Prosocial Personality and Self-Harm Tendencies in Young Adults: The Mediating Role of Self-Compassion and Resilience

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Abstract
The main aim of the research study was to determine the mediating role of self-compassion and resilience between prosocial personalities and self-harm tendencies. The study included 300 university students ranging in age from 17 to 25 years (M =21.1, SD = 2). The measures included in the study were self-compassion scale, resilience scale, prosocial personality scale, and self-harm tendencies scales was used. The results highlighted that prosocial personality, self-compassion, resilience, and self-harm tendencies were significantly related to each other. Whereas, all the study variables predicted each other. Also, it was concluded that self-compassion and resilience partially mediated the relationship between prosocial personality and self-harm tendencies. The findings will help in future development of effective techniques and interventions employed in reducing self-harm tendencies. The limitations and future suggestions are given at the end of the study.

Keywords: Prosocial Personality, Self-Compassion, Resilience, Self-Harm Tendencies, Young Adults

Introduction
Young adulthood is the phase of life between the age ranges of 18-25 years (Higley, 2019). Young adulthood is a critical period in an individual's life, where the individual finds themselves as having a greater sense of responsibility, while they try to execute their newfound autonomy. Young adulthood is also characterized by fit physical health, and financial resources, along with the academic and professional successes that follow. It is a crucial stage in a person's life when they begin to develop and solidify themselves while aiming to pursue and establish their careers (Nagaoka et al., 2015). Experiences like academic difficulties, workload, unhealthy competition, or social comparison may lead one

towards a weak emotional state of mind resulting in any form of psychological suffering- including self-harm tendencies (Stroud et al., 2015). They are vulnerable to injuries, mental health issues, drug abuse, and issues related to reproduction. Young people are vulnerable due to increasing risk-taking behavior with their serious negative consequences and really need to have inter positive support to cope with life (Higley, 2019).

Prosocial behavior is defined as voluntary actions that seek to benefit or assist someone else (Eisenberg et al., 2013). Personality refers to the features and behaviors that comprise an individual's adjustment to life, such as traits, values, abilities, and so on. The phrase "prosocial personality" was initially used to refer to a personality type that is marked by high levels of altruism and empathy, as well as a dedication to social justice, volunteerism, and other forms of activism (Wisely, 2007). An individual with a prosocial personality is affable and helpful to others. They are adept at forming friendships with people from diverse horizons, countries, and worldviews (Zhao et al., 2016). People who lack prosocial traits frequently steer clear of circumstances where they might be expected to lend a helping hand, such as going out of their way to aid someone else. Altruism, or the act of assisting others without expecting anything in return, can also be linked to it (Stocks & Lishner, 2018).

A study discovered that personality traits and Big Five were correlated with the variables of self-reported subjective well-being and psychological well-being. The significance of the Big Five traits was emphasized. The study's key conclusion was that extraversion was the greatest well-being correlation in the majority of personality models, indicating the necessity to look into the connection between personality and resilience as well (Anglim et al., 2020). Another finding suggested that the personality assessment might aid in conceptualizing by describing possible assets and treatment-related difficulties (Bucher et al., 2019). Moreover, Neuroticism was shown to be favorably correlated with loneliness, whereas the other traits were negatively correlated with loneliness (Buecker et al., 2020). A study was done to determine persistence in athletes based on their dark triad personality and psychological well-being. The findings revealed a link between sports students' fortitude, ego, self-acceptance, purposefulness, personal growth, environmental control, positive association, and freedom. Machiavelli's aspect was shown to have a substantial inverse association with antisocial behavior (Bagheri et al., 2021). The connection between self-compassion and personality in rising people from India. The findings showed that self-compassion was positively correlated with consciousness, agreeableness, and extraversion (Thurackal et al., 2016).

During COVID-19, the mediating and moderating effects of social support in the link between resilience and prosocial behavior among Chinese university students were examined. There was a relationship between resilience and prosocial behavior, with social support mitigating the indirect association. Also, support use performed as a moderator, suggesting that it may mitigate the negative impact of COVID-19 on prosocial behavior and act as a protective factor in stressful settings (Xue et al., 2022). Another study in COVID-19 epidemic, looked at the link between personality factors and psychological functioning. The function of resilience as a moderator was investigated in which the findings revealed that resilience had an impact on all Big Five connections, with extraversion being the most significant predictor of less adaptable psychological

performance. It was concluded that in stressful conditions, resilience may be a critical protective factor (Kocjan et al., 2021).

Self-compassion is the concept of being caring and understanding of oneself. Self-compassion is the ability to be supportive of oneself when experiencing any sort of suffering (Neff, 2003). It means attending to your own needs without trying to change who you are or responding in ways that appear forced or out of character. It entails comprehending your role in the events that influence you and learning how to respond in a way that makes sense to you (Neff & Tirch, 2013).

The occurrence and presentation of self-compassion, as well as its effects on interpersonal relationships and mental health in university students were examined. Self-compassion and interpersonal challenges were found to be major indicators of mental health issues (Batool & Jabeen, 2017). Self-compassionate individuals appear to be no different from those who lack self-compassion in terms of how much they deal with stress by resolving issues or diverting their attention (Allen & Leary, 2010). It was revealed that relationship exist between self-compassion and coping methods, along with a negative relationship existing between dysfunctional coping strategies. Self-compassion is essential for recognizing one's coping strategies, and the protective implications for maladaptive coping are becoming increasingly evident (Ewert et al., 2021).

It was hypothesized that gratitude would mediate the association between self-compassion and individual subjective well-being, as well as finding out whether online prosocial behavior (OPB) would regulate the relationship between the variables. The data demonstrated that thankfulness boosted the positive relationship between self-compassion and OPB. Furthermore, OPB was discovered to modulate the link between self-compassion and subjective well-being (Zeng et al., 2022). Other than that, a community sample was used to investigate the effects of stress reduction techniques based on self-compassion. Following the program involvement, there were discernible decreases in stress and mood-related symptoms as well as gains in self-awareness, spirituality, and self-compassion. Regarding empathy, there was a substantial increase in perspective-taking and a large decrease in personal distress, but there was no discernible change in empathic concern (Birnie et al., 2010).

Also, self-compassion and awareness have a strong negative relationship with depressive symptoms. While self-compassion has a greater effect on depressive symptoms than mindfulness, and a stronger mediating impact than mindfulness (Sibghat-Ullah & Batool, 2018). The link between self-compassion, resilience, and psychological well-being were investigated in a study involving 408 counselors in Malaysia. Self-compassion and psychological well-being were positively connected, but resilience and psychological well-being were adversely associated. (Voon et al., 2022). The self-compassion scale was administered to 40 Chinese and 41 American undergraduates to investigate variations in self-compassion. The results revealed that groups' overall levels of self-compassion or empathy did not substantially differ between them. The Chinese were found to have more self-kindness, shared humanity, isolation, and over-identification as compared to American students. Nonetheless, the scores on the subscales measuring fantasy and empathic concern were considerably higher among American students (Birkett, 2014).

It was disclosed that self-compassion and prosocial behavior are related because

the attention placed on taking care of ourselves, making the individuals to feel good about themselves (Yang et al., 2019). It was gathered that Chinese high school students' prosocial behavior and self-compassion were favorably associated, whereas, connection and trust mediated the positive relation. In addition, males were found to have a significantly greater level of self-compassion than girls, while boys had a marginally stronger association between self-compassion and trust than girls. Linking to this, Bluth et al., (2018) looked at the resilience and self-compassion of an adolescent population in which self-compassion was positively connected to both exploration and resilience, also gender impacted this association, so that it was stronger in men than in women.

Sher (2019) defined resilience as the capacity and continuous process of adjusting to challenging circumstances while maintaining healthy mental and physical well-being. Resilience is the mental tenacity and emotional balance necessary to recover from setbacks and move on in a good manner. It is knowing how to react when life throws you curve balls (Seery & Quinton, 2016). Resilient person does not feel sorry for themselves when things go wrong or are beyond their control; instead, they view these occurrences as challenges that will make them stronger in the long run at overcoming adversity when they face similar problems in the future (Hildon et al., 2008).

A study focused on faculty members from the social and legal sciences, discovered that resilience acts as a mediator between self-efficacy and burnout regardless of the contextual factors. The correlations between the three constructs were significant in all instances, and there were substantial differences between gender and university type (Galindo-Domínguez et al., 2020). In addition to this, Jordanian university students were studied to see if there was a link between resilience, depressive symptoms, and perceived social support. The findings revealed that half of the university students showed moderate to high levels of resilience and 70% had some degree of depressive symptoms, while half had good views towards social support from family, friends, and other sources. Also, Depression and peer social support were also shown to be key predictors of resilience (Hamdan-Mansour et al., 2014).

Furthermore, procrastinating has negative consequences and strong associations between improved academic success and higher levels of resilience, mindfulness, self-compassion, and consideration of future consequences (Egan et al., 2022). On the contrary, a study was observed in comparing resilience in older individuals to young adults. The findings showed that older individuals were the more resilient while younger adults had more resilience in terms of social support (Gooding et al., 2012). Whereas, High self-concept and resilience both serve as mediators in this connection (Shemesh & Heiman, 2021). Over the years 2018 and 2019, 125 experienced caretakers from Spain completed the Resilience Scale and the Prosocial Conduct Scale. The findings revealed that resilience is a significant predictor of prosocial behavior in health and social workers (Martí-Vilar et al., 2022).

Additionally, resilience was found to be a negative predictor of emotional behavioral difficulties causing individuals to harm themselves, whereas parental disagreement, gender, mother's education, and class were found to be positive predictors (Zaheer and Saleem, 2015).

Self-harm is the deliberate physical damage one does to himself, sometimes to end one's life. It is typically used to convey emotional distress or pain (Bryant et

al., 2021). Self-harm is defined as any activity that causes physiological or emotional injury to oneself, whether inadvertently or purposefully (Demuth & Démuthová 2019). In a 2018 Norwegian national health survey, 21.0% of university students reported suicidal thoughts and behaviors. While, lifetime non-suicidal self-harm behavior and thoughts were found among 19.6% - 22.6% of students, with more common among unmarried, single, and low-income students (Sivertsen et al., 2019).

At the psychological aspects that contribute to deliberate self-harm among Jordanian university students, depression and anxiety were shown to be only weakly related and not significant predictors, but social anxiety was the sole significant predictor. Despite alcohol consumption, no variations in self-harm were found to be related to socio-demographic or lifestyle factors (Hamdan-Mansour et al., 2021). A research was conducted to identify indicators of probable suicide attempts in high-risk groups. At the age of 21, Cannabis usage was found to be the most predictive suicidal attempt, followed by other illegal substance use, self-harm exposure and sleep issues (Mars et al., 2019). The non-suicidal self-injury (NSSI) is the intentional loss of physical tissue for causes other than suicide. A systematic literature review was conducted to key themes of NSSI, showcasing that it is more common in adolescents and young adults (Cipriano et al., 2017).

In accordance with this, a study identified 55 young adults aged 18-25 with suicidal resilience, which included characteristics such as more cognitive flexibility, self-efficacy, less use of digital devices, and less self-harm and drug use (Han et al., 2022). A study sought to meticulously investigate, critically analyze, and synthesize the link between poor sleep and self-harm in university students. The data suggest that sleeplessness and nightmares were associated with an increased risk of suicidal thoughts and behaviors (Russell et al., 2019).

On the other hand, a study looked at the risk variables for recurring self-harm and suicide mortality among Medicaid-eligible adolescent and young adult aged 12 to 24 years. Teenagers had a much higher 12-month suicide standardized fatality rate ratio following self-harm than young adults. Those who used violent self-harm tactics, particularly weapons, had a considerably increased risk of suicide (Olfson et al., 2018). Moreover, a study included seven young people having lived experience of self-harm, in a semi-structured interviews on the immediate causes of impulse to self-harm and beneficial coping mechanisms. Painful sentiments and a sense of loneliness were major themes while the wide range of triggering conditions and sentiments, the unique character of self-help strategies, and the necessity for young people to preserve autonomy and control while being encouraged to contact others for support are all underlined (Hetrick et al., 2020).

There was an integrated assessment of self-harm study in community-based adult populations between 2001-2020. The data suggest that self-harm is a problem for both adult groups and teens. The growing usage of electronic devices may be accountable for both bad and good impacts on self-harm, leading to a maturation issue that must be addressed directly (Brekelmans, 2021). A research study conducted in Ireland between 2007-2014 looked at trends in self-harm among young individuals aged 10 to 29, finding that the most common approach was a deliberate drug overdose. Males were more susceptible than females, with 19.2% engaging in recurrent self-harm (Bennardi et al., 2016). An investigation

looked at self-compassion and pain reactions in undergraduate women who had no history of self-injury. Participants who had previously self-injured reported lower traits and a higher state of self-compassion, whereas those who had previously self-injured reported a higher state and less indifference to suffering (Gregory et al., 2017). A study was done to examine the association between non-suicidal self-injury (NSSI) and suicidal thoughts and behaviors (STBs), as well as self-compassion and mindfulness. The findings showed that self-compassion and mindfulness had a moderately negative connection with both NSSI and STBs. Whereas, Self-compassion and mindfulness were found to be potential protective factors against STBs and NSSI (Per et al., 2022).

Conceptual Framework
Figure 1: Conceptual Model for Mediation Analysis
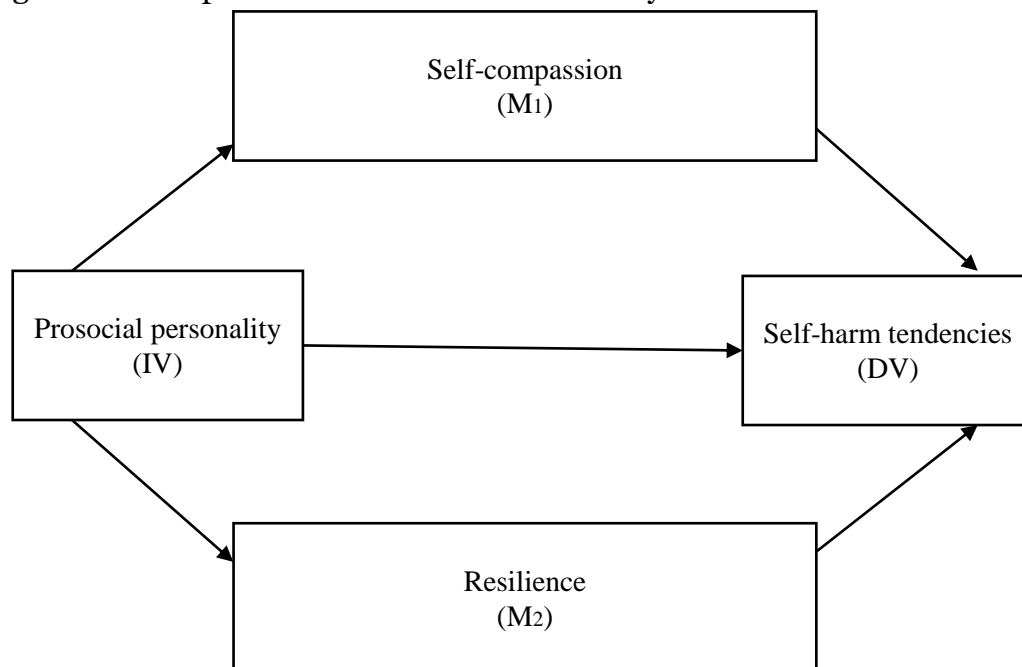
Hypotheses
- It is hypothesized that there will be a relationship between prosocial personality, self-compassion, resilience, and self-harm tendencies in young adults.
- It is hypothesized that self-compassion and resilience would mediate the relationship between prosocial personality and self-harm tendencies in young adults.
- It is hypothesized that prosocial personality would predict self-compassion in young adults.
- It is hypothesized that prosocial personality would predict resilience in young adults.
- It is hypothesized that prosocial personality would predict self-harm tendencies in young adults.

Method
Sampling Strategy

The primary study's sample of 300 young adults was contacted using a stratified sampling approach. The scales were filled out by young adults from various departments at the University of Management and Technology.

Inclusion Criteria
- Participant enrolled in secondary schools and in colleges.
- Participant aged 15 to 19 years.

Exclusion Criteria
- Participants with any kind of physical disability.

Participants and Setting
The information was gathered from a total of 300 young adults. The age range of the participants was from 17 to 25 years old. Young adults from the University of Management and Technology's various departments were contacted. Gender, age, semester, major course, institute, and background information such as location (rural or urban), family system (nuclear, joint, or other), and parents' education were collected.

Measures
Prosocial Personality Scale (PPS; Newly Developed)
This scale was newly developed for the current research. The scale consisted of 41 items with a 5-point Likert Scale ranging from strongly disagree (1) to strongly agree (5). The finalized scale had 27 items and the three factors were found to have a reliability ranging from .74 to .76. The scale had high face validity and satisfactory concurrent validity. The overall reliability of the scale was .87 which is highly significant (see Chapter IV, for results).

Altruism Scale for Youth (ASY; Batool et al., 2019)
The concurrent validity of the new scale was determined through the altruism scale developed by Batool et al. (2019). It consists of 24 items with a 4-point Likert type scale ranging from never (1) to always (4).

Self-Compassion Scale (SCS; Batool & Jabeen, 2017)
The self-compassion scale developed in the study Self-Compassion, Interpersonal Difficulties and Mental Health Problems in University Students was used. It has 27 items and three factors- including self-kindness, mindfulness, and spirituality, with a 4-point Likert type scale ranging from never (0) to always (4).

Resilience Scale (RS; Khadim & Saleem, 2015)
The resilience scale from the study Perceived Parenting Styles, Resilience and Mental Health problems in University Students was used. It has a total of 47 items and 4 factors including- lack of Emotional Regulation, Self Confidence, Robustness, and Problem-solving, with a 4-point Likert type scale ranging from never (0) to always (4).

Self-Harm Tendencies Scale (SHTS; Saleem & Rizvi, 2008)
The self-harm tendencies scale from Impulsive Personality Traits, Emotional Disclosure and Self-Harm Tendencies in Early Adults was used. It has 41 items and two factors including Emotional Relational Problems and Acting out Tendencies, with a 5-point Likert type scale ranging from never (0) to always (5).

Procedure and Ethical Considerations
First, the permission to collect data was obtained from the Institute of Clinical Psychology, University of Management and Technology, Lahore, as well as the authors of the measures to be utilized in the research study. Before meeting the participants, the data collection letter was filled out. The following ethical concerns were observed when collecting the data from the participants: anonymity, confidentiality, informed consent, and voluntary participation. Before handing the young adults the scales to complete out, they were asked for informed consent and their desire to participate. Participants who did not desire to participate or who were unable to complete the scales were free to withdraw from the study. Data was not fabricated or copied in any process of the research. Before approaching the participants, the consent letter for data collection was completed. The participants were approached in the cafeteria and sitting areas around the university's various departments. Before administering the measures, all participants were asked if they were available and willing to participate. Furthermore, they were guaranteed of the confidentiality and anonymity of the data. After that, each participant was given the research protocol, which included a demographic form, the prosocial personality scale, the self-compassion scale, the resilience scale, the self-harm tendencies scale, and the altruism scale. Each participant completed the protocol in 15 to 20 minutes. The research included 300 young adults, 162 of whom were females and 138 of whom were males. Following the data collection, the data was entered and analyzed by using SPSS.

Result
Hypothesis I: Prosocial Personality, Self-Compassion, Resilience and Self-Harm Tendencies
The first hypothesis of the main study, which states that there will be a relationship between prosocial personality, self-compassion, resilience, and self-harm tendencies in young adults, was tested using correlation analysis in order to get correlation matrix of the variables. This hypothesis was essential to the study since it provided the framework and broad concept for the additional research. Therefore, Pearson product-moment correlation was used.

Table 1: Pearson-correlation, Means, and Standard Deviations for Total Scores of Young Adults on the PPS, SCS, RS, and SHTS (N=300)

Variable	M	SD	1	2	3	4
1. PPS	107.39	11.58	-	.58**	.29**	-.65**
2. SCS	60.67	9.78	-	-	.44**	-.28**
3. RS	82.36	16.65	-	-	-	-.26**
4. SHTS	109.19	28.88	-	-	-	-

Note. PPS= Prosocial Personality Scale, SCS= Self-Compassion Scale, RS= Resilience Scale, SHTS= Self-Harm Tendencies Scale

Table 1 shows the intercorrelations, means, and standard deviations of PPS SCS, RS and SHTS. The first hypothesis of the study is supported by the results; a significant positive relationship between prosocial personality, self-compassion and resilience in young adults can be seen. It can also be noted that there is a

significant negative relationship between prosocial personality, self-compassion, resilience and self-harm tendencies.

Hypothesis II: Prosocial Personality and Self-Compassion
The second hypothesis of the main study, which states that prosocial personality would predict self-compassion among young adults, was tested by using simple linear regression analysis.

Table 2: Simple Regression Analysis of Predictors of Self-Compassion in Young Adults (N=300)

Predictor	B	$SE\ B$	β
PPS T	.49	.04	.58***
R^2	.33		
F	148.71***		
ΔR^2	.33		

Note. PPS T = Prosocial Personality Scale Total, β=Standardized Coefficient.
Table 2 shows the simple regression analysis indicated that prosocial personality $F\ (1, 298) = 148.71$, $p < .001$ is a significant positive predictor of self-compassion. The value of $R^2 = .33$ revealed that prosocial personality explained 33% variance in predicting self-compassion. The finding revealed that prosocial personality predicted self-compassion (β=.58, $p < .001$).

Hypothesis III: Prosocial Personality and Resilience
The third hypothesis of the main study, which states that prosocial personality would predict resilience among young adults, was tested by using simple linear regression analysis.

Table 3: Simple Regression Analysis of Predictors of Resilience in Young Adults (N=300)

Predictor	B	$SE\ B$	β
PPS T	.42	.08	.29***
R^2	.08		
F	27.43***		
ΔR^2	.08		

Note. PPS T = Prosocial Personality Scale Total, β=Standardized Coefficient
Table 3 shows the simple regression analysis indicated that prosocial personality $F\ (1, 298) = 27.43$, $p < .001$ is a significant positive predictor of resilience. The value of $R^2 = .08$ revealed that prosocial personality explained 8% variance in predicting resilience. The finding revealed that prosocial personality predicted resilience (β=.29, $p < .001$).

Hypothesis IV: Prosocial Personality and Self-Harm Tendencies
The fourth hypothesis of the main study, which states that prosocial personality would predict self-harm tendencies among young adults, was tested by using simple linear regression analysis.

Table 4: Simple Regression Analysis of Predictors of Self-Harm Tendencies in Young Adults (N=300)

Predictor	B	$SE\ B$	β

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PPS T	-1.63	.11	-.65***
R^2	.42		
F	219.70***		
ΔR^2	.42		

Note. PPS T = Prosocial Personality Scale Total, β=Standardized Coefficient

Table 4 shows the simple regression analysis indicated that prosocial personality F (1, 298) = 219.70, $p < .001$ is a significant negative predictor of self-harm tendencies. The value of $R^2 = .42$ revealed that prosocial personality explained 42% variance in predicting self-harm tendencies. The finding revealed that prosocial personality predicted self-harm tendencies (β=-.65, $p < 0.001$).

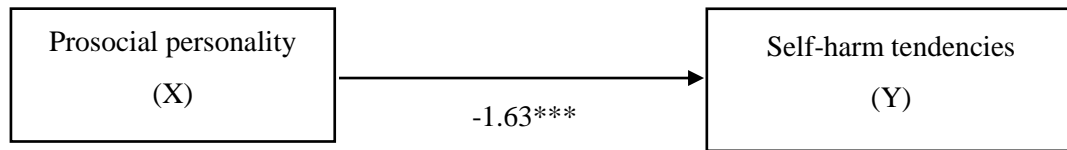### Hypothesis 5: Self-Compassion and Resilience as Mediators

The mediation model 4 was used to test the second hypothesis of the main study, which stated that self-compassion and resilience would mediate the relationship between prosocial personality and self-harm tendencies in young adults. The criteria developed by Baron and Kenny (1986) was utilised for mediation analysis to identify the effect of self-compassion and resilience in predicting prosocial personality and self-harm tendencies in young adults.

The following assumptions were included in the criteria:

1. a significant correlation between the predictor (X) and outcome (Y) variables
2. a significant correlation between the predictor (X) and the mediators (M1 and M2)
3. a significant correlation between the mediators (M1 and M2) and outcome (Y) variable in the presence of the predictor (X)
4. the attenuation (either full or partial) of a previously significant correlation between the predictor (X) and the outcome (Y) variables, when the mediator (M) variables are added.

Sobel and Michael's (1982) test were used to determine the relevance of the indirect pathway from the predictor (X) to the mediators (M) to the outcome (Y) variable. Figures and tables were utilised to demonstrate the mediation analyses model.

Figure 2: Indirect Effect of Prosocial Personality on Self-Harm Tendencies through Self-Compassion and Resilience

a) Direct pathway
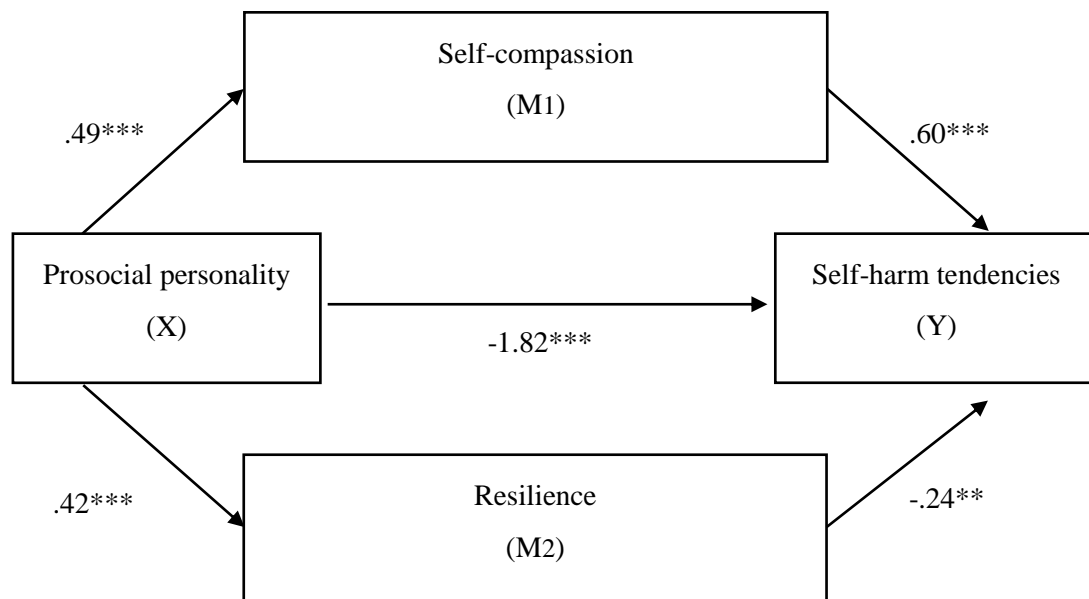
b) Indirect pathway

As shown in Figure 2, the mediation analysis of the prosocial personality and self-harm tendencies, with the presence of self-compassion and resilience. Results suggested that path c of the meditational model, in which the prosocial personality (X) negatively predicted the self-harm tendencies (Y), was significant (β =-1.63, t (300) = -14.82, p < .001). It was found that path a1 of the meditational model, in which the prosocial personality (X) positively predicted the self-compassion (M1), were significant (β =.49, t (300) = 12.19, p < .001). It was also found that path a2 of the meditational model, in which the prosocial personality (X) positively predicted the resilience (M2), were significant (β =.42, t (300) = 5.24, p < .001). Furthermore, it was found that path b1 of the meditational model, in which the self-compassion (M1) positively predicted self-harm tendencies (Y), were significant (β =.60, t (300) = 3.61, p < .001). It was also found that path b2 of the meditational model, in which the resilience (M2) negatively predicted self-harm tendencies (Y), were significant (β =-.24, t (300) = -2.88, p < .001). Finally, path c' of the meditational model, in which the prosocial personality (X) and self-harm tendencies (Y) were significantly negatively related, when controlling for self-compassion (M1) and resilience (M2) (β =-1.82, t (300) = -13.83, p < .001), thus suggesting negative partial mediation. The overall model summary explained a positively significant portion of 42 % variance (R^2 = .42) in self-harm tendencies of young adults F (1, 298) = 219.70, p < .001.

Table 5: Standardized Indirect Effect of PPS on SHTS through Self-Compassion (N=300)

Mediation Path	Mediator	Indirect effect	B	95% CI	
				LL	UL
PPS → SHTS	Self-compassion	.29	.08	.14	.45

Note. B = regression coefficient (standardized direct effect). PPS= Prosocial Personality Scale; SHTS= Self-Harm Tendencies Scale; CI = confidence interval; LL = lower limit; UL =upper limit.

Table 5 shows the standardized indirect effect of prosocial personality (IV) on self-harm tendencies (DV) through self-compassion (proposed mediator). Results of the meditational analysis confirmed the mediating role of self-compassion between prosocial personality and self-harm tendencies (B = .08; CI = .14 to .45). Above all, 29% of effect of prosocial personality on self-harm tendencies was mediated by self-compassion.

Table 5: Standardized Indirect Effect of PPS on SHTS through Resilience (N=300)

Mediation Path	Mediator	Indirect effect	B	95% CI	
				LL	UL
PPS → SHTS	Resilience	-.10	.05	-.20	-.02

Note. B = regression coefficient (standardized direct effect). PPS= Prosocial Personality Scale; SHTS= Self-Harm Tendencies Scale; CI = confidence interval; LL = lower limit; UL =upper limit.

Table 6 shows the standardized indirect effect of prosocial personality (IV) on self-harm tendencies (DV) through resilience (proposed mediator). Results of the meditational analysis confirmed the mediating role of resilience between prosocial personality and self-harm tendencies (B = .05; CI = -.20 to -.02). Above all, -10% of effect of prosocial personality on self-harm tendencies was mediated by resilience.

Discussion
The study aimed to concentrate on the prosocial personality. Individuals with a prosocial personality possess features and attributes such as a consistent dispositional predisposition to regard other people's rights and well-being, to feel empathy and care for others, and to act in a way that benefits others.

To assess the study's primary hypotheses, correlation, simple linear regression, and mediation analyses were performed. The primary study's first hypothesis, that there would be a link between prosocial personality, self-compassion, resilience, and self-harm tendencies in young people, was investigated using correlation analysis to generate a correlation matrix of the variables. This hypothesis was essential to the study since it provided the framework and broad concept for the additional research. Therefore, Pearson product-moment correlation was used. The results for the first hypothesis were significant as a positive relationship between the variables was clear. There is also a substantial inverse association between prosocial personality, self-compassion, resilience, and self-harm inclinations. The results of the current study were related to a study that concluded that resilience, curiosity, and inquiry were positively

connected with self-compassion (Bluth et al., 2018).
The primary study's second hypothesis, the results match up with the findings of a study that revealed the link between teenagers' prosocial conduct and self-compassion, with connection and trust mediating the positive correlation (Yang et al., 2019). Another study found that self-compassion and individual subjective well-being were also mediated by online prosocial behavior (Zeng et al., 2022).
The third hypothesis of the main study, the simple linear regression concluded that prosocial personality is a significant positive predictor of resilience. The findings are consistent with those of a previous study, which found that resilience was a significant predictor of prosocial conduct reducing stress (Martí-Vilar et al., 2022). In another study, a positive relationship between resilience and prosocial behavior was also found (Xue et al., 2022).
The fourth hypothesis of the main study, concluded that prosocial personality is a significant negative predictor of self-harm tendencies. These results are in line with those of a previous study, which revealed that painful sentiments and a sense of loneliness were major themes to self-harm tendencies in young adults and social support was highlighted as a helpful strategy (Hetrick et al., 2020). The study also suggested that individuals indulge in self-help and engaging behaviors to reduce their overall inclinations towards self-harm.
The last hypothesis was tested and showed that self-compassion and resilience partially mediated the relationship between prosocial personality and self-harm tendencies. An examination of the literature indicated a relationship between higher levels of self-compassion and lower levels of suicidal ideation, as well as a weaker association between negative life experiences and self-harm (Cleare et al. 2019). Another meta-analysis indicated self-compassion and mindfulness to be possible protective variables against non-suicidal self-injury as well as suicidal thoughts and behaviors (Per et al., 2022). In another study, suicide resilience was discovered in 55 participants- which included characteristics such as more cognitive flexibility, self-efficacy, less use of digital devices, and less self-harm and drug use (Han et al., 2022).

Conclusion
The research has been able to highlight the relationship among its variables and has concluded that self-compassion and resilience partially mediated the relationship between prosocial personality and self-harm tendencies.

Limitations and Further Suggestions
- Samples from different parts of the city or across the country can be collected for generalizability.
- The present research study may be used to perform similar studies around the country.
- The study's participants indicated that the scale was extensive and that they were sometimes unable to fill it thoroughly.

Implications
This study can also serve as a foundation for future research on prosocial personality among young adults about various variables. It may also be utilized to increase awareness about how self-compassion and resilience can be used to reduce self-harming inclinations. This research may be used to create workshops and intervention strategies that aim to enhance self-compassion and resilience to

reduce the frequency of self-harming behaviors.

References

Allen, A. B., & Leary, M. R. (2010). Self-Compassion, stress, and coping. *Social and personality psychology compass, 4*(2), 107-118.

Anglim, J., Horwood, S., Smillie, L. D., Marrero, R. J., & Wood, J. K. (2020). Predicting psychological and subjective well-being from personality: A meta-analysis. *Psychological Bulletin*, *146(4),* 279.

Bagheri Sheykhangafshe, F., Abolghasemi, A., & Kafi Masouleh, S. M. (2021). Predicting Resilience based on Dark Triad personality and psychological wellbeing in athletes students. *Journal of Arak University of Medical Sciences, 24*(2), 230-245.

Baron, R. and Kenny, D. (1986) The Moderator-Mediator Variable Distinction in Social Psychological Research: Conceptual, Strategic, and Statistical Considerations. Journal of *Personality and Social Psychology, 51*, 1173-1182.
https://doi.org/10.1037/0022-3514.51.6.1173

Batool, A. & Jabeen, A. (2017). Self-compassion, interpersonal difficulties and mental health problems in university students Doctoral dissertation, University of Management and Technology Lahore.

Bennardi, M., McMahon, E., Corcoran, P., Griffin, E., & Arensman, E. (2016). Risk of repeated self-harm and associated factors in children, adolescents and young adults. *BMC psychiatry, 16*(1), 1-12.

Birkett, M. (2014). Self-compassion and empathy across cultures: Comparison of young adults in China and the United States. *International Journal of Research Studies in Psychology, 3(*3), 25-34.

Birnie, K., Speca, M., & Carlson, L. E. (2010). Exploring self-compassion and empathy in the context of mindfulness-based stress reduction (MBSR*). Stress and Health, 26*(5), 359-371.

Bluth, K., Mullarkey, M., & Lathren, C. (2018). Self-compassion: A potential path to adolescent resilience and positive exploration. *Journal of child and family studies, 27*, 3037-3047.

Brekelmans, S. (2021). Understanding deliberate self-harm in adult populations: an integrative review (Master's thesis).

Bryant, L. D., O'Shea, R., Farley, K., Brennan, C., Crosby, H. F., Guthrie, E., & House, A. (2021). Understanding the functions of repeated self-harm: AQ methodology approach. *Social Science & Medicine, 268*, 113527.

Bucher, M. A., Suzuki, T., & Samuel, D. B. (2019). A meta-analytic review of personality traits and their associations with mental health treatment outcomes. *Clinical Psychology Review*, *70*, 51-63.

Buecker, S., Maes, M., Denissen, J. J., & Luhmann, M. (2020). Loneliness and the big five personality traits: a meta-analysis. *European Journal of Personality*, *34*(1), 8-28.

Cipriano, A., Cella, S., & Cotrufo, P. (2017). Nonsuicidal self-injury: A systematic review. *Frontiers in psychology, 8,* 1946.

Cleare, S., Gumley, A., & O'Connor, R. C. (2019). Self-compassion, self-forgiveness, suicidal ideation, and self-harm: A systematic review. *Clinical psychology & psychotherapy, 26*(5), 511-530.

Demuth, A., & Démuthová, S. (2019). On the Concept of Self-harm. Proceedings.

The International Journal of Arts & Sciences.

Egan, H., O'hara, M., Cook, A., & Mantzios, M. (2022). Mindfulness, self-compassion, resiliency and wellbeing in higher education: a recipe to increase academic performance. *Journal of Further and Higher Education, 46*(3), 301-311.

Eisenberg, N., Spinrad, T. L., & Morris, A. S. (2013). Prosocial development.

Ewert, C., Vater, A., & Schröder-Abé, M. (2021). Self-compassion and coping: A meta-analysis. *Mindfulness, 12,* 1063-1077.

Gooding, P. A., Hurst, A., Johnson, J., & Tarrier, N. (2012). Psychological resilience in young and older adults. *International journal of geriatric psychiatry, 27*(3), 262-270.

Gregory, W. E., Glazer, J. V., & Berenson, K. R. (2017). Self-compassion, self-injury, and pain. *Cognitive Therapy and Research, 41*, 777-786.

Hamdan-Mansour, A. M., Alzayyat, A. A., Hamaideh, S. H., Rafaiah, M. Q. B., Al Jammal, O. L., & Hamdan-Mansour, L. A. (2021). Predictors of deliberate self-harm among university students. *International Journal of Mental Health and Addiction,* 1-13.

Han, J., Wong, I., Christensen, H., & Batterham, P. J. (2022). Resilience to suicidal behavior in young adults: a cross-sectional study. *Scientific reports, 12*(1), 11419.

Hetrick, S. E., Subasinghe, A., Anglin, K., Hart, L., Morgan, A., & Robinson, J. (2020). Understanding the needs of young people who engage in self-harm: a qualitative investigation. *Frontiers in psychology, 10*, 2916.

Higley, E. (2019). Defining Young Adulthood. *DNP Qualifying Manuscripts, 17.*

Hildon, Z., Smith, G., Netuveli, G., & Blane, D. (2008). Understanding adversity and resilience at older ages. *Sociology of health & illness, 30*(5), 726-740.

Kocjan, G. Z., Kavčič, T., & Avsec, A. (2021). Resilience matters: Explaining the association between personality and psychological functioning during the COVID-19 pandemic. *International Journal of Clinical and Health Psychology, 21*(1), 100198.

Mars, B., Heron, J., Klonsky, E. D., Moran, P., O'Connor, R. C., Tilling, K., ... & Gunnell, D. (2019). Predictors of future suicide attempt among adolescents with suicidal thoughts or non-suicidal self-harm: a population-based birth cohort study. *The Lancet Psychiatry, 6*(4), 327-337.

Martí-Vilar, M., Tortosa, A. C., Sales-Galán, A., & Corradi, G. (2022). Resilience and prosocial behaviour in Spanish care professionals of dependent persons. *Health & Social Care in the Community.*

Nagaoka, J., Farrington, C. A., Ehrlich, S. B., & Heath, R. D. (2015). Foundations for Young Adult Success: A Developmental Framework. *Consortium on Chicago School Research.*

Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and identity, 2*(2), 85-101.

Neff, K., & Tirch, D. (2013). Self-compassion and ACT. Mindfulness, acceptance, and positive psychology: *The seven foundations of well-being*, 78-106.

Olfson, M., Wall, M., Wang, S., Crystal, S., Bridge, J. A., Liu, S. M., & Blanco, C. (2018). Suicide after deliberate self-harm in adolescents and young adults. *Pediatrics, 141*(4).

Per, M., Schmelefske, E., Brophy, K., Austin, S. B., & Khoury, B. (2022). Mindfulness, Self-compassion, Self-injury, and Suicidal thoughts and

Behaviors: a Correlational Meta-analysis. *Mindfulness*, *13*(4), 821-842.

Russell, K., Allan, S., Beattie, L., Bohan, J., MacMahon, K., & Rasmussen, S. (2019). Sleep problem, suicide and self-harm in university students: A systematic review. *Sleep medicine reviews, 44,* 58-69.

Seery, M. D., & Quinton, W. J. (2016). Understanding resilience: From negative life events to everyday stressors. *In Advances in experimental social psychology*, *54*, 181-245. Academic Press.

Shemesh, D. O., & Heiman, T. (2021). Resilience and self-concept as mediating factors in the relationship between bullying victimization and sense of well-being among adolescents. *International Journal of Adolescence and Youth, 26*(1), 158-171.

Sher, L. (2019). Resilience as a focus of suicide research and prevention. *Acta Psychiatrica Scandinavica, 140*(2), 169-180.

Sibghat-ullah, W., & Batool, I. (2018). The Mediating Role of Self-Compassion in the Relationship of Mindfulness with Depressive Symptoms. *Peshawar Journal of Psychology and Behavioral Sciences (PJPBS), 4*(1), 55-80.

Sivertsen, B., Hysing, M., Knapstad, M., Harvey, A. G., Reneflot, A., Lønning, K. J., & O'Connor, R. C. (2019). Suicide attempts and non-suicidal self-harm among university students: prevalence study. *BJPsych open, 5*(2), e26.

Sobel, & Michael E. (1982). Asymptotic confidence intervals for indirect effects in structural equation models. *Sociological methodology 13* , 290-312.

Stocks, E. L., & Lishner, D. A. (2018). Empathy and altruism. In Oxford Research Encyclopedia of Psychology.

Stroud, C., Walker, L. R., Davis, M., & Irwin Jr, C. E. (2015). Investing in the health and well-being of young adults. *Journal of Adolescent Health, 56(*2), 127-129.

Thurackal, J. T., Corveleyn, J., & Dezutter, J. (2016). Personality and Self-Compassion: Exploring their Relationship in an Indian Context. *European Journal of Mental Health*, *11*(1-2), 18.

Voon, S. P., Lau, P. L., Leong, K. E., & Jaafar, J. L. S. (2022). Self-compassion and psychological well-being among Malaysian counselors: The mediating role of resilience. *The Asia-Pacific Education Researcher, 31*(4), 475-488.

Wisely, N. (2007). Prosocial Behavior. The Blackwell Encyclopedia of Sociology.

Xue, S., Kaufman, M. R., Zhang, X., Xia, S., Niu, C., Zhou, R., & Xu, W. (2022). Resilience and prosocial behavior among Chinese university students during COVID-19 mitigation: testing mediation and moderation models of social support. *Psychology Research and Behavior Management, 15,* 1531–1543.

Yang, Y., Guo, Z., Kou, Y., & Liu, B. (2019). Linking self-compassion and prosocial behavior in adolescents: The mediating roles of relatedness and trust. *Child Indicators Research, 12*, 2035-2049.

Zaheer, M. & Saleem, S. (2015). Perceived parental disharmony, resilience, and emotional and behavioral problems in adolescents.

Zeng, P., Nie, J., Geng, J., Wang, H., Chu, X. (2022). Self-compassion and subjective well-being: A moderated mediation model of online prosocial behavior and gratitude. P*sychology in the Schools*.

Zhao, K., Ferguson, E., & Smillie, L. D. (2016). Prosocial personality traits differentially predict egalitarianism, generosity, and reciprocity in economic games. *Frontiers in psychology, 7,* 1137