



AN INVESTIGATION ON COMPASSION AND SUBMISSIVE COMPASSION AS PREDICTORS OF PSYCHOLOGICAL WELL-BEING

(Araştırma Makalesi)

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Abstract

This study aimed to investigate compassion and submissive compassion as predictors of psychological well-being. Participants consisted of 252 people, 150 women and 102 men between 18 and 59 years of age. Correlation and hierarchical regression analyses were performed to examine the relationships between compassion, submissive compassion, and psychological well-being. The study found a positive and significant relationship between compassion and psychological well-being, and a negative and significant one between submissive compassion and psychological well-being. The results indicate, on the other hand, that compassion and submissive compassion were significantly negatively correlated. Based on the gender and age variables, compassion and submissive compassion explain 13% of the variance in psychological well-being. The results are discussed based on the literature.

Keywords: Compassion, Submissive Compassion, Psychological Well-Being, Happiness, Mental Health.

Psiyolojik İyi Oluşun Yordayıcıları Olarak Merhamet ve Boyun Eğici Merhametin İncelenmesi

Öz

Bu araştırmada psiyolojik iyi oluşan yordayıcıları olarak merhamet ve boyun eğici merhametin incelenmesi hedeflenmiştir. Araştırmaya yaşıları 18 ile 59 arasında değişen 150 kadın ve 102 erkek olmak üzere toplam 252 kişi katılmıştır. Merhamet, boyun eğici merhamet ve psiyolojik iyi oluş arasındaki ilişkileri incelemek amacıyla korelasyon analizi ve hiyerarşik regresyon analizi uygulanmıştır. Araştırma bulgularına göre merhamet ve psiyolojik iyi oluş arasında pozitif yönlü ve anlamlı bir ilişki varken,

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boyun eğici merhamet ve psikolojik iyi oluş arasında negatif yönlü ve anlamlı bir ilişki bulunmaktadır. Merhamet ve boyun eğici merhamet arasında ise negatif yönlü ve anlamlı bir ilişki bulunmuştur. Cinsiyet ve yaş değişkenleri kontrol edildiğinde merhamet ve boyun eğici merhamet psikolojik iyi oluş üzerindeki varyansın %13'ünü açıklamaktadır. Sonuçlar literatür ışığında tartışılmış ve çeşitli öneriler sunulmuştur.

Anahtar Kelimeler: Merhamet, Boyun Eğici Merhamet, Psikolojik İyi Oluş, Mutluluk, Zihinsel Sağlık.

1. Introduction

With the development of positive psychology, researchers have shown an increasing interest in well-being. In recent times, there has been a boom of research in this field on the effects of positive psychological characteristics at the individual and group levels such as love (Oravecz et al., 2020), forgiveness (Akhtar, Dolan, & Barlow, 2017), wisdom (Choi & Song, 2014), compassion (Saarinen et al., 2019), tolerance (Alnaji, Askari, & Refae, 2016) on well-being. In the well-being literature, two structures stand out, namely hedonic and eudemonic well-being (Ryan & Deci, 2001). A hedonic perspective on well-being matches it with the pursuit of pleasure, happiness, and self-satisfaction (McMahan & Estes, 2011). According to Ryan and Deci (2001), subjective well-being expresses how people evaluate their lives, including emotional and cognitive judgments, and it essentially represents the hedonic structure. Accordingly, subjective well-being typically consists of three components, namely life satisfaction, the presence of positive affect, and absence of negative affect (Diener, 1984). Suggesting that the subjective well-being model cannot define positive functioning, Ryff and Singer (1996) proposed a psychological well-being model based on a eudemonic approach which consists of self-acceptance, commitment, meaning in life, environmental dominance, autonomy, and personal development. The authors define self-acceptance as a feature of self-actualization and a crucial aspect of mental health. While commitment includes solid interpersonal relationships based on empathy, love, and trust towards all people, autonomy involves individuals having an internal focus of control that does not constantly seek the approval of others. Meaning in life is an essential structure of mental health. Environmental dominance is specified as the ability to create an environment suitable for current circumstances. In general, subjective well-being is defined as people's appraisals of their own lives, while psychological well-being represents optimal human functionality.

Identifying factors that contribute to psychological well-being is important at both personal and societal levels. Compassion has been of great interest to researchers in psychology in recent years since it is considered a common human value (Armstrong, 2010). Gilbert (2010) conceptualized compassion as a combination of deep awareness of the suffering of others and the motivation to reduce that pain and argued that it had six components, namely sensitivity to other people's pain, sympathetic attention to pain, an empathic ability to understand other people's pain, ability to tolerate burdensome feelings that arise when there is pain, and the motivation to alleviate the perceived pain. The feature

that has made compassion a popular subject in scientific research has been an increasing number of studies that have provided evidence regarding its relation to well-being (Barrett-Cheetham, Williams, & Bednall, 2016). In this context, compassion is related to physical (Stellar et al., 2015), mental (Sommers-Spijkerman et al., 2018), and psychosocial health (Cosley et al., 2010). Subsequent studies focused on whether these relationships were short-term or permanent. Saarinen et al. (2019) conducted a well-known longitudinal study on the subject, which showed that high levels of compassion consistently predicted greater emotional well-being and decreased negative affect over 15 years.

The benefits of compassion to the individual, its importance in maintaining healthy interpersonal relationships, and social well-being evoke the question: "is compassionate mind training possible?". As a result of a growing number of studies, compassion education programs have increasingly become part of psychotherapy interventions in various clinical settings. Research suggests that compassion training provides a significant reduction in mental and physical pain (Galante et al., 2014) and increases prosocial behavior (Zeng et al., 2015). Research has provided evidence that various populations, such as adolescents at risk (Reddy et al., 2013), healthcare professionals (Sinclair et al., 2016), and people with post-traumatic stress disorder (Hoffard et al., 2015) have benefitted from this type of intervention.

Catarino et al. (2014) report, on the other hand, that although being compassionate towards others is linked to well-being, individuals can act compassionately with different motivations. Ozawa de-Silva et al. (2012) argue that compassion is a multidimensional condition and evokes motivational and behavioral components along with attention, cognitive and affective skills. Here, the motivation under compassionate behavior becomes critical. In the literature, compassionate goals are often examined in comparison with self-image goals (Crocker & Canevello, 2008). Crocker et al. (2009) emphasized the destructive role of these self-image goals as part of a larger ego system. Self-image goals are examined in the context of ego motivation. In the ego system, people prioritize their own needs and desires over those of other people. Individuals with high self-image goals need to create, maintain and defend their positive images. They are busy meeting their own needs, including the need to be noticed by others. Creating the desired images goes beyond having the desired quality, and it involves making sure that other people see themselves as having the desired quality (Crocker & Canevello, 2012). Compassionate goals are typically energized by a motivating system called ecosystem (Crocker et al., 2009). Here the perspective of the self prevails as part of a larger whole. In this system, people take into account the needs and desires of others because the needs of others are as important as their needs. As a result, people with self-image goals and compassionate goals may be doing the same thing with different intentions and eventually achieving the same thing (Crocker & Canevello, 2012).

Catarino et al. (2014) conceptualized the compassionate behaviors demonstrated by the motivation of self-image goals as "submissive compassion". Submissive compassion is defined as a type of care that provides self-advantage or takes a protective role for self needs, such as wanting to gain the admiration of others, to be considered a good

person, and thus avoiding being rejected (Gilbert, 2009). Previous research shows that submissive compassion is related to negative consequences, including shame, anxiety, depression, and stress (Catarino et al., Akdeniz et al., 2020).

Considering all these aspects, it is clear that a correct understanding of true compassion is essential for the field of psychology. To our knowledge, no research investigated how compassion and submissive compassion explain psychological well-being in the literature. The present study aimed to determine how compassion and submissive compassion contribute to psychological well-being.

2. Method

2.1. Study Model

A relational survey method was used in the study.

2.2. Study Group

Participants consisted of 252 people, 150 (59.5%) women and 102 (40.5%) men between 18 and 59 years of age, recruited from online platforms. Table 1 sets out the information on demographic variables.

2.3. Measures

2.3.1. Compassion Scale: The scale developed by Pommier (2011) was adapted to Turkish by Akdeniz and Deniz (2016). This is a five-point Likert-type scale that consists of 24 items and 6 sub-dimensions, namely kindness, indifference, common humanity, separation, mindfulness, and disengagement. The CFA confirmed 6 sub-dimensions of the compassion scale. Fit indices of the scale were $GFI = .90$, $RMSEA = .061$, $CFI = .94$; $NFI = .91$ and $IFI = .094$. While the internal consistency reliability coefficients were .85 for the whole scale, and .73, .64, .66, .67, .70, and .60 for the subscales, respectively. The reliability of the scale for this study was .88.

2.3.2. Submissive Compassion Scale: The scale was developed by Catarino et al. (2014) to distinguish the helping behaviors of individuals to avoid being loved and rejected by others. Catarino et al. (2015) found the Cronbach's alpha value of the scale as .89. The scale was adapted to Turkish by Akdeniz et al. (2020). Since one item in the scale did not show sufficient factor loading, the scale consists of nine 5 point Likert-type items. In the Turkish adaptation, the Cronbach alpha value of the scale was .87. The one-dimensional structure of the scale was confirmed by confirmatory factor analysis ($\chi^2 / df = 2.08$, $RMSEA = .073$, $RMR = .042$, $NFI = .96$, $CFI = .98$, $GFI = .94$). High scores on the scale indicate a high level of submissive compassion. The reliability value of the scale was .88.

2.3.3. Psychological Well-being Scale: The Psychological Well-being Scale was developed by Diener et al. (2009) to measure socio-psychological well-being. The adaptation study of the scale into Turkish was conducted by Telef (2013). The scale's items are rated from strongly disagree (1) to strongly agree (7). All items are expressed

positively. High scores on the scale indicate higher psychological well-being. In the confirmatory factor analysis, the fit index values were found as RMSEA = 0.08, SRMR = 0.04, GFI = 0.96, NFI = 0.94, RFI = 0.92, CFI = 0.95 and IFI = 0.95. The Cronbach alpha internal consistency coefficient obtained in the reliability study of the scale was calculated as .80. A high score indicates that the individual has many psychological resources and powers. The Cronbach's alpha value in the study was .83.

2.4. Research Ethics

This material is the authors' original work, which has not been previously published elsewhere. The paper reflects the authors' research and analysis truthfully and completely. The results are appropriately placed in the context of prior and existing research. All sources used are cited. The University Ethics Committee approval was obtained on 31.05.2021. Participation in the study was voluntary and participants were informed about their withdrawal rights and confidentiality. Data were gathered anonymously from participants with no personal identifiers collected in the process.

3. Process

Statistical analysis of the data was performed to allow the effects of independent variables to be displayed on the dependent variable. Hierarchical regression analysis was conducted to determine the predictive effect of Compassion and Submissive Compassion Levels on Psychological Well-being Levels.

4. Findings

4.1. Data Analysis

SPSS 21.00 programme was used for data analysis. As a result of normality and extreme value analyses, the data of 4 participants were removed from the data set, and the analyses was performed on the remaining 252 data. Skewness and kurtosis values varied between -.35 and +.54 and -.22 and -.40, respectively.

4.2. Descriptive Statistics

Table 1. Participants' Demographic Characteristics and Mean and Standard Deviations of Study Variables

	Working Group (N=252)
Gender (%)	
Women	59,5
Men	40,5
Mean Age (Ss)	25,87(9,5)
Mean values of the variables (Ss)	
PW	5,37(.90)
Compassion	4,19(.44)
Submissive Compassion (SC)	2,40(.87)

Table 2. Study Variables Correlation Table

	X	Sd	1	2	3
1.PW	42,99	7,24	1		
2.Compassion	100,75	10,78	,267*	1	
3.Sub.Comp.	21,67	7,83	-,311*	-,264*	1
Cronbach Alpha			.83	.89	.89

Note. PW=Psychological Wellbeing, Sub.Comp.=Submissive Compassion *p<.05

Data in Table 2 indicate a positive and significant relationship between Compassion and Psychological Well-being levels ($r=267$, $p<.05$), a negative and significant relationship between submissive compassion and psychological well-being levels ($r=-.311$), and a negative and significant relationship between compassion and submissive compassion ($-,264$).

4.3. Regression Analysis Results

Using the gender and age variables, hierarchical regression analysis was conducted to examine the extent of how much the levels of compassion and submissive compassion explain the psychological well-being levels of the participants. First, the conditions of the regression analysis were reviewed. As a result, correlation coefficients between independent variables had values under .80. Second, Durbin Watson and VIF values were examined, and the Durbin Watson value was 1.84, while tolerance values were greater than the 1-R2 value in the first and second models, and VIF values were less than 5. The results showed that the data obtained were within statistically desired limits because they did not show a multi-linearity problem, and the research questions were tested by establishing a regression model.

Table 3. Results of the Hierarchic Regression Analysis

	Variable	B	Ss	β	t	p
Model 1	Constant	39,85	1,726		23,09	,000
$R^2=.036$	Gender	-,418	,925	-,028	-,452	,652
Corr. $R^2=0.28$	Age	,144	,048	,190	3,03	,003
	Constant	29,127	5,019		5,80	,000
Model 2	Gender	,041	,867	,003	,048	,962
$R^2=.166$	Age	,139	,045	,183	3,09	,002
Corr. $R^2=.153$	Compassion	,134	,041	,199	3,25	,001
R^2 change : ,13	Submissive Compassion	-,24	,06	-,258	-4,224	,000

Note.Corr. R^2 =Corrected R^2

As seen in Table 3, the age variable, one of the demographic variables in the first model, makes a significant contribution to the regression model ($F(2,249) = 4.59, p < .01$). This result shows that 3% of the variance in psychological well-being is explained by the age variable. In the second step, entering the compassion and submissive compassion variables into the model explained an additional 13% variance in psychological well-being, and this change in R^2 was found to be significant ($(F(4,247) = 12.32, p < .01$). The results revealed that while the compassion variable had a positive and significant effect on psychological well-being ($\beta = .199, p < .01$), submissive compassion had a significant negative effect on psychological well-being ($\beta = -.258, p < .01$).

5. Discussion and Comments

This study aimed to examine the predictive role of compassion and submissive compassion on psychological well-being. While compassion and submissive compassion produce behaviourally similar results, little is known about how similar and different they are. This cross-sectional study aimed to obtain information about their mutual relationships and their relationships with psychological well-being.

The study results showed that compassion had a significant positive predictive effect on psychological well-being. This finding is contrary to the results of Lopez et al. (2018) study which revealed that, unlike self-compassion, compassion towards others was related to neither depressive symptoms nor psychological well-being. On the other hand, other studies explained the positive effect of compassion on well-being and revealed that compassion had positive effects on happiness, positive thinking, and mental health (Shapira & Mongrain, 2010), focusing on others decreased stress and increases positive mood (Cialdini, Darby, & Vincent, 1971) and high compassion was associated with life satisfaction and well-being (Saarinen et al., 2019). Besides, compassion training increased the immune response to stress (Pace et al., 2009). The concept of psychological well-being essentially represents a eudemonic structure. Compassion has also been conceptualized as a structure related to eudemonic well-being (Barrett-Cheetham et al., 2016). Fredrickson's (2001) extension and construction theory may explain why compassion increases well-being. The theory argues that positive emotions such as compassion, conviction, gratitude, hope, and love expand attention and provide long-term success and well-being because they enable people to see the bigger picture. Gilbert (2005), on the other hand, evaluated compassion in terms of the emotion regulation system and argued that compassion activates the satisfaction, comfort, and trust system in the brain and that this system is the source of feelings such as well-being, satisfaction, security and feelings of connectedness. It is further suggested that the neuro-biological satisfaction and comfort system is associated with endorphin and oxytocin hormones and that the impulse and excitement system of happiness in areas such as eating, sexuality, search for status, and being competitive is associated with serotonin and dopamine that give a shorter duration of happiness (Gilbert, 2010). On the contrary, compassion tends to activate the parasympathetic nervous system

through vagal activity (Stellar et al., 2015) which suggests that compassion leads to a physiological state of relaxation and can prepare the body for intimacy and pro-social behavior.

Few study findings show that submissive compassion predicts psychological well-being negatively and significantly. For example, Catarino et al. (2014) reported that submissive compassion was positively associated with submissive behaviors, shame-based care, egoistic goals, and depression, anxiety, and stress and a recent study by Akdeniz et al. (2020) revealed that submissive compassion was positively associated with depression.

Essentially, submissive compassion and compassion produce behaviorally the same outcomes. People with self-image goals and compassionate goals may be doing the same thing with different intentions and eventually achieving the same thing (Crocker & Canvello, 2012). Considering that high social support from compassionate people increases well-being, we can say that the same results can also be expected for submissive compassion (Crocker & Canevello, 2008). However, as expressed above, while submissive compassion is negatively associated with psychological well-being, it is positively associated with depression, anxiety, and stress. Future studies can investigate how the relationship between compassion and submissive compassion affects psychological well-being while controlling for social support.

However, the study is subject to some limitations. Firstly, the study group was recruited through online platforms with a convenience sampling technique. Secondly, the Psychological Well-being Scale used to provide a single well-being score does not give separate scores for the components of well-being (Diener et al., 2009). Further research may use scales that better distinguish the eudemonic and hedonic nature of well-being.

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Sayın Dr. Öğr. Üyesi Seher AKDENİZ
Öğretim Üyesi

Psikolojik İyi Oluşun Yordayıcıları Olarak Merhamet ve Boyun Eğici Merhametin İncelenmesi isimli ekte başvuru evrakları verilen araştırma projesi çalışmasının Dr. Öğr. Üyesi Seher AKDENİZ'in sorumluluğunda Yardımcı Araştırmacı olarak Dr. Öğr. Üyesi Zeynep GÜLTEKİN AHÇI'nın katılımları ile yürütülmesi ile ilgili İnsan Araştırmaları Etik Kurulumuza yapmış olduğunuz başvurunuz 27.05.2021 tarihli 2021/05/08 sayılı karanızında değerlendirilmiştir. İlgili çalışmanızda Üniversitemizin adının geçmemesi, Covid-19 virüsü nedeniyle Ülkemizde yaşanan salgın sürecinde salgın içim alınan kararlarla ayarak ve araştırmanın yapılacağı kurum ve kuruluşlardan idari izin almakararak çalışmanız şartı ile kurulumuzca uygun bulunmuştur.

Çalışmalarımızda başarılar diler, gereğini saygımla rica ederim.

Prof. Dr. Çağatay ÜNÜSAN
İnsan Araştırmaları Etik Kurul Başkanı

Ek:Dr. Öğr. Üyesi Seher AKDENİZ (18 sayfa)

Mevcut Elektronik İmzalar

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