The Moderating and Mediating Effects of Private Self-Consciousness and Self-Compassion on the Relationship between Subjective Health Perception and Mental Fitness

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Abstract: The purpose of this study is to explore the subjective health perception and mental fitness to prove the moderating model and pathway of mediating effects of negative factor of self-compassion, positive factor and private self-consciousness. The study was conducted among five operation agency cities in South Korea. A set of measures, consisting of the Subjective Health State Scale (SHSS), the Scale for Dispositional Self focused Attention (SDSAS), the Korean version of Self-Compassion Scale (K-SCS), and the Mental Fitness Scale (MFS), was administered to 562 adults. To verify the research hypothesis, M-Plus 6.12 programs were used for bootstrapping methods. In the current study, Cronbach's alpha was calculated as .948 for the Subjective Health State Scale, .927 for the Scale for Dispositional Self focused Attention, .863 for the Korean version of Self-Compassion Scale, and .978 for the Mental Fitness Scale, respectively. For the research result, this study presented descriptive statistics for each variable of respondents' and conducted correlation analysis among subjective health perception to mental fitness through negative factor of self-compassion and positive factor of self-compassion and private self-consciousness. Therefore, the moderating model and pathway of mediating effects on the relationship between subjective health perception, mental fitness, negative factor of self-compassion, positive factor of self-compassion and private self-consciousness was verified and suggested. The paper also discussed the contribution and limitation of this study, and suggestions for further research.

Keywords: Subjective Health Perception, Private Self-Consciousness, Self-Compassion, Mental Fitness, Pathway Model

1. Introduction

Prior studies have repeatedly emphasized more subjective mental fitness and greater level of subjective health perception [1], private self-consciousness [2-4], and negative and positive factors of self-compassion [5]. "Therefore, we have to conceptualize the role of ethical leaders regarding psychological interventions about the mental model."

There seem to be two answers: First, "among people's mental health, they want to overcome their psychological or cognitive problems as mental is a means for modification of private self-consciousness."

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Second, “people's subjective health perception to achieve a better understanding of self-compassion (negative factor and positive factor) for their healthy life.” These two aims often cannot be clearly separated, and most adults' s probably pursue both to a certain extent. People who have undergone extensive mental training for negative factor of subjective health perception and mental fitness have shown improvements in cognitive performance in negative and positive factors of self-compassion. Prior studies have repeatedly emphasized that the more subjective mental fitness and the greater the level of subjective health perception. Therefore, after briefly surveying previous attempts to summarize the and understand the relationship and effects of subjective health perception, mental fitness, negative and positive factors of self-compassion and private self-consciousness, this study introduce existing theoretical approaches from South Korea[2]. And Germer[5] studied for adults, found that negative self-compassion and positive self-compassion moderated in the relation between private self-consciousness and mental health. Despite the public's growing interest and an increasing number of studies on the impact of subjective health perception and mental fitness, there is a surprising scarcity of empirical evidence, especially that which stems from research outside the therapeutic context within negative and positive factors of self-compassion.

Numerous studies have been conducted that investigate the effects on adults in relation to their field of study, yet there is an even more surprising lack of elaborate psychological theories that make sound predictions about what to expect if one works.

This theoretical approach is frequently mirrored in the measures used in this study which include all kinds of dependent variables that are not specific to work research (such as subjective health perception and mental fitness) as well as other kinds of research.

In this article, however, we place an emphasis on empirical evidence. We are convinced that real progress in understanding the effects of subjective health perception and mental fitness cannot be made if future empirical studies are not guided by better theories.

Therefore, after briefly surveying previous attempts to summarize the and understand the relationship and effects of subjective health perception, mental fitness, negative and positive factors of self-compassion and private self-consciousness, we introduce existing theoretical approaches from South Korea.

However, it is perceived as positive cognition based on unconscious critical thought. It also causes psychological confusion and psychopathology.

Yim and Kim reported the results of a positive correlation between subjective health perception and mental fitness[1].

Furthermore, comparative studies on cognition types focusing on psychological intervention have reported that psychological interventions positively affect victims' mental health as well as subjective health perception and mental fitness.

In addition, in some cases, psychological interventions have positive and long-term effects compared to negative and positive factors of self-compassion.

As a result, it is found that there is a lack of research on mediating effects of subjective health perception, mental fitness, private self-consciousness, negative and the positive factors of self-compassion.

This study, therefore, aims to investigate the relationship between subjective health perception, mental fitness, private self-consciousness and negative and the positive factors of self-compassion. This study is based on the assumption that the issues of cognitive maladjustment due to various subjective health perception and mental fitness experienced by meditators living in South Korea are related to private self-consciousness and the negative and positive factors of self-compassion.

First, this study examines whether subjective health perception, private self-consciousness and the negative and positive factors of self-compassion, and mental fitness have significant correlations.

Second, the study examines whether subjective health perception, in terms of their effect on mental fitness, will have a continuous mediating effect on private self-consciousness and the negative and positive factors of self-compassion.

This research question of this study are:

- 1) How perceived subjective health perception of adults affects mental fitness?
- 2) Does private self-consciousness and the negative and positive factors of self-compassion as a moderator between perceived subjective health and mental fitness of adults?

This study may be useful for enhancing the understanding of the factors affecting the meditator, and could provide the opportunity for clinicians to provide basic data on research and psychotherapy.

2. Methods

2.1 Demographic Characteristics of Participants and Data Collection

This study was conducted from January 2018 to June 2019. Participants were male and female (adults) in Seoul, Korea. The data from 562 males and females (adults) in Seoul, Korea were used in the final analysis. As shown in Table 1, the ages and gender of participants were in the following: over the age of 18 (33 or 5.87%), over the age of 31 (164 or 29.18%), over the age of 41 (115 or 20.46%), over the age of 51 (161 or 28.64%), and over the age of 61 (90 or 16.01%).

[Table 1] Age and Gender of Participants (N=562)

Age		Total(%)
Divison	Over the age of 18	33(5.87%)
	Over the age of 31	164(29.18%)
	Over the age of 41	115(20.46%)
	Over the age of 51	161(28.64%)
	Over the age of 61	90(16.01%)
Total		562(100.00%)

2.2 Tools

2.2.1 Subjective Health Scale

In order to measure the subjective health towards their chosen major, this study used Speak, Cowart and Pellet's [6] tool developed by Yim and Kim [1]. This tool consists of a total of questions. The measurement criterion uses a five-point Likert scale with one point as 'not at all' to five points as 'very much'. The higher the score, the higher the degree of satisfaction towards their major. As for the reliability of the tool, the Cronbach α value in Lee's study [7] was .891, and the Cronbach α value in this study was .948.

2.2.2 Self Compassion Scale

In order to measure the self compassion towards their chosen major, this study used Neff's [8] tool developed by Gu and Jung [9]. This tool consists of a total of 26 questions. The measurement criterion uses a five-point Likert scale with one point as 'not at all' to five points as 'very much'. The higher the score, the higher the degree of satisfaction towards their major. As for the reliability of the tool, the Cronbach α value in Gu and Jung's study was .82. Positive factors and negative factors were measured individually; Cronbach's α .795 on positive factors, and Cronbach's α .706 on negative factors, and a total of .863 Cronbach's α .

2.2.3 Self-focused Attention Scale

In order to measure the self-focused attention towards their chosen major, this study used Fenigstein's[10] tool developed by Lee and Kwon[11]. This tool consists of a total of 30 questions. The measurement criterion uses a five-point Likert scale with one point as 'not at all' to five points as 'very much'. The higher the score, the higher the degree of satisfaction towards their major. As for the reliability of the tool, the Cronbach α value in Lee and Kwon's study[11] was .93, and the Cronbach α value in this study was .927.

2.2.4 Mental Fitness Scale

In order to measure the mental fitness towards their chosen major, this study used Cho, Woo, Kim, Byean, Kang, Choi, Bang, Lee, Bark, Chae, Yim and Cho's[12] tool. This tool consists of a total of 20 questions. The measurement criterion uses a four-point Likert scale with one point as 'not at all' to four points as 'very much'. The higher the score, the higher the degree of satisfaction towards their major. As for the reliability of the tool, the Cronbach α value in Cho's study[12] was .901, and the Cronbach α value in this study was .978.

2.3 Data analysis

The data collected for this study was analyzed using the IBM SPSS V.21 and M-Plus 6.12 as follows[13]: We used a 95% confidence interval based on the empirical distribution estimated by bootstrapping to verify the mediating effect. Bootstrapping interpreted the sample as statistically significant if it did not know the distribution of the population and if the 95% confidence interval did not include zero[14].

3. Results

3.1 Correlation analysis

3.1.1 Correlation analysis of variable

The results of Pearson's correlation analysis were analyzed to discover the relationship between subjective health perception and private self-consciousness and negative and positive factors of self-compassion and mental fitness. There was significant correlation between subjective health perception and private self-consciousness and negative and positive factors of self-compassion and mental fitness. However, there were significant negative correlations between subjective health perception and private self-consciousness ($r = -.675, p < .01$), the negative factor of self-compassion ($r = -.714, p < .01$).

Also, there were significant positive correlations between subjective health perception and positive factor of self-compassion ($r = .609, p < .01$), and mental fitness ($r = .139, p < .01$). There was a significant positive correlation between private self-consciousness and negative factor of self-compassion ($r = .870, p < .01$). a significant negative positive correlation between private self-consciousness and positive factor of self-compassion ($r = -.706, p < .01$). a significant negative correlation between private self-consciousness and mental fitness ($r = -.510, p < .01$). a significant negative correlation between negative factor of self-compassion and positive factor of self-compassion ($r = -.802, p < .01$). a significant negative correlation between negative factor of self-compassion and mental fitness ($r = -.539, p < .01$). a significant positive correlation between positive factor of self-compassion and mental fitness ($r = .276, p < .01$).

[Table 2] Correlation Analysis of Variable

	Subjective Health Perception	Private Self-Consciousness	Negative factor of Self-Compassion	Positive factor of Self-Compassion	Mental Fitness
Subjective Health Perception	1				
Private Self-Consciousness	-.675**	1			
Negative factor of Self-Compassion	-.714**	.870**	1		
Positive factor of Self-Compassion	.609**	-.706**	-.802**	1	
Mental Fitness	.139**	-.510**	-.539**	.276**	1
*p<.05 **p<.01 ***p<.001					

3.1.2 Correlation Analysis of Variable of Subfactor

The results of Pearson's correlation analysis were analyzed to discover the relationship between sub-factors of subjective health perception and private self-consciousness and self-compassion and mental fitness.

There were significant negative correlations between subjective health perception and general self-focused attention of self-consciousness ($r = -.383$, $p < .01$).

Also, there were significant negative correlations between subjective health perception and defensive self-focused attention of private self-consciousness ($r = -.478$, $p < .01$). a significant negative correlation between subjective health perception and negative factor of self-compassion ($r = -.714$, $p < .01$). a significant negative correlation between subjective health perception and positive factor of self-compassion ($r = .609$, $p < .01$). a significant positive correlation between subjective health perception and mental energy of mental fitness ($r = .401$, $p < .01$). a significant positive correlation between subjective health perception and empathic communication of mental fitness ($r = .324$, $p < .01$). a significant negative correlation between subjective health perception and flexibility of mental fitness ($r = -.125$, $p < .01$). a significant negative correlation between subjective health perception and self-assurance of mental fitness ($r = -.129$, $p < .01$). There was a significant negative correlation between general self-focused attention of private self-consciousness and negative factor of self-compassion ($r = .151$, $p < .01$). a significant negative correlation between general self-focused attention of private self-consciousness and positive factor of self-compassion ($r = -.402$, $p < .01$). a no significant correlation between general self-focused attention of private self-consciousness and mental energy and empathic communication of mental fitness. a significant positive correlation between general self-focused attention of private self-consciousness and flexibility of mental fitness ($r = .336$, $p < .01$). a significant negative correlation between general self-focused attention of private self-consciousness and self-assurance of mental fitness ($r = -.256$, $p < .01$). There was a significant positive correlation between defensive self-focused attention of private self-consciousness and negative factor of self-compassion ($r = .782$, $p < .01$). a significant negative correlation between defensive self-focused attention of private self-consciousness and positive factor of self-compassion ($r = -.499$, $p < .01$). a significant negative correlation between defensive self-focused attention of private self-consciousness and mental energy of mental fitness ($r = -.660$, $p < .01$). a significant negative correlation between defensive self-focused attention of private self-consciousness and empathic communication of mental fitness ($r = -.551$, $p < .01$). a significant negative correlation between defensive self-focused attention of private self-consciousness and flexibility of mental fitness ($r = -.477$, $p < .01$). a significant

negative correlation between defensive self-focused attention of private self-consciousness and self-assurance of mental fitness ($r = -.171$, $p < .01$). There was a significant negative correlation between negative factor of self-compassion and mental energy of mental fitness ($r = -.745$, $p < .01$). a significant negative correlation between negative factor of self-compassion and empathic communication of mental fitness ($r = -.671$, $p < .01$). a significant negative correlation between negative factor of self-compassion and flexibility of mental fitness ($r = -.275$, $p < .01$). a significant negative correlation between negative factor of self-compassion and self-assurance of mental fitness ($r = -.177$, $p < .01$). There was a significant positive correlation between positive factor of self-compassion and mental energy of mental fitness ($r = .481$, $p < .01$). a significant positive correlation between positive factor of self-compassion and empathic communication of mental fitness ($r = .438$, $p < .01$). But, there was no significant between positive factor of self-compassion and flexibility and self-assurance of mental fitness.

[Table 3] Correlation Analysis of Variable of Subfactor

		Subjective Health Perception	Private Self-Consciousness		Self-Compassion		Mental Fitness			
			General Self-focused Attention	Self-Absorption	Negative factor	Positive factor	Mental energy	Social sense	Flexibility	Mental strength
Private Self-Consciousness		1								
Private Self-Consciousness	General Self-focused Attention	-.383**	1							
	Self-Absorption	-.478**	-.277**	1						
Self-Compassion	Negative factor	-.714**	.151**	.782**	1					
	Positive factor	.609**	-.402**	-.499**	-.802**	1				
Mental Fitness	Mental energy	.401**	.034	-.660**	-.745**	.481**	1			
	Social sense	.324**	.053	-.551**	-.671**	.438**	.955*	1		
	Flexibility	-.125**	.366**	-.477**	-.275**	-.033	.726*	.762*	1	
	Mental strength	-.129**	-.256**	-.171**	-.177**	.079	.500*	.474*	.698**	1
*p<.05 **p<0.01 ***p<.001										

3.2 Moderating Model

We performed bootstrapping by extracting 2000 parts of the escapism of subjective health perception to the mental fitness through the negative and positive factors of self-compassion. As a result, the indirect effect was significant because the path through negative factor of self-compassion ($\beta = .190$, C.I. [.145~.249]), the positive factor of self-compassion ($\beta = -.124$, C.I. [-.160~-.096]), private self-consciousness ($\beta = .166$, C.I. [.110~.237]), private self-consciousness and negative factor of self-compassion ($\beta = .245$, C.I. [.214~.300]), and the private self-consciousness and positive factor of

self-compassion($\beta = -.124$, C.I.[-.160~ -.096]) all not included 0 in the 95% confidence interval of the indirect effect.

[Table 4]Moderating Model

Pathway						Total effect [bootstrapping g CI 95%]	Total indirect effect [bootstrapping g CI 95%]	Indirect effect [bootstrapping g CI 95%]
Independent t variable		Parameter (a)		Parameter (b)	Dependent t variable			
Subjective Health Perception		→		Negative factor of Self- Compassion	→	.353 [.303~.400]	.353 [.303~.400]	.190 [.145~.249]
Subjective Health Perception		→		Positive factor of Self- Compassion	→			-.133 [-.180~-.090]
Subjective Health Perception	→	Private Self- Consciousness		→	Mental Fitness			.166 [.110~.237]
Subjective Health Perception	→	Private Self- Consciousness	→	Negative factor of Self- Compassion	→			.245 [.214~.300]
Subjective Health Perception	→	Private Self- Consciousness	→	Positive factor of Self- Compassion	→			-.124 [-.160~-.096]

3.3 Pathway of Mediating Effects

A subjective health perception analysis was conducted to confirm the effects of mental fitness. Specifically, subjective health perception and mental fitness had a significant effect on negative positive factor of self-compassion. In addition, subjective health perception were found to have a significant effect on mental fitness. In addition, subjective health perception were found to have a significant negative effect on private self-consciousness($\beta = -.660$, $p < .001$) and negative self-compassion($\beta = -.307$, $p < .001$). Private self-consciousness were found to have a significant positive effect on negative self-compassion($\beta = .623$, $p < .001$), a significant negative effect on positive self-compassion($\beta = -.441$, $p < .001$), and a significant negative effect on mental fitness($\beta = -.251$, $p < .001$). Negative self-compassion were found to have a significant negative effect on mental fitness($\beta = -.619$, $p < .001$). Lastly, positive self-compassion were found to have a significant negative effect on mental fitness($\beta = -.425$, $p < .001$).

[Fig. 1] Pathway of Mediating Effects

[Table 5]PathwayofMediatingEffects

Pathway of Mediating Effects		B	B	s.e	t		p
Subjective Health Perception	→ Private Self-Consciousness	-0.299	-.660	0.024	-27.874	***	.000
Subjective Health Perception	→ Negative factor of Self-Compassion	-0.134	-.307	0.029	-10.731	***	.000
Private Self-Consciousness	→ Positive factor of Self-Compassion	0.601	.623	0.026	23.836	***	.000
Subjective Health Perception	→ Positive factor of Self-Compassion	0.153	.312	0.040	7.879	***	.000
Private Self-Consciousness	→ Negative factor of Self-Compassion	-0.478	-.441	0.038	-11.474	***	.000
Private Self-Consciousness	→ Mental Fitness	-0.591	-.251	0.057	-4.408	***	.000
Negative factor of Self-Compassion	→ Mental Fitness	-1.511	-.619	0.063	-9.832	***	.000
Positive factor of Self-Compassion	→ Mental Fitness	-0.926	-.425	0.048	-8.828	***	.000
*p<.05 **p<.01 ***p<.001							

4. Conclusions

The research result, this study presented descriptive statistics for each variable of respondents' and conducted correlation analysis among subjective health perception to mental fitness through negative factor of self-compassion and positive factor of self-compassion and private self-consciousness. Therefore, the moderating model and pathway of mediating effects on the relationship between subjective health perception, mental fitness, negative factor of self-compassion, positive factor of self-compassion and private self-consciousness was verified and suggested..

Clark & Wells[1] and Yim & Kim[2] discovered that most causes of objective health perception that interfere with mental fitness are experienced in people's life.

Silvia Eichstaedt and Philips[3] discovered that most causes of private self-consciousness that interfere with mental fitness are experienced in adults' mental health.

Greenberg[4] discovered that most causes of private self-consciousness that interfere with mental fitness are experienced in clients' mental health.

Germer[5] discovered among mindful experienced people that most of the causes of negative self-compassion and positive self-compassion that interfere with thinking are related to mental fitness.

Kim[15] discovered among adult that most of the causes of objective health perception, private self-consciousness, negative self-compassion and positive self-compassion that interfere with thinking are related to mental fitness.

Therefore, objective health perception of changes in these cognition conditions could lead to a deterioration of psychological function. In conclusion, the mediating effect of objective health perception, mental fitness, negative self-compassion and positive self-compassion of adults was solely analyzed in South Korea, and significant results were obtained.

This study is significant because it collected data from adults of Korean, a large corporation, to establish a path model and record correlations among subjective health perception, mental fitness, negative self-compassion and positive self-compassion and verify these findings through a continuous

mediation model analysis.

Second, it verified the mediating effects of negative self-compassion and positive self-compassion on the relationship between subjective health perception and mental fitness.

Through this, it was confirmed that subjective health perception influence mental fitness through job ethics and job engagement. Third, it verified the significance of the indirect effect of job ethics and job engagement on the relationship between subjective health perception and mental fitness. Through this, it was confirmed that subjective health perception influenced mental fitness through negative self-compassion and positive self-compassion.

The limitations of this study and suggestions for follow-up studies are as follows. First, it was expected that the Korean adults included in the study showed social desirability in the questionnaire since they knew that the researcher of this study was a main executive of their place. Thus, the sincerity of their answers cannot be verified.

Second, the study found that negative self-compassion and positive self-compassion acted as mediating factors in subjective health perception affecting mental fitness, but failed to discover a structural equation model, which entails a more detailed research method.

Third, a mediation model consistent with the results of the study could not be found among domestic and foreign research data. A research model was constructed based on configurations presented in a prior study showing the correlation between each variable. However, there was no previous research on a moderating model and pathway of mediating effects that combined subjective health perception, mental fitness, negative self-compassion and positive self-compassion for employees at domestic or foreign pharmaceutical companies. Thus, there was a limitation in discussing the significance of the results as it failed to reflect the results of previous studies with consistent results.

Fourth, this study did not construct a program reflecting subjective health perception, mental fitness, negative self-compassion and positive self-compassion. Instead, it merely set up a study model by simply reflecting the correlation results of previous studies and the results were not confirmed through experimental groups.

The suggestions for follow-up research based on the results of this study are as follows.

First, this study showed significant correlations between subjective health perception, mental fitness, negative self-compassion and positive self-compassion. This indicates that mental fitness levels may be lowered with appropriate subjective health perception factors. It also indicates that changes to negative self-compassion and positive self-compassion can be elicited as well.

Nevertheless, it is important to note that results from this study could be used in reference to cognitive work style, especially during counseling interventions and in clinical settings.

In follow-up studies, it is necessary to measure the subjective health perception, mental fitness, negative self-compassion and positive self-compassion of various subjects, not just the adults, in order to clearly compare and verify their relationships with the variables used in this study.

Second, studies on subjective health perception, mental fitness, negative self-compassion and positive self-compassion in Korea are insufficient. Most studies only measured subjective health perception, mental fitness, negative self-compassion and positive self-compassion independently. Moreover, there have been no studies on how subjective health perception lead to mental fitness through negative self-compassion and positive self-compassion, and none verified this through quantitative measurements. Therefore, it is necessary to repeatedly verify whether the derived moderating model and pathway of mediating effects is appropriate within the scope of variables such as subjective health perception, mental fitness, negative self-compassion and positive self-compassion.

Third, this study used a moderating model and pathway of mediating effects to validate the results of the continuous mediating model. A moderating model and pathway of mediating effects is a good quantitative research method that reduces errors and finds a hypothesis that is connected to the real world. In order to supplement this study, it is necessary to conduct more detailed research through

structural equation model validation in order to clarify the relationship between each element constituting the model or the relationships between each element and the whole through statistical techniques.

Fourth, more research methods should be considered, such as experimental studies, observation methods, interview methods, or longitudinal studies rather than cross-sectional studies.

Lastly, in the follow-up studies, it is necessary to develop a program that can be applied to Korean adults and verify its effectiveness by reflecting the path model in this study.

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