

Empathy, Psychological well-being and Self-compassion: The Role of Spirituality

A

Thesis submitted

In the partial fulfillment of the requirement for the degree of

MASTER OF ARTS

IN PSYCHOLOGY

Submitted By:

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Under the Guidance of:

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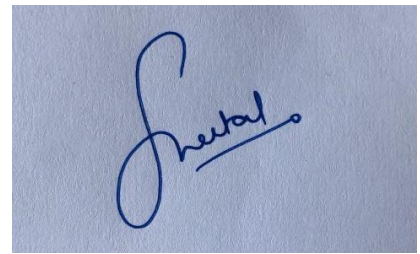
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CERTIFICATE

This is to certify that the thesis entitled, “Empathy, Psychological well-being and Self-compassion: The Role of Spirituality” being submitted in partial fulfillment of requirements for the award of degree of Master of Arts in Psychology, submitted in the School of Humanities and Social Sciences, Thapar Institute of Engineering and Technology, Patiala is a bonafide work carried out under the supervision of Dr.Sohinee Ganguly, Assistant Professor, School of Humanities and Social Sciences, Thapar Institute of Engineering and Technology, Patiala and that no part of this project has been submitted for the award of any other degree.



(SHEETAL SHARMA)

This is to certify that the above statement made by the student concerned is correct and true to the best of my knowledge.

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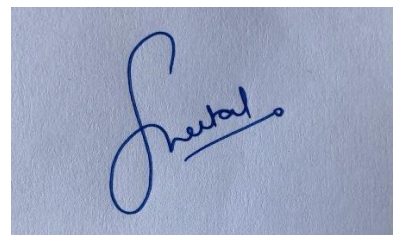
CANDIDATE'S DECLARATION

I hereby declare that the work presented in this thesis entitled, “**Empathy, Psychological well-being and Self-compassion: The Role of Spirituality**” in partial fulfillment of the requirement for the award of the degree of **Master of Arts in Psychology**, submitted in the **School of Humanities and Social Sciences, Thapar Institute of Engineering and Technology, Patiala**, is an authentic record of my own work carried out under the supervision and guidance of Dr. Sohinee Ganguly, Assistant Professor, School of Humanities and Social Sciences, Thapar Institute of Engineering and Technology, Patiala and refers other researcher's work which are duly listed in the reference section.

The matter embodied in this thesis has not formed the basis for the award of any other degree of this or any other university.

Date: June 2021

Place: Patiala



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Abstract

The purpose of this study was to examine the relationship of spirituality with empathy, psychological well-being and self-compassion. This study aimed to examine the gender differences in spirituality, empathy, psychological well-being (PWB) and self-compassion. A sample of 240 participants (Males=120, Females=120) of age range 18-30 years from the region of Punjab was examined using a convenient sampling method. The tools used in this study are: Daily Spiritual Experience Scale, Toronto Empathy Questionnaire, Psychological Well-being scale (Ryff) and SCS-SF (Neff,2003). T-test, correlation and regression analysis were applied. The findings of the study indicated that spirituality is positively related to empathy, PWB and self-compassion. Moreover, findings of the current study concluded that: (i) females scored more than males on spirituality and empathy scale. (ii) there is no significant difference in the scores of psychological well-being for females and males and (iii) females scored more on self-compassion than males.

Keywords: Spirituality, Empathy, Psychological wellbeing, Self-compassion

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CHAPTER 1

Introduction

Spirituality

The term spirituality carries a different meaning for different people. It is a broad concept that is beyond the boundaries of religion or culture. The term 'spiritual' has its root in the Latin word 'spritus', which means "breath." It is similar to 'psyche' in Greek, 'atman' in Sanskrit, and 'rauch' in Hebrew. Meriam Webster Dictionary (1974) defined spirit as a vital life giving and animating force of human beings. Frank (1984) defined spirituality as holding spiritual commitments while interpreting situation and sufferings. Marcoen (1994) stated spirituality as transcendent relation with someone or something greater and powerful than the self. (Plotnikoff 2002) described spirituality as an experience of, or a journey toward, or relationship with the source of true meaning with oneself, others with nature, or with the higher being. Spirituality is chameleon-like; it adjusts on the priorities and shape of different situations in which it is eased. Therefore, there is no generic definition of spirituality.

The words spirituality and religion are often used interchangeably, but both of the words are different. Religion is a compact term, often used for ritualized or formal belief practices within people. On the contrary, spirituality has a broader scope and is a universal phenomenon. It is not just restricted to the formal faith system. Religion helps to create and nurture individual spiritual life.

Characteristics of Spirituality

The following four characteristics are essentially necessary for spirituality:

(i) **Belief System:** Spirituality must include a belief system. It must include willingness to believe. Faith is an integral part of an individual belief decision in life. Spirituality is never self-

made (Marcoen, 1994); it depends upon the culture or process in which an individual dwells. Faiths may be defined as the belief in a god or a higher power. For some, spiritual beliefs are related to religion, while others may not be related to others.

(ii) The search for purpose: The second characteristic of spirituality is searching for meaning and purpose in life. It refers to the need to attain and seek enlightenment, connection, or righteousness. Burkhardt (1989) described this search as an 'unfolding mystery.'

(iii) Connection: Harmonious interconnectedness is the third necessary characteristic of spirituality (Hungermann et al., 1996). It refers to the joining together of two or more elements. It is recognition and acceptance of a relationship or a connection with others, the world, or the self.

(iv) Self-transcendence: Self-transcendence is the fourth characteristic of spirituality. It refers to the belief of extension beyond self, and generally, this belief is reasonable and harmonious, and it aims that there is more. It also includes which is not included in usual aspects of human experience or perception.

The relationship between self, others, and a higher being or a God is a fundamental goal of spirituality and an emerging theme in spiritual literature.

(i) Self: Individuals' inner resources and inner self are primary in exploring spirituality.

(ii) Others: Individual bonds and relationships with others are essential. Human experience includes the need for affiliation and interdependence.

(iii) God: God in a broader range is experienced as life experience, unifying force, or essence of being. Individual experience god in many ways, such as pets, nature, music, etc

'A Holistic Model of Spirituality' explains various themes:

Theistic spirituality- Theistic spirituality is derived from a religious perspective; it includes the ideology of God, Gods, or souls. This definition attempts to explain an individual's search for the sacred, where sacredness is created by a socially influenced perception of some divine being or through some sense of truth or ultimate reality.

Existential spirituality: Existential spirituality explains the theme of meaning in life. Meaning-making includes an apt interpretation of events or relating to dimensions that transcend the self. In other words, how a person constructs purpose, meaning, and hope is called his or her existential spirituality.

Community spirituality – It explains an individual's relationships and connectedness, which is referred to as community spirituality or love. Spirituality can be described as a relation within one or four realms: the self, others, higher power, and nature. There are types of connectedness: interpersonal connectedness occurs between people, intrapersonal connectedness occurs within the person, and transpersonal relates to a transcendent other. It is described as affiliation or as the expression of self-in-relation with others.

According to Mario Beauregard and Denyse O'Leary, researchers and authors of *The Spiritual Brain*, "spirituality means any experience that is thought to bring the experiencer into contact with the divine (in other words, not just any experience that feels meaningful)." (Zinnbauer, B. J., & Pargement, P. I. (2005).

Empathy

The term empathy is derived from the Greek word 'empathia', which means 'passion' and is a combination of two words- 'en' (in) and 'pathas' (feeling). The term empathy was introduced in the English language following the German notion of 'Einfühlung' (feeling into). Empathy

refers to an individual's ability or capacity to understand and share the experience of other individuals. (Decety & Jackson 2004). It refers to an individual's ability to know another person's state of mind, feel how others feel, think, and deal with their situations as one's situation. Empathy focuses on three different processes: knowing what another person is feeling, feeling what another person is feeling and, willingness to respond compassionately to another person's distress.

The psychoanalyst Theodore Reik (1949) described the processes involved in empathy:-

1. Identification- It involves an individual's ability to attend and absorb another person's situation.
2. Incorporation- It involves the process of internalizing the experience of others.
3. Reverberation- It involves linking one's cognitive & affective domain while experiencing other's experiences.
4. Detachment- It involves understanding of others as well as separateness from them. Detachment is necessary to make the desired response.

Empathy has two main strands:-

1. Cognitive Empathy: Cognitive empathy, also known as 'perspective-taking,' refers to imaginative or intellectual apprehension of another person's mental status. It focuses on what other people are thinking. It requires a complex cognitive function that includes empathic perspective-taking. It focuses on- 'I understand what you feel,' which requires higher cognitive functions- cognitive flexibility (Decety and Jackson, 2004).
2. Emotional Empathy: Emotional empathy, also known as 'affective empathy,' refers to an emotional response to the emotional responses of others.

Empathy plays a vital role in individual, social, psychological interaction throughout life. Empathy is considered one of the central conditions required by a therapeutic change (Carl Roger). From a mental health perspective, people with a high level of empathy perform better in society; they tend to help more and show compassion towards others. It plays a vital role in building a successful relationship because it helps to understand the needs, intentions, and perspective.

Therefore, empathy is the emotional capacity to understand what other people feel, feel things from their perspective, and imagine oneself in their place. It is similar to stepping into someone's shoes.

The word empathy and sympathy are interchangeably used though they may seem identical; there lies the difference between empathy and sympathy. According to Hodges and Myers, "Empathy involves sharing the perceived emotion of another- 'feeling with' another; Sympathy, in contrast, involves the experience of being moved by, or responding in tune with, another person."

Psychological wellbeing

The term "psychological wellbeing" describes and explains an individual's emotional or mental health and overall functioning. The concept of psychological wellbeing can be explained as a combination of positive effects such as happiness (the hedonic perspective); it involves a subjective interpretation of happiness. It comprises two elements, an effective element (more positive affect and less negative affect) and a cognitive element (satisfaction with life). Another focus on the optimal functioning of an individual and their social life (the eudaimonic perspective). Eudaimonic perspective refers to the purposeful aspect of psychological wellbeing.

Researchers explain that the absence of distress does not mean that a person has high psychological wellbeing. Huppert defined psychological wellbeing as life going well. It is the mixed combination of feeling good and functioning optimally and effectively. Therefore, people with high psychological well-being report feeling satisfied with life, happy, well-supported, capable, etc. It was further claimed that psychological wellbeing consequences include better physical health, mediated by brain activation patterns and neurochemical effects.

As mentioned above, psychological wellbeing is about lives going well, but it does emphasize the fact of feeling good all the time; it is normal to experience any painful experience and stressful situation like disappointment, failure, grief etc; it is essential to note that how an individual appraise and comprehend the situation. Psychological wellbeing is compromised only when negative appraisal of emotions is prolonged and interferes with an individual's capacity to function effectively in his/ her life. Therefore, the concept of feeling good includes not only the experience of positive emotions like happiness and contentment but also includes emotions as affection, confidence, interest, engagement. The concept of functioning effectively is major in understanding psychological well-being, which involves recognizing and developing one's potential, having command over one's life, having an adequate sense of purpose (e.g. zeal to work towards determined goals), and experiencing positive relationships with one's life oneself and with others.

Self-compassion

Self-compassion refers to relating to oneself, which involves responding and attending to personal sufferings with love, support, kindness, and understanding as one might deal with best friend (Neff, 2003). Self-compassion is a source of positive self-regard. When we are kind to

ourselves, we feel valuable, accepted, secure, and safe. It attempts to lighten our ego-protective boundaries between self and others instead of reinforcing them (Neff 2011). It brings the same sense of care, kindness toward ourselves that we intend to give to others. In other words, it is the power of being kind to oneself. Self-compassion can be termed as a state (i.e., the extent to which a person evidences self-compassion in that particular moment) and as a trait (i.e., the degree to which a person tends to feel and act self-compassion across time and situations).

Self-compassion comprises of three interrelated components which mutually interact and overlap, which are witnessed during the times of failure and pain. Each component has two parts-

- (i) Self-kindness v/s self judgment
- (ii) Feelings of humanity v/s personal isolation
- (iii) Mindfulness v/s over-identification

Self-kindness v/s self judgment

Self-kindness involves appreciating and affirming oneself even after a failure. It attempts to explain that one deserves happiness, love, and affection. It involves extending empathy, warmth, and patience to all aspects of oneself (Gilbert & Irons, 2005). On the contrary, self judgment involves being critical & hostile towards oneself or aspects of oneself. Excessive self-judgment leads to rejection of their feelings, thoughts, actions & impulses (Brown 1998). The pain of self-judgment is more than the pain of the eliciting situation (Germer, 2009).

Common humanity v/s personal isolation

Brown, 1998 stated that we all individuals seek some connections. Even Buddhism described an illusion to see oneself as a single entity because we are intimately connected. However, in times

of pain, the individual tends to withdraw or hide. Those who feel shameful about themselves own self or their failure tend to cut off others.

Mindfulness v/s over-identification

Mindfulness involves acceptance of, awareness of, and attending present moment. It includes cognitive attention and friendly interest in one's experiences (Kabat& Zinn,2003). Mindfulness involves moment-to-moment awareness that one is suffering without judgment. A mindful person is fully aware and conscious of his/her present thoughts, emotions & behavior in a balanced manner without over-identifying or exaggerating the negative aspects of oneself or one's situation.

CHAPTER 2

REVIEW OF LITERATURE

Spirituality and Empathy

Huber & MacDonald (2011) conducted a study to investigate the relations between Altruism, Empathy, and Spirituality on 186 university students. Regression analyses revealed a positive correlation between spiritual experiences and non-religious spiritual cognitions, and they are potent predictors of altruism and empathy.

DiLalla, Hull & Dorsey (2010) researched medical settings to investigate spirituality, empathy, tolerance, and wellness. Participants of medical school wellness sessions correlated positively with higher empathy and wellness scores; also, findings pointed towards a positive relationship between spirituality and empathy.

Damiano et al. (2016) conducted a study on 106 medical students in public medical school in the US Midwest to study the role of spirituality on empathy. The study results revealed that spirituality openness, specialty choice, wellness behaviors, burnout, and religiosity were predictors of empathy. There is an association between spirituality openness and empathy in non-depressed students. Students who reported a higher level of depression scored low on empathy and were not affected by spirituality openness.

Duriez (2007) conducted research using the Post-Critical Belief Scale to reconsiders the religiosity–empathy relationship in a Flemish student sample (n = 375). According to this study, there is no significant relation between religion and empathy but positively correlated to symbolically processing religious contents.

Giordano et al. (2018) researched the role of religious commitment and spirituality in predicting empathy in counseling students. Results of the study concluded that religion and

spirituality are two independent predictors of empathy. Also, among 146 graduate-level counseling students, age and gender were significant predictors of empathy.

Stewart, Lawrence & Burg (2018) explored the relationship of spirituality to empathy while considering relevant dimensions of personality among social workers and nurses from a local hospital. Results demonstrated that there is a correlation of one spirituality dimension (Spiritual Perspective) with empathy. However, no significant prediction of the spiritual perspective dimension was seen in a regression model. The interaction term of Spiritual Perspective and Agreeableness (personality) were significant predictors of empathy.

Bradley (2010) conducted a study to investigate and establish the relationship between empathy with religious fundamentalism and a sense of spirituality. Results suggest that spirituality contributes to a higher level of empathy, whereas fundamentalist beliefs will lead to lower amounts of empathic concern.

Bradley (2009) researched to study the interconnection between spirituality, religious fundamentalism, and the four dimensions of empathy." Results suggest that fundamentalist beliefs will lead to lower amounts of empathic concern, whereas a sense of spirituality will contribute to higher levels of the same three aspects of empathy.

Miles & Lynn (2010) researched how a child's gender, spirituality, and religiosity affect their level of empathy. Findings indicate that there is no relation between children's reported level of spirituality and empathy. According to this study, there are gender differences in empathy, favoring females, i.e., females earning more empathy scores than males.

Spirituality and Psychological well-being

Ivtzan et al. (2011) conducted a study on 205 participants who belonged to different religious institutions, faith groups, religious affiliations, and spiritual meetings. Four groups were formed, and each one was assigned to either group, and the results show that religion and spirituality were positively correlated to psychological well-being.

Ahoei, Faramarzi & Hassanzadeh (2017) researched the relationship between spiritual intelligence and psychological well-being in women with breast cancer. Results revealed a significant relationship between spiritual intelligence and psychological well-being ($r = 0.47$). Also, multiple regression analysis predicted 22% of the variation in psychological well-being due to spirituality

Reed & Neville (2013) revealed direct relation between spirituality and religiosity and psychological well-being among black American women. According to this study, spirituality mediates global mental health and life satisfaction.

Fiorito & Ryan (2007) indicated that spiritual or religious involvement has a beneficial effect on an individual's psychological well-being and mental health. Also, the relationship between religiosity and psychological well-being focuses on identifying aspects of spiritual involvement. Spirituality moderates the relationship between spiritual goals and well-being.

Mela, Marcoux, et al. (2008) conducted a study to examine the effect of religiosity and spirituality on psychological well-being among forensic psychiatric patients in Canada. There was a positive correlation between satisfaction with life and religion and spirituality. The existential Well-Being scale was inversely related to depression scores and directly related to satisfaction with life. There was an inverse relationship between weekly worship attendance and depression scores.

Yoon & Lee (2008) concluded that practitioners need to develop and enhance programs or services congruent with older persons' spiritual and religious beliefs in rural areas and practices them to uplift the psychosocial well-being and enhance the quality of life.

Khashab, Khashab, et al. (2015). Spirituality and religiosity determined the mental health of Shiraz University of Medical Sciences students, and the results predicted more shares of religion and spirituality in psychological well-being.

Burney, Nahid, et al. (2017) investigated on spirituality and psychological well-being of young adults. Results revealed a positive correlation between spirituality and overall psychological well-being and its dimensions i.e., autonomy and self-acceptance. The dimension of spirituality- "Self-discovery" was the only predictor of psychological well-being.

Spirituality and Self-compassion

Newmeyer, Keyes et al. (2016) conducted a study to investigate the relationship between spirituality and religiousness; and secondary traumatic stress, compassion fatigue, and burnout. The study results indicate that trauma therapists with a solid spiritual orientation report more compassion satisfaction while engaging in short-term trauma work.

Imeni, Gholamrezaei & Sadeghi (2018) investigated the significant effect of spirituality group therapy on self-compassion of women with blood sugar level II diabetics. Spirituality therapy has a positive impact on self-compassion and its dimensions and blood sugar diabetes.

Simpson (2005) explored the relationship between spirituality and compassion fatigue symptoms in counsellors of the southern state. According to this study, spirituality and compassion fatigue has an inverse relationship.

Mehrdad, Mohsen & Hassan (2018) examined the role of spirituality, self-compassion, and Islamic lifestyle on the elderly's loneliness. The study was conducted on 280 male participants of the Islamic region. The results suggested that the elderly with high spirituality reported more self-compassion and who follow the Islamic lifestyle show better conditions and health enhancement.

Lazaridou & Pentaris (2016) investigated a study to test a relationship between mindfulness and spiritual beliefs. The result of the study reveals that patient with spirituality has an impact on mindfulness and beliefs in the psychotherapeutic process.

Saslow, John, et al. (2013) researched to study the effects of religiosity and spirituality on altruism and compassion, respectively. The result of the study indicated that individuals with more spiritual experience show a greater level of compassion. According to this study, there was no significant link between religiosity and compassion. Spirituality predicts altruistic behavior, and compassion motivates people to act altruistically toward unknown people.

Mathad, Rajesh & Pradhan (2019) conducted a study. The study's outcome suggested variation in mindfulness, self-compassion, and satisfaction with life on some domains of the spiritual well-being of nursing students.

Kalnins (2015) constructed a qualitative to understand the impact of Christian faith experiences on the development of self-compassion on participants. The finding suggests that the Christian faith facilitates self-compassion and provides a deeper insight and understanding of the development of self-compassion.

Gender and Spirituality

Bliss & Ekmark (2013) examined gender differences in dimensions of spirituality in diverse drug and alcohol dependence treatment settings. Results supported that women have more levels of cognitive orientation towards spirituality as compared to men.

Agha, Maqbool & Javed (2016) conducted a study to examine the gender differences in spirituality in college students. Participants were asked to fill the Expressions of Spiritual Inventory (Mac Donald 2009), consisting of five dimensions, i.e., cognitive, existential, experiential, paranormal, and religiousness. There is no significant gender difference on three dimensions of spirituality, i.e., Paranormal, Religious, Existential domains. Males scored higher than females in the Cognitive domain, and females scored more on the Experiential domain than males.

Khan & Singh (2013) conducted a study to examine the gender differences in spirituality, gratitude, and forgiveness among school teachers. T-test was used to obtain the results and concluded that females were found to be more spiritual than males. Concerning gratitude, males were found to be higher than females. Females also scored more on forgiveness than males.

Sands, Spero & Danzig (2007) conducted a qualitative research study on people of the East Coast of the USA. Findings of the study suggest that females are more affirmative about their spirituality and feelings about community, and males identified more with the experiences, not with the terminology. According to this study, males give more attention to their work, whereas women expressed excitement about learning.

Gender and Empathy

Yan, Z., & Su, Y. (2018) conducted a study to investigate the relationship between empathy and gender and the factors associating with the relationship. The moderator analysis was used, and the results indicated significant gender differences for the scores of empathies. Also, they showed age differences for the same.

The study of Han, Fan & Mao (2008) explained gender differences in male and female's neural mechanism by comparing event-related brain potential and the reasons for variation in early and late components of the empathic process between the two different genders. In this study, males and females were asked to give a pain judgment of painful or neutral pictures of the hand. Results revealed that females responded more empathetically to painful pictures than males.

The study of 2014 by Marigoudar, Savitri, Kamble, Shanmukh employed a sample of 150 postgraduate (males and females) from social sciences backgrounds to study the gender differences in forgiveness and empathy. Results of the study showed that (i) Forgiveness and empathy were positively correlated. (ii) Female post-graduate score more on both forgiveness and empathy.

The primary purpose of the study of Hegazi & Wilson (2013) was to examine the difference in scores of empathies regarding gender, education, year of study, cultural and religious background. Results of the present study revealed higher empathy scores in female medical students than males. However, the year of education showed no effect on empathy score.

Kmiec & Stephen (2009) examined the relationships among sex, empathy, and forgiveness. The results of 108 undergraduates revealed that (i) There was no gender difference

concerning trait forgiveness, but males scored higher on state forgiveness. (ii) Women scored higher in trait emotional empathy.

The study's finding, Sex differences in empathy and related capacities (Eisenberg & Lennon, 1983), suggests that there are sex differences in the levels of empathy, favoring females. Females reported significant sex differences while self-reporting, and moderate differences were found for reflexive crying.

Hoffman & Levine (1976) explained that the mean score of girls on empathy was more than the boys by replicating Feshbach & Feshbach's study (1968). They tried explaining the results with the explanation that boys' tendency to take up action alternatives girls underlying potential and willingness to empathize.

Lisa, Elizabeth et al. (2003) conducted a study to understand the relationship between empathy and offending severe. In this study, females depicted higher empathy than males, and males were more involved in a greater level of serious offendings.

The research of Baez, Flichtentrei, et al. (2017) found mixed findings in empathy. According to this study, gender differences in empathy are highly dependent on the measure of assessment. Results revealed that there is sex effect on neuropsychological and experimental measures, whereas self-report data results in greater empathy in females. Also, the size of the sample may affect comparability.

In the study of Nanda, 2013, 40 participants (20 males, 20 females) were asked to complete the Interpersonal Reactivity Index (IRI) and Marlowe-Crowne Social Desirability Scale form C. The primary purpose of these forms was to assess an individual's desirable way to respond in social settings. Results revealed higher scores of females in the empathy condition than those of males. Moreover, no difference was found between social desirability scores.

Miles & Lynn (2010) researched how a child's gender, spirituality, and religiosity affect their level of empathy. Findings indicate that there is no relation between children's reported level of spirituality and empathy. However, according to this study, there are gender differences in empathy, favoring females, i.e., females earning more empathy scores than males.

Gender and Psychological well-being

Baya, Casademunt, Perez (2018) conducted a study on health professionals of Europe to examine the gender differences on health problems as well as psychological well-being. Findings suggest there is a significant effect of gender on both psychological well-being and health problems. Women reported more health problems than men; also, females scored low on psychological well-being than men.

Gender and Self-compassion

Yarnell, Neff, et al. (2019) conducted a study on undergraduate (N=504) and community adults (N=968) to understand the gender role orientation concerning self-compassion. The study results revealed that females have lower levels of self-compassion, and males had slightly higher levels of self-compassion.

Yarnell, Stafford, et al. (2015) used meta-analytic techniques to investigate gender differences and the age factor in self-compassion. Findings suggest that females have a slightly lower level of self-compassion than males.

Sun, Chan & Chan (2016) revealed no significant gender difference in the profiles of self-compassion. Also, findings suggested that higher psychological well-being in females. Thus, there is a relationship between self-compassion and psychological well-being; where self-compassion facilitates psychological well-being.

Aged females have a low level of self-compassion compared to younger females or males of all ages. (Bluth, Campo, et al., 2017). The results of the study also revealed that there is an association between self-compassion and emotional well-being.

The scores of female athletes were lower on self-compassion, dispositional mindfulness, and on a subscale of burnout scale than male athletes (Amemiya & Sakairi, 2020).

Bluth & Blanton (2015) conducted an online survey to assess self-compassion, perceived stress, life satisfaction, and positive-negative affect in adolescents. The results of the study indicated that older girls have lower self-compassion than boys of the same age. However, except for positive affect, there is a significant association of self-compassion with all emotional well-being domains.

The study indicated no significant impact of mindfulness and academic performance on self-compassion. Also, findings revealed that there are gender differences in self-compassion, with females reported a higher level of self-compassion. (Awamleh, 2020).

Teleb & Awamleh (2013) conducted a study with multiple purposes, out of which findings suggested a positive correlation between self-compassion and emotional intelligence. Also, women reported higher overall self-compassion scores than men.

Iskender (2009) concluded no significant gender difference in self-efficacy, self-compassion, and control belief for learning while researching 390 university students.

CHAPTER 3

Research Gap

Most of the studies are conducted in western settings, explaining their behaviour, context, environment, and state, and could not be generalized to the Indian population. As per the pre-existing literature, there is a significant relationship between Spirituality and empathy, Spirituality and psychological well-being, and Spirituality and self-compassion, but these variables were never studied altogether. This paper is the first attempt to study them and extend the existing amount of research on Spirituality. Also, it focuses on studying the gender differences in Spirituality, empathy, psychological well-being, and self-compassion.

Objectives

1. To understand the relationship between Spirituality and empathy.
2. To understand the relationship between Spirituality and psychological well-being.
3. To understand the relationship between Spirituality and self-compassion.
4. To investigate the gender differences in Spirituality, empathy, psychological well-being, and self-compassion.

Theoretical background

The spirituality model studied in this paper is derived from cognitive-behaviorism theory. Brown, Peterson, & Cunningham, 1988 provided cognitive and behavioral approach to spirituality. This elaboration fits well with a cognitive-behavioral framework of individual in which his/her behavior is predicated on a cognitive interpretation and evaluation of a stimulus. This system explains spirituality as an element of conviction, beliefs, values, practices,

behaviors, and experiences of a person. It is a round relationship where convictions bring about qualities, which educate our practices, bringing about an experiential effect upon the otherworldly conviction framework. There is no start or end to this circle, at various occasions any of the stages might be the impetus toward an adjustment of the conviction framework.

According to Frankl, 1967; Maslow, 1968 beliefs of an individual are the main component in the framework of cognition and according to them the spiritual beliefs are carried and driven by an individual's need of seeking meaning and purpose. In a study, Canadda (1988) concluded that there is an innate and basic need of humans to search for meaning and purpose in their lives. A spiritual person is on a search for a purpose, and emerges with confidence that life is meaningful. Elkins, Hedstrom, et al., 1988 concluded that individual's existence has a purpose

Limitation towards measuring the spirituality of a behavior lies within a cognitive and behavioral framework of spirituality i.e actions of individuals are grounded in context to the individual's own belief system. Example, preparing a tea is a spiritual task to a person from a Zen tradition and inconsequential for other people. For such reasons, the belief system is chosen as a logical point in the concept of spirituality. Also, it includes conceptualization of the other elements of the spirituality framework (i.e., spiritual behavior, values, and experiences). The author proposes that the spiritual belief should be validated and conceptualized, then the other components of the theory can be formed on this foundation.

HYPOTHESES

Spirituality and empathy

Huber & MacDonald (2011) revealed a positive correlation between spiritual experiences and non-religious spiritual cognitions, and they are potent predictors of altruism and empathy.

DiLalla, Hull & Dorsey (2010) study pointed towards positive relationships between Spirituality and empathy.

H1- Spirituality is positively related to empathy.

Spirituality and Psychological well-being

Khashab, Khashab, et al. (2015) concluded that Spirituality and religiosity determined the mental health of Shiraz University of Medical Sciences students, and the results predicted the more shares of religion and Spirituality in psychological well-being.

Burney, Nahid, et al. (2017) revealed a positive correlation between Spirituality and overall psychological well-being and its dimensions, i.e., autonomy and self-acceptance. The dimension spirituality- 'Self-discovery' was the only predictor of psychological well-being.

H2- Spirituality is positively related to psychological well-being.

Spirituality and self-compassion

Simpson (2005) explored the relationship between spirituality and compassion fatigue symptoms in counsellors of the southern state and revealed that spirituality and compassion fatigue have an inverse relationship.

Mehrdad, Mohsen & Hassan (2018) examined the role of Spirituality, self-compassion, and Islamic lifestyle on the elderly's loneliness. The results suggested that the elderly with high Spirituality reported more self-compassion

H3- Spirituality is positively related to self-compassion.

Gender and Spirituality

Bliss & Ekmark (2013) examined gender differences in dimensions of Spirituality in various drug and alcohol dependence treatment settings. Results supported that women have more levels of cognitive orientation towards Spirituality as compared to men.

Khan & Singh (2013) conducted a study to examine the gender differences in Spirituality, gratitude, and forgiveness among school teachers. T-test was used to obtain the results and concluded that females were more spiritual than males.

H4- Females are more spiritual than males.

Gender and Empathy

The primary purpose of the study Hegazi & Wilson (2013) revealed higher empathy scores in female medical students than males. Year of education showed no effect of empathy score.

The study of 2014 by Marigoudar, Savitri, Kamble, Shanmukh studied the gender differences in forgiveness and empathy. Results of the study showed that (i) Forgiveness and empathy were positively correlated. (ii) Female post-graduate score more on both forgiveness and empathy.

H5- Females are more empathetic than males.

Gender and psychological well-being

Baya, Casademunt, Perez (2018) conducted a study on health professionals of Europe to examine the gender differences on health problems as well as psychological well-being. Findings suggest there is a significant effect of gender on both psychological well-being and health problems. Women reported more health problems than men; also, females scored low on psychological well-being than men.

H6- Males have better psychological well-being than females.

Gender and Self-compassion

Yarnell, Neff, et al. (2019) conducted a study to understand the gender role orientation regarding self-compassion. The study results revealed that females have lower levels of self-compassion, and males had slightly higher levels of self-compassion.

The scores of female athletes were lower on self-compassion, dispositional mindfulness, and on a subscale of burnout scale than male athletes (Amemiya & Sakairi, 2020).

H7- Males are more self-compassionate than females.

CHAPTER 4

METHODOLOGY

Sample

The sample for the current study, 240 participants (120 males and 120 females) were examined using convenient sampling method. Data was collected online using Google Forms. The age range of participants was 18-30 years.

Design

Correlational design is used in this study.

Independent Variable in the study is spirituality.

Dependent Variables in the study are empathy, psychological wellbeing & self-compassion.

Analysis

Using Statistical Package for Social Sciences (SPSS, Version 22), descriptive statistics, t-test, correlation, and regression are computed.

Tools Used

1. Daily Spiritual Experience Scale (DSES)

Daily Spiritual Experience Scale (DSES) is a self-report tool to measure an individual's spiritual experience. It consists of 16 items. Responses were given on a 6-point Likert scale for questions one to 15 and a 4-point Likert scale for question no. 16. It measures everyday spiritual experiences and doesn't attempt to capture any mystical experiences such as hearing voices.

Instead, this tool includes constructs such as awe, gratitude, mercy, sense of connection with the transcendent.

Cronbach's alpha's for the scale, 0.89 and above for English and other translation. Item distribution and skew was assessed as adequate. The score for test-retest has been reliable, i.e., 0.85 over two days. Internal consistency and validity were reported. This construct was translated into twenty languages and is widely used.

2. The Toronto Empathy Questionnaire

The Toronto Empathy Questionnaire (Spreng et al. 2009), 16 items scale requires participants to rate their responses on a five-point likert scale from 0 = 'never' to 4 = 'always'. The psychometric property of the scale is satisfactory i.e high internal consistency, construct validity, and test-retest reliability. The cronbach's alpha of the scale is .85.

Totan, Dogan & Sapmaz (2012) reported a positive correlation between the original form and the Turkish form of a questionnaire. The TEQ's internal consistency coefficient and test-retest reliability coefficient were .79 and .73, respectively.

3. Psychological Well-being Scale

To assess the psychological well-being, a shortened 18 items version (Ryff & Keyes, 1995) was used. It consists of positively and negatively worded items (reversed scoring). In addition, participants were asked to rate their responses on the six-point Likert scale that ranges from 1 (strongly disagree) to 6 (strongly agree). Ryff PWB scale consists of six subscales: environmental mastery (sense of controlling), self-acceptance (positive attitude toward self), positive relations with others (sense of satisfaction and intimacy with people), purposeful life (having a purpose in life), personal growth (sense of steady growth), and autonomy (sense of

independence). Previous studies indicate that the reliability alpha coefficient for the scale ranges from 0.70 to 0.89.

4. Self-Compassion Scale- Short form (SCS-SF)

The SCS-SF is a 12 items scale, a shorter version of the Self-Compassion Scale (Neff, 2003), and has a near-perfect correlation (i.e., 0.97) with the original 26-item Self-Compassion Scale. SCS-SF further has six sub-scales: self-kindness, self-judgment, common humanity, isolation, mindfulness, over-identification. Participants must mark their responses on 5 points Likert scale ranging from 1(almost never) to 5(almost always). Raes, Pommier, Neff, Gucht (2011) concluded adequate internal consistency (Cronbach's $\alpha \geq 0.86$ in all samples) while validating among two dutch samples. The test claims good reliability and validity for both clinical and non-clinical use (Hayes, 2014)

Procedure

Samples of 240 young adults between the ages of 18-30 were invited online to participate in the study “Spirituality: Predictor of Empathy, Psychological well-being and Self-compassion.” They received an online google form, inviting their participation and information about the study, their rights as participants in the study, protections for confidentiality were assured, and their consent was obtained. After providing online informed consent, participants were given the following instructions:

“You will be sent a google form where you will have to indicate your response for four questionnaires. For all the questionnaires, their instructions will be given. Read the instructions carefully and choose only the options you think describe you the best. There are no right and

wrong answers, and there is no time limit, but on average, one may take 10-15 minutes to complete. Fill the questionnaire in the comfortable state without external disturbance.”

CHAPTER 5

RESULTS

For the data analysis, the mean and standard deviation was computed for all the variables. Independent variable was spirituality, and the dependent variables were empathy, psychological wellbeing, and self-compassion. Using Statistical Package for Social Sciences (SPSS, Version 22), descriptive statistics, t-test, correlation, and regression were computed.

Table 1

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Age	240	16	31	23.01	2.384
Spirituality	240	18	94	65.31	23.846
Empathy	240	28	63	51.80	6.135
Psychological well-being	240	36	116	90.68	14.301
Self-compassion	240	28	54	41.62	4.392

Table 2

Mean, standard deviation, and t values between females and males on spirituality, empathy, psychological well-being and self-compassion by gender

	Gender	N	Mean	Std. Deviation	t	dF	Sig. (2-tailed)
Spirituality	Male	120	61.23	24.865	2.690**	238	.008
	Female	120	69.40	22.136			
Empathy	Male	120	50.93	6.604	2.228**	238	.027
	Female	120	52.68	5.516			
Psychological well-being	Male	120	89.04	13.718	1.777	238	.077
	Female	120	92.31	14.737			
Self-compassion	Male	120	40.95	4.205	2.389**	238	.018
	Female	120	42.29	4.490			

** Significant at 0.01 levels

Table 2 presents means, standard deviation and t- value for spirituality, empathy, psychological well-being and self-compassion by gender. For spirituality, t-value is 2.690. There is significant difference in spirituality of males and females. Mean for spirituality of males is 61.23 and female is 69.40. Therefore, females are more spiritual than males. Also, it is significant at 0.01 level.

For empathy, t-value is 2.228. Mean for empathy in males is 50.93 and mean for female empathy is 52.68. Therefore, females have more empathetic than males. Also, it is significant at 0.01 level.

For psychological wellbeing, t-value is 1.777, which is not significant at 0.01. Mean for psychological well-being in males is 89.04 and females is 92.31, therefore, there is no significant difference in psychological well-being of males and females.

For self-compassion, t-value is 2.389 which is significant at 0.01 level. Mean for males is 40.95 and females is 42.29. There is a significant difference in scores of self-compassions as the score for self-compassion in females is more than the score of males.

Table 3

Correlation between Spirituality, empathy, psychological well-being and self-compassion

	Spirituality	Empathy	Psychological well-being	Self-compassion
Spirituality	1	.489**	.582**	.172**
Empathy		1	.527**	.354**
Psychological well-being			1	.426**
Self-compassion				1

** Significant at 0.01 level

Table 3, presents correlation between Spirituality, empathy, psychological well-being and self-compassion. Correlation between spirituality and empathy is 0.489 which is significant at 0.01 level. There is positive relationship between spirituality and empathy.

Correlation between spirituality and psychological well-being is 0.582 which is significant at 0.01 level. There is positive relationship between spirituality and psychological well-being.

Correlation between spirituality and self-compassion is 0.426 which is significant at 0.01 level. There is positive relationship between spirituality and self-compassion.

Table 4

Spirituality as predictor of Empathy

Independent Variable	Dependent Variable	B	Std. Error	Beta	t	Sig.	Adjusted R ²
Spirituality	Empathy	.125	.015	.488	8.618**	.000	0.2355

**p<0.01 level

There is significant relationship between spirituality and empathy and in order to understand the direction of the relationship, regression analysis was conducted, the results for which are presented in Table 4. The table shows the results of linear regression analysis of spirituality and empathy. The adjusted R² for spirituality is 0.235 and the B value is 0.125. The adjusted R² shows that 23.55% variation in empathy can be attributed to spirituality, while B value indicate that one unit increase in spirituality will lead to .125 unit increase in empathy.

Table 5*Spirituality as predictor of Psychological well-being*

Independent Variable	Dependent Variable	B	Std. Error	Beta	t	Sig.	Adjusted R ²
Spirituality	Psychological well-being	.349	.032	.582	11.04**	.000	0.336

**p<0.01

There is significant relationship between spirituality and psychological well-being and in order to understand the direction of the relationship, regression analysis was conducted, the results for which are presented in Table 5. The table shows the results of linear regression analysis of spirituality and psychological well-being. The adjusted R² for spirituality is 0.336 and the B value is 0.349. The adjusted R² shows that 33.6% variation in psychological well-being can be attributed to spirituality, while B value indicate that one unit increase in spirituality will lead to .349 unit increase in psychological well-being.

Table 6*Spirituality as predictor of self-compassion*

Independent Variable	Dependent Variable	B	Std. Error	Beta	t	Sig.	Adjusted R ²
Spirituality	Self-compassion	.032	.012	.582	2.697**	0.007	0.026

**p<0.01

There is significant relationship between spirituality and self-compassion and in order to understand the direction of the relationship, regression analysis was conducted, the results for

which are presented in Table 6. The table shows the results of linear regression analysis of spirituality and self-compassion. The adjusted R^2 for spirituality is 0.260 and the B value is 0.032. The adjusted R^2 shows that 2.6% variation in self-compassion can be attributed to spirituality, while B value indicate that one unit increase in spirituality will lead to .032 unit increase in self-compassion.

CHAPTER 6

DISCUSSION

The primary focus of the study was to find the relationship between spirituality and empathy, spirituality and psychological wellbeing, and psychological wellbeing and empathy and to understand the gender difference in spirituality, empathy, psychological well-being, and self-compassion. In order to attain the above goals, three hypotheses were formulated.

6.1 Spirituality and Empathy

To understand the relationship between spirituality and empathy, it was hypothesized that spirituality is positively related to empathy. According to the hypothesis, it states that more the spirituality more will be empathetic behaviour. The results of the study show that this hypothesis is accepted. The regression analysis suggested a significant impact of spirituality on empathy. The findings of our study for the relationship between spirituality and empathy were in line with existing literature. Bradley (2010) conducted a study to investigate and establish the relationship between empathy with religious fundamentalism and a sense of spirituality. Results of the study suggested that spirituality contributes to higher level of three dimension of empathy. Huber & MacDonald (2011) revealed that there is positive correlation between spiritual experiences and non-religious spiritual cognitions and they are potent predictors of both altruism and empathy, respectively. Giordano et al (2018) concluded that religion and spirituality are two independent predictors of empathy. Therefore, the results of the current study support the findings as mentioned earlier.

6.2 Spirituality and Psychological well-being

To understand the relationship between spirituality and psychological well-being, it was hypothesized that spirituality is positively related to psychological well-being. According to the hypothesis, it states that the more spirituality, the better the psychological well-being. The results show that this hypothesis is accepted. The result of our study was in line with the existing literature, which shows that religion and spirituality were positively correlated to psychological well-being, Ivtzan et al. (2011). Another study supporting the result is provided by Reed & Neville (2013), which revealed a direct relation between spirituality and religiosity and psychological well-being among black American women. According to this study, spirituality mediates global mental health and life satisfaction. Thus, the findings of the current study support the previously mentioned literature.

6.3 Spirituality and Self-compassion

The third hypothesis formulated posited a positive relationship between spirituality and self-compassion. The data and results suggest a positive relationship between spirituality and self-compassion, which means the higher the spirituality, the more self-compassion, therefore, accepting the hypothesis. The result suggested a significant effect of spirituality on self-compassion. It means that the more spirituality, the more an individual will be self-compassionate. The literature supports our result. Simpson (2005) explored the relationship between spirituality and compassion fatigue symptoms in counsellors of the southern state. According to this study, spirituality and compassion fatigue have inverse relationships, implying that counselors with high levels of spirituality were more self-compassionate. Kalnins (2015) constructed a qualitative to understand the impact of Christian faith experiences on the

development of self-compassion on participants. The finding suggests that the Christian faith facilitates self-compassion and provides a deeper insight and understanding of the development of self-compassion. Mehrdad, Mohsen & Hassan (2018) suggested that the elderly with high spirituality reported more self-compassion and who follow the Islamic lifestyle show better conditions and health enhancement.

6.4 Gender and Spirituality

To understand the gender difference in spirituality, the hypothesis was formulated stating that females are more spiritual than males. The results obtained suggested an acceptance of the hypothesis. Sands, Spero & Danzig (2007) suggested that females are more affirmative about their spirituality and feelings about community, and males identified more with the experiences, not with the terminology. Bliss & Ekmark (2013) examined gender differences in dimensions of spirituality in diverse drug and alcohol dependence treatment settings. Results supported that women have more levels of cognitive orientation towards spirituality as compared to men. Khan & Singh (2013) conducted a study to examine the gender differences in spirituality, gratitude, and forgiveness among school teachers. T-test was used to obtain the results and concluded that females were more spiritual than males. Concerning gratitude, males were found to be higher than females. Females also scored more on forgiveness than males.

6.5 Gender and Empathy

The fifth hypothesis was formulated to understand the gender difference in empathetic behavior. Based on the existing literature, it was hypothesized that females are more empathetic than males. The result shows that hypothesis was accepted. The descriptive statistics show the

significant difference between empathy between males and females, favoring females. Kmiec & Stephen (2009) concluded that women scored higher in trait emotional empathy. Hegazi & Wilson (2013) revealed higher empathy scores in female medical students than males. Marigoudar et. (2014) revealed that forgiveness and empathy were positively correlated, and females scored more on forgiveness and empathy while researching post-graduate students.

6.6 Gender and Psychological well-being

The sixth hypothesis of the study states that males have better psychological well-being than females. The results indicate rejection of this hypothesis as there is no significant difference between psychological well-being of males and females. Baya, Casademunt, Perez (2018) indicated that women reported more health problems than men; also, females scored low on psychological well-being. On the contrary, Sun, Chan & Chan (2016) revealed higher psychological well-being in females, therefore, supporting our findings.

6.7 Gender and self-compassion

The seventh hypothesis of the study states that males are more self-compassionate than females. The result of the t-test indicates rejection of this hypothesis as females scored more than males on the scale of self-compassion. Yarnell, Neff, et al. (2019) revealed that females have lower levels of self-compassion, and males had slightly higher levels of self-compassion. Aged females have a low level of self-compassion compared to younger females or males of all ages (Bluth, Campo, et al., 2017). Bluth & Blanton (2015) indicated that older girls have lower self-compassion than boys of the same age. On the contrary, the results of our study pointed toward the opposite direction, i.e., females are more self-compassionate than males. The disparity in the

results of our study and pre-existing literature can be because the current study was conducted on the Indian population. However, few recent studies were in the direction of our results. Teleb & Awamleh (2013) reported that women score higher on overall self-compassion scores than men. Awamleh (2020) revealed that there are gender differences in self-compassion, with females reported a higher level of self-compassion.

CHAPTER 7

Conclusion

The study's main aim was to find the relationship between spirituality and empathy, spirituality and psychological well-being, and spirituality and self-compassion. It attempts to investigate the gender differences in spirituality, empathy, psychological well-being, and self-compassion. Results of the current study indicate that spirituality is positively related to empathy, psychological well-being, and self-compassion. There is significant difference between males and females for spirituality, empathy, and self-compassion, favoring females. There is no gender differences for psychological well-being.

Implications

Apart from contributing to support conceptual framework, the current study makes several real-world contributions as well. The establishment of relationship between spirituality and empathy, psychological well-being and self-compassion suggests the role of spirituality in an individual's life. It is vital from the study that in order to ensure an overall functioning and well-being of an individual, one must focus and enhance of spiritual aspect of an individual. It can widely be used in therapies to reduce the sufferings of client.

Limitations

The study's most significant limitation was that it was conducted during the lockdown situation, thereby increasing the chance of sampling bias. Also, the current study targeted the

population of Punjab that too of small age range, i.e., 18-25. The sample size was less (240) to generalize the findings to the entire population. Also, the topic of the resaech hasn't been studied widely in the Indian context, thus limiting the direction for the current study and extending the research scope for the future.

Future Research

This study has excellent scope for future research.

- Increasing the sample size and working more deeply in this area can help us lead to significant conclusions.
- The current study focused population of Punjab; it can be studied on a diverse population.
- The current study was conducted at the time of the pandemic; it can be conducted in a better and normal situation in the future in the future.
- This area of research is also beneficial for mental health workers, social support groups, counselors, etc.

CHAPTER 8

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Appendix

Consent Form

I, a postgraduate student of School of Humanities and Social Sciences, Thapar Institute of Engineering and Technology, Patiala, conducting a study related to some behavior of individuals of age range 18-30yrs. In this connection, I request you to kindly fill in the questionnaire attached herewith. The information collected from you would be kept strictly confidential. If you wish to know about the result of your performance you can contact me in the following mail address. Kindly fill up the questionnaire sincerely.

ssharma_ma19@thapar.edu

I, _____, student of class of (school), hereby give my consent to Participate in this study.

AGE:

GENDER:

(Signature of the participant)

Daily Spiritual Experience Scale is a 16 items scale. Level of agreement for items 1 to 15 is scored on 6 point likert scale ranging from 'many times a day' to 'never or almost never.' Item no. 16 is scored separately on continuum of 4 points i.e 1 = Not close at all to 4 = As close as possible. It includes following items:

1. I feel God's presence.
2. I experience a connection all life.
3. During worship, or at other times when connecting with God, I feel joy, which lifts me out of my daily concerns.
4. I find strength in my religion or spirituality.
5. I find comfort in my religion or spirituality.
6. I feel deep inner peace or harmony.
7. I ask for God's help in the midst of daily activities.
8. I feel God's love for me directly.
9. I feel God's love for me through others.
10. I am spiritually touched by the beauty of creation.
11. I feel thankful for my blessings.
12. I feel a selfless caring for others.
13. I accept others even when they do things that I think are wrong.
14. I desire to be closer to God or in union with Him.
15. In general, how close to you feel to God?

This questionnaire consists of 16 questions, each rated on a five point scale from 0 = 'never' to 4 = 'always'. It consist of following questions-

1. When someone else is feeling excited, I tend to get excited too.
2. Other people's misfortunes do not disturb me a great deal.
3. It upsets me to see someone being treated disrespectfully.
4. I remain unaffected when someone close to me is happy.
5. I enjoy making other people feel better.
6. I have tender, concerned feelings for people less fortunate than me.
7. When a friend starts to talk about his\her problems, I try to steer the conversation towards something else.
8. I can tell when others are sad even when they do not say anything.
9. I find that I am "in tune" with other people's moods.
10. I do not feel sympathy for people who cause their own serious illnesses.
11. I become irritated when someone cries.
12. I am not really interested in how other people feel.
13. I get a strong urge to help when I see someone who is upset.
14. When I see someone being treated unfairly, I do not feel very much pity for them.
15. I find it silly for people to cry out of happiness.
16. When I see someone being taken advantage of, I feel kind of protective towards him/her.

Psychological Wellbeing Scale

Carol D. Ryff developed a shortened 18 item version of psychological wellbeing scale where respondents rate how strongly they agree or disagree with following statements using a 7-point scale (1 = strongly agree; 7 = strongly disagree).

1. I like most parts of my personality.
2. When I look at the story of my life, I am pleased with how things have turned out so far.
3. Some people wander aimlessly through life, but I am not one of them.
4. The demands of everyday life often get me down.
5. In many ways I feel disappointed about my achievements in life.
6. Maintaining close relationships has been difficult and frustrating for me.
7. I live life one day at a time and don't really think about the future.
8. In general, I feel I am in charge of the situation in which I live.
9. I am good at managing the responsibilities of daily life.
10. I sometimes feel as if I've done all there is to do in life.
11. For me, life has been a continuous process of learning, changing, and growth.
12. I think it is important to have new experiences that challenge how I think about myself and the world.
13. People would describe me as a giving person, willing to share my time with others.
14. I gave up trying to make big improvements or changes in my life a long time ago
15. I tend to be influenced by people with strong opinions
16. I have not experienced many warm and trusting relationships with others.
17. I have confidence in my own opinions, even if they are different from the way most other people think.

18. I judge myself by what I think is important, not by the values of what others think is important.

Self-compassion (Short-form) Questionnaire

1. When I fail at something important to me I become consumed by feelings of inadequacy.
2. I try to be understanding and patient towards those aspects of my personality I don't like.
3. When something painful happens I try to take a balanced view of the situation.
4. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
5. I try to see my failings as part of the human condition.
6. When I'm going through a very hard time, I give myself the caring and tenderness I need.
7. When something upsets me I try to keep my emotions in balance.
8. When I fail at something that's important to me, I tend to feel alone in my failure
9. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
11. I'm disapproving and judgmental about my own flaws and inadequaci

