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ORIGINAL CONTRIBUTION

The Relationship between Self-Compassion, Social Connectedness and Depressive Symptoms among University Students

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Abstract— The purpose of this research is to examine and explore the affiliation between Self-compassion, social connectedness and Depressive symptoms among university students belonging to the age group of 18-25 years. The research study was cross-sectional in design. This study was conducted in Shifa Tameer-e-Millet University, Rawalpindi/Islamabad. The duration of the study was from October 2021 to September 2022. Quaid-e-Azam University, International Islamic University, Arid Agriculture University, Bahria University, NUST, and Air University were among the universities in Islamabad from which the data was gathered. A survey was conducted to collect data from different universities of Islamabad. 215 students participated in this study among which 52% percent were females and 48% were males. The three measures used in this study were Social Connectedness scale-revised (SCS-R), Self-Compassion Scale Short Form (SCS-SF) and lastly, Centre for Epidemiologic Studies Depression Scale-Revised (CESD-R). The research findings showed that self-compassion and Social connectedness have a significant and negative relationship with depressive symptoms. Moreover, the findings depicted that Social connectedness had a significant and positive relationship with Self-Compassion. The research findings demonstrated social connectedness and self-compassion have a negatively significant relationship with the depressive symptoms. The results of t-test analysis showed that depression was more prevalent in female population than in males. This study concluded that self-compassion and social connectedness decreases depressive symptoms and social connectedness increases self-compassion. It also concluded that females are vulnerable to depressive symptoms.The findings suggest that fostering self-compassion and enhancing social connectedness could potentially contribute to reducing depressive symptoms in this demographic. Additionally, recognizing the higher vulnerability of females to depressive symptoms underscores the importance of gender-sensitive mental health interventions.

Index Terms— Depression, Psychological Factors, Self-Compassion, Social, Youth

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Introduction

Depression, a prevalent mental illness worldwide, is rapidly escalating, impacting approximately 264 million individuals of various age groups. Notably, young adults in their early twenties are witnessing symptoms associated with depression (Weber, 2023). Depression alters individuals' functioning across multiple aspects of their lives, including concentration, sleep, physical health, energy level, appetite, mood, and social interactions. The symptoms of depression can bring about significant changes in these areas. The age range between 18

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and 25 is the one with the highest prevalence of major depressive episodes (Bigdeli et al., 2022). World Health Organization has projected that this disease will be ranked first by 2030 (Al-Dmour et al., 2023; Chen et al., 2019).

With 64% of its population under the age of 29 and 30% falling within the 15 to 29 age bracket, Pakistan stands as one of the youngest countries globally. Furthermore, approximately 10-15% of its population is currently enrolled in university (Robbin, & Hamid, 2021). While mental health is becoming an increasingly prominent issue worldwide, there is a lack of extensive research in middle and low-income countries like Pakistan that specifically addresses the psychological well-being of university students. Numerous stressors, including parental and societal expectations, financial limitations, and academic pressures, place university students at a heightened risk of experiencing symptoms associated with depression (Smit et al., 2021). It is imperative to look at how compassion for oneself and social connectedness affect how depressed symptoms manifest in college students. Understanding how these two factors influence the emergence of depression in this population is of significant importance.

Self-compassion entails having a gentle response to suffering oneself as well as a non-judgmental, forgiving attitude towards one's flaws and accomplishments. It requires accepting and appreciating one's own hardships through trying times as a characteristic of humanity as a whole (Farokhzadian & Mirderekvad, 2018). Neff's paradigm identifies three essential elements of self-compassion: mindfulness vs over-identification, kindness to ourselves versus self-judgment, and a common humanity vs solitude (Garner et al., 2020). Through the combination and interplay of these elements, we can cultivate a mindset rooted in self-compassion. This aligns with Carl Rogers' perspective, which highlights the significance of adopting a caring and nurturing attitude, as well as embracing unconditional positive regard towards oneself (Costas, 2019).

According to the social mentality theory, self-compassion has been found to positively influence social values, psychological well-being, and relationships. Moreover, self-compassion can be viewed as an effective strategy for regulating emotions (Farhadi & Rahimi, 2023; Jam et al., 2011).

A fundamental part of the human experience that endures and is important for everyone is social connectivity. It encompasses the relationships and connections one establishes with their environment and community, as well as the support they receive in return. It is the emotional bond that ties individuals to the people, society, and surroundings to which they belong (Tiley, 2015).

Social connectedness is an enduring trait-like attribute that develops during childhood and early adolescence, shaped by the various social and relational experiences one encounters. It tends to remain stable throughout adulthood and plays a role in shaping our sense of self. Conversely, if these needs for social connectedness are not met due to factors such as the social environment or socioeconomic conditions, it becomes challenging to establish a well-developed sense of social connectedness in middle age (Wang, 2022). Jon Bowlby's attachment theory highlights the importance of social connectedness in both early and later stages of life. It suggests that the experiences within these relationships significantly influence behavioral patterns in adulthood and adolescence, including secure, anxious, and avoidant attachment styles. Failure to form attachments had been related to personality problems, poor social skills, and low self-esteem in children. Self-psychology theory describes that low social connectedness individuals from other people and the world at large feel interpersonally isolated (Yelpaze & deniz, 2021).

Abraham Maslow, a prominent figure in psychology, included in his theory the notion that once individuals have their basic physiological and care needs met, a primary psychological need emerges, which is a sense of warm and caring connection to others. However, social connectedness is currently experiencing a rapid decline. This decline in social connectedness may contribute to the reported increase in feelings of loneliness and isolation. It may also explain why studies have found that one of the reasons people seek psychological support is due to a lack of social connections. Studies have established that social connectedness and loneliness reduction programmers have a major positive effect on people's happiness and mental health (Gilmour et al., 2020).While the existing literature acknowledges the rising prevalence of depression, particularly among young adults, there remains a gap in research that specifically explores the interplay between self-compassion, social connectedness, and depressive symptoms among university students. While some studies have examined the individual impacts of self-compassion and social connectedness on mental health, there is limited research that comprehensively investigates how these factors collectively influence depressive symptoms within the context of higher education.

The novelty of this study lies in its focus on university students in a middle and low-income country like Pakistan, where mental health research in this population is relatively sparse. By delving into the psychological well-being of students in a unique cultural and socio-economic context, the study offers fresh insights that can potentially contribute to the development of tailored interventions.

Furthermore, the integration of self-compassion and social connectedness as simultaneous factors influencing depressive symptoms presents a novel approach. While existing literature often examines these variables in isolation, this study's exploration of their combined impact adds depth to the understanding of depression within the university student population.

The inclusion of self-compassion, social connectedness, and depressive symptoms within a single research framework sets this study apart. This holistic approach recognizes the complex web of psychological, social, and emotional elements that shape the mental well-being of university students. By investigating the relationships between these variables, the study addresses a significant gap in the literature and contributes to a more comprehensive understanding of the factors influencing depression in this specific demographic.

Research Objective

- The primary objective of this study is to investigate the associations between self-compassion, social connectedness, and depressive symptoms among university students. The research aims to explore whether and to what extent these variables are related within this specific demographics
- The study seeks to examine the influence of self-compassion on depressive symptoms among university students.
- Another research objective is to explore the role of social connectedness in the context of depressive symptoms among university students.
- The research aims to analyze the combined effects of self-compassion and social connectedness on depressive symptoms.
- The study seeks to identify potential gender differences in the relationships between self-compassion, social connectedness, and depressive symptoms.
- Through the investigation of these relationships, the study aims to contribute to the broader understanding of mental health dynamics among university students.
- The research objectives include informing the development of intervention strategies aimed at improving the mental well-being of university students.
- The study aspires to advance the academic discourse on mental health by providing empirical evidence of the relationships between self-compassion, social connectedness, and depressive symptoms.

Material and Methods

All participants provided a written informed consent form through Google online based survey before participating in the study. The total sample of 210 was selected on the basis of random sampling. For a cross-sectional study that was conducted in the twin cities of Rawalpindi and Islamabad from October 2021 to September 2022, 210 female, unmarried university students, aged 18 to 30 (mean age = 22, SD = 2.18), were chosen. G power was used to compute the sample. The population was university students of Rawalpindi and Islamabad. The sample was collected from Quaid-e-Azam University, International Islamic University, Arid Agriculture University, Bahria University, NUST and Air University. Online and in person survey were conducted to collect the data. All participant filled the questioner after the informed consent was taken. Questioner had two parts; demographic form which contained questions related to age, gender socioeconomic status family structure and history of depression in family. Second part contained three scales that measures self-compassion, social connectedness and depressive symptoms.

Sample consisted of around 215 university students from areas of Rawalpindi/Islamabad. The data was collected using purposive sampling. The sample size was calculated through G-power in which the age range lied between 18-30 years (Mean age = 21, SD = 2.1). The time period was early adulthood and mostly young adults had joined university and were experiencing mood changes (Akthar et al., 2020).

The survey consisted of demographics sheet which measures age, gender, socioeconomic status, family structure and history of depression in family. Three standardized measures which contained Self-Compassion Scale-Short Form (SCS-SF), the scale consists of 12 sets of items having ratings or points ranging from one to five. SCS-SF exhibited good internal consistency Cronbach's alpha ≥ 0.86), (Dundas, et al., 2017). Social Connectedness Scale-Revised, this scale is used to measure second variable and social connectedness. The scale was made up of 20 questions that evaluated respondents on a 6-point scale, with 1 representing strong agreement and 6 representing strong disagreement. Additionally, SRC-R showed strong internal consistency (r = .91) along with excellent convergent and discriminant validity (Lee & Ha G, 2022). Epidemiologic Studies Centre The Depression Scale-Revised (CESD-R) II has 20 items and has a high level of internal consistency. Coefficients in the general population range from 0.85 to 0.90 (Smarr & Keefer, 2011).

Results

Results showed the demographic characteristics in Table I, *t* test analysis results in Table II, correlation between variables are shown in Table III, the result of multiple linear regression show the effect in Table IV. These results were analyzed from the data obtained by using SPSS 25.

Table I
Demographic characteristics of participant (*N* = 215)

Characteristic	Groups	f (%)
Gender	Male	108(51%)
	Female	107(49%)
Age (Mean = 21, SD = 2.1)	18-22	136(63%)
	23-26	77(35%)
	27-30	2(1%)
Socioeconomic Status	High class	1(0.5%)
	Middle class	69(32%)
	Lower class	145(68%)
Family Structure	Joint	20(91%)
	Nuclear	195(9%)
Marital Status	Single	83(39%)
	Married	132(32%)
History of Depression in Family	Yes	56(26%)
	No	159(74%)

Note. f = frequency, % = Percentages

Table I displayed the participant's demographic data. In terms of gender, 108 (50%) of the 215 participants were men, and 107 (49%) were women. With respect to family structure, 90% of the participants lived in a nuclear family and 9% lived in a joint family system. The table also revealed that 61% of the respondents were married and 67.1% of participants have a poor socioeconomic status. 25.9% of participants reported having relatives who had experienced depression.

Table II
Mean Difference, Standard Deviation and *t* Value among Male and Female Students (*N* = 215) on Self-Compassion, Social Connectedness, and Depressive Symptoms

Variables	Male		Female		*t*(214)	*p*	Cohen d
	M	SD	M	SD			
Self-compassion	78.44	15.89	76.00	16.02	1.12	.000	.15
Social connectedness	37.09	5.24	36.13	5.59	1.31	.000	.18
Depressive symptoms	20.58	16.42	25.71	19.94	-2.05	.00	.28

Table II revealed how self-compassion, social connectedness, and depression symptoms varied by gender among participants. The results showed that there were no significant gender differences in any of the three factors' scores. In terms of depressive symptoms, women performed somewhat better than men, with the mean and standard deviation of (M = 25.71, *SD* = 19.94). In terms of social connectivity, men scored somewhat better than women, with a mean and standard deviation of (M = 78.44, SD = 15.89). The social connectedness score's Cohen's d value was .15, which is regarded as having a very tiny effect size and explaining the extremely small variations between the two groups. Additionally, the Cohen's d value for depressed symptoms was.28, which is regarded as having a modest to medium impact size. Self-compassion scores also demonstrated a modest gender difference, with men scoring somewhat higher (M = 37.09, SD = 5.24) than women (M = 36.13, SD = 5.59). The effect size (d = .18) revealed that these differences are, however, quite small.

Table III
Correlation between Social Connectedness, Self-compassion and Depressive Symptoms

Variables	M(SD)	1	2	3
Social Connectedness Scale	77.20(±15.9)	-	-	-
Self-Compassion	36.66(±5.4)	.18**	-	-
Depressive symptoms	23.18(±18.4)	-.34**	-.25**	-

Note; M = mean, SD = Standard deviation **p < .01 (two tailed)

Table III indicated a connection between feelings socially connected, having compassion for oneself, and depression symptoms. Self-compassion and social connectivity had a strong positive correlation (r =.18**, p < .01), indicating that as social connectedness rises, with relation to self-compassion. Depressive symptoms were shown to be significantly negatively correlated with social connectivity (r = -.34**, p < .01), indicating that as social connectedness rises, depression symptoms diminish. Self-compassion and depressed symptoms had a significant inverse relationship (r = -.25**, p < .01), indicating that as self-compassion rises, depressive symptoms diminish.

Table IV
Multiple Linear Regression: Self-compassion, Social Connectedness Pedicted Depressive Symptoms among University Students (N = 215)

95% Confidence Interval Variables	B	β	T	UL	LL	P
Constant	74.32	-	8.215	92.15	56.48	0.00
Self- compassion	-0.67	-0.30	-3.050	-0.24	-1.09	0.00
Social connectedness	-0.35	-0.19	-4.6	-0.49	-4.9	0.00
R^2	0.15 ΔR	0.14 ΔF	18.65***			0.00

Note: ***p < .0.05, B = Unstandardized Beta, Cl = Confidence Interval, β = Standardized Beta Coefficient, t = Test Statistic, R^2 = Coefficient of Determination, ΔR^2 = Adjusted R^2

Table IV indicated that Social Connectivity (B = -0.35) and Self-Compassion (B = -0.67) were significant indicators of symptoms of depression. It demonstrated that depressive symptoms would rise by 15 units for every unit change in self-compassion and social connectedness, respectively. With F = 18.65, p < .001, the R^2 value of.15 indicated that predictors account for 15% of the variance in the outcome variable.

Discussion

The study's goal was to investigate the connection between university students' levels of self-compassion, social connectedness, and depressive symptoms. The results of this study provide insight into how self-compassion and social connectedness can predict depressive symptoms. The impact of self-compassion was evaluated in a study that measured family characteristics and their effects on depressive symptoms in college freshmen. The findings showed a substantial relationship between family factors and self-compassion, showing that people with higher levels of self-compassion tended to reside in more stable and predictable family settings. Additionally, the results of the study indicated tha t self-compassion is advantageous for general wellbeing, especially terms of decreased levels of symptoms associated with depression (Hood et al., 2020).

The first research hypothesis was that "Self-compassion and depressive symptoms will have a significant relationship among Pakistani university students." This proposed hypothesis was in line with the findings of the current study, which showed that Self-compassion has a significant and adverse connection to symptoms of depression. This means that lower levels of self-compassion result in increased depression symptoms. The results of the aforementioned findings were validated by a large body of literature. Self-compassion is and depressive symptoms were analyzed and examined in a particular German population, and the results revealed a significant and adverse relationship between social connectedness and depressive symptoms, with a high level of social connectedness being associated with low levels of depression (Krieger et al., 2013). Many comparable studies came to the same conclusions, which were supported by earlier studies as well.

In order to investigate the suggested hypothesis that "There is a significant relationship between depressive symptoms and social connectedness," a study was undertaken to assess the association between the two variables" According to the study's conclusions, people who feel more socially connected are less likely to suffer from depression symptoms. In other words, it was discovered that a higher level of social connectivity was linked to less reports of depression symptoms.

A substantial link between social connectivity and self-compassion among Pakistani university students was also investigated, supporting the original premise. The results show a strong and favorable relationship between self-compassion and social connectivity. People who are compassionate towards their surroundings and the people around them are more likely to be compassionate towards them. As a result, they are better equipped to react to their flaws in a constructive way. These results amply validated hypothesis one, which was based on prior research demonstrating beneficial associations between general self-compassion and social connectivity (Neff, 2013, Leary et al. 2007). These connections are important because they imply that people who are more self-compassionate are probably to feel more connected to the social environment in which they live. People who are socially linked are more likely to identify with others, see other people as approachable and friendly, and engage in social activities, which may enhance their quality of life.

Previous studies have revealed that people with high levels of self-compassion had more accurate perceptions of themselves that may be considered social mindfulness. High self-compassion folks may be better able to connect and interact with others because they have a more accurate knowledge of how others see them (Lee RM, 2001). According to additional studies, those with high levels of self-compassion are more resistant to unfavorable social interactions (Johnson, 2013), and display lower avoidance of social situations and rejection sensitivity (Gerber, 2015).

According to additional study, those with high levels of self-compassion are more resistant to harmful social. A research study was conducted in Malaysia with an undergraduate student population to look at gender differences in their degrees of self-compassion and social connectedness. The study also looked into how self-compassion, social connectivity, and self-regulation of behaviours relevant to one's health are related. The study's definitive results showed a favourable and significant relationship between social connectivity, self-compassion, and a person's health-related behaviours and interactions (Ying &Hashim, 2016).

The aforementioned hypothesis further stated that "To Explore various Demographics in Self-Compassion, Depressive Symptoms, and Social Connectivity," the results showed that there were no variations between the sexes in these areas. However, the findings showed that females scored more highly for depression than did males. The same results from earlier studies show that women are more likely than men to experience depression. There is a cross-national gap in depression with regard to gender, according to a study looking at gender disparities in 23 European nations. The findings indicated that women were twice as likely as men to experience depression. In addition, there is a significant cross-sectional gender difference. The results of this study show that gender disparities in depression are more pronounced in eastern and southern Europe than in smaller gender inequalities in other nations like Slovakia and Ireland. There is a physiologic difference that accounts for the gender differences in depression (Bluth et al. 2017). The researchers proposed a number of factors, including hormonal fluctuations in females during early adolescence, particularly around puberty, premenstrual issues, the pregnancy, depression after childbirth, and menopause, that assist the increased frequency in females (Kuegnher, 2017).

Limitations

The study utilized a cross-sectional design, which limits the ability to establish causal relationships among variables. Longitudinal or experimental designs could provide a clearer understanding of the temporal and causal associations between self-compassion, social connectedness, and depressive symptoms. The study collected data from universities in Islamabad, which may not be representative of the entire university student population in Pakistan. This limits the generalizability of the findings to other regions or demographic groups. The study relied on self-reported data, which might be subject to response bias, social desirability, and recall inaccuracies. Objective measures or a combination of methods could enhance the validity of the results. The use of the same survey format for all variables could introduce common method bias, potentially inflating associations among variables. The study primarily focused on age and gender as demographic variables.

Implications

The findings suggest that interventions promoting self-compassion and enhancing social connectedness may be beneficial in reducing depressive symptoms among university students. Tailored mental health programs that incorporate these factors could contribute to improved psychological well-being. Given the higher vulnerability of females to depressive symptoms, gender-sensitive mental health interventions are crucial. These interventions should consider the unique challenges and experiences that contribute to gender-based disparities in depressive symptoms. The study's holistic approach, examining the combined impact of self-compassion and social connectedness on depressive symptoms, highlights the importance of addressing multiple factors simultaneously in mental health interventions. The study's focus on a middle and low-income country like Pakistan provides insights into the mental health dynamics within a specific cultural and socio-economic context. These insights can guide the development of culturally sensitive interventions.

Future Directions

Future research could employ longitudinal designs to better understand the temporal relationships between self-compassion, social connectedness, and depressive symptoms over time. Exploring the impact of self-compassion, social connectedness, and depressive symptoms across diverse demographic groups, including different socioeconomic backgrounds and cultural contexts, could enhance the generalizability of the findings. Incorporating qualitative research methods could provide deeper insights into the lived experiences and perceptions of university students regarding self-compassion, social connectedness, and depressive symptoms. Investigating potential mediating or moderating variables that influence the relationship between self-compassion, social connectedness, and depressive symptoms could lead to a more comprehensive understanding of these dynamics. Comparing the findings with studies conducted in other countries or cultural contexts could provide a broader perspective on the role of self-compassion and social connectedness in influencing depressive symptoms among university students.

Conclusion

According to the study's final findings, social connectivity and self-compassion have a considerably positive link; however they have a significantly negative correlation with depressed symptoms. Social support and self-compassion are not statistically different between the sexes, however depressive symptoms were shown to be significantly more prevalent in females than in males when there was a gender difference.

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