

**SELF-COMPASSION AS AN AGENT FOR CHANGE: ENHANCING ATTENTION
AND REDUCING DISTRESS AMONG YOUNG ADULTS.**



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DEDICATION

To my beloved mother Khadija Bibi and father Muhammad Khurshid, supervisors Dr Rizwana Amin and Sir Shaf Ahmed, and my fiancé Mohsin Ehtisham. It is dedicated to my sister-in-law Alina, my brothers Ahtisham ul Haq, Arslan and Farhan, my maternal uncle Ghulam Abbas and all my friends Somal Khan, Iqra Hidayat and Talha.

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Verily, all praise is due to Allah for His apparent and concealed rewards at all times and peace be upon His last Prophet and Messenger Muhammad (SAW), his family, successors, and companions.

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Anum Khurshid

Abstract

The present study aimed to investigate the effect of induced self-compassion on affect biased attention and psychological distress after negative aspect of oneself made significant. Moreover, the study examines the differences of demographic variables age, gender, birth order, family system and education across experimental and control conditions. The study was based on experimental research design. Participants comprised of young adults (n=65) enrolled in Bahria University Islamabad Campus. Both boys (n=32,49.2%) and girls (n=33,50.8%) participated in the study. Data was collected using convenient sampling technique. Two self-report measures including Kessler Psychological Distress Scale (Watson et al.,1988) and Positive and Negative Affect Scale (Kessler Ronald, 2003) and Dot Probe Pictorial Stimuli (IAPS; Lang et al., 2008) were used for data collection. Repeated measure anova analysis was applied for testing the hypothesis. The finding revealed that negative affect and psychological distress decreases and positive affect and affect biased attention increases from pre to post assessment in self compassion group as compared to control group. The findings empirically established the use of self-compassion may help people have the cognitive flexibility to turn away from negative thought or experiences in young adults. Our study provides strong evidence that self-compassion does influence psychological distress and automatic, antecedental emotional regulation processes, especially negative disengaging and positive engaging following the experience of inadequacy. Regular self-compassionate writing activities may have a longer-term advantage on the wellbeing of young adults.

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LIST OF ABBREVIATION AND SYMBOLS

Abbreviation	Definition
OS	Overall Sample
SCG	Self-Compassion Group
NSCG	Non-Self-Compassion Group
PANAS	Positive and Negative Affect Scale
K10	Kessler Psychological Distress Scale
M	Mean
SD	Standard Deviation
F	Frequency
N	Sample size
χ^2	Chi-square
T	T-test
A	Alpha Reliability
K	No of items
η^2	Eta-square
P	Significance

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CHAPTER-1

INTRODUCTION

1.1 Background

Psychological distress is a unique, unpleasant emotional state that a person encounters in response to a particular stressor or need that harms the person, either momentarily or permanently (Sheila & Ridner, 2004). Psychological distress is a long lasting, one of the prevalent and crippling mental health problems of the present. More than 50% of individuals globally are thought to experience psychological distress. Psychological distress causes a great deal of human suffering and is a significant financial burden on the health-care system. Additionally, psychological discomfort has been linked to a decline in functioning in crucial life domains including marriage, parenthood, and job. Even at relatively low levels of anxiety, psychological strain raises the chance of developing episode heart diseases, joint problems, and respiratory problems in a dose-response pattern (McLachlan et al., 2018). These days, young adults are more likely to experience distress, which is detrimental and destructive. However, because of widespread stigma and poor mental health literacy, students from LMICs (low- and middle-income countries) like Pakistan encountered more difficulties than students from other nations. 34 percent of young adults in Pakistan were found to be at risk of experiencing discomfort, according to research. Young people might experience distress for a variety of reasons. Undergraduate students who are between the ages of 18 and 26—the emerging adulthood period—engage in a variety of experiments and exploratory projects with the goal of developing their identities. While residence changes will peak throughout emerging adulthood, there is frequently uncertainty in relationships, employment, and schooling. There is proof that sex, interest in one's field of study, close

friendships, religious practice, lack of pocket money, financial hardship, arguments with friends, unsatisfying relationships with family and friends, lower grades than expected, lack of a break or vacation, likelihood of landing a job, and social support are all significantly associated factors of mental distress. There is a significant treatment gap for mental diseases, with rates as high as 90% in the least-resourced countries (Hussain et al., 2014). Given the personal and social costs of psychological distress, it is critical to explore and evaluate effective techniques for avoiding psychological suffering. For this significant and important portion of our community, it has increased the need for the development of psychological therapies designed to improve self-compassion for psychological suffering. Given that psychological therapies may be useful in reducing the rates of psychological discomfort now observed throughout the world, greater research into this connection is warranted. For instance, it was shown that self-compassion had a negative relationship with psychiatric suffering (Lau et al 2020). The study's conclusions point to self-compassion as a significant factor that significantly lowers psychological suffering in the general population (Gupta et al., 2020).

A concept originating from Buddhist psychology is self-compassion (Neff at al., 2015) and it only seemed in psychological literature around 2003, with research presented by Kristen Neff. He said that an emotionally positive self-attitude, which will shield a person from the negative effects of self-judgment, isolation, and rumination, is an alternate approach to construct good self-attitudes (such as depression). It entails accepting oneself as they are and being kind to themselves when they fail. It also entails wanting one's own well-being, taking a broadminded attitude toward one's flaws and mistakes, keeping unpleasant feelings in attentive awareness, and seeing one's experiences as a part of the common human condition.

The capacity to be kind and encouraging to oneself in times of defeat, emotional suffering, and hopelessness is referred to as self-compassion (Neff, 2003). Its comprehension of one's own suffering without judgement. It has been connected to a number of results in terms of psychological and physical condition. It consists of three inter-related components; Self-Kindness (offering care, forgiveness and understanding toward oneself), Common Humanity (recognizing that all human beings share the same experience), Mindfulness (paying attention to the moment without dwelling on one's problems (Neff & Pommier, 2012). A self-compassionate mindset is the result of the interaction and combination of these elements.

For anxiety and depressive disorders, which are especially common in those who are more self-critical, it's crucial to understand self-compassion (Blatt, 1995). When those without self-compassion confront issues that are the result of circumstances beyond their control, such an accident or traumatic occurrence, they frequently concentrate more on solving the issue than on soothing and reassuring themselves (Austenfeld & Stanton, 2004).

Furthermore, in addition to decreasing sadness and raising happiness, self-compassion promotes positive changes (such as improved acceptance, forgiveness, and personal advancement) in the face of regrets (Zhang et al., 2016; Stanovich & K. E., 2009). High self-compassionate individuals indicate that their personal defects can be remedied, report having fewer maladaptive beliefs, and hold and promote adaptive attitudes about failures by boosting positive reactions to the self and lowering negative responses to the self (Algoe & S. B., 2012; Miyagawa et al., 2020). Later, self-compassion is mediated by decreased failure anxiety and increased perceived competence and is inversely linked with performance targets and in favor of mastery objectives (Neff & K., 2003).

An individual's natural attentional process, known as affect-biased attention, is based on focusing on (engaging with) and avoiding (disengaging from) external stimuli. It prefers stimuli that are emotionally or personally meaningful to the person (Vallorani et al., 2021). In research by Gerber and Anaki (2019), subjects with low trait self-compassion exhibited attentional avoidance to following danger stimuli after being primed with a term associated with death. Participants with stronger trait self-compassion did not exhibit this avoidance. Self-compassion is likely important as a first step in getting rid of an emotional state because of its capacity to disconnect from upsetting stimuli and/or focus on enjoyable ones.

This offers circumstantial support for the idea that specific variations in self-compassion may involve careful attentional procedures. A study of self-compassion impact on affect-bias attention is crucial for another reason: the potential impact of affect-biased attention on psychological costs. Anxiety (Ashley et al., 2013) and depressive (Gotlib et al., 2004) illnesses have been associated to attentional biases toward unpleasant stimuli. Salemink et al., (2007) found that trait anxiety is linked to difficulty disengaging attention from dangerous stimuli. Depressed people stayed longer over sad stimuli than non-depressed people. Bias to sad faces was linked to both childhood trauma and subsequent negative life events in depressed participants (Klawohn et al., 2020). According to cognitive theories of depression, negative attention bias may contribute to the persistence of depression (Beevers et al., 2015).

In this study, the validated emotional dot-probe task was used to test affect-biased attention (MacLeod et al., 1986). The two images—one with an emotional valence and the other neutral, are displayed at two different places on the screen at the same time throughout each trial. Because words tend to be less affectively evocative than images, images were used as emotional stimuli instead of words (Mogg et al., 1990). The image

pair would then be taken away, and one of them would be replaced with a dot. Participants must identify the dot's position as rapidly as they can. Quicker emotional attention will therefore lead to faster responses to dots that stand in for emotional stimuli, whereas slower detachment would result in delayed reactions to dots that substitute neutral stimuli when emotional stimuli are present (MacLeod et al., 1986).

The current study's goal was to look at how self-compassion affects psychological distress and affect biased attention among young adults? Specifically, it was hypothesized that psychological distress will reduce in self-compassionate group as compared to non-compassionate group and affect biased attention will enhance in self-compassionate group as compared to non-self-compassionate group. To get a thorough understanding of this findings, additional studies were performed.

Self-compassion appears to be crucial for young adults' psychological health and may aid in the development of therapies for their mental health and well-being. Lack of self-compassion may contribute significantly to the development and/or maintenance of emotional problems in adolescents, suggests a study (Marsh et al., 2018). Evidence of a reduction in psychological discomfort among pregnant women who participate in mindfulness and self-compassion techniques (Dunn et al., 2012). Self-compassion could be used to buffer the psychological distress among young adults.

In Pakistan, students with a greater capacity for self-compassion had a better level of academic motivation (Baneen et al.,2018). People who had a high level of self-compassion felt less emotionally drained (Anjum et al., 2020). According to the findings, some positive qualities (resilience, mindfulness, and self-compassion) are positively connected to better emotional wellbeing and negatively related to lower emotional wellbeing (Sabir et al.,2018). Self-compassion decreases depression by buffering the negative effects of rumination in geriatric population. In Pakistan, women had a greater

capacity of depression and rumination, whereas males had a greater capacity for self-compassion (Ilyas et al., 2018).

According to the study's findings, self-compassion had a meaningful but mild negative association with existential anxiety, but self-criticism had a significant positive relationship with existential anxiety (Farooq et al., 2021). The study's findings showed that self-compassion and psychological health were strongly related (Abbasi et al., 2015).

1.2 Rationale

Although all people experience at least some stressful life events, some people experience a lot, and this group is more vulnerable to illness (Holmes & Rahe, 1967). Younger adults had a higher prevalence of psychological distress. Psychologically distressed individuals were more likely to be female, have a high school graduation, be obese, be current smokers, live in poverty, and be single than adults without psychological distress. Additionally, marriage was less likely for them. They have a larger chance of being diagnosed with heart disease, diabetes, arthritis, or stroke than people who aren't depressed. Adults who said they needed help with instrumental daily tasks and activities of daily life were more likely to be sad. They also sought medical help more frequently than adults, including doctor appointments and trips to mental health providers (Pratt et al., 2007). Even at relatively low levels of anxiety, psychological strain raises the chance of developing episode heart diseases, joint problems, and respiratory problems (McLachlan et al., 2018). Self-Compassion was found to be linked to psychological distress in a negative way (Lau et al., 2020). The findings of the study indicate that self-compassion, like robust component, reduces psychological distress throughout the population (Gupta et al., 2020). There is a significant treatment gap for mental diseases, with rates as high as 90% in the least-resourced countries (Hussain et al., 2014). It has heightened the need for the development of interventions for

psychological distress for this large and vital segment of our community. It is vital to demonstrate the economic and social worth of these interventions at the community level, as well as to maximize the effectiveness of both systemic development and evidence-based interventions (Razzouk et al., 2010; Lancet Global Mental Health Group, 2007).

In previous studies of self-compassion and affect biased attention, it has been identified population gap, so this research aims to cover that gap. Previous literature shows that there are studies done on these variables in west and limited literature is found in east as I live in east so my contribution in it will be eastern literature provision regarding these variables so that in future randomized control trial and large-scale studies can be planned.

Secondly, the present study will help to shed light on the emotional responses that self-compassionate people are able to use adaptive emotional responses as compared to non-self-compassionate people to buffer stress. By this effort mental health professionals like psychologist, psychiatrist, motivational speakers will be able to work on people emotional reactions to overcome their client's stress.

1.2.1 Theoretical Gap

In both clinical and non-clinical populations, studies on self-compassion has concentrated on the aftereffects, such as emotional experiences and depressed and anxious symptoms; however, it is still unclear how these interactions may be explained (Shapira & Mongrain, 2010; MacBeth & Gumley, 2012) What may possibly account for, for example, how self-compassion allows people to lessen their feelings of anxiety and depression when confronted with traumatic life events (e.g., Diedrich et al., 2014)? A study is examining the mental health outcomes as psychological distress and affect biased attention together in this study. Affect-bias attention is one of the fundamental initial steps in the continuum that influences the impact of self-compassion on mental stability,

according to research. That is to say, it is probably essential to be able to disconnect from upsetting stimuli and/or to concentrate on pleasurable ones as the initial stage in treating an emotional illness. In fact, it has been suggested that affect-biased attention is a previous and reflex technique for regulating emotions, which helps to restrain temper tantrums (Mauss et al., 2007). Person is less likely to feel bad emotions in a difficult situation, for example, if one has more sensitive visual filters to identify joyful faces rather than sad ones in a crowd.

1.2.2 Population Gap

The researcher identified a population gap in previous literature stated that age, religion, and ethnicity may affect the effectiveness of self-compassion (Whitehead et al., 2021; Yip et al., 2021). so, this research aims to cover that gap. Previous literature shows that there are studies done on these variables in west (MacBeth & Gumley, 2012; Shapira & Mongrain, 2010; Diedrich et al., 2014; Vallorani et al.,2021) and limited literature are found in east as I live in east so some of the unexplored issues are of worthy of exploring in the context of Pakistan. My contribution in it will be eastern literature provision regarding these variables so that in future randomized control trial and large-scale studies can be planned.

1.3 Problem Statement

In Pakistan young adults are nowadays prone experiencing psychological distress due to experiences multiple stressors as instability in work, love, and education, having relationship issues with partner, absence of pocket money, conflict with friends, having financial distress, having dissatisfying relationship with friends and family, family history of mental illness, academic pressure, lower grades then anticipated and lack of social support which is harmful and damaging. Given the personal and social costs of psychological distress, there is a need to explore effecting techniques for avoiding

psychological distress by development of psychological interventions aiming to enhance self-compassion for this large segment of our community. This research aims to demonstrate and investigate the effects of self-compassion on psychological distress as well as affect biased attention among young adults in Pakistan. Self-compassion can lead to lower psychological distress and enhance affect biased attention.

1.4 Research Question

Q1. How self-compassion effect psychological distress and affect biased attention among young adults.

1.5 Objectives of the study:

The objectives of the present study will be:

- To investigate the impact of incite self-compassion on affect bias attention and psychological distress after the negative aspect oneself made significant.
- To compare the differences of demographic variables age, gender, birth order, family system and education across experimental and control conditions.

1.6 Hypotheses:

- 1:** Self Compassion will reduce negative affect and enhance positive affect among young adults.
- 2:** Self Compassion will reduce psychological distress among young adults.
- 3:** Self Compassion will enhance affect biased attention among young adults.

1.7 Significance of the study

In Pakistan young adults are nowadays prone experiencing psychological distress due to experiences multiple stressors as instability in work, love, and education, having relationship issues with partner, absence of packet money, conflict with friends, having financial distress, having dissatisfying relationship with friends and family, family history of mental illness, academic pressure, lower grades then anticipated and lack of

social support which is harmful and damaging. Given the personal and social costs of psychological distress, there is a need to explore effecting techniques for avoiding psychological distress by development of psychological interventions aiming to enhance self-compassion for this large segment of our community. Self-compassion work as a robust component, reduces psychological distress in the young adults (Gupta et al., 2020). Regular writing exercises may benefit people wellbeing in both the normal and psychiatric populations in the long run (Mosewich et al., 2011; Shapira & Mongrain, 2010). Importantly, it might hold promise for promoting emotional well-being by assisting people who lack self-compassion in learning to withdraw from daily stressors more easily. The dot-probe task is an illustration of this type of attention training: during the training, the probe continually appears beyond the position of the neutral stimuli, drawing the subject's attention away from distracting stimuli and toward nearby neutral stimuli (Yip et al.,2021).

CHAPTER-2

LITERATURE REVIEW/THEORETICAL FRAMEWORK

Self-compassion reflects internal conversations that are benign and supportive, rather than vicious or insulting. We extend ourselves love and unwavering acceptance instead of berating ourselves for being insufficient. When faced with unfavorable circumstances, we pause to provide ourselves with moral support., rather than becoming obsessed on problem-solving and neglecting our own suffering (Neff et al., 2017). Instead, we extend ourselves love and unwavering acceptance.

Self-kindness represents the desire to be helpful and sympathetic toward yourself rather than severely criticizing yourself when you perceive personal defects. It requires dealing with your flaws and shortcomings with patience and understanding, as well as accepting that perfection is impossible. You provide providing warmth as a gift of serenity, tenderness, and empathy to yourselves with self-kindness, so that actual healing can take place (Neff et al., 2017) e.g., "When you are experiencing emotional trauma, you attempt to be kind toward yourself."

The sense of common humanity is the heart of self-compassion involves recognizing that all humans are imperfect, that all individuals are flawed, fall short, and make errors. You make a connection between one's own faulty state and the common human condition, allowing for a wider, inclusive view of one's own characteristics (Neff et al.,2012) rather than an egocentric response that is similar to "the personal fable," a common adolescent belief that one's individual experience is distinct from others' and not relatable (Lapsley et al., 1989). When you are in suffering, self-compassion makes you feel more connected and less alone.

Mindfulness is defined as a clear and balanced awareness of present-moment experience (Brown & Ryan, 2003). For example, "When something distressing occurs, you attempt to maintain a balanced perspective on the issue". Being mindful entails avoiding "overidentification" (Neff, 2003b) with negative concepts or emotions, allowing your adverse reactions to sweep you away (Bishop et al., 2004). Rumination like this limits our attention and overstates the ramifications for your self-respect (Noles-Hoeksema, 1991).

Self-compassion is related with a number of optimistic mental features, according to study. For instance, persons who exhibit greater levels of the characteristic self-compassion report being glad than those who exhibit smaller levels (Walker & Colosimo, 2011; Neff et al., 2007; Shapira & Mongrain, 2010; Smeets et al., 2014).

Self-compassion tends to help people cope by reducing their emotional reactions to unfavorable experiences. Leary et al. (2007) conducted a sophisticated series of experimental studies in which they asked undergraduates to recall terrible memories, imagine rejection, grief, and humiliated situations, carry out an embarrassing task, and reveal private information to a third party who provided conflicting feedback. People with a higher degree of trait self-compassion had fewer emotional responses, fewer negative feelings, more hospitable attitudes, and a greater willingness to view their difficulties in context while accepting responsibility.

In Pakistan, students with a greater level of self-compassion had a better level of academic motivation (Baneen et al., 2018). People who had a greater level of self-compassion felt less emotionally drained (Anjum et al., 2020). According to the findings, some positive qualities (resilience, mindfulness, and self-compassion) are positively connected to better emotional wellbeing and negatively related to lower emotional wellbeing (Sabir et al., 2018). Self-compassion decreases depression by buffering the

negative effects of rumination in geriatric population. In Pakistan, women had greater levels of depression and rumination, whereas males had greater levels of self-compassion (Ilyas et al., 2018)

An individual's natural attentional process, known as affect-biased attention, which relies on concentrating on (engaging) and avoiding (disengaging) external stimuli. It gives the overall personal or psychological significance for stimuli first priority (Vallorani et al., 2021). According to Corbetta and Shulman (2002), affect-biased attention is a careful attention process in which a person's visual system is conditioned to favor specific affectively attractive or unpleasant stimuli (Todd et al., 2012). Affect-biased attention responses can be divided into four categories: According to Corbetta and Shulman (2002), affect-biased attention is a selective attention process in which a person's visual system is conditioned to favor specific affectively attractive or unpleasant stimuli (Todd et al., 2012). Affect-biased attention is frequently assessed using emotive facial expressions (Todd et al., 2021).

The consequences of bias attention can have an impact on psychological wellness. Anxiety (Gotlib et al., 2004; Ashley et al., 2013; Mathews & Klug, 1993; Koster et al., 2004;) also depressive (Bradley et al., 1997;) illnesses have been associated to attentional biases toward unpleasant stimuli. Salemink et al., (2007) found that trait anxiety is linked to difficulty disengaging attention from dangerous stimuli. It has been suggested that a major mechanism in the emergence and perpetuation of anxiety disorders is the attentional threat bias (Weiser et al., 2020). Depressed people stayed longer over sad stimuli than non-depressed people. Bias to sad faces was linked to both childhood trauma and subsequent negative life events in depressed participants (Klawohn et al., 2020). Cognitive theories of depression and research, negative attention bias contributes to the

persistence of depression (Beevers et al., 2015). As a result, psychological discomfort is strongly correlated with affect-biased attention (anxiety and depression).

According to studies, anxiety in children and adults is linked to persistent, or inflexible, patterns of affect-biased attention to danger (e.g., Bar-Haim et al., 2007). Aktar et al. (2013) found a link between parental anxiety and baby avoidance of unfamiliar stimuli. Even in reasonably secure environments, anxious parents may communicate to newborns that the environment is harmful (Kalomiris & Kiel, 2016), increased attention might evoke hypervigilance, setting off a process that leads to inflexible affect-biased attention patterns. Using LPA (Latent profile analysis), the Vigilant group and the Avoidant group were shown to have different affect-biased attention patterns in research. Babies with greater levels of negative affect and moms who were more anxious were more likely to belong to the watchful group, according to a significant interaction (Vallorani et al., 2021).

Although affect-biased attention is frequently studied as a static process throughout time, there is reason to assume that it reflects a dynamic developmental process that may underpin how people experience and comprehend their environment (Field & Lester, 2010; Morales et al., 2016). Examining affect-bias attention in the perspective of variables that influence both attention patterns and early socioemotional functioning may aid researchers in better understanding an early-emerging process that is linked to larger socioemotional profiles (Vallorani et al., 2021).

Self-compassion is likely important as a first step in getting rid of an emotional state because of its capacity to disconnect from upsetting stimuli and/or focus on enjoyable ones. In fact, affect-biased attention has been put forth as a preceding and reflex kind of emotion regulation that assists in the control of emotional reactions (Mauss et al., 2007). It's less likely to feel bad in a challenging situation, for instance, if someone's

visual filters are more discriminating in identifying joyful faces over sad ones in a crowd (Todd et al., 2012). Understanding the downstream effects of self-compassion on psychological distress would greatly benefit from providing solid evidence that self-compassion may alter affect-biased attention.

Less perfectionism, failure-related anxiety, and ruminating are also linked with greater levels of self-compassion (Neff, 2003a; Neff et al., 2005). It has been demonstrated that having compassion for oneself can reduce cortisol levels and increase heart-rate variability, both of which are related to one's capacity to self-soothe under stress (Rockliff et al., 2008).

After being exposed to a phrase connected with death, person with lower attribute self-compassion demonstrated attentional avoidance to potential threat cues, according to Gerber and Anaki (2019). This avoidance was absent in those who score highly on the trait self-compassion scale. According to this early study, individual variations in self-compassion may be linked to processes of attentional control.

The possibility of self-compassion in assisting people to dissociate from bad events has been suggested by a substantial number of research that explored emotional reactions to negative situations (Yip et al., 2021). For example, self-compassion has been connected with a decrease in rumination (Odou & Brinker, 2014; Neff, 2003a; Raes, 2010; Neff & Vonk, 2009; Samaie & Farahani, 2011). Rumination is defined as a person's inability to shift his or her attention away from undesired ideas (Odou & Brinker, 2014; Brinker & Dozois, 2009;). Neff et al. found that decreases in ruminating were predicted by improvements in self-compassion across a one-month timeframe (2007). Graduate students showed increases in self-compassion after a three-week Gestalt two-chair intervention, which suggested that ruminating would decline. In this intervention, the therapist assists clients in confronting their self-critical beliefs and assisting them in being

more sympathetic toward themselves. Comparing a self-compassion intervention that includes loving kindness meditation and self-compassion journaling to a control group that just received time management training, it was discovered that the latter reduced rumination (Smeets et al., 2014). In conclusion, research suggests that self-compassion prevents over-focusing on negative experiences, suggesting that it should support the disengagement from unpleasant emotional stimuli at the level of habitual attentional processes (Yip et al., 2021).

However, research shows that, compared to a control group, self-compassion induction considerably reduces negative affect while not significantly increasing good affect in the context of an unpleasant event (Breines & Chen, 2012). It demonstrates that account compassions in the face of painful occurrences depends on its intrinsic capacity to lower unpleasant feelings rather than increase happy ones. To put it another way, it's possible that self-compassion has no impact on positive orienting or disengagement, but this is only a hunch (Yip et al., 2021).

The validated emotional dot-probe task (MacLeod et al., 1986) was used to test affect-biased attention in this study. On each trial, two visuals (one emotional and one neutral) are shown on the screen at the same time in two different regions. Pictures were employed as emotional stimuli rather than words since they are more emotionally expressive (Mogg et al., 1990). A dot would then appear in place of the photo pair after the photo pair had vanished. The dot's location must be specified by the participants as quickly as possible. When there are emotional stimuli present, while slower disengagement will result in slower reactions to dots that reflect the location of neutral stimuli, faster orienting toward emotional stimuli will cause faster reactions to those dots (Katja Borchert, 2022).

According to Sheila H. and Ridner (2004), psychological distress is a unique, unfavorable emotional situation that a person feels in reaction to a specific stressor or demand that harms them either momentarily or completely. You will suffer psychological anguish when you are exposed to stressors that you are unable to handle. Social stress, loneliness, substance misuse, trauma such as emotional, sexual, or physical abuse, bullying, and pressures at job or school are common sources of stress among adolescents and young adults. For instance, family domestic violence leads to an unstable or dysfunctional home environment. Early loss can be tragic, such as the death of a parent or sibling. living in dangerous circumstances, obesity, protracted illnesses, and natural disaster, a vehicle accident Shootings at schools are one form of violence. observing another person go through a horrific experience, expectations from culture or society - Cultures that place a high emphasis on thinness as a symbol of beauty may help eating disorders develop, anger, stress, and/or loneliness are all signs of inadequacy, as are low self-esteem, indicators of stress overload in youth include frequent sickness, withdrawal from friends, family, and/or interests, alterations in eating and sleeping schedules, anger/irritability, and expressions of hopelessness (Polaris, 2018).

Psychological distress can manifest itself in the following ways: fatigue, sadness, avoidance of social situations due to anxiety, fear, anger, and moodiness. Individuals with higher psychological distress were more likely to be single, spend more than 6 hours per day looking for material on COVID-19, use a passive coping strategy, and had less social support than those with lower psychological distress (Yu et al., 2020). Unemployment was linked to higher levels of psychological distress on its own. The psychological distress among university students was exacerbated by the early amount of problematic smartphone/internet use (Chen et al., 2020). Support network seems to play a greater

protective effect against mental discomfort in young women than in young males or elderly people (Johansen et al., 2021).

An extensive spectrum of stress, anxiety, and depressive symptoms are all included in psychological distress. Psychological discomfort is a symptom of common mental illnesses including depression and anxiety and is a marker of poor mental health (Viertiö et al., 2021).

For example, a survey of 400 universities throughout the world indicated that an increasing number of students are suffering from various psychological issues, with anxiety and depression being the most common concerns (Mistler et al., 2012). Furthermore, research studies have indicated that workplace stress is significantly influenced by harsh self-criticism and inadequacies, whether it be among blue-collar or white-collar employees or by those in the healthcare industry (Clarke & Cooper, 2003; Firth-Cozens, 1987).

Young people's mental health difficulties have grown to be a significant public health issue. Recent studies conducted in Europe have shown a high and growing prevalence of psychological distress symptoms in young people, especially in young women (Dreger et al., 2014; Bor et al., 2014; Van Droogenbroeck et al., 2018;), with rates ranging from 25–40 percent for young women and 15–30 percent for young males (Verger et al., 2009; Piwoński et al., 2010; Molarius et al., 2009). A big study published in Norway in 2019 found that 33% of 18–19-year-old females and 14% of 18–19-year-old boys had signs of psychological distress (Bye et al., 2020)

Although the levels of mental discomfort may differ depending on the study design and instrument used, as well as different nations or regions, the fundamental message appears to be clear: mental health issues are frequent, and among young people, the gender gap in psychological trauma is particularly significant.

Based on an examination of 19 research, Bor et al. (2014) discovered that recent cohorts of young females are reporting higher levels of interiorize symptoms than older cohorts. According to the same analysis, within the first ten years of this century, young women's levels of mental discomfort significantly increased, however these levels appear to have stabilized somewhat in later years. A similar tendency has been observed in Norway. According to a major survey of teenagers aged 15 to 19, high levels of mental anguish among boys remained consistent at 6% from 2011 to 2016, while high levels of mental distress among girls grew from 15.9% in 2011 to 19.7% in 2016 (Johansen et al., 2021).

Mental trauma is likely to diminish when there is a high level of life fulfilment and purpose. Additionally, the relationship between COVID-19 obsession and sadness was significantly mediated by life satisfaction and the need for significance in one's existence (Ashraf et al., 2021).

Job overwork and psychological suffering were strongly correlated with workplace harassment (Shahid et al., 2020). According to Rizwan et al. (2021), women were more likely than males to have psychological issues including anxiety and depression.

Three or more potentially traumatic episodes (PTEs) occurred during the conflict were found to be strongly linked with psychological distress (Khan et al., 2015). The findings revealed that 281 (21.9%), 341 (26.6%), and 319 (24.8%) pupils, respectively, exhibited mild, moderate, and severe psychological discomfort. Female students had much more psychological suffering than male classmates. The level of psychological discomfort among students at private and public medical institutions did not differ significantly (Ali et al., 2021).

In both controlled lab experiments (Arch et al. 2016) and varied true populations, such as the elderly (Perez-Blasco et al., 2016), adolescents (Galla 2016), women managing infertility (Cunha et al. 2016), medical students (Richardson et al. 2016), and psychologist students (Richardson et al. 2016), self-compassion has been connected to better stress management (Richardson et al. 2016; Finlay-Jones et al., 2015 while managing chronic illnesses including diabetes, HIV (Ferrari et al. 2017a; Yang & Mak 2017), and chronic pain. Self-compassion, according to health psychology study, is associated with better psychological and physical results (Wren et al. 2012). According to this body of research, the objective of psychological treatment and intervention may be beneficial and reasonably priced self-compassion (Ferrari et al., 2019).

Self-compassion helps people relate to themselves in a healthy and compassionate way while reducing feelings of inadequacy (Mills et al., 2007) It is really associated with a wide range of cognitive advantages. Increased emotional health has been associated with it (Neff et al., 2007; Shapiro et al., 2005). Additionally, it foretells decreased levels of stress and lowered levels of anxiety and depressive symptoms (Birnie et al., 2010; Van Dam et al., 2011; Gilbert et al., 2011; Raes, 2011; Costa & Pinto, 2011). Self-Compassion is a powerful and important predictor of mental well-being, and its might be a key component of anxiety and depression Mindfulness-based interventions (Van Dam et al., 2011).

Self-compassion appears to be crucial for young people' psychological health may aid in the development of interventions for their mental health and well-being. Lack of self-compassion, according to Marsh et al. (2018), may contribute significantly to the development and/or maintenance of emotional problems in teenagers. Self-compassion could be employed as a buffer against young people' psychological discomfort.

2.1 Theoretical Framework

Stress Theory

According to Holmes and Rahe (1967), Stress is an inevitable part of life, and it comes from external and internal factors of environment and one being actively encounters with stressors in life. Many of the possible stresses we encounter involve occasions or circumstances that force us to alter the course of our regular lives and require time for us to get used to such adjustments. Examples include moving, getting married, getting divorced, and losing a close family member. Moving is one of many common life situations that can cause a lot of stress. The amount of change that results in everyday life, even when the shift is pleasant and planned, can be stressful. Whether an event is desirable or undesirable, it causes major changes in a person's daily routine and is therefore stressful.

Self-Compassion Theory

According to Neff (2003), Self-compassion is the capacity to be compassionate and encouraging to oneself when one is feeling hopelessness, emotional pain, and failure. Its nonjudgmental understanding of one's own pain. It consists of three inter-related components; Self-Kindness (offering care, forgiveness and understanding toward oneself), Common Humanity (recognizing that all human beings share the same experience), Mindfulness (observing the present without dwelling on one's problems (Neff & Pommier, 2012). A self-compassionate mindset is the result of the interaction and combination of these elements.

Stress is an inevitable part of life and one being encounter stressors in their life, so their persistent stress is linked to their attentional biases towards negative stimuli and their negative attention bias lead them towards depression and anxiety. When self-compassionate people encounter stress, they become nonjudgmental towards their inadequacies and failures by being kind, supportive and gave themselves warmth and

unconditional acceptance for being insufficient and focuses more on positive things happening in their life and attentive to positive stimulus like happy faces as compared to non-self-compassionate people when they encounter stress they become self-critical, ruminate and over identify the problem which makes them more stressed and their attention biased to more negative stimuli like sad faces.

Figure 1

Conceptual Framework on the Effect of Self compassion on Psychological distress and Affect biased attention among Young Adults

Groups	Independent Variable	Dependent Variable
Experimental	Self-Compassion	Psychological Distress
Control		Affect Biased Attention

Figure 1 shows the anticipated negative impact of variable self-compassion on variables of psychological distress and positive impact of variable self-compassion on variable affect biased attention among young adults of experimental group as compared to control group.

CHAPTER-3

RESEARCH METHODOLOGY

The present study aimed to examine the effect of self-compassion on affect biased attention and psychological distress after negative aspect of oneself made significant among young adults in Pakistan.

3.1 Research Epistemology

The epistemology of this present study was paradigm of post positivism. The post-positivist paradigm evolved from the paradigm of positivism. It shifts away from the logical positivists' wholly objective perspective and concentrates on the subjectivity of reality (Ryan, 2006). The post-positivist perspective holds that not everything can be completely known (Krauss, 2005). It adheres the view that factual knowledge gained through subjective reality through performing experiment or empirical data by researcher by using reliable measures, is trustworthy. It is the philosophical study of knowledge and rationally justified belief. The researcher is independent to form the research and there is no provision for human interest within the study because they usually adopt destructive approach which focuses on the facts and discrete elements.

3.2 Research Approach

The approach in the proposed study was experimental in nature in which a problem is identified and then its cause and effect is confirmed by experimental data or proof. The goal of experimental research is finding the link between an independent variable and a dependent variable within a population. Experimentation in research is done to learn more about the social world and to better comprehend it. Researchers use the experimental technique to observe conditions or events that have an influence on

humans. Unbiased data produced by experimental study may be thoroughly explained utilizing statistical and numerical information.

3.3 Research Design

The present study was based on Quasi experimental research design in which participants are not recruited randomly but conveniently across experimental and control groups as it is difficult in educational research setting. Although both are displayed, only the experimental group is given treatment. Both groups are post-tested to measure the extent of change in each group after careful observation. Data were collected from undergraduates of Bahria University of Islamabad Campus including both boys and girls studying introduction to psychology as a course in their study Programs of Public health, BS English, BS Economics and BS in International Relations. Experiment was performed individually with each participant by researcher in a controlled setting, free of noises and distraction and same time was given to each participant for writing across both groups to receive true results.

3.4 Participants

In the present study, a sample of students ($n=65$) with age ranged from 18 to 26 years ($M=20.25$, $SD = 1.45$) was collected from Bahria University of Islamabad Campus. These participants were conveniently assigned across the self-compassion ($n = 32$) and control group($n=33$).

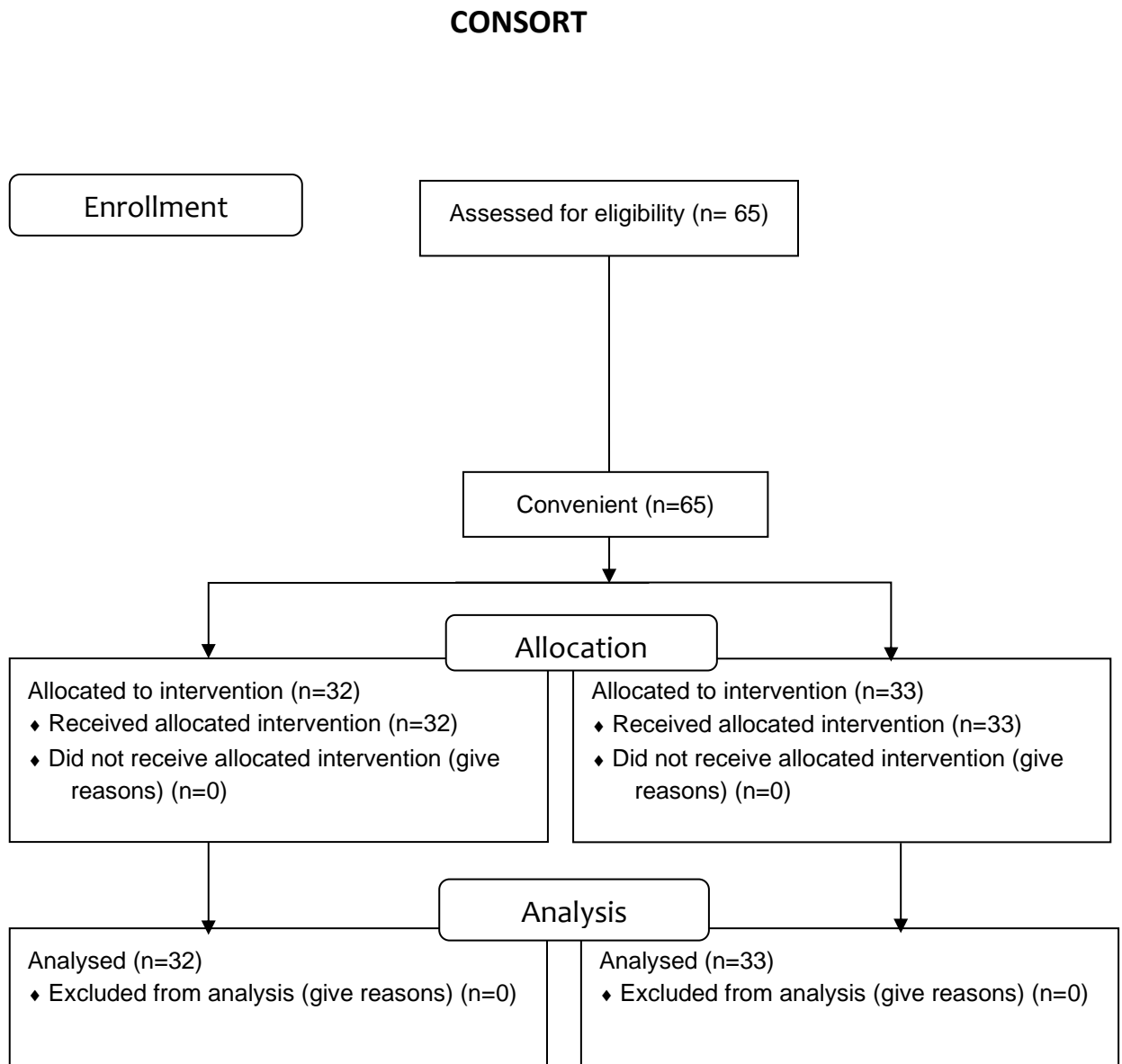
Table 1*Socio-demographic Characteristics of Participants (n=65)*

Characteristics		OS (n=65)		SCG (n=32)		NSCG (n=33)		t/ χ^2
		f (%)	M(SD)	f (%)	M(SD)	f (%)	M(SD)	
Age			20.25(1.45)		20.28(1.52)		20.21(1.41)	.190
Gender	Male	32(49.2)		18(56.3)		14(42.4)		1.24
	Female	33(50.8)		14(43.8)		19(57.6)		
Birth order	First born	19(29.2)		9(28.1)		10(30.3)		1.06
	Middle born	43(66.2)		21(65.6)		22(66.7)		
	Last born	2(3.1)		1(3.1)		1(3.0)		
	Only child	1(1.5)		1(3.1)				
Family System	Nuclear	45(69.2)		21(65.6)		24(72.7)		.38
	Joint	20(30.8)		11(34.4)		9(27.3)		
Program	Public Health	16(24.6)		8(25.0)		8(24.2)		.57
	BS English	19(29.2)		9(28.1)		10(30.3)		
	BS Eco	14(21.5)		8(25.0)		6(18.2)		
	Others	16(24.6)		7(21.9)		9(27.3)		
Semester	First	26(40.0)		13(40.6)		13(39.4)		3.42
	Second	28(43.1)		16(50.0)		12(36.4)		
	Third	6(9.2)		1(3.1)		5(15.2)		
	Fourth	5(7.7)		2(6.3)		3(9.1)		

Note. n=sample. f=frequency. M=Mean. SD=Standard Deviation. χ^2 =Chi square. t= T-test. OS=overall sample. SCG=Self Compassion Group. NSCG=Non-Self Compassion Group

Table 1 reveals that out of 65 participants 49.2% (f= 32) were males which includes (experimental=56.3%(f=18) and control=42.4%(f=14)) and 50.8%(f=33) were females which includes (experimental=43.8%(f=14) and control=57.6%(f=19)), out which 29.2% (f=19) were first born which includes (experimental= 28.1%(f=9) and control= 30.3%(f=10)), 66.2%(f=43) were middle born which includes (experimental= 65.6%(f=21) and control= 66.7%(f=22)), 3.1%(f=2) were last born which includes (experimental= 3.1%(f=1) and control=3%(f=1)) and 1.5%(f=1) were only child which includes (experimental=3.1%(f=1)). The 69.2%(f=45) of participants were having nuclear family system which includes (experimental= 65.6 % (f=21) and control= 72.7%(f=24)), and 30.8%(f=20) were having joint family system which includes (experimental=34.4%(f=11) and control= 27.3% (f= 9)). The table also reveals that 24.6%(f=16) participants were studying in program of Public Health which includes (experimental= 25%(f=8) and control= 24.2%(f=8)), 29.2%(f=19) in program of BS English which includes (experimental= 28.1%(f=9) and control=30.3%(f=10)), 21.5%(f=14) in program of BS Economics which includes (experimental= 25%(f=8) and control= 18.2%(f=6)) and 24.6%(f=16) in other programs of Social Sciences which includes (experimental= 21.9%(f=7) and control= 27.3%(f=9)). The 40.0%(f=26) of these participants were from first semester which includes (experimental=40.6%(f=13) and control= 39.4%(f=13)), 43.1%(f=28) from second semester which includes (experimental= 50%(f=16) and control=36.4%(f=12)), 9.2%(f=6) from third semester which includes (experimental=3.1%(f=1) and control= 15.2%(f=5)) and 7.7%(f=5) from fourth semester which includes (experimental= 6.3%(f=2) and control= 9.1%(f=3)) were participated in this study. Chi square analysis revealed that the self-compassion and comparison condition did not significantly differ on sociodemographic characteristics of age, gender, birth order, family system, program, and semester of participants. These results demonstrated that there are no consistent changes on these variables between the two conditions.

Figure 2



3.5 Population and Sampling

The population of this study consisted of age ranging from 18 to 26 years old undergraduates of Bahria University of Islamabad Campus. All the participants belong to different socio-economic status and must have 12 years of education. Sample size was determined by previous research literature. Convenient sampling technique was used for gathering data because the sample is contingent upon the availability of the participants.

3.5.1 Inclusion Criteria

- Participants must have 12 years of education to be included in this research.
- The age of the participants should be 18 to 26 years.
- Participants of undergraduates of different programs study introduction to psychology as a course in their program enrolled in a Bahria University of Islamabad Campus will participated in study.

3.5.2 Exclusion Criteria

- Participants less than 12 years of education will be excluded.
- Participants below age 18 and above age 26 will be excluded.
- Participants who do not understand English language will be excluded.

3.6 Instruments:

3.6.1 Demographic Sheet

In order to obtain more accurate and consistent results of the participants a demographic sheet was constructed in which questions about their age, gender, birth order, relationship status, family system, occupation, number of family members, family income and educational level (program and semester).

3.6.2 Positive and Negative Affect Scale

At each of the two times the PANAS consisted of 20 items was administered, participants graded their recent feelings on a 5-point scale ranging from 1 (very slightly

or not at all) to 5 (very) (Watson et al., 1988). By averaging the items, time-positive points and time-negative influences were calculated.

3.6.3 Kessler Psychological Distress Scale (K10)

The Kessler Psychological Discomfort Scale is an easy-to-use instrument for assessing psychological distress (Kessler et al., 2003). The K10 scale consisted of items that describe various emotional states on a five-level response scale. To gauge the level of pain, the test can be used as a rapid screening tool. On a scale from one ("none of the time") to five, each response is given a grade ("all of the time"). The ultimate score, which might fall between 10 and 50, is created by adding the scores from the ten components. Modest scores indicate low levels of psychological distress, whereas high scores indicate high levels.

3.6.4 Single item self-compassion

It gauges self-compassion and is used to identify manipulation. Participants were given a 5-point scale to score their level of "a sense of awareness and love toward yourself," with 1 being the lowest and 5 being the most (Yip et al., 2021). We improved our manipulation check by evaluating the changes in current mood that ought to follow from the manipulation and carrying out a content analysis of the recall narratives.

3.6.5 Dot-probe pictorial stimuli

The International Affective Picture System (IAPS; Lang, Bradley, & Cuthbert, 2008), a database of images with normative ratings of valence and arousal, provided 128 neutral images (a woman using the computer, for example), 32 positive images (a sick man on a hospital bed), and 32 positive images (a child laughing).

3.6.6 Coding of narratives

A content analysis of the recall narratives that measured the stimulation of self-compassion notions was carried out to further test the efficacy of our manipulation. Based

on the research (Yip et al., 2021), researcher classified the narratives for attributes that were related to self-compassion, such as self-kindness, awareness, and shared humanity. According to the literature on self-compassion, developing self-compassion requires knowing oneself (self-kindness), accepting one's own flaws (common humanity), acknowledging one's own struggles without becoming obsessed on them (mindfulness), pursuing personal growth (growth), and having the freedom to make decisions for oneself and judge one's own worth (internal locus of evaluation). The self-compassion tales ought to have more self-compassion traits if self-compassion had been set. According to the coding guidelines mentioned in earlier research (Yip et al., 2021), the researcher coded each narrative on each attribute ('1' as present, '0' as absent).

3.7 Conceptual and Operational definition:

3.7.1 Self-compassion:

Self-compassion relates the capacity to be nice and encouraging to oneself when one feels hopelessness, emotional pain, and failure (Neff, 2003). It consists of three inter-related components; Self-Kindness (offering care, forgiveness and understanding toward oneself), Common Humanity (recognizing that all human beings share the same experience), Mindfulness (being present focused without being fixated on one's problems (Neff & Pommier, 2012) A self-compassionate mindset is the result of the interaction and combination of these elements.

In the present study, single item self-compassion and content analysis of the recalled narratives (Yip et al., 2021) was utilized to determine self-compassion among young adults. Higher scores on single item self-compassion and self-compassion attributes in experimental group indicated higher level of self-compassion.

3.7.2 Affect biased Attention:

An individual's natural attentional process, known as affect-biased attention, which relies on concentrating on (engaging) and avoiding (disengaging) external stimuli. It gives the overall personal or psychological significance for stimuli first priority (Vallorani et al., 2021). In the present study, Dot-probe pictorial stimuli (IAPS; Lang et al., 2008) was applied to measure affect biased attention among young adults. Higher scores on Mean Reaction Time of Dot-probe pictorial stimuli indicated higher level of affect biased attention.

3.7.3 Psychological Distress:

According to Sheila H. and Ridner (2004), psychological distress is a unique, unfavorable emotional situation that a person feels in reaction to a specific stressor or demand that harms them either momentarily or completely.

The Kessler Psychological Distress Scale (Kessler et al., 2003) was used in the current investigation to assess young people' psychological distress. The Kessler Psychological Suffering Scale showed a higher level of psychological distress with higher scores.

3.8 Inform Consent Form

Informed Consent form were filled by the participants before the data collection for the research. It was the written agreement which clarify that the participants were willingly taking part in this Research project. They were assured that their information and data gathered from them will not be shared with anyone without their consent. All the queries about the procedure and the Research from the participants were accommodated before gathering data.

3.9 Data Collection

In study, a total of 65 undergraduates enrolled in a Bahria University of Islamabad Campus (BUIC) studying Introductory to Psychology module were participated in this

study. They were conveniently recruited to either the self-compassion ($n = 32$) or control ($n = 33$) condition after receiving informed consent.

3.9.1 Procedure

The self-compassion manipulation was carried out first, so the practice blocks of the dot-probe task, and finally the actual blocks of the dot-probe task. Self-compassion was manipulated after the practice block but before the actual blocks so that the introduction's full effects could be seen during the actual trials. There were 14 neutral-neutral picture pairs in the practice block. The picture pairs were constructed as follows: neutral-neutral (32 pairs), positive-neutral (32 pairs), and negative-neutral. There were four actual test blocks, each with 24 picture pairs (32 pairs). The actual trials were divided into three distinct steps that did not overlap: (1) A cross appeared in the center of the screen for 1000 ms; (2) Two picture stimuli were simultaneously presented on the left and right of the screen for 500 ms, which is the typical exposure time found to produce reliable results (e.g., Mogg et al., 2004; Palermo & Rhodes, 2007; Staugaard, 2009); (3) A dot appeared in either the left or right picture location, which persisted until the participant responded. Participants had to press 'N' or 'M' if the dot appeared on the left or right, respectively, to indicate the position of the dot rapidly and precisely. Feedback was given during the practice block, with the word "ERROR" used to denote incorrect answers and the phrases "please try to respond faster" and "please wait for the pictures to appear before responding" for responses that took more than 2000 milliseconds and 200 milliseconds, respectively, to appear. The only difference between the instructions for the actual blocks was that no feedback was given. Between the dot's appearance and the participants' response, the reaction time (RT) was timed. To achieve an equal distribution of positive, negative, and neutral images in the left and right positions, the quantity and placement of positive and negative images were counterbalanced across the actual blocks.

Additionally, the dot-probe replaced an equal number of positive, negative, and neutral images compared to those it did not replace. Participants were initially instructed to recall and write in-depth about a personal issue that made them feel inadequate or horrible about themselves as part of the experimental manipulation. They were provided a few illustrations of these problems (namely, a failure, humiliation, rejection, physical appearance, studies, relationships, personal traits, habits) They next finished the PANAS, which was used to check that the negative personal issue they had just discussed had caused the corresponding changes in mood, and the K10, which measured the degree of distress. After that, individuals who were part of the self-compassion condition were told to produce a brief essay that would encourage self-compassion. They were given the following instructions, which were adapted from Leary et al. (2007), and were instructed to picture an imagined friend who was welcoming and loving without conditions: "Write a letter to yourself from the viewpoint of this fictitious companion, concentrating on the apparent inadequacy you mentioned. What, from the standpoint of boundless generosity, understanding, and warmth, would this friend say to you about your "flaw"? What would your friend write to you to remind you that you are only human, that everyone has strengths and shortcomings, and that other people go through similar things? People in the control condition were asked to write about their normal days and the activities they usually engaged in. Participants in this study were given the same amount of time to create their tales in both the self-compassion and comparison conditions. The dot-probe task's real blocks were then completed by participants. Next, as part of our multi-method strategy for manipulation check, participants completed three measures. A single item self-compassion test was used to assess participants' levels of happiness on a 5-point Likert scale, from 1 (not at all) to 5. (extremely happy) The PANAS was the second measurement, and the K10, which they performed twice, was the third. The participants'

mood and distress should have improved more from the first to the second PANAS and K10 rating in the self-compassion condition compared to the neutral condition if the self-compassion induction was successful. Finally, individuals were debriefed after being screened for suspicion (Yip et al., 2021).

3.9.2 Data Analysis

After the collection of data, it was analyzed through a Statistical Package for Social Sciences (SPSS-IBM version 25) Descriptive statistics was used to find mean and standard deviation of demographic variables. Cronbach's alpha of positive and negative affect of PANAS scale and Kessler distress scale. T-test for different demographic variables such as age, gender and marital status were applied. Chi square analysis was computed to examine demographic characteristics differences across experimental and control conditions. Repeated Measure analysis was applied to examine variation in mean, standard deviations and F-value for positive affect and negative affect, psychological distress and affect biased attention across self-compassion group and control group in pre and post assessments. Content analysis for self-compassionate attributes were done.

3.10 Ethical Consideration

The synopsis was received by department for approval. Participants was not forced to take part in this research only the ones who willingly take part were incorporated. Participants were informed about the research purpose prior to the data collection and the information gathered was kept confidential before and after the study. The participant educated and any distressing event if occurs during the data collection will take into account. Human rights were not violated, voluntary participation was encouraged. All data was reported honestly without any fabrication.

CHAPTER-4

RESULTS

The present study aimed to investigate the effect of induced self-compassion on affect biased attention and psychological distress after negative aspect of oneself made significant among young adults in. Data analysis was carried out using SPSS-25. Initially, the demographic characteristics were identified through frequencies and percentages. Descriptive statistics and alpha reliability coefficients were computed. Chi square analysis were computed to examine demographic characteristics differences across experimental and control conditions. Repeated Measure Anova analysis were applied to examine variation in mean, standard deviations and F-value for positive affect and negative affect, psychological distress and affect biased attention across self-compassion group and control group in pre and post assessments.

Table 2*Psychometric Properties of Scales*

Scales	K	M	SD	Range	α
PANAS	20	61.52	11.116	2.2-3.8	0.82
K10	10	29.12	7.821	2.5-3.2	0.89

Note. PANAS=Positive and Negative Affect Scale. K10=Kessler Psychological Distress Scale. K=No. of items. M=Mean. SD=Standard Deviation. α = Cronbach's alpha reliability.

Table 2 shows the psychometric properties for the scales that are used in the present study. The Cronbach's α value for Positive and Negative Affect Scale were .82 (>.70). This indicates a very high internal consistency of the scales. Kessler Psychological Distress Scale shows that Cronbach's α value of .89 (>.70) which indicated very high internal reliability of scale administered on young adults in Pakistan.

Table 3*Summary of Instruction used for coding*

Attributes	Instruction
Self-Compassion	
Self-kindness	'1 If the individual expresses words of love, compassion, forgiveness, or admiration to themselves
Sense of common humanity	'1 If the individual conveyed an understanding of the shared human experience—that they are not alone in their troubles and that all people are fallible and go through struggles—then that person has succeeded.
Mindfulness	'1 If the individual showed knowledge of their own issues without hostility or obsessive fixation, neither avoiding nor hiding it.
Internal locus of evaluation	'1 If the individual talked about making personal decisions and not basing their sense of self-worth on other people's expectations (i.e., comparing oneself to others), receiving others' acceptance, or depending on accomplishments such as grades or performances, etc.
Personal growth	'1 If the person showed a desire for better wellness or progress, sought self-improvement, or shared what they had learned from challenging events, etc.

For each attribute, a score of '0' was assigned if the person did not demonstrate the attribute (Yip et al., 2021)

Table 4*Content coding of recalled narratives*

	Self-compassion attributes	
	M	SD
Self-compassion Group	4.19	.64
Control Group	0.00	0.00

Note. M=Mean. SD=Standard Deviation

Self-compassionate attributes coded include self-kindness, common humanity, mindfulness, growth, and self-determination (Yip et al., 2021)

NB: Only the data that were directly related to the three facets of self-compassion were employed for further manipulation check (i.e., self-compassionate attributes: self-kindness, common humanity, and mindfulness giving the same form of results as the original content analysis. Specifically, in our study, the self-compassion narratives scored higher on self-compassion attributes in self-compassion group as compared to control group.

Table 5

Mean, Standard Deviation and Repeated Measures Analysis of Variance for Self-Compassion Effects on Positive Affect and Negative Affect, Psychological Distress and Affect Biased Attention(n=65)

Measures	Experimental		Control		F value	η^2
	Pre-M(SD)	Post M(SD)	Pre-M(SD)	Post M(SD)		
PANASP	29.68(3.58)	34.09(8.01)	30.84(6.58)	28.24(8.66)	2046.09***	0.97
PANASN	37.69(2.99)	28.97(5.07)	38.39(5.68)	38.24(3.02)	6915.58***	0.99
K10	28.03(8.44)	27.53(8.45)	29.18(8.48)	30.69(6.92)	1037.31***	0.94
MRT	418.66(124.87)	404.28(113.78)	435.96(86.78)	436.21(86.88)	1080.98***	0.94

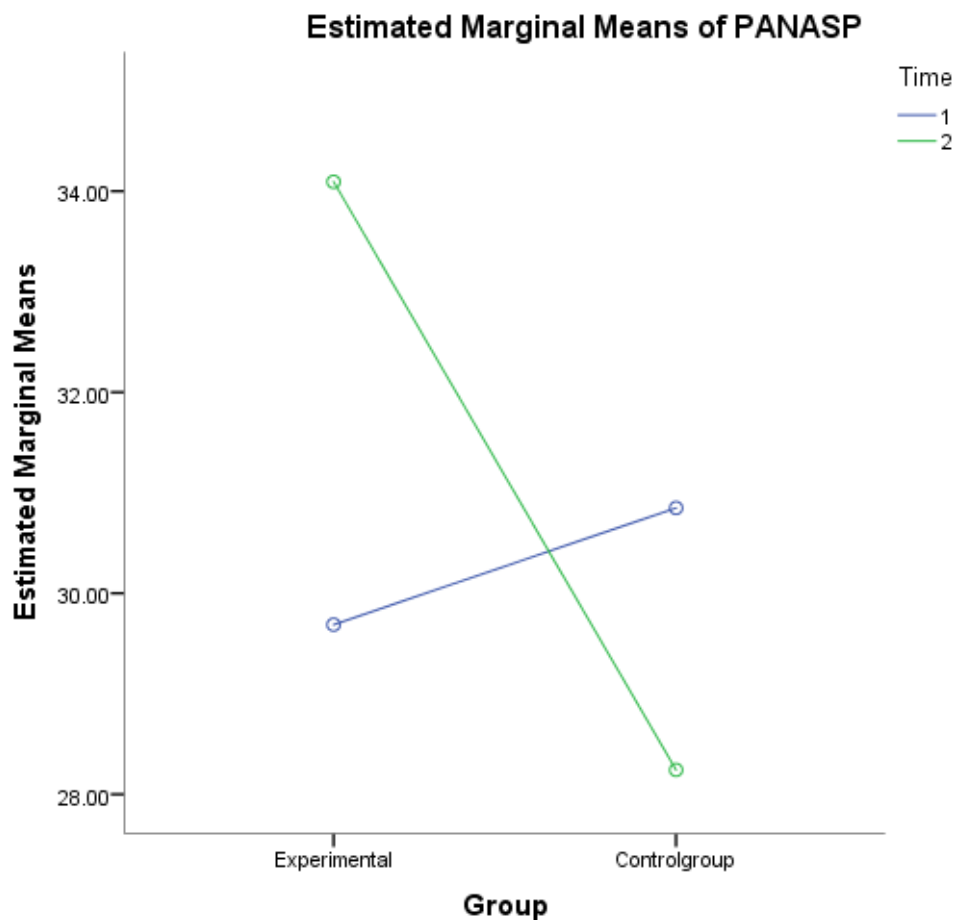
***p <.001.

Note. PANASP=Positive and Negative Affect Scale Positive affect. PANASN=Positive and Negative Affect Scale Negative affect. K10=Kessler Psychological Distress Scale. MRT=Mean Reaction Time. Pre-M(SD)=Pre assessment Mean and Standard Deviation. Post-M(SD)= Post assessment Mean and Standard Deviation. η^2 = partial eta square.

Table 3 shows means, standard deviations and F-value for positive affect, negative affect, psychological distress and affect biased attention in self-compassion group and control group across pre and post assessments. The finding revealed that in self-compassion condition there are higher level of negative affect in pre assessment (M=37.69, SD=2.99) subsequently decreases in the post assessment (M=28.97, SD=5.07) and lower level of positive affect in pre assessment (M=29.68, SD=3.58) subsequently increases in the post assessment (M=34.09, SD=8.01). Similarly, psychological distress from pre (M=28.0, SD=8.44) to post (M=27.53, SD=8.45) assessment and mean reaction time from pre (M=418.66, SD=124.87) to post (M=404.28, SD=113.78) assessment decreases in self-compassion group as compared to control group. The paired wise comparisons indicated that there are significant means differences between experimental and control groups on positive and negative affect and there are no significant means differences between experimental and control groups on the variable of psychological distress and mean reaction time. Results indicated significant mean differences in positive affect in pre and post assessments

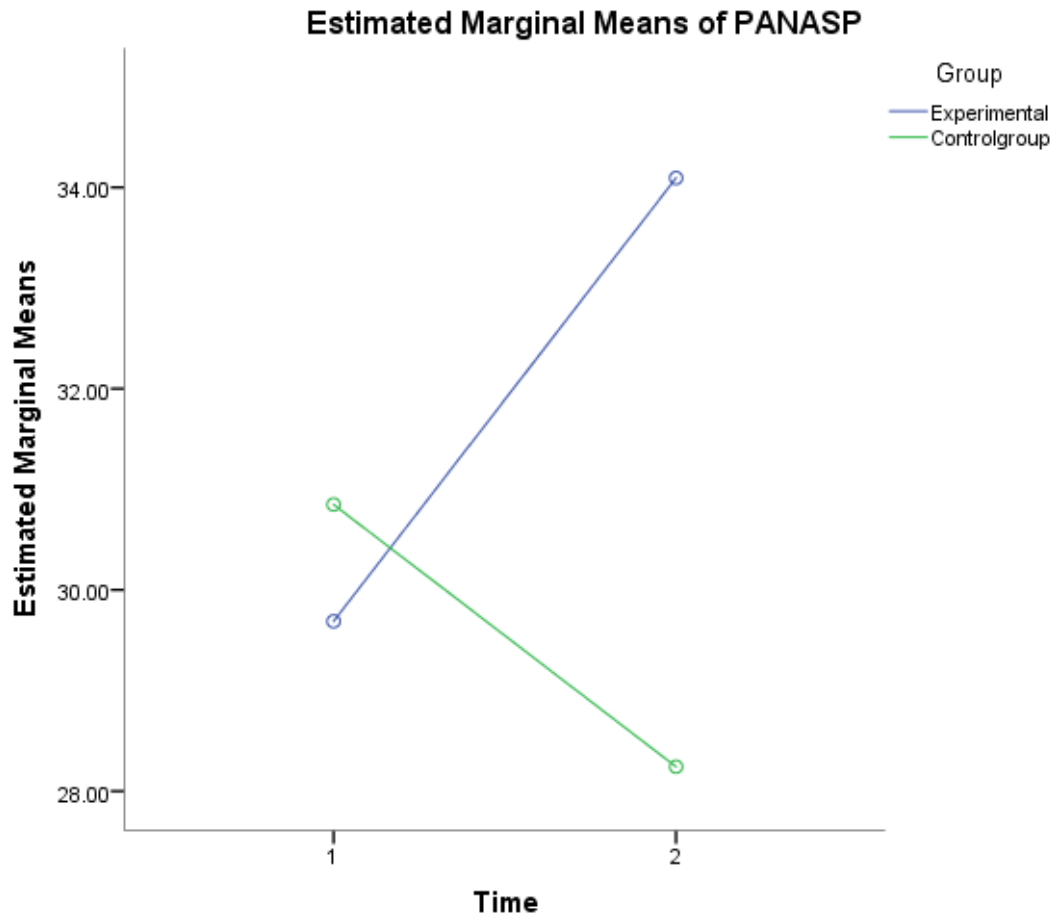
F=2046.09, $p=.000$, $\eta^2=.97$ with large effect size, significant mean differences in negative affect in pre and post assessments F=6915.58, $p=.000$, $\eta^2=.99$ with large effect size, significant mean differences in psychological distress in pre and post assessments F=1037.31, $p=.000$, $\eta^2=.94$ with large effect size and significant mean differences in mean reaction time in pre and post assessments F=1080.98, $p=.000$, $\eta^2=.94$ with large effect size in both experimental and control group.

Figure 3



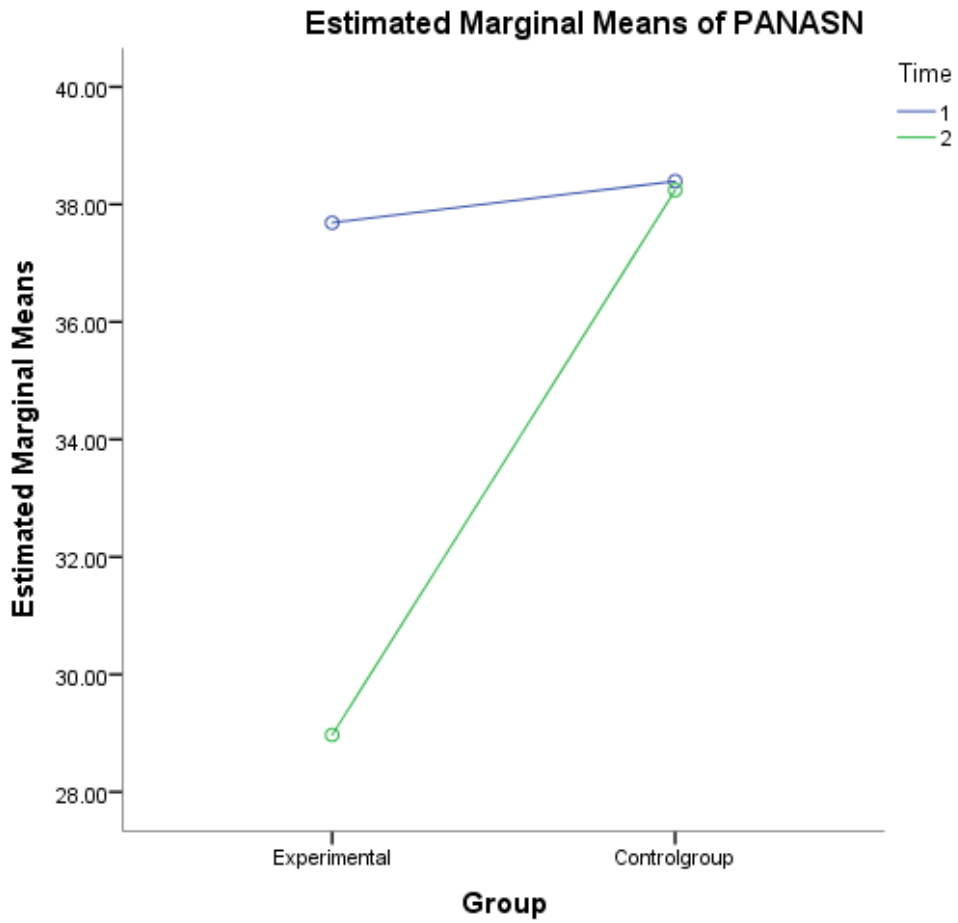
Note. This figure shows high level of positive affect in experimental group as compared to control group.

Figure 4



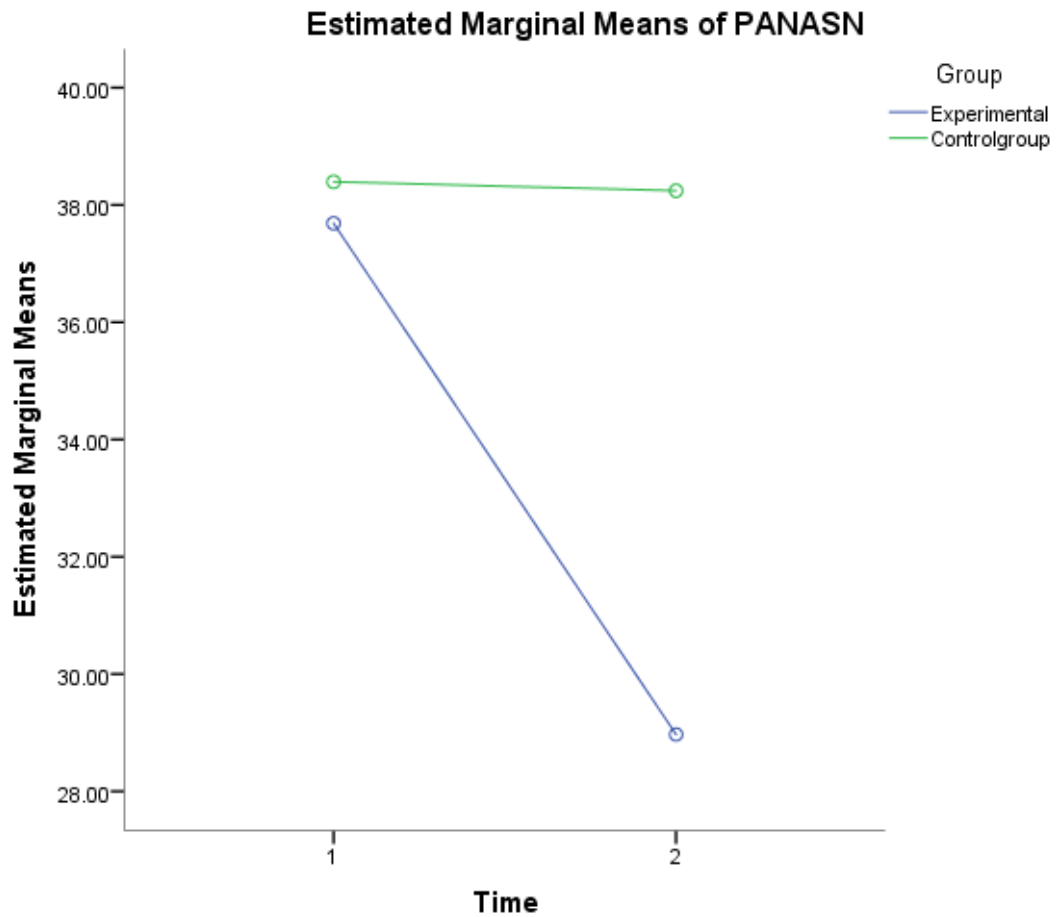
Note. This figure shows positive affect increases from pre to post assessment in experimental group and decreases in control group from pre to post assessment.

Figure 5

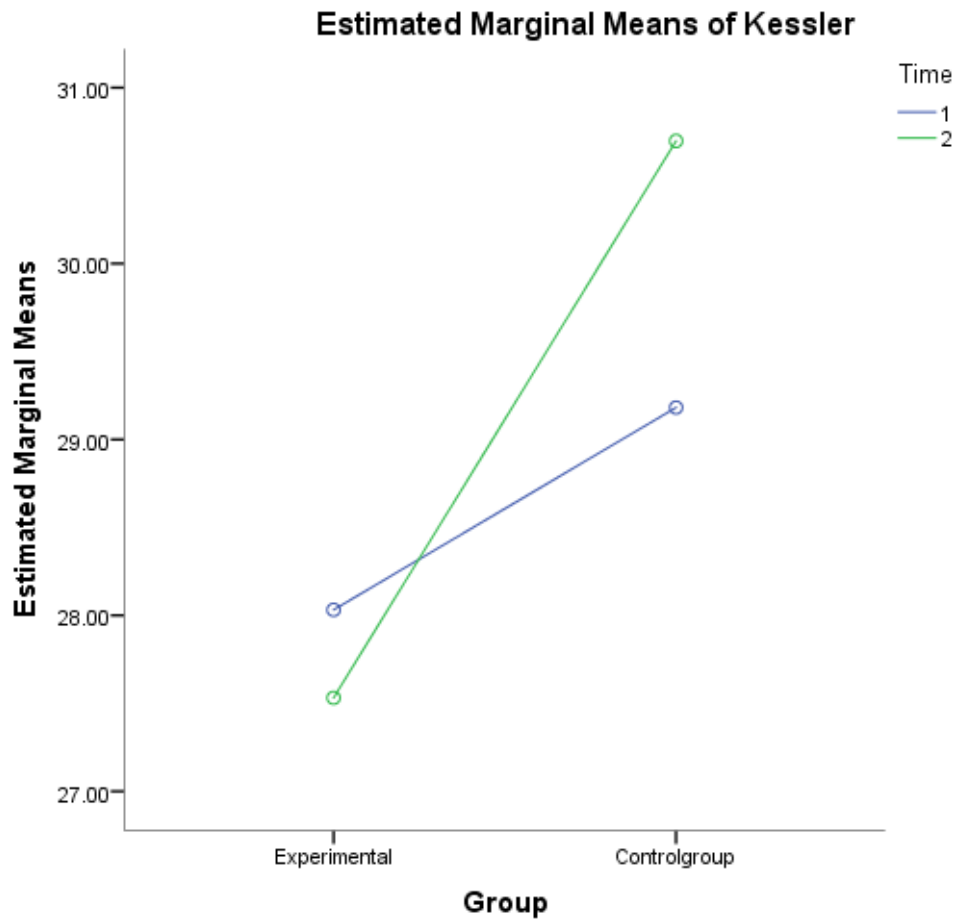


Note. This figure shows lower level of negative affect in experimental group as compared to control group.

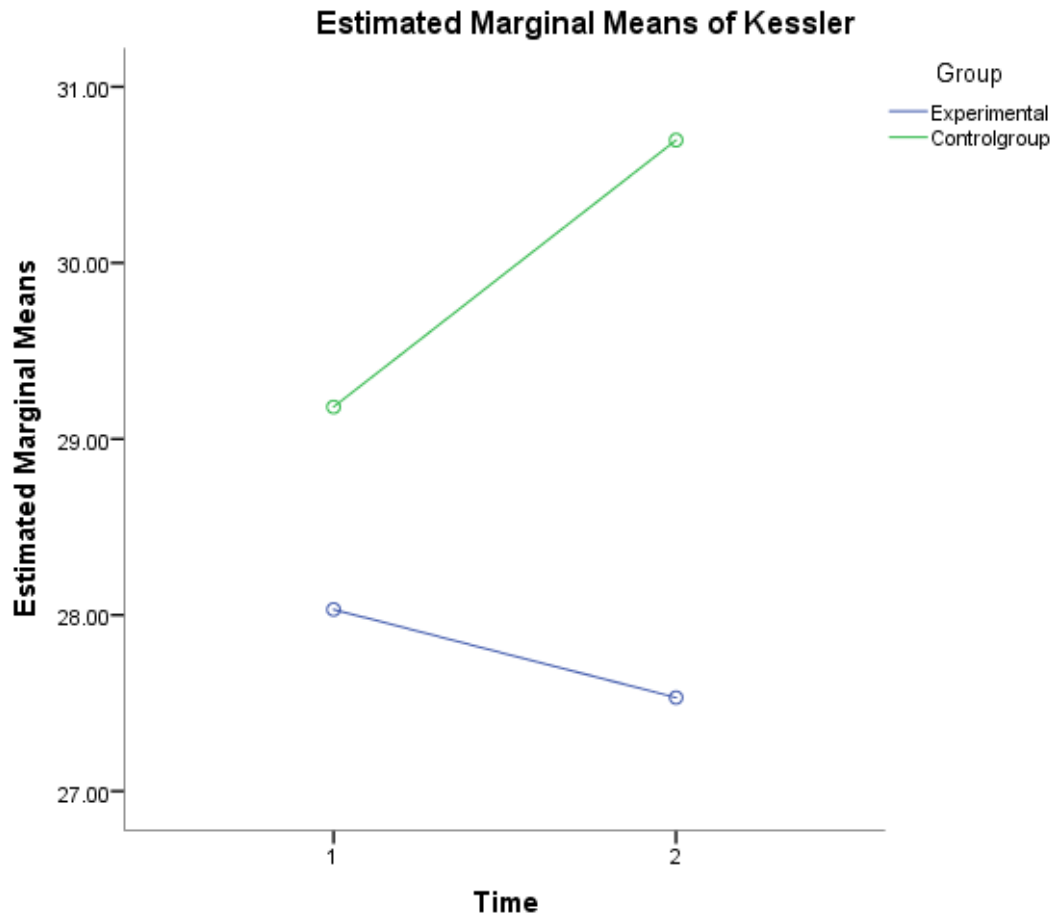
Figure 6



Note. This figure shows negative affect decreases from pre to post assessment in experimental group as compared to control group.

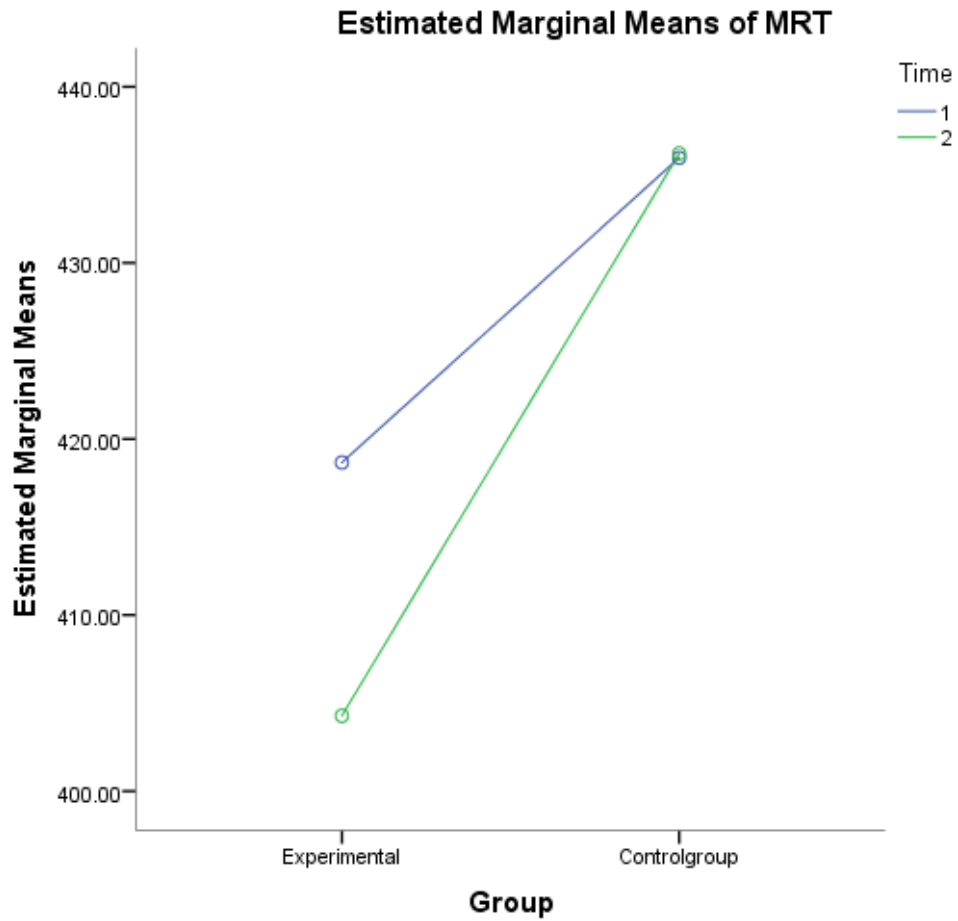
Figure 7

Note. This figure shows lower level of psychological distress in experimental group as compared to control group.

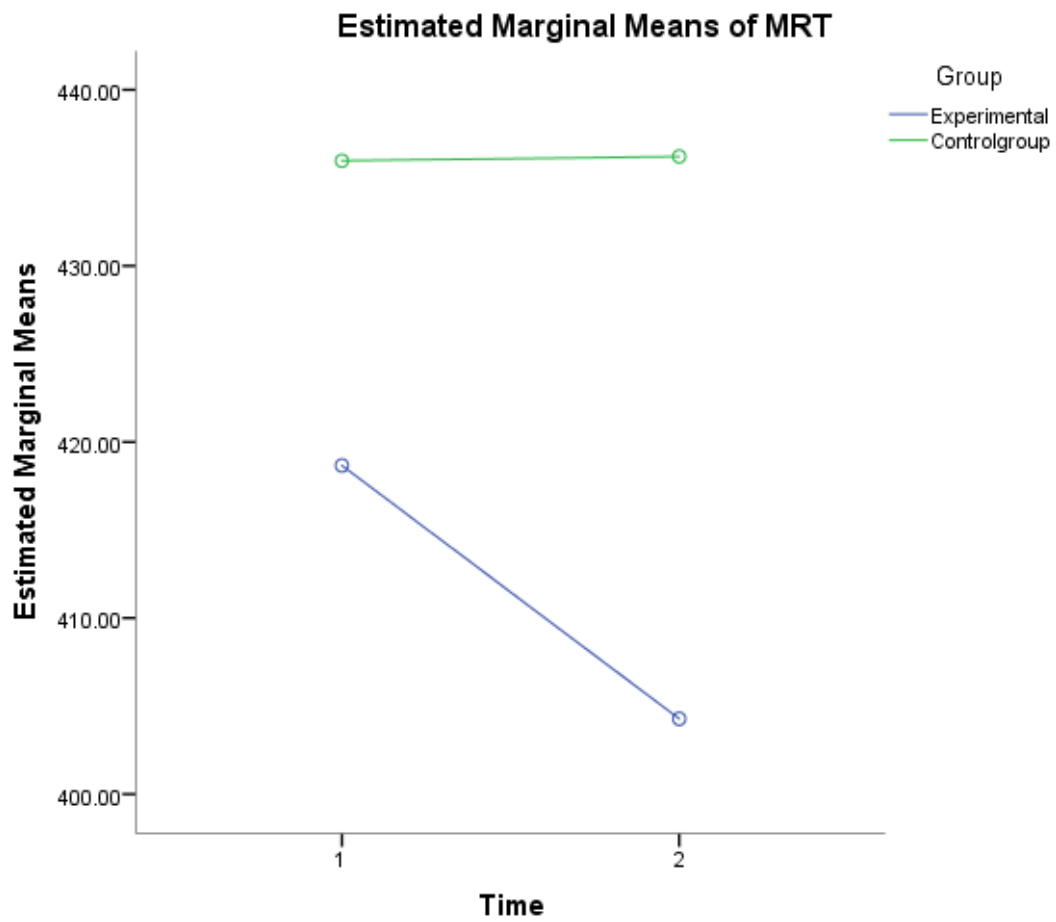
Figure 8

Note. This figure shows psychological distress decreases from pre to post assessment in experimental group as compared to control group.

Figure 9



Note. This figure shows lower level of mean reaction time in experimental group as compared to control group.

Figure 10

Note. This figure shows mean reaction time decreases from pre to post assessment in experimental group as compared to control group.

CHAPTER-5

DISCUSSION

The present study aimed to examine the effect of induced self-compassion on affect biased attention and psychological distress after negative aspect of oneself made significant. Moreover, the study aimed to investigate demographic differences across experimental and control conditions.

At first, reliability, normality, and construct validity of the scales was ensured. For unstandardized items, alpha reliability is based on covariance among the items (Falk et al., 2011). The alpha reliability for pre and post PANAS scale were 0.76 and 0.82 and for pre and post K10 scale were 0.86 and 0.89 which is greater than .70, which indicated that the scales are reliable to use in the study (Cortina & J, 1993).

The first hypothesis “self-compassion is likely to reduce negative affect and enhance positive affect among young adults in Pakistan” was supported in present study. The findings are in line with the existing body of theoretical and empirical knowledge as self-compassion is connected to both positive and negative effects and is related to basic concepts in health and well-being (more particularly, emotional well-being (Krieger et al., 2015). Their study found a positive correlation between self-compassion and positive affect and a negative correlation between self-compassion and negative affect (Neff at al., 2007; Neff & Vonk, 2009). Arimitsu & Hofmann (2015), on the other hand, reported comparable findings and proposed that self-compassion increases the amount of optimistic automatic thoughts, which in turn leads to higher levels of life satisfaction and lower levels of anxiety. According to research so far, self-compassion is associated with increased good affect and a reduction in

negative affect (Neff et al., 2007). However, Barnard and Curry (2011) stressed the need for more therapies in the future that prioritize increasing self-compassion and maybe boosting good effects while reducing negative ones.

The second Hypothesis “self-compassion is likely to reduce psychological distress among young adults in Pakistan” was supported in present study. The findings are in line with the existing body of theoretical and empirical knowledge as self-compassion was associated with a decrease in psychological distress and an increase in psychological well-being (Whitehead et al., 2021; Eccles et al., 2022). However, self-compassion appears to be connected with decreased levels of negative mind-states, such as stress, rumination, thought suppression, perfectionism, and shame, connecting self-compassion with psychopathology. However, (Macbeth & Gumley, 2012; Neff & Lamb, 2009) reported comparable results (Barnard & Curry, 2011; Yang, 2016). Self-compassion has been demonstrated to significantly contribute to psychological well-being and to be associated with both a lower intensity of anxiety and depressive symptoms and a higher quality of life (Neff et al. 2007; Van Dam et al. 2011). In adult clinical and non-clinical groups, it has also been demonstrated that self-compassion and psychopathology are highly adversely linked, with a considerable effect size (MacBeth & Gumley, 2012; Zessin & Garbade, 2015).

The third hypothesis “self-compassion is likely to enhance affect biased attention among young adults in Pakistan was supported in present study. The findings are consistent with the body of theoretical and empirical knowledge because they show that cultivating self-compassion makes it easier to block out unpleasant stimuli than under comparison conditions (Yip et al.,2021). This ease of disengaging from unfavorable stimuli may explain the quicker recovery from negative emotions observed in prior research. In contrast to the control groups,

Arch and colleagues (2014) found that those who underwent a brief self-compassion training displayed higher levels of heart-rate variability (correlated with the ability to self-soothe) throughout the recovery period following a stressful incident. This tendency to bounce back from unpleasant feelings rather fast is a sign of easier detachment from unpleasant feelings and ideas connected to the trying situation. Induction of self-compassion, however, promotes acceptance of painful emotions, which may diminish the desire to ruminate (Oudou & Brinker, 2014). Third, research that support our findings show that written self-compassion induction is more effective than written emotion disclosure at lowering negative sentiments (Leary et al., 2007; Reis et al., 2015). The expression of one's thoughts and feelings through emotion disclosure does, in fact, foster a sense of catharsis (Sloan & Marx, 2006), but it makes no attempt to frame these thoughts and feelings in a way that conveys unconditional understanding to oneself or to reframe the unpleasant event in the person's life. Our findings demonstrate that the greater ease of negative disengaging brought on by the self-compassion induction is primarily due to self-compassion.

5.2 Implications.

Overall, it was strongly argued that having a high level of self-compassion is a key psychological value for the general population. The findings of the current study suggested that the psychological distress among young adults can be reduced by the creation of self-compassion as a way of life, a skill, and a mentality that can be taught. Therefore, it is advised for researchers to advocate for the practice of self-compassion in order to increase participants' life satisfaction, self-compassion, and beneficial effects while minimizing negative effects. More particularly, the theoretical and practical consequences of the present investigation are clear. The study advances scientific understanding of the concept of self-

compassion and its impacts on a variety of psychological well-being factors from a theoretical standpoint. The study emphasizes the value of quick self-compassion psycho-educational training programmes in connection to well-being factors including positive and negative affect. The scientific community should adopt the shorter self-compassion intervention programmes, incorporating them into training sessions as a less time-consuming and more cost-effective method of evaluation, standing in stark contrast to the longer intervention programmes and having similarly effective results, according to what seems to be some compelling evidence. This will make it easier for researchers to use such interventions more frequently and with more people.

Since emotional attention is engaged in everyday events and controls other processes like perception, learning, and memory, it is crucial to examine fundamental cognitive emotional processes like emotional attention (Estes, 2014). Based on our research, self-compassion may help people have the cognitive flexibility to steer clear from negative thought or experiences.

It also gives light on the same processes underlying psychopathology and low self-compassion. The strong and persistent result that self-compassion allows faster negative disengaging and positive engaging. A large body of empirical research has demonstrated the significant correlation between self-compassion and stress, anxiety, and depressive symptoms (see MacBeth & Gumley, 2012 for a meta-analysis). For instance, Raes (2010) discovered that rumination mediates the relationship between self-compassion and sadness.

Our findings imply that self-compassion may be a powerful emotion management technique that reduces emotions of self-inadequacy (Jones et al., 2015). Additionally, while writing a self-compassionate letter might momentarily lessen negative feelings, frequent

writing activities may have longer-term advantages for both the general public and patients with mental illnesses (Mosewich et al., 2011).

Importantly, it may be possible to encourage emotional wellbeing by teaching those who lack self-compassion how to disengage from unpleasant stimuli more easily. One such task that uses the dot-probe method is one in which the probe continually appears behind the position of the neutral stimuli, shifting the focus of the subject's attention from the negative stimulus to the surrounding neutral stimuli. According to empirical investigations, eight sessions of attention training (15–20 minutes each) decreased anxiety symptoms and diminished attention bias toward negative stimuli (Amir et al., 2009; Schmidt et al., 2009). Since affect-biased attention is more cognitively efficient than other regulating techniques and is particularly helpful when quick responses are required, attention training is beneficial (Wadlinger & Isaacowitz, 2011). Therefore, there may be benefit in combining therapeutic therapies with attention training for those who have low levels of self-compassion. These people may find it easier to dissociate from self-critical thoughts and experiences if they learn to automatically disengage from negative stimuli thanks to their improved attentional flexibility.

5.3 Limitations and future research directions

Firstly, the fact that only 18-26 age range were used in the current study limits the generalizability for all ages. In particular, the effects of self-compassion may alter with ageing (Neff & Pommier, 2012). Future studies may use samples with a range of ages. There are additional instances where the manipulation might be improved. Recall was used in our study to induce feelings of inadequacy, which most likely has a less influence than actual life situations. Future research may provide a more genuine unpleasant experience, such the

danger of social evaluation, to elicit stronger emotional responses. Since there may be cultural differences in how people respond to emotional stimuli, the arousal and valence evaluations of pictures taken from the IAPS manual (Lang et al., 2008) may not necessarily apply to our group, which is primarily composed of Pakistanis. Additionally, although the demographics of the participants were considered, they did not account for the impact of religious belief. Neff et al. (2008) discovered that individuals from Thailand had greater self-compassion ratings than those from Taiwan and the United States because they were more strongly impacted by Buddhism. Future research should thus concentrate on how people's religious beliefs may affect the outcome of the intervention. Longitudinal designs are perhaps better suited to addressing this issue. There are advantages and disadvantages to using self-report measures for psychological distress, self-compassion, and positive and negative affect. Self-report surveys provide some insight into people's feelings that other methods cannot (Paulhus & Vazire, 2007). Self-compassion, psychological distress, and affect are other examples of private emotional experiences that may not necessarily have outward manifestations. However, bias can affect self-reports (Paulhus & Vazire, 2007). To further support our findings, researchers might apply a variety of multi-method ways to evaluate self-compassion, psychological distress, and affect, including the use of qualitative data (through calendars, appraisals, etc.) or behavioral measures. Finally, by contrasting a self-compassion condition with a neutral control, our research demonstrated that self-compassion accelerates negative disengagement. It is also possible that a non-self-compassionate perspective causes people to interact with and dwell on negative stimuli more. Future research can clarify this by contrasting the self-compassionate and self-critical states.

5.4 Conclusion

The present study investigated the effect of induced self-compassion on affect biased attention and psychological distress after negative aspect of oneself made significant. The findings revealed similar trends as it was empirically established that the self-compassion reduces negative affect and psychological distress from pre to post assessment in self-compassion group as compared to control group. Similarly, positive affect and affect biased attention enhances from pre to post assessment in self-compassion group as compared to control group. Overall, the study shed light on the use of self-compassion may help people have the cognitive flexibility to turn away from negative thought or experiences in young adults. Theoretically, these findings are significant because they shed insight on the more antecedental cognitive-emotional and regulatory mechanisms that underlie self-compassion. These results may also help clinical interventions that aim to improve self-compassion and lessen unpleasant emotional experiences.

REFERENCES

- Abbasi, A., & Zubair, A. (2015). Body image, self-compassion, and psychological well-being among university students. *Pakistan Journal of Social and Clinical Psychology, 13*(1), 41.
- Achdut, N., & Refaeli, T. (2020). Unemployment and psychological distress among young people during the COVID-19 pandemic: psychological resources and risk factors. *International journal of environmental research and public health, 17*(19), 7163.
- Algoe, S. B. (2012). Find, remind, and bind: The functions of gratitude in. *Journal of Personality and Social Psychology, 78*, 1053-1073.
- Alonso, J., Mortier, P., Auerbach, R. P., Bruffaerts, R., Vilagut, G., Cuijpers, P., ... & WHO WMH-ICS Collaborators. (2018). Severe role impairment associated with mental disorders: results of the WHO world mental health surveys international college student project. *Depression and anxiety, 35*(9), 802-814.
- Anjum, M. A., Liang, D., Durrani, D. K., & Parvez, A. (2020). Workplace mistreatment and emotional exhaustion: The interaction effects of self-compassion. *Current Psychology, 1-12*.
- Ansari, I. (2015). Mental health Pakistan: optimizing brains. *International Journal of Emergency Mental Health, 17*(1), 228.)
- Ashraf, F., Zareen, G., Nusrat, A., Arif, A., & Griffiths, M. D. (2021). Correlates of Psychological Distress Among Pakistani Adults During the COVID-19 Outbreak: Parallel and Serial Mediation Analyses. *Frontiers in Psychology, 12*, 825.
- Baneen, U., Zahra, S. I., Maqsood, F., & Maqsood, S. (2018). Academic Motivation as an Outcome of Self Compassion among Youth: A Case of Undergraduate Students of University of Gujrat. *The Pakistan Journal of Social Issues, 9*(1).

- Beevers, C. G., Clasen, P. C., Enock, P. M., & Schnyer, D. M. (2015). Attention bias modification for major depressive disorder: Effects on attention bias, resting state connectivity, and symptom change. *Journal of abnormal psychology, 124*(3), 463.
- Bor, W. Dean, A. J., Najman, J., & Hayatbakhsh, R. (2014). Are child and adolescent mental health problems increasing in the 21st century, 606-616.
- Bor, W., Dean, A. J., Najman, J., & Hayatbakhsh, R. (2014). Are child and adolescent mental health problems increasing in the 21st century? A systematic review. *Australian & New Zealand journal of psychiatry, 48*(7), 606-616.
- Bye, E. K., & Bretteville-Jensen, A. L. (2020). Bruk av cannabis og andre ulovlige rusmidler blant 15-16 åringer. Resultater fra ESPAD 2019.
- Chen, I. H., Pakpour, A. H., Leung, H., Potenza, M. N., Su, J. A., Lin, C. Y., & Griffiths, M. D. (2020). Comparing generalized and specific problematic smartphone/internet use: Longitudinal relationships between smartphone application-based addiction and social media addiction and psychological distress. *Journal of Behavioral Addictions, 9*(2), 410-419.
- Cortina, J. M. (1993). What is coefficient alpha? An examination of theory and applications. *Journal of applied psychology, 78*(1), 98.
- Cuijpers, P., Smits, N., Donker, T., Ten Have, M., & de Graaf, R. (2009). Screening for mood and anxiety disorders with the five-item, the three-item, and the two-item Mental Health Inventory. *Psychiatry research, 168*(3), 250-255.
- Dreger, S., Buck, C., & Bolte, G. (2014). Material, psychosocial and sociodemographic determinants are associated with positive mental health in Europe: a cross-sectional study. *BMJ open, 4*(5), e005095.

- Eccles, F. J., Sowter, N., Spokes, T., Zarotti, N., & Simpson, J. (2022). Stigma, self-compassion, and psychological distress among people with Parkinson's. *Disability and Rehabilitation*, 1-9.
- Falk, C. F., & Savalei, V. (2011). The relationship between unstandardized and standardized alpha, true reliability, and the underlying measurement model. *Journal of personality assessment*, 93(5), 445-453.
- Farooq, H., Ahmed, V., Siddique, M., & Shoaib, S. (2021). Impact of Self-Compassion on Existential Anxiety in Young Adults of Pakistan. *American Scientific Research Journal for Engineering, Technology, and Sciences (ASRJETS)*, 79(1), 53-65.
- Ferrari, M., Hunt, C., Harrysunker, A., Abbott, M. J., Beath, A. P., & Einstein, D. A. (2019). Self-compassion interventions and psychosocial outcomes: A meta-analysis of RCTs. *Mindfulness*, 10(8), 1455-1473.
- Garnefski, N., & Kraaij, V. (2007). The cognitive emotion regulation questionnaire. *European journal of psychological assessment*, 23(3), 141-149.
- Huang, W., Aune, D., Ferrari, G., Zhang, L., Lan, Y., Nie, J., ... & Rezende, L. F. (2021). Psychological Distress and All-Cause, Cardiovascular Disease, Cancer Mortality Among Adults with and without Diabetes. *Clinical Epidemiology*, 13, 555.
- Husain, N., Chaudhry, N., Jafri, F., Tomenson, B., Surhand, I., Mirza, I., & Chaudhry, I. B. (2014). Prevalence and risk factors for psychological distress and functional disability in urban Pakistan. *WHO South-East Asia journal of public health*, 3(2), 144-153.
- Hysenbegasi, A., Hass, S. L., & Rowland, C. R. (2005). The impact of depression on the academic productivity of university students. *Journal of mental health policy and economics*, 8(3), 145.

- Ilyas, M., & Aslam, N. (2018). Role of self-compassion in the relationship between rumination and depression among geriatrics population. *Pakistan Journal of Medical Research*, 57(3), 99-104.
- Johansen, R., Espetvedt, M. N., Lyshol, H., Clench-Aas, J., & Myklestad, I. (2021). Mental distress among young adults—gender differences in the role of social support. *BMC public health*, 21(1), 1-14.
- Kessler, R. C., & Bromet, E. J. (2013). The epidemiology of depression across cultures. *Annual review of public health*, 34, 119-138.
- Kessler, R. C., Angermeyer, M., Anthony, J. C., De Graaf, R. O. N., Demyttenaere, K., Gasquet, I., ... & Uestuen, T. B. (2007). Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World psychiatry*, 6(3), 168.
- Kessler, R. C., Birnbaum, H., Demler, O., Falloon, I. R., Gagnon, E., Guyer, M., ... & Wu, E. Q. (2005). The prevalence and correlates of nonaffective psychosis in the National Comorbidity Survey Replication (NCS-R). *Biological psychiatry*, 58(8), 668-676.
- Khan, M. N., Chiumento, A., Dherani, M., Bristow, K., Sikander, S., & Rahman, A. (2015). Psychological distress and its associations with past events in pregnant women affected by armed conflict in Swat, Pakistan: a cross sectional study. *Conflict and health*, 9(1), 1-10.
- Klawohn, J., Bruchnak, A., Burani, K., Meyer, A., Lazarov, A., Bar-Haim, Y., & Hajcak, G. (2020). Aberrant attentional bias to sad faces in depression and the role of stressful life events: Evidence from an eye-tracking paradigm. *Behaviour Research and Therapy*, 135, 103762.

- Lau, B. H. P., Chan, C. L. W., & Ng, S. M. (2020). Self-compassion buffers the adverse mental health impacts of COVID-19-related threats: Results from a cross-sectional survey at the first peak of Hong Kong's outbreak. *Frontiers in Psychiatry, 11*, 1203.
- Mantelou, A., & Karakasidou, E. (2017). The effectiveness of a brief self-compassion intervention program on self-compassion, positive and negative affect
- Marsh, I. C., Chan, S. W., & MacBeth, A. (2018). Self-compassion and psychological distress in adolescents—a meta-analysis. *Mindfulness, 9*(4), 1011-1027.
- McLachlan, K. J., & Gale, C. R. (2018). The effects of psychological distress and its interaction with socioeconomic position on risk of developing four chronic diseases. *Journal of psychosomatic research, 109*, 79-85.
- Miyagawa, Y., Niiya, Y., & Taniguchi, J. (2020). When life gives you lemons, make lemonade: Self-compassion increases adaptive beliefs about failure. *Journal of Happiness Studies, 21*(6), 2051-2068.
- Molarius, A., Berglund, K., Eriksson, C., Eriksson, H. G., Lindén-Boström, M., Nordström, E., ... & Ydreborg, B. (2009). Mental health symptoms in relation to socio-economic conditions and lifestyle factors—a population-based study in Sweden. *BMC public health, 9*(1), 1-9.
- Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and identity, 2*(2), 85-101.
- Neff, K. D. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity, 2*(3), 223–250.
- Neff, K. D., & Dahm, K. A. (2015). Self-compassion: What it is, what it does, and how it relates to mindfulness. In *Handbook of mindfulness and self-regulation* (pp. 121-137). Springer, New York, NY.

- Neff, K. D., & Pommier, E. (2012). The relationship between self-compassion and other-focused concern among college undergraduates, community adults, and practicing meditators. *Self and Identity*, 12(2), 160–176. <https://doi.org/10.1080/15298868.2011.649546>
- Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of research in personality*, 41(1), 139-154.
- Neff, K., & Germer, C. (2017). The Oxford handbook of compassion science. *The Oxford Handbook of Compassion Science*, 371-380.
- Nochaiwong, S., Ruengorn, C., Thavorn, K., Hutton, B., Awiphan, R., Phosuya, C., ... & Wongpakaran, T. (2021). Global prevalence of mental health issues among the general population during the coronavirus disease-2019 pandemic: a systematic review and meta-analysis. *Scientific reports*, 11(1), 1-18.
- Piwoński, J., Piwońska, A., & Sygnowska, E. (2010). Do depressive symptoms adversely affect the lifestyle? Results of the WOBASZ study. *Kardiologia Polska (Polish Heart Journal)*, 68(8), 912-918.
- Pratt, L. A., Dey, A. N., & Cohen, A. J. (2007). Characteristics of adults with serious psychological distress as measured by the K6 scale, United States, 2001-04.
- Ridner, S. H. (2004). Psychological distress: concept analysis. *Journal of advanced nursing*, 45(5), 536-545.
- Rizwan, M., Ahmad, T., Qi, X., Murad, M. A., Baig, M., Sagga, A. K., ... & Jin, H. (2021). Social media use, psychological distress and knowledge, attitude, and practices regarding COVID-19 among a sample of Pakistani population: the role of gender. *Frontiers in Medicine*, 1803.
- Sabir, F., Ramzan, N., & Malik, F. (2018). Resilience, self-compassion, mindfulness and emotional well-being of doctors. *Indian Journal of Positive Psychology*, 9(1), 55-59.

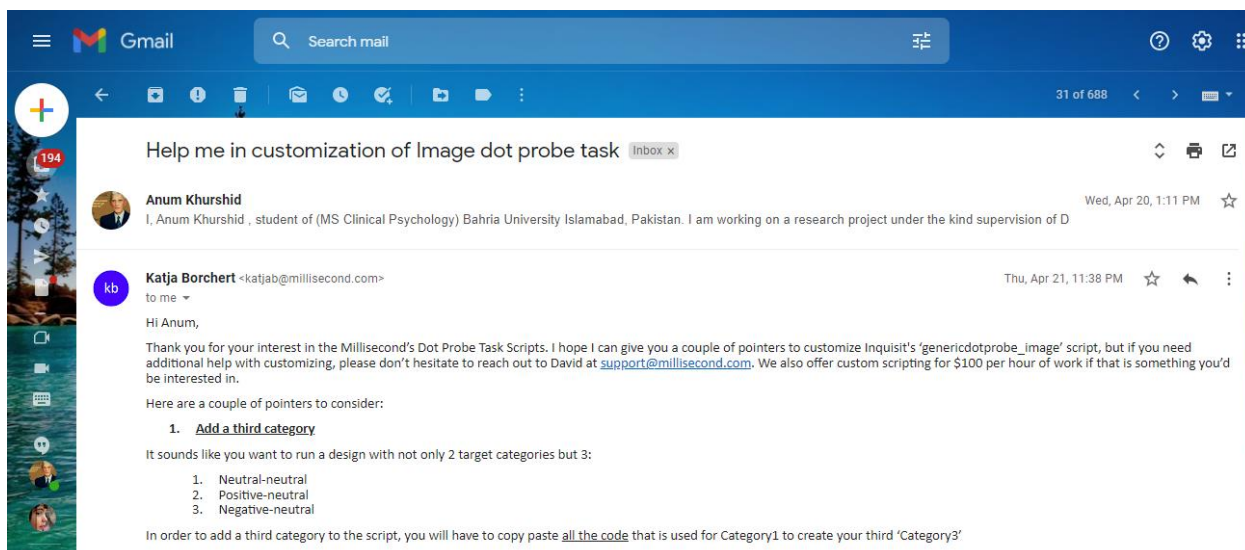
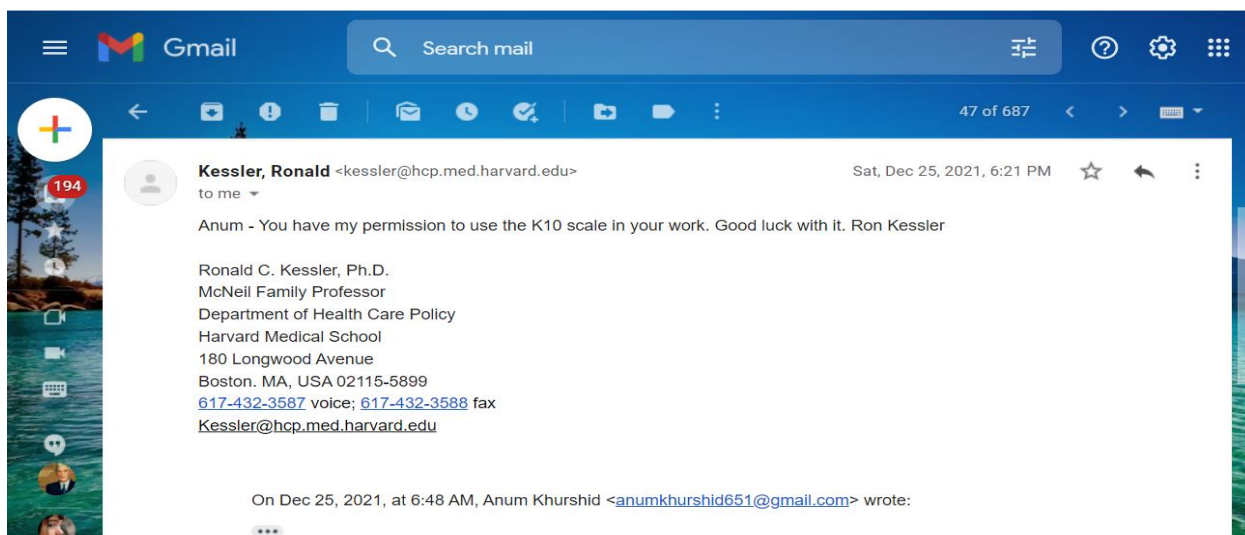
- Shahid, S., & Farooq, Z. (2020). Workplace Harassment, Work Overload, and Psychological Distress in Female Police Officers. *Pakistan Journal of Psychological Research*, 141-161.
- Stanovich, K. E. (2009). Matthew effects in reading: Some consequences of individual differences in the acquisition of literacy. *Journal of education*, 189(1-2), 23-55.
- Taylor, S. E. (2010). *Health psychology*. Oxford University Press.
- Vallorani, A., Fu, X., Morales, S., LoBue, V., Buss, K. A., & Pérez-Edgar, K. (2021). Variable-and person-centered approaches to affect-biased attention in infancy reveal unique relations with infant negative affect and maternal anxiety. *Scientific reports*, 11(1), 1-14.
- Vallorani, A., Gunther, K., Anaya, B., Burris, J. L., Field, A., LoBue, V., ... & Perez-Edgar, K. (2021). Bi-directional relations between maternal anxiety and infant affect-biased attention across the first 24-months of life.
- Van Dam, N. T., Sheppard, S. C., Forsyth, J. P., & Earleywine, M. (2011). Self-compassion is a better predictor than mindfulness of symptom severity and quality of life in mixed anxiety and depression. *Journal of anxiety disorders*, 25(1), 123-130.
- Van Droogenbroeck, F., Spruyt, B., & Keppens, G. (2018). Gender differences in mental health problems among adolescents and the role of social support: results from the Belgian health interview surveys 2008 and 2013. *BMC psychiatry*, 18(1), 1-9.
- Verger, P., Combes, J. B., Kovess-Masfety, V., Choquet, M., Guagliardo, V., Rouillon, F., & Peretti-Wattel, P. (2009). Psychological distress in first year university students: socioeconomic and academic stressors, mastery and social support in young men and women. *Social psychiatry and psychiatric epidemiology*, 44(8), 643-650.

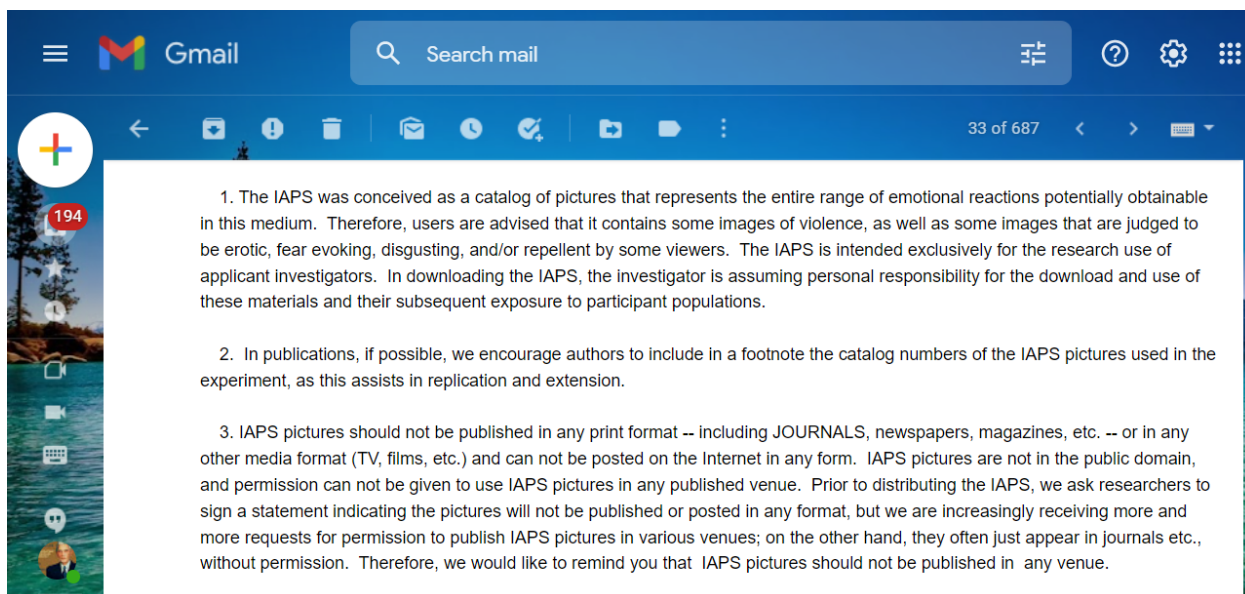
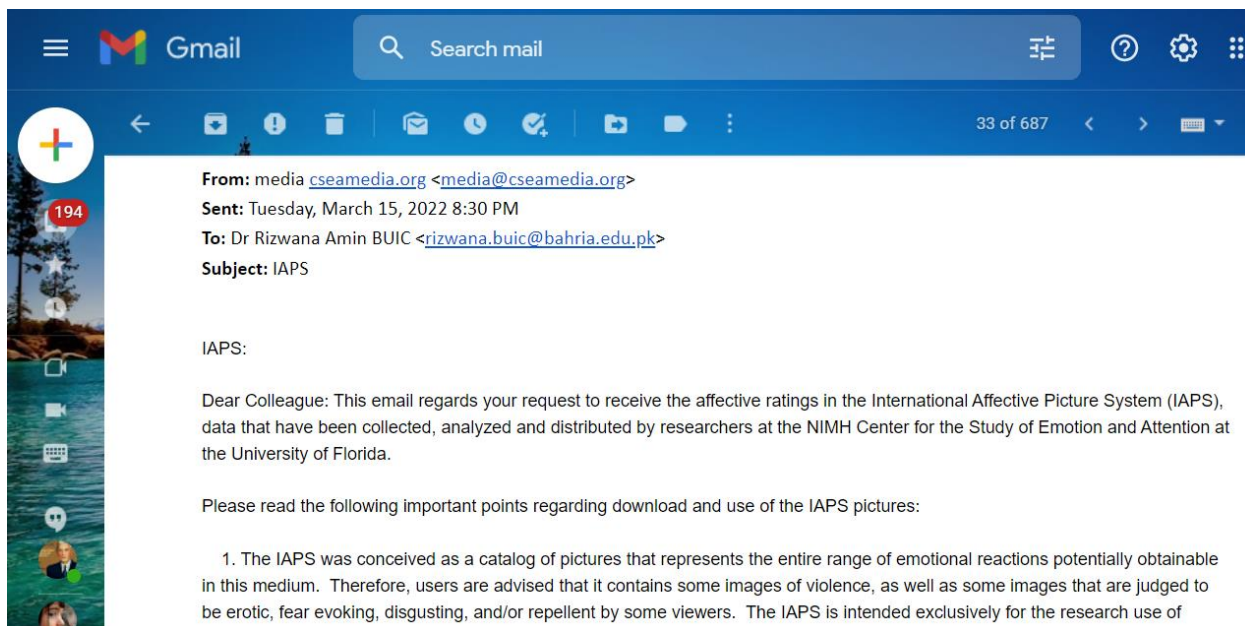
- Viertiö, S., Kiviruusu, O., Piirtola, M., Kaprio, J., Korhonen, T., Marttunen, M., & Suvisaari, J. (2021). Factors contributing to psychological distress in the working population, with a special reference to gender difference. *BMC public health*, *21*(1), 1-17.
- Weiser, M. J., & Keil, A. (2020). Attentional threat biases and their role in anxiety: A neurophysiological perspective. *International Journal of Psychophysiology*, *153*, 148-158.
- Whitehead, R., Bates, G., Elphinstone, B., & Yang, Y. (2021). The relative benefits of nonattachment to self and self-compassion for psychological distress and psychological well-being for those with and without symptoms of depression. *Psychology and Psychotherapy: Theory, Research and Practice*, *94*(3), 573-586.
- Yip, V. T., & Tong MW, E. (2021). Self-compassion and attention: self-compassion facilitates disengagement from negative stimuli. *The Journal of Positive Psychology*, *16*(5), 593-609.
- Yu, H., Li, M., Li, Z., Xiang, W., Yuan, Y., Liu, Y., ... & Xiong, Z. (2020). Coping style, social support and psychological distress in the general Chinese population in the early stages of the COVID-19 epidemic. *BMC psychiatry*, *20*(1), 1-11.
- Zhang, J. W., & Chen, S. (2016). Self-compassion promotes personal improvement from regret experiences via acceptance. *Personality and Social Psychology Bulletin*, *42*(2), 244-258.

APPENDIXES

APPENDIX-A

Permission of scales





Is PANAS free to use? ^

It is free to use and the revised version is shorter. I also would encourage anyone to contact the original authors as a courtesy regardless of cost. It is good professional form.

18-Oct-2015

APPENDIX-B**INFORMED CONSENT****Respected Madam/ Sir**

I **Anum Khurshid** (Student of MS Clinical Psychology), going to conduct my MS Clinical Psychology thesis under the supervision of **Dr. Rizwana Amin** (Assistant Professor) from department of Professional Psychology as partial fulfillment of MS Clinical Psychology degree. For this purpose, I need to collect data from the university students. I assure you that the obtained information will be kept confidential and be used only for research purpose. In this regard, I would like to become the part of my study by providing me the desired information.

I shall be thankful for your kind cooperation.

Researcher**Anum Khurshid**

Student MS Clinical Psychology

Department of Professional Psychology,

Bahria University Islamabad Campus

Undertaking:

I have been thoroughly informed about the purpose and procedure of this study and I am willing to participate in the study without hesitation.

Signature of Participant

APPENDIX-C**Demographic Data Sheet**

Age: _____

Gender: _____

 Male Female

Birth Order: _____

No. Of siblings: _____

Relationship status: _____

 Single Married

Family System: _____

 Nuclear Joint

Occupation _____

 Employed Unemployed

Number of family members: _____

Family income: _____

Program _____

APPENDIX- D

Positive and Negative Affect Scale

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you **GENERALLY** feel this way, that is how you feel **ON AVERAGE**. Use the following scale to record your answers.

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Interested					
Distressed					
Excited					
Upset					
Strong					
Guilty					
Scared					
Hostile					
Enthusiastic					
Proud					
Irritable					
Alert					
Ashamed					
Inspired					

Nervous					
Determined					
Attentive					
Jittery					
Active					
Afraid					

APPENDIX- E

Kessler Psychological Distress Scale (K10)

Please tick the answer that is correct for you:	All the time (score 5)	Most of the time (score 4)	Some of the time (score 3)	A little of the time (score 2)	None of the time (score 1)
1. In the past 4 weeks, about how often did you feel tired out for no good reason?					
2. In the past 4 weeks, about how often did you feel nervous?					
3. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?					
4. In the past 4 weeks, about how often did you feel hopeless?					
5. In the past 4 weeks, about how often did you feel restless or fidgety?					

6. In the past 4 weeks, about how often did you feel so restless you could not sit still?					
7. In the past 4 weeks, about how often did you feel depressed?					
8. In the past 4 weeks, about how often did you feel that everything was an effort?					
9. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?					
10. In the past 4 weeks, about how often did you feel worthless?					

APPENDIX- F

Plagiarism Report

Self Comp			
ORIGINALITY REPORT			
15%	5%	12%	3%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS
PRIMARY SOURCES			
1	Vania T. Yip, Eddie Tong M. W.. "Self-compassion and attention: self-compassion facilitates disengagement from negative stimuli", The Journal of Positive Psychology, 2020 Publication	8%	
2	Archontia Mantelou, Eirini Karakasidou. "The Effectiveness of a Brief Self-Compassion Intervention Program on Self-Compassion, Positive and Negative Affect and Life Satisfaction", Psychology, 2017 Publication	1%	
3	Submitted to Higher Education Commission Pakistan Student Paper	1%	
4	link.springer.com Internet Source	1%	
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