

THE DIRECT AND INDIRECT INFLUENCES OF SELF-COMPASSION ON ALCOHOL CONSUMPTION AMONG THAI BUSINESSMEN, MEDIATED BY STRESS AND DEPRESSION

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Abstract: The current research aimed to explore the direct and indirect influences of self-compassion (SC) on alcohol consumption (AC), being mediated by stress and depression among Thai businessmen in Bangkok, Thailand. This research investigation employed quantitative methods based on data derived from a self-report survey questionnaire on a population of 266 Thai businessmen (N=266). This study used the correlation approach via path analysis to determine if the targeted population's level of SC can predict their level of AC, both directly and indirectly, being mediated by their levels of stress and depression. The findings demonstrated significant direct influence of SC on AC. It was also found that SC has negative direct influence on stress and depression, indicating that the more self-compassionate the participants are, the lower is their level of depression and stress. Surprisingly, this research did not find an indirect influence of SC on AC, being mediated by stress and depression. The findings, conclusions, limitations, and recommendations of the study were discussed accordingly.

Keywords: self-compassion (SC); stress; depression; alcohol consumption (AC)

Introduction

Alcohol is, currently, the most easily accessible substance commonly abused worldwide. Excessive AC has a significant impact on individuals physically, emotionally, and financially, as well as on their friends and family (WHO, 2013).

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Research has shown that the absence of self-compassion (SC) increased vulnerability and risk of psychopathology (Barnard & Curry, 2012a), that SC is a contributing factor when taking measures to maintain balance of extreme reactions, and that the existence of SC supports one's ability to cope effectively in difficult times (Leary, et al., 2007). It had also been shown that SC increases motivation for change and acceptance of responsibility for mistakes (Neff, 2011). A large-scale investigation concluded that SC is a healthy and effective alternative to both self-criticism and high self-esteem (Neff, 2003b). In populations of substance abusers, a large number of individuals attempt to avoid or reduce self-criticism, which may be resulted in drugs and alcohol use to reduce these feelings, control or remove unwanted experiences such as disturbing thoughts, feelings and sensations (Wilson & Byrd, 2005).

Research Objectives

Alcohol Consumption is an issue frequently dealt with by mental health professionals. Research shows high AC is related to high levels of Stress and Depression. SC has been found to be effective in reducing Stress and Depression. The purpose of this study was to explore the direct and indirect influence of SC levels on AC, mediated by Stress and Depression. The research was aimed to clarify whether, in a population of Thai businessmen, SC has an effect on AC.

Literature Review

Alcohol consumption from the Thai perspective.

Consumption of alcoholic beverages is commonly accepted by societies across the globe. In Thailand, according to a Thai-based study, AC serves to increase social interactions within the community. Not unexpectedly, it is especially common on public holidays and parties (Assanangkornchai et al., 2010).

Thai society perceives AC as a masculine activity and, as such, social AC is generally accepted among men, and less acceptable among women. A research done on the Thai population found that women tend to consume alcohol when at home or at parties, while men often consume alcohol in their workplace and in bars (Assanangkornchai et al., 2010; Rungreangkulkij et al., 2012). The status report on AC by the WHO (2004) indicates that Thailand is in the top 20 countries with the highest beverage-specific adult per capita (APC) consumption. A study conducted in 2012 provided an explanation for the high level of AC among Thais by highlighting the Northeastern people's belief that alcohol could be used as a remedy for sleep, appetite, muscle, and blood circulation. It is also common to consume alcohol alongside dinner. Interestingly, despite Thailand is fundamentally a Buddhist country, and although Buddhism advises to avoid intoxicating, alcohol is easily accessible and commonly used (Thamarangsi, 2006; Thamarangsi & Puangsuwan, 2010).

Self-compassion and alcohol consumption.

Self-compassion unfolds three elements within it: self-kindness, common humanity, and mindfulness.

Self-kindness. This involves the urge to reduce suffering and manifest healing in oneself while being open in a compassionate manner to one's own suffering (Neff, 2003a). It is a nonjudgmental point of view of one's imperfections. The element of self-kindness may function as a protective component against psychopathology (eg. alcohol abuse) (Neff, 2003a). Self-criticism itself had been found to be related to AC and substance abuse (Peterson et al., 1993), that individuals commonly turn to AC as an attempt to cope with difficult feelings, self-criticism, self-awareness, and psychopathology (Camatta & Nagoshi, 1995; Pullen, 1994; Wilson & Byrd, 2005).

Common humanity. This is described as the ability to understand and perceive one's experiences in which experiencing difficulty, failure, suffering, and weakness is a common human experience. This helps reducing feelings and thoughts of isolation (Neff, 2003a). Accepting the notion that one's own experiences are part of a common human experience promotes SC and not self-judgment which is believed to characterize individuals who consume alcohol recklessly (Campbell, 1993).

Mindfulness. This element involves recognizing painful thoughts and feelings which contribute to difficulties in carrying out balanced awareness, without over-identifying with these feelings and being aware that they are temporary. Mindfulness theories claim that disregarding any difficulty is less effective than being aware and being able to see clearly the roots of the difficulty. The mindfulness element of SC functions as a stimulating component to manifest change, when needed; for example: hazardous, disturbing, or destructive behavioral patterns which hold the individual back. Mindfulness, thus, allows optimization and supports health as well as general functioning in the individual's life (Neff, 2003a; 2003b). Mindfulness points out the common tendency individuals have to be aware of, understand, and accept all negative and positive aspects in their own self (Neff et al., 2007).

Self-compassion, stress, and alcohol consumption. Self-compassion increases level of emotional resilience (Neff, 2011) and had been suggested as an important part of the positive mental state related to mindfulness, while using mindfulness-based interventions in clinical research. Numerous studies indicated that some elements in SC, are significant stress-soothing agents which help reduce symptoms of depression. It may be that SC functions as a protective component against depression (Germer, 2009). Lazarus and Folkman (1984) introduced stress as a subjective appraisal that individuals apply to situations deemed challenging,

threatening, or harmful toward maintaining their well-being. Stress exposure includes threatening external stimuli that may trigger alertness, anger, fear, and sadness with a potential negative outcome (Sinha, 2001, 2008). In an attempt to identify the factor that triggers high AC, stress reaction had been examined as that which individuals employ to cope and manage tension (Ham & Hope, 2003; Hussong, 2003). Past research pointed out that daily stress on its own does not necessarily lead to excessive AC (Rutledge & Sher, 2001; Cooper et al., 1992), the risk of psychopathology increases when the individual does not have the capacity to cope with the difficult situation (Lazarus 1999; Levine 2005; McEwen 2007; Selye 1976; Sinha 2008).

Self-compassion, depression, and alcohol consumption.

Research on SC and its impact on depression is still developing; thus, there is limited data and theory concerning the matter (MacBeth & Gumley, 2012). Researchers hypothesized SC to have a contributory role in reducing the onset of depression symptoms in a few pathways; SC is essential in developing resilience (Neff, 2011), functions as a protective mechanism against depression (Luthar, Cicchetti, & Becker, 2000) and neutralizes the possible effects of risk factors by reducing high risk components known to trigger depression symptoms (Raes, 2010). Individuals who present high level of SC may also experience positive emotional states such as being peaceful, calm, and contented – factors that yield higher level of perceived psychological well-being and general life satisfaction (Neff et al., 2007), able to tolerate negative emotions and, as such, cope with their depressive symptoms effectively (Dietrich, Burger, Kirchner, & Berking, 2016). SC function as a positive coping strategy that initiates “relaxed or soothing” responses to challenging events (Gilbert et al., 2008), reduces symptoms associated with depression over a short period of time (Johnson and O’Brien, 2013). There are a few empirical clinical and non clinical studies that reported a causal relationship between SC and depression (Neff et al., 2007; Raes, 2010; Gilbert and Procter, 2006) Additionally, in a pilot study of mindful self-compassion (MSC) which integrated SC and mindfulness, the individuals who took part in the program reported lower levels of symptoms related to depression after a period of 8 weeks (Neff, 2012).

Absorbing the pain and responding compassionately to faults or imperfections (or relapses) without judgment or self-blame may help individuals to punish themselves less, and make active and productive steps toward self-healing. SC is easier when patients submit and “give up the struggle” in order to feel better, stop trying to “fix” their problems, faults, failings or imperfections, and simply start caring for themselves and treating themselves with compassion (Germer, 2009). The principle of “giving up the struggle” may be helpful to the substance-abusing population as it reflects the Alcoholics Anonymous theme of the “gift of desperation” (Alcoholics Anonymous, 2001). Learning how to submit to the struggle, experience

the feeling of pain, tolerate it, and take action in response to it in a compassionate way, without judgment, may be specifically helpful for individuals in the battle of overcoming addiction. Excessive AC had been linked with impaired coping methods and negative affect such as depression (Camatta & Nagoshi, 1995).

Conceptual framework

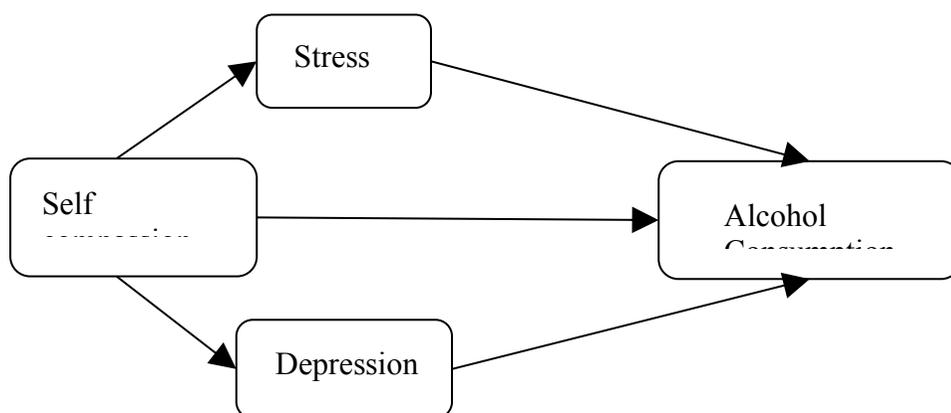


Figure 1. The conceptual framework showing the direct and indirect influence of Self compassion on Alcohol consumption mediated by Stress and Depression

Method

Participants. The participants of this study consisted of 266 male Thai businessmen, aged between 21 to 77 years, who are all active in business networking events in Bangkok, Thailand. The convenient sampling method was employed in recruiting the sample.

Research Instrumentation. The research instrument used in this study was a self-administered four-part Thai-translated survey questionnaire

Part 1: Personal Information included questions designed to tap the respondent's demographic characteristics of age, gender, nationality, and ethnicity/religion.

Part 2: Self-Reported Alcohol Consumption measured by presenting the questions: (1) How many alcoholic drinks do you typically consume on one occasion? (2) How many units do you drink per month? Respondents were asked to rate their answers using a Likert-type scale.

Part 3: Self-Compassion Scale a self-reporting 26-item Self-Compassion Scale (SCS) developed by Neff (2003b) calculated only by the total score. Each item on the SC scale was measured using a five-point Likert scale where 1 = Almost Never to 5 = Almost Always, with total scores ranging from 26-130. Higher scores indicate greater levels of SC and low levels of self-judgment. The SCS was found to have

good internal consistency ($\alpha = .92$) and excellent construct validity, as evidenced by high correlations with self-esteem in a sample of college students (Neff, 2003b).

Part 4: Depression, Anxiety, and Stress Scales The DASS-21 is a 21-item Depression, Anxiety, and Stress Scales (DASS-21) developed by Lovibond and Lovibond (1995) aimed to measure the negative emotional states of depression, anxiety, and stress. As this study did not deal with the anxiety component, the final score for each of the subscale of depression and stress was measured by summing up the items that made up the subscale. Only 14 items of stress and depression out of the original 21 been used in this study.

Instrument translation. The Part 1: Personal Information and Part 2: Self-Reported AC were created specifically for this research and translated from English to Thai and back-translated to English to ensure that the translation was accurate.

The Part 3: Self-Compassion Scale was sent to the researcher by the developer of this scale, Kristin Neff, PhD with a note that this scale was never validated in Thailand. The current researcher used the Thai-translated scale although it was not validated.

A pre-test was performed on a sample of 18 participants to make sure all the items were understood properly before conducting the research.

The Thai-translated Part 4: Depression, Anxiety, and Stress Scale was retrieved from the Chulalongkorn University Library.

Data Collection Procedure. The researcher attended Thai businessmen networking meetings during which attendees were asked to participate voluntarily in the study. In order to ensure that the researcher met the amount of subjects needed for the study, survey questionnaires were sent out via email. Upon completion of the data gathering, the researcher examined every completed questionnaire to rule out any obvious errors, and used only the valid questionnaires for statistical analysis.

Data Analysis. Data analysis was conducted through the following statistical methods: Descriptive statistics was applied in order to present the frequency and percentage distribution of the demographic data obtained from the respondents. Furthermore, the means and standard deviations of scores derived from the survey questionnaire were calculated and, subsequently, presented in the next chapter. Next, path analysis via multiple regression analysis was used to test the hypothesized direct and indirect impacts of SC on AC among Thai businessmen in Bangkok, being mediated by their levels of depression and stress.

Results

The sample consisted of 266 male Thai businessmen, aged 21 to 77 years, who are all active in business networking events in Bangkok, Thailand.

Reliability analysis was conducted on the scales of measures of SC, depression, and stress in order to maximize the internal consistency of the three measures by identifying those items that are internally consistent, and to discard those items that are not. The criteria employed for retaining items are: (1) any item with ‘Corrected Item-Total Correlation’ (I-T) $\geq .33$ will be retained (.33² represents approximately 10% of the variance of the total scale accounted for), and (2) deletion of an item will not lower the scale’s Cronbach’s alpha (Hair, Black, Babin, & Anderson, 2010).

Only 11 items (out of 26) were retained to represent the measure of SC; all the 7 items were retained to represent the measure of stress; 6 items were retained (out of 7) to represent the measure of depression. The computed Cronbach’s alpha coefficients for all three scales were adequate and ranged from .77 to .86. Each of the factors of SC, stress, and depression was, subsequently, computed by summing across the items that make up that factor. AC was measured as the number of units consumed per month. The means and standard deviations of all the variables were computed.

Table 2 presents the means and standard deviations for the four computed factors of SC, stress, depression, and AC.

Table 2; Means and Standard Deviations for the Four Computed Factors

	<u>Mean</u>	<u>SD</u>	<u>Mid-point</u>
Self-compassion	3.40	0.68	3.00
Stress	1.88	0.52	2.50
Depression	1.73	0.53	2.50
Alcohol consumption	4.83	1.05	4.00

Table 2 presents the means and standard deviations for the four computed factors and their mid-point. Based on the mean, it is clear that the participants reported having above average levels of SC and low levels of stress and depression. Their AC was above average as their score was above the mid-point. AC was measured by means of a five-point scale where respondents were asked how many units they consumed per month and score 1 was given to those who typically do not drink and 2 for one unit, 3 for two units, 4 for three units, 5 for four units, 6 for five units, and 7 for more than five units. A total of 46 (17.3%) reported that they typically do not drink, 21 participants (7.9%) reported that they drink a unit per month on average, 21 participants (7.9%) reported that they drink two units per month on average, 16 participants (6%) reported that they drink three units per month on average, 23 participants (8.3%) reported that they drink four units per month on average, 19 participants (7.1%) reported that they drink five units per month on average, and 120 participants (45%) reported that they drink more than 6 units a month on average.

Those who reported more than 5 units a month were asked to specify how many units they consumed per month and of the 120 (45%) participants, 31 participants reported 5-10 units per month, 68 participants reported 11-20 units of per month, 10 participants reported 21-25 units per month, 2 participants reported as much as 30 units per month, and 2 as much as 35 units per month. When asked about their religion and ethnicity 35 (13.2%) reported being Thai, 165 (62%) reported being Buddhist, 55 (20.7%) reported being Christian, 1 (.4%) being Muslim, and 10 (3.8%) being 'others'. In order to test the hypothesized direct and indirect relationships represented by the path model (see Figure 1), path analysis via regression analysis was conducted. The analysis involved: (1) regressing the dependent variable of AC by the predictor variable of SC, stress, and depression; (2) regressing the mediator variable of stress by the predictor variable of SC; and (3) regressing the mediator variable of depression by the predictor variable of SC. The results of path analyses are depicted in Figure 2. In order to aid the interpretation of results, only path coefficients that are statistically significant ($p < .05$) were included in the figure.

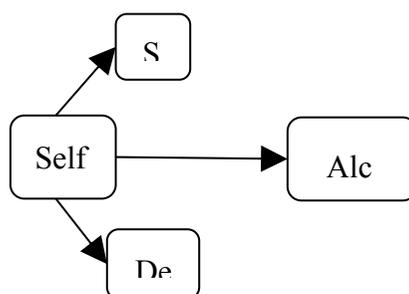


Figure 2. Path model of self-compassion as a function of the direct and indirect influences of alcohol consumption, being mediated by stress and depression.

The findings yielded a significant direct negative influence of SC on AC ($\text{Beta} = 0.08; p > 0.05$). This indicates that the more self-compassionate the participants are, the lower is their tendency to consume alcohol. There was no indirect influence of SC on AC mediated by stress ($\text{Beta} = -0.35; p < 0.01$; $\text{Beta} = -0.09; p > 0.05$) and by depression ($\text{Beta} = -0.40; p < 0.01$; $\text{Beta} = 0.06; p > 0.05$). Additionally, SC has a negative influence on stress ($\text{Beta} = -0.35; p < 0.01$) and depression ($\text{Beta} = -0.40; p < 0.01$). It can, thus, be inferred that the higher the participants' level of SC, the lower are their levels of stress and depression.

Discussion of Findings

Direct relationship between self-compassion and alcohol consumption. Path analysis revealed that the participants' level of SC has a significant direct negative relationship with their amount of AC. The current research involved a non-clinical sample. Based on the class mark (mid-point) of the self reported AC scale used in this research, it may be that although some individuals do drink excessively, average Thai businessmen do not show signs of problematic AC. The findings of the current research stand aligned with those of Kristin Neff (2003a) who suggested that turning to self-compassion with soothing self-kindness to ease one's own emotional difficulties should be the coping mechanism of choice for individuals facing difficulties (Neff, 2003a). The current researcher posits that teaching individuals how to treat themselves with kindness may prove to be a valuable tool in helping themselves during difficult times, instead of reaching to AC as a coping mechanism.

Self-compassion and depression.

The findings of this study indicate that SC has a negative influence on depression such that the higher the level of SC in individuals, the lower is their level of depression. This supports Neff's (2011) research results which stated that SC works behind the scenes to neutralize the possible effects of risk factors and, therefore, SC contributes towards reducing high risk components known to trigger symptoms of depression (Neff, 2011) and, in fact, protects individuals from full blown depression (Luthar et al., 2000).

Germer (2009) who took part in developing the Mindful SC Training Course, stated that practicing SC protects individuals from depression. SC, when practiced in daily life, has the capacity to reduce the impact of aversive life experiences as a tool in an attempt to reduce possible risk of depression (Gilbert & Procter, 2006; Neff, 2011). By the same token, the current research found that there is a significant negative relationship between SC and depression.

Self-compassion and stress.

SC was found to be negatively associated with a variety of psychological factors including stress (Neff et al., 2007). In researches involving students, it was found that those who reported high levels of mindfulness and kindness among other strengths expressed experiencing lower level of stress (Shapiro, Brown, & Biegel, 2007). The latter study which involved health care professionals highlighted the relationship between greater levels of SC and reduced levels of stress (Shapiro et al., 2007). These findings clearly supported the current result which demonstrated a negative relationship between SC and stress.

Indirect relationship between self-compassion and alcohol consumption, being mediated by stress and depression.

The current results did not support the research hypothesis, in that the path analysis provided no evidence of an indirect influence of SC on AC, being mediated by stress and depression.

The participant of this study were all businessmen; business owners and entrepreneurs active in networking events. In research done by Caird (1993) who researched entrepreneur's personality through psychological tests. The results of the psychological tests resulted with unique characteristics such as internal locus of control, characteristics of risk taking, preference for intuition and thinking, big need for achievement, control and autonomy (Caird, 1993) This population of businessmen may be perceived as high achievers, and may be having a unique set of characteristics which might provide an explanation of the surprising results.

In the current study, 165 individuals (62% of the research population) defined themselves as Buddhists. Buddha's teaching on the five precepts of Buddhism emphasized that lay people should avoid taking substances as these can cause carelessness or unmindful behavior. Theravada Buddhism commonly practiced in Thailand, is the closest to the original Buddhist teaching and is being followed by most Thais (95%), it teaches that all human experiences will change over time, and that individuals' behaviors are rooted in the perception that individuals should not submit carelessly (Tiyavanich, 2003; Weisz et al., 1988).

Thailand's culture is rooted in Buddhism and the teachings of the Buddha in Theravada tradition (Hinayana) are integrated into life in the kingdom. The "Sila Ha" is commonly known in the West as the Five Precepts – a list of five behaviors Buddhist lay people should avoid, namely: destruction of life, taking what is not given, sexual misconduct, speaking words that are not true, and careless consumption of substances (e.g., alcohol and drugs). Lay people are expected to follow these precepts and diligent participants are expected to not consume alcohol (Assanangkornchai et al., 2010).

A great amount of research had been done in the past on the impact of religiosity on AC and drug use, mostly among Christians, Muslims, Hindus, and Sikhs (Gartner, Larson, & Allen, 1991). A study by Ano and Vasconcelles (2005) found that religious practice can serve as a productive coping mechanism. Further studies revealed that religious practice alters the relationship between depression and AC (Armeli, Conner, Cullum, & Tennen, 2010; Gonzalez, Bradizza, & Collins, 2009). These findings may provide an explanation for the indirect relationship between depression and AC in the current research in which the vast majority (83%) of participants described themselves as Buddhist or Christian, therefore, religious.

Recommendations

Research on SC is still young and has been accomplished mainly in Western countries. Most of current research theory is based on Western studies and may not yet be fully suitable for use in Asian context. In the current research, some items were removed from the SC Scale in order to maintain reliability in the statistical analysis. It is also important to note that the Thai-translated SC Scale, although used previously in Thailand, has not yet been validated. The Thai version may be worth validating before further use in research among Thai populations. Furthermore, improving the quality and accuracy of translation of the instruments used in this study is an avenue worth considering by future researchers.

In light of the current research results, it is clear that SC has a direct negative influence on AC, stress, and depression. Since SC is a topic of growing research interest (Brooks et al., 2012), it would be interesting to investigate the key variables with the inclusion of coping styles in the equation. In addition, it would be beneficial to examine the impact of mindful Self-Compassion course on AC, stress, and depression and, more importantly, examine whether individuals whose SC improved over time also reported improvement in depression, stress, and alcohol use at follow-up.

Limitations

Firstly, as the current researcher is a non-Thai speaker, there may be a language barrier during the conduct of the study. The researcher's capacity to speak Thai is limited and, therefore, a native Thai speaker was requested to assist in explaining the purpose of the research to potential participants. It was difficult to discern whether the information given to participants was accurate or not.

Secondly, another issue noticed in the aftermath was that the full names of the measures were clearly identified as section titles in the questionnaire (e.g., Depression, Anxiety, and Stress Scales). This may have caused participants to adjust their ratings to put themselves in a better social light and not to lose face. The survey touched on subject matters that are still considered taboo in Thai society.

Thirdly, it could be the fact that the survey was mostly administered in networking events where businessmen come together to discuss matters pertaining to business and commerce, with the goal to make more money. Hence, allowing time for the survey may have been seen by many participants as a waste of time and, consequently, a waste of money. It was observed that about thirty questionnaires were not completed properly and were not included in the data analysis.

Fourthly, this research was administered on a sample of Thai businessmen active in business networking events, which might differ them from other businessmen in Bangkok in a way that this sample may be defined as high functioning

sub-group and therefore may not provide information about the general Thai business population .

Fifthly, although the Thai-translated versions of the Western instruments had been used within the Thai setting in the past, the survey questionnaire may not be fully suitable when examining Thai populations due to different culturally-based response styles. Both the DASS-21 and the SC Scale contain many western phrases and expressions which may not be translated with the same spirit into the Thai language. The cultural interpretation and cultural response style may cause biases in the research (Heine, 2012) that the cultural tendencies in response styles exhibited while participating in surveys may be rooted in deeper psychological constructs Smith (2004). Cross-cultural research had concluded that there are differences in response styles across cultural groups (Hamamura, Heine, & Paulhus, 2008). This study raised concerns about the possible contaminating effect of response styles in cross-cultural research and, as a result, biased research results.

The findings of the current study should be interpreted with some caution because of some intervening or limiting factors beyond the scope of this study.

Conclusions

Based on the findings of this study, the following conclusions were drawn: (1) There is a direct negative relationship between SC and AC among Thai businessmen. (2) SC has a negative influence on stress among Thai businessmen. (3) SC has a negative influence on depression among Thai businessmen. (4) There is no indirect relationship between the level of SC and AC, mediated by stress and depression, among Thai businessmen.

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