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Unlocking the Power of Self-Compassion and Psychological Flexibility: Enhancing Emotional Health, Subjective Wellbeing, and Quality of Life in College Students

Gökmen Arslan[1,2]
[1] Department of Psychological Counseling, Mehmet Akif Ersoy University, Burdur, Turkey
[2] Centre for Wellbeing Science, University of Melbourne, Melbourne, Australia

This cross-sectional study aimed to investigate the predictive effects of psychological flexibility and self-compassion on the quality of life, emotional distress, and subjective well-being of college students, while controlling for demographic and other relevant psychological variables. The study sample comprised 502 young adults, 69% of whom were female and 31% male, aged between 19 and 37 years (M = 21.24, SD = 2.40). Regression analyses showed that self-compassion and psychological flexibility accounted for a significant amount of unique variance in each of the outcomes, even when controlling for all other variables in the model. Psychological flexibility was found to contribute to emotional distress and subjective wellbeing to a greater extent, explaining an additional 27% and 20% of the variance, respectively, compared to self-compassion, which explained an additional 8% and 11% of the variance in these outcomes. Moreover, self-compassion continued to predict these outcomes, even after controlling for psychological flexibility and other relevant factors. These findings highlight the importance of cultivating self-compassion as a unique and independent factor contributing to these outcomes, even after accounting for psychological flexibility and other relevant factors.

Key words: self-compassion, psychological flexibility, emotional health, subjective wellbeing, quality of life

Self-compassion is an essential resource in enhancing one's emotional health, quality of life, and wellbeing. Self-compassion refers to the act of treating oneself with kindness and empathy when faced with personal flaws, setbacks, or challenging situations (Neff, 2023). Instead of being harshly critical, we extend compassion and forgiveness to ourselves when we make mistakes, feel inadequate or fail (Neff, 2003). Self-compassion also drives individuals to achieve their goals and bring about changes, not because of their incompetence, but due to their concern for their wellbeing and desire for happiness (Arslan,

Correspondence concerning this article should be addressed to Gökmen Arslan, Ph. D., Department of Psychological Counseling and Guidance, Mehmet Akif Ersoy University, Burdur, Turkey.
E-mail: gkmnarslan@gmail.com

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2023a). Studies have indicated that self-compassion is closely linked to quality of life, emotional distress, and subjective wellbeing. Emotional distress can be considered a negative emotional state, such as depression, anxiety, or stress, that can have a negative impact on one's overall functioning and wellbeing. Higher levels of self-compassion are associated with less emotional distress such as depression, stress, and anxiety (Marsh et al., 2018; Stutts et al., 2018; Terry et al., 2013). A longitudinal study demonstrated that self-compassion had a significant predictive effect on negative affect, anxiety, and depression after 6 months (Stutts et al., 2018) and contributed to reducing loneliness and enhancing mental well-being over a 5-year time span (Lee et al., 2021).

In addition to being associated with better mental health, self-compassion was also found to correlate positively with greater subjective wellbeing and quality of life. Subjective wellbeing refers to how individuals evaluate their life in terms of affective and cognitive dimensions (Diener, 2000). It includes a person's level of positive affect, absence of negative affect, and overall life satisfaction over time (Diener, 1984). In addition to subjective wellbeing, the concept of quality of life entails an individual's subjective evaluation of their life circumstances, taking into account cultural and value contexts that shape their aspirations, beliefs, and interests. It is influenced by one's physical health, as well as their social connections and relationships (Moudjahid & Abdarrazak, 2019). Self-compassionate individuals also report higher hope, curiosity, gratitude, and vitality (Neff, 2023), which may improve their quality of life and wellbeing. Some research has shown that self-compassion is associated with emotional health and wellbeing, after controlling for psychological flexibility or other variables (Marshall & Brockman, 2016; Van Dam et al., 2011). Davey et al. (2020) found that self-compassion significantly predicted pain interference, depression, and social adjustment; however, its predictive effect on pain interference and social adjustment was not significant when psychological flexibility was added. These results suggest that understanding the role of self-compassion in promoting emotional health and wellbeing can be informative for the development of prevention and intervention strategies to improve college student mental health outcomes.

Psychological Flexibility

Psychological health depends on the ability to be psychologically flexible (Kashdan & Rottenberg, 2010), as it enables individuals to respond more effectively to challenges in their lives. Being psychologically flexible means being aware of the present moment and being able to change or persist in behavior in a way that serves one's valued goals (Hayes et al., 2006). It also involves the capacity to adapt and respond effectively to changing situations, including accepting and regulating one's thoughts and behaviors (Kashdan & Rottenberg, 2010). Acceptance and commitment therapy (ACT) aims to promote psychological flexibility and values-based living, rather than just symptom relief (Hayes et al., 1999), by helping individuals cope with thoughts and emotions and live a meaningful life in accordance with their values (Greco et al., 2008; Tanhan, 2019). Research has shown that individuals who are more psychologically flexible are less likely to report anxiety and depression symptoms (Arslan et al., 2020; Fonseca et al., 2020; Kashdan & Rottenberg, 2010), and are more likely to experience a greater sense of happiness and life satisfaction (Arslan & Allen, 2021; Graham et al., 2016; Lucas & Moore, 2020). By enhancing their flexibility in both thoughts and behaviors, people can more effectively manage life's challeng-

es and lead more meaningful lives, which, in turn, can boost their emotional health and wellbeing. Conversely, individuals with lower levels of psychological flexibility are more likely to experience increased emotional distress and reduced subjective wellbeing. A longitudinal study conducted by Bond and Bunce (2003) found a significant predictive effect of higher levels of psychological flexibility on better emotional health one year later. Similarly, psychological flexibility was found to be a strong predictor of depression (Fonseca et al., 2020; Leahy et al., 2012) and mitigated and moderated the effects of challenges on mental health (Arslan et al., 2020; Fonseca et al., 2020). Richardson and Jost (2019) reported that psychological flexibility mitigated the negative effect of early life trauma on depression and posttraumatic stress disorder among university students. Based on the literature, Kashdan and Rottenberg (2010) have emphasized that psychological flexibility is a crucial component for achieving mental health and wellbeing.

In addition to the benefits of psychological flexibility in improving emotional health, the literature has also highlighted an association between psychological flexibility and subjective wellbeing and quality of life. Psychological flexibility can shape a person's cognitive and emotional appraisals (Kashdan & Rottenberg, 2010), which, in turn, have an impact on subjective wellbeing. Lucas and Moore (2020) found that psychological flexibility had a direct predictive effect on life satisfaction and an indirect effect through mental health. Psychological flexibility also mitigated the negative effect of coronavirus stress on subjective wellbeing among college students (Arslan & Allen, 2021). Another study by Graham et al. (2016) showed that psychological flexibility significantly predicted changes in life satisfaction over a 4-month period. Taken together, when individuals are unable to pursue goals and values that are important to them, they may experience feelings of depression, stress, and anxiety. They are also more likely to report lower subjective wellbeing and have lower quality of life.

The Present Study

Within the framework of ACT, self-compassion is intricately linked to the process of psychological flexibility (Neff & Tirch, 2013). As a result, researchers and practitioners have been widely exploring the role and significance of self-compassion in ACT-based interventions (Barnard & Curry, 2011; Eifert et al., 2009). However, self-compassion has not been formally integrated into the ACT process model as of now. Psychological flexibility centers on the practice of observing thoughts and emotions as impermanent and dynamic, without the necessity to modify or control these internal occurrences (Arslan, 2023b; Hayes et al., 1999). Acknowledging these experiences as natural aspects of being human leads to an open and accepting perspective of oneself and one's encounters. While research has highlighted the powerful effects of psychological flexibility and self-compassion in enhancing mental health and well-being, results have not been consistent across all studies. For example, some studies have found that self-compassion predicted significant variance above and beyond psychological flexibility (Marshall & Brockman, 2016), while others have highlighted the significant contribution of psychological flexibility to these outcomes (Pyszkowska & Rönnlund, 2021; Woodruff et al., 2014). Additionally, there is limited empirical evidence examining the association between self-compassion and psychological flexibility for college student emotional health, quality of life, and wellbeing. Therefore, more studies are needed to investigate how these constructs are associ-

ated with mental health and wellbeing when assessed together.

The objective of this cross-sectional study is to investigate how psychological flexibility and self-compassion can predict the quality of life, emotional distress, and subjective wellbeing of college students. Even after accounting for various sociodemographic factors like gender, socioeconomic status, and alcohol use, which have widely been shown to influence mental health outcomes and wellbeing (e.g., Ngamaba et al., 2023; Sue & Chu, 2003), the study aims to assess the independent contributions of psychological flexibility and self-compassion to the mentioned variables. Considering the ACT perspective outlined above, it was hypothesized that self-compassion would play a substantial role in predicting subjective wellbeing, emotional distress, and quality of life, after controlling for psychological inflexibility and other relevant variables.

Method

Participants

Participants in the study included 510 undergraduate students from a public university. After excluding missing data and poorly completed data, the sample comprised 502 young adults, with 69% female and 31% male, ranging in age from 19 to 37 years (M = 21.24, SD = 2.40). Regarding the socioeconomic characteristics of participants, the majority of them reported having a low and moderate socioeconomic status (42% = SES ≤ 6000₺, 33% = 6000 < SES ≤ 1000₺, and 25% = 10000₺ < SES). We also asked a question to measure their subjective perception of social class status in society (Adler et al., 2000), which was scored based on a picture of a 10-rung ladder, ranging from 1 (bottom rung) to 10 (top rung). Additionally, we asked two questions of young adults concerning their alcohol and tobacco use (Arslan, 2023b). The items are scored based on a 5-point scale ranging from 0 (never) to 4 (daily or almost daily). An online survey was created, consisting of the study measures and demographic items and distributed to participants. Also, students who agreed to take part in the study provided electronic consent prior to the data collection process.

Measures

Subjective Wellbeing. The Subjective Wellbeing Scale (SWS) was used to assess participants' emotional (i.e., positive and negative feelings) and cognitive wellbeing (i.e., life satisfaction; Su et al., 2014). It is a 9-item scale, the scoring of which is based on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). The Turkish version of the scale provided good data-model fit statistics and strong internal reliability estimate (Arslan, 2021). In this study, the internal reliability estimate was .93.

Psychological Flexibility. The Avoidance and Fusion Questionnaire (AFQ-Y8) was used to assess psychological flexibility among college students (Greco et al., 2008; Renshaw, 2018). The AFQ-Y8 is responded using a 5-point Likert scale, ranging from 0 (not at all true) to 4 (very true). The Turkish version of the scale had good data-model fit statistics and internal reliability estimates (Arslan, 2023b). In this study, the internal reliability estimate was .88.

Emotional Distress. The Emotional Distress Scale (EDS) was utilized to assess the emotional distress of young adults (Arslan, 2023b). It is an 8-item scale, and the scoring is based on a 4-point Likert-type scale ranging from 1 (never) to 7 (always). Previous research has indicated that the EDS is a reliable and valid measure to assess emotional symptoms in Turkish people. In the present study, the internal reliability estimate was also .89.

Self-Compassion. The Self-Compassion Scale – Short Form (SCS-SF), which is a 12-item scale with scoring based on a 5-point Likert scale ranging from 0 (almost never) to 5 (almost always), was used to measure participants' self-compassion (Raes et al., 2011). Although the psychometrics of the long versions of the scale have been tested with Turkish people, the validity and reliability of the current version are still not available for college students. Therefore, the psychometric adequacy of the SCS-SF was examined to enhance its usability for research and practice among college students. The Turkish version of the SCS-SF was created by the translation and back translation process. Confirmatory factor analysis was carried out to examine the structural validity of the measure. The unidimensional structure was firstly tested, indicating poor data-model fit statistics (χ^2 = 600.66, *df* = 54, $p < .001$, CFI = .72, TLI = .66, RMSEA [95% CI] = .14 [.13, .15]). Then, multiple-dimensional structure was examined, proving good data-model fit statistics (χ^2 = 79.90, *df* = 39, $p < .001$, CFI = .98, TLI = .97, RMSEA [95% CI] = .04 [.03, .06]). Factor loadings of the scale were strong, ranging from .57 to .82, as seen in Figure 1, with acceptable-to-strong internal reliability estimates (α range from .54 for over-identification to .84 for overall composite scale). These findings suggest that the SCS-SF is psychometrically a valid and reliable scale for assessing self-compassion among Turkish young adults.

Quality of Life. A three-item scale was utilized to measure participants' quality of life and mental health (e.g., "How would you rate your quality of life?"), which was scored using a 5-point scale, ranging from 0 (poor) to 5 (Excellent). Overall quality of life score was obtained by summing the scores from these questions.

Data Analyses

We first examined some descriptive statistics and made sure that certain assumptions were met. We checked for normality using certain values and cut points (Field, 2009; Tabachnick & Fidell, 2013), and looked at how the variables in the study were correlated using Pearson correlation analysis. We then performed hierarchical multiple regression analyses to see how psychological flexibility and self-compassion predict quality of life, emotional distress, and subjective wellbeing, after controlling for sociodemographic variables. Prior to conducting these analyses, we made sure that the necessary assumptions were met. We used SPSS version 27 to perform all analyses.

Results

The descriptive statistics revealed that the skewness and kurtosis scores of all variables fell within the range of -.86 to .09, which suggests that they were distributed in a relatively normal manner. Correlation results showed that psychological flexibility and self-compassion had positive and moderate-to-large correlations with quality of life and subjective wellbeing and a negative association with emotional distress. There was a positive and relatively large correlation between psychological flexibility and self-compassion. Descriptive statistics and correlation results are presented in Table 1 and Table 2.

Regression Analyses

Before conducting hierarchical multiple regression model, the necessary assumptions for the analyses were checked. Categorical variables (e.g., gender) were also turned into dummy variables before regression analysis (Field, 2009; Tabachnick & Fidell, 2013). First-

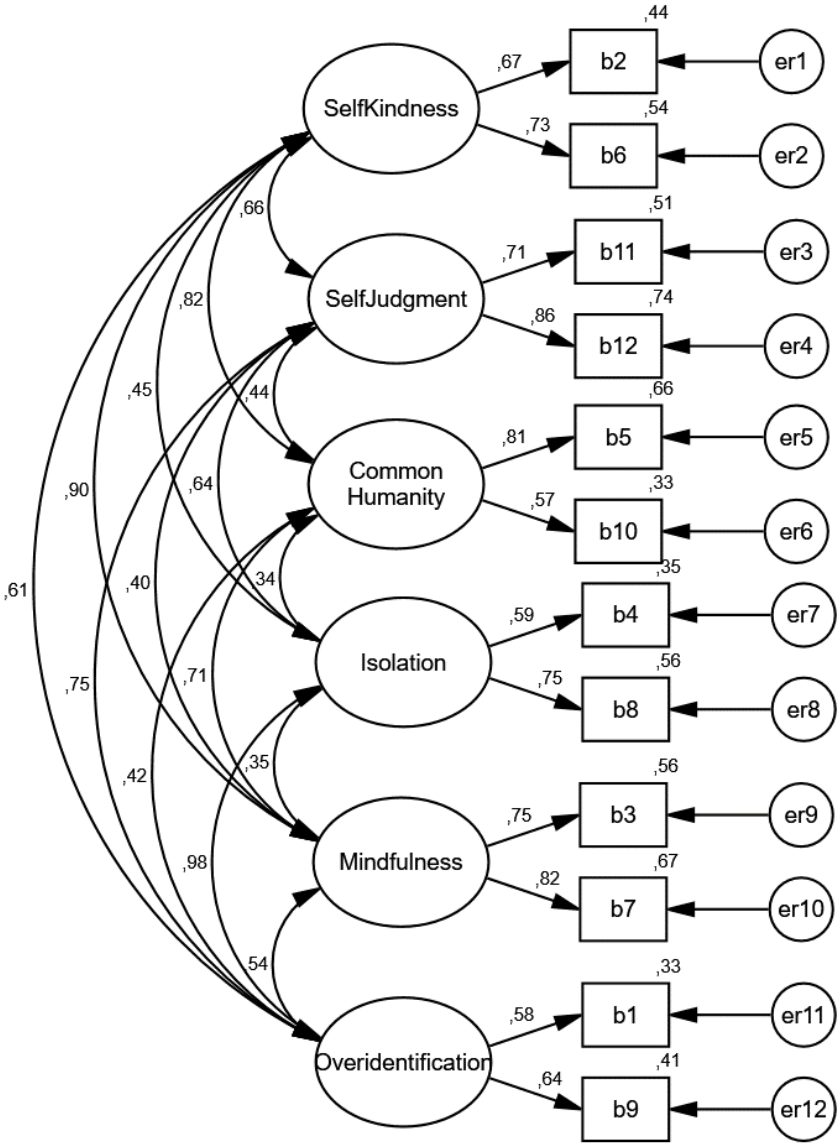

Figure 1 Confirmatory factor analysis results for SCS-SF.

ly, multicollinearity was assessed using the Tolerance and Variance Inflation Factor (VIF), and the results indicated that the statistics were within the acceptable range, suggesting that the assumption was met (Field, 2009; Hair et al., 2014). Additionally, the Mahalanobis distance was examined to identify any multivariate outliers, but none were found. Scatter plots and residuals were also examined, and they supported the assumptions of normality, linearity, and homoscedasticity (Hair et al., 2014). Based on theoretical and empirical evidence, a four-stage hierarchical regression analysis was conducted, with quality of life, emotional distress, and subjective wellbeing as the dependent variables.

Findings from hierarchical regression analysis revealed that sociodemographic variables (i.e., age, gender, socioeconomic status, and social class), at the first stage, significantly

Table 1 *Descriptive statistics*

	Min.	Max.	*M*	*SD*	Skew.	Kurt.
Gender	0	1	.31	.46	.84	-1.30
Age	19	37	21.24	2.40	3.42	15.48
Socioeconomic status	0	2	.83	.80	.32	1.37
Social class	1	10	5.47	1.53	-.12	.04
Alcohol use	0	4	.60	.97	1.43	1.06
Cigarette use	0	4	1.23	1.65	.82	-1.06
Psychological flexibility	0	32	22.74	7.40	-.86	.09
Self-compassion	12	60	37.73	8.53	-.11	.01
Quality of life	3	15	8.82	2.51	-.27	-.05
Emotional distress	0	40	20.53	9.56	.03	-.67
Subjective wellbeing	9	45	28.19	7.72	-.28	-.17

Table 2 *Correlation results*

	1	2	3	4	5	6	7	8	9	10	11
1. Gender	—	.08	-.01	-.11*	.09*	.14**	-.06	.05	.02	-.07	-.08
2. Age		—	.12**	.04	-.06	-.01	.13**	.06	.07	-.16*	.11*
3. Socioeconomic status			—	.40**	.03	.01	-.02	.08	.16**	-.06	.05
4. Social class				—	-.07	-.16**	.08	.09	.35**	-.09	.21**
5. Alcohol use					—	.38**	-.21**	-.08	-.28**	.14**	-.16**
6. Cigarette use						—	-.23**	-.12**	-.29**	.18**	-.27**
7. Psychological flexibility							—	.47**	.34**	-.56**	.52**
8. Self-compassion								—	.36**	-.52**	.53**
9. Quality of life									—	-.42**	.57**
10. Emotional distress										—	-.51**
11. Subjective wellbeing											—

Note. $^{*}p < .05$, $^{**}p < .001$

contributed to the model, explaining 12% of the variance in quality of life, 3% of the variance in emotional distress, and 6% of the variance in subjective wellbeing. Introducing alcohol use and cigarette use accounted for an additional 10% of the variance in quality of life, 4% of the variance in emotional distress, and 5% of the variance in subjective wellbeing, and these changes in R^2 were all significant. Psychological flexibility was included in the model at the third stage, explaining an additional 6% of the variance in quality of life, 27% of the variance in emotional distress, and 20% of the variance in subjective wellbeing. In the final stage, adding self-compassion to the regression model accounted for an ad-

Table 3 *Hierarchical regression analysis results for quality of life*

	B	*β*	*t*	*p*	sr^2	R^2	R^2 change	*F* change
Step 1								
Gender	.32	.06	1.40	.162	<.01	.13		17.90
Age	.05	.05	1.10	.274	<.01			
Socioeconomic status	.04	.01	.18	.858	<.01			
Social class	.57	.35	7.54	<.001	.10			
Step 2								
Gender	.54	.10	2.46	.014	.01	.22	.09	30.24
Age	.03	.03	.72	.469	<.01			
Socioeconomic status	.07	.03	.80	.424	<.01			
Social class	.49	.30	6.82	<.001	.07			
Alcohol use	-.53	-.20	-4.70	<.001	03			
Cigarette use	-.27	-.18	-4.03	<.001	03			
Step 3								
Gender	.58	.11	2.74	.006	.01	.28	.06	41.57
Age	.00	.00	-.09	.929	<.01			
Socioeconomic status	.10	.05	1.18	.239	<.01			
Social class	.47	.29	6.72	<.001	.07			
Alcohol use	-.44	-.17	-4.03	<.001	.02			
Cigarette use	-.20	-.13	-3.16	.002	.01			
Psychological flexibility	.09	.26	6.45	<.001	.06			
Step 4								
Gender	.46	.08	2.22	.027	.01	.33	.05	32.52
Age	.00	.00	-.09	.925	<.01			
Socioeconomic status	.16	.08	1.87	.062	.01			
Social class	.43	.26	6.29	<.001	.05			
Alcohol use	-.45	-.17	-4.31	<.001	.03			
Cigarette use	-.20	-.13	-3.16	.002	.01			
Psychological flexibility	.05	.15	3.34	<.001	.02			
Self-compassion	.07	.24	5.70	<.001	.05			

Note. sr^2 = the squared semipartial correlations indicate the unique variance predicted by the independent variable

ditional 5% of the variance in quality of life, 8% of the variance in emotional distress, and 11% of the variance in subjective wellbeing – these changes in R^2 were all significant. All variables in the study together accounted for 33% of the variance in quality of life, 42% of the variance in emotional distress, and 41% of the variance in subjective wellbeing, as seen in Tables 3, 4, and 5. Even after accounting for psychological flexibility and other independent variables in the final stage of the regression model, self-compassion remained a significant predictor of quality of life, emotional distress, and subjective well-being.

Table 4 *Hierarchical regression analysis results for emotional distress*

	B	*β*	*t*	*p*	sr^2	R^2	R^2 change	*F* change
Step 1								
Gender	-1.51	-.07	-1.64	.102	.01	.03		4.70
Age	-.59	-.15	-3.31	.001	.02			
Socioeconomic status	-.02	.00	-.05	.920	<.01			
Social class	-.54	-.09	-1.80	.076	.01			
Step 2								
Gender	-2.04	-.10	-2.24	.025	.01	.07	.04	9.61
Age	-.56	-.14	-3.18	.002	.02			
Socioeconomic status	-.15	-.02	-.40	.691	<.01			
Social class	-.34	-.05	-1.14	.255	<.01			
Alcohol use	.79	.08	1.69	.092	.01			
Cigarette use	.87	.15	3.14	.002	.02			
Step 3								
Gender	-2.36	-.11	-3.06	.002	.01	.34	.27	199.63
Age	-.28	-.07	-1.90	.058	<.01			
Socioeconomic status	-.40	-.05	-1.23	.219	<.01			
Social class	-.14	-.02	-.56	.578	<.01			
Alcohol use	.07	.01	.18	.859	<.01			
Cigarette use	.36	.06	1.53	.126	<.01			
Psychological flexibility	-.70	-.54	-14.13	<.001	.27			
Step 4								
Gender	-1.73	-.08	-2.37	.018	.01	.42	.08	69.11
Age	-.28	-.07	-2.02	.044	<.01			
Socioeconomic status	-.70	-.09	-2.28	.023	.01			
Social class	.07	.01	.30	.768	<.01			
Alcohol use	.15	.02	.41	.679	<.01			
Cigarette use	.33	.06	1.49	.137	<.01			
Psychological flexibility	-.50	-.39	-9.66	<.001	.11			
Self-compassion	-.37	-.33	-8.31	<.001	.08			

Note. sr^2 = the squared semipartial correlations indicate the unique variance predicted by the independent variable

Table 5 *Hierarchical regression analysis results for subjective wellbeing*

	B	*β*	*t*	*p*	sr^2	R^2	R^2 change	*F* change
Step 1								
Gender	-1.10	-.07	-1.49	.136	<.01	.06		7.99
Age	.34	.11	2.39	.017	.01			
Socioeconomic status	-.30	-.05	-.97	.330	<.01			
Social class	1.11	.22	4.61	<.001	.04			
Step 2								
Gender	-.58	-.03	-.80	.425	<.01	.11	.05	14.98
Age	.31	.10	2.28	.023	.01			
Socioeconomic status	-.17	-.03	-.58	.564	<.01			
Social class	.90	.18	3.81	<.001	.03			
Alcohol use	-.48	-.06	-1.31	.192	<.01			
Cigarette use	-.97	-.21	-4.46	<.001	.04			
Step 3								
Gender	-.36	-.02	-.56	.576	<.01	.31	.20	143.07
Age	.12	.04	1.01	.313	<.01			
Socioeconomic status	.00	.00	-.01	.993	<.01			
Social class	.76	.15	3.65	<.001	.02			
Alcohol use	.02	.00	.05	.957	<.01			
Cigarette use	-.62	-.13	-3.19	.002	.01			
Psychological flexibility	.49	.47	11.96	<.001	.20			
Step 4								
Gender	-.93	-.06	-1.58	.114	<.01	.41	.10	88.05
Age	.12	.04	1.09	.276	<.01			
Socioeconomic status	.27	.04	1.09	.278	<.01			
Social class	.57	.11	2.94	.003	.01			
Alcohol use	-.06	-.01	-.19	.846	<.01			
Cigarette use	-.59	-.13	-3.29	.001	.01			
Psychological flexibility	.31	.30	7.31	<.001	.06			
Self-compassion	.34	.37	9.38	<.001	.10			

Note. sr^2 = the squared semipartial correlations indicate the unique variance predicted by the independent variable

Discussion

The purpose of this cross-sectional study is to examine the predictive effect of psychological flexibility and self-compassion on college student quality of life, emotional distress, and subjective wellbeing, even after controlling for demographic and other psychological variables. The results of the hierarchical regression analysis indicate the extent to which different sets of variables predict three out-

comes: quality of life, emotional distress, and subjective wellbeing. The findings first indicated that social class had a significant positive impact on both quality of life and subjective wellbeing. Additionally, age was found to be a positive predictor of subjective wellbeing and a negative predictor of emotional distress. People from higher social classes often have better access to resources, healthcare, and other opportunities, which positively influence their quality of life and subjective wellbeing. On the other hand, older individuals may prioritize what truly matters to them, leading to a higher sense of contentment and fulfillment, thereby contributing to their subjective wellbeing. In the second stage, alcohol and cigarette use proved to account for even more significant variance in quality of life, emotional distress, and subjective wellbeing. The findings indicated that cigarette use had a noteworthy impact on quality of life, emotional distress, and subjective wellbeing. Meanwhile, alcohol use emerged as a significant predictor of quality of life specifically among young adults. Cigarette use might negatively impact various aspects of people's life, including physical health, subjective wellbeing, and overall functioning. For example, smoking has been linked to increased health-related problems and mental illness, including depressive symptoms, stress, and anxiety (Mendelsohn et al., 2015; Plurphanswat et al., 2017). Nicotine may temporarily alleviate stress, but it ultimately exacerbates emotional distress due to withdrawal symptoms and the addictive nature of the habit (Mendelsohn et al., 2015). This may contribute to decreased feelings of happiness, resulting in lower subjective wellbeing.

Further, self-compassion and psychological flexibility accounted for significant unique variance in each of the quality of life, emotional distress, and subjective wellbeing, when all other variables were included in the model. The inclusion of psychological flexibility in the regression model first accounted for an additional 6% of the variance in quality of life, 27% of the variance in emotional distress, and 20% of the variance in subjective wellbeing. These results suggest that when other variables such as sociodemographic variables, alcohol and cigarette use were taken into account, psychological flexibility still had a significant effect on quality of life, emotional distress, and subjective wellbeing. Consistent with these findings, studies have revealed that psychological flexibility is an important factor in promoting better mental health outcomes, as it is associated with higher levels of quality of life, lower levels of emotional distress, and greater subjective wellbeing (Arslan & Allen, 2021; Graham et al., 2016; Renshaw, 2018; Richardson & Jost, 2019; Woodruff et al., 2014). Psychological flexibility entails the ability to adapt to changing situations and to act in accordance with one's values, even in the presence of difficult emotions or thoughts (Hayes et al., 2006; Kashdan & Rottenberg, 2010). It enables people to engage more fully in valued activities and relationships, even in the presence of difficult thoughts or feelings. This, in turn, may lead to greater feelings of purpose, meaning, and fulfillment (Arslan & Allen, 2021), which can enhance quality of life and subjective wellbeing. Moreover, by accepting rather than avoiding difficult emotions, individuals may be less likely to experience intense emotional distress or other negative outcomes (Arslan et al., 2020). Although psychological flexibility is key to promoting mental health and wellbeing, the absence of flexibility also indicates psychological disorders. Psychological inflexibility occurs when psychological reactions take precedence over consciously chosen values and situational contingencies, leading to rigid behavior (Bond et al., 2011). It involves being overly controlled by internal

experiences, such as thoughts and feelings, or the desire to avoid them, which can hinder taking more productive and purposeful actions (Bond et al., 2011; Levin et al., 2014). Therefore, when people are unable to adapt their thoughts and behaviors to changing situations or to pursue values and goals that are important to them, they are more likely to experience greater emotional distress and lower quality life and subjective wellbeing.

Subsequent results revealed that self-compassion was associated with better quality of life, lower levels of emotional distress, and greater subjective wellbeing in college students. Specifically, the inclusion of self-compassion in the regression model accounted for an additional 5% of the variance in quality of life, 8% of the variance in emotional distress, and 11% of the variance in subjective wellbeing, after controlling for other relevant factors and psychological flexibility. Previous findings are in accordance with these results, indicating that self-compassion is associated with greater subjective wellbeing (e.g., life satisfaction, positive emotions) and quality of life outcomes (e.g., health-promoting behaviors, physical health), and with fewer emotional symptoms such as depression, stress, and anxiety (Marsh et al., 2018; Sirois et al., 2015; Stutts et al., 2018; Terry et al., 2013). Self-compassion entails the practice of being kind, understanding, and non-judgmental towards oneself, especially in the face of challenges (Neff, 2023; Raes et al., 2011). It involves treating oneself with the same kindness, concern, and support that one would offer to a good friend, rather than being overly self-critical or harsh (Neff, 2023). Self-compassion may help young adults to manage negative feelings more effectively (Guan et al., 2021; Leary et al., 2007), by providing a supportive and caring inner voice that can comfort them in times of distress (Neff, 2023). Additionally, self-compassion may help them feel more accepting and tolerant of themselves, even when they make mistakes or face setbacks. This, in turn, may lead to greater feelings of self-worth, self-esteem, and self-confidence (Eraydın & Karagözoğlu, 2017; Neff, 2023), which can enhance quality of life, reduce emotional distress, and promote subjective wellbeing.

Although further hierarchical regression analyses showed that both self-compassion and psychological flexibility were significant predictors of the outcomes, even after controlling for other relevant factors, the magnitude of their contributions varied. Psychological flexibility was found to contribute to emotional distress and subjective wellbeing to a greater extent, explaining an additional 27% and 20% of the variance, respectively, compared to self-compassion, which explained an additional 8% and 11% of the variance in these outcomes. Moreover, self-compassion continued to predict these variables, even after controlling for psychological flexibility and other relevant factors. These results suggest that both constructs appear to be important factors in promoting better emotional health, quality of life and wellbeing, but their relative contributions may vary depending on the outcome in question. Self-compassion may be more relevant for improving quality of life and wellbeing, while psychological flexibility may be more relevant for reducing emotional distress. Woodruff et al. (2014) reported that self-compassion did not yield significant unique predictions for anxiety, unhappiness, and positive affect. However, psychological inflexibility demonstrated distinctive predictions for all measures except positive affect and accounted for more variance than self-compassion in negative psychological health measures, but not in positive ones. Additionally, the regression analyses demonstrated that self-compassion predicted a significant unique variance above and beyond psychological flex-

ibility across quality of life, emotional distress, and subjective wellbeing. Similar to these findings, Marshall and Brockman (2016) reported that self-compassion explained a significant amount of variance in depression, stress and life satisfaction, even after controlling for psychological flexibility. Van Dam et al. (2011) reported that self-compassion was a strong predictor of psychological symptoms and quality of life, and it explained up to ten times more unique variance in the dependent variables than mindfulness. Overall, these findings highlight the importance of cultivating self-compassion as a unique and independent factor contributing to these outcomes, even after accounting for psychological flexibility and other relevant factors.

Limitations and Implications

The current study has some limitations that need to be addressed in future research. Firstly, the data was based entirely on self-reported measures, which may be subject to bias despite the high reliability and validity of the chosen measures. Therefore, to address this issue, future research should use multiple assessment techniques to investigate the associations among the study variables. Secondly, the study had a cross-sectional design, which cannot establish a causal relationship among the study variables. Future studies using longitudinal and experimental designs may provide additional insights into the associations between the study variables. Finally, based on the finding that the majority of participants were women, future studies can aim to recruit a more diverse sample that includes a more balanced representation of gender. This can help ensure that the results are generalizable and applicable to both male and female young adults. Additionally, it can provide a more comprehensive understanding of the associations among the study variables across different gender groups.

In addition to these limitations, the study's findings have important implications for both research and practical applications. The results indicate that psychological flexibility and self-compassion play significant roles in predicting quality of life, emotional distress, and subjective wellbeing among college students, even after controlling for other relevant factors. Enhancing psychological flexibility may prove to be a valuable approach for enhancing quality of life, reducing emotional distress, and promoting subjective wellbeing. Given the effectiveness of evidence-based psychological therapies like ACT, it is crucial to promptly develop strategies for interventions aimed at enhancing quality of life and wellbeing, as well as reducing emotional distress. Furthermore, the study revealed that self-compassion was associated with better quality of life, lower levels of emotional distress, and greater subjective wellbeing in college students, even after controlling for psychological flexibility and other relevant factors. This suggests that self-compassion is a unique and independent contributor to these outcomes. Interventions aimed at enhancing self-compassion may be particularly helpful for college students facing emotional distress or poor quality of life. Additionally, self-compassion can play a crucial role in the ACT-based therapeutic process to improve mental health and wellbeing. Further research in this area may provide deeper insights into the mechanisms through which self-compassion exerts its effects, thus informing the development of more targeted interventions for promoting emotional health and wellbeing. Understanding these mechanisms can pave the way for more effective and tailored approaches to supporting individuals' mental health and overall wellbeing.

Author's ORCID
Gökmen Arslan
https://orcid.org/0000-0001-9427-1554

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