

Self-Compassionate Children, Resilient and Empathetic Adults

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The purpose of this study is to investigate the contribution of self-compassion during childhood to resilience and empathy in adulthood. Specifically, although the literature suggests that practicing self-compassion leads to higher levels of resilience and empathy, no study has explored the extent to which childhood self-compassion affects resilience and empathy in adult life. A quantitative study was conducted with a sample of $N=120$ participants aged 25 to 50 years. Three questionnaires measuring self-compassion, resilience, and empathy were administered in Greek, with the self-compassion questionnaire adapted to reflect past experiences. The results indicated that self-compassion in childhood contributes to the development of resilience and empathy in adulthood. In other words, when we show compassion and kindness toward ourselves during difficult moments in childhood, as adults, we are able to build resilience resources and effectively cope with challenging situations, as well as put ourselves in others' shoes and understand them. Thus, the findings of this study highlight the importance of designing interventions based on self-compassion during childhood, potentially within counseling and school settings, so that children can develop skills that may lead to resilience and empathy resources in adulthood. However, as there are no similar past findings in the literature, further research is needed to strengthen these findings.

Keywords: Self-Compassion, Resilience, Empathy, Children, Adolescents, Adulthood**1. Introduction**

Positive Psychology focuses on studying positive components and how they can enhance people's quality of life. Positive Psychology is examined across various contexts and age groups. However, a review of the literature revealed that there has been limited research on the extent to which the development of positive components in childhood can lead to positive outcomes in adulthood. This study aims to address this gap by specifically examining whether the cultivation of self-compassion in childhood can contribute to the development of resilience and empathy in adulthood.

Neff was the first researcher to highlight self-compassion and introduce it to the field of psychology, specifically within Positive Psychology [1]. Self-compassion is defined as a compassionate and warm attitude that an individual adopts toward themselves during difficult times. It is an attitude of self-acceptance when a person struggles or experiences [1]. Self-compassion consists of six dimensions—three positive and three negative—with each positive aspect having a corresponding negative counterpart. The first dimension refers to self-kindness, which involves showing kindness toward oneself, contrasting with the negative pole of self-criticism, where an individual criticizes themselves in moments of failure. The second positive dimension refers to common humanity, or the recognition that pain and difficulties

are part of the human experience. This contrasts with isolation, where a person feels isolated and believes they uniquely experience challenging situations. Lastly, the third dimension is mindfulness, which involves recognizing thoughts and feelings in the present moment. This contrasts with over-identification, where an individual either avoids unpleasant thoughts and feelings or becomes overly absorbed in them without maintaining any sense of separation. Challenges an individual might face could relate to personal weaknesses, such as feelings of inadequacy, or difficult external circumstances (e.g., failures) that ultimately impact them [2]. Self-compassion helps an individual manage difficult emotions. It represents a balanced stance and a way of relating to oneself, allowing one to step back from the problem, see it in a realistic light, and acknowledge that everyone experiences hardships and failures. Self-compassion is not fundamentally a skill but an attitude, where a person exhibits increased kindness toward themselves, enhanced awareness, and the ability to recognize and accept negative emotions [3].

The increased research interest in the concept of self-compassion arises because self-compassion has been linked to positive aspects and good mental health across all age groups, leading to the ongoing design of interventions aimed at enhancing self-compassion. Indicatively, previous literature shows that self-compassion is positively associated with subjective happiness and

life satisfaction, as well as positive emotions [4-7]. Approaching painful and difficult situations in a compassionate way appears not only to benefit the individual but also to facilitate and encourage the relationships the individual forms with others. In other words, the compassion one shows toward oneself seems to increase compassion toward others and promotes the experience of positive emotions within relationships [7].

The study of self-compassion initially began with adult populations and later extended to children and adolescents. The development of positive and negative traits in childhood appears to equally influence the emergence of corresponding traits in adulthood. For example, children with poor mental health often exhibit similar negative emotions and experience psychological difficulties as adults [8,9]. The interaction between childhood experiences and adult psychological well-being has long been a topic of interest in psychology. Longitudinal studies have explored how experiencing certain emotions or adopting certain behaviors impacts mental health in adulthood. This research aims to examine to what extent self-compassion in childhood can positively affect the development of certain skills in adulthood. Given that self-compassion is an attitude of kindness and gentleness toward oneself during difficult times, it is essential to explore whether self-compassion can lead to a resilient mindset in adulthood. Self-compassion, defined as the ability to treat oneself with kindness, understanding, and acceptance during periods of difficulty or failure, is increasingly recognized as a fundamental factor for emotional resilience and well-being [10]. In this review, we delve into existing research to clarify how childhood self-compassion shapes adult resilience, providing insights into developmental pathways and the long-term impacts of early emotional experiences. The contribution of childhood self-compassion to resilience and empathy in adulthood is of interest within the fields of developmental psychology and counseling. While the relationship between self-compassion, resilience, and empathy has been studied, showing that higher self-compassion is associated with greater resilience and empathy, the role of childhood self-compassion in the development of resilience and empathy in adulthood has not been examined.

Resilience refers to an individual's ability to manage and overcome adversity and to maintain well-being despite the challenges they face. For resilience to be present, it is important for stressful conditions and factors to exist on the one hand, and for the individual to have developed positive adaptation, a sense of competence, and self-efficacy to overcome them on the other [11]. Resilience is not a static ability but rather a dynamic and continuously evolving process that depends on personal and environmental factors as well as their interaction. There are individual and environmental factors that contribute to resilience, such as an individual's temperament and social support [11]. Resilience is not an innate characteristic but can be a learned process that can be cultivated under the right conditions and through interventions [12]. Since resilience involves an individual's ability to handle difficult situations and adversity, the importance of studying and fostering it is recognized. Resilience provides significant benefits, improves mental health and well-being, and helps individuals handle challenges in a

more balanced and functional way [12].

The third concept is empathy. This term was first introduced by Rogers, primarily referring to a therapeutic context within psychotherapy and counseling, emphasizing a skill essential for mental health professionals [13]. Later, the concept expanded into medicine, as patients reported discomfort with healthcare professionals regarding a lack of empathy in delivering difficult news and managing treatment [14]. Various models and theories have been developed to explain empathy, though they primarily concern psychotherapy and counseling contexts. An example is Davis's model of empathy, on which the empathy scale used in this study was based [15,16]. According to Davis, empathy is divided into four dimensions, encompassing both cognitive and emotional qualities. The first dimension is cognitive and refers to *perspective taking*, which involves understanding and recognizing another person's emotions without necessarily experiencing them. *Empathic concern* has an emotional quality and involves feeling compassion when encountering another's pain and emotions. *Fantasy* has a cognitive nature, referring to imagining how another person might feel. Finally, *personal distress* is emotional and refers to the negative emotions an individual experiences when confronted with another's pain.

Nevertheless, empathy as a skill (since it is something that can be learned and cultivated rather than an innate trait) represents an attitude that should be nurtured in all individuals, beginning from childhood [17]. In the school context, teachers use programs, interventions, and exercises to teach empathy to students in a practical, rather than theoretical, manner. Specifically, empathy serves as a skill that addresses issues that arise in school. For instance, when students show empathy toward others, incidents of bullying decrease, and students achieve better academic performance [18,19]. Resilient individuals, as well as those with empathy, also tend to show self-compassion. According to the theoretical foundation of self-compassion, when a person shows compassion toward themselves during difficult moments and failures, they are better able to cope with adversity. In self-compassion, an individual recognizes their difficulties and weaknesses but is motivated to take action rather than adopting a passive stance. This suggests that when a person shows themselves compassion in challenging times, they equip themselves with the necessary resources to manage difficulties and face challenges, which in turn strengthens resilience [20].

A study examined the relationship between self-compassion and resilience in adolescents and young adults (N=177) aged 14 to 24. The findings revealed a positive correlation, showing that as self-compassion increases, so does resilience [20]. Similar results were observed in another study conducted with N=275 undergraduate students, which also demonstrated a positive relationship between self-compassion and resilience [21]. Another study involving N=367 younger children (ages 9 to 14) showed that children with higher levels of self-compassion were also more resilient [22]. A related study conducted in the workplace also found a positive association between self-compassion and resilience, raising the question of whether cultivating more compassionate organizations could lead to more resilient organizations, enhancing employee well-being

and improving organizational functioning [23].

A large-scale study collected data from $n=786$ adolescents from public schools and $n=271$ adolescents from private schools. The findings showed that adolescents who scored high in self-compassion also had significantly higher scores in resilience [24]. Another study was conducted with 102 elderly individuals, and its findings indicated that older adults with high self-compassion scores also had higher levels of resilience. In contrast, elderly individuals with low levels of self-compassion demonstrated lower resilience and generally poorer mental health [25].

The relationship between self-compassion and resilience has also been studied in more specific populations. Four studies will be presented that demonstrated a positive relationship between self-compassion and resilience. One cross-sectional survey conducted with 213 health professionals showed that resilience had a strong positive relationship with self-compassion and mindfulness (which is also one of the positive dimensions of self-compassion) [26]. Another study involving 259 patients with multiple sclerosis found that self-compassion was positively related to resilience, and self-compassionate patients appeared to have higher levels of resilience; cultivating both skills led to improved well-being [27]. In a similar study with patients suffering from epilepsy, the results indicated that self-compassion was positively related to and predicted resilience [28]. Finally, another study conducted with 13 nurses showed similar results. Specifically, participants took part in an 8-week intervention based on mindful self-compassion, after which an increase in resilience was noted following the cultivation of self-compassion [29].

A positive relationship is also observed between self-compassion and empathy. After all, self-compassion includes compassion for oneself, and it seems that those who are compassionate towards others are more likely to show compassion towards themselves. Similarly, according to the theoretical background of compassion-focused therapy, the concept of compassion encompasses compassion for oneself, compassion for others, and the acceptance of compassion from others [30]. Additionally, one dimension of compassion in compassion-focused therapy is empathy. Therefore, there is not a significant difference between these two concepts, although they are distinct [31]. Empathy has a more emotional foundation, as it refers to understanding another person's pain and experiencing their suffering from their perspective, while compassion involves recognizing and understanding another's pain without necessarily experiencing it in the same way [31]. Nevertheless, both concepts—self-compassion and empathy—are related to the intention to help the person who is suffering [32].

According to Neff, a significant portion of the population lacks self-compassion because they associate it with self-indulgence and egocentric behavior, believing that those who are self-compassionate are selfish and indifferent to others [10]. However, this connection is misleading, as there is no correlation between self-compassion and egocentrism. On the contrary, research conducted on adolescents has shown that self-compassion is positively related to empathy and prosocial

behavior [33]. Another study involving 384 high school students found a positive relationship between self-compassion and empathy [34]. Additionally, research has demonstrated that when we show compassion towards ourselves, we experience less personal distress, which is one of the dimensions of empathy [32].

A review of the literature indicates that the relationship between self-compassion and empathy is primarily studied among health care and mental health professionals. As previously mentioned, empathy is mainly recognized as a skill in therapeutic contexts [13,14]. Research in this area shows that self-compassion, mindfulness (a dimension of self-compassion), and empathy are crucial characteristics for this population and should be cultivated, as they serve as protective factors against compassion fatigue, burnout, secondary trauma, and stress [35]. However, the direction of the relationship between self-compassion and empathy is not always clear. Some studies suggest a positive relationship, indicating that increased self-compassion enhances empathy, while others point to a negative relationship, where higher levels of self-compassion correlate with lower levels of empathy. According to Bibeau et al., empathy among psychotherapists increased significantly after they completed a self-compassion-focused intervention program, where they were trained in techniques to enhance compassion for both themselves and others [36]. Another study involving nurses found that those with higher levels of self-compassion demonstrated greater empathy towards their patients, making it easier for them to show compassion and understand the pain and negative emotions experienced by others [37]. However, there are also studies that report either a negative relationship or no relationship at all. For instance, in the research conducted by Daltry et al., no correlation was found between empathy and self-compassion among female students [38]. In contrast, among male students, self-compassion was negatively related to empathy, with those who expressed compassion for themselves experiencing less empathy for others.

Research has been conducted to study the relationship between self-compassion and empathy by examining individual factors. One study conducted during the Covid-19 pandemic found that health professionals with high emotional dimensions of empathy, such as empathetic concern, exhibited lower levels of self-compassion, self-kindness, and mindfulness. In contrast, the cognitive dimension of empathy (perspective taking) was positively associated with self-kindness and common humanity, while being negatively related to self-criticism [39]. Another study showed that self-compassion was negatively related to personal distress, positively related to perspective taking, and showed no relationship with empathetic concern, indicating different findings compared to previous research [40]. Empathetic concern was positively associated with common humanity, self-criticism, isolation, and over-identification, while there was no statistically significant relationship with self-kindness and mindfulness. Similarly, perspective taking was positively associated with self-kindness, mindfulness, and common humanity, while there was no relationship with negative dimensions. Finally, personal distress was negatively related to self-kindness, common humanity, and mindfulness,

but positively associated with self-criticism, avoidance, and isolation. In this specific study, the dimension of fantasy was not included in the analyses as it did not serve the purposes of the research [40].

Next, a study involving counseling psychologists (N=104) also showed a positive relationship between self-compassion and empathy. Specifically, in this research, the overall self-compassion scale and its individual factors were examined. The results indicated that self-compassion and the positive dimensions (self-kindness, common humanity, mindfulness) were positively associated with the dimensions of perspective taking and empathetic concern, while a negative relationship was found with personal distress. On the other hand, the negative dimensions (self-criticism, isolation, over-identification) were negatively related to perspective taking and empathetic concern and positively related to personal distress. No statistically significant relationship was found between self-compassion and its dimensions with the subscale of fantasy [41].

Indeed, research has been conducted regarding the relationship between self-compassion and empathy in populations beyond psychologists and nurses. The findings have similarly shown a positive relationship between self-compassion and empathy in late adolescents, indicating that an increase in these skills also leads to higher levels of happiness [42].

Recognizing the benefits of self-compassion, resilience, and empathy in various fields and mental health highlights the importance of studying them. However, this relationship has been studied cross-sectionally, and there have been no findings indicating whether having a more compassionate attitude toward oneself during difficult times can cultivate resilience and empathy in adult life.

1.1. The Current Study

The purpose of this research is to investigate whether self-compassion in childhood can lead to resilience and empathy in adult life. Although the relationship between self-compassion,

resilience, and empathy has been studied in both adults and children, it has not been examined whether a compassionate attitude toward oneself in childhood ultimately cultivates resilience and empathy in adulthood. The research question of this study is as follows: "Does self-compassion in childhood lead to resilience and empathy in adult life?" Based on the research question, two research hypotheses were formulated:

H1: Self-compassion in childhood is positively related to and predicts resilience in adult life.

H2: Self-compassion in childhood is positively related to and predicts empathy in adult life.

2. Methods

2.1. Design

A quantitative study was conducted in which participants were asked to complete two self-report questionnaires and a demographic information form. Since the self-compassion measure pertained to childhood, the appropriate self-compassion tool was administered, with its questions adapted to the past tense to serve the study's purposes. Linear regression was performed to examine the contribution of self-compassion to resilience and empathy. In this study, the scales for self-compassion and resilience were examined in their entirety, without focusing on individual factors, while for empathy, the individual factors were analyzed separately, as no single composite score is produced.

2.2. Participants

The study participants were N=120 individuals aged between 25 and 50 years, with a mean age of 34.56 years (SD=3.16). Of these, 97 (80.83%) were women and 23 (19.17%) were men, with a mean age of 34.56 years (SD=3.16). The majority of the sample was single (n=67, 55.83%), had completed higher education (n=85, 70.83%), and were employees (n=88, 73.33%). Convenience sampling was used for data collection, and participants were recruited online. Only adults with a minimum age of 25 years were eligible to participate, with no other restrictions. Detailed demographic characteristics of the participants are provided in Table 1.

		n(%)	M(SD)
Gender	Man	97 (80.83%)	
	Woman	23 (19.17%)	
Marital Status	Single	67 (55.83%)	
	Married	42 (35%)	
	Divorced	11 (9.17%)	
Educational background	Secondary education	0%	
	Higher education	85 (70.83%)	
	Master/PhD	35 (29.17%)	
Status	Employee	88 (73.33%)	
	Students	32 (26.67%)	
	Other	0%	
Age			34.56(3.16)

Table 1: Demographic Characteristics of the Participants (N=120)

3. Materials

Initially, a demographic information form was administered with questions regarding gender, age, educational background, marital status, and status. This was followed by three self-report questionnaires.

3.1. Self-Compassion Scale-Youth

The Self-Compassion Scale for Youth was administered in the research, and its Greek version was provided by Karakasidou et al. [43,44]. The scale consists of 17 questions, with responses given on a 5-point Likert scale (1-Almost Never, 5-Almost Always). The questions are divided into 6 subscales, corresponding to the positive and negative dimensions of self-compassion. The subscales of self-kindness, common humanity, mindfulness, self-criticism, and isolation each have 3 questions, while the subscale of over-identification contains 2 questions. The scale provides both individual scores for each subscale and an overall score for the entire scale, which is calculated by averaging the responses after reverse coding the questions that correspond to the negative dimensions. The reliability of the original scale was $\alpha=.820$ (study 1) and $\alpha=.851$ (study 2), while the reliability of the Greek version was $\alpha=.64$ [43,44]. For the purposes of the present study, and since the aim was to examine self-compassion in childhood, the 17 questions were adapted to reflect past experiences. As the original scale was administered to children aged 10 to 14, participants were instructed to recall how much these questions represented them between the ages of 10 and 14.

3.2. Connor–Davidson Resilience Scale

The Connor-Davidson Resilience Scale [CD-RISK-25] was administered to measure resilience. It was developed by Connor and Davidson and in this study it was administered in Greek by Dimitriadou and Stalikas [12,45]. The scale consists of 25 questions and participants indicate the representative answer for them on a 5-point Likert scale (0=not true at all, 1=rarely true, 2=sometimes true, 3=often true, 4=true nearly all of the time). It consists of 5 factors (personal competence, trust in one's instincts, positive acceptance of change and secure relationships, control, spiritual influences). An individual score is derived for each subscale and a single score is obtained from the sum of the responses with a score ranging from 0 to 100 (a higher score

indicates higher resilience).

3.3. Interpersonal Reactivity Index-IRI

Empathy was measured using the Greek-adapted version of the IRI scale, originally developed by Davis and adapted into Greek by Tsitas & Malikiosi-Loizou [15,46]. The scale consists of four subscales: perspective taking, empathic concern, fantasy, and personal distress, in line with Davis's theoretical framework on empathy [15]. Responses are given on a 5-point Likert scale ranging from 0 - *Does not describe me well* to 4 - *Describes me very well*. The IRI does not yield an overall empathy score; instead, each dimension is studied separately.

3.4. Procedure

The research was conducted online, and participants completed the questionnaires via Google Forms. At the beginning of the questionnaires, there was an information form and a consent form for participation in the research, which participants had to fill out in order to take part in the study. Completing the questionnaires was brief, taking approximately 15 minutes in total. The research adhered to the code of ethics, anonymity of the responses was maintained, and participants had the right to withdraw from the study. At no point during the research were participants deceived, as they were informed from the outset about the purpose and procedure of the study through the information form.

4. Results

4.1. Descriptive Statistics

The analyses were conducted using the statistical software SPSS 27.0. Initially, a normality test was performed using the Kolmogorov and Shapiro-Wilk criteria, which confirmed normality ($p > .05$). The study results indicated that levels of self-compassion and resilience were moderate. Specifically, the mean was $M=2.85$ ($SD=.68$) for self-compassion, $M=50.33$ ($SD=8.19$) for resilience, $M=16.53$ ($SD=4.23$) for perspective taking, $M=16.89$ ($SD=4.68$) for empathetic concern, $M=14.63$ ($SD=4.73$) for personal distress and $M=15.40$ ($SD=4.29$) for fantasy. Reliability was found to be high for all variables (self-compassion $\alpha=.75$, resilience $\alpha=.78$, perspective taking $\alpha=.72$, empathetic concern $\alpha=.76$, fantasy $\alpha=.70$, personal distress $\alpha=.74$).

	Mean	Standard Deviation	Cronbach's alpha	Distribution
Self-Compassion	2.85	.68	.75	$p>.05$
Resilience	50.33	8.19	.78	$p>.05$
Perspective Taking	16.53	4.23	.72	$p>.05$
Empathetic Concern	16.89	4.68	.76	$p>.05$
Personal Distress	14.63	4.73	.74	$p>.05$
Fantasy	15.40	4.29	.70	$p>.05$

Table 2: Descriptive Statistics

4.2. Linear Regression

To test whether childhood self-compassion (independent variable) influences resilience in adulthood (dependent variable) and empathy in adulthood (dependent variable), a linear regression test was conducted, showing statistical significance. Specifically, the results indicated that self-compassion explains

5.33% of the variance in resilience, $F(1,118) = 6.34$, $p < .001$, $b = 0.51$ (Table 3). Similarly, statistically significant results were found for predicting empathy through self-compassion. Specifically, childhood self-compassion explains 55.3% of the variance in perspective taking, $F(1,118) = 13.28$, $p < .001$, $b = 4.76$ (Table 4). Additionally, self-compassion explains 32.8% of

the variance in empathic concern, $F(1,118) = 10.26, p < .001, b = 3.48$ (Table 5). The variance in the dimension of personal distress was explained by 55.8% through self-compassion,

$F(1,118) = 11.37, p < .001, b = -4.89$ (Table 6). Finally, self-compassion explains 29% of the variance in fantasy, $F(1,118) = 9.87, p < .05, b = 2.89$ (Table 7).

Predictor variable	b	SE B	B	t	p
Self-compassion	0.51	0.20	1.80	2.52	<.001

Table 3: Resilience Prediction by Self-Compassion (N=120)

Predictor variable	b	SE B	B	t	p
Self-compassion	4.76	.53	.729	10.93	<.001

Table 4: Perspective Taking Prediction by Self-Compassion (N=120)

Predictor variable	b	SE B	B	t	p
Self-compassion	3.48	.41	.583	7.31	<.001

Table 5: Empathetic Concern Prediction by Self-Compassion (N=120)

Predictor variable	b	SE B	B	t	p
Self-compassion	-4.89	.31	-.721	-11.21	<.001

Table 6: Personal Distress Prediction by Self-Compassion (N=120)

Predictor variable	b	SE B	B	t	p
Self-compassion	2.89	.24	.548	6.59	<.001

Table 7: Fantasy Prediction by Self-Compassion (N=120)

5. Discussion

The aim of the present study was to examine whether the development of self-compassion in childhood could lead to the cultivation of resilience and empathy in adulthood. Previous literature has shown a positive relationship between self-compassion and resilience, as well as between self-compassion and empathy. However, these studies have demonstrated the existence of a positive relationship at the same time period, but no research has investigated whether childhood self-compassion can lead to resilience and empathy in adulthood. This study aimed to address this research gap by administering two questionnaires to adults, measuring current resilience and empathy, along with a questionnaire assessing self-compassion during youth, with the questions adapted to the past. Given that the self-compassion scale for youth is designed for ages 10 to 14, participants were instructed to recall memories from this specific age range and to remember how they related to themselves during challenging moments [43]. The sample selection criteria included individuals aged 25 and older, rather than simply adults (i.e., over 18), to ensure a significant time gap from the age of 14. Two research hypotheses were created: that childhood self-compassion predicts resilience in adulthood (first research hypothesis) and that childhood self-compassion predicts empathy in adulthood (second research hypothesis). The findings of this study showed statistically significant results, confirming both hypotheses.

Beginning with the first research hypothesis, it was confirmed that self-compassion in childhood is positively related to and predicts resilience in adulthood. Although no previous studies have explored this specific relationship, as this is the first research examining whether childhood self-compassion contributes to adult resilience, past literature shows a positive association between self-compassion and resilience, where

increased self-compassion correlates with greater resilience and a higher ability to cope with challenging situations. In difficult moments, many people respond with self-criticism, which may prevent them from finding solutions to their problems, as they may avoid engaging with their thoughts and feelings or become overwhelmed, inhibiting their capacity to observe and address what is happening. Conversely, when we relate to ourselves compassionately, we do not become overly lenient or self-pitying in ways that might lead to procrastination or inaction; instead, we find it easier to mobilize and commit ourselves [47]. Thus, in times of personal pain, when one is compassionate toward oneself, it enables the development of self-efficacy mechanisms—factors that define resilience [11].

Furthermore, self-compassion is a dynamic process. A person recognizes that everyone faces common difficulties and that experiencing pain is a human condition (the dimension of common humanity) [10]. Since self-compassion includes the dimension of mindfulness, one recognizes and observes their thoughts and emotions, and a self-compassionate person acknowledges both their strengths and weaknesses [10]. Because self-compassion entails action rather than passivity, it equips individuals with appropriate ways to manage challenges and develop resilience [20]. This view is further supported by previous research findings examining this relationship. Studies conducted on children aged 9 to 14, adolescents, young adults, and undergraduate students have shown that self-compassionate individuals also tend to be more resilient [20-22,24]. This suggests that self-compassion and resilience are not exclusive to adults, but even younger individuals, such as children and adolescents, can exhibit self-compassion and resilience in facing challenges.

Similarly, older individuals such as employees, the elderly, health professionals, patients with multiple sclerosis, patients with epilepsy, and nurses also demonstrate that those who show self-compassion in difficult times develop the skill of resilience [23,25-29]. Finally, it seems that this relationship is not limited to individuals alone. Even entities, such as organizations that practice compassion, are considered more resilient and offer more benefits to their workforce [23].

The second hypothesis, which posited that self-compassion in childhood predicts empathy in adulthood, was also confirmed. The findings showed that adults with empathy were more likely to have been self-compassionate as children. Considering the theoretical framework of Neff, who studied self-compassion and its dimensions, the positive relationship observed may be explained [1,10]. One of the dimensions of self-compassion is common humanity, which refers to recognizing pain and difficulties as part of the human experience. Since common humanity involves a sense of connectedness, it also includes elements of attachment, relatedness, and empathy, as it involves understanding others' pain and putting oneself in their position [48].

The results of this study align with previous literature, which has similarly shown that an increase in self-compassion leads to an enhancement of empathy [36,37]. However, past research has shown mixed results regarding the direction of the relationship between these two variables. Among female students, the relationship between empathy and self-compassion is absent, while for male students, the relationship is negative. Male students with high levels of self-compassion experience lower empathy for others [38]. One possible explanation could be attributed to gender roles, as men, often seen as more competitive, might not relate self-compassion with empathy—experiencing others' pain directly—but instead show compassion towards others without sharing in their suffering. Conversely, women are often attributed with more caregiving roles, so high levels of empathy may not necessarily indicate that they show self-compassion during challenging moments.

In previous research examining the individual dimensions of self-compassion and empathy, findings similar to those of the present study have been observed. In this study, self-compassion (as a whole) experienced by participants in childhood led to high levels of perspective taking, empathetic concern, and fantasy, and low levels of personal distress in adulthood. In the study by Papadimitriou et al., it was also found that self-compassion positively correlated with perspective taking and empathetic concern, while it negatively correlated with personal distress [41]. However, in the same study, there was no statistically significant relationship between self-compassion and the fantasy dimension, whereas a positive relationship was observed in the current study. A possible explanation may lie in the sample; the previous study involved counseling psychologists, while the current study included adults from the general population [41]. Given that the questions related to the fantasy factor refer to imagined scenarios, such as movies and books, this could explain why a statistically significant relationship was not found in the previous study but was observed here. It suggests

that children with self-compassion may more easily feel and experience others' pain and emotions, even when these pertain to fictional characters.

In the empathy scale, since the fantasy factor does not reference real people, it may be interpreted differently, which may also explain the exclusion of this subscale in Duarte et al. [40]. In their study, self-compassion was negatively associated with personal distress and positively with perspective taking (as in the present study), but it showed a negative relationship with empathetic concern. A possible explanation here could also lie in the sample, as Duarte's study included nurses for whom high empathetic concern, involving the experience of others' pain, could negatively impact self-compassion by linking it with negative states like secondary trauma, burnout, and compassion fatigue.

Finally, in the study by Ruiz-Fernández et al., similar findings were observed, with perspective taking positively related to self-kindness and common humanity, and negatively to self-criticism, while empathetic concern was negatively associated with self-compassion and its two dimensions (self-kindness and mindfulness) [39]. However, in the present study, the individual dimensions of empathy were measured, but self-compassion was examined as a whole and not in terms of its dimensions. Additionally, Ruiz-Fernández et al. involved health professionals in their sample [39].

Although the literature is rich in studies on self-compassion, resilience, and empathy, as well as on their interrelationships, there has been no prior research examining whether nurturing self-compassion in childhood leads to the development of resilience and empathy traits in adulthood. As this is the first research effort to investigate this, the findings should be considered cautiously. Nevertheless, leveraging the current findings, it is important to reflect on the significance of cultivating self-compassion in childhood—not only in terms of the skills studied here but also other skills. By fostering a compassionate stance toward oneself from an early age, children can be provided with essential tools that will help them, as adults, to handle challenging situations and relate empathetically to others.

6. Limitations and Future Directions

This study presents certain limitations that are important to consider. Firstly, the sample size (N=120) is small, and a larger number of participants could yield more extensive results. Participants were approached using convenience sampling, a non-probability sampling method, which cannot lead to representative or generalizable results. Additionally, there was an overrepresentation in certain demographic categories, such as gender, with women being more represented than men. Finally, to assess self-compassion during childhood, the questions in the scale were adapted to the past, and participants were asked to recall their experiences from ages 10 to 14 in order to respond. As their answers related to a past age range rather than the present, the responses were based on memory rather than present mindfulness, so some participants may have given approximate answers. Furthermore, the age range of participants was between 25 and 50 years, meaning that older participants were further

removed from their childhood years than younger participants, making recall potentially more challenging.

Turning to suggestions for future research, as noted earlier, this is the first study to examine the role of self-compassion in childhood in fostering resilience and empathy in adulthood. Therefore, future research should replicate the study to gather additional data to reinforce the findings. Moreover, it could be beneficial for future studies to include participants within a specific age range to avoid significant age discrepancies and to address demographic imbalances (e.g., gender). Also, since the findings here focused on overall scales of self-compassion and resilience, future research might investigate the contribution of individual self-compassion dimensions (self-kindness, common humanity, mindfulness, self-criticism, isolation, over-identification) to individual resilience dimensions (personal competence, trust in one's instincts, positive acceptance of change and secure relationships, control, spiritual influences). Given that responses in the self-compassion scale were based on participants' memories of how they related to themselves in earlier years and developmental stages, a longitudinal study could examine self-compassion and its predictive relationship with empathy and resilience progressively over different age periods, enabling responses that reflect what is occurring in the here and now. This study focused on the role of self-compassion during childhood in resilience and empathy in adulthood. However, future studies should include additional variables such as subjective happiness, well-being, positive emotions, anxiety, stress, depression, and other factors to explore the impact of childhood self-compassion on various adult outcomes. Through the data gathered, this study opens a new field that highlights the importance of self-compassion and its benefits when cultivated from childhood, suggesting that doing so builds a foundation for experiencing its advantages both in childhood and in adult life.

7. Implications

Showing compassion toward yourself during difficult times, when you experience pain and face challenges and misfortunes, is very important. Self-compassion in tough moments helps you effectively manage these difficulties by recognizing thoughts and feelings, leading to proactive actions [10]. The literature is rich regarding the benefits of self-compassion. Self-compassion promotes good mental health, as it reduces anxiety, stress, and depression; it helps enhance positive emotions by relating to optimism, well-being, and resilience; it aids in emotion regulation by being associated with higher emotional intelligence and self-regulation; and it decreases the use of dysfunctional coping strategies in stressful situations [49].

Although previous research has mainly focused on studying self-compassion in adults, there is significant interest in adolescents and children, which has led to the development of the corresponding scale for youth that was administered in this study. Cultivating the element of self-compassion in children and adolescents is more easily fostered outside the family context, particularly in the school environment. This is because school is a setting where children and adolescents engage on a daily basis, allowing them to practice techniques that promote a compassionate attitude toward themselves with commitment,

consistency, and stability. Additionally, self-compassion includes the element of common humanity, which involves accepting pain and negative experiences as part of the human reality that everyone faces. Therefore, in school, interactions with peers can help individuals experience failures (e.g., a low grade on a test) not in a critical manner but as a condition that other classmates also face, rather than feeling isolated as if they are uniquely dealing with it.

Moreover, the beginning of the first slot could start with a simple mindfulness exercise (an element of self-compassion) to help students connect with and balance their thoughts and feelings. Additional self-compassion exercises, such as writing a self-compassion letter, viewing oneself through the compassionate perspective of another (e.g., a friend, classmate), or considering how a friend (e.g., classmate) would speak to them, could cultivate kindness toward oneself and, ultimately, compassion. Finally, it seems that the school community itself can foster a compassionate self-character, and students (children and adolescents), having appropriate role models to emulate, can develop self-compassion [50]. After all, these characteristics are not innate; self-compassion, resilience, and empathy can all be cultivated [10,12,17]. Cultivating a compassionate self will facilitate the development of resilience and empathy in adult life, which, in turn, will serve as fundamental foundations for managing adverse and difficult conditions and relating to others with kindness and understanding their pain.

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