***Bullying Victimization, Self-Compassion, and Depressive Mood as Predictors for
Resilience in Thai Junior High School Students***

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Abstract
Past empirical findings suggested the significance of resilience in adolescents. Those with a higher level of resilience coped better when encountering negative life events and were less vulnerable to mental health problems. Gaps, however, remained within the Thai context. Hence, this study aimed to identify psychological variables associated with and predictive of resilience in Thai adolescents. These variables were divided into those relevant to the adolescents' internal (i.e., self-compassion and depressive mood) and external (i.e., bullying victimization) factors. Relevant data were collected in a total of 130 Thai junior high school students (i.e., Grades 7-9, average age of 13.83 years, SD = .90; 76.15% female) from the Bangkok Metropolitan. Findings revealed a significant positive correlation between self-compassion and resilience (r = .63, p < .001) and a significant negative correlation between depressive mood and the construct (r = -.59, p < .001). No association was found between bullying victimization and resilience (r = -.12, p = .08). The three study variables significantly predicted resilience, F (3, 126) = 34.62, p < .001, and explained 45.2% ($R\Delta^2$= .45) of its variance. However, only the standard regression coefficients of self-compassion (β = .42, p < .001) and depressive mood (β = -0.35, p = .001) were statistically significant. That of bullying victimization was not (β = .13, p = .07). The current findings highlighted the significance of the internal factors in predicting resilience. Implications and therapeutic interventions for resilience enhancement were discussed.

Keywords: Resilience, Self-compassion, Depressive Mood, Bullying Victimization, Adolescents, Junior High School Students

Introduction

Adolescence is a critical period for development and is a transitional period from childhood into adulthood. The development involved changes in physical appearance, cognitive, and emotional maturity (Bluth, Mullarkey & Lathren, 2018). These transitions can lead to challenges such as learning to be independent and the establishment of social life (Lerner & Steinberg, 2009). Hence, it is important to study and identify positive factors that buffer against the negative life event that adolescents may face during these transitional periods.

Recent studies had suggested that there are increases in mental health-related problems such as anxiety, depression, and substance abuse across the transition into adulthood period for adolescents (Bluth, Mullarkey & Lathren, 2018). A systematic review of 41 studies across 27 countries suggested that the prevalence of mental disorders among adolescents was 13.4% (Polanczyk, Salum, Sugaya, Caye, & Rohde, 2015). Anxiety disorder was accountable for 6.5% and depressive disorder was accountable for 2.6% (Polanczyk et al., 2015). On the other hand, a study conducted on 5,345 Thai adolescents aged between 11-19 years old found that 17.5% could be diagnosable with depression and 50.0% had mild depressive symptoms (Panyawong & Pavasuthipaisit, 2020). In addition, the study suggested that among the participants, 20.5% had thoughts associated with death (Panyawong & Pavasuthipaisit, 2020). The prevalence of mental health disorders among adolescents shown an increase in severity of this issue and there is an increasing concern of mental health issues due to the recent situation of Covid-19. A study on 1,036 children and adolescents under quarantine in China due to Covid-19 was reported with 11.78% cases of depression, 18.92% cases of anxiety, and 6.56% cases were found with both depression and anxiety (Chen, Zheng, Liu, Gong, Guan, & Lou, 2020). Therefore, adolescents must develop a healthy coping strategy to deal with the changes and challenges they are facing which can prevent further development into serious mental disorders.

The growing interest in the positive factor that could buffer against the negative outcomes due to significant life stressors is known as resilience (Hjemdal, Aune, Reinfjell & Stiles, 2007). The term resilience is used in the psychological field to explain the phenomenon in which an individual can overcome adversity that had the potential in developing into further mental health problems (Rutter, 1999). Therefore, an individual with a higher level of resilience could potentially receive less impact on their mental health when dealing with adversities. Studies on mental health-related issues due to negative life events found that adolescents with higher levels of resilience reported less psychological distress when dealing with experiences such as sexual abuse and bullying victimization (Hebert, Lavoie, & Blais, 2014; Mcvie, 2014). While other studies also suggested that a higher level of resilience could predict lower levels of anxiety, depression, stress, and obsessive-compulsive disorder in adolescents (Hjemdal, Vogel, Solem, Hagen & Stiles, 2011; Hjemdal, Aune, Reinfjell & Stiles, 2007). Furthermore, resilience could be considered as a protective factor for adolescents with a higher risk of developing depressive symptoms (Sapouna & Wolke, 2013). As shown above, resilience is a positive factor that buffers against the negative impact of life stressors and, therefore, is important to study the psychological factors that could predict resilience.

The key requirement for resilience is the presence of promotive factors and the risk that allow the phenomenon to occur (Fergus & Zimmerman, 2005). The promotive factors that help adolescents overcome negative life events could be either internal or external factors. The internal factors are positive assets that reside within the person such as coping skills (Fergus

& Zimmerman, 2005). In contrast, the external factors are the resources or social environment that could influence the individual such as parental and peer supports (Fergus & Zimmerman, 2005). Resilience will occur when the individual is presented with promotive internal and external factors that allow oneself to overcome the hardship, as such, this study aimed to identify psychological variables associated with and predictive of resilience in Thai adolescents. The two internal factors used in this study are self-compassion and depressive symptoms. Whilst the external factors dealing with relationships with peers will be bullying victimization. Identifying the predictors for resilience could be beneficial for developing interventions to increase resilience among adolescents.

The construct of self-compassion allows an individual to reflect upon their self-views that could promote resilience for children and adolescents (Neff & Mcgehee, 2009). Neff (2003) defined self-compassion as an ability to embrace one's feeling of suffering with warmth, care, and connection (Neff & Mcgehee, 2009). The act of self-compassion with the desire to reduce the pain will allow one to heal themselves with kindness (Neff & Davidson, 2016). Neff (2003) has proposed that there are three major components of self-compassion (Neff & Davidson, 2016). The first component in self-compassion is self-kindness, which is the ability to treat oneself with kindness without self-criticism and self-judgment (Neff & Mcgehee, 2009). The second component is common humanity referring to oneself recognizing that imperfections are common shared experiences rather than becoming isolated (Neff & Mcgehee, 2009). The third component is mindfulness referring to one's awareness of present experience rather than avoiding or ruminating on them (Neff & Mcgehee, 2009). With the three components of self-compassion, an individual can provide internal emotional resources which help to ensure hardship and bounce back quicker (Neff & Davidson, 2016). Put simply, self-compassion as an internal factor could increase the level of resilience among adolescents which could be beneficial when facing negative life events.

Studies on self-compassion found that adolescents with a higher level of self-compassion had less psychological distress, social anxiety, stress, and depression (Gill, Watson, Williams, & Chan, 2018; Lathren, Bluth, & Park, 2019; Bluth, Mullarkey & Lathren, 2018). A meta-analysis conducted on 19 relevant studies found that there is a negative correlation between self-compassion and psychological distress such as anxiety, depression, and stress (Marsh, Chan, & Macbeth, 2017). In addition, another research suggested that self-compassion was associated with the emotional well-being of adolescents (Bluth & Blanton, 2015). Those with a higher level of self-compassion are more likely to have better emotional well-being (Bluth & Blanton, 2015). Thus, self-compassion was shown to be a psychological factor that could reduce the psychological distress that comes from difficult times and could potentially work as a factor to promote resilience.

It was suggested that many correlates of self-compassion are also components that can increase resilience and the two should be positively associated (Bluth, Mullarkey & Lathren, 2018). For instance, both self-compassion and resilience deal with the use of healthy coping skills to overcome hardship (Bluth, Mullarkey & Lathren, 2018). Several studies have demonstrated the effect of being self-compassion can help one bounce back and move on from difficult situations. An example is a study on academic failure found that those who responded to the failure with warmness and self-compassion are more likely to forgive themselves to move on (Breines & Chen, 2012). Hence, the overcome of failure with self-compassion suggested that it could potentially promote resilience. Another research on the association between self-compassion and resilience found that there are positive associations across adolescence (Bluth, Mullarkey & Lathren, 2018). The researchers also suggested that

self-compassion may have the potential in helping build resilience among adolescents and buffer the negative effects from stressors (Bluth, Mullarkey & Lathren, 2018). While a study to determine the effectiveness of mindful self-compassion programs on adolescents had found that the 8-week course is successful in decreasing perceived stress and increasing resilience (Bluth & Eisenlohr-Moul, 2017). It was suggested that the program promoting self-compassion can help the adolescents to recognize their inner strength and lessen the need to be dependent on others to be accepted, thereby increasing the level of resilience (Bluth & Eisenlohr-Moul, 2017). This shows that that self-compassion and resilience are positively correlated, and self-compassion can promote resilience among adolescents.

Another internal psychological factor that could potentially predict resilience is depressive mood. The depressive mood is defined as one's experience of feeling sadness and unhappiness for a certain period due to the occurrent of a negative situation, which is a common experience for everyone (Petersen, Compas, Brooks-Gunn, Stemmler, Ey, & Grant, 1993). The depressive mood is also concerned with depression symptoms (Petersen et al., 1993). Studies have suggested that adolescents often face depressive mood or depression due to negative life events such as poor relationships with peers, family-related issues, and other stressful events (Panyawong & Pavasuthipaisit, 2020; Polanczyk et al., 2015). Therefore, researchers must be able to identify factors that could lower the risk of developing depressive mood that could lead to major depression. A study investigating the impact of negative life events on depressive symptoms in adolescents found that the potential protective factors are the internal resilience factors such as self-confidence and external factors such as family support was associated with fewer symptoms (Askeland, Bøe, Breivik, Greca, Sivertsen & Hysing, 2020). On the other hand, a study on experiences of refugee children and adolescents found that those who suffer from depressive symptoms and other problems tend to have lower resilience (Ziaian, Anstiss, Antoniou, Baghurst, & Sawyer, 2012). It was also revealed in another study that resilience is an important protective factor against depressive symptoms and can be a predictor for depressive symptoms (Hjemdal, Aune, Reinfjell & Stiles, 2007). Past empirical studies suggested that there is an association between resilience and depressive mood, therefore, depressive mood should be an internal psychological factor that could predict resilience as well.

The external psychological factor that would be explored in this study is the relationship between adolescents and their peers. Bullying victimization was defined by Dan Olweus (1973) as a situation in which an individual has been bullied by at least one or more perpetrators intending to hurt the victims (Olweus, 1994). Bullying victimization is a serious issue, in Thailand, it was reported that at least 21% of the adolescents was a victim at one point (Ekasawin & Phothisut, 2017). In addition, 60.1% of the bullying victimization was found with at least one mental health disorder (Ekasawin & Phothisut, 2017). A systematic analysis revealed that the consequences of bullying victimization include mental health problems such as depression, anxiety disorder, poor health, and suicidal thoughts (Moore, Norman, Suetani, Thomas, Sly, & Scott, 2017). Thus, bullying victimization could result in a mental health-related issue, poor health in general, and other problematic behaviors to cope with the consequences. However, it is noted that there are adolescents who function better and were able to overcome bullying victimization with fewer consequences on their mental health. This phenomenon could be associated with resilience. A longitudinal study aiming to identify the factors are that associated with a lower level of depression after being bullying victimization found that adolescents who reported a low level of depression tended to be an individual with higher self-esteem, feel less isolated and have good relationships with their family (Sapouna & Wolke, 2013). Thus, it was suggested that family supports play a role in

promoting resilience and potentially help the victims to overcome the hardship (Sapouna & Wolke, 2013).

Another study also supported this finding suggesting that adolescents with a higher level of parent-child conflicts were reported with a higher level of depressive symptoms and risk of bullying victimization (Lahav-Kadmiel & Brunstein-Klomek, 2018). As such, it is shown that there are associations between resilience and bullying victimization. A study on relationships between peer support and bullying victimization among adolescents found that bullying victimization was negatively associated with a lower level of peer supports (Du, DeGuisto, Albright, & Alrehaili, 2018). In addition, peer support was negatively associated with depression symptoms and partially mediated the relationship between bullying victimization and depression symptoms (Du et al, 2018). On the other hand, a study conducted on Italian high schools found that conflicting parents was positively associated with both bullying and bullying victimization (Baldry & Farrington, 2005). While individual skills such as problem-solving coping skills were negatively associated with both aspects (Baldry & Farrington, 2005). Past studies suggested that there is a negative association between bullying victimization and the aspect of resilience both internal and external (peers and family support). However, little is known and explore in terms of bullying victimization as a predictor of resilience.

This study aimed to identify psychological variables associated with and predictive of resilience in Thai adolescents. The psychological variables that would be explored were the internal factors (i.e., self-compassion and depressive mood) and the external factors (i.e., bullying victimization). The findings regarding the aspect associated with the promotion of resilience should have implications in designing prevention programs and treatment interventions for adolescents who face adversity (Hjemdal, Aune, Reinfjell & Stiles, 2007). In addition, these abilities would allow a more accessible transition from childhood to adulthood and learn to develop healthy coping skills for the future (Bluth, Mullarkey & Lathren, 2018).

Method

Participants

Participants were 130 Thai adolescents from junior high schools in the Bangkok Metropolitan area aged between 12-16 years old the majority attended grade 8 (i.e., Grades 7-9, Mean Age = 13.83, SD = .90; male = 31, 23.85% and female = 99, 76.15%). The students participated in the current study voluntarily by responding to the online or paper-based questionnaires and were recruited through a gatekeeper at the school with consent from the parents.

Research Instruments

A total of five questionnaires were used for this study. Permission to use them was obtained from the developers. Then, the questionnaire was translated into Thai and adjusted to be age-appropriate. The questionnaires are as following:
1.) General demographic information (i.e., age, gender, and psychological treatment)
2.) A 14-item Thai version of the State Resilience Scale (SRC) for adolescents (Kittisunthorn, 2016) as adapted from Hiews et al.'s full version of State-Trait Resilience Scale (STRI) (2000). In the current study, the measure's Cronbach's alpha was 0.83, suggesting high reliability.

3.) A 12-item Thai version of the Self-compassion scale short form (SCS-SF) for adolescents (Pornkosonsirilert, Audboon, & Laemsak, 2017) was translated from Raes et al.'s SCS-SF which was adapted from Kristen Neff (2003) full self-compassion scale. In the current study, the measure's Cronbach's alpha was 0.75, suggesting good reliability.
4.) A 27-item Thai version of the Children's Depression Inventory (CDI) for children and adolescents (Leelatrakarnkun & Trangkasombat, 2012) was translated from the English version developed by Maria Kovacs (1981). In the current study, the measure's Cronbach's alpha was 0.91, suggesting high reliability.
5.) A 10-item Thai version of the Olweus Bullying/Victim Questionnaire (OBVQ) for children and adolescents (Tapanya, 2007) was adapted from Dan Olweus's OBVQ (1983). In the current study, the measure's Cronbach's alpha was 0.87, suggesting high reliability.

Data Collection

An ethical clearance No. 254.1/62 was obtained from Chulalongkorn University's Institutional Ethical Review Board before the commencement of data collection. The researcher had contacted the gatekeeper of the junior high school in the Bangkok Metropolitan area directly and received approval from the participants, parents, and school director before collecting the data. The data was collected with two methods either in a paper-and-pencil format with hardcopy questionnaires in the classroom setting (10%) or online (90%) due to the social distancing policies. The students were given five sets of questionnaires to complete voluntarily and responded to them for approximately 15-20 minutes. No rewards were provided for the study participation.

Results

Pearson correlation analyses were conducted to examine the relationships between resilience and bully victimization, self-compassion, and depressive mood. The result revealed a significant positive correlation between self-compassion and resilience ($r = .63$, p < .001) as well as a significant negative correlation between depressive mood and resilience ($r = -.59$, p < .001). However, it was found that there is no association between bullying victimization and resilience ($r = -.12, p = .08$)

Table 1: Descriptive statistic and intercorrelation between variables with Cronbach's alpha reported in diagonal

Variables	M	SD	1	2	3	4
Resilience	53.90	8.37	(.83)			
Self-compassion	39.47	7.06	.63**	(.75)		
Depressive mood	16.94	7.88	-.59*	-.71*	(.91)	
Bullying victimization	8.30	5.24	-.12	-.28*	.40*	(.87)

***p<.001

A multicollinearity test was conducted before the regression model. The result did not indicate the violation of the multicollinearity assumptions. The correlation between predicted variables was ranging from $r = .40$ to $r = -.71$ and it does not meet the cut-off at .80. The value of tolerance ranges from .45 to .83 and did not approach the cut-off at .20 which could be a concern. The VIF value was between 1.19 to 2.20 and did not approach the cut-off value at 10.

A stepwise multiple regression was conducted. All together, the three study variables significantly predicted resilience, $F (3, 126) = 34.62$, $p < .001$, and explained 45.2% ($R\Delta^2$= .45) of its variance. However, only self-compassion ($t = 4.48$, $p < .001$) and depressive mood ($t = -3.52$, $p < .001$) significantly predicted resilience. Their standard regression coefficients were .42 ($p < .001$) and -0.35 ($p = .001$), respectively. Bullying victimization did not predict resilience ($t = 1.87$, $p < .07$; $\beta = .13$, $p = .07$).

Table 2: Stepwise multiple regression results of self-compassion, depressive mood, and bullying victimization as a predictor for resilience

	B	SE B	β	t	Tolerance	VIF
Constant	38.69					
Self-compassion	.50	.11	.42***	4.48***	.84	1.19
Depressive mood	-.37	.10	-.35**	-3.52***	.50	2.02
Bullying victimization	.22	.12	.13	1.87	.45	2.22

Note: $R\Delta^2$= .45, **p <.01, *** p < .001

Discussion

The main objective of this study is to explore the psychological variables that are associated with and could predict resilience among the group of Thai junior high school students. The variables were divided into internal factors (i.e., self-compassion and depressive mood) and external factors (i.e., bullying victimization). The findings of the variables that associated and could predict resilience are crucial as there are implications for designing prevention and treatment invention, for adolescents that face challenges during the transitional period into adulthood (Hjemdal et al., 2007). Therefore, the study was analyzed using correlational and stepwise multiple regression to investigate the effect psychological variables have on resilience among Thai adolescents.

The result indicated a significant positive association between self-compassion and resilience. This suggested that adolescents with a high level of self-compassion are more likely to have a high level of resilience as well. Thereby, adolescents with more self-compassion would have an easier time overcoming challenges and can bounce back from negative life events with less psychological distress. This is consistent with a past empirical study that found that self-compassion and resilience are positively associated across a group of adolescents (Bluth, Mullarkey & Lathren, 2018). In addition, it also suggested that this is consistent with a previous study which found that self-compassion had a buffer effect against psychological distress such as anxiety disorder, depression, and stress for adolescents (Marsh, Chan, & Macbeth, 2017). A possible explanation for the association between the two constructs is that the mindfulness component found in self-compassion facilitates being in the present while facing challenging experiences (Roeser and Pinela, 2014). Therefore, lessen the ruminating that could occur when experiencing hardship (Roeser and Pinela, 2014). Additionally, the component of self-kindness without judging oneself with criticism may promote a sense of self-worth (Bluth, Mullarkey & Lathren, 2018). While the component of common humanity helps to lessen the feeling of isolation that could potentially lead to depression (Sapouna & Wolke, 2013). The three components of self-compassion were able to explain the association between the two constructs and suggested that self-compassion could promote resilience among adolescents.

On the other hand, the result between the association of depressive mood and resilience indicated that there is a significant negative association between the two constructs. The

result suggested that adolescents with more resilience are more likely to have fewer depressive moods. This is consistent with the previous studies which suggested that there is a negative association between adolescents with more depressive mood or depressive symptoms have lower resilience (Chaveepoinkamjorn et al., 2016; Panyawong & Pavasuthipaisit, 2020; Polanczyk et al., 2015; Askeland et al., 2020; Ziaian et al., 2012). As well as resilience as a potential factor against depressive symptoms (Hjemdal, Aune, Reinfjell & Stiles, 2007). A possible explanation for the negative association could be explained that the components of resilience such as inner personal strengths and family or peer support could play a role in lower the impact of depressive mood from adolescents who experienced adversity. For instance, a study conducted on 3,136 adolescents found that those who experience bullying victimization but reported a lower level of depression are adolescents with more self-esteem, feeling less sense of isolation, and experience less conflict with family (Sapouna & Wolke, 2013). As such, the components of resilience allow adolescents to cope better when facing negative life events.

In contrast, the result indicated no significant association between resilience and bullying victimization. This result was inconsistent with the past study which suggested that those with lower resilience due to high conflict with parents and had poor problem-solving skills are found to be associated with bullying victimization (Baldry & Farrington, 2005). Adolescents which have good relationships with parents were found to be associated with less bullying victimization (Baldry & Farrington, 2005). This was explained with social learning theory by Bandura (1973) that children who are punished by at least one parent are more likely to have less resilience when dealing with peers' aggression (Baldry & Farrington, 2005). In addition, adolescents with poor problem-solving skills tend to deal with challenges in an emotionally oriented way resulting in lower resilience (Baldry & Farrington, 2005). However, it was noted by the researchers that there are limitations on this study as there is only a male sample (Baldry & Farrington, 2005). On the other hand, other previous studies with traditional bullying and cyberbullying victimization also show that adolescents who were a victim were reported with lower resilience (Sapouna & Wolke, 2013; Kabadayi & Serkan, 2018). This was potentially dues to the compromised capacities in managing the stress that comes from the bullies and the necessity to remain in these difficult situations (Kabadayi & Serkan, 2018).

While another study found that resilience does mitigate the effects of bullying victimization, however, female adolescents who reported more resilience were more prone to react negatively to bullying victimization (Gianesini & Brighi, 2015). In addition, previous studies found that resilience does not buffer against negative impact and does not work as a protective factor for bullying victimization (Narayanan & Betts, 2014; Andreou, Roussi-Vergou, Didaskalou & Skrzypiec, 2020). Thus, the result of this study is more in line with the past study which suggested that there is no association between resilience and bullying victimization. However, this cannot be concluded, and future study needs to be conducted regarding the association between bullying victimization and resilience.

Findings from the current study helped shed light on the understanding of psychological variables that are relevant to resilience. Still, unlike other studies, findings should be viewed with consideration that the study was conducted on only two schools in Bangkok metropolitan area and female adolescents were the majority in the current studying sample. Past reports of gender's impact on resilience, depressive mood, self-compassion, and bullying victimization (Dyer & Wade, 2012; Bluth, Campol, Futch, &Gaylord, 2017; Gianesini & Brighi, 2015) cannot be overlooked and future studies could address these limitations.

Conclusion

In conclusion, resilience has shown to be an effective protective factor and buffers against psychological distress that occur due to negative life events. According to the findings here, resilience could be predicted by self-compassion and depressive mood. The current findings could be applied to the preparation of intervention programs to promote resilience in adolescents. Based on the current findings, self-compassion should be cultivated in the program, and depressive moods should be addressed to reduce its impact on resilience enhancement.

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