



## Investigation of the Mediator Role of Hope in the Relationship Between Self-Compassion and Resilience in Adolescents

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### ABSTRACT

This study evaluated self-compassion, hope and resilience in high school students using a mediation model. The study has two main objectives. The first one is to determine whether these variables differ according to gender. The second objective involves the evaluation of a theoretical model that reveals the mediating effect of hope in the link between self-compassion and resilience. The study included a total of 730 students ( $16.00 \pm 1.02$  years old), 426 female and 304 male participants. Difference statistics were analyzed using Independent Sample t-test. As a result of the analysis, it was seen that the mean scores of self-compassion and psychological resilience of male students were higher than female students. However, it was found that participants' hope scores did not differ based on gender. Mediation analysis was conducted using regression-based bootstrapping. In the mediation analysis, direct effects revealed that self-compassion significantly predicted hope and resilience, and hope significantly predicted resilience. When the indirect effect was examined, it was observed that the path coefficient between self-compassion and psychological resilience decreased significantly with the inclusion of hope as a mediator variable. Therefore, it was concluded that hope partially mediates the relationship between psychological resilience and self-compassion.

*"Poke hope, appease despair."*  
Edip Cansever

In today's age of anxiety, individuals can experience intense stress due to various compelling emotional states created by the lack of choice among endless options (Saleci, 2021). This situation can cause people to blame and punish themselves. For this reason, self-compassion emerges as an important concept, in which a person shows understanding towards himself and sees situations as a necessity of being human. Self-compassion can be defined as being kind to oneself when going through difficult times such as pain, failure, and inadequacy (self-kindness), being aware of and accepting negative emotions, allowing oneself to experience these emotions (mindfulness), and knowing that this difficult situation might happen to many people (common humanity) (Neff, 2003). In other words, it can be stated that self-compassion includes accepting negative situations that happen to oneself or to another person and the feeling that they are not alone because most people have experienced this situation. Thus, it can be said that self-compassion provides the courage to

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overcome experienced situations. Furthermore, it can be said that self-compassion includes the idea that negative experiences and failures are the constraints of being human, and therefore forgiveness. Given that numerous people tend to be more critical and less forgiving towards themselves, it's important to acknowledge the significance of self-compassion. (Neff, 2003). For this reason, the individual's compassion towards himself or another person who is suffering can be accepted as a source of empathy and well-being (Brown et al., 2016). Another important concept that ensures an individual's well-being is psychological resilience. Mindfulness, a sub-dimension of self-compassion, emphasises the importance of being aware of one's situation in order to show compassion to oneself in negative situations. Alibekiroglu et al. (2018) emphasises that psychological resilience is related to awareness and that an individual's awareness of negative situations is an important factor for psychological resilience.

Psychological resilience is the adaptation of the individual to the changes in life as a result of the interaction of preventive and risky factors when faced with negative situations such as divorce, terrorism, natural disasters, poverty and moving. Two processes are necessary to truly define psychological resilience. The first of these is the person's being exposed to any negative situation, and the other is the person's ability to adapt to this process even though these negativities disrupt the life of the individual (Fergus & Zimmerman, 2005; Luthar et al., 2000). Considering that people with self-compassion accept the negative situations they experience more and cope with these situations better, it is thought that self-compassion will predict psychological resilience. Richardson (2002) defines psychological resilience in three dimensions. In the first dimension, protective and risk factors that frame resilience were evaluated. Protective and risk factors have been classified as individual, familial, and environmental factors. The individual's perception of himself is among the protective factors. Self-compassion leads to a more positive self-perception, making the connection between self-compassion and psychological resilience more understandable. In the second dimension, there is the ability to cope with the experienced incident, which includes the development of the factors specified in the first dimension. Finally, in the third dimension, the individual's taking steps to grow by revealing his/her latent power after the traumatic experience takes place. The dimensions of the psychological resilience model, as Richardson (2002) stated, evoke the concept of self-compassion. Just as it is necessary to be exposed to any negative situation and to be able to cope with this situation to mention psychological resilience, a person must go through any negative experience and show acceptance and understanding to himself after this experience to mention self-compassion. From this perspective, psychological resilience and self-compassion seem to be related to each other. Indeed, positive relationships were found between self-compassion and psychological resilience in studies (Alibekiroğlu et al., 2018; Bolat, 2013; Bluth and Eisenlohr-Moul, 2017; Dilmaç-Pınar, 2020; Hayter and Dorstyn, 2014; Neff and McGehee, 2010; Nery-Hurwit et al., 2018; Olson et al., 2015; Önel, 2021; Smith, 2015; Şahin, 2014; Uysal, 2019; Yelpaze, 2019; Yıldırım, 2021). Taking steps towards growth and gaining more positive perspectives on life by associating and accepting the difficult incident that happened to the person in a negative situation might indicate hope from the concepts of positive psychology.

Hope is characterized as being decisive (activity) and thinking that there are many ways to achieve goals (Snyder, 2002). Snyder (2002) has stated that hope has three components, indicating them as conceptualized goals, planned pathways to achieve these goals, and the motivation required to put forward these strategies. Haroz et al. (2017) defined hope as an important element that protects the individual against negative situations and maintains the individual's well-being. Individuals who approach themselves with positive emotions after negative experiences tend to focus on the emotions that will take them out of this situation (Neff et al., 2005). Viewed from this angle, one might say that the motivational dimension of hope for purposeful actions may have a protective effect against negative experiences and might have a mediating role in the relationship between self-compassion and psychological resilience. According to the American Psychological Association (APA), 2020, some of the ways to increase psychological resilience are to accept negative situations, set goals for overcoming these situations, and enhance positive expectations about the problem and life. Viewed from this angle, one might say that the main components of psychological resilience are self-compassion and hope. Individuals with a high level of hope can set better goals in life and cope better with the difficulties they experience in line with these goals (Synder et al., 1991). In addition, it could be stated that hope serves as one of the significant internal safeguarding elements for psychological resilience, considering that hope is one of the basic elements that provides the individual's confidence in himself, his environment, and the world and creates the belief that life is worth living (Zournazi, 2004). In the study conducted by Ataman (2021) to increase

psychological resilience in Syrian refugee children, it was determined that hope-oriented approaches are effective. Furthermore, in the research carried out by Aydin-Sünbül and Arslan-Gördesli (2020), The study found a significant positive relationship between self-compassion and hope in guardians with special needs children, and between hope and psychological resilience. It is among the results obtained from the studies (Ai et al., 2007; Ben-Asher et al., 2020; Cortes-Buchanan, 2007; Çiltaş, 2019; Eggerman and Panter-Brick, 2010; Erarslan, 2014; Eseoglu, 2021; Goodman, 2004; Sleijpen et al., 2016) The study indicates a significant positive correlation between hope and psychological resilience. Based on theoretical explanations and these studies, it can be said that psychological resilience, hope, and self-compassion can be concepts that come into contact with each other, and therefore it is important to examine them together. In addition, the reactions of individuals to the negative situations they experience differ according their developmental periods. Therefore, it's equally crucial to assess these reactions in the context of developmental periods.

Adolescence is a crucial period of physical, psychological, emotional, and identity development, characterized by significant adaptations (Kulaksizoğlu, 2018; Starner & Peters, 2004). This is a complex period of increased risk factors for negative experiences and, compared to childhood, fear and anxiety are more likely to increase after traumatic experiences (Harvey & Miller, 2000). For this reason, the way individuals behave towards themselves and show self-compassion in adolescence might have a determining effect on how they will get through this duration. In addition, since adolescence is a period that functions as a transitional bridge on the way from childhood to the responsibility of adulthood (Derman, 2018), the dimensions of hope, being able to take purposeful actions, thinking about alternative ways, and psychological resilience might have a function that facilitates the difficult process that adolescents go through. Considering these aspects, it might be important to study these concepts specific to individuals in adolescence.

More often than not, individuals engage in critical, judgmental, and cruel attitudes towards themselves (Neff, 2003). This situation can make individuals more fragile in the face of the events they experience and may prevent them from overcoming these situations. For this reason, individuals' accepting the negativities they have experienced, gaining awareness of their emotions, and allowing themselves to experience these emotions can enable them to behave more constructively toward themselves. In this way, individuals who are more compassionate towards themselves can set new goals against the negative situations they have experienced, and they can strive for these goals in a motivational way. In this way, a significant increase in hope levels may occur. From this point of view, it can be said that evaluating these concepts together is important. In addition, this situation is also important for individual protective factors, which are important dimensions of psychological resilience. Especially during adolescence, the individual tries to form his identity on the one hand and, in other way, adapt to new life roles and fulfill the requirements of school life. Considering that adolescents are more vulnerable to various difficulties created by this situation, it is important for adolescents to spend this period psychologically resilient and to be more compassionate towards themselves (France, 2007). When the psychological resilience levels are not sufficient, individuals in adolescence have difficulties overcoming negative situations and complexes and may experience psychological, social, and academic problems (Simmons & Blyth, 2009). It has been noted that individuals with high psychological resilience tend to exhibit reduced levels of depression and encounter fewer academic and behavioral issues (Howell, 2011). In addition, it can be said that self-compassion has a supportive effect on adolescents' well-being (Bluth & Blanton, 2014), preventive and protective effects on risky behaviors (Jiang et al., 2016), and various psychological problems (Bluth et al., 2015). In the research documented in the literature (Alibekiroğlu et al., 2018; Aydin-Sünbül and Aslan-Gördesli, 2020; Lefebvre et al., 2020), it was stated that self-compassion can be addressed. In addition, it was thought that self-compassion, hope, and psychological resilience were very important for well-being (Aydin-Sünbül, 2016; Aydoğdu, 2021; Yıldırım, 2018); in other words, these concepts were thought to be important factors for life satisfaction, physiological health, creating purpose and meaning, motivation, less anxiety, and depression, and the necessity of studying this issue has become clear.

The research aims to investigate gender differences in self-compassion, psychological resilience, and hope levels, and to test a hypothetical model involving hope as a mediator. The hypotheses generated in accordance with the research objectives are as follows:

H<sub>1</sub>: Participants' self-compassion, resilience, and hope levels differ according to gender.

H<sub>2</sub>: There are statistically significant positive association exists between self-compassion and hope.

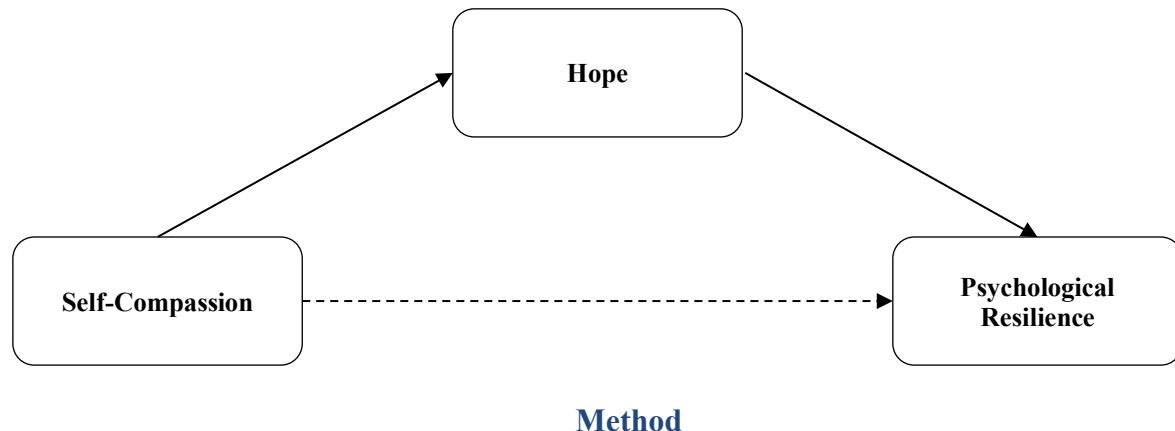
H<sub>3</sub>: There are statistically significant positive association exists between hope and psychological resilience.

H<sub>4</sub>: There are statistically significant positive association exists between self-compassion and psychological resilience.

H<sub>5</sub>: In the nexus of self-compassion and psychological resilience, hope plays a mediating role.

The model for testing these hypotheses is illustrated in Figure 1.

**Figure 1.** The Model Tested Within The Scope Of The Research



### Research Model

In this study, a relational screening model was used. Relational surveys are quantitative research designs used to determine the direction and level of the relationship of more than one variable with each other (Creswell, 2012). Within the scope of the research, there are dependent and independent variables and mediator variables. In this study, the endogenous variable is self-compassion, the exogenous variable is psychological resilience and the mediating variable is hope.

### Study Group

The study group in which this research was conducted consists of 730 secondary school students, with a total of 304 (41.6%) men and 426 (58.4%) females, and with a mean age of  $16.00 \pm 1.02$ . Participants are educated in official public schools. The study group, which collected data in the context of the study, was reached by the convenient sampling method. With the convenient sampling method, participants who are easily reached in terms of time and cost are reached from the population (Büyüköztürk et al., 2012). The demographic characteristics of the participants are shown in Table 1.

**Table 1.** Demographic Characteristics of the Participants

Demographic Variables		n	%
<b>Gender</b>	Female	426	58.40
	Male	304	41.60
<b>Grade</b>	9th Grade	269	36.80
	10th Grade	192	26.30
	11th Grade	174	23.80
	12th Grade	95	13.00
<b>Total</b>		730	100.00

## Data Collection Tools

The study used various tools to assess participants' psychological resilience, hope levels, and self-compassion levels. These included the Personal Information Form, the Brief Resilience Scale (BRS), Dispositional Hope Scale (DHS), and the Self-Compassion Scale-Short Form (SCS-SF), all developed and adapted for Turkish use.

**Personal Information Form.** The form prepared by the researchers consists of questions that determine the age, gender, and class level of the participants.

**Brief Resilience Scale (BRS).** The scale, originally developed by Smith et al. in 2008 to assess the resilience of individuals, is a self-report tool consisting of 6 items rated on a 5-point Likert scale. The scale was adapted to the Turkish context by Doğan in 2015 and administered to a sample of 295 university students (86 females and 109 males). In order to demonstrate the psychometric soundness of the scale, several analyses were conducted, including internal consistency, exploratory and confirmatory factor analyses (EFA and CFA), as well as criterion-related validity checks. The CFA revealed fit indices as follows:  $\chi^2/df = 1.83$  (12.86/7), NFI = 0.99, NNFI = 0.99, CFI = 0.99, IFI = 0.99, RFI = 0.97, GFI = 0.99, AGFI = 0.96, RMSEA = 0.05, and SRMR = 0.03. For criterion-related validity, instruments such as the Oxford Happiness Scale Short Form, the Ego Resilience Scale, and the Connor-Davidson Resilience Scale were used. The analyses confirmed the unidimensional structure of the scale and the internal consistency coefficient of .83, ensuring its validity and reliability in a sample of Turkish university students and preserving its original structure. Doğan (2015) suggested that the validity and reliability of the scale should be further investigated in different age demographics. In this study, Cronbach's alpha value of the scale was found to be .78.

**Dispositional Hope Scale (DHS).** The Dispositional Hope Scale, crafted by C.R. Snyder and his team in 1991, aims to gauge individuals' enduring levels of hope. This 12-item tool includes two subsets: 'Alternative Ways of Thinking' and 'Actuating Thinking.' Four of the items serve as non-hope-related fillers. The scale, structured as an 8-point self-reported Likert-type, calculates its total score by summing the points from the two hope-related subsets, excluding the filler items. Scores range from a minimum of 8 to a maximum of 64. For its Turkish adaptation, Tarhan and Bacanlı undertook the task in 2015, using a sample of 676 university students. The adaptation process was divided among three distinct groups. The initial group consisted of 288 students selected randomly from Ankara, Gazi, and Başkent Universities. The second group, focusing on test-retest reliability, included 184 students from Hacettepe and Gazi Universities. The final group, aiming to bolster criterion-related validity, comprised 204 students from Ankara and Gazi Universities. This group uniquely received additional assessments, including the Life Satisfaction Scale, the UCLA Loneliness Scale, the State-Trait Anxiety Inventory, and the Beck Hopelessness Scale, alongside the Dispositional Hope Scale. Psychometric evaluations during the adaptation process revealed that 61% of the total variance was accounted for in the exploratory factor analysis, with items clustering into two factors. Confirmatory factor analysis yielded fit indices: GFI = .96, AGFI = .92, RMR = .08, NNFI = .94, RFI = .90, CFI = .96, and RMSEA = .077. The scale's internal consistency was calculated at .84. Concluding these assessments, the scale was deemed valid, reliable, and suitable for use within Turkish cultural contexts. In this study, the internal consistency coefficient of the scale was found to be .83.

**Self-Compassion Scale-Short Form (SCS-SF).** The Self-Compassion Scale, first created by Neff in 2003, was later presented in a shortened form by Raes et al. in 2011 to increase time efficiency. Yıldırım and Sarı undertook the Turkish adaptation of this shortened version in 2018. This adaptation included data from 800 adolescents equally divided between middle and high school students. Psychometric evaluation included construct validity, criterion correlation validity, internal consistency, and test-retest reliability. During the exploratory factor analysis (EFA), it was seen that the scale covers a single factor with two subcomponents. For criterion-related validity, instruments such as Adolescents' Subjective Well-Being Scale and Fear of Compassion Scale were used. Confirmatory factor analysis (CFA) results are as follows:  $\chi^2 = 90.05$ , N = 339, p = 0.00, RMSEA = 0.06, RMSR = 0.095, GFI = 0.96, NFI = 0.91, CFI = 0.95, and NNFI = 0.94. The findings obtained from these studies showed that the 11-item Self-Compassion Short Form is a valid and reliable instrument with a unidimensional structure. In this study, the Cronbach Alpha value was obtained as .78.

## Data Collection Process

Before starting the data collection process, consent was obtained via e-mail from the scale owners who developed/adapted the scales used in the research to use the scales within the scope of the research. Afterward, ethical approval of the research was obtained with the permission given in detail in the ethical approval section below. Considering the maximum hygiene conditions within the scope of the measures during the COVID-19 pandemic process, the data collection method with paper and pencil was not preferred in the research. Data were collected through an online form consisting of questions asked in the scale items, and a personal information form. During the data collection process, the two coordinators of this research, accompanied by the school psychological counselor, visited the classrooms in the schools where the application was made and gave detailed information about the research. In the briefing, the questions of the participants about the research were answered. The study's online form link was distributed to interested students via the school psychological counselor via the class WhatsApp group, and the data collection application was started. Each application took 15-20 minutes. A detailed informed consent text was placed on the online form about the purpose of the research, by whom and to what extent, participant rights, and for what purpose the collected data will be used. The participants' participation in the research with their consent was obtained once through the form by adding the phrase "I have read, understood" to the subsection of the informed consent.

## Analysis of Data

The data obtained with the online form in the context of the study were organized with the Microsoft Excel program, and the data set was transferred to the SPSS 25.0 Statistics Package Program. Before proceeding to the analysis, the normality test of the variables in the data set was performed. It was decided whether the data were normally distributed or not by looking at the kurtosis and skewness values in the variables. Within the scope of the research, the t-Test for Independent Samples was applied to the mean score differences between the variables. For the mediation analysis (Model 4), we utilized the PROCESS macro, an extension for SPSS recommended by Hayes in 2013. In Table 2, kurtosis, skewness values, and descriptive statistics of the variables in the data set are given.

**Table 2.** Skewness and Kurtosis Values of Variables and Descriptive Statistics

Variables	n	Av.	The Lowest	The Highest	s	Skewness	Kurtosis
<b>Self-Compassion</b>	730	30.95	11	51	7.74	-0.103	-0.15
<b>Hope</b>	730	42.75	8	64	10.28	-0.327	0.07
<b>Psychological Resilience</b>	730	18.12	6	30	5.40	-0.064	-0.322

Table 2 reveals that the dependent, independent and mediator variables are normally distributed and the skewness and kurtosis coefficients vary between -1.5 and +1.5. It can be said that the variables have a normal distribution. (Tabachnick & Fidell, 2013).

## Findings And Comment

Within the scope of the first aim of the study, the t-Test for an Independent Sample was conducted to examine whether the variables of self-compassion, hope, and resilience differed according to gender. The results of the test are shown in Table 3.

**Table 3.** Independent Sample t-Test results of participants' Self-Compassion, Hope, and Psychological Resilience Scores by Gender

Variables	Gender	n	Av.	s	SE	t	p
<b>Self-Compassion</b>	Male	304	32.48	6.68	0.38	4.715	.000
	Female	426	29.87	8.25	0.40		
<b>Hope</b>	Male	304	43.26	10.69	0.61	1.114	.260
	Female	426	42.39	9.98	0.48		
<b>Psychological Resilience</b>	Male	304	19.49	5.07	0.29	5.912	.000
	Female	426	17.15	5.43	0.26		

When Table 3 is examined, it is seen that the participants' self-compassion [ $t_{(728)} = -4.715, p < .01$ ] and psychological resilience [ $t_{(728)} = -5.912, p < .01$ ] scores differ according to gender. However, participants' hope scores [ $t_{(728)} = -1.114, p > .01$ ] did not differ according to gender. Both psychological resilience and self-compassion mean scores of male participants are higher than female participants.

The relations between the variables were examined within the scope of the second purpose of the research. Pearson Product Moments Correlation Coefficient was examined to investigate the degree and direction of the relationship between the variables and the results are presented in Table 4.

**Table 4.** Pearson Product - Moment Correlation Coefficients of Relationships Between Variables

Variables	1	2	Av.	s
1- Self-Compassion			30.95	7.74
2- Hope	.347**		42.75	10.28
3- Psychological Resilience	.561**	.300**	18.12	5.40

\*\*  $p < .01$

When Table 4 is examined, moderate positive correlation between self-compassion and hope ( $r = .347; p < .01$ ); a moderately significant positive correlation was found between self-compassion and resilience ( $r = .300; p < .01$ ). It is also seen that there is a moderately significant positive correlation between hope and resilience ( $r = .561; p < .01$ ). After examining the relationships between the variables, a mediation analysis was performed between the dependent and independent variables. Mediation analysis was examined with Hayes' (2013) mediation model. Path coefficients, indirect effects, and bootstrapping results between variables are presented in Table 5 and Table 6.

**Table 5.** Mediation Model Coefficients

Prediction Variables	Result Variables				Y (Psychological Resilience)					
	<i>M</i> (Hope)				<i>Y</i> (Psychological Resilience)					
	B	$\beta$	SE	p	B	$\beta$	SE	p		
<i>X</i> (Self-Compassion)	a	0.46	0.35	0.046	<.001	c <sup>1</sup>	0.36	0.52	0.022	<.001
<i>M</i> (Hope)	-	-	-	-		b	0.06	0.12	0.017	<.001
Stable	i <sub>1</sub>	28.488	-	1.473	<.001	i <sub>1</sub>	4.210	-	0.833	<.001
		$R^2 = F_{(1, 728)} = 99.499, p < .001$				$R^2 = F_{(2, 727)} = 176.703, p < .001$				

**Table 6.** Path Coefficients, Indirect Effect, And Bootstrapping Results for The Mediation Model

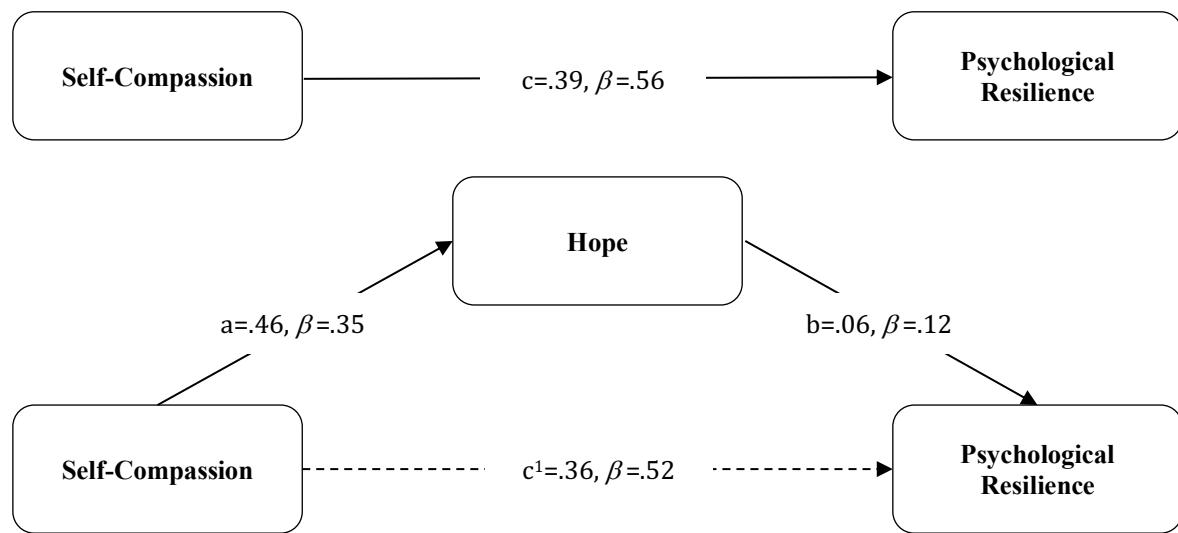
Variables	B	$\beta$	SE	t	p	$R^2$	%95 CI
a path	0.46	0.35	0.046	9.974	.000	.12	.3701, .5515
b path	0.06	0.12	0.017	3.691	.000	.09	.0294, .0964
c path	0.39	0.56	0.021	18.275	.000	.31	.3495, .4336
c <sup>1</sup> path	0.36	0.52	0.022	16.009	.000	.33	.3181, .4070
Indirect effect	0.03	0.04	0.01	-	-	-	.0123, .0483

Note: \*\*  $p < .001$ . SH: Standard Error, values in parentheses lower and upper Confidence Interval (CI) values (95%). Bootstrap resampling=5000

Table 5 and Table 6 show the path coefficients, indirect effects, and bootstrapping results regarding the mediating role of hope in the connection between self-compassion and psychological resilience. First, hypothesis H2 (Self-compassion (X) → Hope (M) a pathway) was tested and it was observed that self-compassion significantly predicted hope ( $B = 0.49, \beta = .35, 95\% \text{ BCA}; SE = 0.046; CI = [.3701, .5515]$ ). Then, the H3 hypothesis of the research (Hope (M) → Psychological Resilience (Y) b path) was tested and it was found that hope significantly predicted psychological resilience ( $B = 0.06, \beta = .12, 95\% \text{ BCA}; SE = 0.017; CI = [.0294, .0964]$ ). Next, hypothesis H4 (Self-compassion (X) → Resilience (Y) c path) was tested and it was observed that self-compassion significantly predicted resilience ( $B = 0.39, \beta = .56, 95\% \text{ BCA}; SE = 0.021; CI = [.3495, .4336]$ ).

[.3495, .4336]). The final hypothesis of the study (H5) is that hope plays a mediating role in the relationship between self-compassion and psychological resilience. The analysis indicated that the path coefficient from the self-compassion variable to psychological resilience was still significant with the inclusion of the mediating variable hope in the model ( $B= 0.36$ ,  $\beta = .52$ ,  $p<0.01$ ). It is obvious that self-compassion, together with hope, explains 33% of the variation (variance) in psychological resilience. Bootstrapping was done to determine the significance of the study found a significant indirect effect of self-compassion on psychological resilience through hope. ( $B= 0.03$ ,  $\beta = .004$ , %95 BCA; SE=.001; CI = [.0123, .0483]). In addition, it was observed that there was a decrease in the path coefficient of the significant relationship between self-compassion and psychological resilience with the inclusion of hope, which was determined as a mediator variable, into the model ( $c1= .56$  to  $.52$ ,  $p<.05$ ). These findings suggest that hope serves as a partial mediating factor in linking self-compassion to psychological resilience. (Baron & Kenny, 1986). In this case, it is seen that the last hypothesis of the research is also supported. The model validated within the scope of the research is shown in Figure 2.

**Figure 2.** Self-compassion's Prediction of Psychological Resilience Through Hope



### Discussion, Conclusion, And Recommendations

The study examined self-compassion, hope and psychological resilience in high school students using a relational survey model. The study found that male participants scored higher on self-compassion and resilience than female participants, but hope scores did not differ by gender. The study aimed to test a hypothetical model involving hope mediation. (H1).

The study found that male participants scored higher in self-compassion and resilience variables compared to female participants. It is stated that psychological resilience has a multidimensional structure that varies depending on gender, age, culture, time, and different living conditions (Connor & Davidson, 2003; Werner & Smith, 1992). There are different results in the literature regarding the relationship between resilience and gender, and this difference is thought to be the effect of the multidimensional structure of psychological resilience. There are researches parallel to the results of the study (Bonanno et al. 2007; Doğan and Yavuz, 2020; Dolbier et al. 2007; Hirani et al. 2016; Holahan and Moos 1985; Hoşoğlu et al., 2018; Kara, 2020; Lambert and Lambert 1987; Toprak, 2014). Gender roles in traditional families influence men's perceptions of psychological resilience, as raising boys stronger and assigning more responsibilities affects their resilience. (Doğan and Yavuz, 2020; Hoşoğlu et al. 2018; Kimter, 2020). In addition studies in the literature state that psychological resilience does not differ according to gender (Campbell-Sills et al. 2006; Güloğlu & Karairmak, 2014; İşık, 2019; Özer, 2013, Rew et al. 2001; Yıldız & Kahraman, 2021), there are also studies in which women's psychological resilience is higher (Güngörümüş et al. 2015; Hunter and Chandler, 1999; Önder and Gülay, 2008; Pars and Çavuşoğlu, 2019; Turgut, 2015) contrary to the findings of this study. It is argued that

women's ability to develop safer relationships and receive support in difficult situations is more effective than men's (Korkut-Owen et al., 2017; Werner, 1989; Wasonga, 2002). Adolescents care about the opinions of others and need to have a positive view of themselves. This situation may lead to increased feelings of criticism, judgment, and shame towards themselves (Gilbert & Irons, 2009). The fact that women attach more importance to interpersonal communication and social connection compared to men makes the opinions of others even more important to them (Arutyunova et al. 2016). For all of these reasons, women show less self-compassion (Marsh et al. 2018). However, it is stated that the difference between gender and self-compassion decreases with age, so more research on the subject is needed (Bacanlı and Çarkıt 2020; Marsh et al. 2018; Yarnell et al. 2015).

Within the scope of the first purpose of the study, it was found that the individuals hope score averages did not differ according to gender involved in the study. This finding is consistent with the literature, and when we look at the studies conducted, it is seen that the studies supporting this finding (Atik and Atik Erkan, 2017; Cihanyurdu et al., 2021; Şahin Baltacı, 2018; Snyder et al., 1991; Yen, 2008) are in the majority. However, there are very few studies in the literature that find that hope differs according to gender. In the study conducted by Nas (2022), it was reported that hope differs according to gender. In general, it is seen that hope does not differ according to gender in the studies conducted. The findings obtained in this study and the results of the general literature support the view that hope mostly does not differ according to gender, as stated by Snyder et al. (1997). In this context, it can be interpreted that gender is not a stable demographic variable on hope, considering the general literature and the non-differentiation of the hope scores of the participants in this study. In addition, it can be said that the sample group of the research and different cultural factors might have been effective in this result.

In alignment with the study's secondary objective, the relationships between the variables were evaluated, and significant relationships were found between all variables. In the analyses made based on these relationships, positive statistically significant relationships were found between the participants' self-compassion and hope ( $H_2$ ); their hope and psychological resilience ( $H_3$ ), and their self-compassion and psychological resilience ( $H_4$ ). In addition, hope was found to have a mediating role in the relationship between the participants' self-compassion and their psychological resilience ( $H_5$ ).

In the research, a significant positive relationship was found between self-compassion and hope in adolescents and the second hypothesis ( $H_2$ ) that as the self-compassion levels of adolescents increase, their hope levels will also increase was confirmed. An individual with self-compassion is aware of these feelings without inhibiting their painful feelings. They are also aware that they share these feelings with many people (Neff, 2003). Therefore, the individual can reduce their negative and dysfunctional reactions to these emotions by taking steps to replace their compelling emotions with positive ones (Chu et al., 2018). This may have an important feature that increases the level for hope of the individual.

According to another result of the study, a positive and significant relationship was found between the hopes of adolescents and their psychological resilience, and the third hypothesis ( $H_3$ ) of the study was confirmed. This result is in parallel with the research results in the related literature. In a study conducted with high school students studying in socio-economically disadvantaged regions, the study revealed that hope emerged as a substantial predictor of resilience, accounting for 48% of the variability in resilience scores (Aydın Sünbüll and Çekici, 2018). Rand and Cheavens (2009) revealed that individuals with high hope levels respond more positively to life stressors when compared to those with low hope levels. Çiçek (2021) determined hope as a significant predictor of resilience in a study conducted with high school students. This finding seems to be closely related to the goal-oriented nature of hope. Having specific goals can provide determination and readjustment to resist challenging life events. As a matter of fact, Mullin (2019) referred to the argument that individuals with high hope levels will also have high psychological resilience, based on the fact that individuals with high hopes have more than one goal and make a constant effort to achieve their goals.

As a result of the analysis of the relationships between the variables, a positive and significant relationship was found between self-compassion, and psychological resilience in adolescents, and the hypothesis of the study ( $H_4$ ) was confirmed. The increase in self-compassion leads to an increase in psychological resilience. Being

affectionate towards oneself is one of the most important factors in increasing the level of resilience (Murphrey et al. 2013). As the person is understanding towards himself, he can spend more effort overcoming the negative situation he experiences. The individual's perception of himself, which is among the protective factors that create psychological resilience, may be related to self-compassion. In addition, an individual's awareness of their emotions can be enhanced by experiencing these emotions and this can help to cope with challenging situations. This can also enhance self-compassion. Therefore, as the individual is kind to himself, positively perceives himself, and is aware that many people are experiencing the difficult situation he is experiencing, he will be able to cope with this situation more, and his level of psychological resilience will increase. Indeed, Lefebvre et al. (2020) stated that self-compassion can be used functionally to increase the level of resilience of individuals, and these concepts are interrelated in their study examining self-compassion and psychological resilience at work. Similarly, Bluth et al. (2018) studied the relationship between adolescents' strengths such as psychological resilience, curiosity/exploration, and self-compassion. The studies revealed a significant positive correlation between self-compassion and psychological resilience. In another study, Neff and McGehee (2010) examined the self-compassion and resilience of adolescents and young adults and mentioned that there is a strong correlation between these individuals' self-compassion and psychological resilience. In addition, in the study examining the role of self-compassion and psychological resilience in increasing the health-related quality of life of MS patients, it was found that these patients would gain new perspectives on their health when their self-compassion levels increased, and they could cope better with stressful situations or traumatic experiences when their psychological resilience level increased. For this reason, it has been stated that self-compassion and psychological resilience are related to each other, and it is beneficial to use this relationship with the interventions to be made (Hurwit et al., 2017).

The study found that hope mediates the relationship between self-compassion and the psychological resilience in adolescents, confirming the hypothesis (H5). Adolescence is known as a period in which physical, mental, sexual, and psycho-social development is rapid and the individual encounters many problems. With the rapid development in these areas, adolescents may experience various problems, and their psychological resilience may decrease. Savi Çakar and Kılınç (2020) found that the most common problems experienced by individuals during adolescence are academic, emotional, and familial problems, as well as problems arising from the adolescence period itself. These problems of individuals are considered important in influencing their psychological resilience. In this respect, it is extremely important to focus on the variables that will increase the psychological resilience of individuals. As a result of this research, self-compassion in adolescents explains 33% of the variation (variance) in resilience, along with hope. Based on this result, self-compassion, and hope variables, which are important predictors of the psychological resilience of individuals in adolescence, should be considered protective factors in psychological resilience studies to be conducted with adolescents. The study is a cross-sectional one, and its results should be evaluated within the limitations of generalization in such studies. School psychological counselors can structure psycho-educational studies that will increase the psychological resilience of adolescents by considering these protective factors. Based on the results of this study, which also points out that the positive effect of self-compassion on resilience will increase through hope, hope-focused therapies can provide functional results in studies conducted with adolescents.

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**Data Availability:** Data from this study can be made available by the corresponding author, upon receiving a reasonable request.

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