An Examination of the Relationship between Self-Compassion and Positive Mental Health of Undergraduate Students of Royal University of Bhutan

Kalpak Chaudhuri[1*], Dawala[1], Sonam Dema[1], Sonam Wangmo[1] and Khem Prasad Gautam[1]

[1]*Gedu College of Business Studies, Royal University of Bhutan, Bhutan.*

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Original Research Article

ABSTRACT

Aims: The study examined the relationship between self-compassion and positive mental health of undergraduate students of the Royal University of Bhutan.
Study Design: It was a correlational study.
Place and Duration of Study: The sample consisted of students of Gedu College of Business Studies, College of Science and Technology, Samtse College, Norbuling Rigter College, Royal Thimphu College, Paro College of Education, College of Language and Cultural Studies, Sherubtse College, in Bhutan, between July 2020 and June 2021.
Methodology: Participants were 321 undergraduate students (184 female, 137 male), between 17 and 40 years of age. To assess self-compassion and positive mental health they completed a questionnaire that consisted of the Self-Compassion Scale–Short Form (SCS-SF) and the Mental Health Continuum–Short Form (MHC-SF).
Results: There was not a significant difference in overall mental health scores between the male students (M = 2.560, SD = 1.325) and the female students (M = 2.339, SD = 1.254); t(319) = -

Corresponding author: Email: kalpakchaudhari.gcbs@rub.edu.bt;

1.525, p = .128. Among the students surveyed, 24.6 percent were flourishing, 42.1 percent were moderately mentally healthy, and 33.3 percent were languishing. The percentage of female students (35.3) languishing was higher compared to male students (30.7). The participants had a moderate level of self-compassion (M = 3.034, SD = 0.403). The male students (M = 3.092, SD = 0.415) were significantly more self-compassionate than the females (M = 2.991, SD = 0.389); t(319) = -2.230, p = .026. Self-compassion was significantly positively correlated with the positive mental health of the students (r = .337, p < .001). Self-kindness (r = .298, p < .001), mindfulness (r = .278, p < .001), common humanity (r = .240, p < .001), self-judgment (r = .126, p = .024), and isolation (r = .119, p = .033) components of self-compassion were found to be significantly positively correlated to positive mental health. Over-identification had a non-significant weak correlation with positive mental health (r = 0.09). According to regression results, mindfulness (β = .18, p = .017), self-kindness (β = .17, p = .023), and self-judgment (β = .15, p = .006) significantly positively predicted positive mental health. The regressor, mindfulness, had the highest correlation with positive mental health. Self-compassion has explained 11.1 percent of the variance in positive mental health, F (3, 317) = 14.385, p < .001.

Conclusion: Enhancing mindfulness is a promising positive intervention to improve positive mental health and reduce the risk of mental illness of the students in the future.

1. INTRODUCTION

College life may be a challenging journey. Many students face the challenges of academic burden, relocating to study, financial, and relationship issues. Thus, many students experience substantial distress [1]. The majority of mental illnesses develop in youth (12-24 years of age) [2]. The number and severity of mental diseases of college students worldwide appear to be on the rise, which is being compounded by the current COVID-19 crisis [3]. Depression, social problems, and other forms of stress are affecting a considerable number of college students in Bhutan [4]. Young people's mental issues can have adverse short- and long-term ramifications for their development, education, career, and relationships. Globally, mental diseases are a key contributor to the rise in overall morbidity and disability [5].

In 2014, Bhutan's youth (13-24 years of age) accounted for roughly half of the country's overall population. They comprised 33 percent of the overall number of mental health outpatients. Young females had more mental health issues (loneliness, worry, suicidal ideation) than males. The number of suicides reported has been on the rise annually [6]. The occurrence of depression has risen about 73 percent from 6.0 in 2017 to 10.4 in 2019 (per 10,000 population) [7]. In Bhutan, there has been an increase in criminality, addictions, and mental health challenges among youth [8]. It has the potential to produce social unrest, harm society's

collective good, and impede the country's progress toward gross national happiness (GNH) goals.

Modern psychiatric systems provide reactive healthcare. It tries to enhance mental health by lowering mental illness. Mental health and mental illness are not two ends of the same continuum, according to empirical evidence. Mental health and mental illness are two distinct continuums that have a moderate and negative association [9].

Keyes' operational definition of mental health as a set of symptoms indicating an individual's subjective well-being (a combination of emotional, psychological, and social well-being) was used in this work [9]. Emotional well-being is defined by overall satisfaction with life, as well as a balance of positive to negative affect across time. The psychological and social well-being of an individual indicates how well they see themselves operating in life. The subjective well-being measure assesses positive mental health. The presence of positivity about one's life [10] and one's ability to operate successfully in life [11,12] is referred to as positive mental health. Individuals who have high levels of subjective well-being flourish in life and are mentally healthy. Individuals at the other end of the spectrum are languishing and not performing at their best. Moderately mentally healthy people are those who are not thriving or failing in life [9].

Individuals with high levels of positive mental health are more resistant to mental illness.

Mental illness is more prone to occur in people who have low levels of positive mental health. Furthermore, positive mental health is an important tool for recovering from mental illness and maintaining mental health [13]. Mental healthcare systems should focus on building positive mental health regardless of any mental disease diagnosis [14].

Self-compassion, as defined in Buddhism, necessitates being kind and understanding toward oneself in times of suffering or disappointment rather than being severely self-critical, observing one's experiences as part of the overall human experience rather than seeing them as separating, and carrying distressing thoughts and feelings in one's mind rather than suppressing them [15].

Studies have linked self-compassion to improved mental health and adaptive functioning [15]. In Malaysia and the United Kingdom, self-compassion was the best predictor of mental health among undergraduates and postgraduates [16,17]. Self-compassion improves psychological well-being by substituting maladaptive emotion-regulation mechanisms with adaptive ones [15]. Positive emotions and feelings of belongingness to society were positively correlated with self-compassion while rumination, negative affect, anxiety, and depression were negatively correlated [15]. Self-compassion was found to be the only factor that was linked to well-being [18]. Self-compassion has a positive relationship with mastery goals and intrinsic drive but has a negative relationship with performance goals. Self-compassion aids students in developing emotional resilience in the face of failure and, as a result adopting healthy and productive classroom learning goals [15].

Self-compassion is a central feature of Buddhist philosophy that has so far received relatively little research attention. No such study has been undertaken earlier on the undergraduate students of Royal University of Bhutan (RUB), to our knowledge. This study aimed to (a) determine the students' level of positive mental health, (b) assess the level of self-compassion of the students, (c) study the relationship between self-compassion and students' positive mental health, and (d) determine the key components of self-compassion that contribute to positive mental health.

Colleges offer a unique opportunity to reach a large number of young people early in their lives.

Interventions to improve the mental health of the students can be introduced in the colleges considering the benefits of completely mentally healthy adults to society – fewest days of work missed, healthiest psychosocial functioning, lowest risk of heart disease, lowest number of chronic physical diseases with age, and reduced utilization of healthcare services [19]. Self-compassion is an important element of both physical and mental health. It is a skill that can be taught to students to improve their overall quality of life [20].

2. LITERATURE SURVEY

Many studies have found a link between self-compassion and mental well-being. MacBeth and Gumley [21] performed a meta-analysis to determine the strength of the link between self-compassion and common psychiatric disorders (stress, anxiety, and depression). They found that higher self-compassion was linked to fewer mental health symptoms. Self-compassion, according to Hall, Row, Wuensch, and Godley [22], decreased negative emotions and shielded psychological symptoms like depression. It was also reported that self-compassion is significantly associated with cognitive, psychological, and affective well-being [23]. Self-compassion appears to be an emotional regulation approach that converts negative emotions and thoughts into self-acceptance, reducing stress and anxiety while also increasing happiness, life satisfaction, and self-esteem [24].

Self-compassion has a positive influence on college students' functioning in general and under stressful situations in particular, according to Neff, Hsieh, and Dejtterat [25]. For social work students, overidentification was reported to be the sole significant predictor of mental health. In fieldwork students who were less mindful reported higher emotional fatigue. In the study of postgraduates in the United States, Ying [26] found that each of the individual components of self-compassion (mindfulness, common humanity, self-kindness) are inversely linked to depression. These three components are intertwined in such a way that improving one component can improve another. In the United Kingdom, among business students and social work students, the only important explanatory variable for psychological disorders was self-compassion [27]. In Korean college students, self-kindness was discovered to be a crucial predictor of positive mental health [28]. Similarly, self-kindness was the strongest predictor of

positive mental health among undergraduates and postgraduates in India [29].

According to some research, women experience more depression than men, maybe due to poorer social standing, more emotional sensitivity, or both [30]. Moreover, some findings suggest the cultural dependency of the relationship between mental health and self-compassion. The relationships between self-compassion and life satisfaction (a facet of emotional well-being) varied among Americans, Thais, and Taiwanese, according to Neff et al. [31]. Furthermore, some aspects of self-compassion, such as self-kindness and self-judgment, were found to be unrelated to life satisfaction in Thai participants. College administrators need to be aware of the current status of mental health of the students and incorporate interventions in the curriculum to enhance their well-being.

2.1 Research Questions

1. What is the prevalence of positive mental health among Bhutanese undergraduate students?
2. What is the prevalence of self-compassion among Bhutanese undergraduate students?
3. What is the association between self-compassion and positive mental health of Bhutanese undergraduate students?
4. What are the relative contributions of the self-compassion dimensions to the positive mental health of Bhutanese undergraduate students?

3. METHODOLOGY

The descriptive research methodology was employed in this study. This design was selected because the study aimed at describing the relationship between two important constructs called self-compassion and positive mental health. The independent variables examined in the study were the dimensions of self-compassion – self-kindness, common humanity, mindfulness, isolation, judgment, and over-identification [24] whereas the dependent variable was students' positive mental health. The study aimed at describing the correlation between the two variables i.e., self-compassion and positive mental health. So, this type of research design is called a correlational research design under descriptive research [32]. The correlation coefficient was estimated to assess the nature of the association between the self-compassion dimensions and students' positive mental health. Since the study was descriptive research using a quantitative technique, the sole instrument for data collection was a questionnaire as it is cost-effective and a popular instrument in gathering data [32].

A significant positive correlation exists between self-compassion and positive mental health [28,29,33]. The positive components of self-compassion (self-kindness, common humanity, mindfulness) had a significant positive correlation and the negative components (self-judgement, isolation, overidentification) had a significant negative correlation with positive mental health [28,29,33].
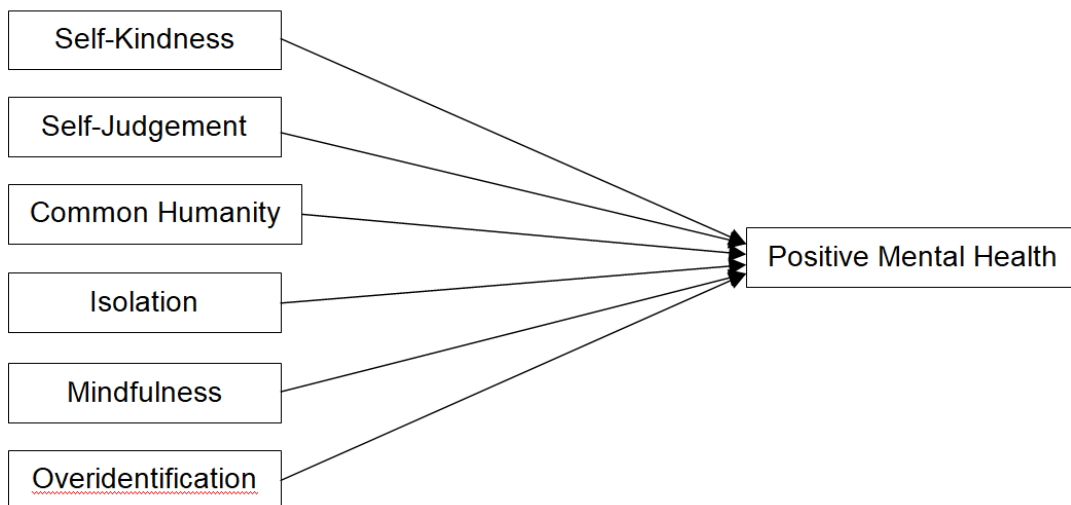

Fig. 1. Relationship between self-compassion and positive mental health

3.1 Population

The Royal University of Bhutan was established in 2003. The decentralized university manages nine constituent colleges and two affiliated colleges [34]. The target population of the study was the students enrolled in various undergraduate programs of these colleges between July 2020 and June 2021.

3.2 Sample

The colleges included in the survey were College of Science and Technology (CST), Samtse College of Education (SCE), Gedu College of Business Studies (GCBS), Paro College of Education (PCE), Royal Thimphu College (RTC), Norbuling Rigter College (NRC), College of Language and Cultural Studies (CLCS), and Sherubtse College (SC). The total student strength of the colleges was about 9800. The study sample consisted of 321 undergraduate students. A convenience sampling process was followed to select the study participants due to COVID-19 restrictions.

3.3 Instrument

The Self-Compassion Scale (SCS) is a 5-point Likert scale that uses 26 items to examine the six dimensions of self-compassion: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification (Table 1) [24].

The negative subscale items - self-judgment, isolation, and over-identification were reverse-scored. The mean of subscale item responses was used to calculate subscale scores. Then, a total mean was computed to generate a total self-compassion score.

The Mental Health Continuum-Short Form (MHC-SF) [35], is used worldwide to assess positive mental health (PMH) (Table 2). It consists of 14, 6-point Likert scale items, with 0 = never, 1 = once or twice, 2 = about once a week, 3 = 2 or 3 times a week, 4 = almost every day and 5 = every day. The MHC-SF evaluated the emotional, social, and psychological well-being dimensions of PMH.

Emotional well-being items represent feelings and contentment with one's life. Social contribution (item 4), social integration (item 5), social growth (item 6), social acceptance (item 7), and social interest (item 8) are five dimensions of social well-being. Self-acceptance (item 9), environmental mastery (item 10), positive relations with others (item 11), personal growth (item 12), autonomy (item 13), and purpose in life (item 14) are six dimensions of psychological well-being. The IBM SPSS 21.0 syntax [36] to compute the total positive mental health and subscale scores for each participant is in the appendix. The survey (45 items) was conducted online between March and June of 2021 using Google Forms due to the travel restrictions in Bhutan because of the Covid-19 pandemic. The link to the online survey was sent by e-mail to the teachers of the colleges, who in turn shared it with their students. The purpose of the study and the voluntary nature of participation in the study was mentioned on the form. There was no field on the form for student details to maintain their confidentiality. There was no incentive for participating in the study.

Table 1. Details of Self-Compassion Scale

Self-Compassion Dimensions	Item Number
Self-Kindness (SK)	5, 12, 19, 23, 26
Self-Judgement (SJ)	1, 8, 11, 16, 21
Common Humanity (CH)	3, 7, 10, 15
Isolation (I)	4, 13, 18, 25
Mindfulness (M)	9, 14, 17, 22
Over-Identification (OI)	2, 6, 20, 24

Source: [23]

Table 2. Details of Mental Health Continuum-Short Form

Components of Mental Health	Item Number
Emotional Well-being (EWB)	1, 2, 3
Social Well-being (SWB)	4, 5, 6, 7, 8
Psychological Well-being (PWB)	9, 10, 11, 12, 13, 14

Source: [33]

3. RESULTS AND DISCUSSION

The sample of the study consisted of 321 undergraduate students of the Royal University of Bhutan, of which 57.3 percent were female. The participants' ages ranged from 17 to 40 years old, with a mean of 21.86 and a standard deviation of 2.89. The college-wise breakdown of the sample was 36.1 percent GCBS, 10.9 percent CST, 4.4 percent SC, 3.1 percent NRC, 14.0 percent RTC, 9.7 percent PCE, 12.5 percent CLCS, and 9.3 percent SCE. The semester-wise breakdown of the sample was 57.3 percent semester 2, 10.0 percent semester 4, 18.1 percent semester 6, and 14.6 percent semester 8. The program-wise breakdown of the sample was 23.1 percent BCom, 10.9 percent BBA, 11.2 percent BE, 1.2 percent BSc, 36.4 percent CF, and 17.1 percent BA (Table 3).

3.1 Positive Mental Health

The percentages of students who fit the criteria of flourishing, moderate, and languishing mental health are 24.6, 42.1, and 33.3 respectively. The proportion of males (26.3 percent) with flourishing mental health was higher than the females (23.4 percent). Similarly, the proportion of males (43.1 percent) with moderate mental health was higher than the females (41.3 percent). 35.3 percent of the female students were languishing compared to 30.7 percent of the males (Table 4).

Table 3. Sample Characteristics

	Frequency	**Percent**
Gender		
Female	184	57.3
Male	137	42.7
College		
GCBS	116	36.1
CST	35	10.9
SC	14	4.4
NRC	10	3.1
RTC	45	14.0
PCE	31	9.7
CLCS	40	12.5
SCE	30	9.3
Semester		
2	184	57.3
4	32	10.0
6	58	18.1
8	47	14.6
Program		
BCom	74	23.1
BBA	35	10.9
BE	36	11.2
BSc	4	1.2
CF	117	36.4
BA	55	17.1

Note. CF = Common Foundation, BA = Bachelor of Arts, BSc =Bachelor of Science, BE = Bachelor of Engineering, BBA = Bachelor of Business Administration, BCom = Bachelor of Commerce.
Source: Survey

Table 4. The Prevalence of Mental Health among Undergraduate Students

Mental Health Status	Males		Females		Total Sample	
	N	Percent	N	Percent	N	Percent
Flourishing	36	26.3	43	23.4	79	24.6
Moderately Mentally Healthy	59	43.1	76	41.3	135	42.1
Languishing	42	30.7	65	35.3	107	33.3

Source: Survey

The scores of the students for overall mental health, psychological well-being, social well-being, and emotional well-being were moderate (Table 5).

An independent samples t-test was conducted to compare the mental health of male and female students. There was a non-significant difference in the overall mental health scores for male students (M=2.560, SD=1.325) and female students (M=2.339, SD=1.254); t(319)=-1.525, p=.128. There was a non-significant difference in the psychological well-being scores for male students (M=2.534, SD=1.417) and female students (M=2.361, SD=1.345); t(319)=-1.112, p=.267. There was a non-significant difference in the social well-being scores for male students (M=2.529, SD=1.373) and female students (M=2.242, SD=1.340); t(319)=-1.872, p=.062.

There was a non-significant difference in the emotional well-being scores for male students (M=2.664, SD=1.408) and female students (M=2.455, SD=1.333); t(319)=-1.360, p=.175. (Table 6).

3.2 Self-Compassion

Table 7 shows the participants' overall self-compassion scores as well as six subscale values. The participants had a moderate level of self-compassion (M = 3.034, SD = 0.403). They were high in common humanity (M = 3.702, SD = 0.733) and self-kindness (M = 3.545, SD = 0.704). Scores in mindfulness (M = 3.410, SD = 0.719), self-judgement (M = 2.600, SD = 0.661), and isolation (M = 2.526, SD = 0.757) were moderate. The students scored low in over-identification (M = 2.421, SD = 0.624).

Table 5. Descriptive for the MHC-SF (out of 6 points) and Three Subscales (out of 6 points) for the Undergraduate Sample

	M	SD
Total MHC-SF	2.433	1.288
EWB	2.544	1.367
PWB	2.435	1.376
SWB	2.365	1.359

Note. MHC-SF = Mental Health Continuum-Short Form.
Source: Survey

Table 6. Comparison of male and female students for the MHC-SF (out of 6 points) and Three Subscales (out of 6 points)

	Males		Females			
	M	SD	M	SD	t(319)	p
Total MHC-SF	2.560	1.325	2.339	1.254	-1.525	.128
EWB	2.664	1.408	2.455	1.333	-1.360	.175
PWB	2.534	1.417	2.361	1.345	-1.112	.267
SWB	2.529	1.373	2.242	1.340	-1.872	.062

Source: Survey

Table 7. Descriptive for the Undergraduate Sample's Overall Self-Compassion Scale (out of 5 points) and Six Subscales (out of 5 points)

	M	SD
Self-Compassion	3.034	0.403
Common Humanity	3.702	0.733
Self-Kindness	3.545	0.704
Mindfulness	3.410	0.719
Self-Judgment	2.600	0.661
Isolation	2.526	0.757
Over-identification	2.421	0.624

Source: Survey

Table 8. Comparison of male and female students for the Overall Self-Compassion Scale (out of 5 points) and Six Subscales (out of 5 points)

	Males		Females			
	M	SD	M	SD	t(319)	p
Self-Compassion	3.092	0.415	2.991	0.389	-2.230	.026
Common Humanity	3.708	0.756	3.697	0.717	-0.133	.894
Self-Kindness	3.555	0.738	3.538	0.679	-0.210	.834
Mindfulness	3.467	0.754	3.368	0.690	-1.221	.223
Isolation	2.673	0.771	2.416	0.729	-3.055	.002
Self-Judgement	2.637	0.650	2.573	0.670	-0.853	.394
Over-Identification	2.511	0.647	2.355	0.600	-2.233	.026

Source: Survey

The mean values for the overall self-compassion scale and six subscales were compared between male and female students using an independent samples t-test. The males (M = 3.092, SD = 0.415) were significantly more self-compassionate than females (M = 2.991, SD = 0.389); t (319) = -2.230, p = .026. There was a non-significant difference in self-judgement scores between the males (M = 2.637, SD = 0.650) and the females (M = 2.573, SD = 0.670); t (319) = -0.853, p = .394. There was a significant difference in isolation scores between the males (M = 2.673, SD = 0.771) and the females (M = 2.416, SD = 0.729); t (319) = -3.055, p = .002. There was a significant difference in over-identification scores between the males (M = 2.511, SD = 0.647) and the females (M = 2.355, SD = 0.600); t(319) = -2.233, p = .026. There was a non-significant difference in self-kindness scores between the males (M = 3.555, SD = 0.738) and the females (M = 3.538, SD = 0.679); t (319) = -0.210, p = .834. There was a non-significant difference in common humanity scores between the males (M = 3.708, SD = 0.756) and the females (M = 3.697, SD = 0.717); t(319) = -0.133, P = .894. There was a non-significant difference in mindfulness scores between the males (M = 3.467, SD = 0.754) and the females (M = 3.368, SD = 0.690); t(319) = -1.221, P = .223 (Table 8).

3.3 Self-Compassion and Positive Mental Health Relationships

The correlations between the six elements of self-compassion and the three dimensions of PMH are shown in Table 9. The correlations with PMH are: self-compassion (r = .337, p < .001), self-kindness (r = .298, p < .001), mindfulness (r = .278, p < .001), common humanity (r = .240, p < .001), self-judgement (r = .126, p = .024), isolation (r = .119, p = .033), and over-identification (r = .088, p = .116). The dimensions

of self-compassion were found to have significant correlations. Self-Compassion Scale (26 items, α = 0.795) and Mental Health Continuum-Short Form (14 items, α = 0.967) were found to be highly reliable.

3.4 Predictors of Positive Mental Health

The assumptions of the regression model were checked. None of the cases had undue influence on the model as none of the variables in the analyses had a Cook's distance greater than one. Multicollinearity did not bias the regression model as the values of variance inflation factor (VIF) were less than 10. The graph of *ZRESID and *ZPRED indicated that the data has not broken the assumptions of linearity and homoscedasticity. Histogram and normal P-P plots showed the normality of the residuals [36]. Table 10 summarizes the regression analysis findings. First, self-kindness accounted for 8.6 percent of the variance in positive mental health (adjusted R square = .086, F (1, 319) = 31.044, p < .001). Then, self-kindness and self-judgement accounted for 9.8 percent of the variance in positive mental health (adjusted R square = .098, F (2, 318) = 18.425, p < .001). Thirdly, self-kindness, self-judgement, and mindfulness accounted for 11.1 percent of the variance in positive mental health (adjusted R square = .111, F (3, 317) = 14.385, p < .001). Initially, all the self-compassion dimensions were included in the regression model. Finally, the regression model included self-kindness, self-judgment, and mindfulness as predictors which accounted for 11.1 percent of the variance in positive mental health. The standardized beta coefficients in the final model revealed the relative importance of the independent variables, with self-kindness (β = .171, p = .023), self-judgement (β = .151, p = .006), and mindfulness (β = .180, p = .017). The biggest predictor of mental health was mindfulness.

Table 9. Intercorrelations between Self-Compassion factors and MHC-SF factors

	1	2	3	4	5	6	7	8	9	10	11
1. SCS	-										
2. SK	0.658*	-									
3. SJ	0.534*	0.009	-								
4. CH	0.518*	0.543*	-0.180*	-							
5. I	0.649*	0.056	0.645*	-0.051	-						
6. M	0.605*	0.697*	-0.146*	0.578*	0.024	-					
7. OI	0.473*	-0.099	0.595*	-0.195*	0.585*	-0.148*	-				
8. MHC-SF	0.337*	0.298*	0.126**	0.240*	0.119**	0.278*	0.088	-			
9. EWB	0.313*	0.230*	0.143**	0.193*	0.143**	0.236*	0.128**	0.887*	-		
10. SWB	0.286*	0.254*	0.121**	0.211*	0.089	0.233*	0.067	0.948*	0.780*	-	
11. PWB	0.344*	0.327*	0.104	0.254*	0.116**	0.297*	0.073	0.963*	0.796*	0.858*	-
Cronbach's α	0.795	0.757	0.661	0.726	0.682	0.732	0.536	0.967	0.893	0.919	0.951

*Note. * $p < 0.05$, ** $p < 0.01$*
Source: Survey

Table 10. Summary of regression analysis for self-compassion dimensions predicting positive mental health

Model	Variables	B	Standard Error of B	β	t	p
Model 1	Constant	.502	.353	.298	1.422	.156
	Self-Kindness	.545	.098		5.572	.000
Model 2	Constant	-.114	.440	.297	-.259	.796
	Self-Kindness	.543	.097	.123	5.589	.000
	Self-Judgment	.240	.103		2.319	.021
Model 3	Constant	-.538	.471	.171	-1.142	.254
	Self-Kindness	.312	.136	.151	2.292	.023
	Self-Judgment	.293	.105	.180	2.792	.006
	Mindfulness	.323	.135		2.399	.017

Source: Survey

4. DISCUSSION

The students' positive mental health was positively associated with self-compassion, according to the findings. Self-kindness, mindfulness, and self-judgment were significant predictors of positive mental health. These significant correlates predicted 11.1 percent of the variance in the positive mental health of the students. The strongest predictor was mindfulness. Mindfulness is a non-judgmental state of mind in which people pay attention to their thoughts and feelings as they develop, without trying to modify or push them away, and without becoming overwhelmed by them. The mechanisms through which mindfulness influences positive mental health are understanding one's inner experience, the ability to control emotional pain, rumination, and the ability to separate one's happiness from external circumstances [37].

Self-judgment, isolation, and over-identification were not negatively associated with positive mental health. Zeng et al. [38] found similar unexpected results for Chinese Buddhists. The unexpected results were specific to certain variables. Poor data collection would have led to systematic bias. The ideas of self-compassion on which the self-compassion scale has been designed may be different from that of Buddhism. For instance, item 23 ("I'm tolerant of my flaws and inadequacies") and item 26 ("I try to be understanding and patient towards those aspects of my personality I don't like") of self-kindness are about tolerance of one's failings. Buddhists may perceive tolerance of one's flaws as indicative of a failure to put in efforts to nurture good qualities. Buddhists may value the negative aspects of self-compassion. Self-judgement may be considered similar to cautiousness. Self-compassion may be misunderstood as self-indulgence [39]. There are cross-cultural differences in self-compassion [31].

The majority of the undergraduate students of the university were moderately mentally healthy. Moreover, more female students were languishing compared to male students. It agrees with the findings of Dorji et al.'s study [8] about the mental health issues of young Bhutanese people. The students had a moderate level of self-compassion. The self-compassion of the male students was significantly higher than the female students. This result is in line with previous research findings [38]. Females tend to be more judgemental about themselves and spend more time thinking about their negative feelings than males. Undergraduates in the United States, Taiwan, Thailand, and Turkey, on the other hand, showed no significant gender disparities [40,41,42]. The gender effect of self-compassion may be culturally specific.

5. CONCLUSION

Self-compassion is an important concept in Buddhism. It is linked to an individual's emotional, psychological, and social well-being in painful situations. The current study provides significant information about the status and explanatory variables of positive mental health of Bhutanese students. Mindfulness is the most important predictor of positive mental health. It is critically important to our well-being [43]. Connection is rebuilt and strengthened when we pay careful attention to our lives. Connection leads to more regulation, which leads to a condition of dynamic order, which is the essence of well-being [44]. The administrators of the colleges can introduce interventions to enhance the mindfulness of the students with greater emphasis on female students. Self-compassion interventions such as compassion-focused therapy (CFT), compassionate mind training (CMT), and mindful self-compassion (MSC) have shown promising results in clinical and general populations. Meta-analytic evaluations have shown that mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT) develop self-compassion significantly in a wide variety of populations [45,46,47].

Future research should look into ways to boost self-compassion in undergraduate students and the impact it has on their mental health and academic success. It should take into account individual variations that may moderate the associations between self-compassion and mental health.

CONSENT

As per international standard or university standard, Participants' written consent has been collected and preserved by the authors.

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the authors.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Dyrbye LN, Thomas MR, Shanafelt TD. Medical Student Distress: Causes, Consequences, and Proposed Solutions. ScienceDirect; 2005.
Available:https://www.sciencedirect.com/science/article/abs/pii/S0025619611610574

2. Auerbach RP, Alonso J, Axinn WG, Cuijpers P, Ebert DD, Green JG, et al. Mental disorders among college students in the World Health Organization World Mental Health Surveys. Psychological Medicine. 2016;46(14):2955–2970.

3. Cuseo JB, Figueroa S. Three Timely Tools for Promoting First-Year Student Success During & After COVID-19: Positive Psychology, Mindfulness, & Self-Compassion. David Publisher; 2020.
Available:http://www.davidpublisher.com/Public/uploads/Contribute/600a81d171b94.pdf

4. Schuelka MJ, Braznell M, Leavesley M, Dorji S, Dorji K, Nidup K, Latsho P. Happiness, Wellbeing, and Mental Health in Bhutanese Higher Education: Exploring Student and Staff Experiences and Perceptions within a Framework of Gross National Happiness. Journal of International and Comparative Education. 2021;10(1):33–50.
Available:https://doi.org/10.14425/jice.2021.10.1.0913

5. Vigo D, Thornicroft G, Atun R. Estimating the true global burden of mental illness. The Lancet Psychiatry. 2016;3(2):171–178.
Available:https://doi.org/10.1016/S2215-0366(15)00505-2

6. Business Bhutan. Mental health is ignored the world over, not just in Bhutan; 2019.
Retrieved from Business Bhutan: Available:https://businessbhutan.bt/2019/05/01/mental-health-is-ignored-the-world-over-not-just-in-bhutan/

7. Ministry of Health, Royal Government of Bhutan. Annual Health Bulletin; 2020.
Available:http://www.moh.gov.bt/wp-content/uploads/ict-files/2017/06/health-bulletin-Website_Final.pdf

8. Dorji L, Gyeltshen S, Minten T, Namgay P, Dorjee T, Jamtsho C, Wangchuk T. Crime and Mental Health Issues Among The Young Bhutanese People. National Statistics Bureau; 2015.
Available:https://bhutan.unfpa.org/sites/default/files/pub-pdf/CRIME%20AND%20MENTAL%20HEALTH.pdf

9. Keyes CL. Mental illness and/or mental health? Investigating axioms of the complete state model of health. Journal of Consulting and Clinical Psychology. 2005;73(3):539–548.
Available:https://doi.org/10.1037/0022-006X.73.3.539

10. Diener E, Emmons RA, Larsen RJ, Griffin S. The Satisfaction With Life Scale. Journal of Personality Assessment. 1985;49(1):71–75.
Available:https://doi.org/10.1207/s15327752jpa4901_13

11. Keyes CLM. Social Well-Being. Social Psychology Quarterly. 1998;61(2):121–140.
Available:https://www.jstor.org/stable/2787065

12. Ryff CD. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. Journal of Personality and Social Psychology.1989; 57(6):1069-1081.
Available:https://doi.org/10.1037/0022-3514.57.6.1069

13. Iasiello M, van Agteren J, Keyes C, Cochrane EM. Positive mental health as a predictor of recovery from mental illness. Journal of Affective Disorders. 2019;251:227–230.
Available:https://doi.org/10.1016/j.jad.2019.03.065

14. De Cates A, Stranges S, Blake A, Weich S. Mental well-being: An important outcome for mental health services? British Journal of Psychiatry. 2015;207(3):195–197.
Available:https://doi.org/10.1192/bjp.bp.114.158329

15. Neff KD. Self-Compassion: An Alternative Conceptualization of a Healthy Attitude Toward Oneself. Self and Identity. 2003; 2(2):85-101.
Available:https://doi.org/10.1080/15298860309032

16. Kotera Y, Green P, Sheffield D. Roles of Positive Psychology for Mental Health in UK Social Work Students: Self-

Compassion as a Predictor of Better Mental Health. British Journal of Social Work. 2020;50(7):2002–2021.
Available:https://doi.org/10.1093/bjsw/bcz149

17. Kotera Yasuhiro, Ting S-H. Positive Psychology of Malaysian University Students: Impacts of Engagement, Motivation, Self-Compassion, and Well-being on Mental Health. International Journal of Mental Health and Addiction. 2021;19:227–239.
Available:https://doi.org/10.1007/s11469-019-00169-z

18. Neely ME, Schallert DL, Mohammed SS, Roberts RM, Chen Y-J. Self-kindness when facing stress: The role of self-compassion, goal regulation, and support in college students' well-being. Motivation and Emotion. 2009;88–97.
Available:https://doi.org/10.1007/s11031-008-9119-8

19. Keyes CL. Promoting and protecting mental health as flourishing: A complementary strategy for improving national mental health. The American psychologist. 2007; 62(2):95–108.
Available:https://doi.org/10.1037/0003-066X.62.2.95

20. Neff KD, Germer CK. A Pilot Study and Randomized Controlled Trial of the Mindful Self-Compassion Program. Journal of Clinical Psychology. 2012;00(00):1–17.
Available:https://doi.org/10.1002/jclp.21923

21. Mac Beth A, Gumley A. Exploring compassion: a meta-analysis of the association between self-compassion and psychopathology. Clinical Psychology Review. 2012;32(6):545–552.
Available:https://doi.org/10.1016/j.cpr.2012.06.003

22. Hall CW, Row KA, Wuensch KL, Godley K. R. The role of self-compassion in physical and psychological well-being. The Journal of psychology. 2013;147(4):311–323.
Available:https://doi.org/10.1080/00223980.2012.693138

23. Zessin U, Dickhäuser O, Garbade S. The Relationship Between Self-Compassion and Well-Being: A Meta-Analysis. Applied psychology. Health and well-being. 2015; 7(3):340–364.
Available:https://doi.org/10.1111/aphw.12051

24. Neff, K. D. (2003b). The Development and validation of a scale to measure self-compassion. Self and Identity, 2(3), 223–250.
Available:https://doi.org/10.1080/15298860309027

25. Neff KD, Hsieh YP, Dejitterat K. Self-compassion, Achievement Goals, and Coping with Academic Failure. Self and Identity. 2005;263–287.
Available:https://doi.org/10.1080/13576500444000317

26. Ying YW. Contribution of self-compassion to competence and mental health in social work students. Journal of Social Work Education. 2009;45(2):309–323.
Available:https://doi.org/10.5175/JSWE.2009.200700072

27. Kotera Y, Conway E, Van Gordon W. Mental health of UK university business students: Relationship with shame, motivation and self-compassion. Journal of Education for Business. 2019;94(1):11–20.
Available:https://doi.org/10.1080/08832323.2018.1496898

28. Shin NY, Lim YJ. Contribution of self-compassion to positive mental health among Korean university students. International Journal of Psychology. 2018; 54(6):800–806.
Available:https://doi.org/10.1002/ijop.12527

29. Verma Y, Tiwari G. Self-Compassion as the Predictor of Flourishing of the Students, International Journal of Indian Psychology, Volume. 2017;4(3).
DIP: 18.01.122/20170403,
DOI: 10.25215/0403.122

30. Thayer JF, Rossy LA, Ruiz-Padial E, et al. Gender Differences in the Relationship between Emotional Regulation and Depressive Symptoms. Cognitive Therapy and Research. 2003;27:349–364.
Available:https://doi.org/10.1023/A:1023922618287

31. Neff KD, Pisitsungkagarn K, Hsieh YP. Self-Compassion and Self-Construal in the United States, Thailand, and Taiwan. Journal of Cross-Cultural Psychology. 2008;39(3):267–285.
Available:https://doi.org/10.1177/0022022108314544

32. Fraenkel JR, Wallen NE, Hyun HH. How To Design And Evaluate Research In Education (8th ed.). Mc Graw-Hill; 2008.

33. Trompetter HR, de Kleine E, Bohlmeijer ET. Why Does Positive Mental Health Buffer Against Psychopathology? An Exploratory Study on Self-Compassion as a Resilience Mechanism and Adaptive

Emotion Regulation Strategy. Cognitive Therapy and Research. 2017;41:459–468 https://doi.org/10.1007/s10608-016-9774-0

34. Royal University of Bhutan; 2021. Annual Report 2019–2020.
Available:https://www.rub.edu.bt/index.php /en/annual-reports/815-annual-report-2019-2020.html

35. Keyes CLM. (n.d.). Brief Description of the Mental Health Continuum Short Form (MHC-SF). Association of American Colleges and Universities.
Retrieved July 27, 2020.
https://www.aacu.org/sites/default/files/MHC-SFEnglish.pdf

36. Field A. Discovering Statistics Using IBM SPSS Statistics (5th ed.). SAGE Publications; 2017.

37. Coffey KA, Hartman M, Fredrickson BL. Deconstructing Mindfulness and Constructing Mental Health: Understanding Mindfulness and its Mechanisms of Action. Mindfulness. 2010;1:235–253.
Available:https://doi.org/10.1007/s12671-010-0033-2

38. Zeng X, Wei J, Oei TPS, Liu X. The Self-Compassion Scale is Not Validated in a Buddhist Sample. Journal of Religion and Health; 2016.
Available:https://doi.org/10.1007/s10943-016-0205-z

39. Neff KD. The Science of Self-Compassion. In C. Germer & R. Siegel (Eds.), Compassion and Wisdom in Psychotherapy. Guilford Press. 2012;79–92.

40. Yarnell LM, Neff KD, Davidson OA, Mullarkey M. Gender Differences in Self-Compassion: Examining the Role of Gender Role Orientation. Mindfulness. 2019;10(6):1136–1152.
Available:https://doi.org/10.1007/s12671-018-1066-1

41. Neff KD, Pisitsungkagarn K, Hsieh YP. Self-Compassion and Self-Construal in the United States, Thailand, and Taiwan. Journal of Cross-Cultural Psychology. 2008;39(3):267–285.
Available:https://doi.org/10.1177/00220221 08314544

42. Iskender M. The Relationship Between Self-Compassion, Self-Efficacy, And Control Belief About Learning in Turkish University Students. Social Behavior and Personality. 2009;37(5):711–720.
Available:https://doi.org/10.2224/sbp.2009. 37.5.711

43. Kabat-Zinn J. Mindfulness. 2015; 6:1481–1483.
Available:https://doi.org/10.1007/s12671-015-0456-x

44. Kabat-Zinn J. Why Paying Attention is so Supremely Important. Mindfulness. 2015; 6:1484–1486.
Available:https://doi.org/10.1007/s12671-015-0455-y

45. Barnard LK, Curry JF. Self-Compassion: Conceptualizations, Correlates, & Interventions. Review of General Psychology. 2011;15(4):289–303.
Available:https://doi.org/10.1037/a0025754

46. Golden HL, Vosper J, Kingston J, Ellett L. The Impact of Mindfulness-Based Programmes on Self-Compassion in Nonclinical Populations: a Systematic Review and Meta-Analysis. Mindfulness. 2021;12(1):29–52.
Available:https://doi.org/10.1007/s12671-020-01501-8

47. Smeets E, Neff K, Alberts H, Peters M. Meeting suffering with kindness: Effects of a brief self-compassion intervention for female college students. Journal of Clinical Psychology. 2014;70(9):794–807.
Available:https://doi.org/10.1002/jclp.2207 6

APPENDIX

IBM SPSS 21.0 Syntax to Compute Positive Mental Health Scores [33]:

```
count hiaff=mhc1 mhc2 mhc3(4,5).
count loaff=mhc1 mhc2 mhc3(0,1).

count hifunc=mhc4 mhc5 mhc6 mhc7 mhc8 mhc9 mhc10 mhc11 mhc12 mhc13 mhc14(4,5).
count lofunc=mhc4 mhc5 mhc6 mhc7 mhc8 mhc9 mhc10 mhc11 mhc12 mhc13 mhc14(0,1).

recode hiaff (1,2,3=1) (else=0) into hiaffect.
recode hifunc (6,7,8,9,10,11=1) (else=0) into hifunct.
recode loaff (1,2,3=1) (else=0) into loaffect.
recode lofunc (6,7,8,9,10,11=1) (else=0) into lofunct.

if hiaffect=1 and hifunct=1 mhc_dx=2.
if loaffect=1 and lofunct=1 mhc_dx=0.
if hiaffect=1 and hifunct=0 mhc_dx=1.
if hiaffect=0 and hifunct=1 mhc_dx=1.
if loaffect=0 and lofunct=1 mhc_dx=1.
if loaffect=1 and lofunct=0 mhc_dx=1.

variable labels mhc_dx 'MHC-SF Three Category Diagnosis of Positive Mental Health'.
value labels mhc_dx 0 'Languishing' 1 'Moderate' 2 'Flourishing'.

compute mhc_total = mhc1 + mhc2 + mhc3 + mhc4 + mhc5 + mhc6 + mhc7 + mhc8 + mhc9 + mhc10
+ mhc11 + mhc12 + mhc13 + mhc14.
compute mhc_ewb = mhc1 + mhc2 + mhc3.
compute mhc_swb = mhc4 + mhc5 + mhc6 + mhc7 + mhc8.
compute mhc_pwb = mhc9 + mhc10 + mhc11 + mhc12 + mhc13 + mhc14.
```