

SELF-COMPASSION AND INTERPERSONAL REACTIVITY AMONG BANGLADESHI UNIVERSITY STUDENTS

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Compassion for others entails understanding and relieving others' misery⁽¹⁾. It is expressed when an individual remains liberal without expressing judgment on others, regardless of whether others engage in unfair or dishonest tactics such as harming others⁽²⁾. The process of knowing and recognizing one's own suffering is known as self-compassion or self-empathy. It entails caring about one's own suffering and observing one's troubles with empathy, nonjudgment, and the knowledge that suffering is a part of life⁽¹⁾. It has been linked to decreased depression, anxiety, and stress, as well as enhanced psychological well-being⁽³⁻⁵⁾. Although the majority of studies on self-compassion have focused on intrapersonal responsiveness, there are indications that self-compassion is also associated with healthier relationships with others^(6,7). It promotes empathy, which is necessary for developing interpersonal ties with others and has historically been thought to be a significant predictor of prosocial behavior⁽⁸⁾. It enhances one's capacity to comprehend what the other individual is contemplating or experiencing and to connect to these feelings and thoughts with suitable emotion⁽⁹⁾. Persons who score higher on the self-compassion scale have been found to be more compassionate and empathetic toward others⁽¹⁰⁾. They were more likely to initiate interpersonal connections with others, reveal more about themselves, and provide more emotional comfort to others. Self-compassion has other benefits, including a reduced fear of rejection and lowered avoidance of social isolation⁽¹¹⁾. Those who are kinder to themselves in social circumstances are more likely to make friends, offer help to those around them, and bounce back from setbacks more quickly. It may also make it easier for them to communicate with others. Understanding that other people have been through similar things, both good and bad, can reduce the effect of unpleasant social experiences and encourage the individual to put oneself out there more by striking up conversations and being honest about their own.

University students who practice self-compassion are more likely to solve difficulties constructively with others and less likely to take a pessimistic view of the world⁽¹²⁾. Greater levels of self-compassion were associated with more giving, less suppressing of needs, and improved social and emotional health among students⁽¹³⁾.

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Relationship building and maintenance require an open and compassionate disposition, which is especially useful for university students as they traverse the challenging but rewarding process of establishing and expanding their social circle. Empathy is also discovered to be effective in modulating the association between peer connection and prosocial activity among university students⁽¹⁴⁾. This linkage is crucial since it has been discovered that university students with adequate social support have fewer mental health issues and greater resilience to deal with challenging circumstances⁽¹⁵⁾. Based on these prior researches, it can be said that there would be a link between self-compassion and interpersonal reactivity toward others, but the authors are unaware of any studies that have been done on this theme among university students in Bangladesh. We intended to conduct the study with university students as we believe that they are the future prospects of the nation and an initial understanding regarding their level of self-compassion and interpersonal reactivity will help mental health practitioners and policymakers in developing a society with empathetic understanding. We wanted to investigate the current perspective of self-compassion and interpersonal responsiveness among Bangladeshi university students and whether there was any correlation between these two. Also, we were interested in determining whether there was a difference between males and females in terms of their level of self-compassion and interpersonal reactivity.

This study was conducted using a cross-sectional survey methodology with 151 participants (78 females and 73 males) aged 18 to 31 from both public and private universities in Bangladesh. The majority of participants were female (51.7%), aged 24 to 26 years (33.8%), studying at the masters level (53%), and most participants of the study (45.7%) belonged to the lower middle-class family. Convenience sampling technique was used to select study participants. This investigation followed the Helsinki Declaration of 1975, as updated in 2008. All procedures involving human subjects of that research were authorized by the research ethics committee of the Department of Educational and counseling psychology at the University of Dhaka, Bangladesh (reference number DECP/08/14). Participants were provided with a Google form comprising informed consent, demographic information, a self-compassion scale (SCS), and an interpersonal reactivity index (IRI). They were given electronically written instructions on the Google form about how to fill up both the interpersonal reactivity index and self-compassion scales and it took approximately 15 to 20 minutes to complete the survey. The Self-Compassion Scale is a 26-item scale that measures the self-compassion of individuals through three interrelated oppositions (six subscales); self-kindness (SK) versus self-judgment (SJ), common humanity (CH) versus isolation (IS), and mindfulness (MI) versus over-identification (OI). The overall internal consistency of the original Self-Compassion scale is 0.92⁽¹⁾. The Interpersonal Reactivity Index is a 28-item scale for measuring empathy that consists of four subscales; fantasy (FS), perspective taking (PT), empathetic concern (EC), and personal distress (PD). The original Interpersonal Reactivity Index has a Cronbach alpha value of 0.70 to 0.78⁽¹⁶⁾. These scales were

translated into Bangla specifically for this study by using a conventional three-step procedure of scale adaptation before its use which includes forward translation, expert rating, and reverse translation along with piloting. The Bangla-translated interpersonal reactivity index and self-compassion scale both had Cronbach alpha scores of 0.85 and 0.73, respectively.

Descriptive statistics showed that ninety-six percent of our study participants scored their level of self-compassion as average or higher, and ninety-eight percent of students scored their level of interpersonal reactivity as average or higher. (Fig. 1).

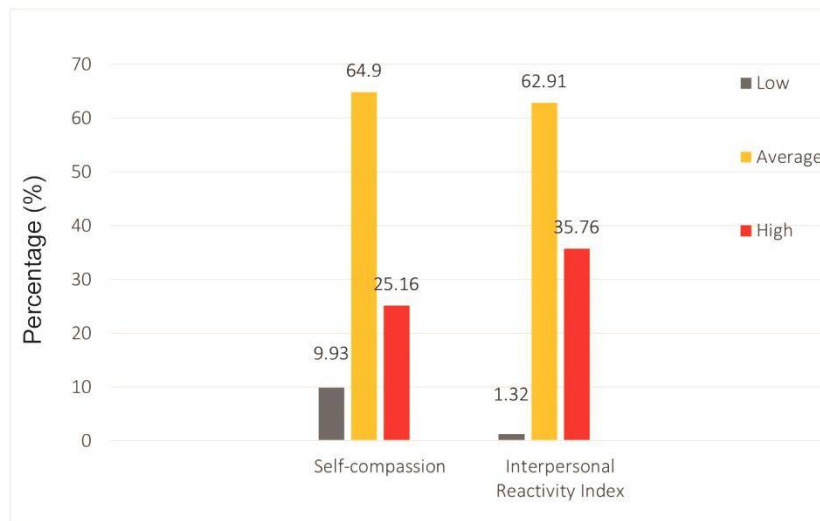


Fig. 1. The percentage of various levels of self-compassion and interpersonal reactivity of the participants (n= 151).

The male and female study participants' mean self-compassion and interpersonal reactivity scores were compared using independent sample t-tests. Females scored 80.23 on the self-compassion scale, while males scored 83.66 (Table 1).

Table 2. The distribution of mean self-compassion and interpersonal reactivity scores according to gender.

Parameters	Gender	Mean	t	p-value
Self-compassion	Female	80.23	1.370	.173
	Male	83.66		
Interpersonal reactivity index	Female	68.28	-1.451	.149
	Male	66.05		

*p < .05.

There were no statistically significant differences in self-compassion levels between men and women. Male and female participants did not differ substantially in the six subscales of the self-compassion scale, which is consistent with the findings of other global studies^(2,17). This result also contradicts the findings of another study, which found that self-compassion fluctuated according to gender⁽¹⁸⁾. These inconsistencies may be caused by variances in measuring instruments and sociocultural differences between regions. Conversely, men averaged 66.05 and women averaged 68.28 on the interpersonal reactivity index (Table 2). It was found that there were no substantial differences in interpersonal reactivity between male and female participants. This finding is consistent with previous studies that also didn't demonstrate any significant variations in the neural activity of boys and girls in reaction to psychological stimuli^(19,20). It's possible that men and women may reach the same conclusions about empathy because of the use of physiological markers as predictors of empathy⁽¹⁹⁾. It was also found that male and female participants did not differ significantly in terms of three subscales (fantasy, perspective taking, and empathic concern) of the interpersonal reactivity index but significant differences (Mean= 15.88 for females, vs 14.53 for males; $t = -2.141$; $p = .034$, $p < .05$) were evident in one subscale (personal distress) of interpersonal reactivity index (IRI). A plausible reason for such a finding could be the importance of social and educational factors. For instance, girls are more socialized and congruent than others and feel responsible for their well-being, which might lead to them having higher empathy and less impassivity⁽²¹⁾.

The relationship between self-compassion and interpersonal reactivity and its subscales was looked at using the Pearson product-moment correlation. No significant connection was found between self-compassion and interpersonal reactivity, but there was a strong association ($r = .326$; $p < .001$) between self-compassion and the perspective-taking subscale of the interpersonal reactivity index (IRI). This finding is identical to the findings of another study, which also found that self-compassion is likely to be linked with the ability to understand and connect with another person's suffering⁽¹⁾. Self-compassion and the personal distress subscale of the interpersonal reactivity index (IRI) were also found to have a strong negative correlation ($r = -.467$; $p < .001$) (Table 3). This result is similar to what other studies have found higher self-compassion is linked to lesser personal distress for university students and adults^(17,18,22). That is also supported by a previous study which showed that persons with high self-compassion can be just as good to others as they are to themselves, whereas those with low self-compassion are nicer to others than to themselves⁽¹⁾. Individuals with higher self-compassion scores reported less emotional distress and more empathy for others. These findings could be explained by one of two possibilities: 1) It is possible that persons who are more compassionate to themselves during tough circumstances are more likely to establish and identify a sense of belonging within a larger social framework. It's likely that they are more open to connecting with others after experiencing setbacks and demonstrating self-care. 2) Individuals who score high on both measures of self-compassion and empathy

are perceived by those around them as more friendly and talkative, and they are more likely to participate in extracurricular activities that could reduce their stress and improve their quality of life^(23,24).

The extrapolation of the findings of this study is constrained as data were collected from a small number of individuals in a convenient manner. The likelihood of response bias is high in this survey as it was self-reported by the participants. Future in-depth research must involve a more varied sample to examine the association between self-compassion and interpersonal reactivity toward others. Additional qualitative research is also recommended to acquire information from participants regarding their interpersonal communication patterns, reactions, and empathic comprehension. The outcomes of the study can be informative for both psychological counseling practice and outreach programs for those who work with university students. Psychological counselors working at university counseling centers must address students' self-compassion and empathy. Finally, group discussions or support group meetings focusing on self-compassion and empathy can be arranged for students to build relationships with one another and give them the impression that they are not alone in their struggles and that their peers also share similar experiences.

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