnaires: 230 from Faculty of Business Administration and Liberal Arts; 150 from Faculty of Engineering; 53 from Faculty of Art and Agriculture; 49 from Faculty of Sciences and Agricultural Technology, and; 2 students who took part in online questionnaires (Figure 6.1).

Figure 6.1 Sampling strategy for the qualitative method



The data was analysed from 484 Thai participants (234 males, 248 females, and 2 unspecified participants) with ages ranging from 17 to 44 years old ( $M = 20.41$  and  $SD = 2.18$ ). All of them were Thai. For more information, please see the table 6.1 below.

Table 6.1 Descriptive Statistics

Variables	N	Percentage
<b>Religion</b>		
Buddhist	446	92.1
Christian	36	7.4
No religion	2	0.4
<b>Year of study</b>		
The first year	303	62.6
The second year	71	14.7
The third year	50	10.3
The final year	60	12.4
<b>Degree</b>		
Faculty of Engineering	152	31.4
Faculty of Business Administration and Liberal Arts	230	47.5
Faculty of Art and Architecture	53	11.0
Faculty of Sciences and Agricultural Technology	49	10.1
<b>Current average mark</b>		
70 – 100	186	38.4
60 – 69	82	16.9
50 – 59	60	12.4
40 – 49	21	4.3
Below 40	8	1.7
Not applicable	120	24.8
No response	7	1.4
<b>Performance in comparison with friends</b>		
Much worse than others	33	6.8
A little worse than others	145	30.0
About average	209	43.2
A little better than others	86	17.8
Much better than others	6	1.2

Variables	N	Percentage
No response	5	1.0
Total household annual income		
Lower than average	188	38.8
About average	192	39.7
Higher than average	98	20.2
No response	6	1.2
A number of brothers and sisters		
None	114	23.6
1	260	53.7
More than 1	102	21.1
No response	8	1.7

## 6.8 Data analysis

All the data were analysed using the SPSS software (version 22). The researcher calculated the total score for each questionnaire by summing the scores of each section for each participant. Linear multiple regression was used to investigate the factors that affected self-compassion and psychological resilience. Correlation was used to study the relationship between self-compassion and psychological resilience. In addition, the mean was used to compare the levels of self-compassion and psychological resilience among the participants' descriptive data. The alpha level of 0.01 and 0.05 were applied as the levels of significance throughout.

## 6.9 Results

### 6.9.1 Prediction of self-compassion

A multiple regression analysis was used to explore whether the independent variables would predict the self-compassion of Thai students. The result showed that the independent variables could significantly predict 19% of self-compassion ( $F = 6.60, p < .01$ ). Breaking this down into individual factors, gender, degree, performance in comparison with friends, family, other friends outside classrooms, effects of social media use on friends and family and finally teacher support could

significantly predict self-compassion of Thai students at an alpha level of .05. (Table 6.2)

Table 6.2 Standardized Regression Coefficient, t-Value, and Significance Value for the predictors of self-compassion

Predictors	$\beta$	$t$	$p$
Gender	.12	2.54	< .05
Religion	.06	1.28	.20
Year of study	-.02	-.40	.69
Degree	-.10	-2.16	< .05
Current average mark	-.05	-1.13	.26
Performance in comparison with friends	.11	2.43	< .05
Total household annual income	.01	.24	.81
A number of brothers and sisters	-.03	-.66	.51
Family	.15	3.15	< .01
Friends in classrooms	.04	.70	.48
Other friends outside classrooms	.11	2.06	< .05
Social media use	-.03	-.69	.49
Attitude towards social media use	-.01	-.28	.78
Effects of social media use on friends and family	.18	3.90	< .01
Frequency of absence	.08	1.70	.09
Teacher support	.16	2.94	< .01

### 1. Gender

There was a difference in self-compassion scores between female students ( $M=3.35$ ,  $SE = .59$ ) and male students ( $M = 3.25$ ,  $SE = .19$ ). This difference,  $-.09$ , 95% CI  $(-.15, -.04)$ , was significant  $t(468.24) = -3.21$ ,  $p = < .01$  with a medium effect size ( $d = .34$ ).

## 2. Degree

The result showed that the students in Faculty of Business Administration have a higher level of self-compassion than the students in Faculty of Art and Architecture student,  $F(3, 480) = 3.06, p = .03, \omega = .11$ . However, there was no significant difference in the self-compassion scores between the students of Faculty of Business and Administration and Liberal Arts and the other two faculties (Faculty of Engineering and Faculty of sciences and Agricultural Technology).

## 3. Performance in comparison with friends

This was a measure of perceived performance as students had yet to receive actual marks. The result revealed that the performance in comparison with friends was significantly related to self-compassion,  $r = .17, p < .01$ . Specifically, the students, who thought that their work might be better than their friends' work, were more likely to think about themselves positively and have higher levels of self-compassion.

## 4. Family

It was found that family was significantly related to self-compassion,  $r = .27, p < .01$ . Specifically, the more support that the students received from their families, the higher self-compassion they had.

## 5. Other friends outside the classrooms

As shown in figure 6.2, there was a small but highly significant positive relationship between other friends outside classrooms and self-compassion,  $r = .23, p < .01$ . It revealed that the more support that the students received from other friends outside the classrooms, the higher levels of self-compassion they obtained.

## 6. Effects of social media use on friends and family

The effects of social media use on friends and family was significantly related to self-compassion,  $r = .21, p < .01$ , even though there was a small positive relationship between these two variables. It was indicated that the students who sacrificed the friend and family time to spend more time on social media use were less self-compassionate.

## 7. Teacher support

There was a small but highly significant relationship between the teacher support and self-compassion,  $r = .24, p < .01$ . If the students received more teacher support, they were more likely to score highly on self-compassion.



Nevertheless, the findings showed that there were some factors that could not predict the levels of self-compassion in Thai students. They included:

1. Religion

Religion did not significantly predict self-compassion,  $\beta = .06$ ,  $t = 1.28$ ,  $p = .20$ . This means religion (Buddhist, Christian, no religion) did not have an effect on the levels of self-compassion in Thai students.

2. Year of study

Year of study (the first, second, third and final year) did not significantly predict self-compassion,  $\beta = -.02$ ,  $t = -.40$ ,  $p = .69$ . This means year of study did not influence the levels of self-compassion in Thai students.

3. Current average mark

There was no evidence that current average mark has an influence on self-compassion in Thai students,  $\beta = -.05$ ,  $t = -1.13$ ,  $p = .26$ .

4. Total household annual income

It was found that the total household annual income did not influence the levels of self-compassion in Thai students because it did not significantly predict self-compassion,  $\beta = .01$ ,  $t = .24$ ,  $p = .81$ .

5. A number of brothers and sisters

The finding in this study showed that an effect of a number of brothers and sisters on self-compassion did not statistically significant,  $\beta = -.03$ ,  $t = -.66$ ,  $p = .51$ . Therefore, a number of brothers and sisters was not a predictor of self-compassion in Thai students.

6. Friends in classrooms

There was no evidence that friends in classrooms has an influence on self-compassion in Thai students,  $\beta = .04$ ,  $t = .70$ ,  $p = .48$ .

7. Social media use

Social media use did not significantly predict self-compassion,  $\beta = -.03$ ,  $t = -.69$ ,  $p = .49$ . This means social media use did not have an effect on the levels of self-compassion in Thai students.

#### 8. Attitude towards social media use

It was found that the attitude towards social media use did not have an effect on the levels of self-compassion in Thai students because it did not significantly predict self-compassion,  $\beta = -.01$ ,  $t = -.28$ ,  $p = .78$ .

#### 9. Frequency of absence

The finding in this study showed that an effect of the frequency of absence on self-compassion was not statistically significant,  $\beta = .08$ ,  $t = 1.70$ ,  $p = .09$ . Therefore, frequency of absence was not a predictor of self-compassion in Thai students.

### 6.9.2 Prediction of psychological resilience

The multiple regression analysis was used to explore whether the independent variables would predict psychological resilience of Thai students. The result showed that the independent variable could significantly predict psychological resilience for 26% ( $F = 9.86$ ,  $p < .01$ ). Specifically, religion, year of study, degree, current average mark, performance in comparison with friends, family, effects of social media on friends and family and teacher support could predict psychological resilience of Thai students at an alpha level of .05. (Table 6.3)

Table 6.3 Standardized Regression Coefficient, t-Value, and Significance Value for the predictors of psychological resilience

Predictors	$\beta$	$t$	$p$
Gender	.08	1.65	.10
Religion	.13	3.01	< .01
Year of study	.12	2.61	< .01
Degree	-.15	-3.19	< .01
Current average mark	-.09	-2.11	< .05
Performance in comparison with friends	.11	2.44	< .05
Total household annual income	.02	.40	.69
A number of brothers and sisters	-.03	-.60	.55
Family	.19	4.00	< .01
Friends in classrooms	.10	1.88	.06

Predictors	$\beta$	$t$	$p$
Other friends outside classrooms	.06	1.11	.27
Social media use	.07	1.39	.16
Attitude towards social media use	.01	.22	.83
Effects of social media use on friends and family	.14	3.23	< .01
Frequency of absence	.06	1.39	.17
Teacher support	.20	3.88	< .01

### 1. Religion

The result revealed that even though religion could predict psychological resilience, there was no significant difference between the psychological resilience scores of the students who were Buddhists, Christians or no religion,  $F(2, 481) = 2.07$ ,  $p = .13$ ,  $\omega = .07$ .

### 2. Year of study

There was a significant effect of year of study on psychological resilience,  $F(3, 480) = 3.38$ ,  $p = .02$ ,  $\omega = .12$ . Interestingly, students who were the final year students had a significantly higher level of psychological resilience ( $M = 2.89$ ,  $SE = .06$ ) than the first year students ( $M = 2.65$ ,  $SE = .03$ ) at  $p = .05$ . However, there was no significant difference in levels of psychological resilience among the first year, the second year and the third year students.

### 3. Degree

The psychological resilience scores of the students who studied in Faculty of Engineer, Faculty of Business Administration and Liberal Arts, Faculty of Art and Architecture and Faculty of Sciences and Agricultural Technology were not significantly different from one another,  $F(3, 480) = .89$ ,  $p = .44$ ,  $\omega = -.00$ .

### 4. Current average mark

There were no significant differences levels of psychological resilience between the different students in terms of their current average mark,  $F(5, 471) = 1.86$ ,  $p = .10$ ,  $\omega = .09$ .

#### 5. Performance in comparison with friends

This variable was included in case that the students were the first year and they did not know their current average mark. There was a small but highly significant positive association between the performance in comparison with friends and psychological resilience,  $r = .18, p < .01$ . When the students estimated that their academic performance might be better than other friends, they were likely to have higher levels of psychological resilience.

#### 6. Family

The result revealed that family was significantly related to psychological resilience,  $r = .33, p < .01$ . Specifically, the more support the students receive from their families, the more psychological resilience they achieved.

#### 7. Effects of social media use on friends and family

There was a significant relationship between the effects of social media use on friends and family and psychological resilience,  $r = .16, p < .01$ . These results suggested that the students who sacrificed the friends and family time to spend more time on social media use were less resilient.

#### 8. Teacher support

There was a highly significant relationship between a teacher support and psychological resilience,  $r = .30, p < .01$ . This indicated that the more teacher support they had received, the more psychological resilience they had.

Nonetheless, there were some factors that could not predict the levels of psychological resilience. They included;

##### 1. Gender

Gender did not significantly predict psychological resilience,  $\beta = .08, t = 1.65, p = .10$ . This means gender did not have an effect on the levels of psychological resilience in Thai students.

##### 2. Total household annual income

The finding in this thesis showed that an effect of the total household annual income on psychological resilience was not statistically significant,  $\beta = .02, t = .40, p = .69$ . Therefore, total household income was not a predictor of psychological resilience in Thai students.

### 3. A number of brothers and sisters

A number of brothers and sisters did not significantly predict psychological resilience,  $\beta = -.03$ ,  $t = -.60$ ,  $p = .55$ . This mean a number of brothers and sisters did not influence the levels of psychological resilience in Thai students.

### 4. Friends in classrooms

There was no evidence that friends in classrooms has an influence on the levels of psychological resilience in Thai students,  $\beta = .10$ ,  $t = 1.88$ ,  $p = .06$ .

### 5. Other friends outside classrooms

The findings in this thesis showed that other friends outside classrooms did not significantly predict psychological resilience,  $\beta = .06$ ,  $t = 1.11$ ,  $p = .27$ . This means other friends outside classrooms did not influence the levels of psychological resilience in Thai students.

### 6. Social media use

There was no evidence that social media use has an influence on the levels of psychological resilience in Thai students,  $\beta = .07$ ,  $t = 1.39$ ,  $p = .16$ .

### 7. Attitude towards social media use

The findings indicated that attitude towards social media use did not significantly predict psychological resilience,  $\beta = .01$ ,  $t = .22$ ,  $p = .83$ . This means that attitude towards social media use did not influence the levels of psychological resilience in Thai students.

### 8. Frequency of absence

There was no evidence that frequency of absence has an influence on the levels of psychological resilience in Thai students,  $\beta = .06$ ,  $t = 1.39$ ,  $p = .17$ .

## **6.9.3 The relationship between self-compassion and psychological resilience**

One of the purposes of this study was to explore the relationship between self-compassion and psychological resilience. A significant positive correlation was found between self-compassion and psychological resilience,  $p < .01$ . Specifically, those students with a high level of self-compassion, are also likely to obtain a high score in psychological resilience. The results of correlational analysis are shown in Table 6.4.

Table 6.4 Correlations between self-compassion and psychological resilience

Variables	Self-compassion	Psychological resilience
Self-compassion	1.00	.48**
Psychological resilience	.48**	1.00

\*\* $p < .01$

## 6.10 Discussion

### 6.10.1 The factors of self-compassion

The findings in this thesis revealed that gender, degree, performance in comparison with friends, family, other friends outside classrooms, effects of social media use on friends and family and teacher support had the effects on self-compassion of Thai students. Specifically, gender had an effect on Thai students' self-compassion and there was a significant difference in self-compassion scores among male and female students. These findings were contrary to that of Iskender (2009) who showed that there were no significant gender differences in self-compassion in Turkish university students and Neff & Pommier (2013) which mentioned that there was no difference between the levels of self-compassion in males and females significantly. However, it was in line with Leary, Tate, Adams, Allen, & Hancock's (2007) study which revealed that people who had low levels of self-compassion, underestimated their performances. It also further supported the idea of Neff & McGehee (2010) who indicated that family and cognitive factors were the predictors of self-compassion and Klink, Byars-Winston, & Bakken (2008) who proposed that recognising family support could help premedical students to believe in their ability to deal with their study. In addition, this result was in agreement with those obtained by Kelly & Dupasquier (2016) who found that perceived affection from parents was associated with being self-compassionate and Pepping, Davis, O'Donovan, & Pal (2015) which revealed that high levels of denial and overprotection from parents and low levels of affection from parents were relevant to low levels of self-compassion.

As mentioned before, the effects of social media use on friends and family was one of factors affecting self-compassion in Thai students. This finding was in accord with previous studies indicating that emotional support from family and old friends

could help the first year students to deal with the stress when they adjust themselves for studying at the university for the first few days before receiving social support from their friends at the university (Wilcox et al., 2005). Additionally, another study showed that the university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers which was different from the support they had received from their flatmates (Wilcox et al., 2005). The outcome in this thesis was consistent with data obtained in Jaruratanasirikul et al.'s (2009) study as they suggested that playing the electronic games could affect Thai adolescents' academic performance due to it lessened the time they would spend for educational or social purposes (friends and family).

Not surprisingly, the teacher support could predict Thai students' self-compassion. This finding confirmed that teacher support was relevant to the subjective wellbeing of their students (Suldo et al., 2009) and the university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers which was different from the support they had received from their flatmates (Wilcox et al., 2005).

The findings in this thesis were in line with Neff, Hsieh, & Dejitterat's (2005) which did not find the relationship between self-compassion and undergraduate students' actual grades in the United States. They also further supported the idea of Neff, Pisitsungkagarn, & Hsieh's (2008) study which found that religion could not predict the self-compassion level in Taiwan and the United States. However, They seemed to be different from the previous studies which showed that religious beliefs and practices was one of protective factors of mental health in previous study (Tol et al., 2013).

### **6.10.2 The factors of psychological resilience**

Interestingly, religion, year of study, degree, current average mark, performance in comparison with friends, family, effects of social media use on friends and family and teacher support had the effects on psychological resilience of Thai students. The first thing to note is that religion could predict psychological resilience and there was no significant difference between the psychological resilience scores of the students who were Buddhists, Christians or no religion. This result was consistent with data obtained in Haglund et al.'s (2007) study which showed that people who

were religious, spiritual or altruistic, tended to have more resilience when they had to deal with difficulties and people who sought for social support when they were stressed, tended to have more resilience than those who did not seek such support. It was also consistent with Souri & Hasanirad's (2011) study which found that individuals' resilience were probably related to their cultures and religions and Hebbani & Srinivasan's (2016) study which stressed the importance of family, relatives, community and religious practices that had on the levels of resilience in susceptible adolescents in India.

The findings in the thesis found that degree had an effect on psychological resilience. Furthermore, they supported the notion that academic achievement, faculty and birth order had the effects on Thai and Muslim college students' resilience (Parinyaphol & Chongruksa, 2008) and the RQ of students who studied in different educational programmes were not significantly different from one another (Parichatikanond, 2010). Accordingly, it was congruent with earlier studies that reported the role of a personal factor and an environmental factor in determining psychological resilience (Herrman et al., 2011; Robertson & Cooper, 2013; Ungar, 2013).

The current average mark was found to be a predictor of psychological resilience but there were no significant differences levels of psychological resilience between the different students in terms of their average marks. This finding was contrary to previous studies which had suggested that higher resilience was relevant to higher academic outcomes for female university inductees while it was related to poorer scores in males (Allan et al., 2014) and students with high and moderate academic achievement had higher resilience than those with low academic achievement (Arunruang, 2002). In addition, it was differ from Parinyaphol & Chongruksa's (2008) study which found that the students with high Grade Point Average (GPA) had higher resilience than low GPA students. Furthermore, it has been suggested that students with high and moderate academic achievement had higher resilience and used more problem-focused and social support seeking strategies than those with low academic achievement (Arunruang, 2002). However on the basis of the data gathered, this did not appear to be the case. It was also not in line with Parichatikanond's (2010) study which identified that the Grade Piont Average X (GPAX) was not signifacantly associated with RQ. However, it was in line with Yeager & Dweck's (2012) study which proposed that students who thought or were



taught that their internal abilities could be improved, were likely to exhibit the higher levels of achievement and higher levels of course completion despite negative circumstances.

In addition, the outcome in this thesis demonstrated that family had an effect on Thai young people's psychological resilience. This was in accordance with previous studies indicating that adolescents could gain the benefit from their family support despite the different sexual orientation (Cohn & Hastings, 2010) and that resilience levels could be changed by boosting positive relationships with family members, friends, and teachers (Kassis et al., 2013). It also supported the idea that parent-child relationships and peer relationships were positively related to RQ in students (Parichatikanond, 2010) and a family support had an effect on boosting Thai people's resilience partly in both control and intervention groups (Songprakun & McCann, 2012).

Interestingly, the result suggested that the students who sacrificed their friends and family time to spend more time on social media use were less resilient. It seemed to be consistent with the findings observed in earlier study which suggested that playing online games reduced the time that Thai adolescents spent on their work or social activities, for instance, doing assignments and doing activities with friends or family (Jaruratanasirikul et al., 2009).

Moreover, the teacher support could predict psychological resilience in Thai students. This means the more support the students received from their teachers, the more psychological resilience they obtained. This further supported the prior studies that indicate that resilience levels could be changed by boosting positive relationships with family members, friends, and teachers (Kassis et al., 2013) and that teachers could enhance their students' resilience by participation in relevant programmes and activities (Frydenberg et al., 2004). It was also in agreement with the findings obtained by Wilcox et al. (2005) which showed that university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers which was different from the support they had received from their flatmates. Accordingly, it seemed to be consistent with other research which revealed that teacher support was vital for high school students who had to deal with negative situations (Possel et al., 2013), adolescents in the rural areas (Davidson & Adams, 2013), Italian adolescents' resilience and their perception about the future employment (Fabio & Kenny, 2015) and school engagement (Sharkey et al., 2008).

Nevertheless, the findings of the current study did not support some previous research. Specifically, the findings in this study could not show the influence of gender on psychological resilience which was found in Allan, McKenna, & Dominey's (2014) study and Arunruang's (2002) study.

In contrast to earlier findings, no evidence of the role that friends in classrooms and other friends outside classrooms on psychological resilience was detected in Thai students. It may be that most of participants were the first and the second year students and it was a transitional time before they had formed new strong friendships. Some of them had to move from their hometowns to live in the urban area of Chiang Mai which far away from their families and old friends. Moreover, the previous research found that there were no significant differences of Resilience Quotient (RQ) between student whose parents have different educational backgrounds, occupations and income (Parichatikanond, 2010) while the total household annual income did not influence the levels of psychological resilience in this thesis.

### **6.10.3 The relationship between self-compassion and psychological resilience**

The findings from this study indicated that self-compassion had a positive correlation with psychological resilience in Thai students. This result was in line with those of earlier studies (MacBeth & Gumley, 2012; Krieger, Altenstein, Baettig, Doerig, & Holtforth, 2013). Specifically, if students have high levels of self-compassion, they would also have high levels of psychological resilience. This result supported previous research. For example, it confirmed Krieger, Altenstein, Baettig, Doerig, & Holtforth's study (2013) which all mentioned that self-compassion has been claimed to be associated with resilience in various areas. It was in agreement with MacBeth & Gumley's finding (2012) which indicated that self-compassion was a vital variable to understand health and resilience. In addition, it proved Neff & McGehee's concept (2010) that self-compassion had a strong relationship with well-being among adolescents.

### **6.11 Summary**

The main purposes of this study were to investigate the factors affecting self-compassion and psychological resilience and to explore the relationship between self-compassion and psychological resilience in Thai students. This chapter had illustrated

the factors affecting self-compassion, psychological resilience and the relationship between self-compassion and psychological resilience.

In conclusion, the first thing to note is that gender, degree, performance in comparison with friends, family, other friends outside classrooms, effects of social media use on friends and family and teacher support could predict the self-compassion levels of Thai students. Secondly, religion, year of study, degree, current average mark, performance in comparison with friends, family, effects of social media use on friends and family and teacher support had the effects on the psychological resilience of Thai students. Thirdly, self-compassion had a positive correlation with psychological resilience in Thai students. Forthly, those Thai students who sacrificed the friends and family time to spend more time on social media use were less self-compassionate and less resilient. The last thing to note is that the results in this thesis supported that demographic factors have the effects on psychological wellbeing in Thailand.

# **CHAPTER 7: QUANTITATIVE DATA COLLECTION IN THE UNITED KINGDOM**

## **7.1 Introduction**

The aim of this study was to investigate the levels of self-compassion, psychological resilience, and social media use in British students. This study explores these concepts through the qualitative data collection in the UK. This chapter begins with the research methodology. The sampling strategy is also presented to illustrate how the researcher recruited the participants. Finally, the results are shown the factors influencing self-compassion and psychological resilience and the relationship between these two concepts.

Previous research has explored the factors affecting self-compassion and found the varied predictors of self-compassion, for instance, gender (Bluth & Blanton, 2014b), religious beliefs and practices (Tol et al., 2013), and social support (Jeon et al., 2016). In addition, several studies have investigated the predictors of psychological resilience, for example, gender (Allan et al., 2014), religion (Haglund et al., 2007) and a family support (Songprakun & McCann, 2012).

The results in Chapter 6 indicated that the predictors of self-compassion in Thai students comprised of gender, degree, performance in comparison with friends, family, other friends outside classrooms, the effects of social media use on friends and family and finally teacher support. They also showed that the predictors of psychological resilience in Thai students consisted of religion, year of study, degree, current average mark, performance in comparison with friends, family, the effects of social media use on friends and family and finally teacher support.

## **7.2 Research methodology**

The research methodology in this chapter will begin with the reliability of questionnaire, following with the sampling strategy, the data collection in the UK, and the ethics of thesis. The data analysis, the results and the discussion will also be discussed. The quantitative approach for the data collection in the UK will be illustrated in this chapter and the qualitative approach for the data collection in the UK will be exemplified in Chapter 9.

### 7.3 The reliability of questionnaire

To confirm that each item in the questionnaire could measure the levels of self-compassion, psychological resilience and social media use in British higher education students, the reliability of questionnaire was evaluated as followed;

**1. Personal factors** (15 items)

**2. Social support and family factors** (46 items) - this section was divided into 4 categories. They included;

2.1 Family (8 items) - the Cronbach's Alpha for this section was 0.75 with item-total correlations ranged from .17 to .69.

2.2 Friends in classrooms (10 items) - the Cronbach's Alpha for this section was 0.92 with item-total correlations ranged from .49 to .83.

2.3 Other friends outside the classroom (10 items) - the Cronbach's Alpha for this section was 0.91 with item-total correlations ranged from .39 to .85.

2.4 Social media use (18 items) - these items were created to measure social media use. This section was divided into 3 categories. They included;

2.4.1 Social media use - the mean score for this section was 3.96.

2.4.2 Attitude towards social media use - the Cronbach's Alpha for this section was 0.77. The item-total correlations ranged from .42 - .80.

2.4.3 Effects of social media use on friends and family - the Cronbach's Alpha for this section was .86. The item-total correlations were for these items were .76.

2.5 Educational attainment factors (9 items) - this section was divided into 2 categories. They included;

2.5.1 Frequency of absence - the mean score for this section was 2.46.

2.5.2 Teacher support - the mean score for this section was 3.85.

**3. Self-compassion** (26 items) - the Cronbach's alpha for this study was 0.76. The item-total correlations ranged from .03 - .41.

**4. Psychological resilience** (25 items) - the Cronbach's Alpha for this study was .91. The item-total correlations ranged from .18 - .70.

### 7.4 Sampling strategy

This study used a survey method. An online questionnaire was created on a Qualtrics website. Then, the researcher shared the link of this questionnaire to the

students in Department of Psychology (the SONA system) and asked the supervisor team to share it to the students in other faculties. In addition, the researcher asked a senior lecturer in Department of Psychology to help her to promote this study.

### **7.5 Procedure**

This study took place at Northumbria University in the second semester of the 2014/15 and 2015/16 academic year. It was conducted from November, 2014 to November, 2015. The participants were recruited from the Psychology participation pool at Department of Psychology, Northumbria University. Then, they would receive credit points for their participation. In addition, some of them were recruited from other faculties and their participation was voluntary.

All participants were informed about the purposes of this research and reminded to read all information in the questionnaires carefully before doing the online questionnaires. They were encouraged to email the researcher if they had any questions about the study. After they had completed the questionnaire, the researcher provided them the debrief sheet.

### **7.6 Ethics approval**

The questionnaire had been approved by the Faculty of Health and Life Sciences ethics committee. For the self-compassion section, the researcher contacted Assoc. Prof. Kristin Neff to obtain permission to use the Self-Compassion Scale (SCS). In addition, the researcher contacted Dr. Kathryn M. Connor and Dr. Jonathan R.T. Davidson to seek permission to use The Connor-Davidson Resilience Scale (CD-RISC). Dr. Jonathan R.T. Davidson allowed the researcher to use CD-RISC both the English and the Thai versions.

### **7.7 Participants**

Overall, 356 British undergraduate students took part in this study but 289 students completed the questionnaires. To maintain the accuracy and reliability of the data collection, the researcher excluded the data of 4 participants who were not British. Ultimately, there were 285 British undergraduate students who completed the

questionnaires. They were undergraduate students who studied at Northumbria University from November 2014 to November 2015.

The data were analysed from 285 British students (52 males, 231 females, and 2 unspecified participants) with ages ranging from 18 to 40 years old ( $M = 19.82$ ,  $SD = 2.62$ ). All of them were British. For more information, please see the table 7.1 below.

Table 7.1 Descriptive Statistics

Variables	N	Percentage
<b>Religion</b>		
Buddhist	1	.40
Christian	90	31.6
Islamic	2	.70
No religion	181	63.5
Other	5	1.8
Prefer not to say	6	2.1
<b>Year of study</b>		
The first year	132	46.3
The second year	128	44.9
The third year	10	3.5
The final year	15	5.3
<b>Degree</b>		
Psychology	215	75.4
Pharmaceutical Chemistry	1	.40
Applied Science/Science	7	2.5
Food Science and Nutrition	1	.40
Human Nutrition/Sport exercise and Nutrition	3	1.1
Mass Communication	1	.40
Graphic Design/Animation	6	2.1
Advertising	2	.70
Media production	3	1.1
English Literature	3	1.1

Variables	N	Percentage
Other	43	15.1
Current average mark		
70 – 100	119	41.8
60 – 69	166	58.2
Performance in comparison with friends		
Much worse than others	7	2.5
A little worse than others	46	16.1
About average	140	49.1
A little better than others	86	30.2
Much better than others	6	2.1
Total household annual income		
Lower than average	87	30.5
About average	97	34.0
Higher than average	101	35.4
A number of brothers and sisters		
None	24	8.4
1	133	46.7
More than 1	128	44.9

## 7.8 Data analysis

All the data were analysed using the SPSS software (version 22). The researcher calculated the total score for each questionnaire by summing the scores of each section for each participant. Linear multiple regression was used to investigate the factors that affected self-compassion and psychological resilience. Correlation was used to study the relationship between self-compassion and psychological resilience. In addition, the mean scores were used to compare the levels of self-compassion and psychological resilience among British participants. The alpha level of 0.01 and 0.05 were applied as the levels of significance throughout.



## 7.9 Results

### 7.9.1 Prediction of self-compassion

A multiple regression analysis was used to explore the factors affecting self-compassion in British students. The results showed that these factors could significantly predict 12.5% of self-compassion ( $F = 2.38, p < .01$ ). Breaking this down into individual factors: year of study, a number of brothers and sisters and finally attitudes towards social media use could significantly predict self-compassion in British students at an alpha level of .05. (Table 7.2)

Table 7.2 Standardized Regression Coefficient, t-Value, and Significance Value for the predictors of self-compassion

Predictors	$\beta$	$t$	$p$
Gender	.04	.69	.49
Religion	.01	.19	.85
Year of study	.14	2.10	< .05
Degree	-.05	-.82	.41
Current average mark	-.02	-.23	.82
Performance in comparison with friends	-.09	-1.39	.17
Total household annual income	-.07	-1.09	.28
A number of brothers and sisters	-.15	-2.61	< .05
Family	-.06	-.87	.38
Friends in classrooms	-.08	-.94	.35
Other friends outside classrooms	.15	1.72	.09
Social media use	-.00	-.04	.97
Attitude towards social media use	.17	2.37	< .05
Effects of social media use on friends and family	-.08	-1.24	.22
Frequency of absence	.02	.33	.74
Teacher support	-.03	-.47	.64

### 1. Year of study

There was a significant effect of year of study on the levels of self-compassion in British students. However, the levels of self-compassion of the students in each year of study were not significantly different,  $F(3, 281) = 2.04, p = .11, \omega = .11$ . Specifically, the seniors had the highest mean scores of self-compassion ( $M = 3.23, SE = .07$ ), followed by the sophomores ( $M = 3.09, SE = .47$ ), the juniors ( $M = 3.06, SE = .14$ ) and the freshmen ( $M = 2.98, SE = .04$ ).

### 2. A number of brothers and sisters

The result revealed that a number of brothers and sisters had a significant effect on self-compassion,  $F(2, 282) = 4.03, p = .02, \omega = .14$ . Specifically, the students with a brother or sister had a significantly higher level of self-compassion ( $M = 3.10, SE = .04$ ) than those who did not have any brothers or sisters ( $M = 2.83, SE = .46$ ) at  $p = .05$ . However, there was no difference levels of self-compassion among the students who did not have any brothers and sisters and the students who had more than one brother or sister.

### 3. Attitudes toward social media use

There was a significant relationship between attitudes toward social media use and self-compassion,  $r = .21, p < .01$ . These result suggested that the students who highly perceived that social media use was beneficial for them, were more self-compassionate.

However, the results revealed that there were some variables that could not predict the levels of self-compassion in Thai students. They included;

#### 1. Gender

Gender did not significantly predict self-compassion,  $\beta = .04, t = .69, p = .49$ . This means gender (male, female and unspecified) did not have an effect on the levels of self-compassion in British students.

#### 2. Religion

Religion did not significantly predict self-compassion,  $\beta = .01, t = .19, p = .85$ . This mean religion (Buddhist, Christian, no religion) did not have an effect on the levels of self-compassion in British students.

### 3. Degree

There was no evidence that degree has an influence on self-compassion in British students,  $\beta = -.05$ ,  $t = -.82$ ,  $p = .41$ .

### 4. Current average mark

It was found that current average mark did not influence the levels of self-compassion in British students because it did not significantly predict self-compassion,  $\beta = -.02$ ,  $t = -.23$ ,  $p = .82$ .

### 5. Performance in comparison with friends

There was no evidence that performance in comparison with friends has an influence on self-compassion in British students,  $\beta = -.09$ ,  $t = -1.39$ ,  $p = .17$ .

### 6. Total household annual income

Total household annual income did not influence the levels of self-compassion in British students because it did not significantly predict self-compassion,  $\beta = -.07$ ,  $t = -1.09$ ,  $p = .28$ .

### 7. Family

The finding in this study showed that an effect of family on self-compassion was not statistically significant,  $\beta = -.06$ ,  $t = -.87$ ,  $p = .38$ . Therefore, family was not a predictor of self-compassion in British students.

### 8. Friends in classrooms

Friends in classrooms did not influence the levels of self-compassion in British students because it did not significantly predict self-compassion,  $\beta = -.08$ ,  $t = -.94$ ,  $p = .35$ .

### 9. Other friends outside classrooms

There was no evidence that other friends in classrooms has an influence on self-compassion in British students,  $\beta = .15$ ,  $t = 1.72$ ,  $p = .09$ .

### 10. Social media use

Social media use did not significantly predict self-compassion,  $\beta = -.00$ ,  $t = -.04$ ,  $p = .97$ . This means social media use did not have an effect on the levels of self-compassion in British students.

### 11. Effects of social media use on friends and family

Effects of social media use on friends and family did not influence the levels of self-compassion in British students because it did not significantly predict self-compassion,  $\beta = -.08$ ,  $t = -1.24$ ,  $p = .22$ .

### 12. Frequency of absence

There was no evidence that frequency of absence has an influence on self-compassion in British students,  $\beta = .02$ ,  $t = .33$ ,  $p = .74$ .

### 13. Teacher support

Teacher support did not significantly predict self-compassion,  $\beta = -.03$ ,  $t = -.47$ ,  $p = .64$ . This means teacher support did not have an effect on the levels of self-compassion in British students.

## 7.9.2 Prediction of psychological resilience

The multiple regression analysis was used to explore whether the independent variables would predict psychological resilience of British students. The result showed that the independent variable could significantly predict psychological resilience for 24.5% ( $F = 5.42$ ,  $p < .01$ ). Specifically, performance in comparison with friends and teacher support could predict psychological resilience in British students at an alpha level of .01. (Table 7.3)

Table 7.3 Standardized Regression Coefficient, t-Value, and Significance Value for the predictors of psychological resilience

Predictors	$\beta$	$t$	$p$
Gender	.04	.64	.52
Religion	.03	.57	.57
Year of study	.11	1.83	.07
Degree	.07	1.34	.18
Current average mark	.04	.64	.52
Performance in comparison with friends	.26	4.61	< .01
Total household annual income	-.05	-.94	.35
A number of brothers and sisters	.04	.71	.48

Predictors	$\beta$	$t$	$p$
Family	.08	1.41	.16
Friends in classrooms	.08	1.00	.32
Other friends outside classrooms	.11	1.31	.19
Social media use	-.05	-.73	.47
Attitude towards social media use	.09	1.37	.17
Effects of social media use on friends and family	.09	1.49	.14
Frequency of absence	.07	1.10	.27
Teacher support	.25	4.11	< .01

#### 1. Performance in comparison with friends

This variable was included in case that the students were the first year and they did not know their current average mark. There was a small but highly significant positive association between the performance in comparison with friends and psychological resilience,  $r = .27, p < .01$ . Where students estimated that their academic performance might be better than other friends, they were likely to have the high levels of psychological resilience.

#### 2. Teacher support

There was a medium but highly significant relationship between teacher support and psychological resilience,  $r = .30, p < .01$ . This indicated that the more teacher support they had received, the more psychological resilience they had.

Nevertheless, the findings showed that there were some variables that could not predict psychological resilience in British students. They were as followed;

#### 1. Gender

Gender did not significantly predict psychological resilience,  $\beta = .04, t = .64, p = .52$ . This means gender (male, female and unspecified) did not have an effect on the levels of psychological resilience in British students.

## 2. Religion

Religion did not significantly predict psychological resilience,  $\beta = .03$ ,  $t = .57$ ,  $p = .57$ . This means religion (Buddhist, Christian, Islamic, no religion and the others) did not have an effect on the levels of psychological resilience in British students.

## 3. Year of study

It was found that year of study did not influence the levels of psychological resilience in British students because it did not significantly predict psychological resilience,  $\beta = .11$ ,  $t = 1.83$ ,  $p = .07$ .

## 4. Degree

There was no evidence that degree has an influence on psychological resilience in British students,  $\beta = .07$ ,  $t = 1.34$ ,  $p = .18$ .

## 5. Current average mark

The current average mark did not influence the levels of psychological resilience in British students because it did not significantly predict psychological resilience,  $\beta = .04$ ,  $t = .64$ ,  $p = .52$ .

## 6. Total household annual income

The finding in this study showed that an effect of total household annual income on psychological resilience was not statistically significant,  $\beta = -.05$ ,  $t = -.94$ ,  $p = .35$ . Therefore, total household annual income was not a predictor of psychological resilience in British students.

## 7. Number of brothers and sisters

It was shown that a number of brothers and sisters was not a predictor of psychological resilience in British students because an effect of a number of brothers and sisters on psychological resilience was not statistically significant,  $\beta = .04$ ,  $t = .71$ ,  $p = .48$ .

## 8. Family

There was no evidence that family has an influence on psychological resilience in British students,  $\beta = .08$ ,  $t = 1.41$ ,  $p = .16$ .

#### 9. Friends in classrooms

Friends in classrooms did not significantly predict psychological resilience,  $\beta = .08$ ,  $t = 1.00$ ,  $p = .32$ . This means friends in classrooms did not have an effect on the levels of psychological resilience in British students.

#### 10. Other friends outside classrooms

The finding in this study showed that an effect of other friends outside classrooms on psychological resilience was not statistically significant,  $\beta = .11$ ,  $t = 1.31$ ,  $p = .19$ . Therefore, other friends outside classrooms was not a predictor of psychological resilience in British students.

#### 11. Social media use

It was found that social media use could not predict psychological resilience,  $\beta = -.05$ ,  $t = -.73$ ,  $p = .47$ . This means social media use did not have an effect on the levels of psychological resilience in British students.

#### 12. Attitude towards social media use

There was no evidence that attitude towards social media use has an influence on psychological resilience in British students,  $\beta = .09$ ,  $t = 1.37$ ,  $p = .17$ .

#### 13. Effects of social media use on friends and family

Effects of social media use on friends and family did not significantly predict psychological resilience,  $\beta = .09$ ,  $t = 1.49$ ,  $p = .14$ . This means effects of social media use on friends and family did not have an effect on the levels of psychological resilience in British students.

#### 14. Frequency of absence

The result in this study revealed that frequency of absence was not a predictor of psychological resilience in British students because an effect of frequency of absence on psychological resilience was not statistically significant,  $\beta = .07$ ,  $t = 1.10$ ,  $p = .27$ .

Taken together, these results provided important insights into the predictors of self-compassion and psychological resilience in British students. (Figure 7.1 and 7.2)

Figure 7.1 Predictors of self-compassion in British students

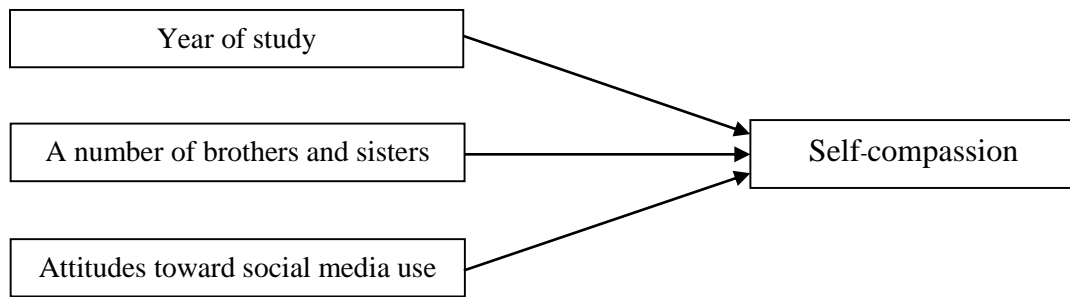
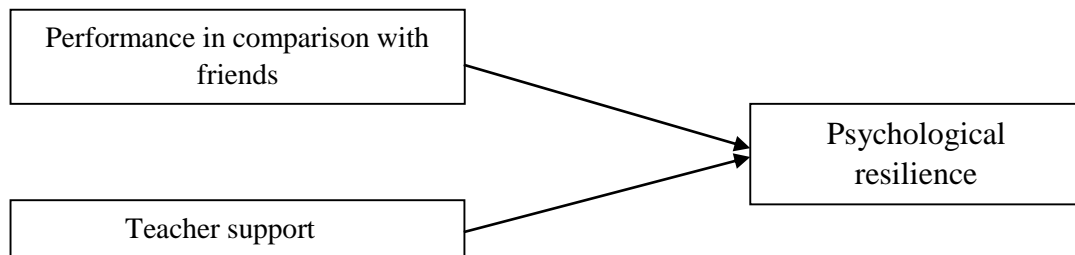


Figure 7.2 Predictors of psychological resilience in British students



### 7.9.3 The relationship between self-compassion and psychological resilience

One of the purposes in this study was to explore the relationship between self-compassion and psychological resilience in British students. It was found that self-compassion verged on being significant with psychological resilience in British students,  $r = .10$ ,  $p = .11$ . Specifically, those students with high levels of self-compassion, were not likely to obtain high scores in psychological resilience. The results of correlational analysis are shown in Table 7.4.

Table 7.4 Correlations between self-compassion and psychological resilience

Variables	Self-compassion	Psychological resilience
Self-compassion	1.00	.10
Psychological resilience	.10	1.00

$p > .05$



## **7.10 Discussion**

### **7.10.1 Predictors of self-compassion**

The results in this study showed that there were 3 factors affecting self-compassion in British students. They comprised of year of study, a number of brothers and sisters and attitudes towards social media use that had the effects on self-compassion in British students. Firstly, it was found that even though year of study could predict self-compassion in British students, the levels of self-compassion of the students in each year of study were not significantly different. It may be that their mean score of self-compassion were quite similar (the seniors had the highest mean scores, followed by the sophomores, the juniors and the freshmen). These results seemed to be consistent with previous research which showed that self-compassion was beneficial for the freshmen because it was positively related to life-satisfaction as well as developing identity; it combatted the negative emotions during their study (Hope et al., 2014), and; enhanced the perceived competence and mental health in the first and the second year social work students (Ying, 2009).

Secondly, a number of brothers and sisters had a significant effect on self-compassion. It was found that the students, who have a brother or sister had a significantly higher levels of self-compassion than those who did not have any brothers or sisters at a significant level of .05 but there was no difference levels of self-compassion among the students who did not have any brothers and sisters and the students who had more than one brother or sister. A possible explanation for this might be that their brothers and sisters were the members of their families and could help them when they had to deal with difficulties in life by giving them some advices, the information, the social support. Their brothers and sisters could also give them some feedbacks to realise about themselves and their situations. These results further supported the study of Neff & McGehee (2010) which reported that family and cognitive factors were the predictors of self-compassion. They were in line with Wilcox et al. (2005) which found that emotional support from family and old friends could help the first year students to deal with the stress when they adjust themselves for studying at the university for the first few days. They were also in accord with previous studies indicating that social support was a protective factor and it could influence the wellbeing in the family, the parenting and the resilience in children

(Armstrong et al., 2005) and recognising family support could help premedical students to believe in their ability to deal with their study (Klink et al., 2008).

This can be partially explained by the fact that their brothers and sisters were in the same generation and this probably makes the students to feel comfortable to talk about their problems. These results corroborated the study of the Department of Health & Human Services State Government of Victoria Australia (2016) who reported that talking to someone that the individual trusted, was likely to help them: to have a better understanding of their problems; think about the problems from other perspectives; release stress; perceive that they were not alone, and; recognise many results for the problems. They seemed to be consistent with the idea of Barker (2007) which proposed that if adolescents felt bad when they asked for help from their parents, they were probably looked for help from other family members instead.

Thirdly, attitudes towards social media use could predict the levels of self-compassion in British students. It was found that attitudes toward social media use were positively related to self-compassion. In other words, students who had a strong perception that social media use was beneficial for them were more self-compassionate. These results may be due to the tendency of students with a positive attitude towards social media, to use it frequently to share their negative experiences which allow them to receive the feedback, advice, or information to make them feel better. Part of this may be associated with perceiving that other people encountered the same situations, and dealing with the negative feelings effectively. The findings in the study seemed to be partially consistent with Flaherty, Pearce, & Rubin's (1998) study which found that participants in their study used the Internet to fulfil their pleasure and Baym, Zhang, & Lin's (2004) study which suggested that face-to-face communication was the main choice for communication whereas the Internet was widely used among college students. They further supported the idea of Ho & McLeod (2008) who indicated that the computer-mediated conversation reduced the disadvantages of face-to-face communication, for example, providing the invisibility and decreasing the users' identity. Similarly, Shaw & Gant (2002) suggested that Internet usage reduced the levels of loneliness and depression but it boosted the levels of perceived social support and self-esteem in undergraduate students in the United States.

In addition, the findings in the thesis indicated that religion and current average mark could not predict self-compassion in British students. These findings were in

line with Neff et al.'s (2008) study which indicated that religious beliefs could not predict the levels of self-compassion in Taiwan and the United States. They also supported the ideas of Neff, Hsieh, & Dejitterat (2005) as they did not find a relationship between self-compassion and undergraduate students' actual grades in the United States.

Surprisingly, the outcomes in this thesis could not demonstrate that family had influenced the levels of self-compassion in British students. They were contrary to that of Neff & McGehee (2010) who reported that family and cognitive factors were the predictors of self-compassion; Kelly & Dupasquier (2016) who presented that perceived affection from parents was associated with being self-compassionate and gaining self-compassion via their experience and perceiving of social protection, and; Pepping, Davis, O'Donovan, & Pal (2015) who revealed that high levels of denial and overprotection from parents and low levels of affection from parents were relevant to low levels of self-compassion. Finally, these outcomes showed that both friends inside and outside classrooms did not predict self-compassion in British students. This seemed to break from previous studies which have suggested that when young people studied at the universities, they mainly received social support from their friends at the university and the university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers which was different from the support they had received from their flatmates (Wilcox et al., 2005).

### **7.10.2 Predictors of psychological resilience**

There were two predictors that had effects on psychological resilience in British students. They comprised of performance in comparison with friends and teacher support. Firstly, the students who perceived that their academic performance might be better than other friends, were likely to have the high levels of psychological resilience. It seems possible that these results are explained by the fact that when these students felt confident and believed in their own abilities, they were able to maintain their mental health and adjust themselves to achieve their academic goals in spite of the stress and difficulties. These results seemed to be consistent with a previous study that showed that resilient students tended to exhibit more engaging behaviour, for instance, attending class and school on time and preparing and taking part in class activities (Finn & Rock, 1997). They also corroborated the findings of Yeager &

Dweck (2012) who proposed that students who thought or were taught that their internal abilities could be improved, were likely to exhibit the higher levels of achievement and higher levels of course completion despite negative circumstances.

Additionally, the results in this study found that teacher support was positively related to psychological resilience in British students. This means the students who received more support from their teacher, obtained higher levels of psychological resilience. A possible explanation for this might be that when they received the teacher support, they tended to see their problems clearly and used their abilities and resources to maintain their mental health. These results were in line with those obtained by Kassis, Artz, Scambor, Scambor, & Moldenhauer (2013) who mentioned that the resilience levels can be changed by boosting positive relationships with family members, friends, and teachers and Frydenberg et al. (2004), who suggested that the teachers could play a vital role in enhancing their students' resilience by participation in relevant programmes and activities. They also corroborated the ideas of and Yeung & Leadbeater (2010), who suggested that the adolescents who received higher levels of emotional support from their fathers and teachers, had lower levels of both emotional and behavioural problems. Likewise, they supported that teacher support was relevant to the subjective wellbeing of their students (Suldo et al., 2009) and university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers which was different from the support they had received from their flatmates (Wilcox et al., 2005). Furthermore, they seemed to be consistent with the idea that teacher support were vital for high school students who had to deal with negative situations (Possel et al., 2013) and Italian adolescents' resilience and their perception about the future employment (Fabio & Kenny, 2015).

The findings of thesis confirmed Parichatikanond's (2010) study which identified that the Grade Point Average X (GPAX) was not significantly associated with Resilience Quotient (RQ). However, these findings have been unable to demonstrate that religion had an effect on psychological resilience in British students compared to the previous research. For example, Haglund et al.'s (2007) study showed that people who were religious, spiritual or altruistic, tended to have more resilience when they had to deal with difficulties and people who sought for social support when they were stressed, tended to have more resilience than separated people. Similarly, Souril & Hasanirad (2011) suggested that individuals' resilience was probably related to their cultures and religions and Hebbani & Srinivasan (2016) stressed the

importance of family, relatives, community and religious practices had on the levels of resilience in susceptible adolescents in India.

These results also showed that degree could not predict psychological resilience. They were contrary to previous studies which have suggested that Thai students who studied in Faculty of Fine and Applied Arts, had higher level of resilience than students from other faculties (Parinyaphol & Chongruksa, 2008) and the Resilience Quotient (RQ) of students who studied in different educational programmes were not significantly different from one another (Parichatikanond, 2010).

Lastly, no evidence of the effects of both friends in and outside classrooms were detected in this thesis. These results were not congruent with the prior research which reported that emotional support from friends could help the first year student to deal with the difficulties and the university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers which was different from the support they had received from their flatmates (Wilcox et al., 2005).

### **7.10.3 The relationship between self-compassion and psychological resilience**

It was found that self-compassion was not significantly associated with psychological resilience in British students because the p-value was higher than the significant level of .05 ( $p = .11$ ). Specifically, those students with high levels of self-compassion, were not likely to obtain high scores in psychological resilience. The findings in this study did not match those observed in earlier studies which showed that self-compassion had been found to be related to resilience in many aspects (Krieger et al., 2013) and compassion was crucial to comprehend psychological health and resilience (MacBeth & Gumley, 2012).

## **7.11 Summary**

In conclusion, this chapter has illustrated the quantitative data collection process in the UK. The three main findings were also discussed in this chapter. Firstly, it was found that year of study, a number of brothers and sisters and attitudes toward social media use could predict the levels of self-compassion in British students. Secondly, performance in comparison with friends and teacher support had the effects on the psychological resilience in British students. Finally, self-compassion was not significantly associated with psychological resilience in British students.

The next chapter, therefore, moves on to discuss the qualitative data collection in Thailand and the main themes to presented the strategies that Thai students applied to deal with difficulties in their lives.

# **CHAPTER 8: QUALITATIVE DATA COLLECTION IN THAILAND**

## **8.1 Introduction**

The aims of this research are to study the factors that affect self-compassion and psychological resilience; to study the relationship between self-compassion and psychological resilience; to compare self-compassion and psychological resilience among Thai and British students and to explore the role that social media use has on these constructs. In Chapter 6, a quantitative approach was applied to explore these constructs in Thai students. The results indicated that personal factors, social support and family factors alongside educational attainment factors affecting self-compassion and psychological resilience in Thai students. Furthermore, those Thai students who sacrificed friends and family time to spend more time on social media use were less self-compassionate and less resilient. Nevertheless, the results from the quantitative approach were insufficient to know how these factors helped them to deal with difficulties, in particular self-compassion and psychological resilience.

In order to understand this phenomenon in Thai cultural context, the qualitative approach was used in parallel to quantitative approach as a component of mixed method approach (Braun & Clarke, 2013). This chapter begins with a description of research methodology. In addition, the sampling strategy is also presented and the ethics of the project are illustrated. After that, the data analysis and the results are discussed.

## **8.2 Research methodology**

A qualitative approach was applied to understand what the factors affecting self-compassion and psychological resilience were and whether social media had an effect on these constructs in details. In-depth semi-structured interviews were used in this study because of the following advantages (Virginia Braun & Clarke, 2013). Firstly, it was flexible and provided the information about the strategies that participants applied to deal with difficulties in their lives in more details. Secondly, it was beneficial for talking about some sensitive issues when participants revealed difficulties that they had faced recently. Thirdly, the researcher could control the

situations during the interviews to receive the practical data. Finally, it provided the subjective data within the specific cultural contexts, in particular Thai culture (Braun & Clarke, 2013). After applying the qualitative interviews in this stage, the researcher had collected sufficient in-depth data to analyse in the next stage.

### **8.2.1 Sampling strategy**

This study took place at Rajamangala University of Technology Lanna (RMUTL), Chiang Mai campus (the main campus) in the second semester of 2014 (March, 2015). After completing the questionnaires that were illustrated in Chapter 6, the participants were invited to take part in the in-depth interviews.

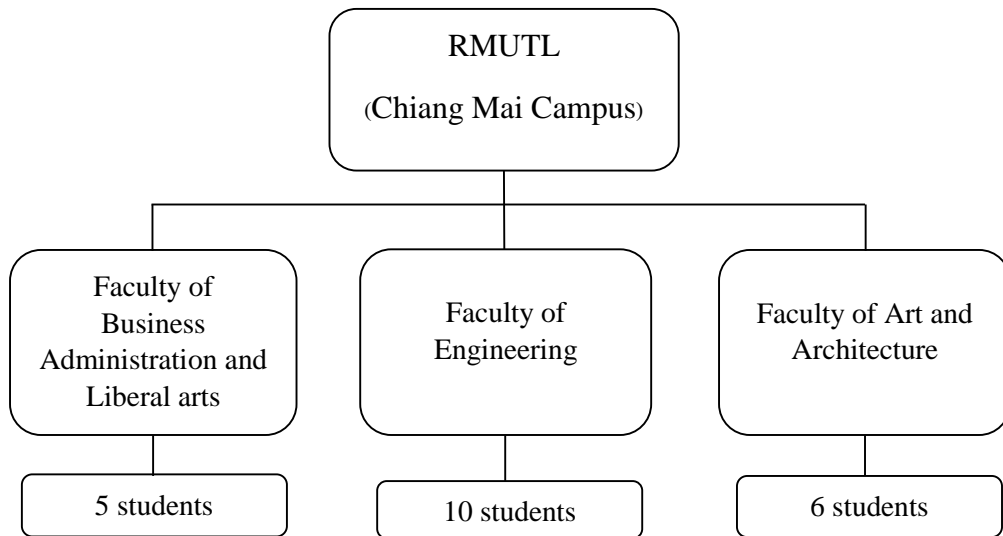
When all participants completed the questionnaires (Please see Chapter 6 for more detail.), the researcher informed them that the researcher also recruited for participants to take part in the in-depth interviews. Their participations were voluntary and anonymous and participants were given £2 gift vouchers in return. Each session would no longer than 30 minutes. In addition, the researcher asked the lecturers in Department of Social Sciences to advertise this recruitment when they finished classes or posted it in academic groups on social media websites.

### **8.2.2 Participants**

Overall, 21 participants were recruited from 3 faculties that were located in Chiang Mai Campus (the main campus). All participants' ages ranged from 19 to 22 years. There were 12 males and 9 females. All of them were Thai and Buddhists. A number of students were the freshmen and the sophomores. There were 10 students from Faculty of Engineering, 6 students from Faculty of Art and Architecture, and 5 students from Faculty of Business Administration. Mostly, their current average marks were in the first class and they thought that their performance were about average comparing with their friends. Their fathers had varied professions, for instance, labourers (6 students), businessmen (4 students), and governmental officers (3 students). Accordingly, their mothers had many kinds of professions, for example, sellers (5 students), labourers (4 students), and businesswomen (3 students). There were 7 students whom their families' annual income was about average. Finally, a number of students had only 1 brother or sister. (Please see Figure 8.1.)



Figure 8.1 Sample size for the qualitative approach



### 8.3 Interview Schedule

The researcher created all questions to get all participants talking about their experiences. Semi-structured interviews were used in this study (Braun & Clarke, 2013). The researcher set the open-ended questions and the topics roughly before the commencement of interviewing. Firstly, the researcher would talk them through the general topics in relation to the research framework, for example, assignments, scores, or friends. Then, the researcher asked them about their happy or impressive experiences in life and gradually focused on their bad experiences and social media use. The whole session was no more than 30 minutes. The aim of interviews was to study the factors affecting self-compassion and psychological resilience and to explore the roles that social media had on these constructs in the details. The examples of the questions were as follows:

1. What do you do when things go wrong?
2. How does your family respond when you feel down?
3. What do your friends do when you feel bad?
4. Do you think that social media can help you to deal with difficulties?  
Why?

#### 8.3.1 Translation and verifying translation

The difficulty at this stage was that all in-depth interviews were conducted in Thai and Northern Thai language whereas this study needed to be reported in English.

Firstly, the researcher transcribed all files into English and used an online English-Thai dictionary to check some Thai words. Then, the researcher rechecked all transcriptions word-by-word and sent the results to the supervisor team to prove.

### **8.3.2 Ethics approval**

The lists of questionnaire had been approved by the Faculty of Health and Life Sciences ethics committee. Permission for participation of students was obtained from a chancellor of Rajamangala University of Technology Lanna (RMUTL). The researcher also asked the Head of Social Sciences Department for a permission to use the meeting room for interviewing. At the same time, the researcher asked other lecturers in the department for advertising about the recruitment and contacted the course lecturers to give permission for the data collection. So, the cooperation was obtained by the executive staff and the lecturers in the Social Sciences Department before conducting the in-depth interviews. Additionally, the true names of the participants were not used in this thesis for ethical reasons.

### **8.4 Data analysis**

Thematic Analysis (TA) was applied to analyse the data in this thesis because of its several strengths (Braun & Clarke, 2013). There were six steps of thematic analysis (Braun & Clarke, 2006) as follows;

#### **1. Familiarisation with the data**

The researcher read and re-read all transcripts to check the correctness of typing and translating Thai into English. The researcher also wrote down the interesting ideas and words on the notebook to use for coding in the next step.

#### **2. Generating initial codes**

In the second step, the researcher created the codes by using the computer software. Firstly, the researcher extracted the data from each transcript and put them on the Microsoft Word worksheets for printing out. Then, the researcher cut them into the small pieces of file card and put the similar codes into a group of codes.

### 3. Searching for themes

The researcher focused on the relationship between codes and between different themes. There were 7 main themes that emerged from the analysis. They consisted of the strategy for dealing with difficulties, family support, teacher support, friends, social media use, comparison between face-to-face communication and social media and finally codes/motto. In addition, the researcher put the other codes in separate groups because they were probably useful for recoding the themes in the next step.

### 4. Reviewing themes

In this stage, the researcher read all extracted codes for each theme and sub-theme. Then, the researcher examined whether they fitted into these themes and sub-themes. It was found that some codes were not appropriate for some themes. Therefore, the researcher took them out and put other codes to replace them. Ultimately, there were 8 main themes that emerged from the analysis in this stage. (Please see Table 8.1.)

Table 8.1 Main themes and sub-themes of dealing with difficulties

Main themes	Sub-themes
1. The difficulties that Thai participants faced	Academic problems
	Relationship problems
	Financial problems
2. Strategy for dealing with difficulties	Using social media to receive the social support and advice from their existing friends
	Using social media to distract themselves from the problems
	Communicating with friends, family or teachers
	Doing some exercises or other activities
	Contemplation
	Keeping the problems on their minds

Main themes	Sub-themes
3. Family support	Benefits
	Barriers
4. Teacher support	Rarely or never talk
	Functional relationships
	Warm previous relationships
5. Friends	Close Friends
	Support and advice
	Homophily
6. Social media use	Benefits
	Costs
7. Comparison between face-to-face communication and social media	True emotions
8. Codes/Motto	-

After that, the researcher read all codes again to ensure that they fitted into the overall data set and all relevant coded were added in each theme and sub-theme.

#### 5. Defining and naming themes

The researcher checked the extracted codes and organized them within the main themes. The researcher also started writing up the results of analysis.

#### 6. Producing the report

Equipped with a set of themes and sub-themes, the researcher finished writing up the chapter in the final step.

### **8.5 The difficulties that Thai participants faced**

From the literature review, it was found that some Thai students were likely to be stressful and anxious. For example, Thai nursing students tended to be stressful in the first year of their study programme because the hierarchical social status, assignments and clinical placements (Naiyapatana et al., 2008). Ratanasiripong & Wang (2011) also reported that even though Thai nursing students had lower levels of depression than other students, the percentage of depressed nursing students was

overall high. Similarly, the students in other countries had to deal with varied difficulties in life. Medical students in Nigeria, had to deal with many kinds of stressors, for instance: financial problems, academic problems and family problems and these stressors had the effects on students' mental health eventually (Omigbodun et al., 2006). In contrast, some freshmen also lived far away from home for the first time and they may have lacked social support that they had obtained before (Crocker & Canevello, 2008).

Prior studies had been conducted to know how people applied self-compassion and psychological resilience to deal with difficulties. Self-compassion comprised of self-kindness, common humanity and mindfulness (Neff, 2003b). It also indicated that psychological resilience referred to a positive ability of individual to retain or recover while dealing with difficulties in life. In other words, resilience enables individuals to thrive in the face of adversity (Connor & Davidson, 2003). Therefore, people with high levels of self-compassion should treat themselves with the gentle and understanding (self-kindness), realize that their problems were shared with the others (common humanity) and recognise the negative feelings with awareness (mindfulness). Accordingly, people with high levels of psychological resilience should be able to maintain or retrieve their mental wellbeing when they deal with difficulties.

In order to understand the strategies that Thai students used to deal with difficulties, the participants were asked what they did when they felt bad and whether they would use the same way to deal with it. Firstly, the researcher looked at the difficulties that Thai students faced to get a sense of their strategies for dealing with difficulties. Then, the researcher focused on these strategies in more detail.

There were many different kinds of difficulties that Thai participants dealt with. A number of participants mentioned that their study did not go well or they received lower marks than they expected. Mongkol said that:

*'I got a low score. I got 5 out of 50. That is ok. I was indifferent. I will try it again.'*

Correspondingly, Chanon stated that:

*'(Silence) I pay attention to my study. I do not want my parent to feel disappointed. I got an 'F' so I had to improve myself.'*

A possible explanation for this might be that the interviews were taken place after they had known the mid-term examination results and most students tended to have concerns about their marks. Generally, many Thai parents wanted or expected their children to get the high marks because they believed that receiving the high marks would help their children to get a good job with a high salaries and be successful in the future. For this reason, they sent their children to a tutorial school after kindergarten or primary school classes and put the pressure to their children unintentionally. When their children's study did not go well or they did not receive the marks that they expected, their children tended to be worried and stressful because they did not want to disappoint their parents. In addition, most students were in the transitional time from studying at schools to be freshmen and sophomores at a university. During this period, they had to adjust themselves to the new environment, make new friends, manage their time studying a new program and attend the freshmen orientation. This situation could make them feel more stressful than they previously had. These results supported previous research into this stress area in Thailand which found that the main factor of migraine in Thai junior high school students was the stress from the daily school activities (Visudtibhan et al., 2007) and half of Thai nursing students in the previous study were depressed (Ross et al., 2005). They indicated that Thai nursing students also tended to be stressful in the first year of their study programme because of the hierarchical social status among them and handling with assignments and clinical placements (Naiyapatana et al., 2008). In addition, some of freshmen lived far away from home for the first time and they may lack social support that they had enjoyed before (Crocker & Canevello, 2008).

The results in this thesis seemed to be consistent with another study which found that Thai university students who studied in Faculty of Humanities had higher levels of severe stress and sleep deprivation than the students from Faculty of Medicine but they obtained the same levels of depression, sleepiness at the day time and incidences of being overweight (Kongsomboon, 2010). In addition, they were in line with the recent study which revealed that even though Thai nursing students had lower levels of depression than other students, the percentage of depressed nursing students was high (Ratanasiripong & Wang, 2011). They also found that depression

was positively related to social difficulties and negatively related to self-esteem and life satisfaction.

Some participants also revealed that they had some problems with their girlfriends or friends, followed by family members. For example, Thaween mentioned that:

*'Friends in this gang was offended by another friend group. They liked to go to the club. Sometimes they could not do an assignment while some friends who had done it, did not care about them. So, we were offended by each other. Then, we realised that we were friends. So, we talked and apologized to each other. We tried to improve ourselves. My friends in classrooms understand and love each other more than we did in the past.'*

A minority of participants talked about loss in their lives or about financial problems. Manop indicated that:

*'If I talk to our parents, I cannot tell something to them. When I am not very happy, I cannot tell them to make them worried, for instance, a financial problem. I know that they work hard to get money. If I do not have enough money, what should I do? I will save money. If my mom asks me, I will say that 'Yes, mom.' If we save money, we will have enough money. If we are not extravagant, I mean. If I talk to my sister, I tell her everything. Then, she will understand me.'*

Sarin also said that he talked to his aunt about his study and a financial problem. These findings further supported the idea of Compas, Slavin, Wagner, & Vannatta (1986) who found the relationship between negative situations and psychological difficulties when it was relevant to family problems, school problems, problems with the law and personal issues. They were also consistent with Omigbodun et al.'s (2006) findings which showed that there were several stressors that medical students in Nigeria had to deal with, for instance, financial problems, academic problems and family problems. They also reported that these stressors had the effects on students' mental health eventually.

## 8.6 Strategy for dealing with the difficulties

To deal with difficulties in life, the findings showed that Thai participants applied many strategies. Most participants used social media to receive the social support and advice from their existing friends while some participants vented their emotions on social media to make them feel better. Some participants also used social media to distract themselves from all the troubles that they faced. Specifically, three participants preferred to use social media to watch cartoons, listen to music, access Facebook or listen to Dhamma on Youtube when they felt bad. Natee, changed his usage from posting on his Facebook page to watching the cartoons. He said that:

*'Yes. Sometimes it was ok but it made me have a headache recently. So, I watched cartoons instead. (Laugh) When I watched them, I felt relieved. When I had free time, I just laid down on my bed and watched it. I just took a rest and relaxed. It was ok.'*

These findings seemed to be consistent with other research which found that avoidance coping was useful in some situations because distraction-oriented coping decreased the levels of somatic scores in females in their study (Beasley et al., 2003) and disclosing about the traumatic events could help university students' self-perception to develop a more resilient self-concept and have less psychological distress (Hemenover, 2003).

However, using social media to distract from difficulties was not a productive coping strategy because the problems were not resolved and ultimately this could affect students' mental health. These findings were in accord with previous studies indicating that people who used an attention control (AC), had higher levels of resilience in the long period while people who used unproductive strategies (i.e. distraction and rumination), would be more endanger in the long run (Troy & Mauss, 2011). In addition, they corroborated the idea of Thompson, Arnkoff, & Glass (2011), who suggested that avoidance avoidant coping and suppression individual's thought were linked to psychological illness, for instance, posttraumatic stress disorder (PTSD) and depression.

There were some participants who communicated with their friends, family or teachers when they felt unhappy. For Wannaporn, she noted that:



*'Talking to parents and friends... Well, it is similar to talking to friends. It is ventilation. It is not a problem solving. It means we take difficulties away and share them with other people. Then, they can change our negative thoughts.'*

Similarly, Thitima talked to her friends when she felt down. She revealed that:

*'I use the same ways to deal with it. If I feel down, I talk to my friends. Oh, I try to use a new way. I try not to immerse myself in this feelings. I find some activities to do like hang out with friends. Then, I will be better.'*

These results further supported the idea of the Department of Health & Human Services, State Government of Victoria, Australia (2016) who reported that talking to someone that individual trusted, was likely to help them to have a better understanding of the problems, think about the problems from other perspectives, release the stress, perceive that they were not alone and find the new resolutions.

In addition, there were three participants who liked to do some exercises when they felt down while some participants like to do other activities, for example, cooking, doing the housework, and reading the novels. Unchalee said that:

*'If I am so stressed, I will make some desserts. It will make me feel better.'*

It was found that only two participants preferred to think it through when they felt bad. Specifically, Thaween tried to think about the problems from other perspectives and Vichuda tried to let the problems go because they could make her feel worse than she was. However, some participants did not apply any strategy to deal with difficulties and they preferred to keep all the troubles on their minds. In Chawakorn case, he mentioned that:

*'Generally, I do not talk to anyone. I keep it on my mind.'*

Correspondingly, Chanon reported that

*'I am a person who hides the feeling. I rarely tell someone unless I want to tell them.'*

In Thailand, some research was conducted to investigate Thai students' coping and social support providers. For example, family, spirituality and a parental monitoring could protect Thai adolescents from consuming alcohol, using the tobacco and having inappropriate sexual behaviours (Chamrathirong et al., 2010). Phuphaibul, Thanooruk, Leucha, Sirapo-ngam, & Kanobdee (2005) developed the Immune of Life for Teens module and found that it was effective to increase Thai early adolescents' coping behaviours and mental health. It was also indicated that family functioning influenced self-esteem and resourceful coping in Thai adolescents who had asthma (Preechawong et al., 2007). However, no research explored the effects of social media on dealing with difficulties in particular self-compassion and psychological resilience to further discuss in this section. Therefore, this research was at the beginning stage of exploring these constructs in Thai cultural context.

According to Carver, Scheier, & Weintraub's (1989) study, the last group was coping responses which was relevant to focus on and venting of emotions, behavioural disengagement and mental disengagement. (Please see more details in Chapter 4 section 4.4.) It was found that Thai participants applied all strategies to deal with difficulties. The participants in the first group tried to think about and solve their problems by themselves (problem-focused coping). For example, Thaween had spent a few days to contemplate about the problems. He described that:

*'Generally, I use the same way to deal with them. I am quiet and stay alone. Then they will disappear. Maybe, they still remain. It will take time. As you mentioned before, if we have a prejudice against someone, we have to accept that it happens. We cannot resist it. When we have a prejudice against someone and he do something we do not like, we might think that 'What! Why can't he do this?' But if we try to think upside down about 2 – 3 days, it will be better. Then, we can stop having a prejudice against someone.'*

The second group of participants talked to someone to receive the emotional support or turned to Buddhism (emotional-focused coping). Vichuda described the support her mother had given to her:

*'She will support me and say that 'That is all right. It will be better.' And she tries to help me to solve the problems. She will help me.'*

Likewise, Wiwat listened to Dhamma when he felt down. He revealed that:

*'I like to listen to Dhamma. It can help me a lot.'*

Additionally, some participants in this group preferred to vent their feeling with other people face-to-face or talk through social media. Jirayut said that:

*'I vent my feelings to friends or other people. It will make me feel relieved.'*

There were some participants who were in the final group because they used social media or do other activities to distract themselves from dealing with the problems or feelings directly (avoidance-oriented coping). For example, Natee, watched the cartoons to forget his problems temporarily. He said that:

*'Yes. Sometimes it was ok but it made me have a headache recently. So, I watched retarded cartoons instead. (Laugh) When I watched them, I felt relieved. When I had free time, I just laid down on my bed and watched it. I just took a rest and relaxed. It was ok.'*

These results seemed to be consistent partially with another research project which found that students' coping after the exam reflected an attempt to deal with the negative feeling before the exam by using an avoidance coping and then they coped with their grades after the exam by turning to use greater problem-focused coping. It also showed that even though they failed on their exam, they tended to make more effort to achieve it again (Carver & Scheier, 1994). In addition, they further supported the idea of Scheier et al. (1986) who proposed that problem focused coping was correlated with better psychological adjustment to stress than emotion-focused coping and disengagement coping.

It could be say that some students with self-compassion were likely to fall into the first and the second group because they tried to think about and solve their problems by themselves when they had negative feelings, received undesirable marks or deal with other difficulties in life. They realised that their problems were shared by other people and tried to find useful advice or information from their family, friends and teachers. These findings confirmed Neff, Hsieh, & Dejitterat's (2005) study which revealed that students with self-compassion could continue their study with the interest

even though they received the lower grade than they expected. However, they did not find that self-compassion was associated with problem-focused coping in this study because the students had already received their undesirable marks and these students could not change their marks (Neff et al., 2005).

In addition, Neff, Hsieh, & DeJitterat's (2005) study noted that self-compassion was positively related to using positive reinterpretation/growth and acceptance to deal with the bad feelings and it was negatively related to using focus on and venting of emotions even though these strategies were the subscales of emotional-focused coping in this study. They also mentioned that self-compassion was negatively associated with avoidance-oriented coping (denial, mental disengagement and behavioural disengagement). Interestingly, some participants in the first and the second group were likely to be resilient because they accepted that difficulties had already happened and tried to think about their problems from other perspectives. However, some participants in the second group who vented their feelings (talking to people face to face or venting their feelings on social media) and looked for social support were not likely to be self-compassionate because self-compassion was positively related to emotional processing which was a subscale of emotional coping but it was not significantly associated with emotional expression subscale (Neff et al., 2005). These strategies were also not productive ways to maintain their mental health or solve the problems when the participants did not accept the actual problems and deal with the problem directly.

Finally, participants in the final group used social media or did some activities to forget their problems. In contrast, people who treat themselves compassionately during unsuccessful events, do not have to deny, suppress or hide their feelings but they would accept, perceive and balance their negative feelings (Neff et al., 2005).

## **8.7 Family Support**

This main theme emerged from the reactions of participants' families when they felt down. All participants were asked whether they received the support from their families and what their families did when they had the difficult time or their studies did not go well.

A number of participants reported that their parents and family members reassured and understood them during these difficult times. Specifically, most

participants talked to their mothers when they felt unhappy, for instance, Thitima talked to her mother who was supportive. Korradol believed that talking to his mother was the best solution. Vichuda also talked to her mother when she felt down. She stressed that:

*‘She will support me and say that ‘That is all right. It will be better.’ And she tries to help me to solve the problems. She will help me.’*

Family played an important role for adolescents’ lives. Not surprisingly, Thai parenting styles affected the likelihood of students seeking parental support when they felt down. These findings were in line with the previous studies which mentioned the role that family functioning had on a resourceful coping in Thai students who had asthma (Preechawong et al., 2007) and helping premedical students in the United States to believe in their ability to deal with their study (Klink et al., 2008).

Accordingly, Thai nursing students who received sufficient emotional support from their family, had lower level of depression than the students who received insufficient emotional support from their family (Ross et al., 2005). It was also found that family factors were more crucial than other factors for illustrating Thai adolescents’ happiness. Specifically, the happiest Thai adolescents were those who spent a plenty of time with their families and had the highest scores of love and relatedness (Gray, Chamrathirong, Pattaravanich, & Prasartkul, 2013).

The findings of this thesis were in agreement with data obtained in the previous studies. In particular, a correlation could be observed regarding the effect of familial support on psychosocial maturity, behavioural problems, emotional issues and diabetes management. For example, these findings seemed to be consistent with other research which found a meaningful relationship between parenting style and adolescents’ mental health (Sanavi et al., 2013) and the affection from the mothers was shown to improve adolescents’ happiness (Cheng & Furnham, 2004). They were also in accord with prior study indicating that the adolescents who felt that they received high family support, were likely to have greater levels of psychosocial maturity than adolescents who felt that they received low family support (Gavazzi, 1994). Additionally, they further supported the results which found that the adolescents who received higher levels of emotional support from their fathers and teachers, had lower levels of both emotional and behavioural problems. Also, the

adolescents who received higher levels of emotional support from their mothers, obtained lower levels of emotional problems and decreased the effects of cheating from friends on their dysfunctional adaptation (Yeung & Leadbeater, 2010). Finally, it corroborated the idea of Skinner, John, & Hampson (2000) who suggested that peer and family support were crucial for adolescents with diabetes to live and deal with their illness.

Over half of participants liked to talk to their parents and other family members when they felt down, for example, Araya and Prempreecha talked to both their mothers and older sisters. Nevertheless, some participants preferred to talk to other family members when they felt bad. Specifically, Wiwat and Natee talked to their older brothers, Manop liked to talk to his older sister and Wannaporn preferred to talk to her father because she was the oldest daughter and she was close to her father more than her mother. Correspondingly, Phaka described about her father that:

*‘Well, he pampers me. He gives me some advice.’*

In addition, some participants tried to protect members of the family because they did not want to bother or make their family members to be worried about them when they felt down. Manop indicated that:

*‘I think that it is my problem. I should not let them know. I should ask my sister. My parents have many things to think about. I do not want them to feel uncomfortable.’*

Janjira also said that

*‘I rarely talk to them. I rarely talk to them because I do not want to make them feel worried. So, I do not talk to them much.’*

Similarly, Unchalee revealed that:

*‘Yes. When I talk to my friends about teenager things, they will give me better advice. It is better than talking to parents and make them feel worried.’*

Mongkol also did not want to talk to his parents when he felt down because he was afraid that they would be worried about him.

This finding supported the ideas of Taylor et al. (2004), who suggested that the decision making to find social support depended on social norms and anxiety in each culture. Specifically, if individual realised that their social support seeking made their friends and families feel worried, it was probably hard for him to ask for help.

Nevertheless, some participants did not talk to their parents often when they had to deal with some problems. For example, Phaka did not dare to talk to her parents because her father was quiet and she was not close to her mother whereas Unchalee and Suree rarely talked to their parents about the difficult situations. Interestingly, there were some participants who had had negative experiences in talking to their parents in the past. They confessed that their family members used to blame, complain or scold them so they did not want to talk to their family members about their marks or other problems. Chawakorn mentioned that when he told his parents about his mark:

*‘Mostly, they scolded me. (Chuckle)’*

Additionally, Varee reported the difference between talking to parents and friends about her problems that:

*‘No, it is not. When I talk to my mom, she will be sarcastic and scold me. For example, she said that ‘Why do you have to care about them? Bla bla bla...But when I talk to them, they support me.’*

Finally, there was a participant who reported that he did not talk to his parents much as his parents had to work in the early morning and went to bed early. The results in this study confirmed Barker's (2007) study which revealed that if adolescents felt bad when they asked for help from their parents, they would probably look for help from other family members instead. He also mentioned that if adolescents had bad experiences when they looked for help, they tended to be hesitant to trust those people again.

## **8.8 Teacher support**

This main theme focused on the teachers' responses when the participants talked to them about an academic or personal issues. All participants were asked whether they talked to their teachers when they felt unhappy and how their teachers

responded when they had difficult times or their studies did not go well. Not surprisingly, a majority of participants talked to their current teachers about their assignments, scores or marks but more than half of participants rarely or never talked to their teachers about the problems.

The result indicated that over half of participants rarely or never talked to their teachers about difficulties. They just asked their teachers about their assignments or some contents that they did not understand. Some of them also did not ask their teachers about their marks. For example, Vichuda and Thitima never asked their teachers when their study did not go well whereas Janjira noted that she rarely talked to the teachers because she was not close to them.

Nonetheless, some participants asked the teacher when they had some problems. For instance, Suree mentioned that she talked to her teachers about her study only and Thaween talked to his teachers sometimes. He noted that:

*'I talked to them about my study or marks. If I make it clear, I finish it. If they agree to amend my marks, I would be happy and relieved. If my answers are incorrect, I will remember them and take some notes.'*

Moreover, some participants had the previous bonds with their school teachers. Interestingly, some participants had warm relationship with their previous teachers and were able to consult their teachers in different issues, including personal problems. They received some support and useful advice from their previous teachers. When they studied at university, however, they did not feel close to their current teachers anymore and they never or rarely talked to their current teachers about their studies and personal problems. Araya said that:

*'When I studied at the school, I always asked my teachers about this. When I study here, my teachers will give me some assignments and then they will have something to do. So, I rarely talked to them. I just chat with them via Facebook but I rarely talk to them face-to-face. In the past, I felt as if my teachers were my friends. They teased me.'*

Likewise, Prempreecha was closer to his previous teachers than his current teachers. He reported that;



*'But when I studied at the old school, I always talked to my teachers because my old school...How can I say? Well, I do not know. They provoked me. They were quite different from university lecturers because university lecturers allow me to do what I want and ask what I want to know. But my old teachers pushed, pushed and pushed me. If I did not understand something, they would teach me.'*

Theerawit also stated about the relationship between him and his school teachers that:

*'In the past, I asked them both personal issues like a broken heart and study.'*

It may be that most Thai participants were freshmen and sophomores and they were in the transitional stage from studying at schools to studying at the university. They probably lacked the social support from friends and teachers that they used to have in the past. Moreover, they had to adjust themselves to the new environment at the university and make new friends. The relationship between university lecturers and the students was also changed. The status of Thai school teachers was quite different from the Thai university teachers. Thai school teachers took care of less students than university lecturers but they sacrificed themselves to take care of their students both academic and personal issues. For example, they visited some students at home, attended students' activities and correct students' inappropriate behaviours. This finding confirmed the study of Howard (2009) who found that the teachers applied Thai cultural norms (Politeness and paying a respect to the authoritative people) to make the students focus on their work while the school also held a ceremonial deferential pledge to make students perceive and have appropriate behaviours at schools along with teachers' guiding and modelling. Conversely, the university teachers had to teach a number of students from many years of study and faculties. They assumed their students to be mature, able to take care of themselves and they would help their students only for academic purposes. This may be the reason for some participants who had an emotional closeness to their school teachers over and above their current teachers.

The findings in the current study were consistent with the data obtained in Lee & Smith's (1999) study who stressed that the relationships between students and their teachers, friends, parents, and neighbours were very crucial when they were in line

with schools' purpose to enhance students' learning ability and Suldo et al.'s (2009) study who revealed that teacher support was relevant to the subjective wellbeing of their students. They seemed to be consistent with other research which found that 13 – 18 years old adolescents realised that they received the lower levels of teacher support than 9 – 12 years old children when they transferred to study at the secondary school because they had many teachers and it was probably hard to develop the close relationship with their teachers (Bokhorst et al., 2010). Likewise, another study concluded that teachers were a secondary source of social support for middle and high school students (Richman et al., 1996).

According to Neff (2003), the results in this thesis showed that some participants were likely to treat themselves with caring and understanding even though they had the difficult time (self-kindness). They perceived that their experiences were shared with other people, including their friends (common humanity) or accepted the occurrence of difficulties in life and tried to balance the positive and negative feelings (mindfulness). For example, Manop noted during his interview that:

*'When I was young, I usually studied in summer every year because I was not very good in studying. Maybe it happened because I did not read books. I am not very good in studying. I got a F grade (0) in English when I studied in a primary school. (Prathom 6) When I came back home...it changed my life. My dad usually scolded me. When I came back home, I gave him a transcript. Then, he saw that a big red F grade, he did not blame me. I was surprised and I felt strange because he had scolded me. So, I have paid my intention to my studies since then.'*

Another construct that was explored in this study was psychological resilience. (Please see more details in Chapter 2 section 2.3.) It was found that some participants expressed some characteristics of psychological resilience. In Natee's case, he tried to focus on his study again after receiving the marks he did not expect. He said that:

*'Well, I know my weakness and I know how to fulfil it. I know it. For example, I cannot do exams, it is not too difficult to solve. Firstly, I should read books. Secondly, if I still do not understand it, I should take special classes. (Chuckle) I used to hit the books with friends. It was ok but they did it just one day or two days before taking*

*exams. If we want to get ready for taking exams, we have to find other private courses to take.'*

## **8.9 Friends**

This main theme highlighted the friends' reactions when the participants had to deal with difficulties. It captured kinds of friends that the participants preferred to talk to when they felt down and the friends' responses when participants talked to them about their problems. Most participants preferred to talk to their friends about their problems and some participants talked to both friends in and outside classrooms when they felt bad.

It was indicated that majority of participants talked to their close friends about their problems and some participants had both friends in and outside classrooms to talk to when they felt bad. For example, Natee noted that

*'I have known my friends outside classrooms since I studied in an upper secondary school. But I have 7 – 8 close friends in classrooms to talk to.'*

In addition, some participants preferred to talk to their close friends outside classrooms. Thaween described that

*'Mostly, I talk to my friends outside classrooms more than friends in classrooms. I chat with them on Facebook or Line. I talk to my old friends. They might understand me more than friends in classrooms because I have known them before.'*

Also, Janjira preferred to talk to her close friends outside classrooms because she had studied with them since she was young. She said she was close to them.

There were some reasons that the participants preferred to talk to their friends about their problems. Firstly, when some participants talked to their friends, they received social support, understanding and useful advice which made them feel better. For example, Vichuda received some advice and support from her friends when she was stressed and Thitima received the support from her friends when her study did not go well. Correspondingly, Varee thought that she could express her feeling to her friends more than her mother. She said that:

*'It is not so different. Well, it is different a little bit. When I talk to my mom, I can express my feelings less than talking to friends. I can tell my friends everything. When my mom complains about me, I can tell my friends as well.'*

Secondly, there was a sense of homophily among participants and their friends. Most participants preferred to talk their friends who were in similar situations. For Janjira, she talked to her friend when her study did not go well. She noted that:

*'My friends talked to me in the same way. They said 'That is all right. We both get the low marks.'*

In addition, some participants talked to friends about some issues that they could not talk to their parents. Wannaporn described that:

*'I have close friends. If we get through these situations together or these problems are related to our study society, I will talk to them because we have the same feelings. Sometimes my parents are not the same age. They give me some advice from an adults' points of view. Sometimes, I want to talk to friends that we can vent our feelings to each other.'*

Friends are vital for adolescents. It was revealed that most participants preferred to talk to their close friends about their problems to receive the support and useful advice allowed by the homophilic relationships. As mentioned in the earlier section, it was found that self-compassion was negatively related to using focus on and venting of emotions even though these strategies were the subscales of emotional-focused coping (Neff et al., 2005). When the participants expressed their feelings to other or vent their feelings on social media to receive an emotional support (emotion-focused coping), they were likely to have less self-compassion than participants who received some information or advice from their friends (problem-focused coping). Likewise, adolescents who were resilient obtained higher scores in problem-solving coping than adolescent who were in well-adjusted or vulnerable groups (Dumont & Provost, 1999). This indicated that participants were likely to gain some beneficial information or advice from their friends to enhance their ability to deal with difficulties. For instance, Chanon asked his friends when he felt down or had academic problems. He reported that

*'Yes, I talk to friends. If I do not understand something, I will ask my friends about it such as studying.'*

These results confirmed earlier studies which indicated that friend support was as valuable as family support (Gonzalez & Padilla, 1997; Ross et al., 2005) added to this another study revealed that 16 – 18 years old adolescents recognised that they received peer support more than parent support (Bokhorst et al., 2010). They also further supported the idea of Naiyapatana et al. (2008), which found that Thai nursing students tended to be stressed in their first year and they usually felt relieved when they talked to their friends and sometimes felt relieved when they talked to their families or did some sports or other activities. Furthermore, they supported Luang-Ubol's (2010) study which noted that Parental styles, school (class attendance and teacher support) and peer support had effects on North Eastern Thai adolescents' wellbeing and correlated with Kim & Goto's (2000) findings which found an effect of peer group on Asian American adolescents' delinquent behaviour according to a collectivist culture and they tended to have closer relationship with their friends.

### **8.10 Social media use**

To understand the effects of social media on dealing with difficulties, the participants were asked how they used social media and whether they think that social media could help them when they felt down. It was found that social media provided both benefits and barriers for Thai adolescents to deal with difficulties in their lives. Specifically, most participants perceived that social media can help them to receive social support and advice from their existing friends while some participants vented their emotions on social media to make them feel better. Some participants also used social media to distract themselves from negative feelings. However, some participants realised that social media was relevant to a lack of physical communication and regret after posting and misunderstandings.

The findings in this study indicated that a majority of participants agreed that social media use could help them to deal with difficulties because they received the support and advice from their audiences. Some participants also tended to post something when they felt bad. For Korradol, he said that:

*'My latest post is 'A man of word not a man of deed is like a garden full of weed.' Then, I wrote that '#Calculus 2, we won't drop it. Keep fighting!' After that, my senior friends commented that it was all right. They had been through it before and this soothed me. They encouraged me.'*

Thitima also reported that:

*'Yes. I feel better. I feel as if I repress my feelings and I do not express them. So, I express them on Twitter. When I stay alone and I want to tell my friends something, I use social media. Then, I feel better.'*

In addition, Varee talked to her friends face-to-face but she contacted them via Facebook and Line Application again to gain more support when she arrived at her home. Unchalee used social media differently because she thought that she could vent or write something in a diary or on Twitter and Facebook to make her feel better anytime whereas her friends could not listen to her all the time because they needed time to do what they wanted. Conversely, Vichada posted something on Twitter and Wiwat posted something on his Facebook page because it made them feel better but they did not want to receive any support from other people.

Furthermore, a minority participants used social media to distract from their negative feelings by focusing on the social media contents instead. Suree noted during her interview that:

*'Sometimes I feel stressful. So, I go online and listen to music. Then, I feel better and I do not think about it.'*

Phaka also accepted that when she looked at the contents on social media websites, she did not focus on difficulties anymore. Likewise, Prempreecha agreed that:

*'It helps me sometimes when my friends are away. Posting something on a status... Sometimes, I want to vent. Sometimes, I want someone to know how I feel but I do not identify who he is. I just post it to forget difficulties. If we are stressful about something and do not know what to do, we just keep scrolling down on our feeds. It maybe help us to forget our problems and do not feel stressful about them.'*

Even though most participants realised that social media use was beneficial for dealing with difficulties. There were some participants who perceived that social media use lacked the physical comfort of face-to-face communications. Sarin also mentioned that:

*'If I tell my friends that I feel sad and my tears are running down, they can use their hands to comfort me. If we use social media, they just click 'Like'. I am indifferent. I do not like to use social media much in general.'*

In Vichuda's case, she commented that social media could help her to vent her feelings but it could not give her the advice she needed while Suree thought that posting on social media websites was not good and it meant condemning oneself.

An interesting thing to note is that some participants regret after posting something on social media. Thitima accepted that she felt hesitated after posting and asked herself that:

*'Is it good to post something like that? How do other people think about my posts?'*

Similarly, Thaween thought that posting on social media websites would cause more troubles than he had had before but social media was beneficial for reading the news because it was faster than other channels. He also said that:

*'When I feel down, I rarely talk to anyone. If I am angry at something and I can stop my feeling, I will be quiet. If I cannot stop it, I always post a status on Facebook to vent. For example, I posted something to scold someone I was angry with. Then, I realised what I had done within 5 minutes and I deleted my post. (Laugh)'*

Moreover, Wannaporn stated that social media could help some people but sometimes it made people feel uncomfortable as they did not consider the results before posting and realised when it was too late and was spread out to many audiences.

These results were in line with those of previous studies which indicated that social media played an important role in people's lives and some researchers agreed that it had both advantages and disadvantages for adolescents (Best et al., 2014; McGuire & Downling, 2013; Moreno & Kota, 2014; Valkenburg & Peter, 2009a). They also corroborated the ideas of Shaw & Gant (2002), who suggested that Internet

usage reduced the levels of loneliness and depression but it also boosted the levels of perceived social support and self-esteem in undergraduate students in the the United States and the idea of Valkenburg & Peter (2007), who found that online communication was associated with the closeness to friends in case preadolescents and adolescents used it to talk to their offline friends. Finally, the findings in the current study further supported the idea that a majority of people use Facebook for attaining quick communication and contact with friends (Cheung et al., 2011).

### **8.11 Comparison between face-to-face communication and social media use**

All participants were asked about their preference to use social media or talk to other people face-to-face. This main theme focused on the importance of true emotions that participants perceived from face-to-face talk rather than social media use. It was showed that most people preferred to have face-to-face communication rather than social media use while a minority of participants felt more comfortable to use social media than face-to-face communication.

Interestingly, there were 17 out of 21 participants who demonstrated that talking to other people face-to-face was better than using social media to contact them because social media use could not show other people's true emotions and it lacked the physical communication compared to face-to-face talk. In Wiwat's case, he commented that he preferred the face-to-face talk because he could see other people faces and had eye contacts while he just saw only words and profiles when he accessed social media. Thaween indicated that typing was an ineffective communication due to it lacked of emotions even though it was meaningful. Manop also reported that:

*'I can not see their faces. Sometimes, they post on these sites because of their emotions, not their true hearts. I have to observe their emotion at that time. I do not know. I feel as if it is a one-way mirror and I cannot see another side of mirror.'*

Additionally, Unchalee perceived that she could not trust other people whom she met online because she never met them before and Prempreeda stated that he trusted other people whom he talked to in a real life more than online friends as he could receive some physical comfort from them. Some participants thought that social media use maybe led them to have argument with other people occasionally. Wannapon noted that:



*'I can see their faces and recognise them more than typing. Some people use words incorrectly. When they type some words, the meaning of these words might be changed. Maybe their friends are chill and tease them but they did not understand and took it seriously. So, they maybe argued with their friends.'*

These findings were in agreement with Flaherty, Pearce, & Rubin's (1998) findings which reported that the Internet was not considered as an alternative choice for face-to-face communication and the participants in their study preferred to use face-to-face communication to fulfil their social relation needs and apply the Internet to fulfil their pleasure. They also supported an idea of Baym, Zhang, & Lin (2004) who suggested that face-to-face communication was the main choice for communication whereas the Internet was widely used among college students.

Nevertheless, there were a minority of participants preferred to use social media rather than face-to-face talk because they had more courage to vent her feelings. Janjira confessed that:

*'I am more daring in what I will say compared to talking face-to-face. I can vent and vent but I do not dare to speak when I meet other people face-to-face.'*

Moreover, Suree revealed that:

*'I like to type. I do not talk much. (Chuckle) I do not know. I am too lazy to speak. (Laugh) I am a lazy person. If I chat with other people, I will tell them more than talking to them face-to-face.'*

Additionally, one participant learnt to use the other ways to deal with the difficulties instead of social media use. Specifically, Natee used to post something on social media every time he was stressed however ultimately he decided he did not want to share such posts anymore and let it go.

These findings seemed to be consistent with another research which proposed that some functions of computer-mediated conversation, for example, providing the invisibility and decreasing the users' identity (Ho & McLeod, 2008).

## **8.12 Codes/Motto**

All participants were asked about their philosophy in life because they probably used this philosophy to remind or support themselves when they feel bad. A number of participants revealed that their codes or motto were doing the best. This was probably relevant to the religious beliefs. One of the important teachings of Buddha is mindfulness which was different from the Western conception of mindfulness (Christopher et al., 2009). When they applied this teaching to their daily lives, they tended to focus on an importance of the present moment, not the past or tomorrow. It was also found that Theravada Buddhist intensive training was effective to improve Thai adolescents' psychosocial transformation (Thananart et al., 2000). These findings were in agreement with those obtained by Shek (2004) who revealed that Hong Kong adolescents who had positive cultural beliefs tended to had greater psychological wellbeing and adjustment at school and less behavioural problems. Furthermore, some participants would study hard to make their families feel happy or proud about themselves.

In conclusion, Thai participants did not use only one strategy to make them feel better when they felt bad. Instead, they applied multi-strategy approach to deal with difficulties in their lives and their decision making depended on many factors, for example the availability, familiarity, and possibility of gaining support. The findings in this thesis were in agreement with Liu, Tein, & Zhao's (2004) study which indicated that Chinese adolescents generally used different ways of coping to deal with the stress. In addition, they further supported the ideas of Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth (2001) who proposed three categories of coping which comprised of controlling over the condition and individual's emotions, adaptation to the circumstance and avoidance or disengagement from the condition or individual's emotions. They also showed that coping was linked to psychological adjustment and mental problems.

## **8.13 Summary**

Together these results provided important insights into the strategies that Thai students applied to deal with difficulties in their lives. It was found that they used multi-strategy ways to deal with their problems. Firstly, a number of participants reported that their parents and family members reassured and understood them during

the difficult time and they talked to their mothers when they felt unhappy. Secondly, a majority of participants talked to their close friends about their problems and some participants had both friends in and outside classrooms to talk to when they felt bad. Thirdly, over half of participants rarely or never talked to their teachers about difficulties. They just asked their teachers about their assignments or some contents that they did not understand. Nevertheless, some participants asked the teacher when they had some problems and some participants had the previous bonds with their school teachers. Fourthly, most participants agreed that social media use could help them to deal with difficulties because they received the support and advice from their audiences. Some participants also tended to post something when they felt bad whereas some of them realised that social media lacked of physical comfort or communication, could not provide social support they needed or brought over self-disclosure for the users. In addition, some participants were likely to apply problem-focused coping and some types of emotional-focused coping to deal with difficulties in life. In other words, they tried to solve the problems by themselves with some information or advice from their families, friends and teachers. Correspondingly, some participants tended to apply problem-focused coping and some types of emotional-focused coping to cope with the negative feelings because they tried to deal with the causes of problems directly and received social support from the others to maintain their psychological wellbeing. The findings in this thesis confirmed that family support and peer support were crucial for dealing with life's difficulties in the Thai cultural context whereas teacher support and social media use played only a partial role in this process.

In order to facilitate a comparison between self-compassion, psychological resilience and social media between Thai and British students, the next chapter moves on to discuss the qualitative data collection in the UK.

# **CHAPTER 9: QUALITATIVE DATA COLLECTION IN THE UNITED KINGDOM**

## **9.1 Introduction**

The previous chapter was relevant to the qualitative data collection in Thailand. The finding showed that Thai students applied multiple strategies to deal with their problems. Specifically, most of them talked to their parents, family members and close friends (both friends in and outside the classrooms) when they had to deal with difficulties, and they talked their teachers about the academic problems. In addition, a number of students perceived that social media use could help them to deal with difficulties because they received the support and advice from their audiences. In particular, some students tended to post something when they felt bad whereas some students realized about the disadvantaged of social media use, for example, a lack of physical comfort and over self-disclosure.

The quantitative approach was applied to investigate self-compassion, psychological resilience and social media in British students in the previous chapter. However, it was insufficient to understand whether they used social media to deal with difficulties and how they dealt with difficulties in their lives. For this reason, the qualitative approach was used parallel to quantitative approach as a component of mixed method approach (Braun & Clarke, 2013). The aims of this study were to study the factors affecting self-compassion and psychological resilience and to explore the roles that social media had on these constructs in the details. This chapter begins with an explanation of research methodology. The ethics of this project, the samples, the data analysis and the results are discussed respectively.

## **9.2 Research methodology**

A qualitative approach was applied to understand British students' self-compassion and psychological resilience and how social media helped them with difficulties in their lives. In-depth semi-structured interviews were also used in this study because of the following strengths of this approach (Braun & Clarke, 2013). Firstly, it was flexible and provided the information about the strategies that British participants applied to deal with difficulties in their lives in more details. Secondly, it

was beneficial for talking about some sensitive issues when participants revealed difficulties that they had faced recently. Thirdly, the researcher could control the situations during the interviews to ensure practical data was received. For example, the researcher asked the participants to clarify their answers about posting something on social media when they felt down. Finally, it provided subjective data within the specific cultural contexts, including British culture (Braun & Clarke, 2013).

### **9.2.1 Sampling strategy**

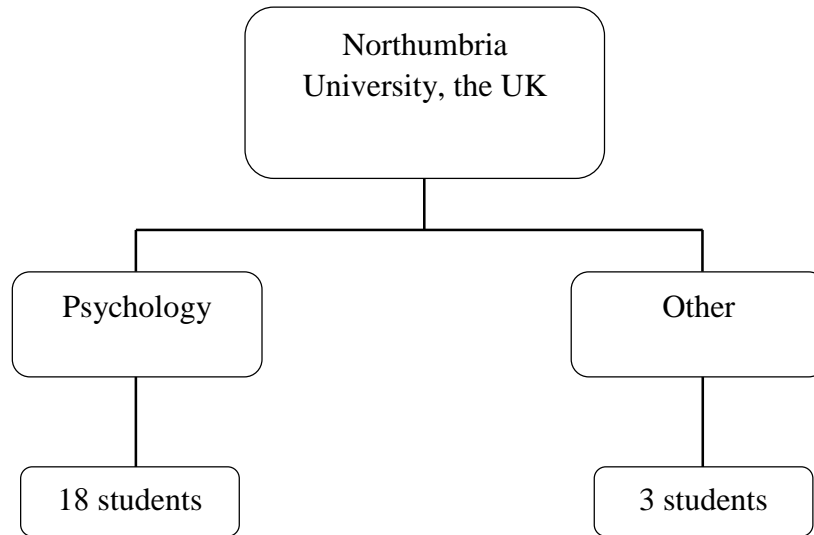
This study was taken place at Northumbria University, Newcastle-upon-Tyne in the UK. It was done in December, 2015. The researcher used a participant recruitment advertisement to recruit all British participants. Specifically, the researcher created the leaflets that illustrated the aims of this study, the research methodology, the qualifications of participants and the researcher's telephone number and the email address. Then, the researcher posted the leaflets on the bulletin boards around the faculty and the Student Union. In addition, the researcher asked one of undergraduate lecturers in Department of Psychology, Faculty of Health and Life Sciences to advertise about this recruitment at the beginning of her classes.

### **9.2.2 Participants**

Overall, 21 participants were recruited from the undergraduate students of Northumbria University, the UK. All participants' ages ranged from 18 to 48 years. There were 4 males and 17 females. All of them were British. A majority of participants had no religion (13 students), followed by Christian (7 students) and preferred not to say (1 student). Most of them were the freshmen (15 students), studied in Department of Psychology (18 students) and did not receive their average mark yet. There were a number of participants thought that their study performances were about average comparing with their friends (10 students), followed by some participants who thought that their study performances were a little better than others (8 students) and others (3 students). Their fathers had varied professions, for instance, electrical engineer (4 students) and manager (3 students). Equally, their mothers had many kinds of professions, for example, teacher (3 students), nurse (2 students), and carer (2 students). There were 9 students who perceived that their families' annual income was

about average. Finally, most of them have only brother or sister (9 students). (Please see Figure 9.1.)

Figure 9.1 Sample size for the qualitative approach



### 9.3 Measurement

The aim of interviews was to explore the details about their responses to difficulties and their opinions toward using social media to deal with difficult situations. The semi-structured interviews were used in this study (Virginia Braun & Clarke, 2013). The researcher created all questions to get all participants talking about their experiences and also set the open-ended questions and the topics roughly before the commencement of interviewing. When all participants completed the consent forms, the researcher informed them that their participations were voluntary and anonymous. Firstly, the researcher would talk them through the general topics, for example, assignments, scores, or friends. Then, the researcher asked them about their happy or impressive experiences in life and gradually focused on their bad experiences and social media use. The whole session was no more than 30 minutes. Some examples of the questions are as follows:

5. What do you do when things go wrong?
6. How do your family response when you feel down?
7. How do your friends do when you feel bad?
8. Do you think that social media can help you to deal with difficulties? Why?

At the end of interviews, they received a participant debrief sheet in case they would like to contact the researcher after their participation. They also received £5 in compensation of their time.

### **9.3.1 Translation and verifying translation**

All files were transcribed by a UK Transcription service to confirm the correctness and reliability. Then, the researcher rechecked the transcriptions and used a Thematic Analysis technique (TA) to analyse data.

### **9.3.2 Ethics approval**

This project had been conducted both inside and outside the UK and had been approved by the Faculty of Health and Life Sciences ethics committee, Northumbria University. The research ethics number was RE-HLS-13-131204-529f387f014d6. Additionally, the true names of the participants were not used in this thesis for ethical reasons.

## **9.4 Data analysis**

Thematic Analysis (TA) was applied to analyse the data in this stage because of its several strengths (Braun & Clarke, 2013). There were six steps of thematic analysis (Braun & Clarke, 2006) as follows;

1. Familiarisation with the data

The researcher read and re-read all transcripts to check the correctness of typing and transcription. The researcher also took note of the interesting ideas and words for coding in the next step.

2. Generating initial codes

In the second step, the researcher created the codes by using the computer software. Firstly, the researcher extracted the data from each transcript and put them on the Microsoft Word worksheets for printing out. Then, the researcher cut them into the small pieces of file card and put the similar codes into a group of codes.

3. Searching for themes

The researcher focused on the relationship between codes and between different themes. There were 3 main themes that emerged from the analysis. They

included the problems people faced and strategies for dealing with them, sources of support (face to face) and the use of social media to deal with the problems.

#### 4. Reviewing themes

In this stage, the researcher read all extracted codes for each theme and sub-theme. Then, the researcher examined whether they were fit into these themes and sub-themes. It was found that a new theme was emerged and it should be set as a main theme separately. Therefore, there were 4 main themes that emerged from the analysis in this stage. They included:

Table 9.1 Main themes and sub-themes of dealing with difficulties

Main themes	Sub-themes
1. The difficulties that UK participants faced	Exam/workplace stress/performance problem/ financial problem
	Friendship problems
	Health problems
	Loss/bereavement
2. Strategies to deal with difficulties	Dealing with problems by themselves
	Recovering to solve the problems
	Ignoring/Hiding from the problems
	Talking to other people face-to-face about the problems
	Using social media to contact other people to overcome the problems
	Using social media to distract themselves and avoid dealing with the problems
	Codes/Motto
3. Sources of support (face-to-face)	Family
	General friends
	Old friends
	New friends
	Lecturers



Main themes	Sub-themes
4. The use of social media to deal with the problems	Benefits
	Costs
	Preference for face-to-face communication
	Preference for social media use

After that, the researcher read all codes again to ensure that they fitted into the overall data set and all relevant codes were added in each theme and sub-theme.

#### 5. Defining and naming themes

The researcher checked the extracted codes and organised them within the main themes to ensure that it could represent the themes and linked to the whole data set. The researcher also started writing up the results of analysis and a discussion section.

#### 6. Producing the report

The researcher had a set of themes and sub-themes and finished writing up the chapter in the final step.

### **9.5 The difficulties that UK participants faced**

Previous research has established that higher education students have to deal with varied difficulties in their lives. For instance, Moffat, McConnachie, Ross, & Morrison (2004) founded that the first group of stressors in the first year medical students were relevant to academic stress (i.e. studying and assessment) and the second group of stressors were personal stress (i.e. friendship problems and financial problems) and Andrews & Wilding (2004) reported that financial problems and other problems could boost the levels of anxiety and depression in British undergraduate students. In addition, the new students needed social support to help them adjust to higher education systems and moving far away from their homes (Wilcox et al., 2005). In addition, some of freshmen also lived far away from home for the first time and they may lack social support that they had obtained before (Crocker & Canevello, 2008). Moreover, medical students in Nigeria had to deal with varied difficulties, for

instance: financial problems, academic problems and family problems and these stressors ultimately had an effect on students' mental health (Omigbodun et al., 2006).

To understand the kinds of difficulties and the strategies that British students use to deal with these difficulties, all participants were asked what they did when they felt bad and the examples of difficulties that they had recently. The results showed that there were different kinds of problems that British students had, for example, examination or workplace problems and friendship problems.

There were 4 different types of problems that British students had recently. The first type of problem was relevant to the exam stress, the workplace stress, a performance problem or a financial problem. Only a small number of participants indicated that they had some problems at their workplace. In Alice's case, she mentioned that:

*'Well, the school I worked in got put into special measures, which means Ofsted was coming in to observe quite a bit, that was quite stressful. They were coming in every three months and we had a lot of pressure from the head teacher, because we needed to get it- we only had a couple of years, so there was a lot of pressure there. At the same time my daughter's dad took me to court to get access, so I had financial difficulties, I was going to court, and then I had work pressures of Ofsted coming in, and having to raise my game, and do well in my work. I think, out of my life, I think that was the hardest point in my life. I had two; I was going to work and then at home I had a lot of problems.'*

There were two participants who were stressed about their study. In addition, one participant had a problem when she attended an extracurricular activity (a performance problem) while another participant mentioned that he had a financial problems and did not get any part time job at the same time.

The second kind of problem related to friendship. A few participants reported that they had the problems with their friends. Hannah said that;

*'Probably...Quite a few of my close friends have moved away, and I sort of miss not having them around. We all spent lots of time together during summers, we all had nothing to do, we'd finished with exams and we hadn't started university yet. The shift from seeing them nearly every single day to having not seen them for a couple*

*of months now, has been hard. So, that, and not being able to see them face-to-face any more for quite a while is something that's been hard.'*

There were a minority of participants were in the third problem category. They mentioned that they had physical or psychological illness. Ella reported that:

*'A few years ago I was quite depressed for several months, well, years really. I didn't deal with anything. I was just very sad for a long time. I didn't want to do anything; even going to work was a very big struggle, and I found that very difficult. Then I think it got to a point where I was just fed up being miserable and then actively looked into ways to not feel like that anymore. I started exercising and eating healthily and looking at cognitive behavioural therapy, and trying to change the way that we think, and realised that actually mental health is our own responsibility. It's a work in progress so we have to take responsibility and change the thoughts that we have.'*

The final type of problem, was related to bereavement and sorrow. Isla mentioned about the loss of her mother's close friend that:

*'Yes, she'd had cancer for a couple of years, so it was coming, but she was a close family friend, so that definitely made me feel down, because I had a lot of happy memories with her. That did take a while, but it was more for being there for my friend, rather than me being down. I couldn't be down for them when I went to the funeral, I had to be strong for them, and make them feel better. That was a difficult time; I did feel down for a bit, but then I just thought about how lucky I was in life, and how I shouldn't take it for granted. Then that made me feel better.'*

It could be that most participants were freshmen and they were in the transitional time from studying at the school to studying at the university. In addition, some of them had to move to live far away from their family and their old friends for the first time and they may have lacked their previous social support (Crocker & Canevello, 2008). Additionally, Wilcox et al. (2005) reported that new students needed social support for adjustment in higher education system and moving far away from their homes.

The findings in this thesis partially supported the idea of Compas, Slavin, Wagner, & Vannatta (1986) who found the relationship between negative situations

and psychological difficulties when it was relevant to family problems, school problems, problems with the law and personal issues. They were in line with Andrews & Wilding's (2004) study which found that financial problems and other problems could boost the levels of anxiety and depression in British undergraduate students. Alongside this, they were in accord with the idea of Omigbodun et al. (2006) who indicated that there were several stressors that medical students in Nigeria had to deal with, for instance: financial problems, academic problems and family problems. They also confirmed the study of Moffat, McConnachie, Ross, & Morrison (2004) as they found that the first group of stressors in first year medical students were relevant to academic stress (learning the new subjects, measurement, studying and new course) and the second group of stressors were personal stress (friendship, social relationship, financial problems, heterogeneous and residence) and the study of Neely, Schallert, Mohammed, Roberts, & Chen (2009) because they reported that students who had to deal with difficulties (i.e. financial problem, the loss of family members and academic failure) 6 months ago, had lower level of wellbeing than other students. They also suggested that self-compassion was related to the students' wellbeing.

Furthermore, these findings seemed to be consistent partially with another research which showed that the first and second year had higher levels of depression, anxiety and stress than students in the different years (Bayram & Bilgel, 2008). They were also in accord with the previous study which found that some medical students felt more stressed in the first year of their study than other students (Guthrie et al., 1998). Moreover, they were in agreement with the findings obtained by Shaikh et al. (2004) who proposed that studying and examination were the strongest causes of stress in Pakistani Medical School.

## **9.6 Strategies to deal with difficulties**

There were 6 different strategies that participants used to deal with the difficulties. Specifically, a number of the participants who used the first pattern, preferred to deal with the problems by themselves. Some of them also thought that it was not helpful to share their problems with the others. Ivy described that:

*I'll be honest with you, when I was a lot younger I always thought that was a sign of weakness, to speak to somebody. You didn't know what was going on in your*

*own head, so you had to deal with it yourself. I always thought it was a sign of weakness to be going and speaking to somebody else, but it's not true. I think now I've been made more aware that you have to have some form of self-awareness of what your limitations as an individual are. It's very important because if you lose sight of that and think that you can go and fight all the battles that life is going to throw at you all by yourself, you're not going to last very long.'*

Similarly, Noah said that he chose the best way to solve the problems by himself.

This first strategy was an active coping, a method by which people try to eliminate or prevent the stressor or to improve its outcomes according to Carver, Scheier, & Weintraub's (1989) study. These results are consistent with Moffat, McConnachie, Ross, & Morrison's (2004) study who found that the first year medical students usually applied active coping strategies to deal with the stressors (active coping, positive reframing, planning and acceptance).

The second pattern involved recovering to solve the problems. The results in this study showed that a minority of participants used this pattern. When they had some problems, they tended to take the step back to think and think it through until they could solve the problems. Sometimes, they probably asked for help and tried to solve the problems by themselves. For example, Oliver said that:

*'Yes, spend a little bit of time on how you could deal with it. If not, maybe ask someone else who's with you so you can find- because obviously if someone else is helping you, then they might be able to find another way to deal with it. If not, then try and work a way around it or do something else first, and then deal with that later so it's not backlogging your work. If you do the rest of the work and leave that until last, you get the rest out of the way, whereas if you spent a lot of time on that, it might delay, and it means you can't do all your other work, and you fall behind quite a lot.'*

There were some participants who applied the third strategy and tried to ignore or hide the problems to make them feel better. For instance, Ruby got some sleep if she felt down for the whole day because she believed that she would be fine. Evie also went to bed, got some sleep and sulked when she had some problems. Accordingly,

Katie tried to ignore the pain and sorrow from the bereavement of her aunt and her aunt's daughter.

Correlating with Carver et al.'s (1989) generated COPE scale, this strategy was the denial which they defined as a part of avoidance-oriented coping. These results were also consistent with Moffat, McConnachie, Ross, & Morrison's (2004) study who suggested that the first year medical students usually applied active coping strategies to deal with stressors (active coping, positive reframing, planning and acceptance), followed by using avoidance strategies (self-distraction, denial, consuming alcohol or using drug, behavioural disengagement, venting and using humour).

The fourth strategy was talking to other people face-to-face about the problems. There were some participants who reported that they felt better or happy quickly after talking to other people face-to-face. Isla noted during her interview that:

*'I've been trying recently, there's this person on the internet called Emma Roy, and she does motivational pictures and drawings of cute animals saying stuff, and I've been trying to use those to make me happier, but they don't really work. I'll probably spend less time on my own because I just get sad and tired, so I'll probably try and talk to one of my flatmates, then my sister.'*

It could be say that this strategy was seeking emotional social support: a part of emotional-focused coping. As such, these results further supported the idea of the Department of Health & Human Services, State Government of Victoria, Australia (2016) who reported that talking to someone that individual trusted, was likely to help them to have a better understanding of the problems, think about the problems from other perspectives, release the stress, perceive that they were not alone and find the new resolutions.

In addition, one participant commented that she normally called her family when she had some problems because she wanted to talk it through with them, but she did not want to receive any advice or other things. In contrast another participant tried to solve the problems by stepping back and evaluation sometimes and talked to other people to know their opinions about the problems at the other times. Interestingly, one participant mentioned that talking to other people depended on the gender differences. He described that girls were more likely to talk to their friends about personal things while boys did not talk much about their problems.

The fifth pattern for dealing with difficulties was using social media to contact other people to overcome the problems. Rory talked to his flatmates or used social media to communicate with his family to receive the social support when he felt bad. He said that:

*'I don't like to show anger to people. But then upset, I like to talk about my problems in that way. So I spoke to my flat mates, I probably put on – actually used social media, I used Facebook Chat and expressed it to family back home. I'm from London so I don't necessarily phone them. I find it much easier to use like Facebook Chat, Facebook Messenger to message them. Yes, I expressed my feelings and they reassured me that things would be okay and that it wasn't meant to be, and I said that's what I thought anyway, yes, it was good.'*

Likewise, Rosie agreed that social media could help her to solve academic problems. She explained that:

*'Yes, because like for our psychology course we've got a group on Facebook, so if anybody's ever got a problem they can just write on the Facebook group, 'What does this mean' or 'What time's this lecture' or anything like that. So I feel like it's really helpful in terms of problems like that. Yes.'*

Nonetheless, some participants did not think that social media could help them much with difficulties in life. Ella indicated that social media made she felt anxious because she knew some people who had different personality when they expressed themselves online while Freya concerned about too much self-disclosure on social media.

The final strategy was using social media to distract or avoid dealing with problems. The findings showed that some participants used social media to distract themselves while they felt down. For instance, Katie described that she used social media to distract herself from thinking about the negative things even though she realised that it did not help her to solve any problems. Similarly, Ava mentioned that:

*'I'm not sure about help. I think sometimes if I'm wound up and I go and lie by myself I'll just scroll up and down Facebook and sometimes there are funny videos*

*and stuff. So that makes me laugh, but I wouldn't say it helps. I think it's just useful in contacting people.'*

As observed by Carver et al.'s (1989) study, this strategy can be called self-distraction which was part of avoidance-oriented coping. These findings were in agreement with another research which showed that avoidance coping was useful in some situations because distraction-oriented coping decreased the levels of somatic scores in females in their study (Beasley et al., 2003). Furthermore, revealing the negative events could help university students to obtain more resilient self-concept (Hemenover, 2003).

Nevertheless, using social media to distract individuals from difficulties was not a productive coping strategy as the problems still remained unsolved. These findings supported previous research indicating that people who used an attention control (AC), had higher levels of resilience in the long term while people who used unproductive strategies (i.e. distraction and rumination), would be more endangered in the long term (Troy & Mauss, 2011). Moreover, they were also in line with Thompson, Arnkoff, & Glass's (2011) study which found that experiential avoidance, avoidant coping and suppression individuals' thought were related to psychological illness (posttraumatic stress disorder (PTSD), depression and normal illness after the negative situations while mindfulness was related to fewer experiencing these events again, avoidance and PTSD symptoms.

Finally, the participants were asked about their codes or motto that they relied on to know how their perception of life. Interestingly, over half of these participants reported that their philosophy in life was related to being happy, being optimistic, letting it be and beliefs that everything happened for a reason. Daisy viewed that:

*'Yes, yes. Like I've always thought that everything happens for a reason. So even like really bad things, like even if you don't realise at the time like you learn from everything. So that's what I try and tell myself. Like when the bad things happen I always think, "Oh, well, in a couple of years I'll have learned from it," or whatever.'*

There were a small number of participants who mentioned being kind to other people. In Ava's case, she agreed that honesty and loyalty were very crucial. Moreover, two participants focused on working hard to achieve their goals.



The results in this thesis showed that participants who applied the first, second and forth strategies of coping to deal with difficulties, tended to be self-compassionate (Carver et al., 1989; Neff et al., 2005). Specifically, some participants who used an active coping method, tried to think about and solve the problems by themselves when they had some problems, for example, academic problems and work-related issues. Some of them also perceived it was not helpful to share their problems with the others. In addition, some participants used a restraint coping, tried to step back, and spent time to think about it until they could solve their problems successfully. Finally, participants who sought for instrumental social support from other people, would talk to other people face-to-face to receive some information or advice for making a decision and solving the problems by themselves.

These results seemed to be consistent with other research which found that participants who were in a self-compassion situation, tended to accept their weak points and try to improve themselves compared to those in other situations (Breines & Chen, 2012) and that self-compassion is beneficial for freshmen because it is positively related to life-satisfaction, developing the identity and it mitigates against the negative emotions encountered during their study (Hope et al., 2014).

However, it was found that ignoring/hiding themselves from the problems, using social media to contact other people to overcome the problems (venting) and using social media to distract themselves and avoid dealing with the problems were not the productive ways to deal with their problems. These results support the idea that nursing students obtained higher levels of stress and used unproductive coping (emotional-oriented coping, avoidance-oriented coping and distraction coping) during their study (Deary et al., 2003).

Resilience was probably used to measure a productive ability to deal with stress (Connor & Davidson, 2003). It can be said that participants who applied the first and the second strategies were likely to be psychological resilient because they could bring themselves back to deal with the problems again and maintained or retrieved their mental wellbeing when they dealt with difficulties in life. Additionally, this strategy was relevant to thinking it through, acceptance, planning and seeking for instrumental social support. This strategy was also a restraint coping which was a part of problem-focused coping according to Carver et al.'s (1989) study. These results confirmed Moffat, McConnachie, Ross, & Morrison's (2004) study which found that the first year medical students usually applied active coping strategies to deal with the stressors

(active coping, positive reframing, planning and acceptance). Moreover, they corroborated the ideas of Tugade, Fredrickson, & Barrett (2004) who indicated that resilient people were probably use the positive emotions to deal with negative situations.

### **9.7 Sources of support (face-to-face)**

All participants were asked whom they talked to other people (family, friends in classrooms, friends outside classroom and teachers) when they felt down and how these people responded to them. It was found that a number of participants received social support, advice and help from their friends and family whereas the teachers played a partial role in supporting them when they had some problems, in particular their academic problems.

Firstly, the result in this thesis showed that family members were crucial resource of support and advice that participants needed when they had to deal with difficulties in their lives. Over half of participants were likely to talk to their mothers or sisters when they had some problems, followed by talking to their parents (both fathers and mothers) and their fathers. For example, Oliver revealed that:

*‘Normally my mum really, I think. Yes, mostly. If there’s a big problem, I’ll probably ring my mum. Just her, really, is my main person I talk to about a problem.’*

The results in this study were in accord with previous studies which indicated that parenting style were associated with adolescents’ mental health (Sanavi et al., 2013) and that affection from mothers was shown to improve adolescents’ happiness (Cheng & Furnham, 2004). In addition, they corroborated the ideas of Yeung & Leadbeater (2010), who indicated that the adolescents who received higher levels of emotional support from their fathers and teachers, had lower levels of both emotional and behavioural problems. They also revealed that the adolescents who received higher levels of emotional support from their mothers, obtained lower levels of emotional problems and decreased the effects of cheating from friends on their dysfunctional adaptation. Finally, they were in agreement with the results obtained by Skinner, John, & Hampson (2000) as they reported that peer and family support were crucial for adolescents with diabetes to live and deal with their illness.

Nonetheless, some participants were reluctant to talk to their parents when they felt bad. One participant did not want to tell their parents about their problems because their parents would probably be worried about her. In addition, one participant also reported that she did not want to talk to her parents because she believed that her father was a man and he did not understand her, while her mother was probably busy dealing with her sisters and other things. Similarly, another participant did not want to bother her mother because her mother was busy sometimes. Some participants also added that their parents were likely to be disappointed or upset if their study did not go well. In addition, three participants preferred to deal with their problems by themselves first. If it did not work, they would talk to their parents. This finding further supported the idea of Taylor et al. (2004), who proposed that if individuals realised that their social support seeking made their friends and families feel worried, it was probably hard for him to ask for help.

Secondly, friends could be another resource to support participants to deal with their problems. Over half of participants reported that they talked to their friends about their problems. Grace noted during her interview that:

*'I usually talk to my friends mostly. Like, my best friend, I usually talk to her about things. I don't talk to my mum that much, as much as probably people usually would I suppose. I don't know, sometimes I just deal with things by myself quite a lot of the time. So, sometimes if it's something to do with sport and something's not going very well, I sometimes get a bit angry, but I'm usually quite good at controlling it. I cry very easily though if something's not going right, I think. Yes, but mostly talk to my best friend about most things to get it off my chest.'*

There were some participants who liked to talk to both friends in classrooms and outside classrooms while a numbers of participants preferred to talk to their old friends whom they had known for a long time and had made a bond of friendship. Eylla talked to her old close friends about her problems because they accepted her the way she was.

In addition, five participants said that they liked to talk to their new friends in classrooms by reason of the same age, situation and experience (homophily). Specifically, these participants and their friends in classrooms had the similar

characteristics and it would be easier for them to communicate or share the feelings. Leo indicated that:

*'I think it's very good because they sort of understand, because they're obviously in a similar situation as me. They're the same age and sort of the situation in life, so if I have any problems with my situation or anything, then it's good, they understand; they're in a similar situation. They can be supportive; they can offer advice; what they think they would do in my situation or something like that.'*

However, two-thirds of participants did not talk to friends in classrooms when they felt bad because they were freshmen and they were not close enough to tell their problems to the new friends. In other words, they were getting to know or making new close friends when they studied at the university. Daisy mentioned about her new friends that:

*'I feel like I've made closer friends with people like in my flat. But a girl from school that I like as well, I would say is one of my best friends, is doing psychology as well. Well she's doing it with criminology so I've got like some lectures with her. And yes, so I've got her to talk to in the class if I needed someone to talk to. But yes.'*

These findings further supported the idea of Wilcox et al. (2005) who proposed that emotional support from family and old friends could help the first year students to deal with the stress when they adjusted themselves for studying at the university for a few days and then they mainly received social support from their friends at the university.

Looking closely at the benefits of talking to friends and family about difficulties, a number of participants agreed that their friends and family offered the support to them, followed by discussing other options with them and helping them to solve or cope with the problems. For example, Sophie and Lily reported that their parents were supportive when their studies did not go well whereas Oliver believed that his family could help them to resolve his problems rather than his friends. Some participants also described that they received other attributes when they talked to their friends and family. These attributes comprised of: useful advice, reassurance, venting their feeling, understanding, caring, and active listening. These results were in line with the previous research which indicated that friend support was as valuable as

family support (Gonzalez & Padilla, 1997; Ross et al., 2005) even though another study revealed that 16 – 18 years old adolescents recognised that they received peer support more than parent support (Bokhorst et al., 2010).

Finally, it was found that the teachers played a partially role in supporting the participants when they dealt with difficulties. All participants fell into three main categories based on a teacher support. Most participants were in the first category. They indicated that their lecturers were not the people they would turn to when they had personal problems. For instance, Daisy did not talk to her lecturers because they did not know them personally and they had many things to do while Aria said that she did not feel close enough to talk to her lecturers when she had some problems. Correspondingly, Ava described that:

*‘No. No, I never have. I don’t think I would either, because you don’t really know your lecturers very well, I don’t think, especially in... This year, we’ve got a couple more seminars in psychology, but last year we just had one lab, I think. I did it with sports as well and so I didn’t really see many of my teachers or lecturers on a level where I spoke to them. It’s probably just the lectures and so, no, I wouldn’t speak to them about anything that made me sad.’*

The second category was relevant to some participants who had never had any problems yet but they had planned to talk to the lecturers when the problems arose concerning, in particular, their assignments. Ruby commented that:

*‘I haven’t yet, but if I have any problems I will, definitely, yes.’*

The final group which was relevant to the lecturer support. Specifically, almost two-thirds of the participants reported that they received the practical advice and support from their lecturers for an academic purpose. Sophie mentioned that her lab teacher was very helpful when she did a lab report last year, while Katie described her positive experience regarding her lecturers:

*‘They help a lot. They’re really friendly as well. They help a lot and if you don’t understand, you can keep asking them and they don’t have any problem with explaining it again and again. They don’t mind. They’ll be there for you if you need them, so that’s pretty good. They’re very supportive.’*

The findings in this thesis confirmed that teachers were a secondary source of social support for middle and high school students (Richman et al., 1996) and teacher support was relevant to the subjective wellbeing of their students (Suldo et al., 2009). In addition, they seemed to be compatible with the findings of Wilcox et al. (2005) which reported that university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers which was different from the support they had received from their flatmates.

### **9.8 The use of social media to deal with the problems**

The result in this study indicated that participants perceived that social media were double edged sword. Specifically, social media offered them a quick and easy way to communicate with other people, a new channel for receiving news, entertainment and sharing the bad experiences. However, social media had negative effects, for instance: cyberbullying, over self-disclosure, obsessive mobile phone use, and social comparison.

Looking closely at the bright side of social media use, a number of participants agreed that social media were very useful for contacting their distant friends and families. Freya noted that:

*‘For staying in contact with people, if you have met people on holiday you can just keep in contact with people for years a lot easier than it used to be. My parents have lost contact with loads of their friends because that is just life and they didn’t have Facebook from when we had Facebook, so they can’t see what they are doing all the time. I probably keep in contact with more people because of social media, which is really good.’*

A minority of participants also indicated that they used social media for academic purposes. Specifically, they used social media to ask their friends and lecturers when they did not understand their assignments, achieve interesting articles from lecturers or receive the information for their courses and social events. For example, Lily said that:

*‘I use it quite a lot for my course because it has got a psychology Twitter account that I follow and the lecturer posts links to different articles. Some people who*

*don't have Facebook I use Twitter to catch up with them or just tweet them and ask what they are doing. I have used all social media to post my dissertation as well. I think it is good to get information out there, instead of emailing everyone separately you can just post it online and everyone will see it. It is good.'*

Some participants believed that social media could be used for reading the news, followed by entertainment, searching for information, and sharing bad experiences. In addition, some participants vented their feelings to other people via social media when they felt bad. For example, Rory talked to his flatmates or used social media to communicate with his family to receive the social support when he felt bad. He said that:

*'I don't like to show anger to people. But then upset, I like to talk about my problems in that way. So I spoke to my flat mates, I probably put on – actually used social media, I used Facebook Chat and expressed it to family back home. I'm from London so I don't necessarily phone them. I find it much easier to use like Facebook Chat, Facebook Messenger to message them. Yes, I expressed my feelings and they reassured me that things would be okay and that it wasn't meant to be, and I said that's what I thought anyway, yes, it was good.'*

These findings corroborated the ideas of Baker & Moore (2008) who revealed that Myspace users who planned to blog, were suffered more and were more likely to use unproductive coping strategies (self-blame and venting) than non-Myspace users. They also suggested that these users were more unsatisfied with their online and current friends than non-users and they were probably using Myspace to enhance their social network.

It was found that self-compassion was negatively related to using focus on and venting of emotions strategy which was a subscale of emotional-focused coping (Neff et al., 2005) whereas self-compassion was positively related to active coping and planning which were the subscales of problem-focused coping (Neff, Kirkpatrick, Rude, & Dejithirat, 2004 cited in Neff et al., 2005). When the participants expressed or vented their emotions to their friends to make them feel better (emotion-focused coping), they were likely to have less self-compassion than other participants because they just focused on their emotions but they did not think back about their true self

with gentleness and understanding, realised that their problems were shared with other people and tried to balance their negative emotions. The problems also still remained as they did not deal with the problems directly. Nevertheless, when participants talked to their friends to receive some information or advice from them (problem-focused coping), they tended to receive enough information and advice for planning and solving the problems effectively.

In addition, the previous research showed that adolescents who were resilient obtained higher scores in problem-solving coping than adolescent who were in well-adjusted or vulnerable groups (Dumont & Provost, 1999). It could be said that participants gained some beneficial information or advice from their friends to enhance their ability to deal with difficulties. These findings were in line with those of previous studies which revealed that the stress influenced Pakistani undergraduate medical students' study and they liked to talk to their friends if they needed someone to talk to (Shaikh et al., 2004), whilst emotional support from friends could help the first year student to deal with difficulties (Wilcox et al., 2005).

Nonetheless, a number of participants thought that social media had disadvantages. Over half of participants perceived that bullying could happen via social media. Some participants had heard about cyberbullying from their friends but some of them had negative experience themselves. Chloe revealed that an online stranger threatened to kill her after their argument and this situation made she feel very bad. Two-thirds of the participants also concerned about over-disclosure and privacy issues on social media. Aria revealed that there were some people who put the other people's photos on social media without permission and then they could not control it because it was spread out. Similarly, Ella and Ivy viewed that some people exposed themselves online too much. Besides, a number of participants agreed that social media use was relevant to disengagement, obsessive mobile phone use and Internet addiction. According to Rosie, people were obsessed and addicted to their mobile phone and this was dangerous when they walked into something. Likewise, Lily said that:

*‘I think it is bad but I do it, I know I do. You think, “I will just reply to this message and then I’ll get on with my day and go shopping or whatever.” Everybody is just so fixed thinking, “I will just check this on Facebook.” Or, “I will just reply to this message.” I think people could spend a lot less time on social media. It is definitely*



*addictive because it is in the back of your mind thinking, “I have got to check it. I have got to do this.” It is not too good.’*

There were some participants indicated that social media could make online people looked nice but it was inauthentic while some participants believed that obsessive mobile phone use was related to physical dangers, procrastination and a social comparison to the users. Rory noted during his interview that:

*‘I think that really is it, relying on social media can put you down, because as I said it’s not real, you’re basically judging yourself on other people’s – not judging yourself sorry, you’re responding to other people’s opinions and it shouldn’t be about other people’s opinions it should be about your own opinion on yourself.’*

Furthermore, only a small number of participants confessed that they felt regret after posting something on social media. For instance, Freya described that she used to post on Twitter very often and then stopped doing that because it would cause some problems when the relevant people had seen it. Similarly, Daisy decided not to post something on social media anymore for the reason that she had been embarrassed when she did it.

It was found that most participants preferred to talk to other people face-to-face rather than social media usage because they could perceive other people’s true feelings, emotions, facial expressions or non-verbal communication. Some participants said that they had more privacy and feel more comfortable when they talk about the serious issues with other people directly. Also, some of them would probably social media as an alternative way in case the face-to-face talk was not available because social media use offered a quick and easy way to communicate with other people, including distant friends and family. In Alice’s case, she liked to talk to other people face-to-face as she could see other people’s reaction through their facial expressions and body language. Oliver also said that:

*‘Ideally talk face-to-face because that’s normally how you resolve the problem, but if you do it over social media then I feel like, especially if you’re talking to the person you might have a problem with, then it can. When you’re talking to people face-to-face you get the actual emotion of the person when you’re talking, but if you*

*talk on social media, the meaning of the message might be taken in the wrong way, things like that. It could even cause a greater issue, so it can be quite bad sometimes.'*

These findings supported the ideas of Flaherty, Pearce, & Rubin (1998) who found that participants in their study preferred to use face-to-face communication to fulfil their social relation needs and applied the Internet to fulfil their pleasure. Alongside this, Baym, Zhang, & Lin (2004) suggest that whilst the Internet played a role in college students' lives, face-to-face communication was still the main choice for their connection.

Nonetheless, there were a small number of participants who liked to use social media and face-to-face communication equally because, their choice depending on the kinds of problems they faced, availability and the levels of relationship. Additionally, one participant preferred to use social media rather talk face-to-face. She described that she could express her feeling more than talking to someone when she typed something on Facebook messaging. These findings seemed to be consistent with another research which proposed that computer-mediated conversation reduced the disadvantages of face-to-face communication, for example, providing the invisibility and decreasing the users' identity (Ho & McLeod, 2008).

Finally, most participants perceived that social media use could not help them to deal with difficulties in life because although it helped them to solve some academic problems, communicate with friends and express the feelings easily, it distracted them from their actual problems. The minority of participants agreed that social media use could help them to realise that their problems were shared with other people and see how other people solved the same problems. This was similar to one component of self-compassion which was called common humanity according to Neff (2003a). Leo noted during his interview that:

*'Yes, exactly. Over social media you can always find other people that have the same problems as you. There are always people out there that are dealing with the same issues, so I think that's somewhere where social media can be helpful if you have any problems.'*

Similarly, Lily mentioned that:

*'Yes because I think a lot of people post if they are having a difficult time and they will let lots of people know, maybe too many people. You do know what everyone is up to on Facebook and Instagram. It is nice to know that everyone is going through the same thing, struggling with assignments, having money worries and things like that.'*

However, one-thirds of the participants said that social media did not help them when they felt bad because they revealed that although it was useful for communicating and socialising with other people, this could make their situation worse. They also said that social media were relevant to a distraction, over self-disclosure, arguments and a cause of anxious. In Noah case, he viewed that:

*'Not so much in my life as whole, more if I've got a problem with something else, like my work. Yes, I'd say it can help you sometimes, but not with everything, no. If it's real emotional things then I don't think it can help you as much. I'd probably just seek family and stuff like that, I wouldn't go on to social media.'*

Only a small number of participants were reluctant to say whether social media could help them when they felt bad. Grace described that:

*'I don't know, because sometimes I regret writing something, say if I'm angry and I write it on Twitter or whatever. Sometimes you feel better after you've written it down or got it kind of off your chest, but I think it's better actually talking to someone rather than telling the whole world, because they probably don't really care. Yes, I suppose sometimes it feels better to write it down, but at the same time you usually regret it if you've written something silly for everyone to see.'*

## **9.9 Summary**

In conclusion, the findings in this study extends our knowledge of the strategies that British students' use to deal with difficulties in life. Firstly, there were 4 kinds of difficulties that participants had recently. They comprised of exam/workplace stress/performance problems; friendship problems; health problems and loss/bereavement.

Secondly, there were 6 strategies that participants used to deal with the difficulties. They consisted of dealing with problems by themselves; recovering to solve the problems; ignoring/hiding from the problems; talking to other people face to face about the problems; using social media to contact other people to overcome the problems and using social media to distract themselves and avoid dealing with the problems.

Thirdly, the finding indicated that participants were likely to talk to their families or friends (friends in and/or outside classrooms) when they felt bad. Most of them also perceived that their lecturers were not the people they would turn to when they had personal problems even though almost two-third received practical advice and support from their lecturers for an academic purpose.

Fourthly, a majority of participants preferred to talk to other people face-to-face rather than through social media because they could perceive other people's true feelings, emotions, facial expressions or non-verbal communication and some participants agreed that they had more privacy and felt more comfortable when they talked about the serious issues with other people face-to-face. Interestingly, it was found that some participants would probably social media as an alternative way in case the face-to-face talk was not available because social media use offered a quick and easy way to communicate with other people, including distant friends and family. In addition, most participants perceived that social media use could not help them to deal with difficulties in life because although it helped them to solve some academic problems, communicate with friends and express the feelings easily, it distracted them from their actual problems. . However, some participants agreed that social media use could help them to realise that their problems were shared with other people and know how other people solved the problems. This was similar to one component of self-compassion which was called common humanity according to (Neff, 2003a).

Finally, it was shown that some students who applied the first, second and forth strategies of coping to deal with difficulties were likely to be self-compassionate while participants who applied the first and the second strategies were likely to be psychological resilient. (Please see more details in Chapter 9 section 9.6.)

The next chapter will illustrate self-compassion, psychological resilience and social media in Thai and British higher education students.

# **CHAPTER 10: COMPARISON BETWEEN THE FINDINGS IN THAILAND AND THE UNITED KINGDOM**

## **10.1 Introduction**

The previous chapters described the quantitative data collection in Thailand and the UK. Interestingly, it was found that the effects of social media use on friends and family could predict Thai students' self-compassion while attitudes toward social media use influenced the levels of self-compassion in British students. In addition, performance in comparison with friends affected the levels of psychological resilience in both Thai and British students, but the effects of social media use on friends and family was only a predictor for Thai students' psychological resilience. Furthermore, self-compassion had a positive correlation with psychological resilience in only Thai students.

The qualitative data collection in Thailand and the UK were also illustrated in previous chapters. Specifically, Thai students dealt with difficulties in their lives by using social media to receive social support and advice from their existing friends, using social media to distract themselves from the problems, communicating with friends, family or teachers, doing some exercises or other activities, contemplation and keeping the problems on their minds. In addition, it was found that British students applied similar strategies to cope with difficulties. These strategies comprised of dealing with problems by themselves, recovering to solve the problems (taking the step back to think and think it through until they could solve the problems), ignoring/Hiding from the problems, talking to other people face-to-face about the problems, using social media to contact other people to overcome the problems and using social media to distract themselves and avoid dealing with the problems.

The aim of this chapter is to compare the findings from the qualitative and quantitative data collection in both Thailand and the UK. Following this, this chapter will provide some information about the factors affecting self-compassion and psychological resilience in Thai and British students and the roles that social media

use had on these constructs. Finally, the varied strategies that Thai and British students applied when they had to deal with difficulties will be presented.

## **10.2 The quantitative data collection in Thailand and the UK**

In this section, a statistical analysis of the differences between the Thai and UK participants, respectively, will be presented. To collect the data from Thai and British students, the researcher used two versions of questionnaire to explore self-compassion, psychological resilience and social media use. They consisted of rating scales, multiple choice questions and gap fill questions, as set out in chapter 6 and 7. Overall, 482 Thai undergraduate students who had taken general courses or a semiar course in the second semester of 2014 completed paper questionnaires and 2 students took part in online questionnaires. In addition, 285 British undergraduate students completed online questionnaires. They were undergraduate students who studied at Northumbria University from November 2014 to November 2015.

An independent-samples t-test was conducted to compare the average scores of dependent and independent variables for Thai and British students in this thesis, the results of this were shown in table 10.1. The findings were as follows. Firstly, it was found that there was a significant difference in self-compassion scores among Thai ( $M = 3.30, SD = .33$ ) and British students ( $M = 3.05, SD = .44$ ),  $t(767) = -8.54, p < .01$ . Specifically, Thai students had higher levels of self-compassion compared to British students. This result may be explained by the fact that compassion is central to Thai lifestyles because, in particular, the influence of Buddhism (Phinitchan, 1992).

Secondly, there was a significant difference in psychological resilience scores for Thai ( $M = 2.68, SD = .49$ ) and British students ( $M = 3.48, SD = .54$ ),  $t(767) = 20.54, p < .01$ . From the data in Table 10.1, it is apparent that British students demonstrated higher levels of psychological resilience than Thai students. These findings are likely to be related to the different patterns of socialization because people in collectivist countries are protected by their extended families or other people in their groups. In contrast, people in individualist countries are more likely to be assumed to take care of themselves and their nuclear family, with their identities centred more on the individual (Hofstede & Hofstede, 2005). Therefore, Thai students tend to rely on their families and friends when they had to deal with difficulties, rather than dealing their problems by themselves. Thai students also probably feel unconfident and

reluctant when making decisions or solving problems by themselves, as they would not be sure whether the solutions they chose would be effective and whether their parents would approve of them. Conversely, British students tended to deal with their problems by themselves before asking for help. This possibly improved their abilities to deal with their problems and to maintain their mental wellbeing.

Thirdly, the prevalence of social media use among Thai students was higher than British students. These results seemed to be consistent with Takao, Takahashi, & Kitamura's (2009) study which found that cultural differences would probably influenced females' addictive behaviours, in particular Asian countries (Takao et al., 2009). They were also in line with Mak et al.'s (2014) study which investigated Internet behaviours and addiction among adolescents in six Asian countries (China, Hong Kong, Japan, South Korea, Malaysia and the Philippines) and revealed that Internet addictive behaviour was ordinary among adolescents in Asian countries.

Interestingly, Thai students had higher levels of attitudes toward social media use than British students. It is possible that because Thai students perceived that social media were beneficial for their personal and academic lives, they therefore tended to use social media more than British students. These findings support that the finding in this thesis which found that Thai students had higher scores in social media use than British students.

In comparison, British students obtained higher levels of effects of social media use on friends and family. These findings indicated that British students perceived that their social media use affected their relationships with friends and family because it led them to sacrifice friend and family time using social media. A possible explanation for this might be that British students are encouraged to live independently when they grow up and make the decision by themselves, whereas Thai students were taught to be loyal to their families and inner groups. Even though Thai students spent their time on social media, they probably tried to manage time to be with their friends and families to release their stress and guilty.

Table 10.1 The mean scores, t-values of mean scores and significance values of the dependent and independent variables in Thai and UK students

Variables	N		Mean ( $\bar{x}$ )		<i>t</i>	<i>p</i>
	Thai	UK	Thai	UK		
Self-compassion	484	285	3.30	3.05	-8.54	< .01
1. Self-kindness	484	285	3.38	2.44	-16.43	< .01
2. Self-judgment	484	285	3.08	3.42	5.54	< .01
3. Common humanity	484	285	3.64	2.92	-11.30	< .01
4. Isolation	484	285	2.75	3.26	7.32	< .01
5. Mindfulness	484	285	3.53	2.94	-10.02	< .01
6. Over-identified	484	285	2.77	3.35	8.59	< .01
Psychological resilience	484	285	2.68	3.48	20.54	< .01
Current average mark	477	285	2.88	1.58	-13.35	< .01
Performance in comparison with friends	479	285	2.76	3.13	6.00	< .01
A number of brothers and sisters	476	285	1.69	1.62	-1.32	.19
Family support	484	284	5.13	5.57	8.54	< .01
Friends in classrooms support	484	285	5.49	5.12	-4.94	< .01
Other friends outside classrooms support	484	285	5.33	5.62	4.20	< .01
Social media use	484	285	4.50	3.96	-8.26	< .01
Attitudes toward social media use	484	285	5.38	4.05	-19.37	< .01
Frequency of absence	484	285	2.08	2.46	4.24	< .01
Teacher support	484	285	4.64	3.85	-11.80	< .01

### 10.2.1 The predictors of self-compassion

A multiple regression analysis was used to explore whether the independent variables (gender, religion, year of study, degree, current average mark, performance in comparison with friends, total household annual income, a number of brothers and sisters, family, friends in classrooms, other friends outside classrooms, social media use, attitude towards social media use, effects of social media use on friends and family, frequency of absence and teacher support) would predict the self-compassion

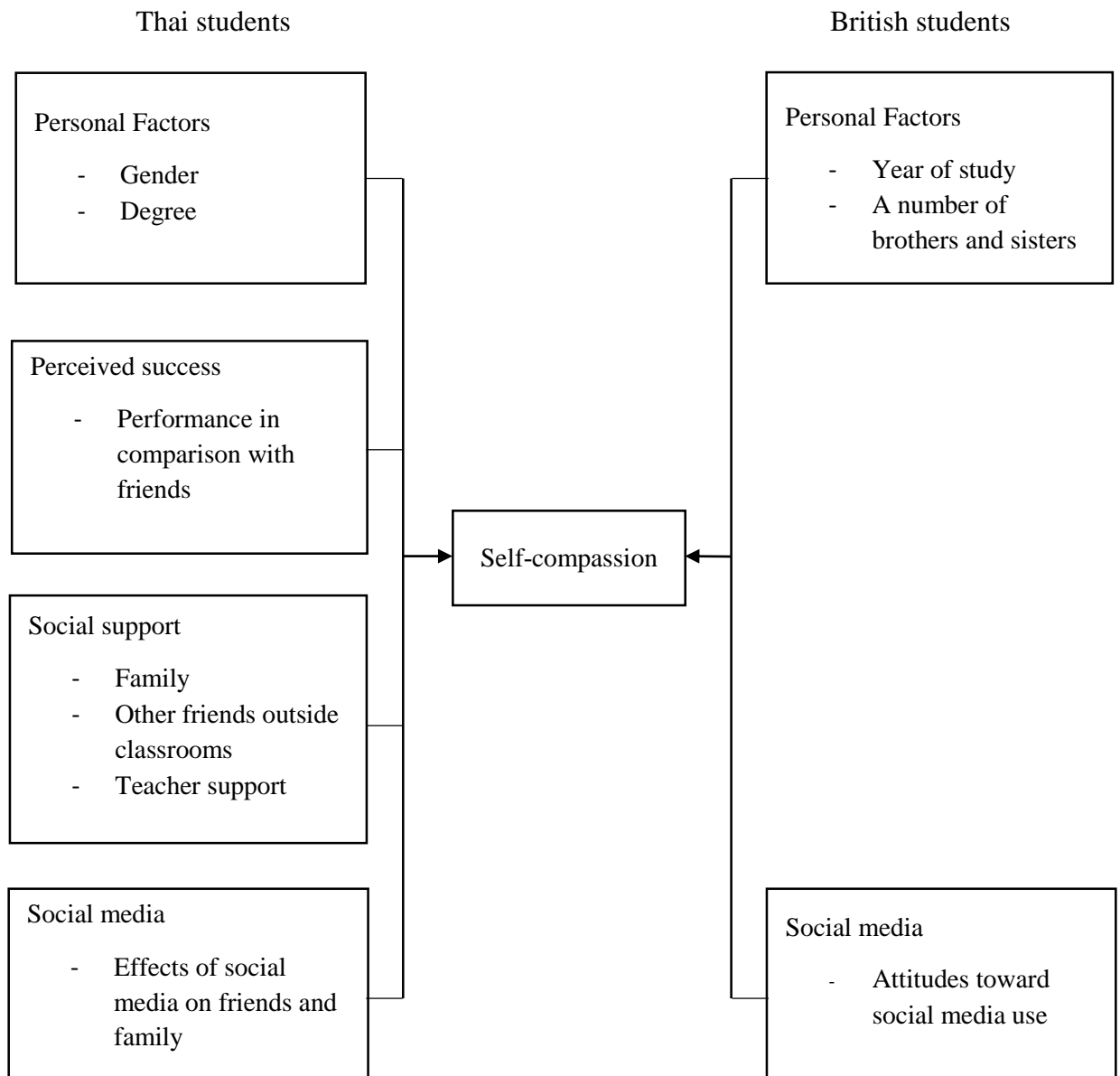


in Thai and British students. The result showed that the independent variables could significantly predict 19% of self-compassion in Thai students ( $F = 6.60, p < .01$ ) while these variables could significantly predict 12.5% of self-compassion in British students ( $F = 2.38, p < .01$ ). (Please see Figure 10.1.)

As shown in Figure 10.1, personal factors and social media factors were predictors of self-compassion in both Thai and British students. Interestingly, the big differences between groups were that neither perceived success nor social support contributed to self-compassion for the British students. The details of findings will be illustrated below.

To compare self-compassion in Thai and British students, four key predictors will be examined in relation to the two sets of students. Firstly, the results in this thesis found that a personal factor (gender) could predict the levels of self-compassion in Thai students. Specifically, there was a difference in self-compassion scores among female students ( $M = 3.35, SE = .59$ ) and male students ( $M = 3.25, SE = .19$ ). This difference,  $-.09$ , 95% CI  $(-.15, -.04)$ , was significant  $t(468.24) = -3.21, p = < .01$  with a medium effect size ( $d = .34$ ). However, gender could not predict the levels of self-compassion in British students.

Figure 10.1 The predictors of self-compassion in Thai and British students



A possible explanation for this might be that in western countries, compassion is perceived as compassion for the others while compassion in Buddhist psychology a broader conception is employed which encompasses compassion for self as well as the others (Neff, 2003a). It is also related to the socialization about the masculinity and femininity dimension in Thailand and the UK. According to Hofstede et al. (1998), they found that the UK was a masculine country while Thailand was a feminine country along with countries such as, for instance, Denmark, Finland and Norway. In addition, males were taught to be confident, energetic and strong while females were taught to be soft and to treasure their relationships in the masculine countries.

Contrarily, everyone was expected to be humble and was allowed to be soft and to treasure the relationships in the feminine countries (Hofstede, 1998). Therefore, both Thai males and females were taught to be generous and empathize the important of other people as same as themselves. However, Thai males were also expected to be sacrifice themselves for other people before thinking about themselves. Conversely, even though British males and females were taught about the generosity, empathy and sacrifice, males and females in the masculine countries also focused on other aspects, for example, the human right, equality and privacy.

These findings seemed to be partially consistent with some research findings which illustrated the difference between self-compassion in males and females. For instance, older female adolescents displayed lower levels of self-compassion than older male adolescents and both early males and females adolescents (Bluth & Blanton, 2014b) and females exhibited lower levels of self-compassion than males did (Yarnell et al., 2015). Likewise, these results partially supported the idea that that older females were the least self-compassionate in comparison with younger females or males in all age groups (Bluth et al., 2016). Similarly, it has been shown that Southwestern university females students had lower levels of self-compassion than males students (Neff, 2003a). On the other hand, the findings of this thesis were contrary to that of Neff, Pisitsungkagarn, & Hsieh (2008) who found that there was no gender differences among Thais and Taiwanese. In addition, they did not support the previous research of Iskender which showed that there were no significant gender differences in self-compassion in Turkish university students (Iskender, 2009) and there was no difference between the levels of self-compassion in males and females significantly (Neff & Pommier, 2013).

Similar to the findings in Thailand, personal factors (year of study and a number of brothers and sisters) were predictors of self-compassion in British students. It was shown that there was a significant effect of year of study on the levels of self-compassion in British students. It seems possible that these results were because British students not only gained their academic knowledge at university, but they also learnt social skills and life skills during their study. Specifically, they learned how to treat other people and themselves with respect, politeness, caring and understanding. They probably perceived that their friends had the similar problems and became aware of how to accept and deal with negative circumstances.

It was also found that a number of brothers and sisters could predict the levels of self-compassion in British students. Moreover, British students, who had a brother or sister had a significantly higher level of self-compassion than those who did not have any brothers or sisters. A possible explanation for this might be that British students who had a brother or sister, gained social support, advice, information from their sibling. In turn this helped to enhance their ability to treat themselves with caring and understanding when they had to deal with difficulties or did not like something about themselves.

Secondly, social media had partial effects on self-compassion in Thai and British students. Surprisingly, the effects of social media use on friends and family was found to be a predictor of self-compassion in Thai students. This meant the students who sacrificed friend and family time using social media use were less self-compassionate.

These results may be because when some Thai students used social media, they were likely to focus on the social media content rather than dealing with difficulties directly. In the other words, it acted as a kind of distraction from their problems. If they spent longer time on social media, they would also have less time to be kind and understand themselves, perceive that their bad experiences were shared by other people and deal with their negative emotion effectively. According to Hofstede, Hofstede, & Minkov (2010), people in collectivist societies always stayed with their original families (extended family) and the family members were expected to be loyal to their families all their lives. If Thai students sacrificed their time using social media, they would have less time spending with their family and friends. This probably made them feel guilty or feel bad about themselves as they could not fully take care of their families or spend time with their friends effectively.

On the contrary, attitudes toward social media use was not a predictor of self-compassion in Thai students whereas there was a significant relationship between attitudes toward social media use and self-compassion in British students,  $r = .21, p < .01$ . These results suggested that British students who strongly felt that social media use was highly beneficial for them, were more self-compassionate.

It seems possible that these results were because when British students perceived that social media use was beneficial for them, they accordingly used social media very often to communicate and receive support, advice and help from other people. This probably enhanced their abilities to deal with difficulties by treating

themselves with caring and understanding, realising that their problems were shared by other people and accepting that difficulties had happened to them and trying to balance their positive and negative feelings by themselves.

Thirdly, perceived academic success was a relevant factor. The results revealed that the performance in comparison with friends was one of significant predictors of self-compassion in Thai students. It was also significantly related to self-compassion,  $r = .17, p < .01$ . Specifically, students who perceived that their work might be better than their friends' work, had higher levels of self-compassion. However, performance in comparison with friends could not predict self-compassion in British students.

This factor was used as a measure of perceived performance in case some students were in their first year and they had yet to receive actual marks. This means if Thai strongly perceived that their work was probably better than their friends, they obtained high scores on self-compassion. The result may be explained by the fact that when Thai students perceived that their work were probably better than other people's, it showed that they thought and treated themselves with caring and understanding (self-kindness). They also realised that their friends were in the same situations (common humanity). Even though they did not know their actual marks and it was likely to make some of them feel worried, they dealt with negative feelings with their positive thinking (mindfulness). It did not mean that they have to compare themselves with other people to feel better but this showed how they perceived their academic performance before receiving the actual marks by the end of the semester.

To date, there has been no research exploring the effects of performance in comparison with friends and self-compassion in Thai or British students directly. However, the results in this thesis were in accord with prior studies indicating that academic self-efficacy and feeling of school belonging were positively associated with the final-semester marks and students who realized the importance of competition and relevant ability at the school, tended to have conscious about themselves (Roeser et al., 1996) and that people who had low levels of self-compassion, underestimated their performances (Leary et al., 2007).

Social support was also a relevant factor. It was found that family was a significant predictor of self-compassion in Thai students. It also significantly related to self-compassion,  $r = .27, p < .01$ . This means the more support that the students received from their families, the higher self-compassion they had. In contrast, family was not a predictor of self-compassion in British students. This result may be due to

the different cultural dimensions. According to Hofstede, Hofstede, & Minkov's (2010) study, people in collectivist societies always stayed with their original families (extended family). The family members were expected to be loyal to their families all their lives. On the contrary, most people in individualistic societies tend to stay in nuclear families. Children who grow up in this kind of family are supposed to leave their families when they grow up to live independently and thus decrease the relationship with their original families. Therefore, Thai students were likely to receive lifelong support, advice and help from their family, in particular, when they felt bad or had to deal with difficulties. In comparison, British students were supported to do act and make decisions by themselves. In addition, it seems possible that there were other factors that affecting self-compassion in British students, for example, self – efficacy.

Moreover, compassion was a part of Thai culture which was relevant to Thai lifestyle and it was influenced by a religion, in particular Buddhism (Phinitchan, 1992). Family played a vital role in socialization of compassion to their children because family was the first social institution to teach them about this. Even though some Thai students lived with their families and some students moved to live in the urban area of Chiang Mai far away from their parents, their families still took care of them and taught them about the social skills and other skills by visiting, calling or using social media give them the social support they needed. Moreover, the definition of compassion in Buddhist psychology was associated with feeling compassion for individuals as same as the others (Neff, 2003a).

The findings in this thesis were in agreement with Klink, Byars-Winston, & Bakken (2008) who proposed that recognising family support could help premedical students to believe in their ability to deal with their study and Neff & McGehee (2010) who indicated that family and cognitive factors were the predictors of self-compassion. They also corroborated the idea of Kelly & Dupasquier (2016) who found that perceived affection from parents was associated with being self-compassionate and gaining self-compassion via their experience and perceiving of social protection. Furthermore, they were in line with Pepping, Davis, O'Donovan, & Pal's (2015) study which revealed that high levels of denial and overprotection from parents and low levels of affection from parents were relevant to low levels of self-compassion. Finally, they supported that parenting style were associated with adolescents' mental health (Sanavi et al., 2013).

It was also found that other friends outside classrooms could predict self-compassion in Thai students. Additionally, there was a small but highly significant positive relationship between friends outside classrooms and self-compassion in Thai students,  $r = .23, p < .01$ . This shows that the more support that Thai students received from other friends outside the classroom, the higher level of self-compassion they obtained. However, other friends outside the classroom was not a significant predictor of self-compassion in British students.

One possible explanation may be that most participants were in their first and second year and they were in a transitional stage in a new university environment. As such, it was the time for them to know and create the new relationships with new friends in classrooms and teachers. Some participants did not feel close enough to trust and talk to these friends and teachers. Therefore, they turned to talk to their friends outside the classroom to receive the social support for dealing with difficulties. It is also possible that their friends outside classrooms could support them to make them think about themselves positively, shared their similar experiences and helped them to deal with their negative feelings. Finally, their friends outside classrooms affected their levels of self-compassion.

The findings in this thesis were in line with those of previous studies which showed that friend support was as valuable as family support (Gonzalez & Padilla, 1997; Ross et al., 2005). Furthermore, they were in accord with prior study indicating that emotional support from family and old friends could help first year students to deal with stress when they adjusted themselves for studying at university in the first few days before receiving social support from their friends at university. Additionally, university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers which was different from the support they had received from their flatmates (Wilcox et al., 2005).

Additionally, teacher support was a predictor of self-compassion among Thai students. Furthermore, there was a small but highly significant relationship between teacher support and self-compassion,  $r = .24, p < .01$ . If Thai students received more teacher support, they were more likely to score highly on self-compassion. Conversely, teacher support could not predict self-compassion in British students.

These results may be explained by the fact that Thai teachers play a crucial role in teaching both academic, social and life skills to the students because Thai teachers can teach their students about compassion, an important part of Thai culture

(Phinitchan, 1992). Thai teachers could also give their students the social support, advice and help to make them know how to treat themselves with caring and understanding, how to perceive that other people had the similar problems, and finally how to balance between positive and negative feeling appropriately. These results confirmed that teacher support was relevant to the subjective wellbeing of their students (Suldo et al., 2009) and university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers which was different from the support they had received from their flatmates (Wilcox, Winn, & Fyvie-Gauld, 2005). Moreover, they matched those observed in earlier study which highlighted that the relationships between students and their teachers, friends, parents, and neighbours were very crucial when they were in line with schools' purpose to enhance students' learning ability (Lee & Smith, 1999).

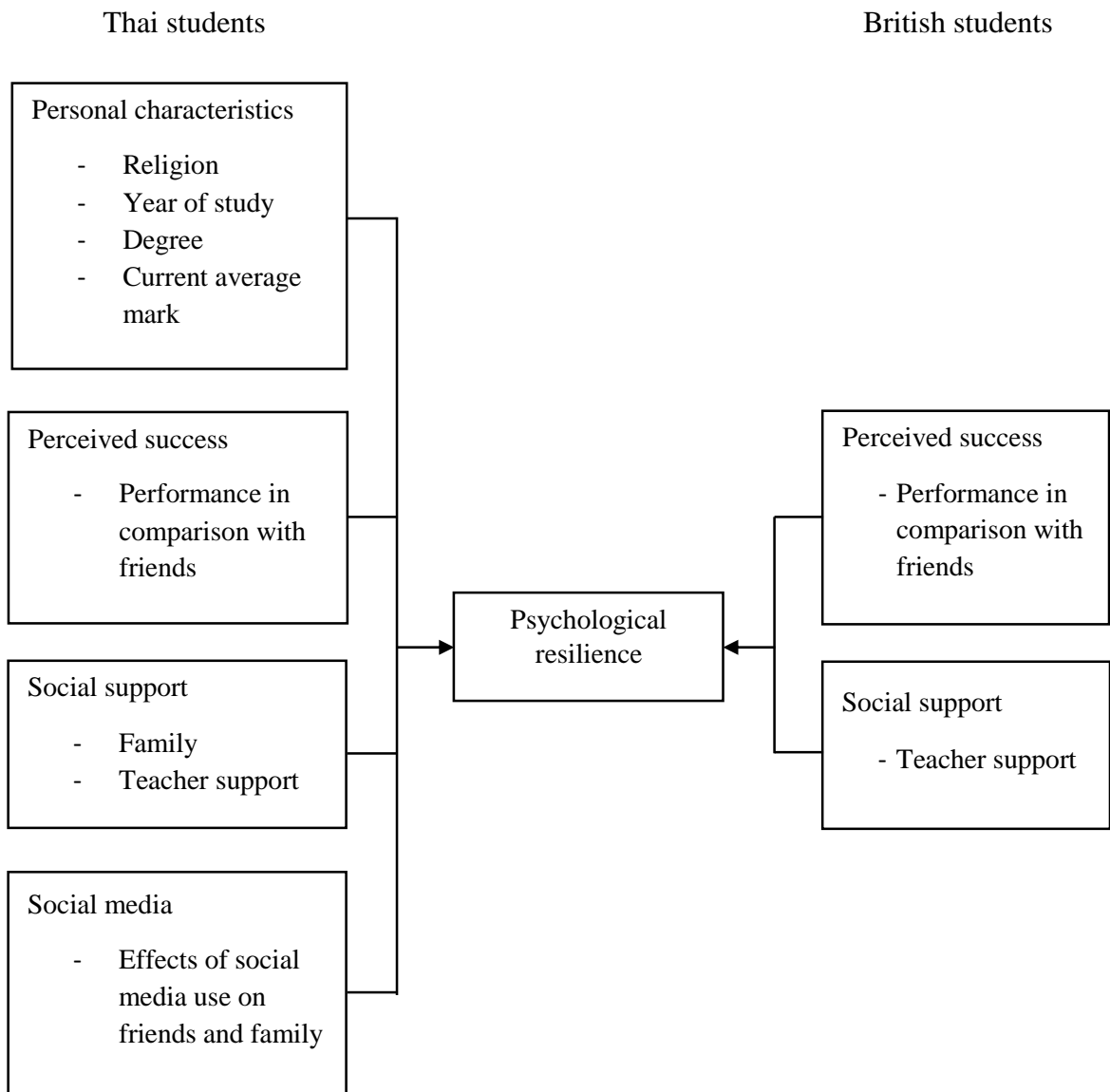
### **10.2.2 The predictors of psychological resilience**

The multiple regression analysis was used to explore whether the independent variables (gender, religion, year of study, degree, current average mark, performance in comparison with friends, total household annual income, a number of brothers and sisters, family, friends in classrooms, other friends outside classrooms, social media use, attitude towards social media use, effects of social media use on friends and family, frequency of absence and teacher support) would predict psychological resilience in Thai and British students. The result showed that these independent variables could significantly predict psychological resilience in Thai students for 26% ( $F = 9.86, p < .01$ ) but these variables accounted for 24.5% of psychological resilience among British students ( $F = 5.42, p < .01$ ). The details were as follows:

It can be seen from the data in Figure 10.2 that there were four main groups of predictors of psychological resilience among Thai and British students. The first thing to note is the similarities between the findings from Thai and British students. These findings highlighted the importance of perceived success and social support for enhancing psychological resilience in both groups, even though Thai students were more likely to get the social support from their families as well as teachers. These results may be explained by the family oriented culture in Thailand (collectivism). The details of findings will be illustrated respectively.



Figure 10.2 The predictors of psychological resilience in Thai and British students



Perceived stress (performance in comparison with friends) was included in this thesis in case the students were in their first year and they did not know their current average mark. The findings indicated that performance in comparison with friends had an effect on psychological resilience in Thai students. Moreover, there was a small but highly significant positive association between the performance in comparison with friends and psychological resilience in Thai students,  $r = .18, p < .01$ . In other words, when Thai students estimated that their academic performance might be better than other friends, they were likely to have higher levels of psychological resilience.

Surprisingly, performance in comparison with friends could also predict psychological resilience in British students. Specifically, it was significantly related to psychological resilience,  $r = .27$ ,  $p < .01$ . Therefore, when British students perceived that their academic performance might be better than other friends, they were likely to have the high levels of psychological resilience.

These results were likely to be related to their academic self-perception and self-efficacy. When they believed in their own abilities, they could deal with the problems effectively and adjust themselves to achieve their academic goals in spite of the stress and difficulties. They further supported the idea of Roeser, Midgley, & Urdan (1996) who found that academic self-efficacy and feeling of school belonging were positively associated with the final-semester marks and students who realised the importance of competition and relevant ability at the school, tended to have conscious about themselves. In a similar vein, Finn & Rock (1997) proposed that resilient students tended to have the engagement behaviours, for instance, attend the class and school on time and preparing and taking part in class activities. They were also in line with previous study which showed that a positive self-concept was (inter alia) a factor relevant to adolescents' resilience (NCH-The Bridge Child Care Development Service, 2007). Furthermore, They seemed to be consistent with Yeager & Dweck's (2012) study which proposed that students who thought or were taught that their internal abilities could be improved, were likely to exhibit the higher levels of achievement and higher levels of course completion despite the negative circumstances.

Social support also influenced the levels of psychological resilience in both Thai and British students. Family had an effect on psychological resilience in Thai students. It was also significantly related to psychological resilience,  $r = .33$ ,  $p < .01$ . This means the more support the students received from their families, the more psychological resilience they achieved. However, family did not have an effect on psychological resilience in British students.

A possible explanation for this might be that Thailand and the UK had the different cultural dimensions. According to Hofstede, Hofstede, & Minkov's (2010) study, people in collectivist societies always stay with their original families (extended family) whereas most people in individualistic societies stay in the nuclear family and they are supposed to leave their families when they grew up to live dependently. Therefore, Thai students who live in the collectivist culture, were likely to receive the lifelong support, advice and help from their family. This could enhance their abilities

to maintain their mental health and deal with the negative circumstances. Conversely, British students were supported to act and make a decisions by themselves. Even though they received the family support, they were also encouraged to deal with the problems by themselves. In addition, it seems possible that there were other factors that affecting self-compassion in British students, for example, self-efficacy.

The findings in Thailand supported that the people close to participants, for example, family, friends, school and the life events were vital factors for resilience (Williams & Drury, 2009) and the extended family was crucial to Thai values and norms (Choowattanapakorn et al., 2010). They also seemed to be consistent with the prior research which suggested that parent-child relationships and peer relationships were positively related to Resilience Quotient (RQ) in the secondary school students (Parichatikanond, 2010) and the resilience levels could be changed by boosting positive relationships with family members, friends, and teachers (Kassis et al., 2013).

In addition, the results in Thailand corroborated the ideas of Songprakun & McCann (2012) who indicated that a family support had an effect on boosting Thai people's resilience partly in both control and intervention groups. They were in accord with the idea of Choowattanapakorn et al. (2010) who suggested that the high resilience in Thai older adults was probably linked to their family relationship, social status and social harmony. Finally, they confirmed that recognising family support could help premedical students to believe in their ability to deal with their study (Klink et al., 2008) and adolescents could gain benefit from their family support despite a different sexual orientation (Cohn & Hastings, 2010).

Likewise, teacher support had an effect on Thai students' psychological resilience because there was a highly significant relationship between a teacher support and psychological resilience,  $r = .30, p < .01$ . This indicated that the more teacher support Thai students received, the more psychological resilience they had. Interestingly, there was also a medium but highly significant relationship between teacher support and psychological resilience in British students,  $r = .30, p < .01$ . This indicated that British students who received high teacher support, they would likely to have high levels of psychological resilience.

It may be that teachers were crucial for teaching the students to gain more knowledge, social skills, and life skills. The teachers also helped and supported their students to solve the problems. This could enhance the students' ability to deal with their problems when they felt bad. These findings confirmed that the people close to

participants, for example, family, friends, school and the life events were vital factors for resilience (Williams & Drury, 2009) and the teachers could play a vital role in enhancing their students' resilience by participation in relevant programmes and activities (Frydenberg et al., 2004). They were also in agreement with the previous study which suggested that the resilience levels can be changed by boosting positive relationships with family members, friends, and teachers (Kassis et al., 2013).

Furthermore, they matched those observed in earlier studies which reported that teacher support was relevant to the subjective wellbeing of their students (Suldo et al., 2009) and that university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers which was different from the support they had received from their flatmates (Wilcox et al., 2005). Lastly, the recent studies seemed to be consistent with the previous studies which suggested that teacher support were vital for high school students who had to deal with negative situations (Possel et al., 2013); Italian adolescents' resilience and their perception about the future employment (Fabio & Kenny, 2015), and; school engagement (Sharkey et al., 2008).

Another thing to note were the differences in findings between Thai and British students. It was indicated that only Thai students' psychological resilience were influenced by a range of personal characteristics and social media use. Firstly, it was showed that personal characteristics affected Thai students' psychological resilience. For example, religion could predict psychological resilience in Thai students,  $\beta = .17$ ,  $t = 3.01$ ,  $p < .01$ . However, there were no significant difference between the psychological resilience scores of Thai students who were Buddhists, Christians or no religion,  $F(2, 481) = 2.07$ ,  $p = .13$ ,  $\omega = .07$ . Conversely, religion was not one of predictors of psychological resilience in British students,  $\beta = .03$ ,  $t = .57$ ,  $p = .57$ .

A possible explanation for these results may be that a number of Thai students were Buddhists and thus they had been taught about self-compassion from their families and schools. From Buddha's teachings, there are some teachings which are relevant to the compassion and the strategies to deal with the suffering. The first teaching was the 4 noble Truths which composed of the truth of suffering (*dukkha*), the truth of the cause of suffering (*samudaya*), the truth of the end of suffering (*nirhodha*) and the truth of the path that frees us from suffering (*maggā*) (O'Brien, 2016). The second teaching was the 4 holy abidings or sublime states of mind which consisted of love or loving kindness (*metta*), compassion (*karuna*), sympathetic joy

(*mudita*) and equanimity (*upekkha*) (Nyanaponika, 1999). However, most of British students had no religion. They were not probably taught about similar principles to deal with their problems.

The results in Thailand further supported the idea of Tol, Song, & Jordans (2013) who found that religious beliefs and practices were one of protective factors of mental health in their study, and Parinyaphol & Chongruksa (2008) who reported that even though Thai and Muslims college students had different religions, they obtained the same collectivist culture because they preferred living with nature peacefully and focusing on social relationships rather than individual objectives. In addition, they were in agreement with Haglund, Nestadt, Cooper, Southwick, & Charney's (2007), a study which showed that: (1) people who had religious, spiritual or altruism, tend to have more resilience when they had to deal with difficulties, and; (2) people who seek social support when they are stressed, tend to have more resilience than separated people. Similarly, Souri & Hasanirad's (2011) study found that individuals' resilience were related to their cultures and religions and it enhanced people to be optimistic because when they believed that their life has meaning, they would have the power to adjust themselves to the changes and adversity. Finally, the findings were in accord with a recent study highlighting the effect family, relatives, community and religious practices had on the levels of resilience in susceptible adolescents in India (Hebbani & Srinivasan, 2016).

Current average mark was also found to be one of predictors of psychological resilience in Thai students. In addition, there were no significant differences between the different students in terms of their current average mark,  $F(5, 471) = 1.86, p = .10, \omega = .09$ . However, this study indicated that current average mark could not predict psychological resilience in British students. These findings may be because current average mark was not only a measure of academic achievement in Thai students, but also a scale to indicate their ability to deal with their academic problems. Specifically, some students had experiences of the failure, disappointment and hopelessness. Then, they learnt how to maintain their mental health and deal with their negative feelings. This could help them to improve the levels of psychological resilience. It could be that there were other factors that affected British students' psychological resilience, for example, self-efficacy. The findings in Thailand were contrary to that of Arunruang (2002) who indicated that students with high and moderate academic achievement had higher resilience than those with low academic achievement and Parinyaphol &

Chongruksa (2008) who found that the students with high Grade Point Average (GPA) had higher resilience than low GPA students. They also did not support Allan, McKenna, & Dominey's (2014) study which revealed that higher resilience was relevant to higher academic outcomes for female university inductees than males inductees and Parichatikanond's (2010) study which showed that the Grade Point Average X (GPAX) was not significantly associated with Resilience Quotient (RQ).

Finally, effects of social media use on friends and family had an effect on Thai students' psychological resilience. Additionally, there was a significant relationship between the effects of social media use on friends and family and psychological resilience in Thai students,  $r = .16, p < .01$ . These results suggested that Thai students who sacrificed friends and family time to spend more time on social media use were less resilient. Nevertheless, effects of social media use did not have any effect on psychological resilience in British students.

These findings could be attributed to cultural differences. As Thailand is a collectivist country, Thais tend to focus on their social goals rather than individual goals. Accordingly, Thais are thus expected to take care of their family members when these people were getting sick or old and spend time with their family members, in particular special occasions. If they spent more time using social media, they would likely to have less time to spend with their friend and family. This would probably make them feel bad or guilty that they did not spend enough time with their families. Friends were also crucial for the adolescent's lives. In particular, if they cannot manage their time to allow activities with friends, it affects their peer relationships. In addition, when they used social media, they tended to focus on the social media contents rather than dealing with their problems and thus received less social support from their friends and family to maintain their mental health or recover from the negative situations. These results seemed to be consistent with Jaruratanasirikul, Wongwaitaweewong, & Sangsupawanich's (2009) study which showed that playing online games reduced the time that Thai adolescents spent on their work or social activities, for instance, doing assignments or doing some activities with friends or family. Nevertheless, there has been no research which has explored the effects of social media use on friends and family on psychological resilience directly.

### **10.3 The qualitative data collection in Thailand and the UK**

In-depth semi-structured interviews were conducted with both Thai and British students in order to understand more about the strategies that Thai and British students applied to deal with difficulties in their lives and whether they used social media to deal with these difficulties. Overall, 21 Thai participants who studied at Rajamangala University of Technology Lanna (RMUTL), participated in this study. They were 12 males and 9 females. All of them were Buddhists. In addition, 21 British participants were recruited from the undergraduate students of Northumbria University, the UK. They were 4 males and 17 females. All of them were British. A majority of participants had no religion (13 students), followed by Christian (7 students) and preferred not to say (1 student).

#### **10.3.1 Difficulties that Thai and UK participants faced**

In order to understand the strategies that Thai and British students used to deal with difficulties, the participants were asked how they dealt with difficulties in their lives and whether they perceived that social media could help them to deal with these difficulties. The results showed that there were different kinds of difficulties that Thai participants dealt with. A number of participants mentioned that their study did not go well or they received lower marks than they expected while some participants revealed that they had some problems with their girlfriends, friends, or family members. For example, Chanon stated that:

*‘(Silence) I pay attention to my study. I do not want my parents feel disappointed. I got an ‘F’ so I had to improve myself.’ (Chanon, Thai)*

In addition, a minority of Thai participants talked about loss in their lives or about financial problems. For instance, Manop indicated that:

*‘If I talk to my parents, I cannot tell something to them. When I am not very happy, I cannot tell them to make them worried, for instance, a financial problem. I know that they work hard to get money. If I do not have enough money, what should I do? I will save money. If my mom asks me, I will say that ‘Yes, mom.’ If we save money, we will have enough money. If we are not extravagant, I mean. If I talk to my sister, I tell her everything. Then, she will understand me.’ (Manop, Thai)*

It was found that Thai students experienced the similar problems to British students. Specifically, British students had to deal with problems, which were relevant to: exam stress, workplace stress, performance problems or a financial problems. These were followed by friendship problems, physical or psychological illness and finally bereavement and sorrow. In Daisy's case, she mentioned that;

*'It's happened like for my GCSEs and my A Levels and then I was finding even though I work really hard, well I try to work hard, I find it really stressful, like it's a really stressful time.'* (Daisy, British)

It may be because both Thai and British participants were university students. They had to adjust themselves because of the physical, emotional and psychological changes. In addition, most of them were in their first and second year. They had to adjust themselves to the new environment and study program at university. If they could not adjust themselves to these changes, it could make them feel stressed and worried and affect their relationship with other people, in particular, their friends and families. These findings confirmed the previous results which showed the relationship between negative situations and psychological difficulties when it was relevant to family problems, school problems, problems with the law and personal issues (Compas et al., 1986). They were also in line with Omigbodun et al. (2006) which indicated that medical students in Nigeria had to deal with many problems, for instance, financial problems, academic problems and family problems. In addition, they corroborated the idea of Moffat, McConnachie, Ross, & Morrison (2004) who reported the first year medical students had to deal with both academic (i.e. studying and assessment) and personal stresses (i.e. friendship problems and financial problems) and the idea of Shaikh et al.'s (2004) study which indicated that studying and examination were the strongest causes of stress in Pakistani Medical School.

### **10.3.2 Strategies to deal with difficulties**

Overall, a comparison of the two results revealed that Thai and British applied the different strategies to deal with the problems in their lives. Firstly, some Thai participants preferred to use social media to watch cartoons, listen to music, access Facebook or listen to Dhamma on Youtube to distract themselves from all the troubles



that they faced. For Natee, he changed his purpose of social media use from posting on his Facebook page to watching the cartoons. He said that:

*'Yes. Sometimes it was ok but it made me have a headache recently. So, I watched cartoons instead. (Laugh) When I watched them, I felt relieved.'* (Natee, Thai)

Likewise, some British participants used social media to distract themselves while they felt down. Ava mentioned that:

*'I'm not sure about help. I think sometimes if I'm wound up and I go and lie by myself I'll just scroll up and down Facebook and sometimes there are funny videos and stuff. So that makes me laugh, but I wouldn't say it helps. I think it's just useful in contacting people.'* (Ava, British)

Secondly, most Thai participants used social media to receive the social support and advice from their existing friends while British students used social media to contact other people to overcome their problems. For example, Korradol revealed that:

*'My latest post is 'A man of word not a man of deed is like a garden full of weed.' Then, I wrote that '#Calculus 2, we won't drop it. Keep fighting!' After that, my senior friends commented that it was all right. They had been through it before and this soothed me. They encouraged me.'* (Korradol, Thai)

The results also showed that British student used social media to contact other people to overcome the problems. For Rory, he talked to his flatmates or used social media to communicate with his family to receive the social support when he felt bad. He said that:

*I don't like to show anger to people. But then upset, I like to talk about my problems in that way. So I spoke to my flat mates, I probably put on – actually used social media, I used Facebook Chat and expressed it to family back home. I'm from London so I don't necessarily phone them. I find it much easier to use like Facebook Chat, Facebook Messenger to message them. Yes, I expressed my feelings and they*

*reassured me that things would be okay and that it wasn't meant to be, and I said that's what I thought anyway, yes, it was good.'* (Rory, British)

Thirdly, Thai students communicated with their friends, family or teachers when they felt bad. Similarly, a British student preferred to talk to other people face-to-face about the problems and reported that she felt better or happy quickly after the face-to-face talk.

Fourthly, there were only a small number of Thai participants who preferred to think it through when they felt bad while a minority of British participants tended to take the step back to think and think it through until they could solve the problems.

Finally, some Thai participants preferred to keep all the troubles on their minds while some British students tried to ignore or hide the problems to make them feel better. For instance, Ruby got some sleep if she felt down for the whole day because she believed that she would be fine.

Nevertheless, a small number of Thai students reported that they did some exercises or other activities when they felt down while there was no British students applied this strategy to deal with their problems.

### **10.3.3 Sources of support (face-to-face)**

All participants were asked whether they talked to other people when they felt bad. The first thing to note is that most Thai participants received the support from their families because they reported that their parents and family members reassured and understood them during the difficult time. A number of Thai participants preferred to talk to their mothers when they felt unhappy followed by both parents and other family members. However, some Thai students did not talk to their family members because they did not want to bother them, make their family members worried about them, they had endured negative experiences when they talked to their families or their family members were unavailable to talk them. Manop reported that:

*'I think that it is my problem. I should not let them know. I should ask my sister. My parents have many things to think about. I do not want them to feel uncomfortable.'* (Manop, Thai)

Similarly, over half of British participants talked to their mothers or sisters when they had some problems, followed by talking to their parents (both fathers and mothers) and their fathers. Nevertheless, some British participants were reluctant to talk to their parents when they felt bad for the reason that they did not want to make their family feel worried, disappointed, or upset. Some British participants also described the gender difference between them and their parents, the availability of their parents or a preference to deal with their problems before talking to their parents. Chloe said that:

*'Not really, I don't talk to my dad because he's a boy, he wouldn't really understand a lot of the time, and I don't talk to my mum because I have nine brothers and sisters, so she's probably busy dealing with my sisters and stuff.'* (Chloe, British)

Interestingly, both Thai and British students preferred to talk to their mothers, follow by other family members when they felt bad. However, British participants also talked to their sisters about their problems. It confirmed the results of quantitative data collection in the UK which found that a number of brothers and sisters had a significant effect on self-compassion and the British students who have a brother or sister had a significantly higher level of self-compassion than those who did not have any brothers or sisters. (Please see the details in chapter 7.) The results in this study seem to be consistent with other research which found that parenting style were associated with adolescents' mental health (Sanavi et al., 2013) and affection from the mothers was shown to improve adolescents' happiness (Cheng & Furnham, 2004)

Another thing to note is that friends were crucial for helping Thai students to deal with difficulties. The results in this thesis indicate that a majority of Thai participants talked to both friends in and outside classrooms about their problems. Conversely, a number of British participants preferred to talk to their old friends whom they had known for a long time and had made a bond of friendship and most British participants who did not talk to their classmates when they felt bad.

Therefore, Thai and British students had their close friends to talk to when they felt bad. Specifically, most Thai participants preferred to talk to their friends outside classrooms as well as friends in classrooms because they had developed good relationships and had trusted these friends. Natee noted during the interview that:

*'I have known my friends outside classrooms since I studied in an upper secondary school. But I have 7 – 8 close friends in classrooms to talk to.'* (Natee, Thai)

On the contrary, most British students liked to talk to their friends outside classrooms rather than friends inside classrooms because they were freshmen and they were getting to know or making new close friends when they studied at university. For example, Ella mentioned that:

*'Oh, these are just friends from home I'm thinking of. Actually, since I've come to university there are probably a few people who I've met in class and things like that, who I would speak to if there were problems in the situations at university. Perhaps my mum, or my friend at home, might not quite understand. I have other people here who I feel close enough to that I can speak to, and say, "I don't understand this, I feel really behind," that kind of thing.'* (Ella, British)

Even though Bokhorst, Sumter, & Westenberg's (2010) study found that 16 – 18 years old adolescents perceived that they received peer support more than parent support (Bokhorst et al., 2010), the results in this study seemed to be consistent with the previous research which showed that friend support was as valuable as family support (Gonzalez & Padilla, 1997; Ross et al., 2005).

The study also explored whether Thai and British students talked to their teachers about their personal problems. The findings in this study indicated that over half of Thai participants just asked their teachers about their assignments or some contents that they did not understand but they rarely or never talked to their teachers about difficulties. Nonetheless, some participants asked the teacher when they had the problems and some participants had the previous bonds with their school teachers. To be specific, some participants revealed that they previously had a warm relationship with their school teachers and they received support and useful advice from their school teachers. When they moved to university, they were not able to create that kind of relationship with their current teachers and they missed that warm relationship.

In the UK, a number of participants perceived that their lecturers were not the people they would turn to when they had the personal problems while some participants who had never had any problems yet but they had planned to talk to the lecturers when the problems were arose, in particular, with their assignments.

Additionally, almost two-thirds of the participants reported that they received practical advice and support from their lecturers for academic purposes.

These findings in the current study were in agreement with Lee & Smith 's (1999) study which highlighted that the relationships between students and their teachers, friends, parents, and neighbours were very crucial when they were in line with schools' purpose to enhance students' learning ability. They were also in line with Suldo et al.'s (2009) study which revealed that teacher support was relevant to the subjective wellbeing of their students. Finally, they seem to be consistent with Wilcox et al.'s (2005) research which reported that university students tended to receive instrumental and appraisal support from their friends in classrooms and lecturers.

#### **10.3.4 The use of social media to deal with the problems**

All participants were asked whether they agreed that social media could help them to deal with difficulties in life. Interestingly, a majority of Thai participants agreed that social media use could help them to deal with difficulties because they received the support and some useful advice from their audiences. Some Thai participants also tended to post something when they felt bad. In addition, some Thai participants realised that social media had disadvantages (lack of physical comfort or communications and regret after posting). These findings were different from the UK data. The findings showed that a number of British participants perceived that social media use could not help them to deal with difficulties in life because it was only used to help them to solve academic problems, communicate with friends and express feelings. However, it distracted them from dealing with their actual problems. Most participants also thought that social media had disadvantages, for example: cyber bullying, disengagement, obsessive mobile phone use and Internet addiction. Furthermore, only a small number of participants confessed that they felt regret after posting something on social media.

These results were in accord with previous research which reported that social media played an important role in people's lives and some studies that specified that it had both advantages and disadvantages for adolescents (Best et al., 2014; McGuire & Downling, 2013; Moreno & Kota, 2014; Valkenburg & Peter, 2009a).

### 10.3.5 Comparison between face-to-face communication and social media use

To understand Thai and British participants' experience of and attitudes towards social media use, all participants were requested to describe their preferences for face-to-face talk or social media use. The majority of Thai participants viewed that talking to other people face to face was better than social media use because social media lacked the physical elements of communication and other people's true emotions were harder to discern, while a small number of participants preferred to use social media rather than face-to-face talk because they had more courage to vent their feelings. For example, Thaween preferred to talk to other people face-to-face because he could not perceive other people's emotions from social media use. He indicated that:

*'I think that typing can lead to an ineffective communication. Sometime it cannot tell me about the feelings. When we type something, someone might think that we are aggressive or something like that. There is a lack of emotions. It is meaningful but it lacks emotions.'* (Thaween, Thai)

Accordingly, most British participants preferred to talk to other people face-to-face because they could perceive other people's true feelings, emotions, facial expressions and non-verbal communication. Oliver preferred to the face-to-face talk rather than social media. He said that:

*'Ideally talk face-to-face because that's normally how you resolve the problem, but if you do it over social media then I feel like, especially if you're talking to the person you might have a problem with, then it can. When you're talking to people face-to-face you get the actual emotion of the person when you're talking, but if you talk on social media, the meaning of the message might be taken in the wrong way, things like that. It could even cause a greater issue, so it can be quite bad sometimes.'* (Oliver, British)

In addition, some British participants were likely to use social media when it was not possible to talk face-to-face, as social media use provided them a quick and easy way to communicate with other people, including distant friends and family. However, there were a small number of British participants who liked to use social

media and face-to-face communication equally, and one participant preferred to use social media rather than face to face talk for the reason that she could express her feeling easily when she used Facebook messaging.

These findings seem to be consistent with another research which indicated the computer-mediated conversation reduced the disadvantages of face-to-face communication, for example, providing the invisibility and decreasing the users' identity (Ho & McLeod, 2008).

### 10.3.6 Codes/Motto

Interestingly, most Thai participants revealed that their codes or motto were doing the best while some participants agreed that their codes or mottos were relevant to studying hard to make their families feel happy or proud about themselves. Prempreecha noted during the interview that:

*'Ah...I do not know what my moral is but I do my best every day. Well, I do not want to hold it. No. No. Like something, I love, if they let me do it. If they give me 100 Baht, I will do it for 150 or 200 Baht. I do it with my heart. I am a person who devotes myself to the thing I love the most.'* (Prempreecha, Thai)

For the UK participants, over half of them reported that their codes or mottos were associated with being happy, being optimistic, letting it be and beliefs that everything happened for a reason. Daisy viewed that:

*'Yes, yes. Like I've always thought that everything happens for a reason. So even like really bad things, like even if you don't realise at the time like you learn from everything. So that's what I try and tell myself. Like when the bad things happen I always think, "Oh, well, in a couple of years I'll have learned from it," or whatever.'* (Daisy, British)

Furthermore, a minority of British participants focused on being kind to other people and working hard to achieve their goals.

This was probably relevant to mindfulness, which was one of the Buddha's teachings. Mindfulness in Buddhism is different from Western mindfulness (Christopher et al., 2009) because it focuses on individuals' thoughts and perception

at the present moment rather than the past or the future. These findings were in agreement with those obtained by Shek (2004) who revealed that Hong Kong adolescents who had positive cultural beliefs tended to have greater psychological wellbeing and adjustment at school and less behavioural problems.

#### **10.4 Summary**

In conclusion, this chapter has provided the overview of the data collection in Thailand and the UK. Interestingly, there were a greater set of predictors of self-compassion and psychological resilience for Thai students compared to British students. The first thing to note is that personal factors and social media factors were predictors of self-compassion in both Thai and British students. Interestingly, the big differences were that neither perceived success nor social support contributed to self-compassion for the British students. Another thing to note is that perceived success and social support affected psychological resilience in both groups, even though Thai students were more likely to get the social support from their families as well as teachers. Additionally, only Thai students' psychological resilience was influenced by a range of personal characteristics and social media use.

The findings in this thesis showed that Thai and British students have similar kinds of problems, for example: academic problems and relationship problems. In addition, family and friends were crucial for enhancing Thai and British students to deal with difficulties in life, while teachers and social media had partial effects on that process. Specifically, a majority Thai of participants agreed that social media use could help them to deal with difficulties because they received support and some useful advice from their audience. In contrast, a number of British participants perceived that social media use could not help them to deal with difficulties in life because it was only helped them to solve academic problems, communicate with friends and express their feelings. However, it distracted them from dealing with the actual problems at hand. Furthermore, some Thai and UK participants perceived that social media use has disadvantages, for instance: lack of physical comfort or communications and regret after posting. Finally, the findings in this study highlighted that different cultural dimensions have a vital effect on understanding self-compassion, psychological resilience and social media use in Thai and British students.



The next chapter will summarise all the findings in this thesis. The limitations of this work and the recommendations for the future research will also described.

# CHAPTER 11: CONCLUSION AND RECOMMENDATIONS

## 11.1 Introduction

This chapter comprises of two main sections. The first section will present the overall key points of the thesis and the contribution to knowledge and practice of the thesis. The second section will illustrate the limitations and the recommendations of the thesis, which are derived from both the quantitative and qualitative research findings. The recommendation for future research will also be discussed.

## 11.2 Overall key points

There were the key points that were emerged from the findings in this thesis. They included;

1. There were 7 factors affecting self-compassion in Thai students (gender, degree, performance in comparison with friends, family, other friends outside classrooms, effects of social media use on friends and family and teacher support). In contrast, there were 3 factors affecting self-compassion in British students (year of study, a number of brothers and sisters and attitudes towards social media use).

2. There were 8 factors had effects on the psychological resilience of Thai students (religion, year of study, degree, current average mark, performance in comparison with friends, family, effects of social media use on friends and family and teacher support) while 2 factors predicted psychological resilience in British students (performance in comparison with friends and teacher support).

Specifically, the findings in this thesis indicated that there were varied factors affecting self-compassion in Thai and British students. The first thing to note is that social support was a predictor of self-compassion in Thai and British students. In particular, the support from families, friends outside the classroom and teachers influenced the levels of self-compassion in Thai students while only the support from the brothers or sisters could improve British students' self-compassion.

These results may be due to the cultural differences between Thai and British students. Firstly, Thai students reside in a collectivist country while British students

reside in an individualist country. In the past, Thais lived in their extended families, consisting of the people from multiple generations. Even though some Thais tended to leave their original families to start the new nuclear families, they were assumed to maintain relationships and take care of the older and younger family members. As such, Thai students received lifelong support, protection, socialization from their parents and other people in the inner groups. Even though some students moved to live in the new accommodation near their university, they still maintained the relationship with their families and the old friends and received the support from them when they felt bad. During this time, they developed a new relationship with their friends in classrooms and the lecturers. Additionally, compassion is a part of Thai culture which was relevant to Thai lifestyle, influenced by religion, in particular, Buddhism (Phinitchan, 1992). This enhanced the levels of self-compassion in Thai students along with social support.

In contrast, British students live in an individualistic country which tends to focus on individual, rather than social goals. As a result of this, they were assumed to be able to take care of themselves since they were young. The results showed that when they had to deal with difficulties, British students tended to consult other family members along with their parents, in particular their brothers or sisters. These findings were in line with the results from the qualitative data collection in the UK which indicated that over half of participants were likely to talk to their mothers or sisters when they had some problems, followed by talking to their parents (both fathers and mothers) and their fathers. (Please see Chapter 9 Section 9.7.)

These findings were in accord with recent studies indicating that social support influences self-compassion positively because social support from significant others could lead to improved self-compassion (Jeon et al., 2016). They partially supported Kelly & Dupasquier's (2016) study which found that perceived affection from parents was associated with a greater ability to be self-compassionate and gain self-compassion from others via social safeness. They were also in agreement with Pepping, Davis, O'Donovan, & Pal's (2015) study which revealed that high levels of denial and overprotection from parents and low levels of affection from parents were relevant to low levels of self-compassion.

Therefore, the results in this thesis highlighted that social support played a vital role to enhance the levels of self-compassion in both Thai and British students. Even though the sources of social support among Thai (family, friends outside the

classrooms and teacher) and British students (brothers or sisters) were different, they could still help the students to perceive themselves positively, receive that other people encountered the similar problems and balance the positive and negative feelings effectively.

Social media was found to be a predictor of self-compassion in both Thai and British students. Interestingly, Thai students who sacrificed friend and family time to spend more time on social media use were less self-compassionate. These results may be explained by the fact that when Thai students used social media, they were likely to have less time to spend with their friends and family. This could make them feel bad or guilty about themselves because they were falling short of the expectations of a family member in a collectivist country, i.e. spending time with and taking care of family members. They would also have less time to spend with their friends which may lead to peer conflict. Additionally, if they spent longer time on social media at times when they had to deal with difficulties, they would also have less time to be kind and understand themselves, perceive that their bad experiences were shared by other people and deal with their negative emotion effectively.

Furthermore, the results in this thesis showed that the more British students perceived that social media use was beneficial for them, the more they would obtain self-compassion. It seemed possible that when British students perceived that social media use was useful, they tended to use social media very often to communicate and receive some support, some advice and some help from other people. This probably enhanced their abilities to treat themselves positively, realise that their problems were experienced by other people and balance their positive and negative feelings by themselves. These findings corroborated the ideas of Ophir (2017) who found that some participants shared their negative feelings and tried to find some help on Social Network Sites (SNS). They also seemed to be consistent with the study of Donovan et al. (2016) which developed the BodiMojo mobile application by using the concept of self-compassion and found that this application was beneficial for participants to cope with the stress.

There were some interesting findings about in this study should also be noted. Firstly, one of the key findings from this thesis work is the role of social support in enhancing psychological resilience among Thai and British students. Specifically, family support and teacher support influenced Thai students' psychological resilience whereas only teacher support affected British students' psychological resilience.

Similar to the predictors of self-compassion, these results were likely to be related to the cultural difference. Thai students live in a collectivist culture and they have received lifelong support and protection from their families. This could enhance their abilities to deal with difficulties in their lives. In contrast, British students live in an individualistic country and are thus expected to do something and deal with the problems by themselves. Furthermore, most Thai and British participants were first and the second year students. Some of them had to move to live in the new accommodation, which were far away from their homes. These findings further supported the idea of Peng et al. (2012) who mentioned that mental health problems was negatively related to social support, extraversion and resilience in Chinese medical students. They seemed to be consistent with Wu, Tsang, & Ming's (2014) study which indicated that family support had an effect on children's effort on their study and plan to drop out from their schools and Hebbani & Srinivasan's (2016) study which stressed the importance of family, relatives, community and religious practices that had on the levels of resilience in susceptible adolescents in India. They were also in line with the recent study which found that family support was associated with the psychological wellbeing of participants, in particular their mothers (Mason, 2016) and low social support from family were related to depressive symptoms in adolescents who lived in East London (Khatib et al., 2013). In addition, they seemed to be consistent with the recent study which reported the role that teacher support had on high school students who had to deal with negative situations (Possel et al., 2013). Finally, they were in line with another study which found that the dimension of Emotional Intelligence (EI) and teacher support was related to Italian adolescents' resilience and their perception about the future employment (Fabio & Kenny, 2015).

Therefore, the results in the thesis confirmed the role of teacher support in enhancing the student's psychological resilience because they helped the students to deal with the problems in the transitional stage from studying at school to studying at university. These students had to adjust themselves to the new environment, people and educational system at university, in particular, during their first and second year. Some of them also lived far away from home and received less support and advice from their families, old friends and other important people. Moreover, they have only recently developed new relationships with friends in classrooms and they did not feel close enough to tell their friends about their problems. The teacher would become an

important source of help during this adjustment if they could make their students feel close and trust enough to talk to them (i.e. building a rapport).

From the in-depth semi-structured interview, it was also shown that friends played a vital role in helping both Thai and British students to deal with difficulties. Specifically, most Thai participants preferred to talk to their friends outside the classroom as well as friends in class because they had developed good relationships and trusted these friends. Contrarily, most British students liked to talk to their friends outside classrooms rather than friends inside classrooms because they were freshmen and they were getting to know or making new close friends when they studied at university.

Perceived success (performance in comparison with friends) also had an effect on the levels of psychological resilience among Thai and British students. Specifically, when these students did not know their actual marks and estimated that their academic performance might be better than other friends, they were likely to have higher levels of psychological resilience. These results could be attributed to their academic self-perception and self-efficacy because when they believed in their own academic performance, they tended to make adjustments to achieve their academic goals and maintained their psychological health during the stress and difficulties.

These results corroborated the ideas of Wu et al. (2014) who found the relationship between resilience and study effort, study motivation and drop out plan and Peng et al. (2012) who suggested that resilience enhancement was probably beneficial for college students' adaptation. They were also in agreement with previous study indicating that academic self-efficacy and a feeling of school belonging were positively associated with the final-semester marks and students who realised the importance of competition and school performance, tended to have conscious about themselves at schools (Roeser et al., 1996). Furthermore, they were also congruent with those of previous studies which proposed that a positive self-concept was a factor that, among other factors, was relevant to adolescents' resilience (NCH-The Bridge Child Care Development Service, 2007). Finally, they seemed to be consistent with another study which suggested that students who thought or were taught that their abilities could be improved, were likely to exhibit the higher levels of achievement and higher levels of course completion despite their negative circumstances (Yeager & Dweck, 2012). Therefore, the findings in this thesis represent preliminary research

highlighting that the perception of academic success can enhance Thai and British students' abilities to deal with difficulties in their lives.

Another interesting finding was that the effect of social media use on time spent with friends and family could predict the levels of psychological resilience in Thai students. Overall, Thai students who sacrificed the friends and family time using social media were less resilient. This may be because when these students spent more time using social media, they would likely to have less to spend with their friends and family. This probably made them feel bad or guilty that they did not have enough time to spend with their families and friends, a problem exacerbated through the context of the collectivist country they live in. In addition, because of the time these students spend on social media, they tended to have less time to receive beneficial support, advice and help from their families and friends when they felt down and need someone to talk to.

The findings from the in-depth interviews further supported the findings from the quantitative approach. Even though most Thai participants used social media to receive the social support from their existing friends, some Thai students used unproductive strategies to deal with their problems (venting their emotions on social media or using social media to distract themselves from the problems). This could affect their abilities to maintain their mental health despite difficulties in their lives (psychological resilience).

These results partially supported the previous research which found that digital learning influenced the coping strategies that were applied to deal with the online risks by children (Vandoninck et al., 2013). As such, these represent new findings: confirming the effects of social media use on friends and family influenced Thai students' psychological resilience.

### **11.3 Limitation of this thesis**

Although this thesis made a meaningful comparison between self-compassion, psychological resilience and social media use between Thai and British students, there were some limitations which should be noted. Firstly, even though the researcher motivated Thai students to do online questionnaires, they were not successfully used to collect data from Thai students when compared to British students. It may be due to the limit accessibility of internet and the unfamiliarity with online questionnaires in

these Thai students. However, previous studies found that they are not many differences in results. For example, Joubert & Kriek (2009) reported that the results of applying the paper-and-pencil and online questionnaires to investigate the occupational personality, were comparable. Secondly, a study policy and the study programs for the first year students who studied at Rajamangala University of Technology Lanna (RMUTL) were changed. According to the Council of University Presidents of Thailand's agreement, they approved that Thai universities should be opened and closed as same as the universities in other countries in South East Asia and other regions. When the researcher collected data from Thai students, most students (the second, the third or the final year students) had already finished their classes while the first year students had just studied in the first semester and were eligible to take part in this study. In addition, the participants in this thesis were not recruited by using the random sampling method but their participations in the quantitative study were voluntary. Thirdly, the researcher collected data from Thai students who studied at Rajamangala University of Technology Lanna (Chiang Mai and Lampang Campus) and British students who studied at Northumbria University. This could not generalise to Thai or British students who studied in other cities or regions of Thailand and the United Kingdom. Additionally, the in-depth interviews in Thailand were taken place after the students had known their mid-term examination results and most of them had concerns about their marks. This was probably affect their feelings and emotions, in particular difficulties that they had to deal with recently. Fourthly, Thai participants' degree courses were different from the British participants' degree and it should be compared in the future research with the caution. Furthermore, there was a higher number of Thai males (12 participants) who participated in the in-depth interviews compared to British male participants (4 participants) Thus, gender differences probably influenced the strategies of dealing with difficulties in Thai and British participants. Finally, a Structural Equation Modelling (SEM) was not applied in this study for the reason that some independent variables were categorical variables. Therefore, this thesis could was unable to present the relationship between each predictor and each independent variable's ability to predict levels of self-compassion and psychological resilience.



## 11.4 Contribution to knowledge and practice

Despite these limitations, there were some contribution to knowledge and practice. These have been summarised and listed below:

1. This thesis highlighted the roles of personal factors, social support and educational factors on self-compassion and psychological resilience in Thai and British students. Firstly, there were 7 factors affecting self-compassion in Thai students (gender, degree, performance in comparison with friends, family, other friends outside classrooms, effects of social media use on friends and family and teacher support); in comparison there were only 3 factors affecting self-compassion in British students (year of study, a number of brothers and sisters and attitudes towards social media use). Secondly, there were 8 factors that affected the psychological resilience of Thai students (religion, year of study, degree, current average mark, performance in comparison with friends, family, effects of social media use on friends and family and teacher support) while only 2 factors predicted psychological resilience in British students (performance in comparison with friends and teacher support). Even though there were differences between Thai and the UK quantitative data, the findings from the in-depth interview indicated that family and friends were crucial for enhancing Thai and British students' ability to deal with difficulties in life, while teachers and social media had lesser effects on that process.

2. The findings in this thesis represented preliminary data which were relevant to self-compassion, psychological resilience, and social media use among Thai and British students for future research.

3. The findings stressed the roles of social media in enhancing self-compassion and psychological resilience among Thai and British students. Specifically, they showed that the effects of social media use on friends and family was found to be a predictor of self-compassion and psychological resilience in Thai students whereas attitudes toward social media use influenced British students' self-compassion.

4. The findings provided useful information for Thai and British university lecturers, counsellors or psychologists to help vulnerable students to deal with difficulties in their lives appropriately. Firstly, they found that Thai and British students had the similar kinds of problems, for example, academic problems and the relationship problems. Secondly, the strategies that Thai and British students applied to deal with the difficulties were also similar. For example, some Thai and British

students talked to other people face-to-face about their problems or used social media to distract themselves from the actual problems. Finally, it was shown that family and friends were crucial to enhance Thai and British students' abilities to deal with difficulties in life while teachers and social media had partially roles on helping them during that time.

5. The findings provided beneficial information for Thai and British university lecturers and psychologists to develop programs to enhance Thai and British students' self-compassion, psychological resilience and effective social media use.

### **11.5 Recommendation for practice and policy**

The findings of this thesis have a number of practical implications. Firstly, it was found that social support was a predictor of self-compassion in Thai (family, friends outside the classrooms and teacher) and British (brothers or sisters) students. In addition, social support was crucial to enhancing Thai (family and teachers) and British (teacher) students' psychological resilience. There is, therefore, a definite need for Thai and British families and teachers to help the university students to maintain their mental health and deal with difficulties in their lives by giving them the support, advice and information they need. They should also teach these students about life and social skills, for example, problems solving skills, time management skills and making a good friend. Additionally, it would be worth developing the programs to enhance the students' self-compassion and psychological resilience, in particular, for the first and the second year students. For instance, they would probably develop a self-compassion program which consisted of varied activities to improve the students' skills to balance their negative thoughts about themselves and difficulties as well as the skills to enhance their mindfulness.

Secondly, social media was found to be a predictor of self-compassion in both Thai (effects of social media use on friends and family) and British (attitudes toward social media use) students. Additionally, the effects of social media use on friends and family could predict the levels of psychological resilience in Thai students. These findings can be used for the family members and teachers to examine and teach the students how to use social media use appropriately. These findings can also be used to develop the appropriate programs to enhance the students to use social media effectively and creatively.

Thirdly, Thai and UK academic institutions and policy makers should consider adding the concepts of self-compassion and psychological resilience in educational activities, course syllabuses, programs and interventions to enhance the students' positive self-perception. For example, mindfulness training and problem-solving skills could be incorporated into a curriculum. Finally, Thai and UK academic institutions and policy makers, should realise the effects of social media use on the students and highlight it as a part of the social skills that the students would have to learn during their study.

### **11.6 Recommendation for future research**

Even though the findings in this thesis extend the understanding of the phenomenon of self-compassion, psychological resilience and social media use among Thai and British students. More broadly, research is needed to examine other factors that might have the effects on self-compassion and psychological resilience in Thai and British students, for example: self-perception, communities and educational institutions. Future research should also investigate these constructs in Thai and British children and adolescents. It would be possible to develop the appropriate programs or interventions to improve self-compassion and psychological resilience in these populations as they would be valuable resources for the country's development in the future. Moreover, it would be worth developing a standardized social media use scale, to measure the prevalence of internet and social media addiction in Thailand and other countries. This would be beneficial for the government and the relevant governmental departments to develop the new policy, regulations and strategies to prevent their people from the excessive social media use. Finally, further work needs to be done to establish whether social media use has the effects on other constructs in Thailand and the UK, for example, self-efficacy, self-perception and social comparison.

### **11.7 Summary**

This research has illustrated the factors affecting self-compassion and psychological resilience among higher education students in Thailand and the UK, the relationship between self-compassion and psychological resilience and finally the effects of social media on self-compassion and psychological resilience. The semi-

structured interviews have demonstrated the strategies that Thai and British students apply to deal with difficulties in their lives and their perception whether social media could help them to deal with these negative situations.

Overall, the findings of this study have strengthened the knowledge regarding the phenomenon of self-compassion and psychological resilience in Thai and British students and the strategies they used to deal with difficulties in their lives. They have also illustrated implications, limitation and recommendations for future research.

# Appendices

## 12.1 A permission letter to use the Self-Compassion Scale (SCS)



Thanyalak Boonlue (PhD student)  
Room 153, PaCT Lab,  
Department of Psychology  
City Campus West,  
Newcastle upon Tyne, NE1 8ST  
Tel: #44 191 2273716

October 13, 2014

Kristin Neff, Ph. D.  
Associate Professor  
Educational Psychology Dept.  
University of Texas at Austin  
1 University Station, D5800  
Austin, TX 78712

Title: Request for using the Self-Compassion Scale (SCS) for research  
To: Dr. Kristin Neff

Attach Files : Details of conducting research

I am an instructor from the Social Sciences Division, Faculty of Business and Administration and Liberal Arts, Rajamangala University of Technology Lanna and I am attending PhD program (Psychology focusing on Social Psychology) at the University of Northumbria at Newcastle, Newcastle upon Tyne, United Kingdom. I am writing to request permission to use the Self-Compassion Scale (SCS) for my research.

The thesis title is "Self-Compassion, Psychological Resilience and Social Media Use in Thai and British Higher Education Students". My supervisors are Prof. Pam Briggs and Dr. Liz Sillence, Department of Psychology, Faculty of Health and Life Sciences, the University of Northumbria at Newcastle, Newcastle upon Tyne, United Kingdom.

In order to conduct this thesis, I need to collect data from Rajamangala University of Technology Lanna and Northumbria undergraduate students.

Thank you very much for your consideration of this request.

Your Faithfully,

A handwritten signature in black ink, appearing to read "T. Boonlue".

Miss Thanyalak Boonlue

PhD Student

## **Details of Data Collection**

### **Thesis Title**

Self-Compassion, Psychological Resilience and Social Media Use in Thai and British Higher Education Students

### **Thesis objectives**

The aims of this research are to study the factors that affect self-compassion and psychological resilience, to study the relationship between self-compassion and psychological resilience, and to compare self-compassion and psychological resilience among Thai and British students. In addition, explore the role that social media use has on these constructs.

### **Data collection is related to:**

The researcher will use the questionnaires that are related to self-compassion, psychological resilience, and social media use to collect data from approximately 210 undergraduate students of Rajamangala University of Technology Lanna, Chiang Mai Campus, Thailand and Northumbria University, Newcastle upon Tyne, United Kingdom. In accordance with her project, the researcher will use the Self-Compassion Scale (SCS) to collect data from the students in the United Kingdom. Then, the researcher will translate it to Thai for data collection in Thailand.

### **Period of data collection**

November 1, 2014 - April 30, 2015.

## 12.2 A request letter for a proof reading the questionnaire and in-depth interview questions



*Dr. Mark Moss*

*Head of the Department of Psychology*

**This matter is being dealt with by:**

***Prof. Pam Briggs (Principal Supervisor)***

Department of Psychology

Room 136

City Campus West,

Newcastle upon Tyne, NE1 8ST

Tel: #44 191 2273885

January 29, 2015

Title: Request for proofreading the questionnaire and in-depth interview questions

To: Miss Pritsana Kunnala

Ms. Thanyalak Boonlue (นางสาวธัญญลักษณ์ บุญลือ) is a PhD student in Department of Psychology, Faculty of Health and Life Sciences, the University of Northumbria at Newcastle. She studies about self-compassion, psychological resilience and social media use in Thai and British higher education students. (ความเมตตากรุณาต่อตนเอง ความเข้มแข็งสร้างสรรค์ และการใช้สื่อสังคมออนไลน์ ของนักศึกษาในประเทศไทย และสหราชอาณาจักร). Her supervisors are Prof. Pam Briggs and Dr. Liz Sillence.

In order to conduct this thesis effectively, a researcher (Ms. Thanyalak Boonlue) needs the experts to check the questionnaire and in-depth interview questions. In addition, you are knowledgeable and have experiences about doing academic research. The researcher (Miss Boonlue) hopes for your benevolence and thank you in advance for supporting this research.

Thank you very much for your consideration

A handwritten signature in black ink that reads "P. Briggs".

Prof. Pam Briggs

Principal supervisor



*Dr. Mark Moss*

*Head of the Department of Psychology*

**This matter is being dealt with by:**

***Prof. Pam Briggs (Principal Supervisor)***

Department of Psychology

Room 136

City Campus West,

Newcastle upon Tyne, NE1 8ST

Tel: #44 191 2273885

January 29, 2015

Title: Request for proofreading the questionnaire and in-depth interview questions

To: Dr. Ravee Phoewhawm

Ms. Thanyalak Boonlue (นางสาวธัญญลักษณ์ บุญลือ) is a PhD student in Department of Psychology, Faculty of Health and Life Sciences, the University of Northumbria at Newcastle. She studies about self-compassion, psychological resilience and social media use in Thai and British higher education students. (ความเมตตา กรุณาต่อตนเอง ความเข้มแข็งสร้างสรรค์ และ การใช้สื่อสังคมออนไลน์ ของนักศึกษาในประเทศไทย และสหราชอาณาจักร). Her supervisors are Prof. Pam Briggs and Dr. Liz Sillence.

In order to conduct this thesis effectively, a researcher (Ms. Thanyalak Boonlue) needs the experts to check the questionnaire and in-depth interview questions. In addition, you are knowledgeable and have experiences about doing academic research. The researcher (Miss Boonlue) hopes for your benevolence and thank you in advance for supporting this research.

Thank you very much for your consideration

A handwritten signature in black ink that reads "P. Briggs".

Prof. Pam Briggs

Principal supervisor

Northumbria University is the trading name of the University of Northumbria at Newcastle



12.3 A request letter for collecting data at Rajamangala University of Technology

Lanna (RMUTL)

มหาวิทยาลัยเทคโนโลยีราชมงคลธัญบุรี  
 ภาควิชาเทคโนโลยี  
 เลขที่รับ 2016  
 วันที่ 8 พ.ค. 2557  
 เวลา 15.16 น.

แผนกสถิติสังคมศาสตร์  
 เลขที่รับ 6/2557  
 วันที่รับ 21.4/2557  
 เวลา 9.00 น.

สาขาศิลปศาสตร์  
 หนังสือเข้า 697 / 2557  
 วันที่ 30 / 4 / 2557  
 วันที่ 16/19



Dr. Mark Moss  
 หัวหน้าภาควิชาจิตวิทยา

ไม่มีเรื่องให้ปัญหา: matters being dealt with by: ดร. มาร์ก มอสส์

- Prof. Pam Briggs (ผู้อำนวยการ)
- Department of Psychology
- Room 136
- City Campus West
- University of Northumbria at Newcastle

Tel: #44 191 2273885

15 พฤษภาคม 2557

เรื่อง ขออนุญาตเก็บข้อมูลเพื่อการวิจัยระดับปริญญาเอก  
 เรียน รองอธิการบดี มหาวิทยาลัยเทคโนโลยีราชมงคลธัญบุรี เขตพื้นที่ภาคพายัพเชียงใหม่  
 สิ่งที่ส่งมาด้วย 1. รายละเอียดการทำวิจัย  
 2. University Ethics Approval

คณะบริหารธุรกิจและศิลปศาสตร์  
 ภาควิชา พหุวิทยา เชียงใหม่  
 รับที่ 1386157 ออกที่ 1386157  
 วันที่ พ.ค. 2557 วันที่ พ.ค. 2557  
 เวลา 15:10 เวลา 15:30

ด้วยนางสาวธัญญลักษณ์ บุญลือ อาจารย์แผนกสังคมศาสตร์ สาขาศิลปศาสตร์ คณะบริหารธุรกิจและศิลปศาสตร์ ได้เข้าศึกษาต่อในระดับปริญญาเอก ณ University of Northumbria at Newcastle ประเทศสหราชอาณาจักร และอยู่ระหว่างการทำวิจัยในหัวข้อเรื่อง "ความเมตตาทางจิตต่อตนเอง ความเข้มแข็งสร้างสรรค์ และการใช้สื่อสังคมออนไลน์ ของนักศึกษาในประเทศไทยและสหราชอาณาจักร" โดยมีอาจารย์ที่ปรึกษา คือ Prof. Pam Briggs and Dr. Liz Sillence อาจารย์ประจำภาควิชาจิตวิทยา คณะวิทยาศาสตร์สุขภาพและชีวิต University of Northumbria at Newcastle ประเทศสหราชอาณาจักร

เพื่อให้การวิจัย ซึ่งเป็นส่วนหนึ่งของการศึกษาต่อระดับปริญญาเอกเป็นไปด้วยความเรียบร้อย ภาควิชาจิตวิทยาจึงใคร่ขอความอนุเคราะห์ให้ผู้วิจัย (นางสาวธัญญลักษณ์ บุญลือ) เก็บข้อมูลจากนักศึกษาระดับปริญญาตรีของมหาวิทยาลัยเทคโนโลยีราชมงคลธัญบุรี เขตพื้นที่ภาคพายัพเชียงใหม่ ที่ลงทะเบียนเรียนในหมวดวิชาสังคมศาสตร์และมนุษยศาสตร์ ของแผนกสังคมศาสตร์ โดยมีนางสาวพินนภา หมวกยอด อาจารย์แผนกสังคมศาสตร์ เป็นผู้ประสานงานสำหรับการคัดเลือกกลุ่มตัวอย่าง และการเก็บข้อมูลทั้งหมด จำนวน 2 ครั้ง คือ

ครั้งที่ 1 ใช้เวลาประมาณ 2 เดือน ตั้งแต่วันที่ 26 พฤษภาคม 2557 ถึง 30 มิถุนายน 2557 (Survey study) โดยเก็บข้อมูลจากนักศึกษา 7 คน

ครั้งที่ 2 ใช้เวลาประมาณ 6 เดือน ตั้งแต่วันที่ 1 พฤศจิกายน 2557 ถึง 30 เมษายน 2558 (Questionnaires and In-depth interview) โดยเก็บข้อมูลจากนักศึกษาประมาณ 200 คน และ 10 คนตามลำดับ

ทั้งนี้ ทางภาควิชาหวังเป็นอย่างยิ่งว่า จะได้รับความร่วมมือจากท่านเป็นอย่างดี และขอขอบคุณมา ณ โอกาสนี้

จึงเรียนมาเพื่อโปรดพิจารณา

x P.B.

Prof. Pam Briggs  
 อาจารย์ที่ปรึกษา

x ESillence

Dr. Liz Sillence  
 อาจารย์ที่ปรึกษาร่วม

T. Boonhee

นางสาวธัญญลักษณ์ บุญลือ  
 ผู้วิจัย



**Dr. Mark Moss**

*Head of the Department of Psychology*

**This matter is being dealt with by:**

**Prof. Pam Briggs (Principal Supervisor)**

Department of Psychology

Room 136

City Campus West,

Newcastle upon Tyne, NE1 8ST

Tel: #44 191 2273885

May 15, 2014

Title: Request for Conducting Research

To: Vice Chancellor of Rajamangala University of Technology Lanna (Chaing Mai Campus)

Attach Files : Details of conducting research and University Ethics Approval

Ms. Thanyalak Boonlue (นางสาวธัญญลักษณ์ บุญลือ), an instructor from the Social Sciences Division, Faculty of Business and Administration and Liberal Arts, Rajamangala University of Technology Lanna, is attending PhD program (Psychology focusing on Social Psychology) at the University of Northumbria at Newcastle, Newcastle upon Tyne, United Kingdom. She is seeking permission to conduct her research at Social Sciences Division by sending a letter of asking for permission.

The thesis title is "Self-Compassion, Psychological Resilience and Social Media Use in Thai and British Higher Education students" (ความเมตตาตนเอง ความเข้มแข็งสร้างสรรค์ และการใช้สื่อสังคมออนไลน์ ของนักศึกษาในประเทศไทย และสหราชอาณาจักร). Her supervisors are Prof. Pam Briggs and Dr. Liz Sillence, Department of Psychology, Faculty of Health and Life Sciences, the University of Northumbria at Newcastle, Newcastle upon Tyne, United Kingdom.

In order to conduct this thesis, a researcher (Ms. Thanyalak Boonlue) needs to collect data from Rajamangala University of Technology Lanna students in several stages. In addition, she needs the aid of an instructor (Ms. Pinnapa Muakyod) from the Social Sciences Division to assist her in the recruitment of Thai students and in the collection of data.

The researcher (Miss Boonlue) hopes for your benevolence and thank you in advance for supporting this research. The research will be conducted in two periods. The first period (a survey study) is from May 26, 2014 to June 30, 2014. This stage, the researcher will recruit for 7 participants. The second period is from November 1, 2014 to April 30, 2015. The researcher will recruit for approximately 200 participants for doing questionnaires and 10 participants for participation in the in-depth interviews.

Thank you very much for your consideration

x 

Prof. Pam Briggs

Principal supervisor

x 

Dr. Liz Sillence

Co-supervisor



Ms. Thanyalak Boonlue

Researcher

Northumbria University is the trading name of the University of Northumbria at Newcastle

**12.4 A request letter for collecting data at Rajamangala University of Technology  
Lanna (Lampang Campus)**



*Dr. Mark Moss*

*Head of the Department of Psychology*

**This matter is being dealt with by:**

***Prof. Pam Briggs (Principal Supervisor)***

Department of Psychology

Room 136

City Campus West,

Newcastle upon Tyne, NE1 8ST

Tel: #44 191 2273885

February 06, 2014

Title: Request for Conducting Research

To: Dean of Faculty of Sciences and Agriculture Technology, Rajamangala University of  
Technology Lanna

Ms. Thanyalak Boonlue (นางสาวธัญญลักษณ์ บุญลือ), an instructor from the Social Sciences Division, Faculty of Business and Administration and Liberal Arts, Rajamangala University of Technology Lanna (Chiang Mai Campus), is attending PhD program (Psychology focusing on Social Psychology) at the University of Northumbria at Newcastle, Newcastle upon Tyne, United Kingdom. Her thesis title is "Self-Compassion, Psychological Resilience and Social Media Use in Thai and British Higher Education Students" (ความเมตตากรุณาต่อตนเอง ความเข้มแข็งสร้างสรรค์ และการใช้สื่อสังคมออนไลน์ ของนักศึกษาในประเทศไทย และสหราชอาณาจักร). Her supervisors are Prof. Pam Briggs and Dr. Liz Sillence.

In order to conduct this study, the researcher (Ms. Thanyalak Boonlue) needs to collect data from 50 undergraduate students who studies in Faculty of Sciences and Agriculture Technology, Rajamangala University of Technology Lanna (Lampang Campus). It will be held on the 13<sup>th</sup> of February, 2015.

The researcher (Miss Boonlue) hopes for your benevolence and thank you in advance for supporting this research.

Thank you very much for your consideration

A handwritten signature in black ink that reads "P. Briggs".

Prof. Pam Briggs

Principal supervisor

Northumbria University is the trading name of the University of Northumbria at Newcastle

## 12.5 Pilot questionnaire (English version)

### Title Self-Compassion, Psychological Resilience and Social Media Use in Thai and British Higher Education Students

#### **Part 1** General information

**Instruction** Please read each question carefully and check only once in each question.

1. Are you  
 Male  Female
  
2. What is your age?  
..... years old
  
3. What is your nationality?  
 British  American  
 Thai  Chinese  
 other (please specify).....
  
4. What is your religion?  
 Buddhist  Christian  
 Islamic  Hindu  
 No religion  other (please specify).....
  
5. What is your year of study?  
 the 1<sup>st</sup> year  the 2<sup>nd</sup> year  
 the 3<sup>rd</sup> year  the final year  
 other (please specify).....
  
6. What degree are you studying (i.e. major)?  
.....
  
7. What is your current average mark?  
.....
  
8. If known, what is/was your father's profession?  
.....  N/A
  
9. If known, what is/was your mother's profession?  
.....  N/A



5. Your parents are proud of you when you do something great.

N/A

●-----●-----●-----●-----●-----●-----●

entirely   mostly   somewhat   neither   somewhat   mostly   entirely  
disagree   disagree   disagree   agree   agree   agree   agree  
nor  
disagree

6. Your parents give you some advice or support when you feel down.

N/A

●-----●-----●-----●-----●-----●-----●

entirely   mostly   somewhat   neither   somewhat   mostly   entirely  
disagree   disagree   disagree   agree   agree   agree   agree  
nor  
disagree

7. Your parents allow you to do what you want.

N/A

●-----●-----●-----●-----●-----●-----●

entirely   mostly   somewhat   neither   somewhat   mostly   entirely  
disagree   disagree   disagree   agree   agree   agree   agree  
nor  
disagree

8. Your parents trust you to act responsibly.

N/A

●-----●-----●-----●-----●-----●-----●

entirely   mostly   somewhat   neither   somewhat   mostly   entirely  
disagree   disagree   disagree   agree   agree   agree   agree  
nor  
disagree

9. Your parents monitor your use of the internet or social media.

N/A

●-----●-----●-----●-----●-----●-----●

entirely   mostly   somewhat   neither   somewhat   mostly   entirely  
disagree   disagree   disagree   agree   agree   agree   agree  
nor  
disagree

10. You never argue with your parents about internet or social media.

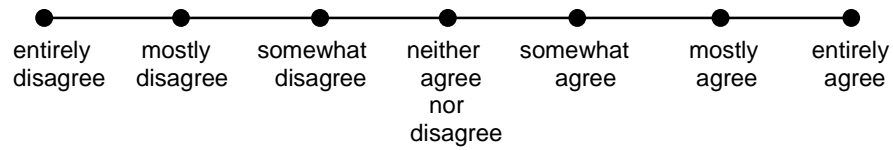
N/A

●-----●-----●-----●-----●-----●-----●

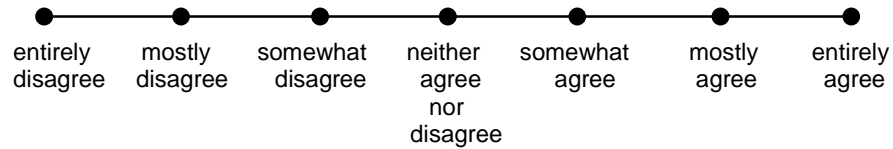
entirely   mostly   somewhat   neither   somewhat   mostly   entirely  
disagree   disagree   disagree   agree   agree   agree   agree  
nor  
disagree

## 2.2 Friends in classrooms

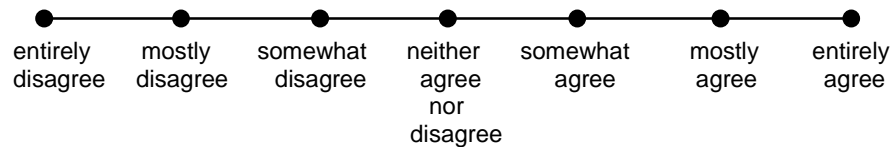
1. You have many friends in your classes.



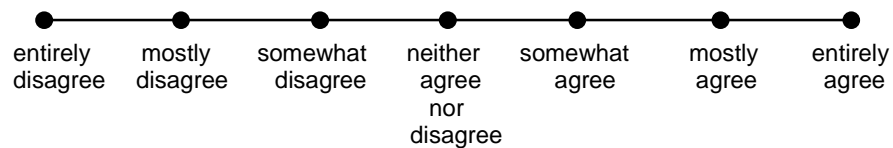
2. You have close friends to talk to when you feel down.



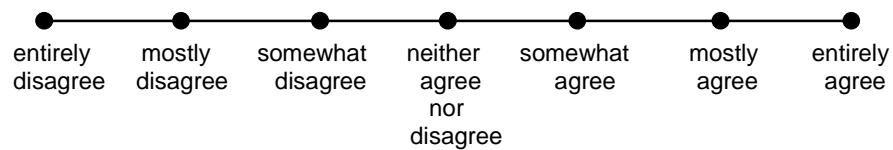
3. You usually talk to your friends about difficult situations.



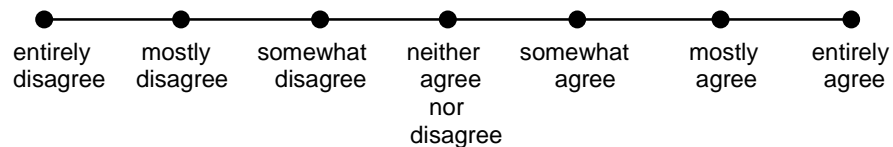
4. Your friends usually help you when you have to deal with difficult situations.



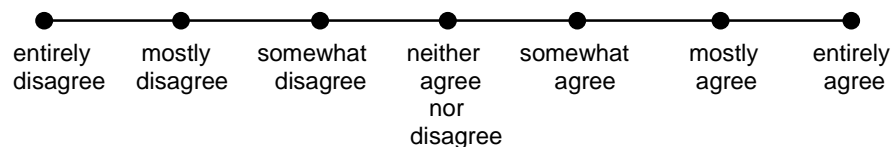
5. Your friends make you feel better when you feel bad.



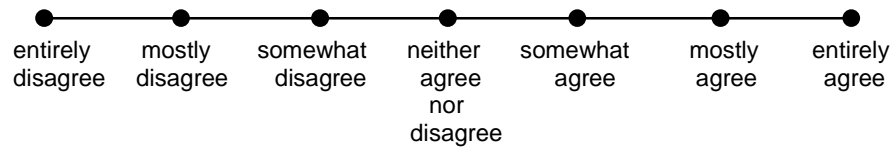
6. You are always willing to help your friends to do their work.



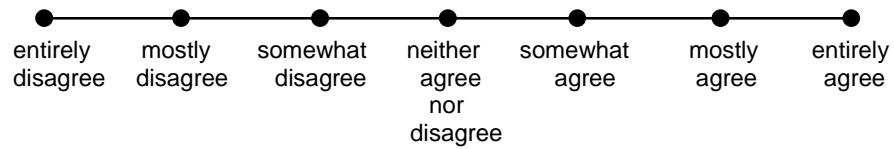
7. You prefer to spend your time working with friends.



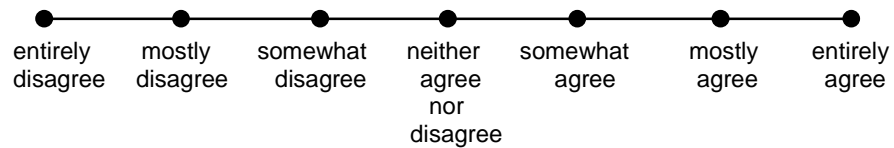
8. You spend your free time with your friends.



9. You usually share your opinions or thoughts with your friends.

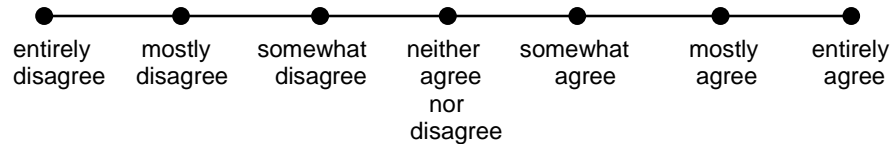


10. Your friends make you aware of your feelings or thoughts.

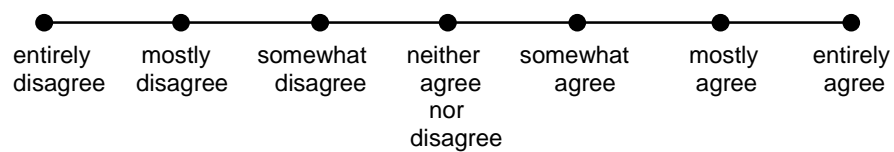


### 2.3 Other friends outside classrooms

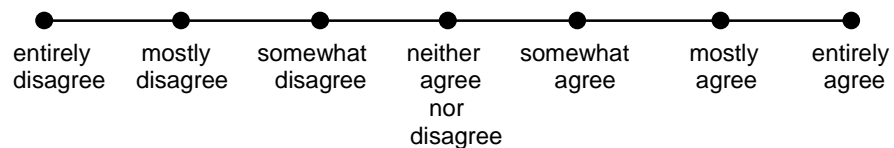
1. You have many friends.



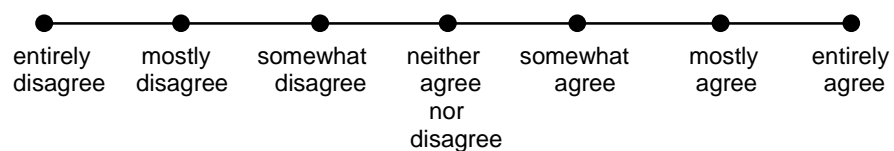
2. You have close friends to talk to when you feel down.



3. You usually talk to your friends about difficult situations.

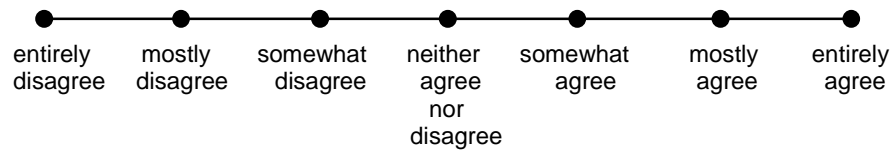


4. Your friends usually help you when you have to deal with difficult situations.

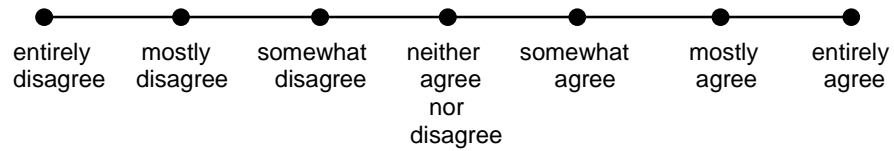




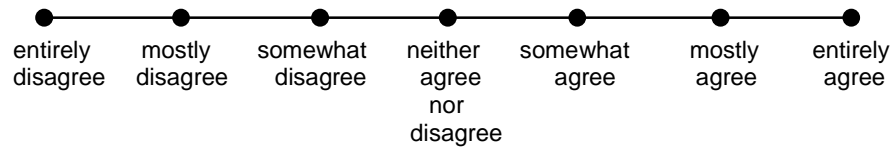
5. Your friends make you feel better when you feel bad.



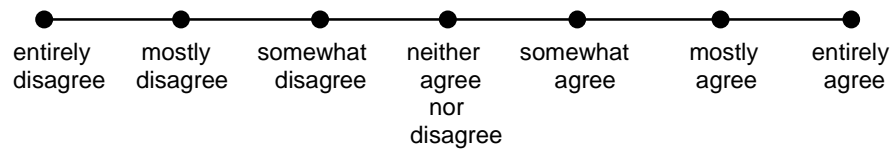
6. You are always willing to help your friends to do their work.



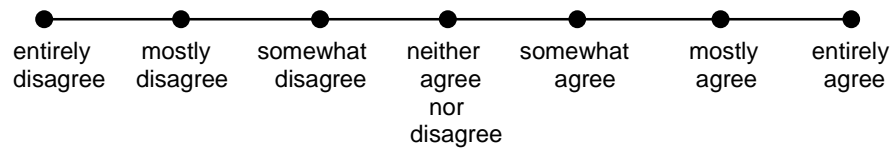
7. You prefer to spend your time working with friends.



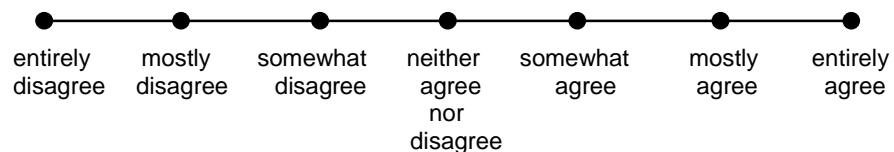
8. You spend your free time with your friends.



9. You usually share your opinions or thoughts with your friends.

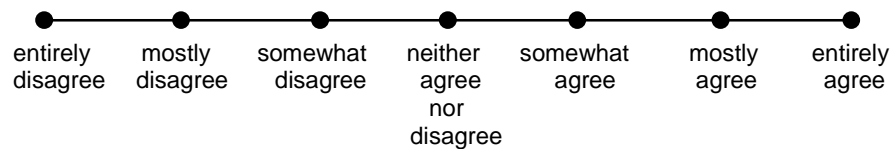


10. Your friends make you aware of your feelings or thoughts.

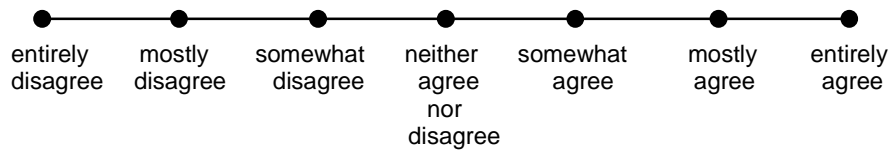


## 2.4 Social media use

1. You spend time online everyday.



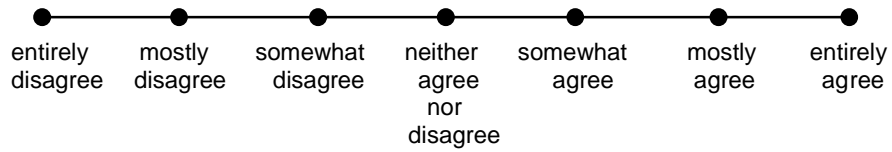
2. You spend time on social media everyday (e.g. Facebook).



3. How many hours do you spend on social media per day?

.....

4. You are a member of social media websites.



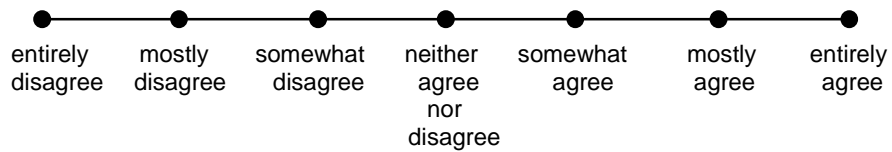
5. How many social media websites do you belong to?

.....

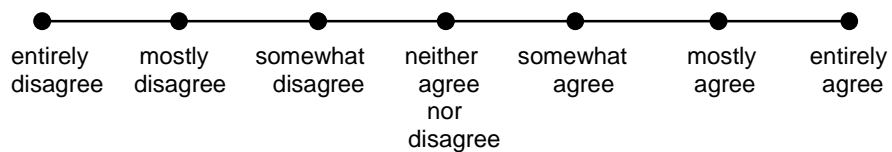
6. Please list the name of all social media websites that you belong to here.

.....

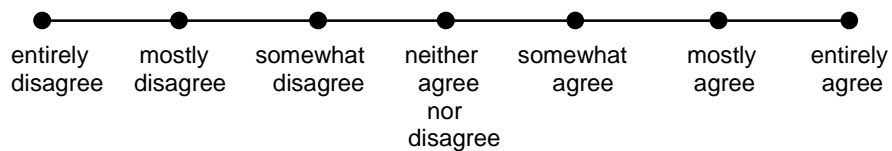
7. Social media helps you to keep in touch with your friends and family.



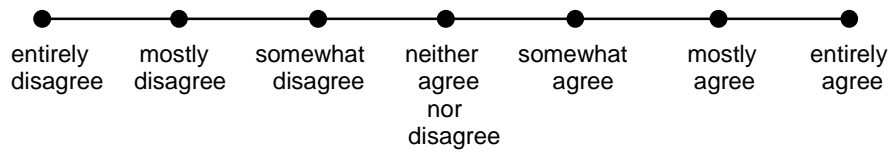
8. You spend more time communicating with family than using social media.



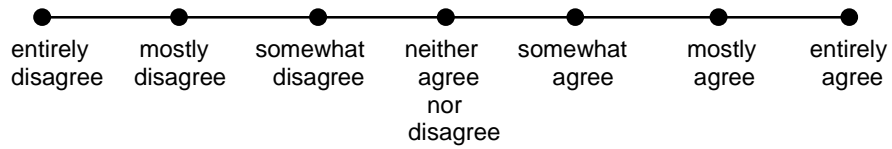
9. You spend more time communicating with friends than using social media.



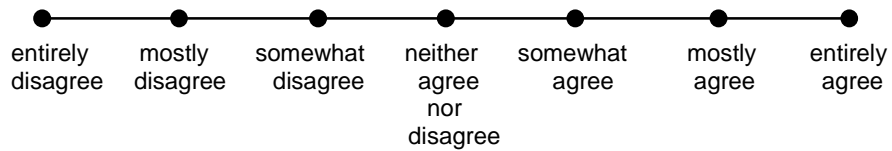
10. Social media helps you to make new friends.



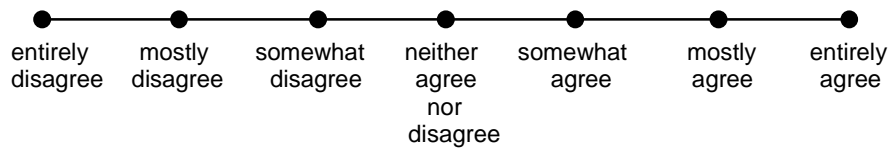
11. You use social media for academic purposes.



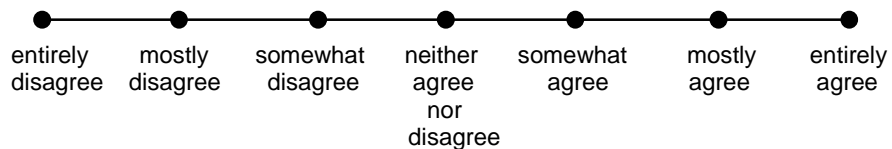
12. Social media helps you to release the stress.



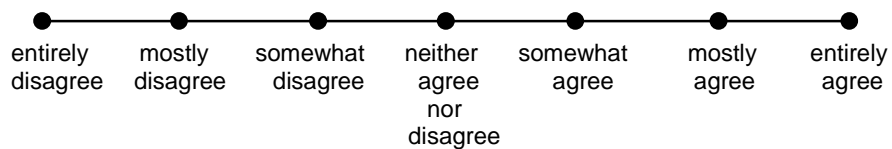
13. Social media makes you feel better when you feel bad.



14. You use social media for sharing your feelings and thoughts.



15. Social media can help you to deal with difficult situations.



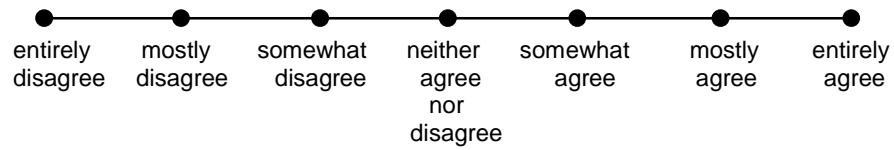
16. Please describe how social media helps you to deal with difficult situations.

.....

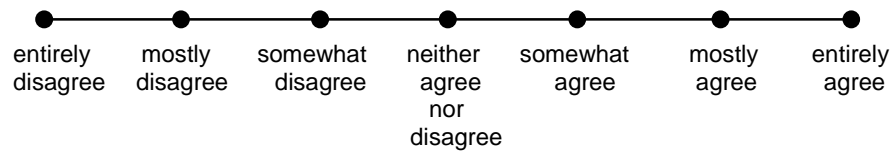
17. In your opinion, what are the negative issues around social media use?

.....

18. You spend less time with family than you use to.



19. You spend less time with friends than you use to.



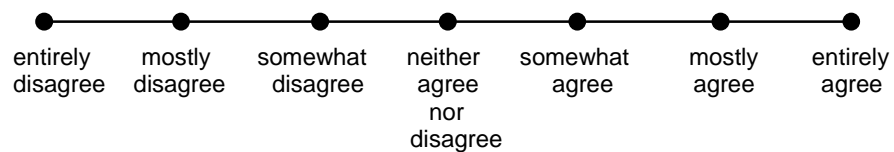
**Part 3** Educational attainment

**Instruction** Please indicate below the extent to which you agree with the following statements.

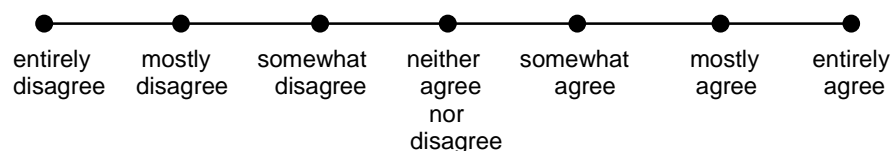
1. Over the last semester approximately how many times were you absent from your classes?  
.....

2. How often do you talk to your teachers after the session?  
.....

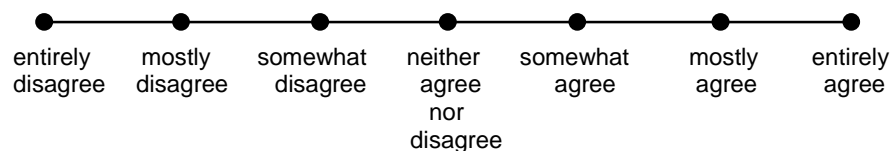
3. You ask your teachers if you do not understand something they have said.



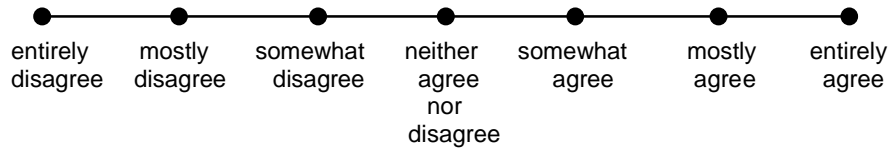
4. You ask your teacher if you do not understand your assignments.



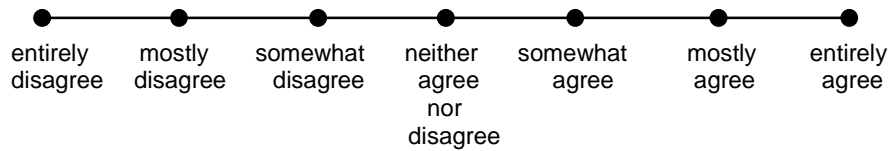
5. Your teachers encourage you to participate in your classroom activities.



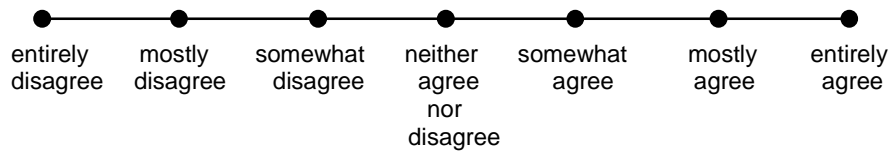
6. Your teachers give you the chance to share your opinions or thoughts



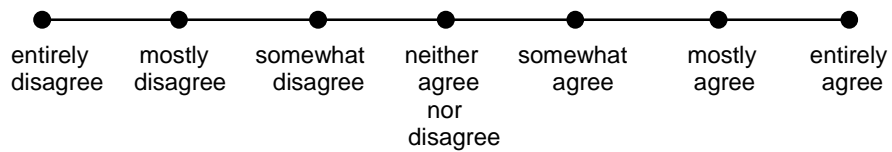
7. You believe that teachers can help you to get through difficult situations.



8. You talk to your teachers about difficult situations.



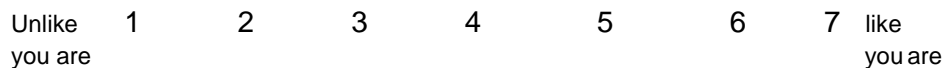
9. Your teachers make you feel better when you feel down.



**Part 4** Self-compassion

**Instruction** For each of the following statements, please circle the number that best express how you would rate that attribute for Self-compassion.

1. When you have to deal with difficult situations, you think that many people are feeling.....



2. What is your way of dealing with difficult situations?

.....

3. When something upsets you, you feel.....



4. You think that your failing is.....

Not a part of your life 1 2 3 4 5 6 7 a part of your life

5. Sometimes you think that lots of people might be.....

Unhappier than you are 1 2 3 4 5 6 7 happier than you are

6. When you fail at something that is very important, you usually feel.....

down 1 2 3 4 5 6 7 elated

7. When you do something wrong, you think that

- It is not your fault
- It can happen to everyone
- It should not happen to you
- It is just something you cannot control
- other (please specify).....

8. When you do something wrong, you.....

never forgive yourself 1 2 3 4 5 6 7 always forgive yourself

9. You feel.....

inadequate 1 2 3 4 5 6 7 adequate

10. What do you do when you do not like something about yourself?

- neglect it
- try to change it
- accept it as a part of your life
- focus on something you like instead
- other (please specify).....

11. What do you do when you feel suffering?

- try to understand it
- try not to blame yourself
- other (please specify).....
- do something to forget it
- act as if it does not happen to you



8. You believe that you.....

cannot	1	2	3	4	5	6	7	can
deal with								deal with
new								new
challenges								challenges

9. You believe that you.....

cannot	1	2	3	4	5	6	7	can
make								make
difficult								difficult
decisions								decisions

10. You believe that you.....

cannot	1	2	3	4	5	6	7	can
cope								cope
with								with
stress								stress

**- Thank you for your cooperation -**



## 12.6 Pilot questionnaire (Thai version)

หัวข้อวิจัย ความเมตตากรุณาต่อตนเอง, ความเข้มแข็งสร้างสรรค์, และการใช้สื่อสังคมออนไลน์

ของนักศึกษาในประเทศไทยและสหราชอาณาจักร

### ตอนที่ 1 ข้อมูลทั่วไป

**คำชี้แจง** กรุณาทำเครื่องหมาย ✓ ลงในช่องที่มีข้อมูลตรงกับนักศึกษา  
และเติมข้อความลงในช่องว่างตามความเป็นจริงในปัจจุบันให้ครบทุกช่อง

1. เพศ

ชาย

หญิง

2. อายุ

..... ปี

3. สัญชาติ

อังกฤษ

อเมริกา

ไทย

จีน

อื่นๆ (โปรดระบุ).....

4. ศาสนา

พุทธ

คริสต์

อิสลาม

ฮินดู

ไม่มีศาสนา

อื่นๆ (โปรดระบุ).....

5. ชั้นปี

ชั้นปีที่ 1

ชั้นปีที่ 2

ชั้นปีที่ 3

ชั้นปีสุดท้าย

อื่นๆ (โปรดระบุ).....

6. สาขาวิชาและคณะ

.....

7. คะแนนเฉลี่ยสะสม (GPA)

.....

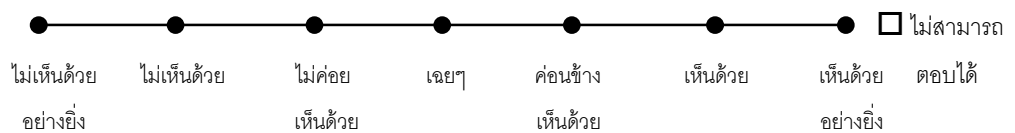
8. หากท่านทราบ กรุณาระบุอาชีพบิดาของท่าน  
 .....   
 ไม่สามารถตอบได้
9. หากท่านทราบ กรุณาระบุอาชีพมารดาของท่าน  
 .....   
 ไม่สามารถตอบได้
10. รายได้ในครัวเรือนโดยเฉลี่ยต่อปี
- |  |  |
|--|--|
| <input type="checkbox"/> น้อยกว่า 50,000 บาท | <input type="checkbox"/> 50,000-100,000 บาท  |
| <input type="checkbox"/> 100,001-150,000 บาท | <input type="checkbox"/> 150,001-200,000 บาท |
| <input type="checkbox"/> 200,001-250,000 บาท | <input type="checkbox"/> มากกว่า 250,000 บาท |
11. จำนวนพี่น้องทั้งหมด (รวมทั้งตัวท่าน)
- |  |                            |
|--|----------------------------|
| <input type="checkbox"/> 1                     | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3                     | <input type="checkbox"/> 4 |
| <input type="checkbox"/> อื่นๆ (โปรดระบุ)..... |                            |

**ตอนที่ 2** ครอบครัวยุคใหม่และสังคม

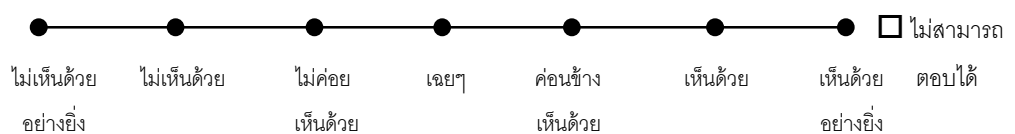
**คำชี้แจง** กรุณาทำเครื่องหมายกากบาทในช่องที่มีข้อมูลตรงกับนักศึกษา และเติมข้อความลงในช่องว่างตามความเป็นจริงในปัจจุบันให้ครบทุกช่อง

**2.1 ครอบครัวยุคใหม่**

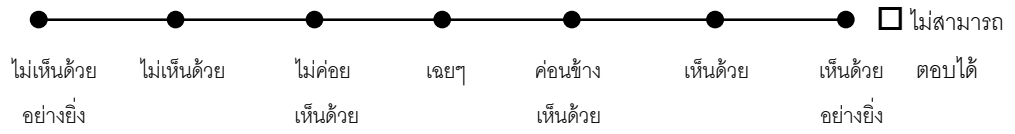
1. พ่อแม่ถามท่านเกี่ยวกับการศึกษาของท่าน



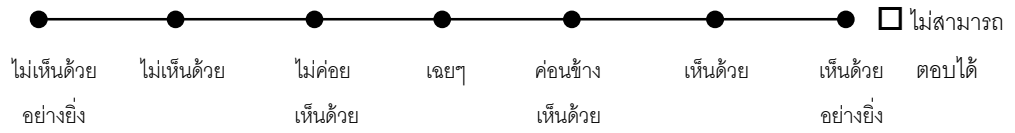
2. พ่อแม่ถามท่านเกี่ยวกับการศึกษาในอนาคตของท่าน



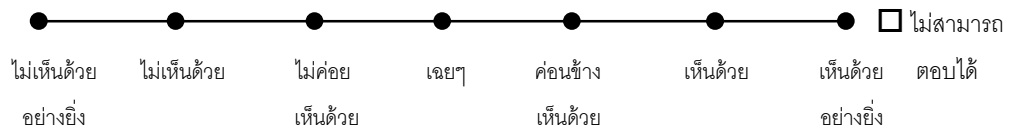
3. พ่อแม่ตำหนิตาน เมื่อท่านทำความผิด



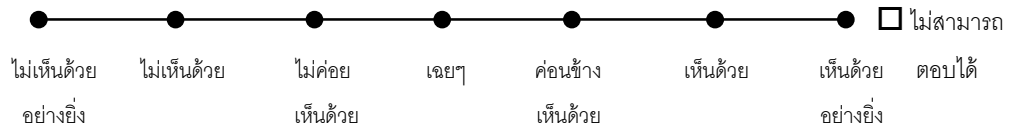
4. พ่อแม่บอกเหตุผลก่อนที่จะตำหนิตาน



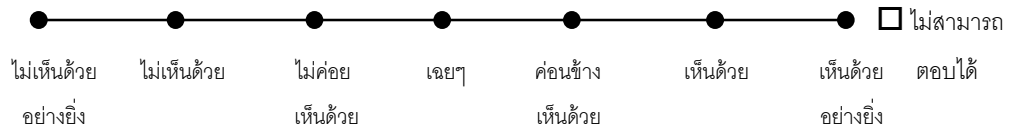
5. พ่อแม่ภูมิใจในตัวท่าน เมื่อท่านประสบความสำเร็จ



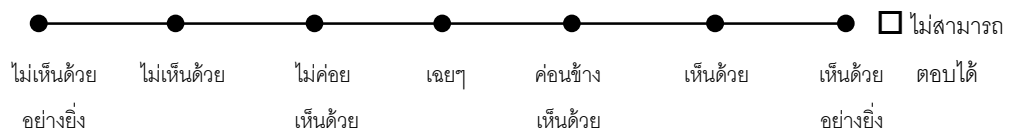
6. พ่อแม่ให้คำแนะนำหรือกำลังใจแก่ท่าน เมื่อท่านรู้สึกไม่สบายใจ



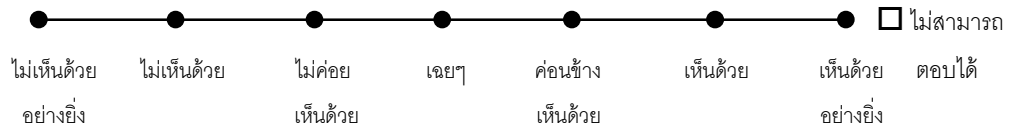
7. พ่อแม่อนุญาตให้ท่านทำในสิ่งที่ท่านต้องการ



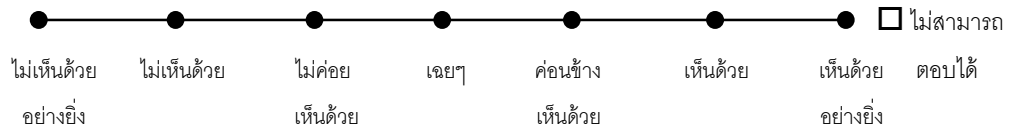
8. พ่อแม่ไว้ใจให้ท่านทำงานบางอย่างแทน



9. พ่อแม่ดูแลการใช้อินเทอร์เน็ตหรือสื่อสังคมออนไลน์ของท่าน

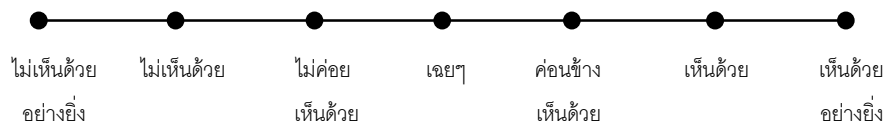


10. ท่านไม่เคยทะเลาะกับพ่อแม่เกี่ยวกับการใช้อินเทอร์เน็ตหรือสื่อสังคมออนไลน์

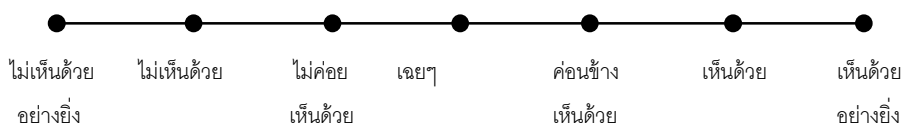


## 2.2 เพื่อนในห้องเรียน

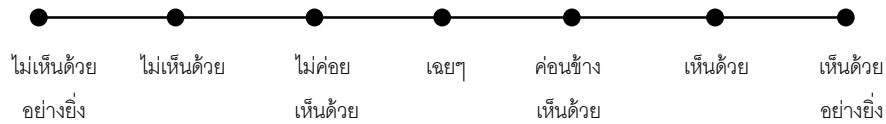
1. ท่านมีเพื่อนในห้องเรียนหลายคน



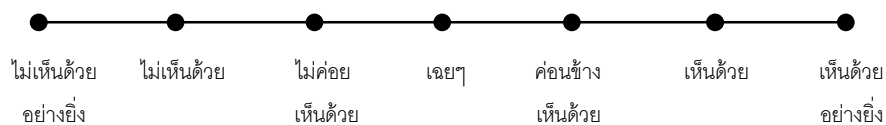
2. ท่านมีเพื่อนสนิทหลายคนที่สามารถพูดคุยได้ในเวลาที่ท่านรู้สึกไม่สบายใจ



3. ท่านพูดคุยกับเพื่อนเกี่ยวกับสถานการณ์ที่ยากลำบากอยู่เสมอ



4. เพื่อนให้ความช่วยเหลือท่านเสมอ เมื่อท่านเผชิญกับสถานการณ์ที่ยากลำบาก



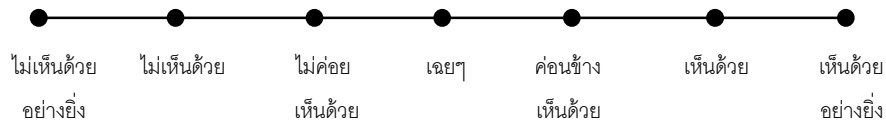
5. เมื่อท่านรู้สึกไม่สบายใจ เพื่อนของท่านทำให้ท่านรู้สึกดีขึ้น



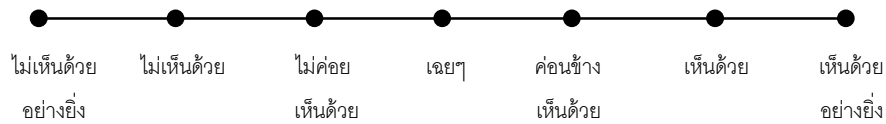
6. ท่านเต็มใจที่จะช่วยเพื่อนทำงานอยู่เสมอ



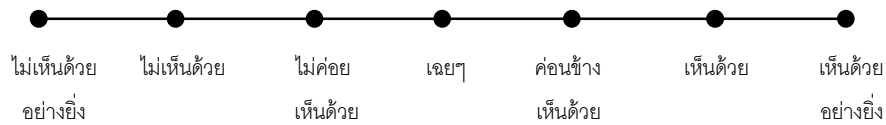
7. ท่านชอบใช้เวลาทำงานร่วมกับเพื่อน



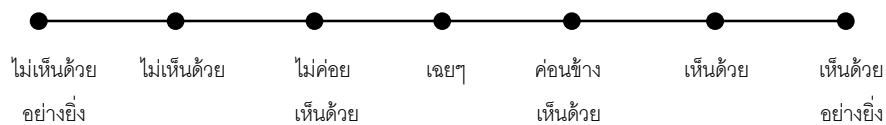
8. ท่านใช้เวลาว่างในการอยู่กับเพื่อน



9. ท่านแบ่งปันความคิดเห็นและความคิดกับเพื่อนอยู่เสมอ



10. เพื่อนทำให้ท่านตระหนักถึงความรู้สึกและความคิดของตัวเอง

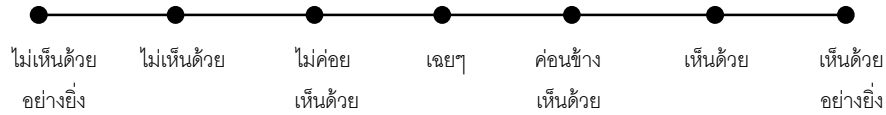


### 2.3 เพื่อนนอกห้องเรียน

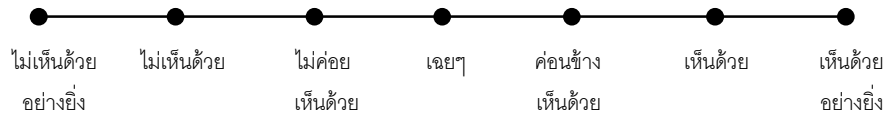
1. ท่านมีเพื่อนหลายคน



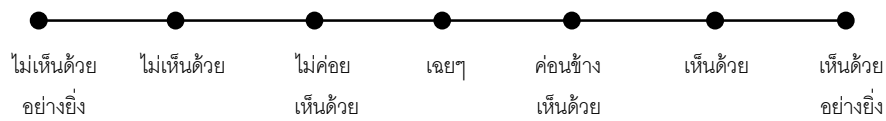
2. ท่านมีเพื่อนสนิทหลายคนที่สามารถพูดคุยได้ในเวลาที่ท่านรู้สึกไม่สบายใจ



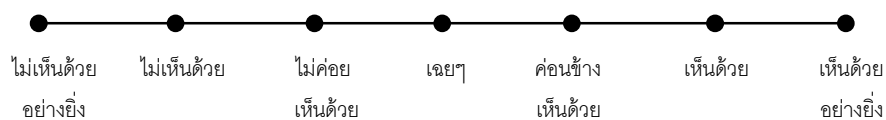
3. ท่านพูดคุยกับเพื่อนเกี่ยวกับสถานการณ์ที่ยากลำบากอยู่เสมอ



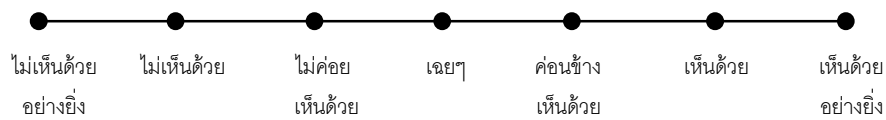
4. เพื่อนให้ความช่วยเหลือท่านเสมอ เมื่อท่านเผชิญกับสถานการณ์ที่ยากลำบาก



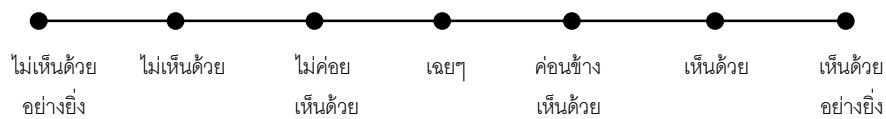
5. เมื่อท่านรู้สึกไม่สบายใจ เพื่อนของท่านทำให้ท่านรู้สึกดีขึ้น



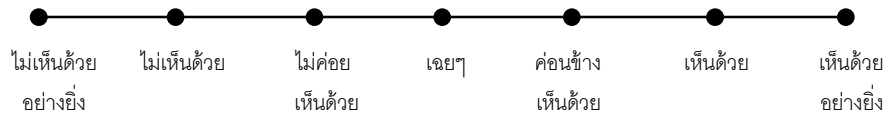
6. ท่านเต็มใจที่จะช่วยเพื่อนทำงานอยู่เสมอ



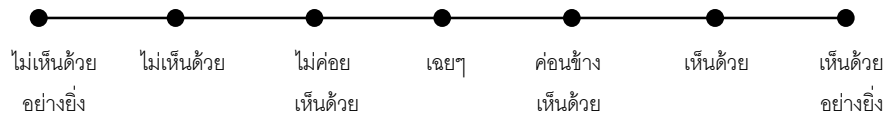
7. ท่านชอบใช้เวลาทำงานร่วมกับเพื่อน



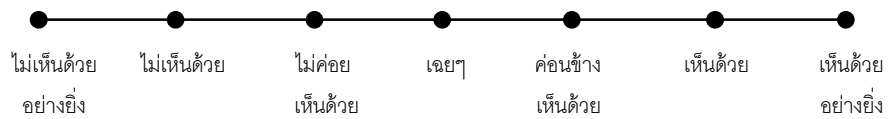
8. ท่านใช้เวลาว่างในการอยู่กับเพื่อน



9. ท่านแบ่งปันความคิดเห็นและความคิดกับเพื่อนอยู่เสมอ

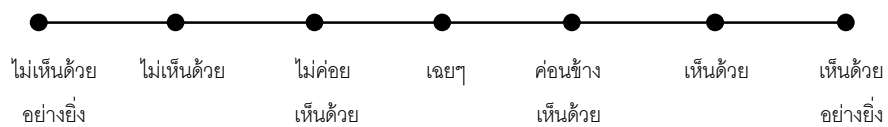


10. เพื่อนทำให้ท่านตระหนักถึงความรู้สึกและความคิดของตัวเอง

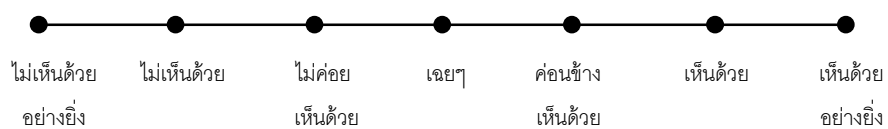


#### 2.4 การใช้สื่อสังคมออนไลน์

1. ท่านใช้อินเทอร์เน็ตทุกวัน



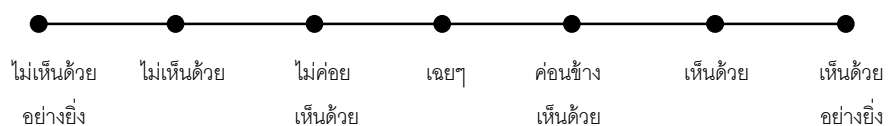
2. ท่านใช้สื่อสังคมออนไลน์ทุกวัน (เช่น เฟสบุ๊ก)



3. ท่านใช้สื่อสังคมออนไลน์วันละกี่ชั่วโมง

.....

4. ท่านเป็นสมาชิกของสื่อสังคมออนไลน์หลายกลุ่ม



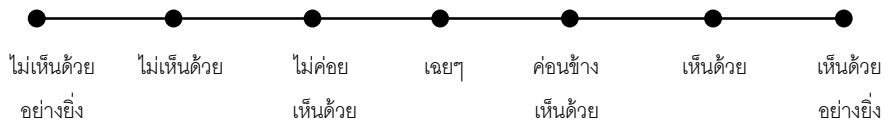
5. ท่านเป็นสมาชิกของสื่อสังคมออนไลน์ใดบ้าง โปรดระบุ

.....

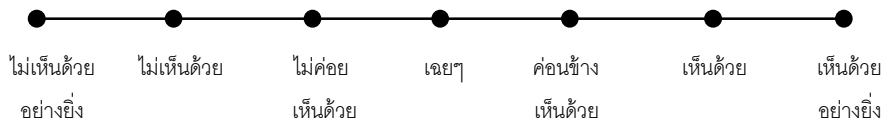
6. กรุณาระบุรายชื่อเว็บไซต์ทั้งหมดที่ท่านเป็นสมาชิก

.....

7. สื่อสังคมออนไลน์ช่วยให้ท่านสามารถติดต่อกับเพื่อนและครอบครัวได้



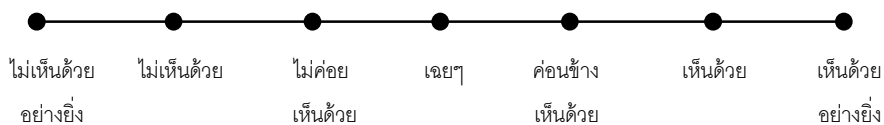
8. ท่านใช้เวลาในการพูดคุยกับครอบครัวมากกว่าการใช้สื่อสังคมออนไลน์



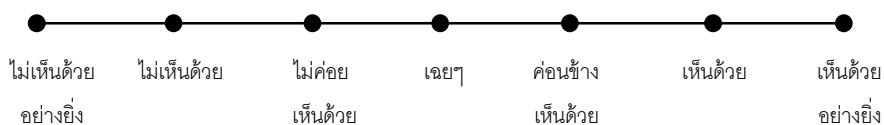
9. ท่านใช้เวลาในการพูดคุยกับเพื่อนมากกว่าการใช้สื่อสังคมออนไลน์



10. สื่อสังคมออนไลน์ช่วยให้ท่านมีเพื่อนใหม่



11. ท่านใช้สื่อสังคมออนไลน์เพื่อการศึกษา





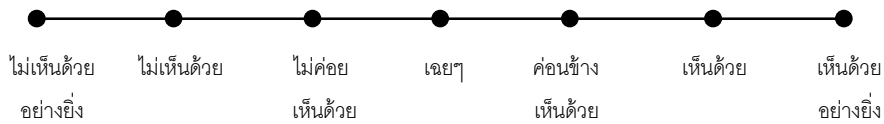
12. สื่อสังคมออนไลน์ช่วยคลายความเครียดให้ท่าน



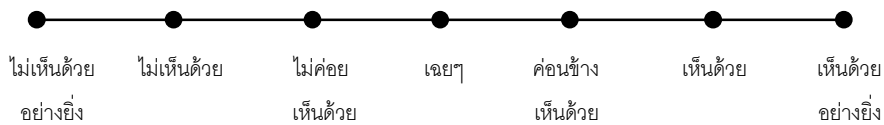
13. เมื่อท่านไม่สบายใจ สื่อสังคมออนไลน์ช่วยให้ท่านรู้สึกดีขึ้น



14. ท่านใช้สื่อสังคมออนไลน์เพื่อแบ่งปันความคิดเห็นและความรู้สึก



15. สื่อสังคมออนไลน์สามารถช่วยท่านในการจัดการกับสถานการณ์ที่ยากลำบาก



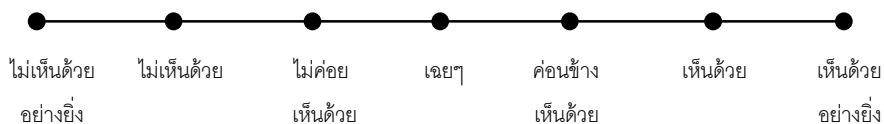
16. ท่านคิดว่า สื่อสังคมออนไลน์สามารถช่วย给您จัดการกับสถานการณ์ที่ยากลำบากได้อย่างไร

.....

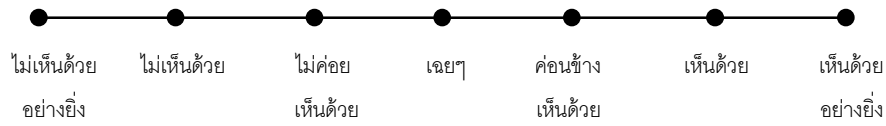
17. ตามความคิดเห็นของท่าน อะไรคือข้อเสียของการใช้สื่อสังคมออนไลน์

.....

18. ท่านใช้เวลาอยู่กับครอบครัวน้อยกว่าเดิม



19. ท่านใช้เวลาอยู่กับเพื่อนน้อยกว่าเดิม



**ตอนที่ 3** การบรรลุเป้าหมายทางการศึกษา

**คำชี้แจง** กรุณาทำเครื่องหมายกากบาทในช่องที่มีข้อมูลตรงกับนักศึกษา และเติมข้อความลงในช่องว่างตามความเป็นจริงในปัจจุบันให้ครบทุกช่อง

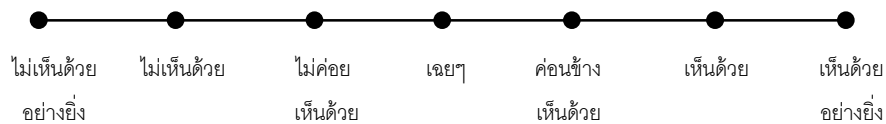
1. ท่านขาดเรียนประมาณกี่ครั้งในภาคการศึกษาที่ผ่านมา

.....

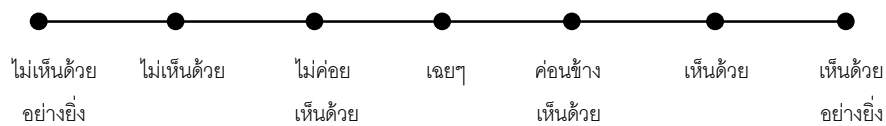
2. ท่านพูดคุยกับอาจารย์หลังเลิกเรียนบ่อยเพียงใด

.....

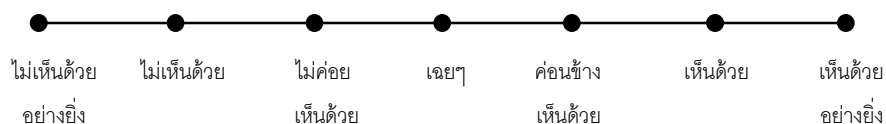
3. ท่านถามอาจารย์เมื่อท่านไม่เข้าใจสิ่งที่อาจารย์พูด



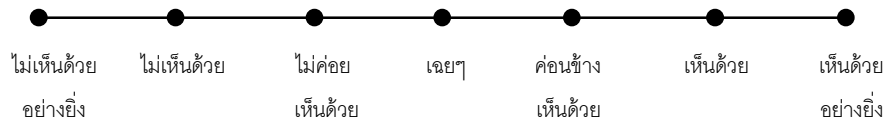
4. ท่านถามอาจารย์ เมื่อท่านไม่เข้าใจในงานที่ได้รับมอบหมาย



5. อาจารย์ของท่านสนับสนุนให้ท่านเข้าร่วมกิจกรรมในชั้นเรียน



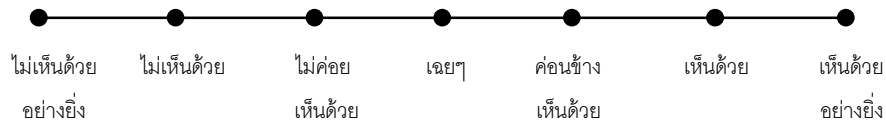
6. อาจารย์ของท่านเปิดโอกาสให้ท่านแสดงความคิดเห็นและแนวความคิด



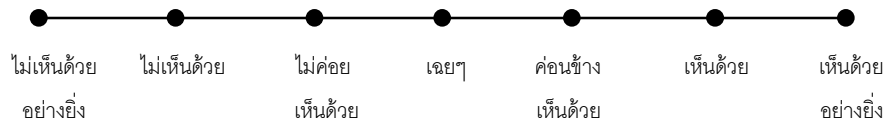
7. ท่านเชื่อว่า อาจารย์สามารถช่วยให้ท่านผ่านพ้นสถานการณ์ที่ยากลำบากได้



8. ท่านพุดคุยกับอาจารย์เกี่ยวกับสถานการณ์ที่ยากลำบาก



9. เมื่อท่านรู้สึกไม่สบายใจ อาจารย์ของท่านช่วยให้ท่านรู้สึกดีขึ้น



**ตอนที่ 4** ความเมตตา กรุณา ต่อตนเอง

**คำชี้แจง** กรุณาทำเครื่องหมายกากบาทหรือ ✓ ลงในช่องที่มีข้อมูลตรงกับนักศึกษา

1. ขณะที่ท่านเผชิญกับสถานการณ์ที่ยากลำบาก ท่านคิดว่า คนอื่นรู้สึก.....



2. วิธีการจัดการกับสถานการณ์ที่ยากลำบากของท่านคืออะไร

.....

3. เมื่อมีบางอย่างมารบกวนจิตใจของท่าน ท่านรู้สึก.....



4. ท่านคิดว่า ความล้มเหลวของท่านคือ.....
- ไม่ใช่ 1 2 3 4 5 6 7 เป็นส่วนหนึ่งของชีวิตท่าน
5. บางครั้งท่านคิดว่า ผู้คนจำนวนมากอาจจะ.....
- มีความสุขน้อยกว่าท่าน 1 2 3 4 5 6 7 มีความสุขมากกว่าท่าน
6. หากท่านล้มเหลวในการทำบางสิ่งที่สำคัญ ท่านมักจะรู้สึก.....
- ซีมีเศร้า 1 2 3 4 5 6 7 มีความสุข
7. เมื่อท่านทำบางสิ่งผิดพลาด ท่านคิดว่า.....
- มันไม่ใช่ความผิดของท่าน
- มันสามารถเกิดขึ้นได้กับทุกคน
- มันไม่ควรเกิดขึ้นกับท่าน
- มันเป็นสิ่งที่ท่านไม่สามารถควบคุมได้
- อื่นๆ (โปรดระบุ).....
8. เมื่อท่านทำบางสิ่งผิดพลาด ท่าน.....
- ไม่เคย 1 2 3 4 5 6 7 ยกโทษให้ตัวเอง
9. ท่านรู้สึก.....
- ตัวเองไม่ดีพอ 1 2 3 4 5 6 7 ตัวเองดีพอ
10. เมื่อท่านไม่ชอบบางอย่างภายในตัวท่านเอง ท่านจะอย่างไร
- เพิกเฉยมัน  พยายามเปลี่ยนแปลงมัน
- ยอมรับว่า มันเป็นส่วนหนึ่งของชีวิตท่าน  อื่นๆ (โปรดระบุ).....
- ให้ความสนใจกับบางอย่างที่ท่านชอบในตัวท่านทดแทน

11. เมื่อท่านรู้สึกทุกข์ใจ ท่านจะอย่างไร
- |  |  |
|--|--|
| <input type="checkbox"/> พยายามทำความเข้าใจสิ่งที่เกิดขึ้น | <input type="checkbox"/> ทำกิจกรรมบางอย่างเพื่อให้ลืมสิ่งที่เกิดขึ้น |
| <input type="checkbox"/> พยายามไม่ตำหนิตัวเอง              | <input type="checkbox"/> ปฏิบัติตนราวกับไม่มีสิ่งใดเกิดขึ้น          |
| <input type="checkbox"/> อื่นๆ (โปรดระบุ).....             |  |

**ตอนที่ 5 ความเข้มแข็งสร้างสรรค์**

**คำชี้แจง** กรุณาทำเครื่องหมายกากบาทในช่องที่มีข้อมูลตรงกับนักศึกษา

- ท่านเชื่อว่า ท่าน.....
 

ไม่สามารถ	1	2	3	4	5	6	7	สามารถ
ผ่านพ้น								ผ่านพ้น
สถานการณ์								สถานการณ์
ที่ยากลำบาก								ที่ยากลำบาก
- ท่านเชื่อว่า ชีวิตของท่าน.....
 

ไม่มีความหมาย	1	2	3	4	5	6	7	มีความหมาย
---------------	---	---	---	---	---	---	---	------------
- ท่านเชื่อว่า ท่าน.....
 

ไม่สามารถ	1	2	3	4	5	6	7	สามารถ
ควบคุม								ควบคุม
อารมณ์								อารมณ์
ของตนเอง								ของตนเอง
- ท่านเชื่อว่า ท่านสามารถเห็น.....
 

ข้อเสียของสิ่ง	1	2	3	4	5	6	7	ข้อดีของสิ่ง
ต่างๆ								ต่างๆ
- ท่านเชื่อว่า ทุกสิ่งทุกอย่างเกิดขึ้นโดย.....
 

ไม่มีเหตุผล	1	2	3	4	5	6	7	มีเหตุผล
-------------	---	---	---	---	---	---	---	----------

6. ท่านจัดการกับงานที่ยาก.....

ในเวลา ที่ต่างกัน	1	2	3	4	5	6	7	ในเวลา เดียวกัน
----------------------	---	---	---	---	---	---	---	--------------------

7. ท่านเชื่อว่า ท่าน.....

ไม่สามารถ บรรลุ เป้าหมาย ของตนเอง	1	2	3	4	5	6	7	สามารถ บรรลุ เป้าหมาย ของตนเอง
--	---	---	---	---	---	---	---	---

8. ท่านเชื่อว่า ท่าน.....

ไม่สามารถ จัดการกับ สิ่งใหม่ๆ	1	2	3	4	5	6	7	ไม่สามารถ จัดการกับ สิ่งใหม่ๆ
-------------------------------------	---	---	---	---	---	---	---	-------------------------------------

9. ท่านเชื่อว่า ท่าน.....

ไม่สามารถ ตัดสินใจใน เรื่องที่ยากลำบาก	1	2	3	4	5	6	7	สามารถ ตัดสินใจใน เรื่องที่ยากลำบาก
--	---	---	---	---	---	---	---	---

10. ท่านเชื่อว่า ท่าน.....

ไม่สามารถ จัดการกับ ความเครียด	1	2	3	4	5	6	7	สามารถ จัดการกับ ความเครียด
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- ขอขอบคุณที่ให้ความร่วมมือ -

## 12.7 Pilot interview (English version)

### The questions for a survey study

1. Is it easy to complete?
2. If you think it is easy to complete, which groups of people do you think that they cannot finish it easily? Why?
3. Is the wording easy to understand?
4. Is the wording correct and relevant for you?
5. Which area do you think it is relevant to you?
6. Do you think all items are well-organised?
7. Which way is better for all questions in section 2.1 between using a word 'Family' and using a word father or mother for each sentence?
8. Which parts in the questionnaire do you think it is difficult the most?
9. Which parts in the questionnaire do you think it is easy the most?
10. Do you have any suggestion for this questionnaire?

### Examples questions

1. What do you think about.....?
2. Could you give me some examples of.....?
3. Could you explain a little bit more about.....?

## 12.8 Pilot interview (Thai version)

### คำถามสำหรับการวิจัยเชิงสำรวจ

1. มันง่ายที่จะทำแบบสอบถามให้เสร็จใช่หรือไม่
2. ถ้าท่านคิดว่า มันง่ายที่จะทำแบบสอบถามให้เสร็จ ท่านคิดว่า บุคคลกลุ่มใดไม่สามารถทำแบบสอบถามให้เสร็จได้โดยง่าย เพราะเหตุใด
3. ถ้อยคำที่ใช้ในแบบสอบถามเข้าใจง่ายใช่หรือไม่
4. ถ้อยคำที่ใช้ในแบบสอบถามถูกต้องและเกี่ยวข้องกับท่านใช่หรือไม่
5. ท่านคิดว่า แบบสอบถามส่วนไหนที่เกี่ยวข้องกับท่าน
6. ท่านคิดว่า ข้อคำถามทั้งหมดถูกจัดเรียงตามลำดับอย่างเหมาะสม
7. ท่านคิดว่า คำไหนเหมาะสมที่ใช้ในแบบสอบถามตอนที่ 2.1 ระหว่างคำว่า ครอบครัวและคำว่า พ่อและแม่
8. ท่านคิดว่า แบบสอบถามตอนไหนยากที่สุด
9. ท่านคิดว่า แบบสอบถามตอนไหนง่ายที่สุด
10. ท่านมีคำแนะนำเกี่ยวกับแบบสอบถามฉบับนี้หรือไม่

#### ตัวอย่างคำถาม

1. ท่านคิดอย่างไรเกี่ยวกับ .....
2. กรุณายกตัวอย่างของ .....
3. กรุณาอธิบายเพิ่มเติมเกี่ยวกับ .....



## 12.9 Questionnaire (English Version)

### Title Self-Compassion, Psychological Resilience and Social Media Use in Thai and British Higher Education Students

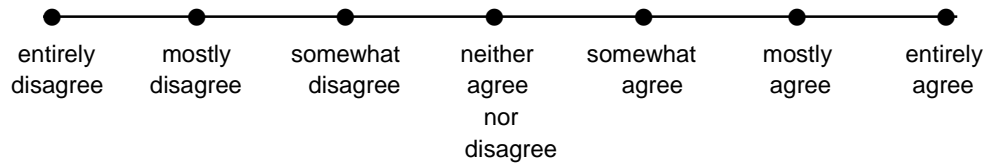
#### **Part 1** General information

**Instruction** Please read each question carefully before answering.

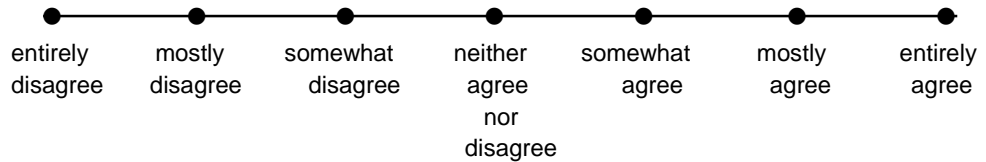
1. Are you  
 Male  Female  
 Prefer not to say
2. What is your age?  
..... years old
3. What is your nationality?  
 British  American  
 Thai  Chinese  
 other (please specify).....
4. What is your religion?  
 Buddhist  Christian  
 Islamic  Hindu  
 No religion  other (please specify).....  
 Prefer not to say
5. What is your year of study?  
 the 1<sup>st</sup> year  the 2<sup>nd</sup> year  
 the 3<sup>rd</sup> year  the final year  
 other (please specify).....
6. What degree are you studying (i.e. major)?  
.....
7. If known, what is your current average mark on your degree?  
.....  Not applicable
8. If known, what is the percentage mark you received for the last piece of work you submitted?  
.....  Not applicable



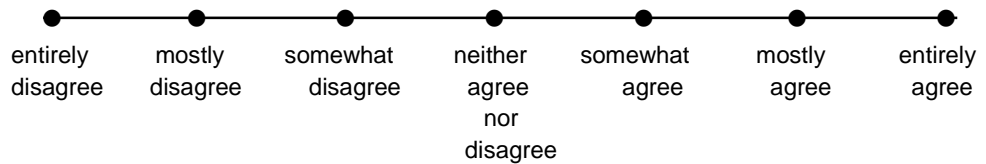
2. Your parent(s) ask you about your studies.



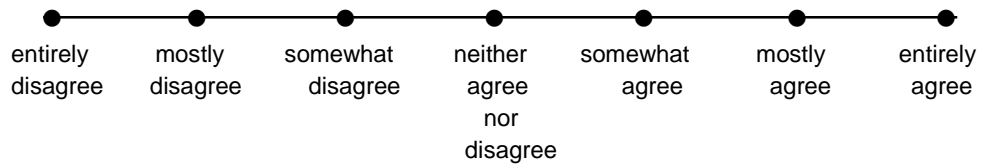
3. Your parent(s) ask you about your future education.



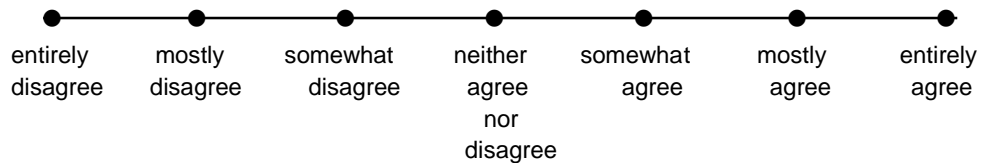
4. Your parent(s) blame you when you do something wrong.



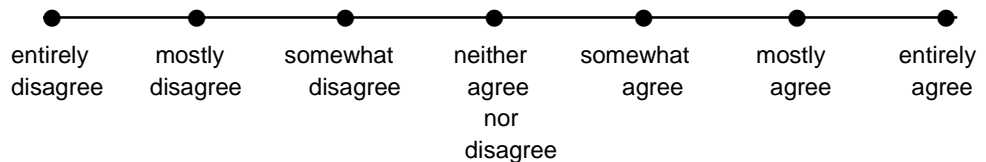
5. Your parent(s) give you a reason before blaming you.



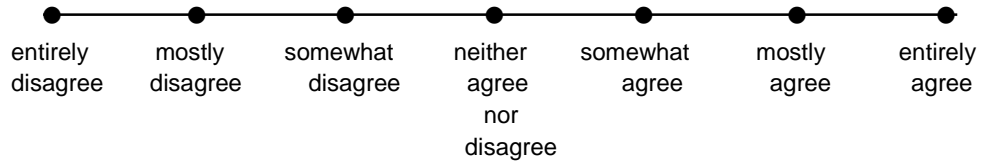
6. Your parent(s) are proud of you when you do something great.



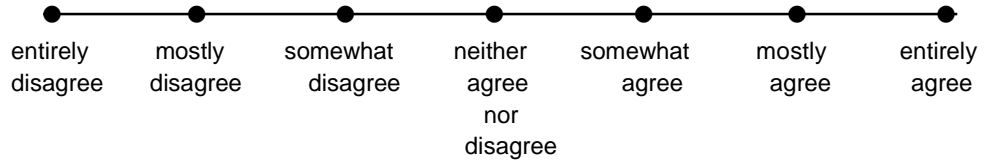
7. Your parent(s) give you some advice or support when you feel down.



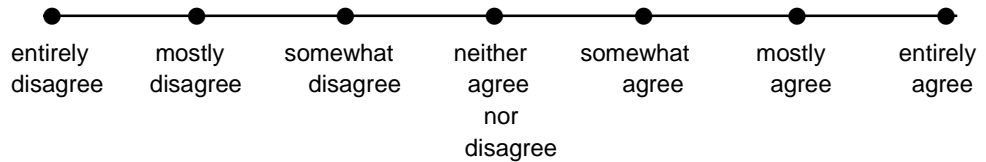
8. Your parent(s) allow you to do what you want.



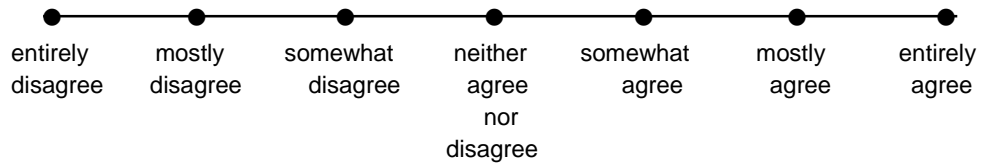
9. Your parent(s) trust you to act responsibly.



10. Your parent(s) monitor your use of the internet or social media.

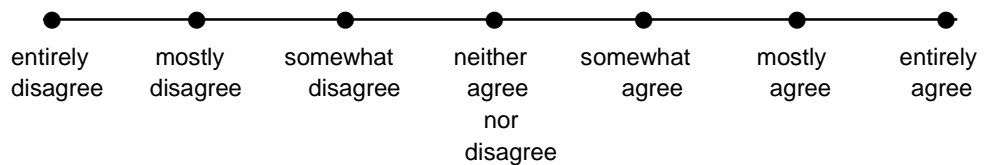


11. You never argue with your parent(s) about internet or social media.

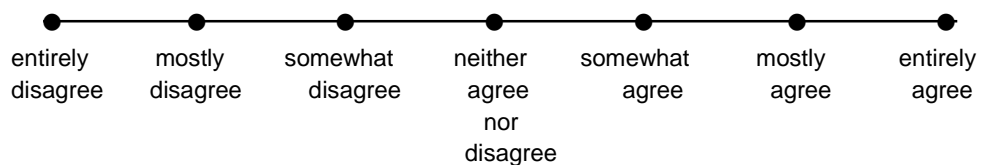


## 2.2 Friends in classrooms

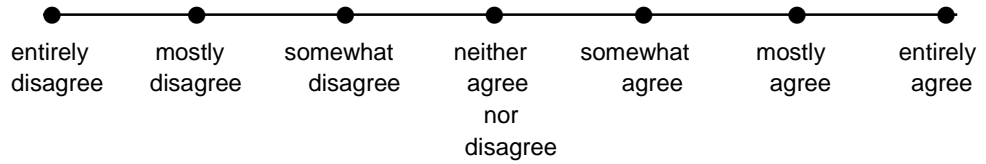
1. You have many friends in your classes.



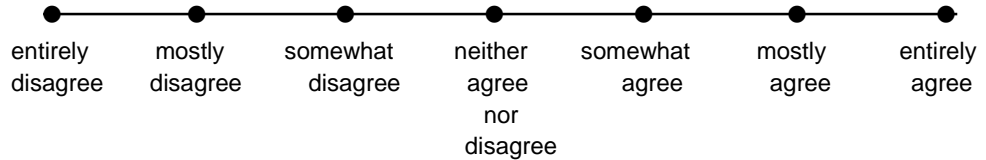
2. You have classmates to talk to when you feel down.



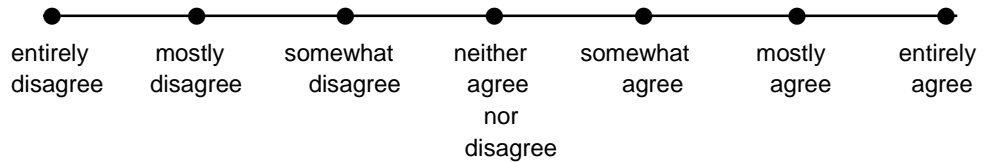
3. You usually talk to your friends about difficult situations.



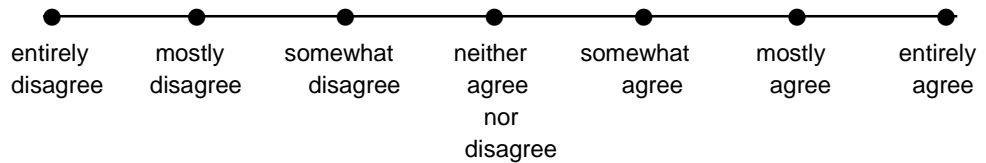
4. Your friends usually help you when you have to deal with difficult situations.



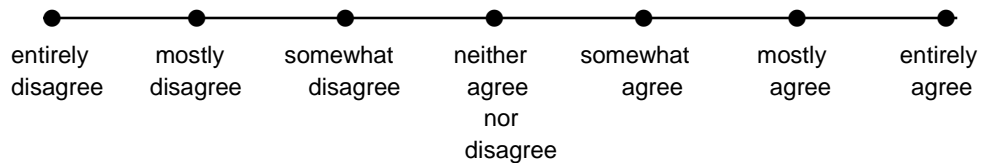
5. Your friends make you feel better when you feel bad.



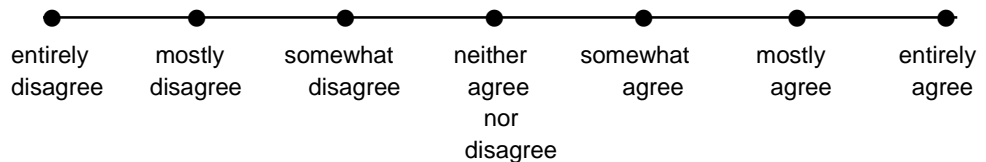
6. You are always willing to help your friends to do their work.



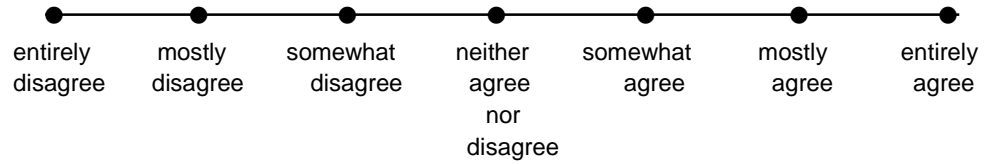
7. You prefer to study with friends.



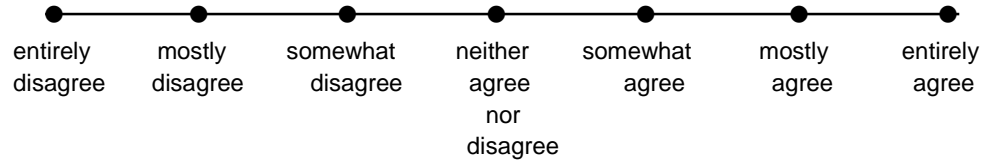
8. You spend your free time with your friends.



9. You usually share your opinions or thoughts with your friends.

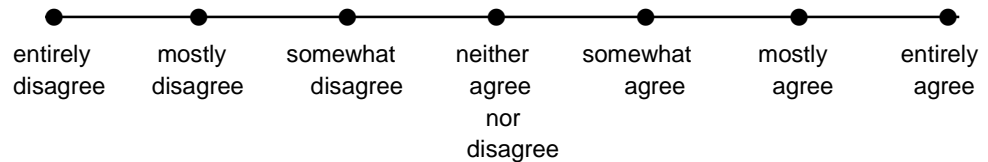


10. Your friends make you aware of your feelings or thoughts.

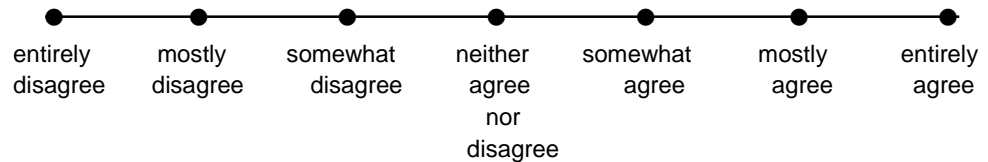


### 2.5 Other friends outside classrooms

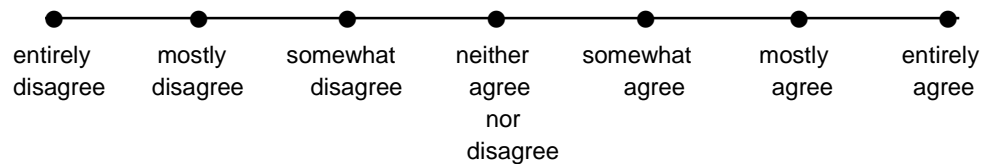
1. You have many friends.



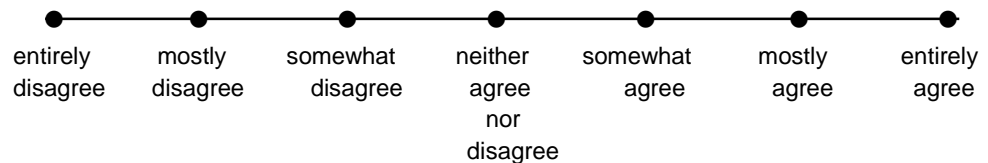
2. You have close friends to talk to when you feel down.



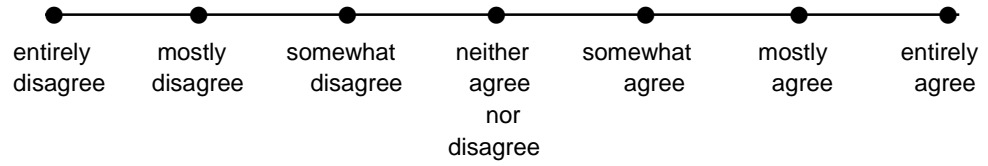
3. You usually talk to your friends about difficult situations.



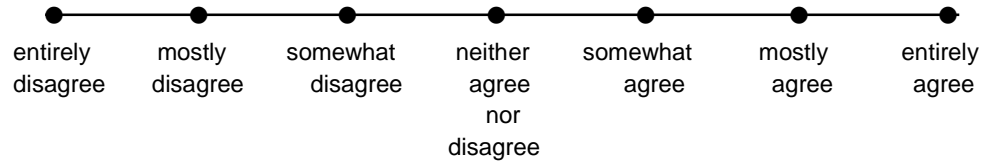
4. Your friends usually help you when you have to deal with difficult situations.



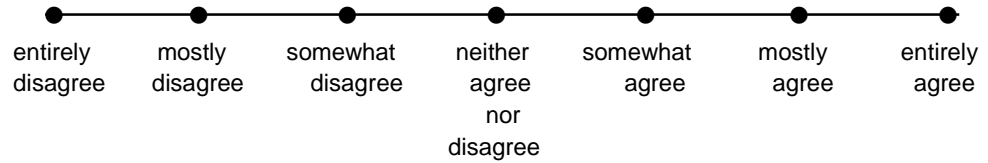
5. Your friends make you feel better when you feel bad.



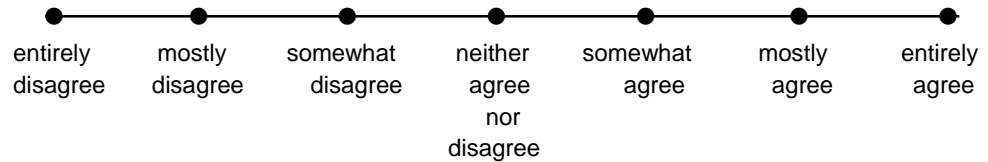
6. You are always willing to help your friends to do their work.



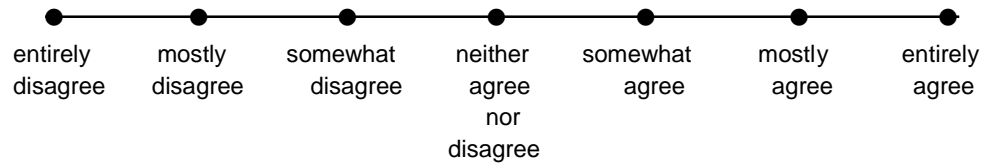
7. You prefer to work with friends.



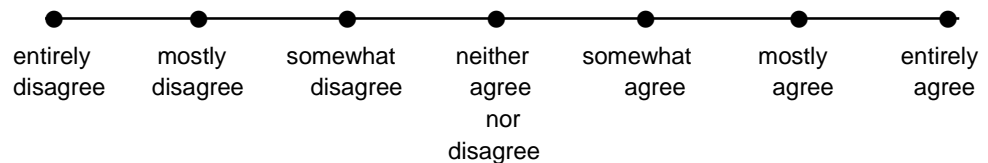
8. You spend your free time with your friends.



9. You usually share your opinions or thoughts with your friends.

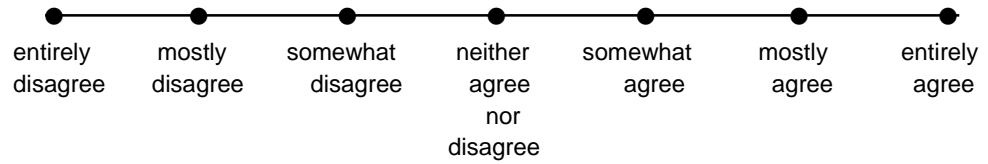


10. Your friends make you aware of your feelings or thoughts.

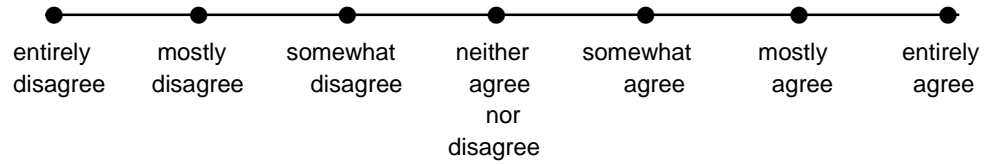


## 2.6 Social media use

1. You spend time online everyday.



2. You spend time on social media everyday (e.g. Facebook).



3. How many hours do you spend on social media per day?

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> less than 1 hour  | <input type="checkbox"/> 1 hour  |
| <input type="checkbox"/> 2 hours           | <input type="checkbox"/> 3 hours |
| <input type="checkbox"/> 4 hours           | <input type="checkbox"/> 5 hours |
| <input type="checkbox"/> more than 5 hours |                                  |

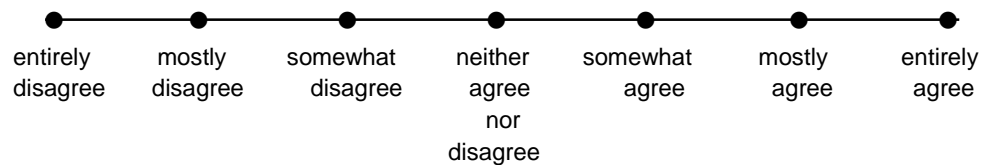
4. How many social media websites do you use?

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> 1 website  | <input type="checkbox"/> 2 websites           |
| <input type="checkbox"/> 3 websites | <input type="checkbox"/> 4 websites           |
| <input type="checkbox"/> 5 websites | <input type="checkbox"/> more than 5 websites |

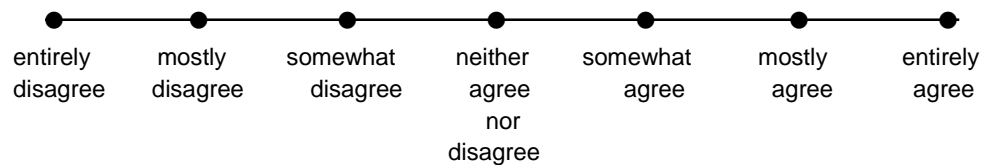
5. Please list the name of all social media websites that you belong to here.

.....

6. Social media helps you to keep in touch with your friends and family.

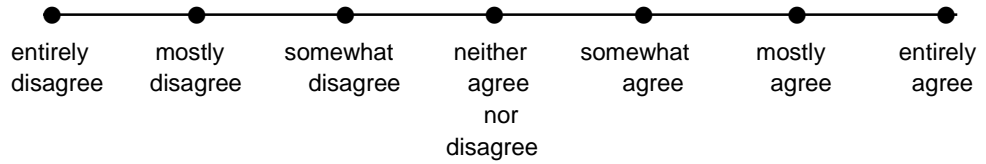


7. You spend more time communicating with family than using social media.

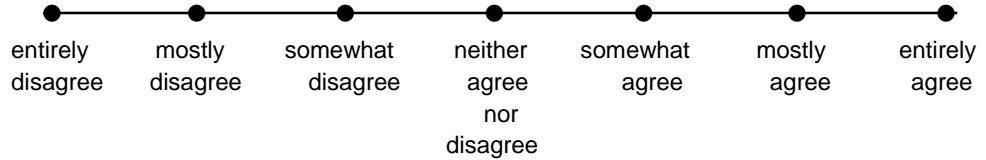




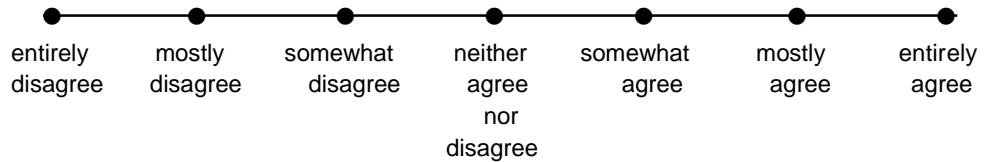
8. You spend more time communicating with friends than using social media.



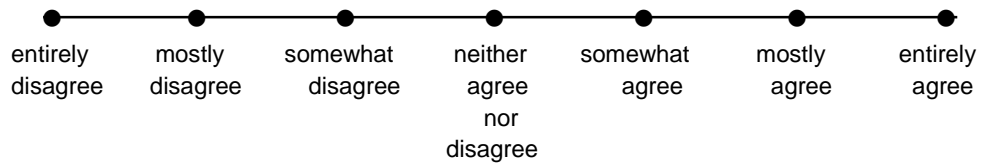
9. Social media helps you to make new friends.



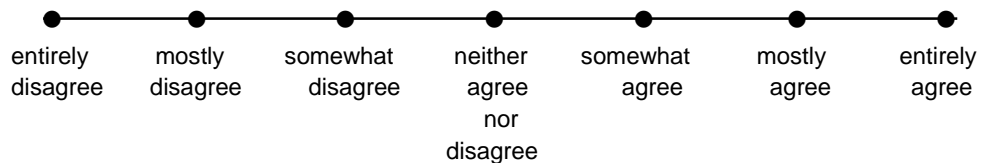
10. Social media helps you complete your study goals.



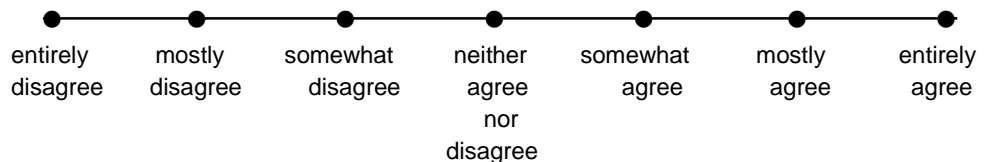
11. Social media helps you to relieve stress.



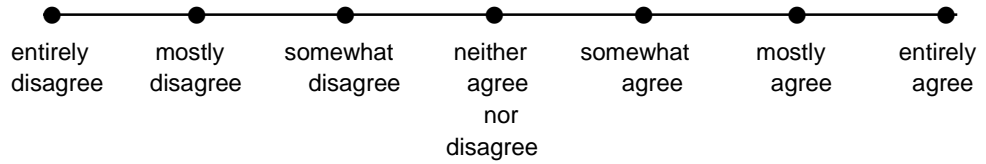
12. Social media makes you feel better when you feel bad.



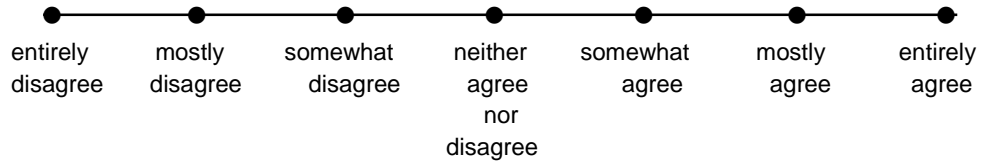
13. You use social media for sharing your feelings and thoughts.



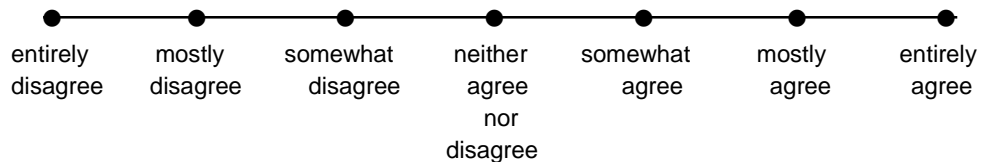
14. Social media can help you to deal with difficult situations.



15. Your use of social media means that you spend less time with family than you used to.



16. Your use of social media means that you spend less time with friends than you used to.



17. Please describe how social media helps you to deal with difficult situations.

.....

18. In your opinion, what are the negative issues around social media use?

.....

**Part 3** Educational attainment

**Instruction** Please indicate below the extent to which you agree with the following statements.

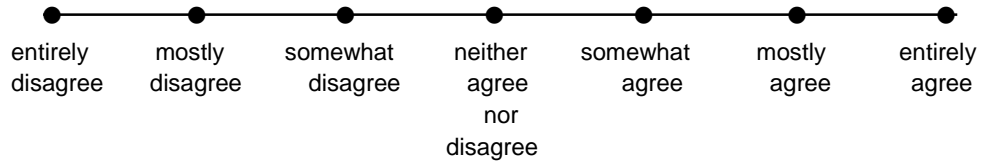
1. Over the last semester approximately how many days were you absent from your classes?

- never
- 1 - 3 days
- 4 - 6 days
- 7 - 9 days
- 10 days or more

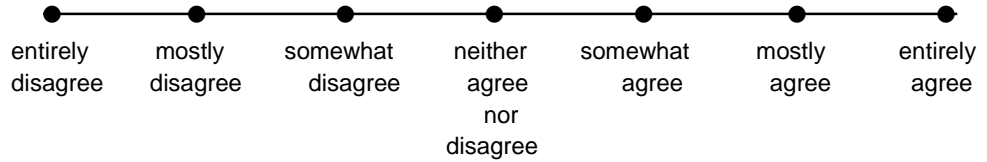
2. How often do you talk to your teachers after the session?

- never
- rarely
- sometimes
- often
- always

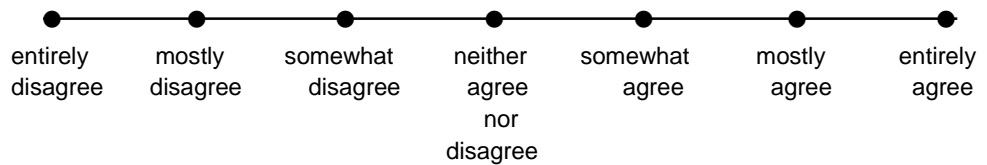
3. You ask your teachers if you do not understand something they have said.



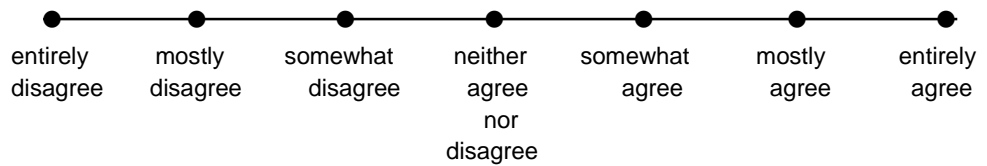
4. You ask your teacher if you do not understand your assignments.



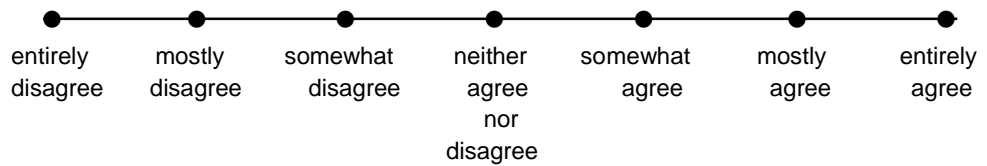
5. Your teachers encourage you to participate in your classroom activities.



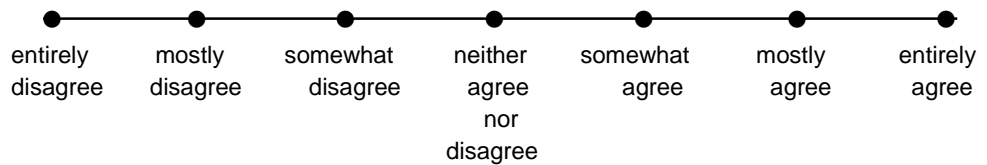
6. Your teachers give you the chance to share your opinions or thoughts.



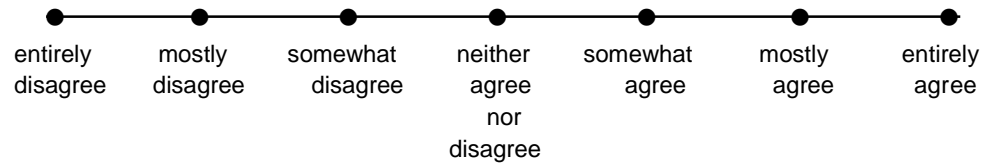
7. You believe that teachers can help you to get through difficult situations.



8. You talk to your teachers about difficult situations.



9. Your teachers make you feel better when you feel down.



**Part 4** Self-compassion

**Part 5** Psychological resilience

- **Thank you for your cooperation** -

## 12.10 Questionnaire (Thai version)

### แบบสอบถามความเมตตากรุณาต่อตนเอง ความเข้มแข็งสร้างสรรค์ และการใช้สื่อสังคมออนไลน์ ของนักศึกษา ในประเทศไทย และสหราชอาณาจักร

**คำชี้แจง** แบบสอบถามชุดนี้ประกอบด้วยข้อคำถาม 5 ตอน ได้แก่ ตอนที่ 1 ข้อมูลทั่วไป ตอนที่ 2 การสนับสนุนทางสังคมและครอบครัว ตอนที่ 3 การบรรลุเป้าหมายทางการศึกษา ตอนที่ 4 ความเมตตากรุณาต่อตนเอง และตอนที่ 5 ความเข้มแข็งสร้างสรรค์

**ตอนที่ 1** ข้อมูลทั่วไป

**คำชี้แจง** คำถามต่อไปนี้เป็นคำถามที่เกี่ยวข้องกับตัวท่านและครอบครัวของท่าน

โดยคำถามทุกข้อมีความสำคัญอย่างยิ่งต่อการศึกษาเกี่ยวกับความสัมพันธ์ระหว่างข้อมูลดังกล่าวและความเมตตาต่อตนเองหรือความเข้มแข็งสร้างสรรค์ กรุณาอ่านคำถามแต่ละข้ออย่างละเอียด แล้วทำเครื่องหมาย X ลงในช่องที่ตรงกับนักศึกษามากที่สุด หรือตอบคำถามลงในช่องว่างตามความเป็นจริง

1. เพศ

ชาย

หญิง

ไม่ประสงค์จะตอบ

2. อายุ

..... ปี

3. สัญชาติ

อังกฤษ

อเมริกา

ไทย

จีน

อื่นๆ (โปรดระบุ).....

4. ศาสนา

พุทธ

คริสต์

อิสลาม

ฮินดู

ไม่มีศาสนา

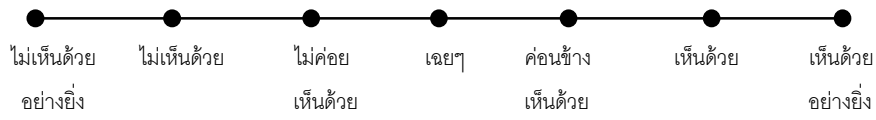
อื่นๆ (โปรดระบุ).....

ไม่ประสงค์จะตอบ

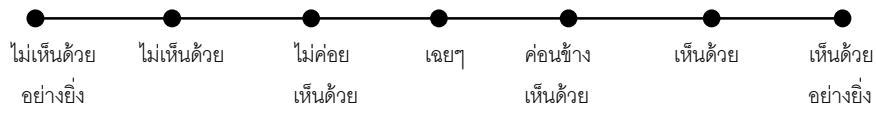
5. ชั้นปีที่ศึกษา
- ชั้นปีที่ 1  ชั้นปีที่ 2
- ชั้นปีที่ 3  ชั้นปีสุดท้าย
- อื่นๆ (โปรดระบุ).....
6. สาขาวิชาและคณะ
- .....
7. หากท่านทราบ กรณาระบุคะแนนเฉลี่ยสะสมในปัจจุบันของท่าน (GPA)
- .....  ไม่สามารถระบุได้
8. หากท่านทราบ คะแนนที่ท่านได้รับจากการส่งงานที่ได้รับมอบหมายชั้นสุดท้ายคิดเป็นร้อยละเท่าใด
- .....  ไม่สามารถระบุได้
9. ท่านจะประเมินพฤติกรรมการเรียนของท่านเมื่อเปรียบเทียบกับเพื่อนของท่านอย่างไร
- แย่กว่าเพื่อนคนอื่นมาก  แย่กว่าเพื่อนคนอื่นเล็กน้อย
- เท่ากับเพื่อนคนอื่น  ดีกว่าเพื่อนคนอื่นเล็กน้อย
- ดีกว่าเพื่อนคนอื่นมาก
10. หากท่านทราบ กรณาระบุอาชีพบิดาของท่าน
- .....  ไม่สามารถระบุได้
11. อาชีพบิดาของท่านจัดอยู่ในกลุ่มใด
- ผู้จัดการ  ผู้เชี่ยวชาญในวิชาชีพ
- ช่างเทคนิคและผู้ช่วยผู้เชี่ยวชาญในวิชาชีพ  พนักงานในสำนักงาน
- ผู้ทำงานด้านการบริการและการขาย  ผู้ที่ทำงานด้านศิลปะและช่างฝีมือ
- ผู้ที่ทำงานด้านเกษตรกรรม ป่าไม้ และการประมง  ผู้ใช้แรงงานหรือรับจ้าง
- ช่างประกอบและช่างควบคุมเครื่องมือ เครื่องจักร  ผู้ที่ทำงานในกองทัพ
- ไม่สามารถระบุได้
12. หากท่านทราบ กรณาระบุอาชีพมารดาของท่าน
- .....  ไม่สามารถระบุได้



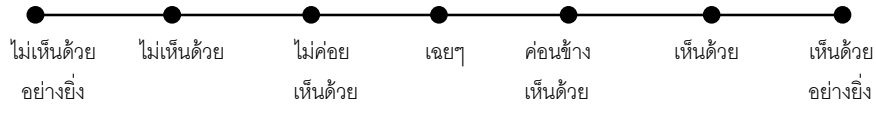
4. พ่อและ(หรือ)แม่ตำหนิตาน เมื่อท่านทำความผิด



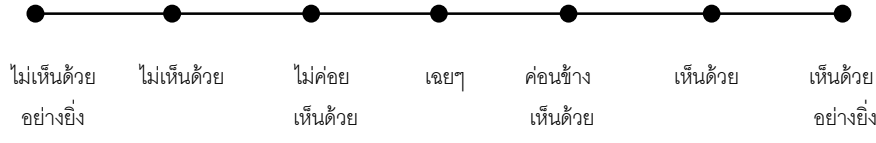
5. พ่อและ(หรือ)แม่บอกเหตุผลก่อนที่จะตำหนิตาน



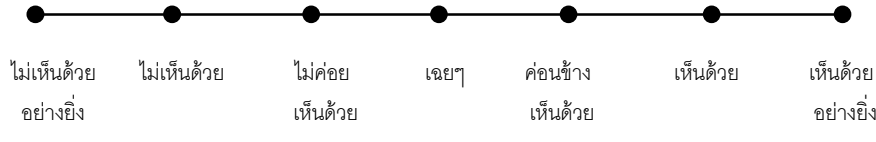
6. พ่อและ(หรือ)แม่ภูมิใจในตัวท่าน เมื่อท่านประสบความสำเร็จ



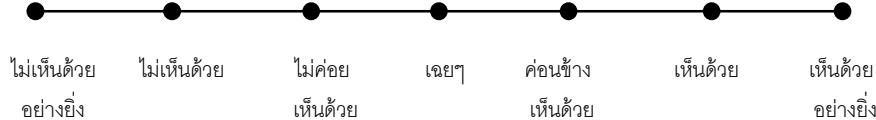
7. พ่อและ(หรือ)แม่ให้คำแนะนำหรือกำลังใจแก่ท่าน เมื่อท่านรู้สึกเศร้า



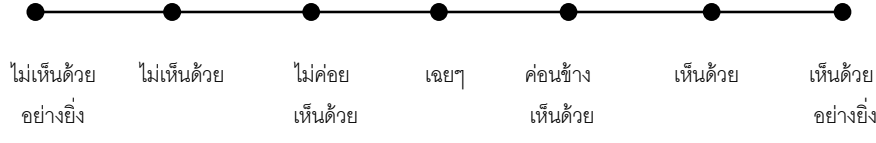
8. พ่อและ(หรือ)แม่อนุญาตให้ท่านทำในสิ่งที่ท่านต้องการ



9. พ่อและ(หรือ)แม่ไว้วางใจให้ท่านทำงานบางอย่างแทน

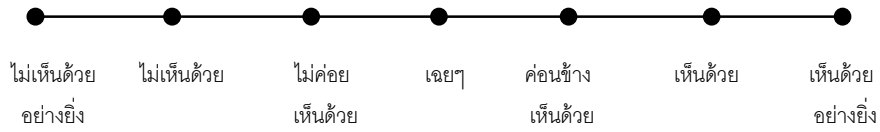


10. พ่อและ(หรือ)แม่ดูแลการใช้อินเทอร์เน็ตหรือสื่อสังคมออนไลน์ของท่าน



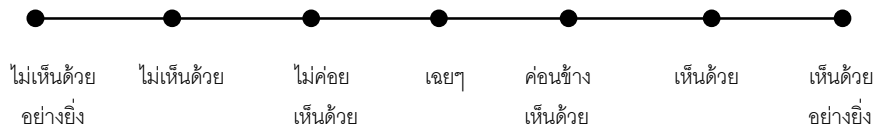


11. ท่านไม่เคยทะเลาะกับพ่อและ(หรือ)แม่เกี่ยวกับการใช้อินเทอร์เน็ตหรือสื่อสังคมออนไลน์

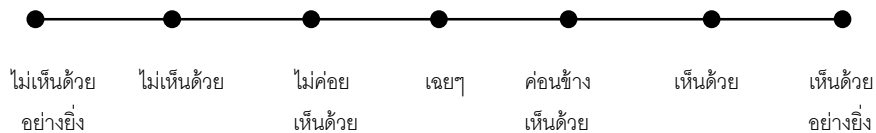


## 2.2 เพื่อนในห้องเรียน

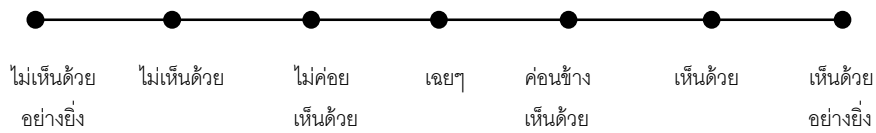
1. ท่านมีเพื่อนในห้องเรียนหลายคน



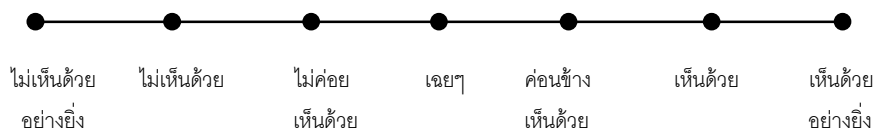
2. ท่านมีเพื่อนสนิทหลายคนที่สามารถพูดคุยได้ในเวลาที่ท่านรู้สึกเศร้า



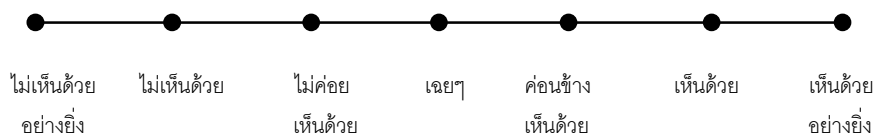
3. ท่านพูดคุยกับเพื่อนเกี่ยวกับสถานการณ์ที่ยากลำบากอยู่เสมอ



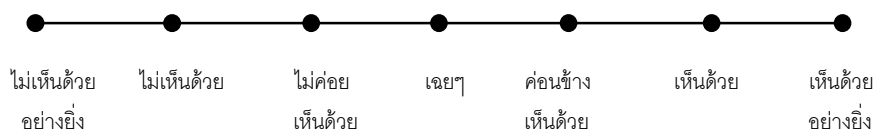
4. เพื่อนให้ความช่วยเหลือท่านเสมอ เมื่อท่านเผชิญกับสถานการณ์ที่ยากลำบาก



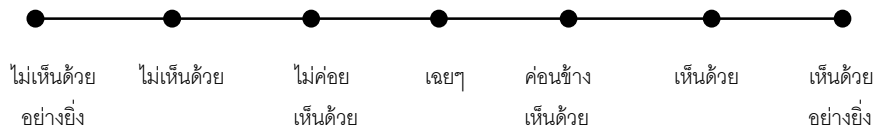
5. เมื่อท่านรู้สึกไม่สบายใจ เพื่อนของท่านทำให้ท่านรู้สึกดีขึ้น



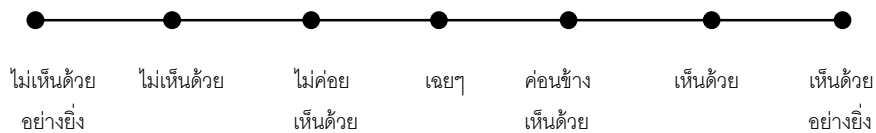
6. ท่านเต็มใจที่จะช่วยเพื่อนทำงานอยู่เสมอ



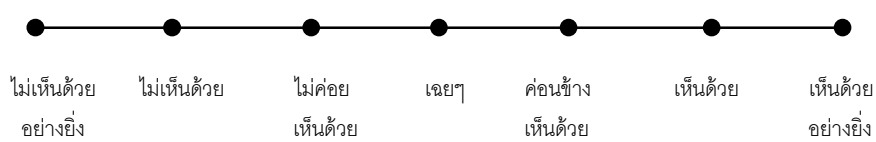
7. ท่านชอบเรียนหนังสือกับเพื่อน



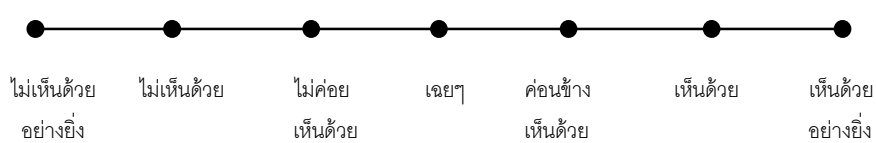
8. ท่านใช้เวลาว่างอยู่กับเพื่อน



9. ท่านแบ่งปันความคิดเห็นและความคิดกับเพื่อนอยู่เสมอ

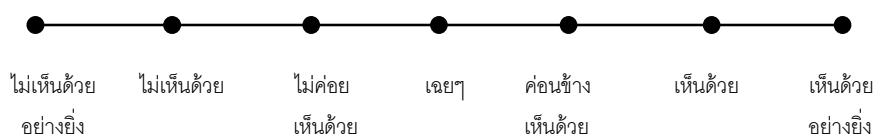


10. เพื่อนทำให้ท่านตระหนักถึงความรู้สึกและความคิดของตัวเอง

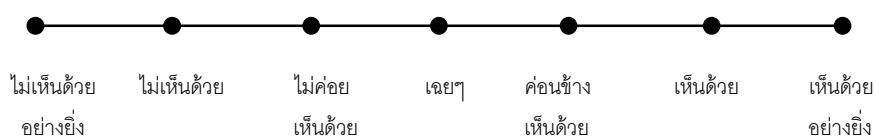


## 2.7 เพื่อนนอกห้องเรียน

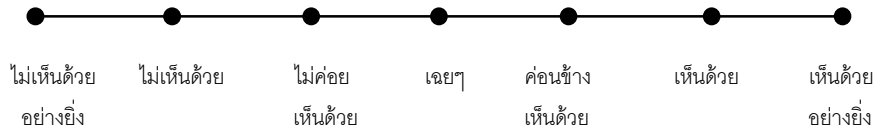
1. ท่านมีเพื่อนหลายคน



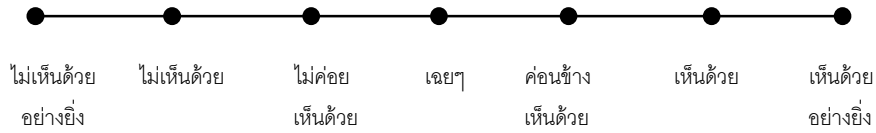
2. ท่านมีเพื่อนสนิทหลายคนที่สามารถพูดคุยได้ในเวลาที่ท่านรู้สึกเศร้า



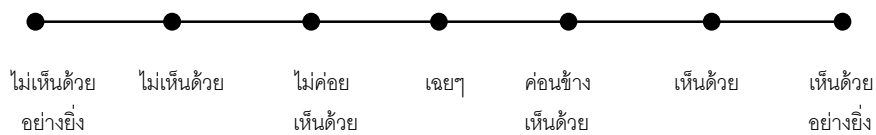
3. ท่านพูดคุยกับเพื่อนเกี่ยวกับสถานการณ์ที่ยากลำบากอยู่เสมอ



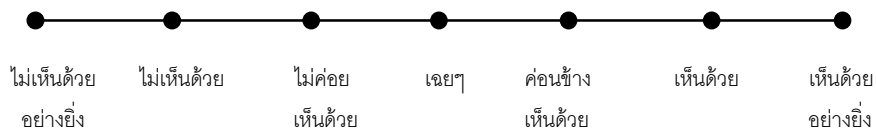
4. เพื่อนให้ความช่วยเหลือท่านเสมอ เมื่อท่านเผชิญกับสถานการณ์ที่ยากลำบาก



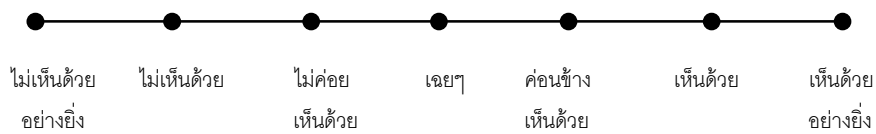
5. เมื่อท่านรู้สึกไม่สบายใจ เพื่อนของท่านทำให้ท่านรู้สึกดีขึ้น



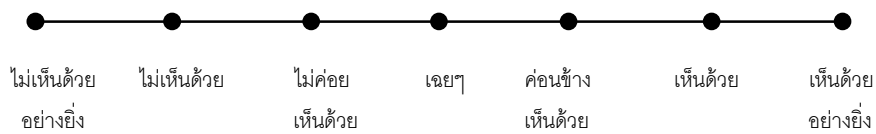
6. ท่านเต็มใจที่จะช่วยเพื่อนทำงานอยู่เสมอ



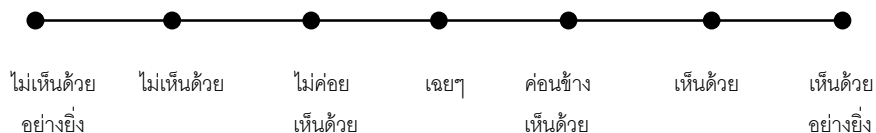
7. ท่านชอบทำงานร่วมกับเพื่อน



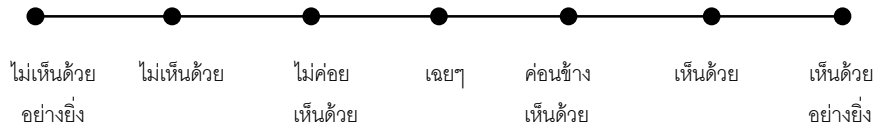
8. ท่านใช้เวลาว่างอยู่กับเพื่อน



9. ท่านแบ่งปันความคิดเห็นและความคิดกับเพื่อนอยู่เสมอ

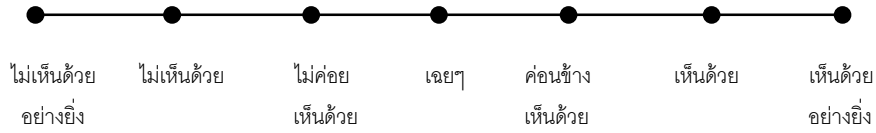


10. เพื่อนทำให้ท่านตระหนักถึงความรู้สึกและความคิดของตัวเอง

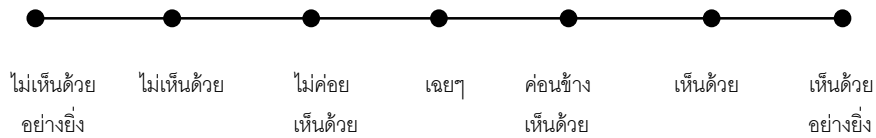


## 2.8 การใช้สื่อสังคมออนไลน์

1. ท่านใช้อินเทอร์เน็ตทุกวัน



2. ท่านใช้สื่อสังคมออนไลน์ทุกวัน (เช่น เฟสบุ๊ก)



3. ท่านใช้สื่อสังคมออนไลน์วันละกี่ชั่วโมง

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> น้อยกว่า 1 ชั่วโมง | <input type="checkbox"/> 1 ชั่วโมง |
| <input type="checkbox"/> 2 ชั่วโมง          | <input type="checkbox"/> 3 ชั่วโมง |
| <input type="checkbox"/> 4 ชั่วโมง          | <input type="checkbox"/> 5 ชั่วโมง |
| <input type="checkbox"/> มากกว่า 5 ชั่วโมง  |                                    |

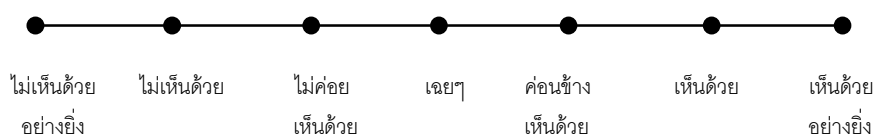
4. ท่านเป็นสมาชิกของสื่อสังคมออนไลน์กี่เว็บไซต์

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> 1 เว็บไซต์ | <input type="checkbox"/> 2 เว็บไซต์         |
| <input type="checkbox"/> 3 เว็บไซต์ | <input type="checkbox"/> 4 เว็บไซต์         |
| <input type="checkbox"/> 5 เว็บไซต์ | <input type="checkbox"/> มากกว่า 5 เว็บไซต์ |

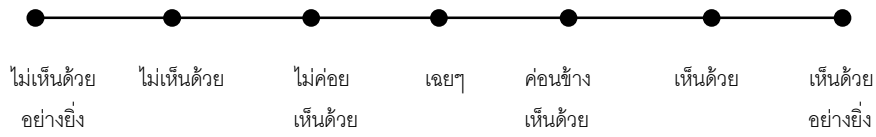
5. กรุณาระบุรายชื่อเว็บไซต์ทั้งหมดที่ท่านเป็นสมาชิก

.....

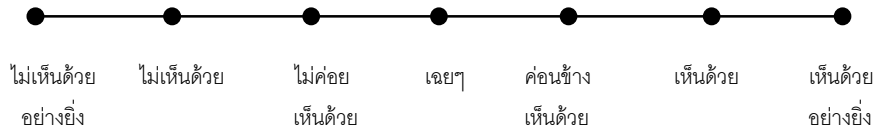
6. สื่อสังคมออนไลน์ช่วยให้ท่านสามารถติดต่อกับเพื่อนและครอบครัวได้



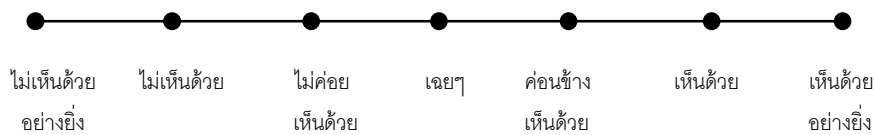
7. ท่านใช้เวลาในการพูดคุยกับครอบครัวมากกว่าการใช้สื่อสังคมออนไลน์



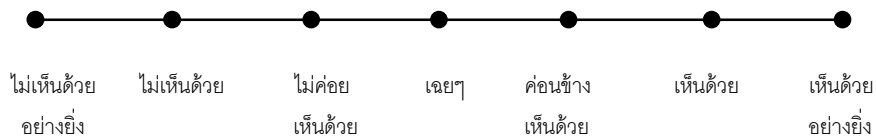
8. ท่านใช้เวลาในการพูดคุยกับเพื่อนมากกว่าการใช้สื่อสังคมออนไลน์



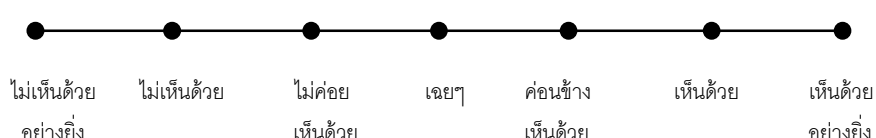
9. สื่อสังคมออนไลน์ช่วยให้ท่านมีเพื่อนใหม่



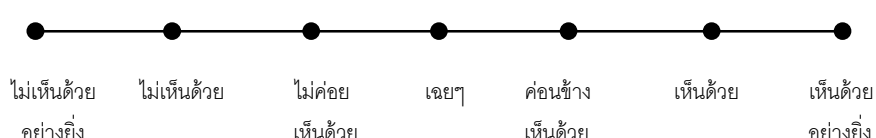
10. สื่อสังคมออนไลน์ช่วยให้ท่านบรรลุเป้าหมายทางการศึกษา



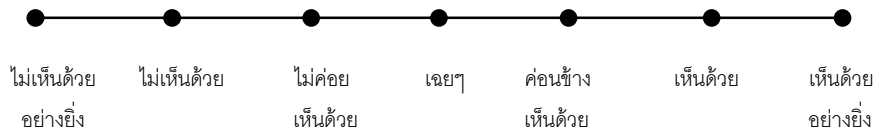
11. สื่อสังคมออนไลน์ช่วยลดความเครียดให้ท่าน



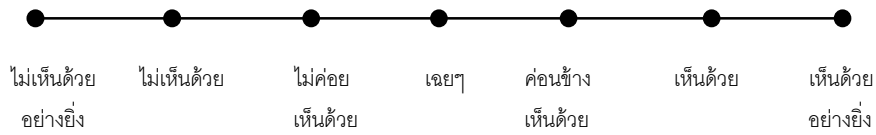
12. เมื่อท่านไม่สบายใจ สื่อสังคมออนไลน์ช่วยให้ท่านรู้สึกดีขึ้น



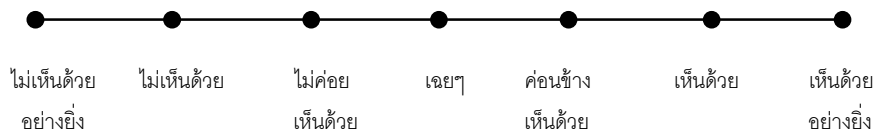
13. ท่านใช้สื่อสังคมออนไลน์เพื่อแบ่งปันความรู้สึกรู้สึกและความคิดเห็น



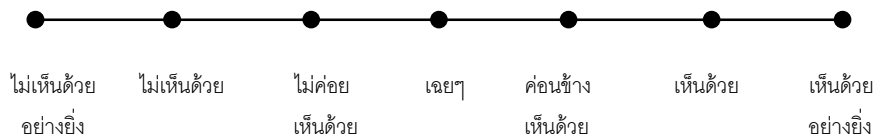
14. สื่อสังคมออนไลน์สามารถช่วยให้ท่านจัดการกับสถานการณ์ที่ยากลำบากได้



15. การใช้สื่อสังคมออนไลน์ของท่าน ทำให้ท่านใช้เวลาอยู่กับครอบครัวน้อยกว่าเดิม



16. การใช้สื่อสังคมออนไลน์ของท่าน ทำให้ท่านใช้เวลาอยู่กับเพื่อนน้อยกว่าเดิม



17. ท่านคิดว่า สื่อสังคมออนไลน์ช่วยให้ท่านจัดการกับสถานการณ์ที่ยากลำบากได้อย่างไร

.....

18. ตามความคิดเห็นของท่าน อะไรคือข้อเสียของการใช้สื่อสังคมออนไลน์

.....

**ตอนที่ 3** การบรรลุเป้าหมายทางการศึกษา

**คำชี้แจง** กรุณาอ่านคำถามแต่ละข้ออย่างละเอียด แล้วทำเครื่องหมาย X

ลงในช่องที่ตรงกับนักศึกษามากที่สุด หรือตอบคำถามลงในช่องว่างตามความเป็นจริง

1. ในภาคการศึกษาที่ผ่านมา ท่านขาดเรียนประมาณกี่วัน
 

<input type="checkbox"/> ไม่เคย	<input type="checkbox"/> 1 – 3 วัน
<input type="checkbox"/> 4 – 6 วัน	<input type="checkbox"/> 7 – 9 วัน
<input type="checkbox"/> 10 วันหรือมากกว่า	

2. ท่านพูดคุยกับอาจารย์หลังเลิกเรียนบ่อยเพียงใด

ไม่เคย

บางครั้ง

เสมอ

นานๆ ครั้ง

บ่อยครั้ง

3. ท่านมักจะถามอาจารย์ ถ้าท่านไม่เข้าใจบางอย่างที่อาจารย์พูด



ไม่เห็นด้วย  
อย่างยิ่ง

ไม่เห็นด้วย

ไม่ค่อย  
เห็นด้วย

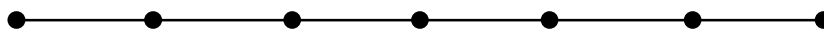
เฉยๆ

ค่อนข้าง  
เห็นด้วย

เห็นด้วย

เห็นด้วย  
อย่างยิ่ง

4. ท่านมักจะถามอาจารย์ เมื่อท่านไม่เข้าใจงานที่ได้รับมอบหมาย



ไม่เห็นด้วย  
อย่างยิ่ง

ไม่เห็นด้วย

ไม่ค่อย  
เห็นด้วย

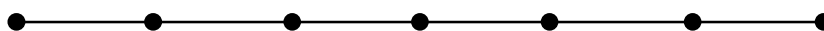
เฉยๆ

ค่อนข้าง  
เห็นด้วย

เห็นด้วย

เห็นด้วย  
อย่างยิ่ง

5. อาจารย์ของท่านสนับสนุนให้ท่านเข้าร่วมกิจกรรมในชั้นเรียน



ไม่เห็นด้วย  
อย่างยิ่ง

ไม่เห็นด้วย

ไม่ค่อย  
เห็นด้วย

เฉยๆ

ค่อนข้าง  
เห็นด้วย

เห็นด้วย

เห็นด้วย  
อย่างยิ่ง

6. อาจารย์ของท่านเปิดโอกาสให้ท่านแสดงความคิดเห็นและแนวความคิด



ไม่เห็นด้วย  
อย่างยิ่ง

ไม่เห็นด้วย

ไม่ค่อย  
เห็นด้วย

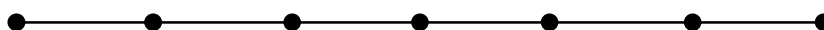
เฉยๆ

ค่อนข้าง  
เห็นด้วย

เห็นด้วย

เห็นด้วย  
อย่างยิ่ง

7. ท่านเชื่อว่า อาจารย์สามารถช่วยให้ท่านผ่านพ้นสถานการณ์ที่ยากลำบากได้



ไม่เห็นด้วย  
อย่างยิ่ง

ไม่เห็นด้วย

ไม่ค่อย  
เห็นด้วย

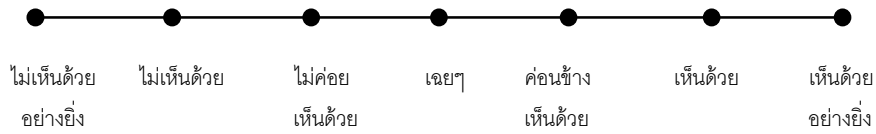
เฉยๆ

ค่อนข้าง  
เห็นด้วย

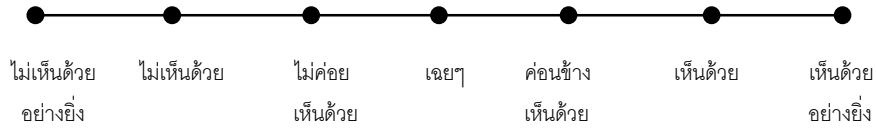
เห็นด้วย

เห็นด้วย  
อย่างยิ่ง

8. ท่านพูดคุยกับอาจารย์เกี่ยวกับสถานการณ์ที่ยากลำบาก



9. เมื่อท่านรู้สึกเศร้า อาจารย์ของท่านช่วยให้ท่านรู้สึกดีขึ้น



**ตอนที่ 4** ความเมตตากรุณาต่อตนเอง

**ตอนที่ 5** ความเข้มแข็งสร้างสรรค์

- ขอขอบคุณที่ให้ความร่วมมือ -



## 12.11 Semi-structured in-depth interview (English version)

### Questionnaire for the in-depth interviews

#### **Part 1** General information

**Instruction** Please read each question carefully before answering.

1. Are you  
 Male  Female  
 Prefer not to say
2. What is your age?  
..... years old
3. What is your nationality?  
 British  American  
 Thai  Chinese  
 other (please specify).....
4. What is your religion?  
 Buddhist  Christian  
 Islamic  Hindu  
 No religion  other (please specify).....  
 Prefer not to say
5. What is your year of study?  
 the 1<sup>st</sup> year  the 2<sup>nd</sup> year  
 the 3<sup>rd</sup> year  the final year  
 other (please specify).....
6. What degree are you studying (i.e. major)?  
.....
7. If known, what is your current average mark on your degree?  
.....
8. If known, what is the percentage mark you received for the last piece of work you submitted?  
.....
9. How would you estimate your performance in comparison to your peers?  
 much worse than others  a little worse than others  
 about average  a little better than others  
 much better than others

10. If known, what is/was your father's profession?

.....

11. What is/was a group of your father's profession?

- |   |   |
|---|---|
| <input type="checkbox"/> Managers   | <input type="checkbox"/> Professionals                    |
| <input type="checkbox"/> Technicians and associate professionals            | <input type="checkbox"/> Clerical support workers         |
| <input type="checkbox"/> Service and sales workers                          | <input type="checkbox"/> Craft and related trades workers |
| <input type="checkbox"/> Skilled agricultural, forestry and fishery workers | <input type="checkbox"/> Elementary occupations           |
| <input type="checkbox"/> Plant and machine operators and assemblers         | <input type="checkbox"/> Armed forces occupations         |
| <input type="checkbox"/> Not applicable                                     |   |

12. If known, what is/was your mother's profession?

.....

13. What is/was a group of your mother's profession?

- |   |   |
|---|---|
| <input type="checkbox"/> Managers   | <input type="checkbox"/> Professionals                    |
| <input type="checkbox"/> Technicians and associate professionals            | <input type="checkbox"/> Clerical support workers         |
| <input type="checkbox"/> Service and sales workers                          | <input type="checkbox"/> Craft and related trades workers |
| <input type="checkbox"/> Skilled agricultural, forestry and fishery workers | <input type="checkbox"/> Elementary occupations           |
| <input type="checkbox"/> Plant and machine operators and assemblers         | <input type="checkbox"/> Armed forces occupations         |
| <input type="checkbox"/> Not applicable                                     |   |

14. Compared to the average income, would you say your family's annual income is...

- |   |   |
|---|---|
| <input type="checkbox"/> much lower than average  | <input type="checkbox"/> a little lower than average  |
| <input type="checkbox"/> about average            | <input type="checkbox"/> a little higher than average |
| <input type="checkbox"/> much higher than average |   |

15. How many brothers and sisters do you have? (excluding yourself)

.....

## **Part 2** semi-structured interview

I am interested in how people deal with difficult situations and cope with problems at home and at University. I would like to know about times when you have had to deal with problems and how you have responded, what kinds of things have helped you to feel better?

1. What happens when things go wrong? Can you give me some examples about it?
2. What do you do when things go wrong? Why?
3. Who do you talk to?
4. What do you do when things happens gone well?
5. Are you very self-critical at times? Why? Can you give me an example?
6. Who helped you feel better about yourself?
7. Do you like to talk to others about difficult situations face to face?

8. How does that make you feel? Do you feel kinder towards yourself after talking to other people?
9. How about your family? How do your family response when you feel down?
10. Does your family support you when you feel bad?
11. How does this make you feel about yourself?
12. How does your family do when things did not go well?
13. How do your family response when your studies did not go well?
14. In what ways do your friends help you when you feel bad?
15. Have they given any suggestions to you about social media use?
16. How many social media websites do you use? Can you give me the name of those websites?
17. What do you use social media websites for?
18. Do you like to use social media or talk to other people face to face?
19. How does using social media help when you are facing difficulties at home or with your studies?
20. How do your teachers response when your studies did not go well?
21. Have you ever shared your feelings and thoughts with your teachers?
22. How does this make you feel?
23. What is your philosophy about dealing with difficult situations?
24. Can you give me an example of how you dealt with a difficult situation recently?
25. How did you feel about yourself afterwards?
26. How long did it take you to feel happy again?
27. Since dealing with that difficult situation what things have you decidedly to do differently the next time a difficult situation arises?
28. What is your philosophy about your life?

Remember to ask about self-compassion and resilience in association with friends/family/teachers/using social media

e.g.

Do you feel kinder towards yourself after talking to friends/family/teachers/using social media?

Do you feel better able to deal with life after talking to friends/family/teachers/using social media?

\*\*\*Please note that all questions for in-depth interview are flexible.

#### Checklists

- Family
- Friends in classrooms
- Other friends outside the classroom
- Social media use
- Educational attainment
- Others

## 12.12 Semi-structured in-depth interview (Thai version)

### คำถามสำหรับการสัมภาษณ์เชิงลึก

ตอนที่ 1 ข้อมูลทั่วไป

**คำชี้แจง** กรุณาอ่านคำถามแต่ละข้อด้วยความระมัดระวังและทำเครื่องหมาย (✓) ลงในช่องเพียงครั้งเดียว

1. เพศ

ชาย

หญิง

ไม่ประสงค์จะตอบ

2. อายุ

..... ปี

3. สัญชาติ

อังกฤษ

อเมริกัน

ไทย

จีน

อื่นๆ (โปรดระบุ).....

4. ศาสนา

พุทธ

คริสต์

อิสลาม

ฮินดู

ไม่มีศาสนา

อื่นๆ (โปรดระบุ).....

ไม่ประสงค์จะตอบ

5. ชั้นปีที่ศึกษา

ชั้นปีที่ 1

ชั้นปีที่ 2

ชั้นปีที่ 3

ชั้นปีที่สุดท้าย

อื่นๆ (โปรดระบุ).....

6. สาขาวิชาและคณะ

.....

7. หากท่านทราบ กรุณาระบุคะแนนเฉลี่ยสะสมในปัจจุบันของท่าน (GPA)

.....

ไม่สามารถระบุได้

8. หากท่านทราบ คะแนนที่ท่านได้รับจากการส่งงานที่ได้รับมอบหมายขั้นสุดท้ายคิดเป็นร้อยละเท่าใด  
 .....  ไม่สามารถระบุได้
9. ท่านจะประเมินพฤติกรรมการเรียนของท่านเมื่อเปรียบเทียบกับเพื่อนของท่านอย่างไร  
 แย่กว่าเพื่อนคนอื่นมาก  แย่กว่าเพื่อนคนอื่นเล็กน้อย  
 เท่ากับเพื่อนคนอื่น  ดีกว่าเพื่อนคนอื่นเล็กน้อย  
 ดีกว่าเพื่อนคนอื่นมาก
10. หากท่านทราบ กรุณาระบุอาชีพของบิดาของท่าน  
 .....  ไม่สามารถระบุได้
11. อาชีพของบิดาของท่านจัดอยู่ในกลุ่มใด  
 ผู้จัดการ  ผู้เชี่ยวชาญในวิชาชีพ  
 ช่างเทคนิคและผู้ช่วยผู้เชี่ยวชาญในวิชาชีพ  พนักงานในสำนักงาน  
 ผู้ทำงานด้านการบริการและการขาย  ผู้ที่ทำงานด้านศิลปะและช่างฝีมือ  
 ผู้ที่ทำงานด้านเกษตรกรรม ป่าไม้ และการประมง  ผู้ใช้แรงงานหรือรับจ้าง  
 ช่างประกอบและช่างควบคุมเครื่องมือ เครื่องจักร  ผู้ที่ทำงานในกองทัพ  
 ไม่สามารถระบุได้
12. หากท่านทราบ กรุณาระบุอาชีพของมารดาของท่าน  
 .....  ไม่สามารถระบุได้
13. อาชีพของมารดาของท่านจัดอยู่ในกลุ่มใด  
 ผู้จัดการ  ผู้เชี่ยวชาญในวิชาชีพ  
 ช่างเทคนิคและผู้ช่วยผู้เชี่ยวชาญในวิชาชีพ  พนักงานในสำนักงาน  
 ผู้ทำงานด้านการบริการและการขาย  ผู้ที่ทำงานด้านศิลปะและช่างฝีมือ  
 ผู้ที่ทำงานด้านเกษตรกรรม ป่าไม้ และการประมง  ผู้ใช้แรงงานหรือรับจ้าง  
 ช่างประกอบและช่างควบคุมเครื่องมือ เครื่องจักร  ผู้ที่ทำงานในกองทัพ  
 ไม่สามารถระบุได้
14. เมื่อเปรียบเทียบกับรายได้โดยเฉลี่ย ท่านคิดว่า รายได้ต่อปีของครอบครัวท่านเป็นอย่างไร  
 ต่ำกว่ารายได้โดยเฉลี่ยเป็นอย่างมาก  ต่ำกว่ารายได้โดยเฉลี่ยเล็กน้อย  
 เท่ากับรายได้โดยเฉลี่ย  มากกว่ารายได้โดยเฉลี่ยเล็กน้อย  
 มากกว่ารายได้โดยเฉลี่ยเป็นอย่างมาก

15. ท่านมีพี่น้องกี่คน (ไม่นับตัวท่าน)

.....

**ตอนที่ 2** การสัมภาษณ์แบบกึ่งมีโครงสร้าง

ผู้วิจัยต้องการศึกษาว่า ผู้คนมีวิธีการอย่างไรในการจัดการกับสถานการณ์ที่ยากลำบาก และวิธีการรับมือกับปัญหาที่เกิดขึ้นในครอบครัว และมหาวิทยาลัย รวมทั้งระยะเวลาที่ท่านใช้ในการจัดการกับปัญหา วิธีการตอบสนองตลอดจน ทำสิ่งใดจึงทำให้ท่านรู้สึกดีขึ้น

1. เหตุการณ์ลักษณะใดที่แสดงให้เห็นว่าสิ่งต่างๆ ไม่เป็นไปตามที่วางแผนไว้ กรุณายกตัวอย่าง
2. ท่านทำอย่างไรเมื่อเกิดเหตุการณ์ที่ไม่เป็นไปตามที่วางแผนไว้ เพราะเหตุใด
3. ท่านพูดคุยกับใคร
4. ท่านทำอย่างไรเมื่อทุกอย่างสำเร็จไปได้ด้วยดี
5. ท่านเคยตำหนิตนเองบางครั้งหรือไม่ เพราะเหตุใด ท่านพอจะยกตัวอย่างได้หรือไม่
6. ใครช่วยทำให้ท่านรู้สึกดีกับตนเองมากยิ่งขึ้น
7. ท่านชอบพูดคุยกับคนอื่นเกี่ยวกับสถานการณ์ที่ยากลำบากของท่านหรือไม่
8. การพูดคุยทำให้ท่านรู้สึกอย่างไร ท่านรู้สึกดีกับตนเองมากยิ่งขึ้นหลังจากการพูดคุยดังกล่าวหรือไม่
9. ครอบครัวของท่านทำอย่างไรเมื่อท่านรู้สึกเศร้า
10. ครอบครัวของท่านให้กำลังใจท่านเมื่อท่านรู้สึกไม่สบายใจหรือไม่
11. สิ่งที่ครอบครัวท่านตอบสนองเวลาที่ท่านรู้สึกไม่สบายใจ ทำให้ท่านรู้สึกอย่างไรเกี่ยวกับตัวท่านเอง
12. ครอบครัวของท่านทำอย่างไรเมื่อเกิดเหตุการณ์ที่ไม่เป็นไปตามที่คาดไว้
13. ครอบครัวของท่านมีทำอย่างไรเมื่อผลการเรียนของท่านไม่ดีเท่าที่คาดไว้
14. เพื่อนของท่านมีส่วนช่วยเหลือท่านอย่างไรเมื่อท่านรู้สึกไม่สบายใจ
15. เพื่อนของท่านเคยให้คำแนะนำแก่ท่านในการใช้สื่อสังคมออนไลน์หรือไม่
16. ท่านใช้สื่อสังคมออนไลน์ที่เว็บไซต์ กรุณายกกรายชื่อเว็บไซต์เหล่านั้น
17. ท่านใช้สื่อสังคมออนไลน์จากเว็บไซต์ดังกล่าวเพื่ออะไร
18. ท่านชอบใช้สื่อสังคมออนไลน์หรือการพูดคุยกับผู้อื่นแบบเผชิญหน้า
19. การใช้สื่อสังคมออนไลน์ช่วยท่านอย่างไร เมื่อท่านเผชิญกับสถานการณ์ที่ยากลำบากจากครอบครัวหรือจากการเรียนของท่าน
20. อาจารย์ของท่านมีทำอย่างไรเมื่อการเรียนของท่านไม่ค่อยดี
21. ท่านเคยเล่าเรื่องความรู้สึกหรือความคิดของท่านให้อาจารย์ฟังหรือไม่
22. ถ้าเคย การเล่าเรื่องความรู้สึกหรือความคิดกับอาจารย์นั้นทำให้ท่านรู้สึกอย่างไร
23. ท่านมีปรัชญาในการจัดการกับสถานการณ์ที่ยากลำบากอย่างไร
24. กรุณายกตัวอย่างการจัดการกับสถานการณ์ที่ยากลำบากของท่านเมื่อเร็ว ๆ นี้
25. หลังจากเหตุการณ์นั้น ท่านรู้สึกอย่างไรเกี่ยวกับตัวเอง
26. ท่านใช้เวลาานเท่าใดกว่าที่ท่านจะรู้สึกมีความสุขอีกครั้ง
27. นับตั้งแต่นั้น ท่านตัดสินใจจะใช้วิธีการอื่นในการจัดการกับสถานการณ์ที่ยากลำบากครั้งต่อไปหรือไม่
28. ปรัชญาในการดำเนินชีวิตของท่านคืออะไร

หมายเหตุ

1. ถามเกี่ยวกับความเมตตาต่อตนเองและความเข้มแข็งสร้างสรรค์ โดยเชื่อมโยงกับเพื่อน ครอบครัว อาจารย์และ การใช้สื่อสังคมออนไลน์

เช่น - ท่านรู้สึกดีกับตนเองมากขึ้นหรือไม่ หลังจากพูดคุยกับเพื่อน/ครอบครัว/อาจารย์/การใช้สื่อสังคมออนไลน์

- ท่านรู้สึกดีขึ้นและสามารถจัดการกับชีวิตได้ดีขึ้นหรือไม่ หลังจากพูดคุยกับเพื่อน/ครอบครัว/อาจารย์/การใช้สื่อสังคมออนไลน์

2. คำถามทุกข้อสำหรับการสัมภาษณ์เชิงลึกสามารถยืดหยุ่นได้

ประเด็นในการสัมภาษณ์

- ครอบครัว
- เพื่อนในชั้นเรียน
- เพื่อนนอกชั้นเรียน
- การใช้สื่อสังคมออนไลน์
- การบรรลุเป้าหมายทางการศึกษา
- อื่นๆ

## 12.13 Themes and sub-themes of dealing with difficulties in British students

(1<sup>st</sup> time)

Main themes	Sub-themes
1. Problems people face and strategies for dealing with them	Exam/workplace stress/performance problems
	Friendship problems
	Health problems
	Loss/bereavement
	Dealing with problems by themselves
	Recovering to solve the problems
	Ignoring/Hiding from the problems
	Talking to other people face to face about the problems
	Using social media to contact other people to overcome the problems
	Using social media to distract themselves and avoid dealing with the problems
	Codes/Motto
2. Sources of support (face-to-face)	Family
	General friends
	Old friends
	New friends
	Lecturers
3. The use of social media to deal with the problems	Benefits
	Costs
	Preference for face-to -face communication
	Preference for social media use



**12.14 Themes and sub-themes of dealing with difficulties in Thai students  
(1<sup>st</sup> time)**

Main themes	Sub-themes
1. Strategy for dealing with difficulties	No Strategy
	Distraction
	Talking
	Contemplation
2. Family support	Benefits
	Barriers
3. Teacher support	Warm previous relationships
	Functional relationships
	Never or rarely talk
4. Friends	Close Friends
	Support and advice
	Homophily
5. Social media use	Benefits
	Costs
6. Comparison between face-to-face communication and social media	True emotions
7. Codes/Motto	-

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