

Self-Compassion and Well-being among Vietnamese Adolescents

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ABSTRACT

There has been significant progress in research aimed at understanding the role of self-compassion in improving the well-being of adults. However, to the best of our knowledge, few empirical studies have examined the relationship between self-compassion and multiple aspects of well-being in adolescents, especially among those from the South-East Asian region. This research, therefore, has two main goals: 1) to examine the psychological outcomes associated with self-warmth and self-coldness in Vietnamese adolescents; 2) to explore the interaction between self-warmth and self-coldness in predicting Vietnamese adolescents' well-being. The results of a multiple regression analysis provide the evidence that both self-warmth and self-coldness showed significant predictive power in Vietnamese adolescents' well-being. Moderation analysis carried out using the PROCESS macro for SPSS indicated that self-warmth significantly moderated the link between self-coldness and perceived stress. These findings have significant implications for the promotion of school-based well-being interventions in Vietnam in particular, and the South-East Asian region in general.

Keywords: adolescents, self-compassion, self-warmth, self-coldness, well-being.

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Novelty and Significance

What is already known about the topic?

- There is a relationship between self-compassion and multiple aspects of well-being among adults.
- There is a relationship between self-compassion and negative aspects of well-being among adolescents.

What this paper adds?

- Investigating the relationship between self-compassion and multiple aspects of well-being in adolescents, negative as well as positive aspects.
- The first study on self-compassion and well-being among adolescents in Vietnam.
- The factorial validation of the Vietnamese version of Self-compassion Scale short-form.

Adolescence is a critical period of biological, cognitive, and emotional development, with consequences that stretch far into adulthood. Adolescents must maintain good well-being at this stage to ensure social competence and effective coping skills that ease their transition into adulthood and lead to more positive outcomes in their work, relationships, and physical health (WHO, 2016). However, across developing and developed countries, many adolescents are at great risk of ill-being. Worldwide, the prevalence of mental disorders among adolescents is estimated to be 10-20%, yet these disorders remain underdiagnosed and undertreated (Kessler *et alia*, 2007). In another major review, Hankin (2006) noted that 20–50% of adolescents reported sub-syndromal symptoms of depression.

According to Gilbert and Iron (2008), the psychological processes that can underpin mental disorders of adolescents are very diverse, but the processes that are associated

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with self-criticism are very typical and critical. Previous studies (e.g., Gilbert & Irons, 2005) showed that self-criticism is related to a variety of mental disorders, including depression, drug abuse, eating disorders, social anxiety, and psychosis. Self-criticism in adolescents may be higher than in young adults or adults (Kopala-Sibley, Mongrain, & Zuroff, 2013). Adolescents who suffer from self-criticism may not be able to generate a feeling of self-directed warmth, reassurance, and self-liking (Whelton & Greenberg, 2005). Several therapies are now focusing on the importance of activating self-compassionate abilities in adolescents so that they can overcome self-criticism, thus enhancing their well-being (Gilbert & Iron, 2008). While self-compassion theory provides good reasons to believe that practicing self-compassion can improve adolescents' well-being, there is limited empirical evidence to support this assumption (Bluth & Blanton, 2015); this suggests that more research is needed to make significant progress in understanding the role of self-compassion in improving the well-being of adolescents.

Self-compassion has been defined as “being open to and moved by one’s own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, non-judgmental attitude toward one’s inadequacies and failures, and recognizing that such experiences are part of the common human experience” (Neff 2003, p. 224). Specifically, self-compassion has been conceptualized as comprising three components: (1) self-kindness (accepting life’s difficulties with sympathy and kindness and embracing ourselves with warmth rather than harshly criticizing ourselves); (2) common humanity (recognizing that suffering and imperfection are something that all humans experience, rather than something that happens to “me” alone); and (3) mindfulness (willingly welcoming all negative and positive emotions and thoughts with a non-judgmental observation rather than either ignoring or exaggerating their effect) (Neff, 2003).

Self-compassion was originally conceptualized as a six-factor model, and the higher-order Self-Compassion Scale (SCS) was developed to measure three positive and three opposing negative components that are interconnected: (1) self-kindness vs. (2) self-judgment; (3) common humanity vs. (4) isolation; (5) mindfulness vs. (6) over-identification (Neff, 2003; Raes, Pommier, Neff, & Van Gucht, 2011). However, there has been a great deal of debate about the structure of the SCS. While the six-factor correlated model has been supported in both non-clinical and clinical populations (Neff, Whittakar, & Karl, 2017), the second, higher-order model is sparsely supported (Cleare, Gumley, Cleare, & O’Connor, 2018). Neff et alia (2017) themselves did not even find evidence supporting this model in any of the samples examined, and they suggested that they might not attempt to justify the higher-order model in future research. Furthermore, some studies have been able to replicate the six-factor model (e.g., García Campayo, Navarro Gil, Andrés, Montero Marin, López Artal, & Demarzo, 2014; Mantzios, Wilson, & Giannou, 2013), whereas others have not (e.g., Brenner, Vogel, Lannin, Engel, Seidman, & Heath, 2018; Costa, Marôco, Pinto Gouveia, Ferreira, & Castilho, 2015). A two-factor model has been proposed as an alternative, with the three positive components (self-kindness, common humanity, and mindfulness) grouped into “self-kindness/warmth” and the three negative components (self-judgment, isolation, and over-identification) grouped into “self-coldness”. Accordingly, two separate scores are recorded in studies using the two-factor model. However, the scientific debate continues and, in a study of 28 diverse samples, Neff, Whittakar, & Karl, (2017) found that the two-factor model had a poor fit, while a bi-factor model in which SCS comprises a general self-compassion factor and six specific factors had a good fit. Neff *et alia* (2017) concluded that the bi-factorial

construct of the SCS was warranted and that the overall total score should be used in further research. Cleare, Gumley, Cleare, & O'Connor, (2018) also found that both of bi-factor model and the six-factor model obtained a good fit, but the bi-factorial model was the best fit to the data. Although it seems that the debate concerning the structure of self-compassion might be on-going, a six-factor model and a bi-factor model, as well as a two-factor model are currently accepted in the research literature.

There are two main approaches to defining well-being: hedonism and eudaimonism. Based on the hedonic approach, people achieve a high level of well-being through pleasure attainment and pain avoidance; whereas based on the eudaimonic approach, people achieve a high level of well-being through life purpose, challenges, and growth (Ryan & Deci, 2001). Overall, well-being is a wide-ranging concept, encompassing feelings of happiness, fulfillment, or satisfaction with a given list of capabilities, functions, or needs (Royo & Velazco, 2005). Comprehensively, well-being includes a presence of frequent positive affect (pleasant moods and emotions); a relative absence of negative affect (unpleasant moods and emotions); satisfaction with life, full functioning and flourishing (Ryff & Keyes, 1995; Ryan & Deci, 2001).

It seems that among many positive psychological variables (e.g., self-esteem, engagement, motivation, compassion for others), self-compassion is the strongest independent predictor of well-being (Neff & Vonk, 2009; Kotera & Ting, 2019; López, Sanderman, Ranchor & Schroevers, 2018). Self-compassion has consistently been found to be related to well-being. A meta-analysis by Zessin, Dickhäuser, & Garbade (2015) indicated that self-compassion is related to all forms of well-being: overall well-being, cognitive well-being, positive affective well-being, negative affective well-being, and psychological well-being. People with more self-compassion are likely to experience greater life satisfaction, better social relationships, personal growth, adaptive coping with failure, and a greater degree of happiness. They are less likely to experience anxiety, depression, thought suppression, and perfectionism (Neff, 2003; Neff, Kirkpatrick, & Rude, 2007).

In the same vein, several studies within Asian countries have reported similar findings. For example, Chinese adults in Hong Kong who showed higher levels of self-kindness, common humanity, and mindfulness were less likely to experience depression (Wong & Mark, 2013). Yamaguchi, Kim, and Akutsu (2014) also found that self-compassion lowered depressive symptoms in Japanese college students. Recently, Kotera, and Ting (2019) revealed that among Malaysian students, self-compassion was more strongly related to a lower prevalence of mental problems (i.e., anxiety, stress, and depression) than other variables (i.e., motivation, engagement). Cross-cultural studies (e.g., Neff, Pisitsungkagarn, & Hsieh, 2008; Yamaguchi, Kim, & Akutsu, 2014) have shown that self-compassion is significantly associated with well-being across cultures (e.g., Thailand, United States, Taiwan, and Japan).

However, to the best of our knowledge, few studies have examined the structured conceptualization of self-compassion in the Asian populations, even though this concept originated from Buddhist philosophy. Of the studies mentioned above, only in the work by Neff *et alia* (2008) was the SCS translated into the Thai and Taiwanese languages; the six-factor model and the higher-order model with a total SCS score were found to be validated. In other studies (i.e., Kotera & Ting, 2019; Wong, & Mark, 2013; Yamaguchi *et alia*, 2014), the original English version of the SCS (Neff, 2003) was used, and the models proposed by Neff (2003) was replicated. The two-factor SCS approach seems to have been widely applied in research with Western samples. For example, by analyzing

the SCS as two separate constructs (self-kindness/warmth vs. self-coldness), Brenner *et alia* (2018) found out that self-kindness had a unique positive relationship to well-being, whereas self-coldness had a unique positive relationship to distress. Similarly, López, Sanderman, Ranchor, and Schroevers (2018) showed that self-coldness significantly predicted depressive symptoms, more so than self-kindness, both cross-sectionally and over a one-year timeframe.

Although they are considered as two distinct experiences, self-warmth and self-coldness may interact with each other in the relationship with well-being. Körner *et alia* (2015) and Brenner *et alia* (2018) found that the relationship between self-coldness and depressive symptoms was significantly weaker among individuals high in self-warmth. Brenner *et alia* (2018) also revealed that the inverse relationship between self-coldness and positive well-being (i.e., life satisfaction, psychological flourishing, and positive affect) was weaker for community adults with high self-warmth than community adults with low self-warmth. However, in a study by López *et alia* (2018), the possibility of a moderating role of self-warmth in the relationship between self-coldness and depressive symptoms was not supported by substantial evidence.

The investigation of the interaction effect of self-warmth and self-coldness on well-being, therefore, should be continued. Testing these assertions could theoretically confirm that self-warmth and self-coldness are two distinct constructs; on the other hand, it could reveal the incremental value of self-warmth and self-coldness on psychological outcomes. Such research would provide a better understanding of whether to focus clinical interventions on promoting self-compassion or reducing self-coldness (Brenner *et alia*, 2018).

Recently, results of a meta-analysis by Marsh, Chan, and MacBeth (2018) looking at 19 studies (cross-sectional= 9, longitudinal= 5 and experimental= 5) on adolescent samples (n= 7; aged from 10 to 19), indicated a strong negative link between self-compassion and psychopathologies, such as depression, anxiety, and stress. Five experimental studies out of the 19 even affirmed that teaching self-compassion to adolescents led to lower levels of stress, depression, and anxiety, and greater life satisfaction. However, other aspects of well-being, such as positive affect, positive functioning, and life satisfaction in association with self-compassion in adolescents, have been rarely investigated (Marsh *et alia*, 2018). Practicing self-compassion to enhance well-being in adolescents is a reasonable approach, yet there is still a need for guidance on systematic evidence-based approaches that can be employed in practice.

In Vietnam, adolescence can be challenging for some young people when they have to face risk factors to their well-being, such as school violence, mental disorders, juvenile crime, and abortions (General Department of Police -Ministry of Public Security, Vietnam [GPP-MPS], 2015). For example, compared to 10 years ago, the number of school violence cases has increased 13-fold, while community violence has increased seven-fold, and family violence has increased three-fold (The General Department of Police -Ministry of Public Security, 2015). There has been a rapid increase in mental health disorders among Vietnamese adolescents, with 8-29% experiencing emotional and behavioral disorders (UNICEF, 2018). In the current educational environment, several school-based programs have been implemented to increase students' well-being, albeit with diminishing budgets. Self-compassion training should also be part of these programs, as suggested by previous researchers (e.g., Bluth & Eisenlohr-Moul, 2017). However, in the South-East Asian region in general and in Vietnam in particular, to the best of our knowledge, current understanding of the role of self-compassion in

promoting adolescents' well-being is extremely limited. Our large-scale study aimed to contribute to the literature in the field in Vietnam, paving the way for future studies on self-compassion in Vietnamese adolescents, and helping form the basis for effective programs and policies in Vietnamese schools and communities.

This study has two main goals: 1) to examine the psychological outcomes associated with self-warmth/self-coldness in Vietnamese adolescents; 2) to explore the interaction between self-warmth and self-coldness in predicting Vietnamese adolescents' well-being. We hypothesized that self-warmth would demonstrate a positive relationship with positive aspects of well-being and negative relationship with negative aspects of well-being; whereas self-coldness would demonstrate a negative relationship with positive aspects of well-being and positive relationship with negative aspects of well-being. We also hypothesized that the relationship between self-coldness and negative aspects of well-being would be stronger than when self-compassion was low; and the relationship between self-coldness and positive aspects of well-being would be weaker than when self-compassion was high.

METHOD

Participants

Participants in this study included 828 adolescent students ($M_{age} = 14.61$; $SD = 1.08$) from two secondary schools and two high schools of Thua Thien Hue Province, Vietnam. The data were stratified by urban/rural regions, gender, age, family structure, family size, family income, and academic performance (based on GPA and rank conversion). The demographic data of the participants are summarized in Table 1.

Table 1. Sociodemographic characteristics of the Participants.

		<i>n</i>	%
Sex	Male	413	49.9
	Female	415	50.1
Age	13	147	17.7
	14	304	36.7
	15	161	19.4
	16	216	26.2
Areas	Rural	452	55.6
	Urban	376	44.4
Family structure	Parents live together	730	88.2
	Parents are divorced	36	4.3
	One parent is deceased	39	4.7
	Others	23	2.8
Family size	One child	51	6.1
	Two children	255	30.7
	Three children	275	33.2
	More than three children	247	30.0
Family economic status	High	137	16.5
	Medium	608	73.4
	Low	66	8.0
	Very low	17	2.1
Academic achievement (GPA)	Good	155	18.7
	Fair	281	33.9
	Average	377	45.5
	Poor	15	1.9

Instruments

All questionnaires are in Vietnamese. Among them, the *Strengths and Difficulties Questionnaire* (Goodman, 1997), the *Perceived Stress Scale* (Cohen & Williamson, 1988); and the *Satisfaction with Life Scale* (Diener, Emmons, Larsen & Griffin, 1985) were demonstrated to be a reliable and valid measurement in assessing well-being in Vietnamese adolescents (Nguyen, Beyers & Vackle, 2020). However, the Vietnamese version of the short-form of the *Self-Compassion Scale* (Raes, Pommier, Neff, & Van Gucht, 2011) has not yet been formally validated in Vietnam.

Self-Compassion Scale (SCS, Raes *et alia*, 2011). The short-form SCS was used to measure Vietnamese adolescents' self-compassion. This is a 12-item, self-reporting questionnaire with a five-point response scale (from 1= almost never to 5= almost always). It aims to measure various components of self-compassion: self-kindness (e.g., "I try to be understanding and patient towards those aspects of my personality I don't like"); self-judgment (e.g., "I'm intolerant and impatient towards those aspects of my personality I don't like"); common humanity (e.g., "When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people"); isolation (e.g., "When I fail at something that's important to me, I tend to feel alone in my failure"); mindfulness (e.g., "When something painful happens I try to take a balanced view of the situation"); and over-identification (e.g., "When I'm feeling down I tend to obsess and fixate on everything that's wrong"). The SCS is appropriate for ages 14 and upward (as long as individuals have at least an 8th-grade reading level) (Raes *et alia*, 2011). The Vietnamese version of this Scale needed to be validated. To produce a translation that both provided an academic equivalence from a measurement perspective and was easily understood by participants, the Scale was translated into Vietnamese by two independent bilingual translators. The first was a naïve translator who did not have any information on the content and the terminology of the instrument but was familiar with colloquial phrases and the common use of the desired target language; the second was an expert in the field of psychology who had knowledge of the conceptual content and construct being examined in the questionnaire. Later, the two translated versions were integrated with both translators present. Any ambiguities or discrepancies were discussed and resolved to produce a final version of the instrument in the Vietnamese language. This process was based on the work of Sousa and Rojjanasirat (2010). We conducted Confirmatory Factor Analyses (CFA) with Maximum Likelihood Robust (MLR) estimation to test and compare model fit of potential factor structures: A two-factor, a six-factor and a bi-factor models. The fitness of a measurement model was indicated by the following fit indices: normed χ^2 , Comparative Fit Index (*CFI*), Standardized Root Mean Square Residual (*SRMR*), and Root Mean Square Error of Approximation (*RMSEA*). For an acceptable model fit, normed $\chi^2 < 2$; *RMSEA* $< .05$, *CFI* $> .90$, and *SRMR* $< .05$ (Hair, Black, Babin, & Anderson, 2010). In some cases, a *CFI* value of .85 represents progress and thus should be acceptable (Bollen, 1989). Satisfactory fit statistics supported the two-factor model (self-warmth vs. self-coldness) (normed $\chi^2 = 1.8$; *CFI* = .87; *RMSEA* = .04 and *SRMR* = .05). The alternative six-factor model did not fit the data (normed $\chi^2 = 4.11$; *CFI* = .63; *RMSEA* = .08 and *SRMR* = .09). Similarly, the bi-factor model did not obtain a good fit, compared to the two-factor model (normed $\chi^2 = 4.26$; *CFI* = .58; *RMSEA* = .09 and *SRMR* = .09). The completely standardized two-factor solution for the whole sample is presented in Figure 1. In this present study, self-warmth and self-coldness, therefore, were examined separately in further analyses. The Cronbach's α of self-warmth and self-coldness were .60 and .61, respectively. To alleviate the limitations of coefficient α , as recommended by John and Benet Martínez (2000), we also evaluated the average inter-item correlation to estimate internal consistency. Average inter-item correlations should fall in the range of .15 and .50 (Clark & Watson, 1995). The average inter-item correlations of the Vietnamese version of the SCS was between .28 and .37.

Strengths and Difficulties Questionnaire (SDQ, Goodman, 1997). The adolescent (aged 11-17) self-report version of the SDQ was used to assess the behavioral and emotional

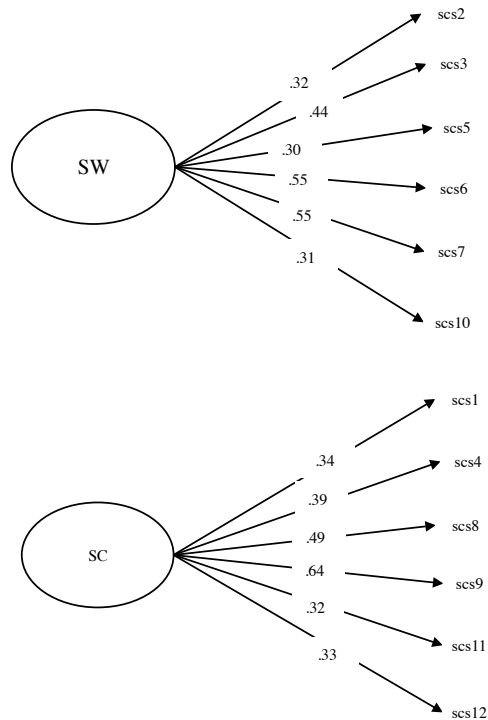


Figure 1. The measurement model of the Vietnamese version of SCS, whole sample.

Notes: SW=self-warmth; SC=self-coldness; scs1-12: the items of the SCS, exactly corresponding to the English items of the original version.

problems of adolescents. It is composed of 25 items which cover five areas of an adolescent's strengths and difficulties: Emotional Symptoms (5 items; e.g., "Many worries or often seems worried"); Conduct Problems (5 items; e.g., "Often loses temper"); Hyperactivity/Inattention (5 items; e.g., "Easily distracted"); Peer Problems (5 items; e.g., "Generally liked by other children"); and Prosocial Behavior (5 items; e.g., "Helpful if someone is hurt"). Response options for the 25 items were rated on a three-point Likert scale (0= not true; 1= somewhat true; and 2= certainly true). The Prosocial Behavior Subscale is excluded in calculating the total score of difficulties. The Cronbach's α for the full sample was .72 for 20 items assessing four domains of adolescents' difficulties.

Satisfaction with Life Scale (SWLS, Diener, Emmons, Larsen & Griffin, 1985). The SWLS is suited for use with a wide range of age groups including adolescents (Gilman & Huebner, 2000) was used to assess the overall life satisfaction of participants. The Scale includes five items phrased positively (e.g., "The conditions of my life are excellent") and answered on a seven-point rating that ranges from 1= strongly disagree to 7= strongly agree. In the present study, the Cronbach's α of the scale (.68) was acceptable.

Perceived Stress Scale (PSS, Cohen, & Williamson, 1988). The 10-item classic PSS, which is designed for use in community samples with at least a junior high school education, was used to measure adolescents' perceived general level of stress during the previous month (e.g., "In the last month, how often have you felt that you were unable to control the important things in your life?"). Each item is rated on a Likert scale ranging from 0= never to 4= very often. In the present study, the Cronbach's α of the scale (.66) was acceptable.

Design and Procedure

This research employed a cross-sectional, school-based study among adolescents in Thua Thien Hue Province, Vietnam. Two secondary schools and two high schools were randomly selected in rural and urban areas of the province. Four classes were randomly selected in each school. All students in each class were invited to participate in the survey. The surveys were conducted during school hours in the second semester of the school year (March 2019) with the support of survey proctors. In each class, the survey proctors explained the general purpose of the study and read aloud the informed consent form, which adolescents signed before they filled out a two-page questionnaire. Accordingly, all respondents were assured that participation was completely voluntary and that all responses would be kept confidential. Participants then completed the survey instruments in approximately 25-30 minutes. The proctors were approachable to answer any question that participants have about the questionnaire. At the same time, they made sure to give adolescents space while they were completing the questionnaire.

RESULTS

Overall, participants were found to have average levels of self-warmth ($M=3.14$; $SD=.66$) and self-coldness ($M=2.79$; $SD=.73$). Participants' mean levels of life satisfaction were well below average ($M=1.94$; $SD=.64$). Mean levels of emotional and behavioral problems were above average ($M=1.94$; $SD=.70$) and mean levels of perceived stress were near average ($M=1.94$; $SD=.65$). No significant association was found between self-warmth and self-coldness ($r=-.04$, $p>.05$); emotional and behavioral problems showed a strong positive relationship with perceived stress ($r=.47$, $p<.01$) and a negative relationship with life satisfaction ($r=-.24$, $p<.01$); perceived stress also had a significant negative correlation with life satisfaction ($r=-.20$, $p<.01$). A multivariate ANCOVA conducted with seven sociodemographic variables (gender, age, family structure, family size, family income, location, and academic performance) as independent variables and with self-warmth and self-coldness as dependent variables showed that there was a connection between self-warmth/self-coldness and age ($F(2,757)=2.302$, $p<.01$; Wilk's $\Lambda=.97$, partial $\eta^2=.02$, $b=.05$), with both higher levels of self-warmth ($F(1,787)=2.34$, $p<.01$, $\eta^2=.02$, $b=.05$) and higher levels of self-coldness ($F(1,787)=2.39$, $p<.01$, $\eta^2=.02$) in younger adolescents. Also, there was a statistically significant difference in self-warmth in regard to family structure ($F(6,1516)=2.33$, $p<.05$; Wilk's $\Lambda=.98$, partial $\eta^2=.01$), indicating that those with parents living together recorded higher levels of self-warmth ($F(3,787)=4.10$, $p<.01$, $\eta^2=.02$, $b=.05$) compared to other groups.

In the first phase, a two-way MANCOVA was run to check whether well-being indicators were predicted by the seven sociodemographic variables (gender, age, family structure, family size, family income, location, and academic performance). The variables that were found to affect well-being would be controlled in the further correlation and regression analysis. Multivariate analysis revealed that effects of age ($F(3,760)=5.13$, $p<.001$; Wilk's $\Lambda=.98$, partial $\eta^2=.02$) and family income ($F(6,1522)=6.57$, $p<.001$; Wilk's $\Lambda=.97$, partial $\eta^2=.03$) on well-being were significant. Accordingly, it was found that younger adolescents in this sample experienced greater emotional and behavioral difficulties ($F(1,792)=7.98$, $p<.001$, $b=.07$) and perceived stress ($F(1,792)=11.31$, $p<.001$; $b=.03$) than older adolescents; also, adolescents from rich and average-income families had higher levels of life satisfaction than those from lower-income families

($F(3,792) = 10.32, p < .001; b = .23$). Based on this finding, age and family economic variables were controlled in the next correlation and hierarchical regression analyses.

Consequently, partial correlations were calculated to examine the relationships between self-warmth and self-coldness and well-being.

As can be seen in Table 2, self-warmth only had a significant positive correlation with life satisfaction. In contrast, self-coldness was found to have a strong positive relationship with perceived stress and emotional and behavioral problems in adolescents and was negatively related to life satisfaction.

Table 2. Correlations and standardized regression coefficients between self-compassion and adolescents' well-being.

Well-being		Self-warmth	Self-coldness
	<i>r</i>	-.07	.37***
Emotional & Behavioral Problems	β	-.08	.37***
	<i>r</i>	.24***	-.13***
Life satisfaction	β	.23***	-.14**
	<i>r</i>	.06	.41***
Perceived stress	β	.04	.41***

Notes: * = $p < .05$; ** = $p < .01$; *** = $p < .001$.

In the next step, hierarchical linear regression models were used with perceived stress, behavioral and emotional difficulties, and life satisfaction as dependent variables. Age and family income were entered in Stage 1 of the regression; self-warmth or self-coldness were entered in Stage 2. The hierarchical multiple regression revealed that introducing self-warmth or self-coldness variables in Stage 2 explained an additional 9% of the variance in life satisfaction ($F(4,794) = 8.277, p < .001$). As can be seen from Table 2, life satisfaction was predicted by both self-warmth and self-coldness, indicating that higher self-warmth predicted higher life satisfaction and higher self-coldness predicted lower life satisfaction. In the regression model of behavioral and emotional difficulties, the addition of the self-warmth and self-coldness variables explained an additional 16% of the variation in behavioral and emotional difficulties ($F(6,794) = 8.705, p < .001$). As shown in Table 2, self-coldness is a significant predictor of behavioral and emotional difficulties. In terms of perceived stress, the hierarchical multiple regression showed that adding self-warmth and self-coldness variables to the model explained an additional 18% of the variation in perceived stress ($F(4,794) = 7.007, p < .001$). As can be seen from Table 2, self-coldness is a significant predictor of perceived stress, indicating that adolescents with a higher level of self-coldness tend to experience a higher level of perceived stress.

Only one significant interaction was found out of three interactions tested. The effect of self-coldness on perceived stress in adolescents depended on the level of self-warmth ($\beta = -.08, p < .01$) (Table 3).

A simple slope analysis revealed a significant positive association between self-coldness and perceived stress among adolescents who were low in self-warmth ($\beta = .28,$

Table 3. Well-being predicted from self-warmth and self-coldness in adolescents.

Predictor	<i>b</i>	<i>SE B</i>	<i>t</i>	<i>p</i>
Constant	1.93[1.90, 1.97]	.02	101.57	<.001
Self-coldness-self-warmth and perceived stress				
Self-coldness (centered)	.33[.28, .38]	.03	12.62	<.001
Self-kindness (centered)	.05[-.00, .10]	.03	1.68	<.09
Self-coldness x self-kindness	-.08[-.14, -.01]	.03	-2.28	<.01

$SE= .03, p <.001$) as well as those high in self-warmth ($\beta= .38, SE= .03, p <.001$). In those low in self-warmth, this relationship seemed to be stronger (Figure 2).

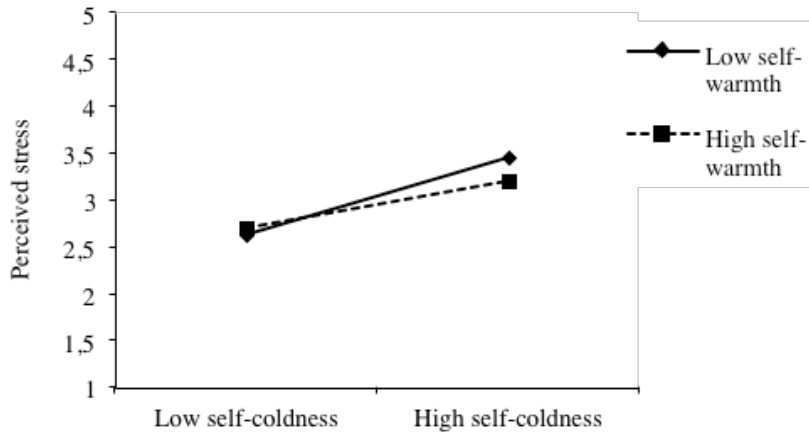


Figure 1. Self-coldness x self-warmth predicting perceived stress.

DISCUSSION

Self-compassion is among the variables which influence well-being, and it has gained more importance with the trend in positive psychology. However, this relationship has been investigated mainly in college student and adult samples. Therefore, this present study sought to expand the prior research in the field to the adolescent population. More significantly, this study was also the first study in Vietnam to investigate this relationship in the adolescent population.

The Vietnamese version of the SCS was validated. The CFA confirmed the two-factor model, distinguishing the self-warmth from the self-coldness dimension. This finding strongly supported the two-factor approach theoretically justified by Brenner *et alia* (2018) and Costa *et alia* (2015). This two-factor model is referred to as Gilbert's (2005) model of social mentalities, which indicates that compassionate ways of responding tap into the safeness system of the brain, and uncompassionate ways of responding tap into the threat-defense system (Brenner *et alia*, 2018). Self-coldness, therefore, may not be simply the absence of self-warmth, and an individual can experience both self-warmth and self-coldness. The internal consistency of self-warmth and self-coldness was lower than expected. Nevertheless, the cut-off value for the α coefficient of newly developed and adapted scales could be set at .60 (Nunnally & Bernstein, 1994), and the average inter-item correlations were all within the expected range suggested by Clark and Watson (1995). Overall, the internal consistency of the Vietnamese SCS was seen as acceptable.

Vietnamese adolescents experience both self-warmth and self-coldness at average levels. On the one hand, the finding supports Gilbert's (2005) model of social mentalities, which is universally applied in both Western and Eastern samples. On the other hand, the finding can be interpreted based on the cultural values of Vietnam, which has been uniquely influenced for centuries by both Buddhism and Confucianism. Buddhist teachings encourage "a compassionate and accepting view of oneself and one's shortcomings," whereas Confucian education emphasizes "shame, judgment, and threatened isolation as a means of self-improvement" (Neff, Pisitsungkagarn & Hsieh, 2008, p. 270). Future

research investigating the role of Buddhist or Confucian influences will be valuable. Moreover, the results of this study might be generalized into Asian samples which share similar values of Buddhist and Confucian cultures (e.g., Taiwan and China)

As mentioned above, Marsh *et alia* (2018) were critical that studies on the association between self-compassion and well-being have not yet addressed positive aspects of well-being, such as life satisfaction and positive affects. Therefore, we included the life satisfaction variable in this study. The findings showed that most of the relationship was meaningful in expected directions. In particular, self-coldness strongly predicted all three indicators of well-being (i.e., perceived stress, behavioral and emotional difficulties, and life satisfaction) while self-warmth was only associated with life satisfaction in Vietnamese adolescents. These findings are consistent with the conclusion from previous studies on adults that those with a higher level of self-warmth have a higher level of life satisfaction, and those with more self-coldness tend to experience a lower level of life satisfaction (e.g., Kim & Ko, 2018). The findings also support results from previous studies on adolescents that higher levels of self-coldness predict higher levels of perceived stress, as well as behavioral and emotional difficulties (e.g., Bluth & Blunton, 2015). Further, it is also noted that the relationship between self-coldness and life satisfaction was weaker than that between self-coldness and perceived stress and emotional and behavioral problems. This finding also strongly supports the study by Brenner *et alia* (2018), which revealed that compared to well-being, distress had a significantly stronger relationship with self-coldness.

Moreover, in the present study, consistent with the notion that self-coldness and self-compassion are distinct, self-coldness predicted greater perceived stress and emotional and behavioral problems, whereas self-warmth only predicted life satisfaction. It can be inferred that self-warmth seems not to help alleviate depressive symptoms, but only to help increase life satisfaction. The present study supports the Theory of Social Mentalities as self-compassion, but not self-coldness, uniquely predicted positive affect (Gilbert, 2005). These findings also support the results from Brenner *et alia* (2018) and López *et alia* (2018) that self-coldness is more strongly related to depressive symptoms than is self-warmth. This relationship further helps clarify previous mixed results where self-compassion (as measured by the SCS total score) did not consistently predict distress aspects of well-being and reinforce the theorized suggestion that self-coldness is more important than self-warmth once it involves distress (Brenner *et alia*, 2018). This distinction, consequently, might provide helpful implications for clinical practice, as self-warmth behaviors should be promoted to increase well-being, and self-coldness behaviors should be reduced to decrease ill-being (Brenner *et alia*, 2018).

Further, we explored the interaction between self-warmth and self-coldness in predicting perceived stress in Vietnamese adolescents. The findings showed that self-warmth buffers the relationship between self-coldness and perceived stress, and self-coldness predicted perceived stress in adolescents with either low or high levels of self-warmth; however, this relationship was stronger among those low in self-warmth. This finding is consistent with those from studies by Brenner *et alia* (2018) and Körner *et alia* (2015), who showed in both cross-sectional and longitudinal studies in US and non-US samples that self-warmth potentially buffers the relationship between self-coldness and distress. Thus, although self-coldness is more powerful in predicting distress symptoms, self-warmth plays a more important role in reducing the negative effect of self-coldness in Vietnamese adolescents. Further, as concluded by Brenner *et alia* (2018), rather than reducing perceived stress and emotional and behavioral problems directly, self-warmth may indirectly reduce distress by weakening the burden of self-coldness. However, in this study, there was no significant interaction effect of self-warmth on the relationship between self-coldness and life satisfaction. This finding supports the

result of Brenner *et alia* (2018), who found this interaction between self-warmth and self-coldness in the relationship with positive well-being (i.e., life satisfaction, positive affect, psychological flourishing) was also not significant in undergraduate samples. In line with Gilbert's theory of social mentality and compassion (Gilbert, 2005), in which the two-factor approach of the SCS is rooted, we might infer that positive mental health factors (such as compassion for ourselves and others, and positive affect) function as resilience resources and protect individuals from negative mental health factors (such as traumatic events and negative interactions with others and self-criticism). Nevertheless, we could not find any significant interaction between self-warmth and self-coldness in the relationship with emotional and behavioral problems among adolescents. Further research is still needed to consolidate further the interaction between self-warmth and self-coldness in the relationship with well-being and to determine the reasons for this interaction.

We found that Vietnamese adolescents with parents living together had a higher level of self-warmth than others. By examining the association between parental rearing, social safeness, and compassion, Kelly and Dupasquier (2016) found that recalled parental warmth was connected with greater competencies for self-compassion and receiving compassion. Secure children can also decrease their levels of distress and increase their ability to experience and tolerate threatening and frustrating events (Cassidy, 2008). This finding might suggest that adolescents living with their parents are surrounded by a more secure and supportive environment than those with divorced or deceased parents; this favorable condition helps promote their level of self-warmth. In addition, in this study, age had a relative effect on self-warmth and self-coldness, and younger adolescents were found to possess higher levels of both self-coldness and self-warmth. On the one hand, such a finding confirms that self-warmth and self-coldness are two different experiences, as Brenner *et alia* (2018) suggested. It seemed some adolescents struggle to become kinder toward self whenever they are aware of inner self-critique. On the other hand, such a finding may not support the maturity principle, which states that a particular skill generally increases with age. The findings from a study by Bluth, Campo, Futch, and Gaylord (2016) also indicated that males' level of self-compassion was similar across all ages, whereas older females had the lowest levels of self-compassion compared to younger females or all-age males. While social and emotional skills may change with age, they are affected by a combined influence of biological and environmental factors, life events, and individual actions and perceptions. These influences, however, are very complex, and their interaction simultaneously affects both stability and change (Chernyshenko, Kankaraš, & Drasgow, 2018). Therefore, in most cases, age does not seem to be a good predictor of growth trajectories of emotional and social skills.

Overall, our results highlight the importance of self-compassion for adolescents' well-being. Determining ways to incorporate this ethic into the lives of Vietnamese adolescents would be worthy of future study.

It should be recognized that the study has several limitations. First, the research relied on self-reported data entirely provided by adolescents; this might have influenced some of the findings, partly due to participants' honesty and image management, introspective ability, and understanding. Multiple data collection, including questionnaires, observations, and structured interviews, should be used in future research to reduce the impact of these potential sources of bias.

Second, the use of a cross-sectional design prevented us from drawing conclusions and making causal inferences concerning the well-being of adolescents. Therefore, there is a need for future research to use experimental and longitudinal designs.

Third, the participant recruitment process was random from schools in both rural and urban areas within only one province in Vietnam. Therefore, caution is needed in generalizing our results to Vietnamese adolescents, given cultural differences across the country. Further research could expand this study by collecting data from different regions.

Last, though accepted, the Vietnamese version of the SCS and well-being related scales did not show high level of internal consistency, which might affect the findings of this study. The potential reason for the low Cronbach's α could be either carelessness or problems in the understanding by the participants. Regarding the SCS, although Rae *et alia* (2011) stated that it is appropriate for age 14 and over with an 8th-grade reading level, some items on the SCS are considered to be too abstract and obscure for younger participants (Muris *et alia*, 2016). However, to explore the relationship between self-warmth and self-coldness with well-being, we started by validating the SCS. We focused more on construct validity than linguistic validity. We did not carry out backward translation of SCS, which may have led to misunderstandings or unclear wording in the final translations. Future research should use a back-translation technique to refine the meaning of the items.

In terms of well-being related scales, we tried to apply CFA to check the dimensionality of each scale. In this study, the CFA showed that the one-factor model of The Satisfaction with Life Scale fitted the data adequately (normed $\chi^2= .9$; $CFI= 1.00$; $RMSEA= .00$ and $SRMR= .01$) and the one-factor model of the PSS also fitted the model adequately (normed $\chi^2= 1.1$; $CFI= .99$; $RMSEA= .00$ and $SRMR= .02$). Nonetheless, future research in Vietnam should re-evaluate the reliability and validity of the SCS as well as these well-being related scales.

Self-warmth and self-coldness have rarely been introduced in the field of Vietnamese psychology, and Vietnamese people are expected to get more exposure to both the teachings and practices of Buddhism and Confucianism. This study provides preliminary findings that may pave the way for further studies in the field in Vietnam. The findings are limited by the use of a cross-sectional design; therefore, we cannot determine the direction of effects. One interpretation of the results is that developing greater self-compassion may help enhance adolescents' life satisfaction, and overcoming self-coldness may help decrease adolescents' perceived stress and emotional and behavioral problems. In practice, these findings might imply that it would be beneficial to teach Vietnamese adolescents self-compassion, which may help them obtain positive well-being. It would be reasonable to include self-compassion training in school-based well-being interventions in Vietnam. Further, our findings provide important implications for intervention programs, which should be tailored to both promote self-compassionate behaviors and reduce self-coldness to enhance Vietnamese adolescents' life satisfaction. In particular, more focus should be put on overcoming self-coldness to decrease symptomology. Such comprehensive interventions could be utilized to enhance adolescents' well-being.

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