Self-Compassion as Mediator between Self-Critical Perfectionism and Depressive Symptoms among Malaysian University Students

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Abstract

In Malaysia, exacerbated by the COVID-19 pandemic, mental health concerns have surged, with a Ministry of Health report predicting that mental illness will affect one-third of the population. Prior studies indicate a substantial range of depressive symptoms among Malaysian university students, ranging from 30% to 64.2%. Moreover, more than 75% of individuals with mental illnesses remain untreated, highlighting a critical research gap and the urgency for tailored interventions, especially given the rising number of suicide ideation and attempts among Malaysian youth. Despite the acknowledged significance of self-critical perfectionism and self-compassion in determining depressive symptoms, prior research has predominantly focused on Western populations, necessitating a culturally nuanced investigation. Thus, this study aims to address this gap by exploring the relationship between self-compassion, self-critical perfectionism, and depressive symptoms among Malaysian university students. A descriptive and correlational research design, employing a convenience sampling method, was utilized for data collection involving 518 Malaysian university students aged 18 to 29. A structured self-administered questionnaire, comprising the Self-Compassion Scale (Neff, 2003b), Almost Perfect Scale-Revised (Slaney et al., 2001), and Patient Health Questionnaire-9 (Kroenke et al., 2001), was employed. Analysis using the Statistical Package for Social Science (SPSS) revealed a substantial prevalence of depressive symptoms (64.5%) at a moderately average level, emphasizing the need for urgent intervention. The majority exhibited self-critical perfectionism (81.7%), while self-compassion was at a moderate level (71.2%). Significant negative relationships were found between self-compassion and self-critical perfectionism with depressive symptoms, contrasting with a significant positive relationship between self-critical perfectionism and depressive symptoms. The study further established that both self-compassion and self-critical perfectionism significantly predict depressive symptoms. In addition, noteworthy mean differences between undergraduates and postgraduates emerged in depressive symptoms through t-test analysis. Therefore, the program of study was controlled while conducting the mediation analysis of self-compassion

between the variables. In conclusion, this study contributes significantly to the understanding of a model suggesting the partial mediating role of self-compassion between self-critical perfectionism and depressive symptoms among university students. These findings advocate for targeted interventions and a supportive environment for students' psychological well-being.

Keywords: Self-Compassion; Self-Critical Perfectionism; Depressive Symptoms; Mediating Role; Suicide Ideaation

Introduction

According to Institute for Health Metrics and Evaluation (2019), the frequency of mental disorders befell on people all around the world between 2000 and 2019, has stagnantly held its numbers at around 13%; which was in parallel with human population's growth rate worldwide. Referring to Global Burden of Disease (GBD)'s epidemiological overview, about 970 million of the world's population suffered from mental disorders in 2019; where 301 million of them were experiencing anxiety disorders, and 280 million were suffering from dysthymia – a persistent depressive disorder. However, by the year of 2020, the percentage for these mental disorders were rising by 26% for anxiety disorders and 28% for severe depressive disorders (COVID-19, 2021). The rising in the percentages were mainly contributed by the COVID-19 crisis. The crisis has mentally affected a wide range of society, such as 20 years old and above adults; and also the younger age groups like teenagers, which was caused by the closure of their schools that indirectly restricted social interactions between them and their peers in which eventually negatively affected their mental health.

It is estimated that 5% of adults from across the world are suffering from unipolar depression – one of the top five sources of burden (Murray & Lopez, 1997); and more than 75% of those who are experiencing this illness are not treated in developing countries (WHO, 2022). Due to this information, researcher has chosen Malaysia as her research location as this country is acknowledged as one of the upper-middle-income countries. Referring to the only accessible and recent report by Ministry of Health (2015), about one third of Malaysians are likely to experience mental illness and this has been validated by a licenced mental health and awareness practitioner: Dr. Praveena Rajendra (Yusry, 2022). This is worrying as mental illnesses are one of the significant contributors to disability-adjusted life-years (DALYs), in which account for 8.6% (Chua, 2020). For example, National Institute of Health (2019) reported that about 500, 000 (2.3%) of Malaysian adults are found to suffer from depression. Additionally, results obtained from a study conducted by Marzo et al. (2021) revealed that about almost 75% of Malaysian respondents experienced depression, and about 50% were suffering from anxiety during the third wave of COVID-19. According to the study, more than half of the respondents (59.5%) were made up of students, and they showed more depressive symptoms compared to other respondents who were in other occupation status groups (Marzo et al., 2021). These results implicated that there are the needs to investigate the causes behind depressive symptoms experienced by Malaysian university students.

In general, there are several factors which influence the development of depression (Jones, 2015) such as personality traits, family history, drug and alcohol abuse, and other personal problems. Often, individuals who possess perfectionistic tendencies, pessimistic viewpoint, low self-esteem, sensitivity to criticism, or extreme worry are always associated with higher probability to experience depression. According to Corey (2016), clients would turn to therapy

or counselling services once they feel the sense of helplessness, powerlessness, and having hard times to effectively maneuver their lives or make decisions. Plus, it is proven that Mindfulness-Based Cognitive Therapy (MBCT) and Compassion-Focused Therapy (CFT) both has significant positive effects on individuals' self-compassion and mindfulness, and at the same time, reduce their sadness, rumination, anxiety, and stress (Neff, 2022; Frostadottir & Dorjee, 2019). Therefore, the main objective of this study is to investigate whether self-critical perfectionism and depressive symptoms are related, as well as to examine the association of self-compassion with depressive symptoms among Malaysian university students.

Problem Statement and Research Objectives
Based on the previous studies that have been conducted numerously, the intensity of depression befell on Malaysian undergraduate students before the appearance of COVID-19 are ranging from approximately 30% to 36.4% (Fata et al., 2019; Minhat & Alawad, 2019; Islam et al., 2018); and about 72.6% of Malaysian postgraduate students are suffering from depressions, majorly having mild to moderate symptoms (Hassan, 2019). According to Kumaran et al. (2022) and Lubaton and Madon (2022), the occurrence of depressive symptoms among university students surged to 62% and 64.2% during the pandemic, respectively. These data show a significant increase (Hassan et al., 2022) in mental illness experienced by Malaysians, where the recent report reported by Ministry of Health (2015) reveals that one in three Malaysians are dealing with mental disorders. These results implicated how natural disaster able to affect individuals' mental health negatively. Additionally, other aspects such as high levels of academic stress, low socioeconomic position, perception of social support, post-traumatic stress disorder (PTSD), and sleep issues may become contributing factors to the development of depression. However, the research about how self-critical perfectionism and self-compassion may have significant correlation with depressive symptoms on Malaysian undergraduate and post-graduate is scarce; despite the fact that these two variables have been recognised as potential factors that could influence the symptoms of depression.

The increasing suicidal ideation and suicide rate among Malaysian university students (Chan & Ch'ng, 2023) due to high level of depression has cause the situation, especially in academical world, to become more dire. According to Chan and Ch'ng (2023), mental disorders such as depression, past suicide attempts, and unfavourable life events are the major contributors to suicide events executed by university students. In addition, Ullah Khan et al (2021), reported that 22.1% of university students with ages ranging from 22 to 32 years old have the suicidal ideation, with 1.6% of them revealing that they were almost committing the act – suicide – but at the end, they were able to refrain themselves from doing so. The most frightening matter about depressive symptoms is that they have infiltrated Malaysian teenagers too, where Kadir et al (2018), revealed that 8.7% of Malaysian teenagers have reported to attempt suicide; whilst 20% of late teens (aged 13 – 24 years old) showed moderate levels of depressive symptoms. These recent data on the negative effects of depression and depressive symptoms on Malaysian students imply the needs of interventions and/or knowledge on how to counter and increase awareness about depressive symptoms. In general, the levels of individuals' self-compassion and self-critical perfectionism able to influence the symptoms of depression. Therefore, the primary aim of this research is to examine the relationship between self-compassion, self-critical perfectionism, and depressive symptoms among Malaysian university students. Following are the specific aims of the study:

1. To describe the levels of self-compassion, self-critical perfectionism and depressive symptoms among Malaysian university students;
2. To investigate the relationship between self-compassion, self-critical perfectionism and depressive symptoms among Malaysian university students (alternative hypothesis 1 [H_{a1}], H_{a2}, and H_{a3} – would be stated in later section);
3. To explore the difference in the prevalence of depressive symptoms between Malaysian undergraduate and postgraduates (H_{a4}); and
4. To examine the mediating role of self-compassion in the association between self-critical perfectionism and depressive symptoms among Malaysian university students (H_{a5} and H_{a6}).

Literature Review
Theory and Existing Literature on Self-Compassion, Self-Critical Perfectionism, and Depressive Symptoms

Self-Compassion in Compassion-Focused Therapy (CFT)
In general, self-compassion is defined as the tendency to offer oneself kindness and non-judgmental understanding during challenging and distressing experiences, with self-kindness versus self-judgment, shared humanity versus isolation, and awareness versus over-identification as its three pillars (Neff & Germer, 2013). These pillars emphasise that self-compassion would help one to be kind to him/herself when experiencing failure or grief, and shared humanity would see one's experiences as a part of the larger human experience. Furthermore, awareness or mindfulness is how an individual hold unpleasant thoughts and feelings and keep them in check instead of getting overly involved with them (Neff, 2003b; Gilbert, 2009). According to Kirby and Gilbert (2019), the concept of self-compassion has gained a great attention in recent years as it has potential to become one of the therapeutic strategies for a range of mental health conditions. This is because whenever an individual is facing with failures or hardships, his or her self-compassion would treat him/herself with kindness, care, and understanding (Neff, 2003a).

According to Gilbert (2009), Compassion-Focused Therapy (CFT) is a holistic and multimodal therapy method which draws on concepts from evolutionary, social, development, Buddhist, and neuroscience as well as other psychological fields. In CFT, methods such as compassionate visualisation exercises and letter writing to induce self-compassion are used. Furthermore, CFT enables its clients to identify whether they are able to access their affect regulation system easily or having difficulties to do so, as people with lots of guilt and self-criticism would be having 'threat' affect regulation system to predominate both their inner and outside experiences. Compassionate mind training techniques (CMT) is known to assist people to reduce psychological suffering and improve persistence motivating the calming system. Thus, some academics categorised self-compassion therapy under the headings of the aforementioned CFT; and some under dialectical behaviour therapy (DBT), or acceptance and commitment (ACT), or mindfulness-based interventions (MBIs). Overall, despite increased interest in the potential advantages of self-compassion interventions for mental health problems, more study is required to determine the efficacy of various self-compassion therapies and how they ought to be categorised.

Self-Critical Perfectionism
Perfectionism is a personality trait manifested by high performance standards and an inclination towards excessive self-criticism (Frost et al., 1990) in which consists of both adaptive and maladaptive elements, or specifically, perfectionistic strivings and concerns (Stair et al., 2012; Dunkley et al., 2006). This trait may become advantageous when it is adapted correctly as it would aid individuals to strive for excellence, happiness, and goal achievement that produces favourable results (Gnilka et al., 2012; Klibert et al., 2005). In contrast, it may become maladaptive and bridge to various undesirable consequences when one has excessive focus on the disparity between his/her actual performance and his/her high standard (Hu et al., 2019; Rice & Preusser, 2002). Maladaptive perfectionism can be defined as becoming excessively self-critical when goals set are not achieved (Bieling et al., 2004; cited in Wang & Wu, 2022). One of undesirable consequences is addictive behaviours which include disordered gambling (Tabri et al., 2018), work addiction (Kun et al., 2020), alcohol issues (Mackinnon et al., 2019), and exercise addiction (Cakin et al., 2021). These negative behaviours are often stated to be connected to maladaptive perfectionism. To set illogically high expectation for, and make harsh critiques to self when those high standards are not successfully achieved are also characterised as self-critical perfectionism, in which categorised as a subtype of maladaptive perfectionism (Frost et al, 1990). Like have been stated before, individuals with self-critical perfectionism tend to have sour emotions such as anxiety and despair due to high level of expectation they set for themselves as well as afraid of making mistakes (Hewitt & Flett, 1991). Furthermore, Sherry et al. (2018) stated that individuals with self-critical perfectionism are often facing difficulties to establish and maintain satisfying and stable interpersonal relationships with others due to their tendency to criticise other people. These statements show that self-critical perfectionism poses a broad risk factor which is associated with variety of negative effects – disrupting harmonious connections

As aforementioned, self-critical perfectionism is often manifested by individuals with high levels of anxiety about their own standards, or those who are always feel that they are still falling short of them (Richardson & Rice, 2015). However, Rice and Richardson (2014) stated that the perfectionistic strivings in which often seen among college students are deemed as beneficial as they are of different nature.

Depressive Symptoms
According to American Psychiatric Association (2022) and Torres (2020), depressive symptoms are recognised when an individual's prior level of functioning is altered and lasted for at least two weeks, such as continuing depressive feelings, losing interest or enjoyment in activities, and having suicidal thoughts. Lots of researches conducted in Malaysia in regard to this matter revealed that college students recorded high rate of depressive symptoms, especially during COVID-19 crisis. For example, a study conducted by Deng et al. (2021) revealed that 34% of university students are having depressions in which greater in numbers compared to pre-pandemic crisis. Moreover, Fauzi et al. (2021) reported that the frequency of depressive symptoms experienced by college students due to the adversities to adjust to online learning are about 51.4% during pre-pandemic; and the percentages keep growing, up to 62% during COVID-19 epidemic (Kumaran et al., 2022). These data imply that there is an urgent need to execute more researches in order to identify and comprehend the sources of this troubling problem.

Referring to Johnson and Nowak (2002), depressive symptoms can be seen as an attractor to exhibit how an individual experiences the transitional phase or dynamical instability in shifting from stage of development into another stage, where Erikson (1963) determined the stage of young adulthood as the vital development period. According to Sacco (2013), young early adulthood's ages is ranging from 18 to 29 years old. This is based on the current re-visualisation of Erikson's eight developmental periods which uses Fibonacci Life-Chart Method (FLCM), where it is able to determine psychologically at-risk populations for early intervention (Sacco, 2013).

Theoretical Framework of Self-Compassion as Mediator between Self-Critical Perfectionism and Depressive Symptoms
An encyclopedic examination of four therapeutic approaches namely (i) Self-Compassion Theory (SCT) (Neff, 2003a), (ii) Compassion-Focused Therapy (CFT) (Gilbert, 2009), (iii) Acceptance and Commitment Therapy (ACT) (Hayes et al., 2012), and (iv) comprehensive version of Internal Family Systems (IFS) (Schwartz, 2019), is necessary in order to explore the theoretical foundations that support the study on the role of self-compassion as mediator between self-critical perfectionism and depressive symptoms among university students. As aforementioned in previous section, the crux of self-compassion concept forms the foundation of the explored therapeutic approaches which emphasise three humanity elements: Mindfulness, self-kindness, and acknowledging common humanity. The previously mentioned four therapeutic approaches are all having mutual three elements of self-compassion, in which SCT highlights the practices of self-kindness and mindfulness; CFT extends SCT's focus by advocating the importance of refining a benevolent relationship with oneself; ACT reiterates mindfulness in which encourage individuals to accept their thoughts and emotions without judging them; IFS explores individuals' internal parts that emphasise mindfulness and self-kindness in order to comprehend these internal aspects.

Furthermore, Gilbert (2009), gives a detail elaboration on how CFT is able to foster the elements of self-compassion and gives aids to individuals with high self-critical perfectionism by reducing their psychological distress like depressive symptoms. As have been stated previously, self-critical perfectionism is always bridged to maladaptive perfectionism (Frost et al., 1990) in which causing individuals with this personality to face some difficulties and challenges in cultivating interpersonal relationships (Sherry et al., 2018). Therefore, this study is built on SCT and CFT as the main ideas in order to examine the mediating role of self-compassion, where mindfulness and self-kindness are posited to reduce the negative effect of self-critical perfectionism on an individual's mental well-being. The following Figure 1 is the visualisation of the theoretical framework of this study; depicting ways of CFT explaining the self-compassion's protective role in mitigating depression among individuals with high level of self-critical perfectionism, especially university students in young adulthood stage, in which the age ranges are between 18 and 29 years old (Sacco, 2013).
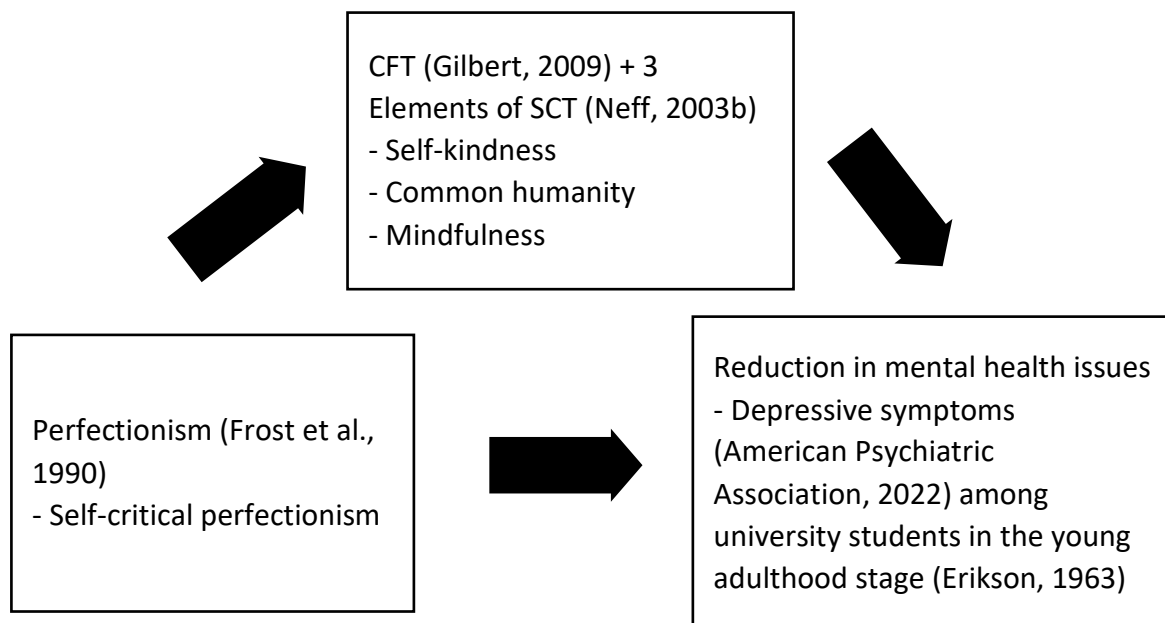
Figure 1. Theoretical framework of self-compassion plays its role as mediator between self-critical perfectionism and depressive symptoms.

Conceptual Framework of Self-Compassion as Mediator Variable
The following Figure 2 illustrates the conceptual framework of this study which is derived from theoretical framework visualised in Figure 1:
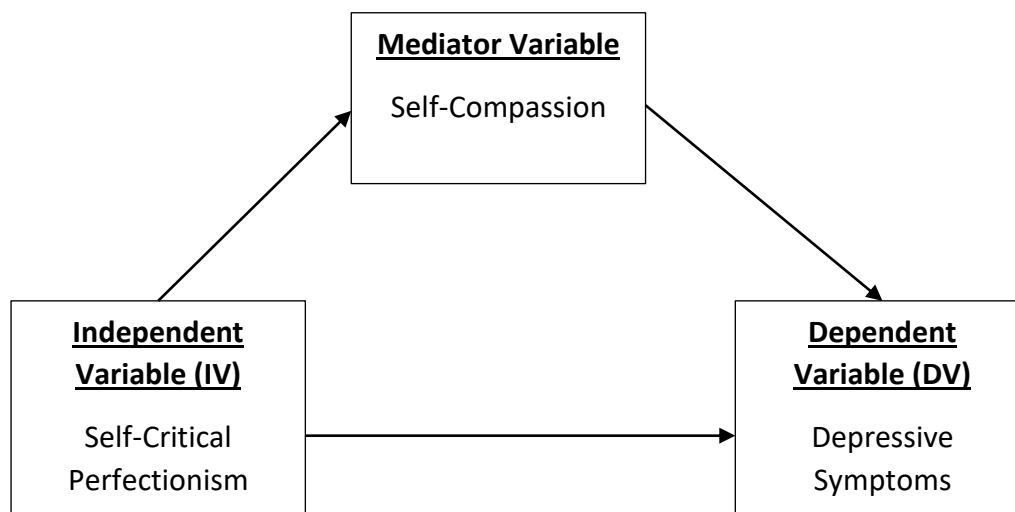

Figure 2. Conceptual framework of self-compassion as mediator variable between self-critical perfectionism (independent variable) and depressive symptoms (dependent variable).

Figure 2 shows the interrelation between self-compassion as mediator variable, self-critical perfectionism as independent variable, and depressive symptoms as dependent variable. According to previous Western studies (Benedetto, Macidonio, & Ingrassia, 2024; Pereira et al., 2022; Tobin & Dunkley, 2021), self-compassion was found to positively correlate with depressive symptom, and negatively correlate with self-critical perfectionism; whilst self-critical perfectionism was revealed to have negative correlation with depressive symptoms. Moreover, these studies also prove the partial mediating role of self-compassion in the bridge

between self-critical perfectionism and depressive symptoms among university students. However, due to the absence of prior studies exploring the relationship between these three variables among Malaysian university students, the present study would serve as preliminary investigation in Malaysia.

Methodology

Research Design

The research design of this study combines quantitative, applied, descriptive, and correlational methods through the use of questionnaires as the main method to collect intended data. The employment of quantitative methodology would enable researcher to generalise the obtained data, distinguish, and assess the collected facts and respondents' emotions impartially – as they would all being quantified. In addition, this study is classified as applied research because it intends to find answers to the urgent practical problem in which associated with depression crises befell on majority of Malaysian university students. Next, descriptive research is useful as it would provide researcher with the descriptions of the intensity levels of Malaysian university students' depressive symptoms, self-critical perfectionism, and self-compassion. Furthermore, the employment of correlational research design in this study would help researcher to examine and comprehend the interrelation between self-critical perfectionism and depressive symptoms, and between self-compassion and depressive symptoms among Malaysian university students; which are in line with particular research aims number two and three, respectively.

Population and Sampling

A public university (IPTA) located in Selangor was chosen as research location. Due to the IPTA's strict restrictions, researcher was not able to obtain the exact and complete population listing; hence opting for the largest required sample size regardless of the population size. Plus, oversampling would aid the study to reinforce survey precision, point out non-response biases, and ensure encyclopedic representation of the sample demographic diversity. Therefore, in order to determine the required sample size for the study, Cochran's formula (1977) was used because it takes into account the accuracy desired degree, the anticipated frequency of the studied phenomena, and the allowable error margin. Due to the unclear and insufficient data of how common depressive symptoms were experienced by Malaysian university students, a cautious estimate of 50% occurrence was used to ensure that sample is sufficiently represented. Following is the formula used to determine the optimal sample size, with an accuracy of 95% and 5% margin of error:

$$n = \frac{Z^2 \times p \times q}{e^2}, \text{ where}$$

n = required sample size
z = z-score corresponding to the desired confidence level (1.96 for 0.95 confidence level)
p = estimated prevalence of the phenomenon (0.5 for conservative estimation)
q = complementary probability of p (1-p)
e = acceptable error margin (0.05), therefore:

$$n = \frac{1.96^2 \times 0.5 \times 0.5}{0.05^2}$$
$n = 384.16 \approx 384$

Therefore, the minimum size of sample required for this study was 384 respondents which include both undergraduate and postgraduate students with ages ranging from 18 to 29 years old. Convenience sampling technique was employed as researcher was only provided with the total number of active students within the age range due to the university's strict rules and regulations. However, in order to mitigate potential non-response bias and ensure sufficient representation of target group (Salkind, 2018), researcher has implemented oversampling strategy in which she acquired 518 students from different faculties and academic specialisations. The purpose of this approach was to enhance sample's diversity and inclusion by combining both convenience sampling and oversampling methods.

Research Instrument
Three sets of self-administered online questionnaire were distributed to the selected 518 respondents, namely: (i) Self-Compassion Scale (SCS; Neff, 2003b), (ii) the Almost Perfect Scale-Revised (APS-R; Slaney et al., 2001), and (iii) the Patient Health Questionnaire – Depression (PHQ-9; Kroenke et al., 2001). The authors of these instruments have given their permissions for open access and use in dissertation projects:

Table 1
Three sets of self-administered online questionnaire with their total number of items, subscales or occurrence, scores range, and notes (on the scores scored)

Instruments	Total Number of Items	Subscales / Occurrence	Scores Range	Notes
Self-Compassion Scale (SCS)	26 items, rated using 5-point Likert scale	Total of six (6) subscales; (i) self-kindness, (ii) self-judgement, (iii) common humanity, (iv) isolation, (v) mindfulness, (vi) over-identification	From 1 (nearly never) to 5 (almost usually)	Scores scored within the range of 1.0 to 2.49 were deemed as low; 2.5 to 3.5 were considered moderate; and 3.51 to 5.0 were classified as high.
Almost Perfect Scale-Revised (APS-R)	23 items, rated using 7-point Likert scale	Total of three (3) subscales; (i) Standards – to evaluate personal standards), (ii) Order – to appraise the need for order and organisations, (iii) Discrepancy – to gauge self-critical perfectionism	From 1 (strongest disagreement) to 7 (strongest agreement)	The higher the scores scored by respondents, the higher the levels of each self-critical perfectionism aspect.

Patient Health Questionnaire-9 (PHQ-9)	9 items, rated using 4-point Likert scale	Occurrence of depressive symptoms – rated during the preceding two weeks	From 0 (the least frequent) to 3 (the most frequent)	A total score of depression equal to or greater than 10 was considered to suffer from depressive symptoms, where scores scored within 20-27 was deemed as experiencing a severe depression.

Data Collection Method

In order to reach the respondents of this study, researcher – with the help of the university's Student Affairs Division – has sent invitations through official student's emails, and across multiple virtual platforms such as Facebook, WhatsApp group, Telegram group, and Instagram. The questionnaires were formatted into Google Form where students' information was designed to be kept confidential; by setting the data presentation in aggregated form to ensure respondents' anonymity, and removing all identifiable details. By distributing the questionnaires virtually, the respondents have the liberty to select the time and location for responding to the online survey, as well as how long it takes them to finish the survey. In addition, since the majority of postgraduate students spend their time off campus, an online survey was a highly efficient and effective tool for reaching out to them. Plus, physical administration was also done across the entire campus, covering all faculties and schools. The data collection was done between October 2023 and February 2024, taking into accounts the periods of the admission for new students and the commencement of the semester for the current students. As an expression of gratefulness of researcher to the respondents for taking parts in the survey, they were given a token of appreciation in the form of a valuable Mental Health Handbook which was accessible at the end of the online questionnaire.

Reliability of Research Instruments

Pilot Study

Prior to the actual study, a pilot study was executed upon approval from the registrar offices. 30 Malaysian students with ages ranging from 18 to 29 and enrolled in undergraduate and postgraduate programmes, were selected. The purpose of conducting this pilot study was to evaluate the reliability of the aforementioned three instruments in the local context. Online questionnaires in the format of Google Form were used for data collection, and the collected data were then analysed using Statistical Package for Social Science (SPSS) version 27.0.1. Cronbach's Alpha was used to assess the instruments' reliability, which produced results with high and very high values ranging from .88 to .95 (Table 1). This means that all the three instruments (Self-Compassion Scale (SCS), Almost Perfect Scale-Revised (APS-R), and Patient Health Questionnaire – Depression (PHQ-9)) exhibited exceptional reliability; exceeding the minimum threshold of .70 (Jackson, 2012).

Table 2
Reliability statistics of instruments for pilot study

Instruments	Items	Cronbach's Alpha (α) (*n* = 30)
IV: Self-Compassion Self-Compassion Scale (SCS)	26	.88
IV: Self-Critical Perfectionism Almost Perfect Scale-Revised (APS-R)	23	.95
DV: Depressive Symptoms Patient Health Questionnaire – Depression (PHQ-9)	9	.88

Note: IV stands for "Independent Variable"; DV stands for "Dependent Variable".

Actual Study

In the actual study, a total of 518 Malaysian university students from the same chosen university, aged between 18 to 29, were conveniently selected to participate as respondents. The intended data for this study was also collected through Google Form, and analysed using Statistical Package for Social Science (SPSS) version 27.0.1. Similar to pilot test, Cronbach's Alpha was also employed to assess the reliability of the research instruments. The reliability outcomes for the actual study were consistent with those from pilot test, where they were all exhibited exceptional reliability in which surpassed the minimum threshold .70:

Table 3
Reliability statistics of instruments for pilot study

Instruments	Items	Cronbach's Alpha (α) (*n* = 30)
IV: Self-Compassion Self-Compassion Scale (SCS)	26	.86
IV: Self-Critical Perfectionism Almost Perfect Scale-Revised (APS-R)	23	.93
DV: Depressive Symptoms Patient Health Questionnaire – Depression (PHQ-9)	9	.87

Note: IV stands for "Independent Variable"; DV stands for "Dependent Variable".

Analysis of Data

This study has employed both descriptive and inferential statistics in order to thoroughly illustrate and draw inferences from the collected data using Statistical Package for Social Science (SPSS) version 27.0.1. Researcher ran descriptive analysis to examine research objective number 1 (RO1), whilst inferential analysis via the utilisation of Pearson correlation analysis to answer RO2; t-test analysis to answer RO3; and a standard multiple regression as well as mediation analysis of self-compassion to answer RO4; in which would be further discussed in later section.

Findings

Demographic of Respondents

Table 4

Distribution of respondents by gender, age, ethnicity, religion, program of study, faculties and school, and year of study.

Distribution by Gender		
Gender	**Frequency**	**Percent (%)**
Female	352	68.0
Male	166	32.0
Total	518	100.0

Distribution by Age						
Age	**Frequency**	**Percent (%)**	**Frequency by Age Group**	**Percent by Age Group (%)**	**Overall Mean (M)**	**Overall Standard Deviation (SD)**
18	11	2.1	479	92.5	21.31	2.19
19	86	16.6				
20	131	25.3				
21	95	18.3				
22	78	15.1				
23	42	8.1				
24	36	6.9				
25	10	1.9	39	7.5		
26	8	1.5				
27	8	1.5				
28	6	1.2				
29	7	1.4				
Total	518	100.0	518	100.0		

Distribution by Ethnicity		
Ethnicity	**Frequency**	**Percent (%)**
Malay	345	66.6
Chinese	108	20.8
Indian	43	8.3
Bumiputera (Sabah, Sarawak & others)	18	3.5
Others (Bugis, Eurasian & Siamese)	4	0.8
Total	518	100.0

Distribution by Religion		
Religion	**Frequency**	**Percent (%)**
Islam	355	68.5
Buddhism	95	18.3
Hindu	40	7.7
Christian	25	4.8
No religion	3	0.6

Total	518	100.0

Distribution by Program of Study		
Program of Study	**Frequency**	**Percent (%)**
Undergraduate (Bachelor/Foundation/Diploma)	473	91.3
Postgraduate (Master/PhD)	45	8.7
Total	518	100.0

Distribution by Faculties and School		
Faculties and School	**Frequency**	**Percent (%)**
Faculty of Engineering	59	11.4
Faculty of Science	59	11.4
Faculty of Educational Studies	52	10.0
Faculty of Agriculture	41	7.9
Faculty of Medicine & Health Science	41	7.9
Faculty of Biotechnology & Biomolecular Sciences	39	7.5
Faculty of Forestry & Environment	39	7.5
Faculty of Computer Science & Information Technology	35	6.8
School of Business and Economics	33	6.4
Faculty of Modern Languages and Communication	31	6.0
Faculty of Food Science and Technology	24	4.6
Faculty of Human Ecology	18	3.5
Faculty of Design and Architecture	14	2.7
Faculty of Veterinary Medicine	14	2.7
Center of Foundation Studies for Agricultural Science	9	1.7
Faculty of Agricultural Science & Forestry	6	1.2
Faculty of Humanities, Management & Science	2	0.4
Institute of Bioscience	1	0.2
Institute of Nanoscience and Nanotechnology	1	0.2
Total	518	100.0

Distribution by Year of Study		
Year of Study	**Frequency**	**Percent (%)**
1st	209	40.3
2nd	136	26.3
3rd	86	16.6
4th	79	15.2
5th	6	1.2
6th	2	0.4
Total	518	100.0

Based on Table 4 above through the use of descriptive analysis, the respondents in this study are mostly made up of females who constitute to 352 (68%) out of 518, while the other 166 are males (32%). It is also revealed that the overall mean age of 21.31 (SD=2.19) with the age's ranges ranging from 18 to 29 years old, and majority of the respondents are from 18 to 24 years old's category – forming a substantial majority at 92.5% (n = 479). This is the representative of the typical age range for undergraduate students. On the other hand, the rest 39 (7.5%) respondents aged between 25 to 29 years old are made up of postgraduates. This age range is the typical representative of students who pursue their postgraduate

studies. Besides, out of 518 respondents, the majority are identified as Malay who make up the number up to 345 (66.6%), followed by Chinese (n = 108, 20.8%), Bumiputera (Sabah, Sarawak & others) (n = 18, 3.5%), and Others (Bugis, Eurasian & Siamese) (n = 4, 0.8%). Next, the above table also reveals that more than half of the respondents are practicing Islam in their lives (n = 355, 68.5%), which is followed by Buddhism (n = 95, 18.3%), Hinduism (n = 40, 7.7%), Christianity (n = 25, 4.8%), and a small percentage of the respondents reported that they have no religion (n = 3, 0.6%).

In addition, it can be seen from the table that the majority of the respondents of this study enrol in undergraduate programs (Bachelor/Foundation/Diploma) which are 473 (out of 518), which constitutes to 91.3% of the sample. The rest 45 respondents (8.7%) are made up of postgraduate students (Master/PhD). This distribution of the respondents across specific age groups for program of study is closely aligned with the ratio of population given by the university's office registrar (96.7% undergraduate; 3.3% postgraduate). The table also outlines the respondents' distribution across various faculties and schools, in which the highest and the same frequencies are recorded by Faculty of Engineering and Faculty of Science in which account for 59 respondents over 518 respondents (11.4%). Faculty of Educational Studies records the second highest frequency of respondents (n = 52, 10.0%); followed by Faculty of Agriculture and Faculty of Medicine & Health Science, in which record the same number of respondents' frequency and percentage (n = 41, 7.9%). The other remaining faculties and schools demonstrate varying percentages, which reflect the diverse academic affiliations of the respondents.

Level of Self-Compassion, Self-Critical Perfectionism, and Depressive Symptoms among Malaysian University Students
Research objective 1: To describe the levels of self-compassion, self-critical perfectionism, and depressive symptoms among Malaysian university students.

Level of Self-Compassion
The following Table 5, via the employment of descriptive analysis, demonstrates the overview of the level of self-compassion among the studied respondents using Neff (2003a)'s proposed framework, Self-Compassion Scale (SCS), where scores scored are categorised into three levels: Low (1.0 – 2.49), Moderate (2.5 – 3.5), and High (3.51 – 5.0). Based on the table, it is shown that the majority of respondents significantly scored moderate levels of self-compassion (n = 369, 71.2%) which suggests a balanced and intermediate level of self-compassion attitudes. This is followed by 84 respondents (16.2%) who scored high level of self-compassion, and closely followed by 65 respondent (12.6) who scored low level of self-compassion. The overall mean of self-compassion is 3.07 (SD = .50) which is fell within self-compassion's moderate level. Scores' range scored for this instrument is between 1.33 (the minimum) and 4.80 (the maximum).

Table 5
Distribution of self-compassion's level

Score	Level	Frequency (*f*)	Percentage (%)
1.0 - 2.49	Low	65	12.6
2.5 - 3.5	Moderate	369	71.2
3.51 - 5.0	High	84	16.2
	Total	518	100.0

(*M* = 3.07, *SD* = .50, Mi*n* = 1.33, Max = 4.80)

Table 5a below presents the subscale of self-compassion's levels of the respondents. It is shown that Mindfulness's mean score is the highest (M = 3.56), which implies that respondents' awareness and acceptance of their experiences are high. Second highest is Common Humanity (M = 3.53), implicates that the respondents of this study highlight the acknowledgement of shared human experiences. Third is Self-Kindness (M = 3.44), suggesting the respondents are being kind to themselves when facing turbulence. Next, Isolation (M = 2.65), Self-Judgement (M = 2.64), and Over-Identification (M = 2.61) exhibit lower mean scores, implicating low levels of self-compassion in these three particular dimensions.

Table 5a
Distribution of self-compassion's subscales

Subscales for SCS	*M*	*SD*
Self-Kindness	3.44	0.76
Self-Judgment	2.64	0.76
Common Humanity	3.53	0.78
Isolation	2.65	0.88
Mindfulness	3.56	0.74
Over Identification	2.61	0.72
Total	3.07	0.50

Self-Critical Perfectionism
Table 6 outlines the distribution scores of self-critical perfectionisms of the study's respondents using Slaney et al (2001)'s Almost Perfect Scale-Revised (APS-R). it is shown that 423 of 518 respondents (81.7%) scored greater than 42, which is categorised as maladaptive perfectionists. The other 95 respondents (18.3%) were categorised as non-maladaptive perfectionists as they scored lower than 42:

Table 6
Distribution of self-critical perfectionism.

Score	Level	Frequency (*f*)	Percentage (%)
<42	Non-Maladaptive	95	18.3
≥ 42	Maladaptive	423	81.7
	Total	s518	100.0

(*M* = 54.1, *SD* = 14.8, Min = 12, Max = 84)

Depressive Symptoms

The following Table 7 demonstrates the depressive symptoms' distribution of university students whom are the respondents of this study, measured using Kroenke et al (2001)'s Patient Health Questionnaire-9 (PHQ-9). The severity levels of depression are categorised as in the table below, with total of 158 respondents (30.5%) – which is the majority – reported to experience moderate (10-14) level of depressive symptoms. This is followed by 120 respondents (23.3%) who scored moderately severe (15-19) of depressive symptoms, while another 107 respondents (20.6%) scored a mild (5-9) level of depressive symptom. 77 respondents (14.9%) reported to have minimal or none (0-4) of depression; whilst the rest 56 respondents (10.8%) reported to experience a severe (20-27) depressive symptom. Respondents who scored 10 and greater than 10 are considered to experience depressive symptoms, which means the total number of 334 respondents (64.5%) exhibit depressive symptoms.

Table 7

Distribution of depressive symptoms.

Score	Depression Severity	Frequency (*f*)	Percentage (%)	Frequency by Group (*f*)	Percentage by Group (%)
0 - 4	Minimal or none	77	14.9	184	35.5
5 - 9	Mild	107	20.6		
10 - 14	Moderate	158	30.5	334	64.5
15 - 19	Moderately severe	120	23.2		
20 - 27	Severe	56	10.8		
	Total	518	100.0	518	100.0

In addition, Table 7a illustrated the response's distribution of respondents in regards to suicidal ideation (item 9 within PHQ-9; Kim et al., 2021). Based on the table, majority of the respondents (n = 254, 49.0%) reported that they have no suicidal ideation at all; 119 respondents (23.0%) reported that they experienced the ideation on several days; 104 respondents (20.1%) reported to have suicidal ideation more than half of the days; and the rest 41 (7.9%) acknowledged to have suicidal ideation nearly every day. The obtained data of this study on the prevalence of suicidal ideation which is 51%, is higher compared to the findings of Ullah Khan et al. (2021) – 22.1%.

Table 7a
Distribution of suicidal ideation among university students

Suicidal Ideation (Item 9 in PHQ-9)	*f*	%
Not at all (0)	254	49.0
Several days (1)	119	23.0
More than half of the days (2)	104	20.1
Nearly every day (3)	41	7.9
Total	518	100.0

(*M*= 0.87, *SD* = 0.996)

The Relationship Between Self-Compassion, Self-Critical Perfectionism, and Depressive Symptoms among Malaysian University Students
Research objective 2: To investigate the relationship between self-compassion, self-critical perfectionism and depressive symptoms among Malaysian university students.

Correlational analysis has been employed in order to analyse the relationship between these three variables, namely self-compassion, self-critical perfectionism, and depressive symptoms among Malaysian university students. Based on Table 8 below, there is a significant positive and moderate relationship between self-critical perfectionism and depressive symptoms (r = .53, p < .001), which supports the first hypothesis (H_{a1}), derived from research objective number 2 (RO2). The supported hypothesis stated that there is a positive correlation between the levels of self-critical perfectionism with the levels of depressive symptoms among Malaysian university students. This result is also supported by Nealis et al. (2020) and Smith et al. (2021), who reported that there was a positive correlation between self-critical perfectionism and depressive symptoms.

The second hypothesis (H_{a2}), derived from the same RO2, stated that the level of self-compassion is negatively associated with the levels of depressive symptoms among these students, the respondents of this study. The same Table 8 demonstrates a significant negative and moderate relationship between self-compassion and depressive symptoms (r = -.51, p < .001) and subsequently supports H_{a2}. This negative correlation between self-compassion and depressive symptoms is also reported by Egan et al. (2022), Gilbert (2017), and Neff (2003a). In addition, the third hypothesis (H_{a3}) stated that there is negative association between the levels of self-compassion and self-critical perfectionism. This hypothesis is also accepted as the analysis shows a significant negative and moderate relationship between self-compassion and self-critical perfectionism (r = -.58, P < .001). Richardson et al. (2020) also reported about a negative relationship between these two variables.

Table 8
Correlations between self-compassion, self-critical perfectionism, and depressive symptoms among Malaysia university students

Variables	1	2	3
1. Self-Compassion	1	-.58**	-.51**
2. Self-Critical Perfectionism	-.58**	1	.53**
3. Depression Symptoms	-.51**	.53**	1

Note: **p < .001

The Prevalence of Depressive Symptoms Between Malaysian Undergraduate and Postgraduate students

Research objective 3: To explore the difference in the prevalence of depressive symptoms between Malaysian undergraduate and postgraduates.

In order to analyse the difference in prevalence of depressive symptoms between undergraduates and postgraduates, t-test analysis is used. A hypothesis – the fourth one – which was denoted as H_{a4} and derived from RO3, stated that there is no significant difference in the prevalence of depressive symptoms between undergraduate and postgraduate students. However, referring to Table 9, it is shown that there is a statistically significant difference, t (516) = 2.26, p = .24, suggesting a presence of significant difference in the occurrence of depressive symptoms between undergraduates (n = 473) and postgraduates (n = 45). The mean score of depressive symptoms for undergraduates falls within "Moderate" category (M = 12.0, SD = 6.0), whilst postgraduates' within "Mild" category (M = 9.8, SD = 7.7). These results implicate postgraduate students exhibit lower level of depression than their undergraduate counterparts. Subsequently, these findings oppose H_{a4}.

Table 9
Difference in depressive symptoms between undergraduates and postgraduates.

Level of Study	n	M	SD	t	df	p
Undergraduates	473	12.0	6.0			
Postgraduates	45	9.8	7.7	2.26	516	0.024
Total	518					

Self-Compassion as Mediator Between Self-Critical Perfectionism and Depressive Symptoms among Malaysian University Students

Research objective 4: To examine the mediating role of self-compassion in the association between self-critical perfectionism and depressive symptoms among Malaysian university students.

In order to determine whether self-compassion and self-critical perfectionism significantly predict university students' depressive symptoms or not, a multiple linear regression analysis was conducted. From this objective, the fifth hypothesis (H_{a5}) was drawn, stating that self-compassion and self-critical perfectionism significantly predict depressive symptoms emerged among university students. It was revealed that the predictive model efficacy is well-

fitted (R^2 = .340), significantly forecasting self-compassion (F = 132.69, p < .001), and concurrently accounting for 34% of depressive symptoms' variance. The findings exhibited that with each one-unit increase in self-critical perfectionism, symptoms of depression were projected to increase by 0.35 standard deviations (β = 0.35, p < .001). Contrarily, a one-unit increase in self compassion resulted to a decrease of 0.30 standard deviation in depressive symptom scores (β = -0.30, p < .001). Additionally, when predictors self-compassion and self-critical perfectionism assume a value of zero, the constant was determined to be 15.47, sketching the expected value of depressive symptoms. Furthermore, the findings of the prior studies conducted by Mehr and Adams (2016) as well as Richardson et al. (2020) were also revealing that self-compassion and self-critical perfectionism are the significant predictors of depressive symptoms among university students. This result is thus supporting H_{a5}.

The last and sixth hypothesis was also derived from this objective (H_{a6}). H_{a6} stated that self-compassion plays a significant mediating role in the association between self-critical perfectionism and depressive symptoms. Through the use of ordinary least square path analysis for mediation analysis which was conducted through the PROCESS SPSS macro by Hayes (2022), the H_{a6} is supported as evidence of self-compassion significantly mediates the association between self-critical perfectionism and depressive symptoms; after controlling for program of study. This association illustrated in Figure 3 and detailed in Table 10, where self-critical perfectionism demonstrated a significant negative relationship with self-compassion (a = -.02, p < .001); whereas self-compassion showed a significant negative association with symptoms of depression (b = -3.70, p < .001). Furthermore, the bootstrap confidence interval (based on 5,000 resampling) for the indirect effect (ab = .07) are consistently remained above zero (.046 to .095), implying that self-compassion is significantly and partially mediating the bridge between self-critical perfectionism and depressive symptoms. Mehr and Adams (2016), Richardson et al. (2020), and Pereira et al. (2022) were also found the partial mediation role of self-compassion between those two variables through their studies.

Table 10
The mediating role of self-compassion: Path analysis results on depressive symptoms.

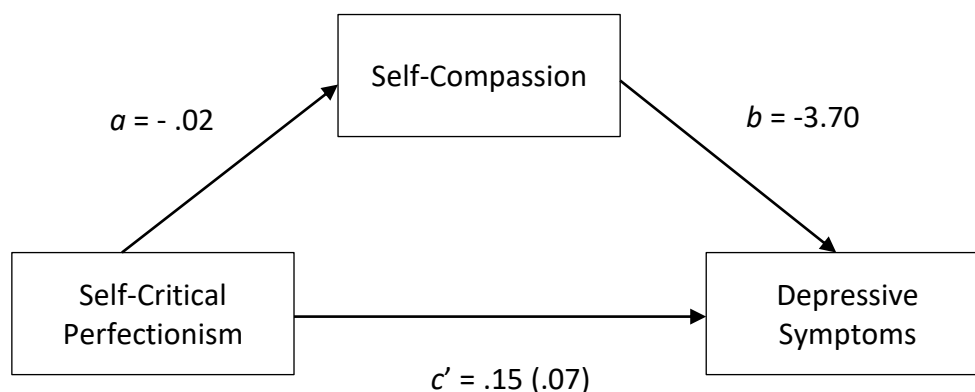| Antecedent		*B*	*SE*	β	*t*	*p*		*B*	*SE*	β	*t*	*p*
			M (Self-Compassion)						**Y (Depressive Symptoms)**			
X (Self-Critical Perfectionism)	*a*	-.02	.001	-.57	-15.94	< .001	*c'*	.15	.018	.36	8.12	< .001
M (Self-Compassion)		-	-	-	-	-	*b*	-3.70	.553	-.30	-6.70	< .001
		R^2 = .345						R^2 = .341				
		$F(2,515)$ = 135.769, p < .001						$F(3, 514)$ = 135.769, p < .001				

Figure 3. Mediation result – self-compassion as a mediator in the association of self-critical perfectionism and depressive symptoms. The indirect pathway connecting self-critical perfectionism to depressive symptoms through self-compassion is denoted in parentheses as (ab).

Discussion and Implications
Based on the previous presented results, it was revealed that there is an ample connection between self-critical perfectionism and depressive symptoms which subsequently supported the hypothesis, stating that there is a presence of positive correlation between self-critical perfectionism and symptoms of depression among Malaysian university students at one, chosen public university located in Selangor. This implies that students with high inclination towards self-critical perfectionism exhibited a higher occurrence of depressive symptoms, highlighting the pertinency of addressing perfectionistic inclinations in the mental health interventions. Furthermore, this study also proved the existence of negative relationship between self-compassion and depressive symptoms. This means that the higher the levels of self-compassion, the lower the levels of depression, which is aligned with the existing literatures on the protective role of self-compassion in mental health. The previous illustration of theoretical framework which was derived from Compassion-Focused Therapy (CFT) illustrated the protective role of self-compassion against depressive symptoms within individuals who possess high intensity of self-critical perfectionism. Therefore, the interventions grounded in the principles of CFT may provide auspicious strategies for nurturing self-compassion and reducing the bad impact of perfectionistic tendencies.

This study revealed the levels of depressive symptoms among Malaysian university students to be at moderate levels, highlighting the urgency of applying necessary interventions as there may be students who suffered from depressions; yet, did not seek for counselling or any other professional mental health assistance in regard to dealing with their mental illnesses. Previous researches have also reported the increasing prevalence of, particularly during COVID-19 crisis, depressive symptoms among university students. Furthermore, the significant numbers of university students who were the respondents of this study exhibited maladaptive perfectionism is quite high and worrying. The students who fell into this category tend to set illogical high standards and overwhelmed themselves with harsh self-critique when these expectations are not met. As a result, these acts of overly critical of themselves and excessively focused on avoiding themselves from making any mistakes, may contribute to depression. In addition, even though majority of these students possessed high altitude of

self-critical perfectionism and depressive symptoms, it was revealed in the findings that they own a moderate level of self-compassion – with subscale mindfulness displayed the highest mean scores.

The result of this study also disclosed the significant – partially – role of self-compassion as mediator in the association between self-critical perfectionism and depressive symptoms among Malaysian university students. This implies that individuals, particularly university students, should cultivate the values of self-compassion within themselves as they (i.e., self-compassions) are able to mitigate the negative impact of self-critical perfectionism on depressive symptoms.

Implications of the Study
The findings of this study may contribute some things to the field of mental health, theoretically and practically. Through the visualisation of theoretical framework which involved Self-Compassion Theory (SCT), Compassion-Focused Theory (CFT), Acceptance and Commitment Therapy (ACT), and a comprehensive version of Internal Family Systems (IFS), the understanding on how self-compassion acts as mediator between self-critical perfectionism and depressive symptoms is achievable. Furthermore, CFT as the main in the theoretical framework has emphasised the primary role of self-compassion in pointing out psychological distress as well as proposing potential leverage for interventions which targets self-critical perfectionism and depressive symptoms. Additionally, the alignment of SCT and CFT in this study has provide empirical support for self-compassion as mediating role in the bridge connecting self-critical perfectionism and depressive symptoms. Moreover, this alignment highlights the significant practical impacts of SCT and CFT within therapeutic interventions to promote self-compassion.

Practically, the collaboration among educational stakeholders such as government agencies, academic or educational institutions, and mental health professionals, is an essence in an effort to develop targeted interventions and policies. It is assumed that these initiatives are able to effectively mitigate depression and its symptoms as well as reduce suicide attempts among Malaysian university students. Besides, this study also advocates academic institutions to customise support services which cater to the diverse needs of student populations such as customised mental health support services, including enhanced counselling services, stress management workshops, and academic mentoring programs. It is encouraged for universities' counselling departments to hold and conduct mental health screenings at frequent, such as DASS-21, on campus; as an effort to increase awareness on mental health among university students. Additionally, it is recommended for counsellors to personalise counselling interventions based on previous mental health screenings in order to improve support services' effectiveness. Furthermore, to provide activities and therapies that help in enhancing university students' self-compassion to cope with depressive symptoms are also very welcomed.

In a perspective of policy, the study emphasises the cruciality of collaborations between educational institutions and government agencies such as Ministry of Health (MOH) Malaysia and Ministry of Education (MoHE) Malaysia. This study proposes the formulation and implementation of policies regarding mental health which address the identified associations (i.e., self-critical perfectionism and depressive symptoms), and focus on mitigating depression

among university students. It is also recommended to assimilate and integrate the components of mental health into universities' curriculum, such as introducing academic modules that covers the topics which revolve around stress management, resilience-building, and others. These additions may deem as contributing to develop university students holistically.

Suggestion for Future Studies

Due to limitations of current study such as the employment of convenience sampling which was constituted of undergraduates and limited numbers of postgraduates from only one public university and subsequently, limiting the generalisation, it is recommended for future studies to include a more variations and larger population that encompass diversities of educational settings and cultural backgrounds. Furthermore, comparative studies between different universities and educational systems may offer valuable acumens regarding variety of prevalence or occurrence of self-critical perfectionism, intensity of self-compassion, and depressive symptoms, emphasising the influence of institutional factors on mental health outcomes.

As previously mentioned, research studies in regard to self-compassion serves as mediator between self-critical perfectionism and depressive symptoms are mostly centered and conducted on Western populations. Therefore, this study is serving as preliminary test in Malaysia which explores the associations between those aforementioned three variables using Multiple Linear Regression (Path Analysis). Thus, it is suggested for future studies to consider of implementing more sophisticated approaches such as Structural Equation Model (SEM) in order to obtain detailed comprehension of how the subscales within Self-Compassion Scale (SCS) mediate between risk factors and depressive symptoms.

Furthermore, longitudinal studies are recommended to be done as the examination of evolution of self-compassion, self-critical perfectionism, and depressive symptoms over time would provide researchers with precious and deep insights into the changing nature of these dimensions of psychological. Additionally, the utilisation of mixed-methods research approach would enable researchers to gain valuable insights qualitatively and quantitatively, where qualitative data are able to delve into gained information much deeper, as quantitative is only presenting its data statistically.

Conclusion

To summarise, this study emphasises the crucial needs for intervention as more than half of Malaysian university students in the chosen public university who participated as the respondents in this study, demonstrated a moderate level of depressive symptoms, which is worrying. Additionally, majority of these students exhibited intense intensity of self-critical perfectionism, whilst moderate level of self-compassion. Furthermore, it was also proved through this study that self-critical perfectionism was positively associated with depressive symptoms, while self-compassion disclosed itself as the protective role with negative association. Due to self-compassion's negative association with self-critical perfectionism, this study has conducted a regression analysis test in order to prove self-compassion's "ability" to mediate the connection between self-critical perfectionism and depressive symptoms. The test unveiled that 34% of depressive symptoms could be foresaw by self-compassion and self-critical perfectionism, where the results indicated that a one-point increase in self-critical

perfectionism correspond to a one-point rise in depressive symptoms. Contrarily, a one-point increase in self-compassion caused the a one-point decrease in depressive symptoms scores. Consequently, this study asserted the significant mediating role of self-compassion, emphasising its significant impact in mitigating the relationship between self-critical perfectionism and depressive symptoms. Moreover, the findings also presented the variations in depressive symptoms between undergraduates and postgraduates; where on average, undergraduates exhibited symptoms of depression, while postgraduates did not, underscoring the necessity for targeted support. As a whole, the findings of this study highlight the significance of tailored mental health interventions for Malaysian university students, particularly undergraduates, with self-critical perfectionism and self-compassion as the main variables.

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