

Compassion across Gender, Ecology, and Type of Families among College and University Students in Manipur

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Compassion, recognized as a pivotal value in major world religions, has been integrated into their teachings due to its positive outcomes. Despite the extensive literature on compassion, studies within the Indian context are notably scarce. Furthermore, the association between compassion and demographic variables remains largely unexplored. Thus, the current study aimed to investigate the relationship between compassion and gender, family structure, and ecology among college and university students in Manipur. A total of 420 participants (267 females & 153 males) from various institutions took part in the study, responding to a questionnaire featuring the compassion scale and demographic details. The findings revealed no significant differences in overall compassion across gender, family structure, and ecology. However, a noteworthy distinction emerged in the common humanity sub-scale, with females exhibiting higher common humanity. Additionally, significant differences were observed in common humanity between, family types, and ecological settings. Specifically, participants from nuclear families and urban areas displayed a heightened sense of common humanity compared to their counterparts from joint families and rural areas. These findings highlight key areas where there is potential to focus on compassion training and therapy interventions, customized to meet the specific needs of diverse demographic contexts.

Keywords: compassion, gender, family type, ecology

Compassion has been assigned a major importance since time immemorial. Most of the major world religion places importance on compassion and have infused this idea in their teachings. Although the word compassion existed in human history beyond memory, empirical research on compassion started around the early 80s only after theorists and researchers came up with different definitions. This construct has been a major interest area in research and has been incorporated into therapeutic practices ever since. Lazarus (1991) defined compassion as “Being moved by others suffering and wanting to help”. Compassion towards others goes beyond mere awareness and emotional response to their suffering, encompassing the capacity to embrace a non-judgmental attitude towards them. It also emphasizes the importance of being able to endure personal distress when confronted with the pain experienced by others, not just the inclination to help (Gilbert, 2010; Wispe, 1991). Being compassionate means having a deep understanding of the suffering that someone else is going through and a strong desire to make them feel better (Goertz, Keltner, & Simon-Thomas, 2010).

One might be compassionate toward oneself as well. It is called self-compassion. The definition of self-compassion includes being kind to oneself, not judging oneself, focusing on mindfulness instead of over-identifying, and sharing humanity with others rather than

isolating. It means approaching oneself with warmth and kindness when facing challenges, setbacks, or suffering. When one faces challenges, setbacks, or pain, it involves maintaining a loving and compassionate attitude toward oneself (Neff, 2003). There is a growing interest in research on this construct because of its association with numerous other variables. Evidence of a connection between compassion and psychopathology has been reported across populations and age groups in past studies. Compassion for others was found associated with lesser symptoms of depression (Matos et al., 2022). Psycho-pathological symptoms like anxiety, depression, and stress were found predominantly higher among lower self-compassionate individuals (MacBeth & Gumley, 2012; Ozyesil & Akbag, 2013). The negative relationship between psychopathology and positive mental health was significantly mitigated by self-compassion (Trompetter, Kleine, & Bohlmeijer, 2017). It also acts as a protective factor against possible mental health problems. In a study conducted by Kim and Ko (2018) self-compassion was not only found to play a crucial role in safeguarding older adults against the onset of mental health problems and sleep difficulties but also predicted decreased psychological discomfort in general and lower traumatic stress. Furthermore, higher self-compassion correlated with enhanced resilience and greater life satisfaction (McDonald, Meckes, & Lancaster, 2021).

The relationship between compassion and mental health is only one aspect of the complex network of relationships that compassion has with many other variables. Association between compassion and various other variables has been studied across populations and cultures. Personality, empathy, emotional intelligence, coping, physical health, affect, life satisfaction, etc are just a few to be mentioned. Positive association between personality dimensions like conscientiousness, agreeableness, openness, extraversion and self-compassion was evident in many studies across cultures (Arslan, 2016; Neff, Rude, & Kirkpatrick, 2007). Emotional

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stability and well-being have been proven to positively link with self-compassion and those high in self-compassion tend to disengage themselves from distant goals thereby resulting in less negative emotional reactions to failures (Fabio & Saklofske, 2021; Miyagawa, Taniguchi, & Niiya, 2018). It is said that self-compassionate people are good at maintaining balance when they face negative situations and can cope comparatively easily than those less self-compassionate individuals. In a study by Allen and Leary (2010) individuals high on self-compassion were found to cope with stressors by using a positive cognitive restructuring method of coping. A similar finding was also observed in Neff, Hsieh, and Dejjitrat's (2005) study where self-compassion has a significant positive association with acceptance and positive reinterpretation.

Compassion has been found positively correlated with many other positive factors. It plays a crucial role in the academic life of students. Small to major failings are part of student life. And it can be said that compassion mitigates the unwanted negative reactions to such failures and shortcomings. In a study by Zhang et al. (2016) self-compassion was found negatively correlated to academic stress and also buffer its impact on emotional reactions. Self-compassion does not only have a negative association with academic burnout but also moderates the connection between academic exhaustion and mental health (Cheraghian et al., 2016). It is also evident that compassion helps people withstand adversities in life and pushes the individual to do better. In a study on university students, resilience, meaning in life, and flourishing were found to have a significant positive association with self-compassion and compassion from others (Chan et al., 2022). A positive association was also observed between self-compassion and self-care, life satisfaction, and active involvement (Kim & Ko, 2018). Consistent findings showed self-compassion to be associated with not just resilience but also with engagement in work and intrinsic motivation among university students across countries (Kotera et al., 2021; Kotera et al., 2021; Neff et al., 2005).

As apparent from past studies, it can be said that compassion is a skill that can be taught and nurtured through deliberate teaching and guidance. A mindful-based classroom intervention offered to a group of students increased their overall self-compassion (Taylor et al., 2022). The impact of compassion training was also observed at the neural level in a few studies. Activation of certain brain regions associated with regulating emotion and social cognition was witnessed among adults after a two-week compassion training which led to an increase in altruistic behavior (Weng et al., 2013). A heightened level of happiness and empathy was also seen when compassion and mindful meditation were introduced to a group of students (Martin-Allan, Leeson, & Lovegrove, 2021). There are compassion therapies that are used to redesign thought patterns and behaviours. Compassion-focused therapy is one such effective therapy that is used often by practitioners in altering maladaptive behavior. In an intervention program for binge eating and depression, individuals who received a three-week compassion-focused therapy showed significant improvement in their eating behavior and lesser depressive symptoms (Kelly & Carter, 2015). The benefits and positive outcomes of other compassion training were also found in many studies. Pre and post-tests after a nine-week compassion cultivation training (CCT) displayed a dramatic increase in the level of compassion for others, the readiness to experience compassion from others as well as elevated compassion for oneself (Jazaieri et al., 2013). Compassion meditation technique has been showing its effectiveness in changing one's outlook towards oneself as well as

others and can be used to ultimately bring desirable behavioral outcomes. One study showed an increased tendency to help others in need after attending compassion training (Lieberg, Klimecki, & Singer, 2011). Another form of compassion training called Cognitive-Based Compassion Training is quite popular and has been used in different contexts. It increased hopefulness, helped handle daily stressors, and decreased anxiety among adolescents with a history of maltreatment (Reddy et al., 2013). It was also found to help a sample of breast cancer survivors to effectively increase compassion for self, acknowledge that they are not alone, and even reduce the fear of recurrence of the disease (Gonzalez-Hernandez et al., 2018).

In an attempt to measure compassion for others, Pomier, Neff, and Toth-Kiraly (2020) developed a compassion scale based on Neff's (2003) work on self-compassion. The operational definition they employed differs slightly from self-compassion, aiming to be more pertinent to attitudes focused on others. According to them, it involves compassionately attending, understanding, and emotionally responding rather than an uncompassionate outlook to other's suffering. While there exists a vast literature on compassion for self, studies on compassion (for others) are notably limited. Therefore, the present study was designed to explore the link between compassion and demographic variables, particularly within the context of the Indian population.

The purpose of the present study was to examine the level of compassion among college and university students and also to examine the level of compassion across genders. Previous research on the relationship between gender on compassion (e.g., Yarnel et al., 2015; Iskender, 2009) revealed conflicting results. Besides, this study aimed to look into the impact of family type which hasn't been studied by researchers before on compassion. We think that experiences with compassion may differ between people from nuclear and joint households. Furthermore, the study aimed to explore the role of rural and urban lifestyles on compassion. Perhaps, the way of interaction between individuals within and outside the family, their way of seeing and leading life, are quite different in rural and urban areas. Moreover, gender differences in compassion and other proposed variables have not been studied in India so far. Considering the aforementioned notion and inconsistent findings reported by previous studies on gender, three hypotheses were framed.

Hypotheses of the Study

- There would be a significant difference in the level of compassion between males and females.
- Participants from rural areas would show significantly higher compassion than participants from urban areas.
- Participants from joint families would exhibit higher compassion than those from nuclear families.

Method

Participants

Four hundred and twenty college and university students were taken randomly from different colleges and universities in Manipur for participation in this study. The age range of the participants was 19 to 26 years (mean age = 20.45 years; *SD* = 1.74). Out of the total participants, 267 were females while 153 were males. Urban residents constituted 53% of the total sample while 47% were

residents of rural areas. Two hundred and eighty-two participants belonged to the nuclear family and 138 belonged to the joint family. All the participants were permanent residents of Manipur.

Procedure

Colleges and universities were visited and permission was sought from the head or the faculty members for data collection. Classes were randomly chosen and students were briefly explained about the purpose of the researcher's visit and the study. The students received assurances that their answers would be kept confidential and utilized exclusively for research. Hereafter, willing participants were taken in for participation in the study. A questionnaire containing the demographic details and the Compassion Scale was given to each participant following an instruction that there was no right or wrong response and that one had to choose the most appropriate option given under each statement. Assistance regarding understanding the statements in the questionnaire was provided by the researcher during the entire process of test administration. Data was collected in

a small group of 10-15 students in a classroom setting.

Measure

The Compassion Scale: The Compassion Scale is a self-report questionnaire developed by Pommier, Neff, and Kiraly (2019). This scale consists of 16 items and is divided into four sub-scales measuring kindness, common humanity, mindfulness, and indifference. Each item is rated on a 5-point Likert scale, ranging from 1(*almost never*) to 5(*almost always*). Internal consistency reliability (Cronbach's Alpha) of the scale was found to be .86 .76, .72, .68 and .66 for the sub-scales kindness, common humanity, mindfulness and indifference, respectively.

Results and Discussion

Statistical analyses were performed in IBM SPSS version 26 after checking for missing responses in the data. The data were subjected to means, standard deviations, and analysis of variance to examine the hypotheses.

Table 1

Mean, Standard Deviation and ANOVA across Gender for Compassion

Scales	Female		Male		F
	Mean	SD	Mean	SD	
The Compassion Scale (total)	69.00	6.05	67.97	6.66	2.01
Kindness	17.15	2.33	17.09	2.25	0.04
Common Humanity	19.13	1.66	18.45	2.21	9.24
Mindfulness	16.69	2.06	16.65	2.33	0.02
Indifference	07.96	2.85	08.22	2.67	0.68

Note. N = 306, male n = 153, female n = 153

As seen in Table 1, the ANOVA result showed no significant difference between males and females in the total compassion score. However, a significant difference was observed in the common humanity sub-scale where females showed a higher score. No significant difference could be seen in the remaining sub-scales. It was hypothesized that a significant difference in compassion would be seen across genders. Although the result of the present study did not completely accept the hypothesis, a significant difference in the common humanity sub-scale indicates partial acceptance. This difference in the level of common humanity between the two genders and females being on the higher side may be due to many factors. Cultural values and social context may be one reason. In the present sample, in Manipur, womenfolk are given the same status in society and have been given the liberty to go out to work or mingle with other women in the society which gives them an opportunity to see and understand that other people also go through pain and misfortune in life like them. It may also be due to perceived social support. Women often indicate having more extensive support networks and report receiving a higher quantity of support compared to men (Antonucci & Akiyama, 1987). On average, women are more likely to seek and provide social support (Rueger, Malecki, & Demaray, 2008). This inclination towards interpersonal connections and support networks could manifest in higher level of understanding of the concept of common humanity. It is noteworthy that females scored higher in the common humanity sub-scale of self-compassion in the various studies

conducted in the past (e.g., Murn & Steele, 2020; Ferrari et al., 2023)

Further analysis of the data showed no significant difference between rural and urban residents regarding compassion. In the second hypothesis, we assumed that participants from rural areas would show a higher level of compassion as compared to those from urban areas. However, this hypothesis is rejected as no significant difference was observed. Furthermore, no significant difference was observed between the two groups in the kindness, mindfulness, and indifference sub-scales of compassion. However, as can be seen in Table 2, in the common humanity sub-scale, there was a significant difference between participants belonging to urban and rural areas where urban dwellers scored higher. This difference in common humanity between the urban and the rural dwellers may have arisen due to the varied amount of social exposure they get which in turn, leads to a difference in perception and comprehension of difficult life situations. In rural areas, with special reference to the present study's sample, people have limited social exposure and interaction which may contribute to their perception that their pain, failures, and imperfections are unique to them. Moreover, compared to people residing in rural areas, those in urban areas face rejection, failures, downfall, etc. in life more often as a result of high competition in every aspect of life. These instances, perhaps, give them the knowledge and realization about the common human experiences and also equips them with the necessary strength to tackle hindrances and failures in life in a more positive manner.

Table 2*Mean, Standard Deviation and ANOVA across Ecology for Compassion*

Scales	Rural		Urban		F
	Mean	SD	Mean	SD	
The Compassion Scale (total)	67.86	7.05	68.85	5.43	2.39
Kindness	17.04	2.37	17.22	2.16	0.61
Common Humanity	18.44	2.25	18.96	1.62	6.66
Mindfulness	16.54	2.27	16.63	2.21	0.16
Indifference	08.16	2.98	07.96	2.63	0.49

Note. $N = 390$, Rural $n = 195$, Urban $n = 195$

Similar analyses were carried out for the two family types. Table 3 shows the mean, standard deviation, and ANOVA results of the two types of families. As can be seen from the table, there was no significant difference between the students belonging to nuclear and joint families regarding overall compassion. Furthermore, there were no significant differences between the two groups of students in the kindness, mindfulness, and indifference sub-scales as well. However, a significant difference was observed in the common humanity sub-scale wherein the participants belonging to nuclear family had higher scores than those belonging to a joint family.

Therefore, the third hypothesis which stated that participants from joint family would show higher compassion, is rejected. Various factors could contribute to the observed variation in the common humanity sub-scale. Individual personalities, values, and family dynamics play significant roles in shaping the sense of common humanity within any family structure. In a nuclear family, relationships are typically more direct and personal due to the smaller number of members. This facilitates a deeper understanding and connection among family members, contributing to a heightened sense of common humanity.

Table 3*Mean, Standard Deviation and ANOVA across the Two Types of Families for Compassion*

Scales	Nuclear Family		Joint Family		F
	Mean	SD	Mean	SD	
The Compassion Scale (total)	69.47	6.00	68.37	6.85	1.99
Kindness	17.45	2.25	17.20	2.30	0.81
Common Humanity	19.08	1.62	18.49	2.42	5.75
Mindfulness	16.85	2.10	16.67	2.36	0.45
Indifference	07.92	2.78	07.99	2.91	0.04

Note. $N = 276$, Nuclear family $n = 138$, Joint family $n = 138$

Implication and Conclusion

This study stands as the pioneering research in India investigating compassion and its correlations with demographic variables. In doing so, it contributes significantly to the limited body of literature on compassion studies within the Indian context. It is anticipated that this research will serve as a catalyst for extensive investigations in the field. Beyond contributing to the literature, the study seeks to unravel the connections between gender, family dynamics, and ecological influences. This will shed light on how these factors shape and impact an individual's capacity for compassion toward others. To sum up, the significant gender differences, variations in family structures, and the impact of ecological influences emphasized in this study should be considered as priorities when implementing compassion training and therapy interventions.

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Credit authorship contribution statement

The work is based on the doctoral thesis of the first author under the supervision of the second author.

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