



Subjective Well-Being of Sophomores : The Role of Religiosity and Self-Compassion

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Abstract: *This study aims to see at the Effect of Religiosity and Self-Compassion on Subjective Well-Being in Sophomore. This research uses a quantitative approach. The measuring instruments used in this study are religiosity scale, self-compassion scale, and subjective well-being scale. This study involved 105 sophomores. The sampling technique in this study used purposive sampling using the criteria of sophomores. The data analysis technique used in this study was multiple regression test. The results of this study indicate that there is a significant influence between religiosity and self-compassion on subjective well-being by 22,4%. This research shows that religiosity has a stronger influence than self-compassion, this is because self-compassion focuses on perceived emotional problems, while improving subjective well-being may require solving the problem first.*

Keywords: *Religiosity, Self-Compassion, Subjective Well-Being, Sophomores*

1. INTRODUCTION

For adolescents who have just graduated from high school, college is a new period that is different so that there is a transition period and adjustments are needed in several aspects. Starting from the education system that demands to be more independent and responsible and must part with old friends and meet new friends, even for some teenagers must separate from their families and live in a new environment.

Adolescents must be able to adjust from students to college students and adapt to new environments both in the educational environment and the place of residence. Juke (in Halim, 2015) states that the first semester to the second semester is the introduction stage. Students will experience a transition period from living conditions that depend on their families and enter a socially and emotionally independent life. Sophomores are generally between 17 and 20 years old. This age range according to Sarwono (in Halim, 2015) is still included in the adolescent category.

Adolescence is described by Hurlock (in Halim, 2015) as a period that is full of problems and requires a lot of self-adjustment due to changes in social expectations, roles, and behaviour. Pennebaker (in Theresia & Nida, 2011) states that stressful events experienced by students are separation from parents, separation from friends, moving residence, changing the education system, and conflicting value systems.

Sophomores who do not successfully adapt to the new environment can experience various problems, including problems in building relationships with others. Based on

Voitkane's research (in Halim, 2015) on 607 sophomores at the University of Latvia, it was found that 52.6% of students experienced difficulties in forming new relationships.

Fisher et al (in Theresia & Nida, 2011) mentioned that the failure of students to overcome problems and make adjustments to these stressful events will trigger the onset of depression and various other negative emotions, including feelings of sadness, anger or pessimism. Coupled with higher academic demands than during high school, it will certainly require a lot of energy. These negative thoughts reduce positive appraisal and acceptance of the situation at hand. This situation can cause the individual concerned to feel dissatisfied and unwell in their lives.

Wellbeing or subjective well-being is defined as a person's cognitive and affective evaluation of his life which includes an emotional assessment of various events experienced in line with a cognitive assessment of life satisfaction and fulfilment. Coon and Mitter (in Halim, 2015) say that subjective well-being is general life satisfaction combined with the number of positive emotions experienced and relatively few negative emotions experienced.

Diener (in Halim, 2015) says a person is said to have high subjective well-being if they experience life satisfaction, often rejoice, and rarely experience unpleasant emotions such as sadness and anger. To have good subjective well-being, a student must be able to overcome and reduce negative emotions that occur in his life.

Students are said to have good subjective well-being if in their lives more positive emotions are felt such as enthusiasm for their academic life at campus, optimism in living their lives, actively doing many things of interest both on campus or off campus, having good social relationships with friends or the surrounding environment and the satisfaction they feel regarding their current life.

Diener & Lucas (in Alhamdu, 2015) say the affective dimension is central to subjective well-being because it contributes to pleasant and unpleasant feelings. Affect balance refers to the number of positive feelings characterised by optimism, happiness and acting actively in life.

Subjective well-being can be influenced by several factors, both internal and external. Among the internal factors that influence subjective well-being are religiosity and self-compassion. Religiosity has a close relationship with subjective well-being (Aghababaei, 2016).

Individuals who have a high level of religiosity have strong faith and positive emotions so that this can make individuals more psychologically prosperous. Religiosity is

believed to be an understanding, belief, application of worship, and appreciation related to the religion adhered to. Nashori (2016) stated that religiosity is how much knowledge, firmness of belief, implementation of worship, and appreciation of the religion adhered to.

McCullough (2002) states that religiosity provides an understanding to each individual that everything that happens in life is something that God has given him. Research by Ismail and Soha (2012) and Atikasari (2021) revealed that there is a positive relationship between religiosity and subjective well-being.

Green and Elliott's (2010) research shows that individuals who participate in religious groups tend to have a positive impact on their members, individuals will get support both socially and emotionally from religious groups so that individuals feel well recognised and valued. Conditions like this can make individuals have high subjective well-being. That way, religiosity makes it easier for individuals to experience an increase in subjective well-being.

In addition to religiosity, another factor that can affect psychological well-being is self-compassion (Ramawidjaya & Sartika, 2016). Self-compassion is able to prevent individuals from the emergence of psychological disorders such as stress, anxiety and depression and balance them with positive emotions so that they have an effect on increasing subjective well-being (Neff & Costigan, 2014). Many studies have shown that self-compassion has a strong influence on psychological well-being, happiness, optimism, personal initiative, reducing anxiety, depression, and neurotic perfectionism (Neff & McGehee, 2010).

Self-compassion plays a role in improving individual subjective well-being. Self-compassion is specifically a step to help increase positive emotions by finding the goodness and potential of the individual (Akin, 2010). According to Neff (2003), individuals who have self-compassion will show characteristics such as caring and compassion for themselves, not judging themselves, accepting all weaknesses and looking at them broadly, prioritising health and well-being, and having awareness of negative thoughts and emotions. Individuals who have high self-compassion are able to be kind to themselves even though they have many weaknesses and shortcomings, even when they are faced with a problem.

Self-compassion shows a significant and positive relationship with subjective well-being, hope, and purpose in life, and is negatively correlated with depression, distress, relationship dysfunction, and parenting difficulties. Thus, self-compassion can make individuals produce positive responses when life does not go as expected (Leary, 2007).

Compared to previous studies, there is something new in this research. There has been no study that examines the relationship between the two independent variables in this study, namely religiosity and self-compassion, together with subjective well-being. Second, the research respondents in previous studies, there has been no study that connects the variables of religiosity and subjective well-being as well as the relationship between self-compassion and subjective well-being using sophomores.

In previous studies, the subjects used were adolescents (Fauziah, 2019), early adults (Neff & McGehee, 2010), adults (Sharma & Singh, 2019), parents of children with autism (Neff & Faso, 2015), prisoners (Ahadiyanto, 2020), students and teachers (Ismail & Desmukh, 2012), undergraduate students (Leary, 2007).

Based on the description above, there is a phenomenon that religiosity and self-compassion can affect subjective well-being in sophomores. The research objective set is to determine the effect of religiosity and self-compassion on subjective well-being of sophomores. The hypothesis proposed is that there is an influence of religiosity and self-compassion on subjective well-being in sophomores.

2. RESEARCH METHOD

Participants

The participants in this study were sophomores. This study involved 105 sophomores consisting of 77 women and 28 men with an age range of 17-20 years. The sampling technique used purposive sampling technique. Purposive sampling is a sampling technique based on certain predetermined characteristics or criteria (Sugiyono, 2017). Purposive sampling in the form of sophomores criteria. Data collection in this study was conducted online using Google form media.

Design

This type of research is quantitative research using 3 variables. The independent variables in this study are religiosity (X1) and self-compassion (X2), and the dependent variable in this study is subjective well-being (Y).

Measurement Tools

Subjective well-being in this study was measured using the satisfaction with life scale by Diener et al (1995) which was adapted. One example of an item in this scale is 'In many ways, my life is close to ideal'. Answer options range from 1-7 ranging from strongly disagree to strongly agree. This scale consists of 5 items that measure cognitive evaluation of individual life satisfaction globally, with a Cronbach Alpha value of 0.847.

Religiosity in this study was measured using a scale developed by Odilo & Huber (2012), namely the religious centrality scale and modified. One example of an item in this scale is 'How often do you think about religious issues?'. The answer options range from 1-5 ranging from absolutely never to very often. This scale consists of 15 items, each of which consists of 3 items from each dimension, namely intellectual, ideology, public practice, private practice, and religious experience, with a Cronbach Alpha value of 0.860.

Self-compassion in this study was measured using a modified self-compassion scale by Neff (2003). One example of an item in this scale is 'I reject my shortcomings and weaknesses'. The answer options are 1-5 ranging from very unsuitable to very suitable. This scale has 26 items measuring the components of self-kindness, self-judgement, common humanity, isolation items, mindfulness, and over identified, which after being retested this scale has 12 valid items with a Cronbach Alpha value of 0.886.

Analysis Technique

Hypothesis testing in this study used multiple regression analysis techniques. Multiple regression is an analysis conducted on one dependent variable and two or more independent variables (Yudiatmaja, 2013). Sugiyono (2017) suggests that multiple regression analysis is an association analysis used simultaneously to examine the effect of two or more independent variables on one dependent variable with an interval scale.

After testing the validity and reliability of the measuring instruments used in this study, then proceed with conducting multiple regression analysis using IMB SPSS version 24. While other descriptive data are presented using percentage calculations.

3. RESULTS AND DISCUSSION

Findings related to demographic data can be seen in Table 1. The data presented in Table 1 contains data regarding the percentage of gender, age, and university location of respondents.

Table 1. Description of Demographic Data

Description	Total	Percentage (%)
Gender		
Male	28	26.7%
Female	77	73.3%
Age		
17	8	7.6%
18	60	57.1%
19	25	23.4%
20	12	11.4%
University Location		

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Java Island	35	33.3%
Sumatra Island	53	50.4%
Bali Island	12	11.4%

Table 2. Regression Test Result of Religiosity, Self-Compassion on Subjective Well-Being

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.473 ^a	.224	.209	5.285

a. Predictors: (Constant), X2, X1

In table 2, the R square value is 0.224, which shows that religiosity and self-compassion together affect subjective well-being by 22.4% and the rest is influenced by other variables.

Table 3. ANOVA

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	821.084	2	410.542	14.699	.000 ^b
	Residual	2848.878	102	27.930		
	Total	3669.962	104			

a. Dependent Variable: Y

b. Predictors: (Constant), X2, X1

Furthermore, in Table 3, the F value is 14.699 and the significance coefficient is 0.000 ($p < 0.05$), this indicates a significant influence between religiosity and self-compassion on subjective well-being in sophomores.

Table 4. Regression Coefficient of Religiosity, Self-Compassion to Subjective Well-Being

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	16.176	5.409		2.990	.003
	X1	.266	.073	.319	3.629	.000
	X2	-.228	.064	-.314	-3.575	.001

a. Dependent Variable: Y

In Table 4, the significant coefficient value on the religiosity variable is 0.000 ($p < 0.05$) and the significance coefficient value on the self-compassion variable is 0.001 ($p < 0.05$). This shows that both variables significantly affect the subjective well-being of sophomores.

In the Beta coefficient section of the religiosity variable, a value of $\beta = 0.319$ is obtained, which means that religiosity partially affects 31.9% of subjective well-being. Then, the self-compassion variable obtained a value of $\beta = -0.314$, which means that the self-compassion variable partially affects 31.4% of subjective well-being. However, the beta coefficient on the self-compassion variable is minus, this means that in this study the self-compassion variable has a negative effect, which means that good self-compassion does not necessarily improve the subjective well-being of shopomores.

This can happen because self-compassion focuses on emotional problems, while it is possible that subjective well-being in the subject is influenced by the problems they have (not emotional problems). Therefore, problem solving or problem focused coping may be more influential on the subjective well-being of sophomores than their emotional problems so that self-compassion has a negative influence on subjective well-being.

This research shows that religiosity is a strong predictor of subjective well-being. This is in line with research conducted by Abdul khalek (2010) which states that there is a significant influence between religiosity and subjective well-being, despite cultural differences owned by a region.

Another influence that has a role in subjective well-being in this study is self compassion. This is supported by research conducted by Prastiwi (2021) that self-compassion has a role in subjective well-being. Research conducted by Karinda (2020) states that self-compassion has a significant role in improving students' subjective well-being. Treating oneself with understanding, support, and acceptance can help create more positive psychological conditions and contribute to feelings of happiness and satisfaction with life.

4. CONCLUSIONS AND SUGGESTIONS

Based on the results of this study, it can be concluded that religiosity and self-compassion both alone and together can affect subjective well-being. Sophomores aged 17-20 years old need to increase self-compassion and religiosity to achieve better subjective well-being. The combination of religiosity provides peace and strength in facing life's challenges, while self-compassion helps maintain emotional balance and accept these imperfections. Both play a role in improving individual subjective well-being and providing support and a sense of satisfaction in life.

Future researchers are advised to pay attention to other variables that have not been measured in this study that may affect subjective well-being, especially external variables,

such as social support. In addition, future researchers are also advised to further discuss the status of students who migrate or not, and whether this affects the subjective well-being of sophomores.

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