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3rd KANITA POSTGRADUATE INTERNATIONAL CONFERENCE ON GENDER STUDIES
16 – 17 November 2016
Universiti Sains Malaysia, Penang

Self-Compassion, Social Connectedness and Self-Regulation of Health Behaviour: A Preliminary Study on Local Undergraduates in Malaysia

Kelvin Ying[a,*], Intan Hashimah Mohd Hashim[a,b]
[a]Centre for Research on Women and Gender (KANITA)
[b]School of Social Sciences
Universiti Sains Malaysia, Penang

*Corresponding Email: klvnying@gmail.com

Abstract

Self-compassion refers to the ability to care and have compassion towards oneself during the hard time in their life, which offers them a sense of warmth, connectedness and concern. Social connectedness refers to how individuals relate themselves with others and how they perceive themselves in those relationships. Self-regulation of health behaviour refers to one's initiatives, such as setting goals, taking action and monitoring progress, in personal health management. This study examined 1) gender difference in self-compassion, 2) the level of self-compassion, social connectedness and self-regulation of health behaviour, and 3) the relationship between self-compassion, social connectedness and self-regulation of health behaviour, among local undergraduates in Malaysia. Participants were 292 local undergraduates in a Malaysian public university who completed a questionnaire package on Self-Compassion Scale ($\alpha = .79$), the Health Responsible part of Health-Promoting Lifestyle Profile II ($\alpha = .85$) and The Social Connectedness Scale-Revised ($\alpha = .87$). Findings reported insignificant gender difference in self-compassion among local undergraduates. Findings also reported adequate level of self-compassion, high level of social connectedness and low level of self-regulation of health behaviour among local undergraduates in Malaysia. There was significant and positive relationship between self-compassion, social connectedness and self-regulation of health behaviour. Contribution, limitation and future research direction of current study were discussed.

Keywords: Self-Compassion, Social Connectedness, Health Behaviour, Gender Difference.

1. Introduction

University is an institution where undergraduates pursue their tertiary education and research in various academic fields. Enrolment to university brings not only satisfaction to them but also improvement in terms of knowledge, social skill and physical well-being (Elias, Mahyuddin & Uli, 2009). However, undergraduates face challenges during their time in university. According to Smith and Renk (2007), undergraduates encounter various overwhelming experiences such as examinations and assignments, professors and parents' expectations, choosing a major, future planning, and financial problems. Daily interactions

between undergraduates and people around them also induce negative feelings by leading them to self-evaluation and social comparison (Benson & Elder, 2011).

A study was conducted in a public university in Malaysia to identify the major obstacles faced by local undergraduates. Those obstacles are: financial difficulties (e.g. delays in receiving funding from the sponsor / provider or insufficient funds to cover the expenses of the study), academic problems (e.g. obstacles in course registration, reluctant to attend lecture early in the morning, or troubles in understanding reference books written in English), and finally health problems where they are less concern about their health or lack of ability to take care of themselves (Ahmad, Fauziah, Azemi, Shaari & Zailani, 2002). Local undergraduates might experience negative emotions such as depression, anxiety, stress and pessimism as a result of obstacles in university's life (Neff, 2003).

Local undergraduates are the assets of our society. Therefore, they must be equipped with certain personal strengths to deal with stressful or negative events. This study views self-compassion as a construct that can help Malaysian local undergraduates to achieve psychological well-being. Self-compassion refers to the ability to care and have compassion towards oneself during the hard time in their life, which offers them a sense of warmth, connectedness and concern. Previous studies revealed that self-compassion can promote happiness, optimism, sense of connection to others and initiatives, while demote distress, depression, anxiety and guilt (Leary, Tate, Adams, Allen & Hancock, 2007; Terry & Leary, 2011). It would seem that an exploration of self-compassion among Malaysian local undergraduates is an important endeavour.

2. Literature review

2.1 Self- Compassion

Generally, people treat themselves far unkind than they would treat others during a negative moment in their life, credited to negative self-evaluation, self-critic and self-judgement, which further induce depression, anxiety and sadness (Neely, Schallert, Mohammed & Chen, 2009; Terry & Leary, 2011). Self-compassion, a relatively new concept to Western psychology, has been introduced to demote the above-mentioned negative emotions (Neff, 2009).

Self-compassion is conceptualised from the general definition of compassion (Neff, 2003). Gilbert (2005) defined compassion as "a non-defensive and non-judgmental way of accepting others and own suffering, with a cognitive comprehension of suffering and the motive and action to relieve suffering". Wispe (1991) defined compassion as "being moved by and connecting to others' suffering which in turn induce the urge to show kindness to those in needs; practicing non-judgmental understanding towards others' incompetence and imperfections, and treating failure or suffering as common human experience". Therefore, from the perspective of practicing compassion to oneself, Neff (2003) defined self-compassion as "being touched by and opens to one's suffering, not avoiding or disconnecting from it, generating the desire to soothe one's suffering and to heal oneself with kindness; practising non-judgmental understanding towards one's incompetence and/or non-fulfilment and imperfections, and; viewing one's experience as a shared human experience".

There are three major components in self-compassion. The first component is self-kindness, which promotes the extension of kindness and understanding towards oneself. The second component is common humanity, which involves seeing one's experiences, either positive or negative, as common experiences shared by human beings, rather than seeing them separately. The last component of self-compassion is mindfulness. Instead of over-identifying one's painful thought or experience, mindfulness involves viewing the painful experience in a balanced perspective (Neff, 2003).

2.2 Gender differences in Self-Compassion

Literature have revealed differences between men and women in self-compassion. Women are generally perceived as understand better in common humanity, more interdependent, and more empathic than men. Hence, women are expected to be more self-compassionate than men (Neff, 2003). However, there are also studies suggesting women to be less self-compassionate than men because women are more self-criticise, prefer ruminative coping style than men, and indulge in over-identification (Neff & Vonk, 2009; Raes, 2010). Significant gender difference in self-compassion was found in Neff & Vonk (2009), by using a sample of 2187 respondents recruited through advertisement in social media. Results indicated that female are less self-compassionate than male. Raes (2010) assessed self-compassion among 271 psychology university students at the University of Leuven and

conducted *t* test to show significantly lesser self-compassion in female university students compared to their male counterparts (Neff & Vonk, 2009; Raes, 2010).

Studies conducted in Taiwan, Turkey, Thailand and the United States showed no significant gender differences in self-compassion (Iskender, 2009; Neff, Rude & Kirkpatrick, 2007). Iskender (2009) examined gender differences in self-compassion with a sample of 390 university students in Turkey and no significant gender differences was found in self-compassion (Iskender, 2009). Therefore, whether gender differences place an impact on self-compassion or not are still far from conclusive.

2.3 Social connectedness, Self-regulation of health behaviour and Self-compassion

Lee and Robbins (1998) social connectedness as "a long-lasting and commonly appearing sense of self that reflects a subjective awareness of closeness, togetherness and belongings with one's social environment". Social connectedness involves how we relate with others and perceive ourselves in relation to those bonds and associations (Lee & Robbins, 1995). Social connectedness includes affiliation with everyone in his/ her surroundings, such as family, peers, friends, schoolmates, colleagues, and people in the neighbourhood or others that one knows through various activities in daily life (Lee & Robbins, 1998).

Self-compassion and social connectedness share the same characteristic. Both of them emphasis interconnectedness. Self-compassion leads individuals to metacognitive activity, which induce the recognition of certain experiences in self and other. The process of metacognitive activity reduces the egocentric feelings of separation and increases the feelings of interconnectedness, by shattering the cycle of self-absorption and over-identification. It allows individuals to see their own experiences in greater perspective (Neff 2003). In fact, previous studies on self-compassion have shown significant positive association with social connectedness (Neff & McGehee, 2010, Wei et al., 2011), supporting the shared characteristic of interconnectedness.

Gochman (1997) defined health behaviours as the perception, personality, habits and action of a person in administering his/her health issues. Examples of health behaviours are healthy diet, regular exercises, and consistent medical checkup (Terry & Leary, 2011). On the other hand, self-regulation means setting goals, taking action, monitoring progress toward

health goal, modifying behaviour if off track from goal and regulating emotion (Baumeister & Heatherton, 1996).

Self-compassion is important in practicing self-regulation of health behaviour. Self-compassion enables individuals to set safe and realistic goals by helping them to realize their strength and limitation through mindfulness. Individual with self-compassion will set a well-being orientated goal rather than an ego-related goal (Neff, Hsieh & Dejitterat, 2005; Terry & Leary, 2011). Besides that, self-compassionate individuals do not feel reluctant to seek medical attention even when the illness exhibit an unfavourable perception of self to others. They understand that seeking medical attention or having health problem is a common situation happening to many others (common humanity).

Self-compassion also functions in treatment adherence. During the process of alternating unhealthy behaviours, one might occasionally experience backslide (e.g. surrender to high sugar food while on a diet). Self-compassionate individuals forgive themselves for backsliding and treat themselves with self-kindness rather than self-critic. Compared to individuals who self-criticize and feel guilty, self-compassionate individuals are more prone to re-engage in self-regulation after the backslide, show higher motivation in self-regulation activities and higher possibility to achieve a goal (Adams & Leary, 2007; Kelly, Zuroff, Foa & Gilbert, 2010).

2.4 Current Study

The objectives of current study are: 1) to examine gender difference in self-compassion, 2) to evaluate the level of self-compassion, social connectedness and self-regulation of health behaviour and, 3) to explore the relationship of self-compassion with social connectedness and self-regulation of health behaviour; among local undergraduate in a Malaysian public university. First, mean was computed to determine the level of the three construct. Next, t-test were performed to examine the gender difference in self-compassion. Lastly, the relationship between the three constructs were tested through Pearson Correlation. All analyses were carried out on a local undergraduate sample.

3. Method

3.1 Participants

Respondents consisted of 292 local undergraduates from a public university in Malaysia. The mean age of respondents is 21.42 (*SD* = 3.02). Detail demographic characteristics of respondents are provided at Table 1.

Table 1
Demographic characteristics of participants

Demographic Characteristics	n (%)
Sex	
Male	134 (45.9)
Female	158 (54.1)
Ethnicity	
Malay	204 (69.9)
Chinese	68 (23.3)
Indian	11 (3.8)
Others	9 (3.1)
Family Income per Month (RM)	
Below 1000	74 (25.3)
1001- 3000	136 (46.6)
3001- 5000	36 (12.3)
5001- 7000	21 (7.2)
Above 7000	24 (8.2)
Missing value	1 (.3)

Note. Participants' mean age = 21.42 (*SD* = 3.02), mean latest CGPA = 3.44 (*SD* = .32), *N*= 192.

3.2 Procedure

The process of full-scale data collection started with distribution of questionnaires and informed consent forms in a university-wide course for undergraduate with the permission from lecturer in-charged. The researcher provided a brief description of this study and only those who volunteered to participate this study completed the questionnaire. During the process of collecting data, the researcher was in the lecture hall to provide clarification on questionnaire. After 20 minutes, completed questionnaires were handed up to the researcher and respondents got extra credit in their course for their participation in the study.

3.3 Instruments

Demographic

Four items such as age, ethnicity, monthly family income and latest CGPA to assist researcher in getting the profile of the respondents.

Self-Compassion

Self-Compassion was assessed by using Self-Compassion Scale with 26-item which include Self-Kindness (5 items), Self-Judgment (5 items), Common Humanity (4 items), Isolation (4 items), Mindfulness (4 items), and Over-Identification (4 items). Responses were given on a 5-point scale from 1=‘‘almost never’’ to 5=‘‘almost always.’’ Mean scores on the six subscales are then summed (after the negative items have been reverse-coded) to create an overall self-compassion score (Neff, 2003). Guidelines were given to interpret the level of self-compassion among respondents. A mean score of 1-2.5 indicates low in self-compassion, 2.5-3.5 indicates moderate, and 3.5-5.0 means high in self-compassion. The SCS has been used and validated in non-Western countries such as Taiwan ($\alpha = .86$), Thailand ($\alpha = .86$), and Turkey ($\alpha = .83$) (Deniz, Kesici & Sümer, 2008; Neff, Pisitsungkagarn & Hsieh, 2008).

Self-regulation of health behaviour

Health-Promoting Lifestyle Profile II (HPLPII) is a 52-items scale that measures behaviour in the theorized dimensions of health-promoting lifestyle, namely health responsibility, physical activity, stress management, spiritual growth, interpersonal relations, and nutrition (Walker & Hill-Polerecky, 1996). For the purpose of assessing the Self-regulation of Health Behaviour, only the Health Responsibility subscale of HPLPII were used. A Four-Point Likert-type scale is used. Items on the scales are scored at 1= “Never 2” = “Sometimes” 3 = “Often” 4 = “Routinely” The subscale scores are gained by summating a mean of the responses to subscale items. Higher score shows better self-awareness in health responsibility. The HPLP II has been used and validated in non-Western countries such as Jordan ($\alpha = .92$), Japan ($\alpha = .91$) and Iran ($\alpha = .86$) (Alkhawaldeh, 2014; Wei et al., 2012; Baheiraei et al., 2011).

Social Connectedness

The Social Connectedness Scale-Revised (SCS-R) is designed to measure social connectedness, psychological sense of interpersonal relatedness and closeness with the social world in general (Lee et al., 2001). The SCS-R is a 20 item scale, 10 positive items and 10 negative items, on a six-point Likert continuum (1=*strongly disagree,* 6=*strongly agree*). Scores for SCS-R range from 20 to 120 with higher scores indicating greater levels of social connectedness (Armstrong and Oomen-Early, 2009). The SCS-R has been used and validated in a study in Taiwan ($\alpha = .87$) (Chen & Chung, 2007).

4. Results

Independent t-test was performed to examine gender difference in self-compassion among local undergraduates. Results in Table 2 shows no significant gender differences in self-compassion as whole, but significant gender difference was found in Isolation subscale. Female undergraduates scored significantly higher than male undergraduates in Isolation.

Table 2
Results of t-test for Self-Compassion and its subscales by Sex

Variables	Sex			
	Male	Female	*t*	*df*
Self-Compassion	3.23 (.33)	3.29 (.36)	-1.51	286
Self- Kindness	3.60 (.62)	3.67 (.55)	-.95	286
Self-Judgement	2.87 (.57)	2.84 (.48)	.44	286
Common Humanity	3.66 (.68)	3.79 (.59)	-1.73	286
Isolation	2.80 (.62)	2.97 (.71)	-2.17*	286
Mindfulness	3.73 (.68)	3.73 (.60)	-.02	286
Over-identification	2.71 (.54)	2.75 (.60)	-.65	286

Note. Numbers in parentheses indicate standard deviation. t = t-values, df = Degree of Freedom. *p <.05; N = 288

In order to fulfilled research objective 2 and 3, mean, standard deviation and correlation of self-compassion, social connectedness and self-regulation of health behaviour was computed and the results were shown in Table 3.

Table 3
Means, Standard Deviations, Cronbach's Alphas and Correlations with the Self- Compassion Scale

Instrument	*M*	*SD*	α	*r*
Self-Compassion (SCS)	3.26	.35	.79	--
Self- Kindness (5)	3.63	.59	.66	.69**
Self-Judgement (5)	2.85	.52	.43	.45**
Common Humanity (4)	3.73	.64	.64	.54**
Isolation (4)	2.90	.68	.61	.62**
Mindfulness (4)	3.73	.64	.72	.71**
Over-identification (4)	2.73	.57	.47	.42**
Social Connectedness (SCS-R)	4.23	.63	.85	.48**
Positive items (10)	4.20	.63	.80	.34**
Negative items (10)	4.26	.91	.86	.43**
Self-Regulation of Health Behaviour (HPLPII; Health Responsibility subscale)	2.20	.58	.87	.13*

Note. Numbers in parentheses indicate numbers of item in each scale or subscales. M = Mean, SD = Standard deviation, α = Cronbach's alpha, r = Pearson's correlation. Self-Judgement, Isolation, Over-identification and Social Connectedness Negative items have been reverse coded. *p< .05, **p < .0.1

Referring to table 3, the overall mean score for SCS, SCS-R and HPLP II: Health Responsibility subscale are 3.26, 4.23, and 2.20 respectively. According to the guidelines

given, local undergraduates displayed: 1) moderate self-compassion, 2) high social connectedness, and 3) low self-regulation of health behaviour.

Self-compassion is positively and significantly correlated with social connectedness (r= .48, p< .01) and self-regulation of health behaviour (r= .13, p< .05). Also, all six subscales in self-compassion: self-kindness (r= .69, p< .01), self-judgement (r= .45, p< .01), common humanity (r= .54, p< .01), isolation (r= .62, p< .01), mindfulness (r= .71, p< .01), and over-identification (r= .42, p< .01) are significantly and positively correlated with self-compassion. Negative subscales (i.e. self-judgement, isolation and over-identification) were reverse coded. The Cronbach's alpha coefficient for SCS, SCS-R and HPLP II: Health Responsibility subscale are .79, .85 and .87, respectively. All instruments have shown good reliability.

5. Discussion

Current study examines gender difference in self-compassion among local undergraduate in Malaysia. Result show no significant gender difference in overall self-compassion, which replicates Iskender (2009) but contrary with Raes (2010). The similarities between both studies and the current study are: 1) involve university students in the study, and 2) apply the SCS to measure self-compassion. However, among the sub-dimensions in self-compassion, Isolation was found to have significant gender difference. Results indicate that female local undergraduates feel more isolated than male local undergraduates. This difference suggests that while programs dedicated to promote self-compassion should be provided to both male and female local undergraduates, when dealing with female local undergraduates, attention should be given more to the aspects of sense of isolation, by focusing on intervention that induce interconnectedness and common humanity. Results also suggest self-compassion gender differences vary from sample to sample and remain an open issue.

Positive and significant correlation was found between self-compassion and social connectedness were consistent with Neff & McGehee (2010), suggesting a compassionate stance toward the self would promote a strong sense of belonging, closeness and togetherness through a greater awareness of common humanity (Lee & Robbins, 1998; Neff & McGehee, 2010). Positive and significant correlation was found between self-regulation of health behaviour and self-compassion. This finding is consistent with Terry & Leary (2011), which suggested self-compassion enhances the ability of people in practising health-related behaviours and seeking medical attention. Self-compassionate individuals who are kind to

themselves will take the initiative to cope with health issues, view the process of regulating health behaviour as a phenomenon that happens to everybody (common humanity), and deal with their health issues with balanced state of mind (mindfulness). Therefore, self-compassionate individuals have higher tendency to regulate health behaviours. Previous studies from Western context and current study revealed positive and significant correlation between self-compassion, social connectedness and self-regulation of health behaviours, suggesting the relationship between these three constructs might not be altered or affected by differences in culture.

Reliability of scales used in current study were tested by computing Cronbach's alpha coefficient. Results showed the Self-Compassion Scale, Social Connectedness Scale-Revised, and Health-Promoting Lifestyle Profile II: Health Responsibility Subscale, which were scales validated within Western studies, is reliable for use of local undergraduates in Malaysia, suggesting the scales can be used for research with young adults from different culture backgrounds.

6. Limitation

First, respondents were local undergraduates in Malaysia. Therefore, generalizability is limited. Future studies can replicate this study with other populations to generate more convincing relationships among constructs examined in this study. Second, correlation found between self-compassion, social connectedness and self-regulation of health behaviours does not specifically reveal how they interact or the direction of interaction. Hence, further studies can address this issue by investigating the causal relationship between the three constructs.

7. Conclusion

Both literature and current study have associated self-compassion with psychological well-being and other positive constructs that are helpful to the development of human. Self-compassion should be further explored to discover its potential positive effect on local undergraduates' well-being and personal development. Current study reported no significant gender difference in self-compassion among local undergraduates; moderate self-compassion, high social connectedness and low self-regulation of health behaviours among local undergraduates; and significantly positive correlation between the three constructs. Current

study has expanded the understanding of the three constructs by examining them within Malaysian context.

8. Acknowledgement

This research was partially funded by Graduate Assistant Grant Scheme (PRGS) and Research University Grants of Universiti Sains Malaysia, Malaysia.

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