

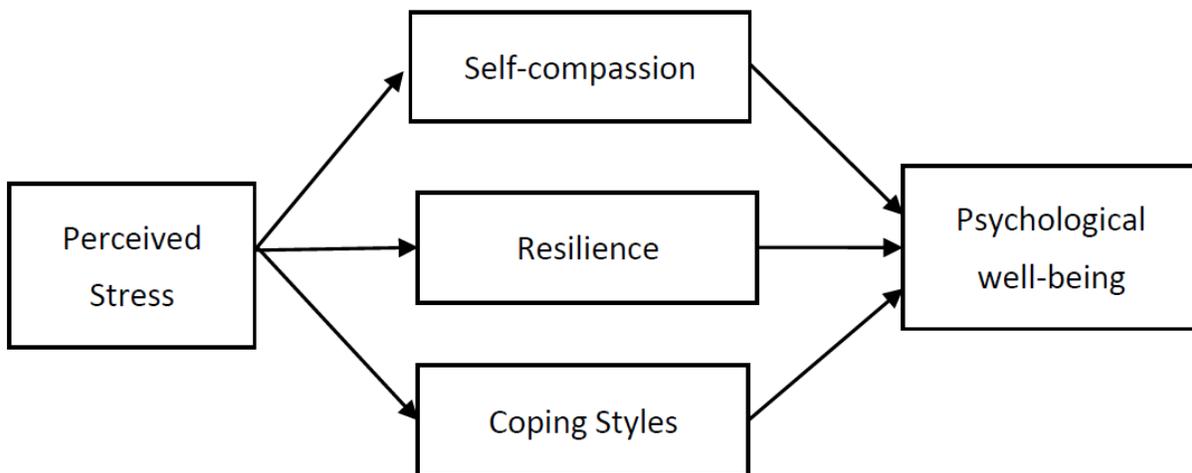
## **Self-Compassion, Resilience, Coping and Psychological Well-being**

Mental health problem is an important global public health issue as estimated around 420 million people currently suffer from a mental condition (1), which is also the leading cause of disease burden worldwide. Mental problems also affect their family, caregivers and friends. Thus, more interdisciplinary research aims to explore factors and intervention to reduce mental health problems, and has shifted to a positive psychology approach to understand people's strengths to promote the psychological well-being (2, 3). This paradigm shift has led to the exploration of concepts such as resilience and positive youth development constructs among the youths, which focus on cultivating individuals' strengths and potential. Based on social and emotional theories, various key constructs have been identified, including cognitive, emotional, social and moral competence; self-efficacy; belief in the future and spirituality (4, 5).

With this strengths-based movement, the current proposal will explore constructs including (but not limited to) self-compassion, resilience and coping styles in relation to psychological well-being among young people. Self-compassion refers to being kind and compassionate toward oneself at difficult times (6), and has three dimensions: self-kindness, common humanity, and mindfulness. Research has shown that it is associated with higher life satisfaction, happiness, optimism as well as lower depression and anxiety (6, 7). In addition, resilience refers to the process of, capacity for, or outcome of successful adaptation despite challenging circumstances. Research has shown that it is correlated with better psychological well-being among youth (8). Lastly, coping is conceived to be a component of adaptation, in which an individual adjusts from stressors and manages their circumstances (9). Effective coping helps individuals manage challenges which in turn affects individuals' mental health (10).

Studies have shown direct effects of the above constructs on psychological well-being, but little is known about their relative roles in the process. The current study aims to fill this research gap by examining the relations among self-compassion, resilience and coping as well as their effects on life satisfaction and subjective happiness (among Chinese if to be conducted in Hong Kong). It is hypothesized that self-compassion would correlate positively with resilience and adaptive coping, and they will together moderate the association of perceived stress and psychological

well-being. For example, the person who is self-compassionate could regulate their emotions, he/she is more able to resolve problems in constructive ways. Hence, such understanding could inform future prevention research and intervention. In addition, culture differences have been noted in some constructs, such as self-compassion and coping styles between Asian and Western participants. Hence, if participants with other cultural backgrounds could be recruited, *cultural comparisons* of the effects of these constructs on psychological well-being could be conducted.



**Figure 1. A proposed models of stress, strengths constructs and psychological well-being**  
**Proposed Methods**

In this cross-sectional study, participants will be recruited from local universities. After explaining the study and obtaining their consents, participants will complete a self-administered web-based questionnaire, which will require 15 to 20 minutes to finish. Sample size calculation is based on 95% confidence level and 266 participants will be required. Ethics approval will be obtained from the affiliated university.

The questionnaire will include the following validated scales: (i) Self-Compassion Scale–26 items (6); (ii) Connor-Davidson Resilience Scale–10 items (11), (iii) Brief Coping Orientations to Problem Experienced Scale–28 items (12, 13); (iv) Perceived Stress Scale–4 items (14), (v) Satisfaction with Life Scale–5 items (15); (vi) Subjective Happiness Scale–4 items (16). Socio-demographic Information such as their age and gender will be collected.

The statistical analyses will be conducted using SPSS and p-values of 0.05 or less will be considered statistically significant. Bivariate correlation analyses will be performed to examine

the relationship between psychological outcomes. The model will be tested using the bootstrapping techniques proposed by Preacher and Hayes (17).