Development of the Early Childhood Self-Compassion Scale Parent Form (ECSCS-P)*

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Abstract

Today, individual well-being studies point to childhood experiences and focus on self-regulation, self-awareness, compassion, and self-compassion. This study aims to develop a measurement tool to determine self-compassion in early childhood. The study was designed using the survey model, one of the quantitative research methods. The study group consisted of 509 parents of 48-72-month-old children attending official kindergartens and preschools in the central districts of Ankara, selected by random sampling method. The 64-item item pool developed for the measurement tool was reduced to 47 items with expert opinions. As a result of the pilot study with five parents, the statements were edited, and the scale was finalized. The 47-item form was administered to 309 parents, and 27 items were removed from the form due to exploratory factor analysis. The factor loadings of the remaining items ranged between .48 and .84, forming a 4-factor structure. The new form was reapplied to 200 parents, and confirmatory factor analysis was conducted with the data. As a result of the study, it was seen that the item factor loadings were between 0.435 and 0.833, x^2 / sd (2.05) was below 5, RMSEA (0.07) was below 0.08, CFI (0.90) and TLI (0.89) were acceptable, and the 4-factor structure was confirmed. The factors Cronbach Alpha coefficients were calculated as 0.745, 0.731, 0.742, 0.784, respectively. Pearson coefficients for the test-retest application were calculated as r=0.75, r=0.52, r=0.53 and r=0.51, respectively. Based on the data, the Early Childhood Self-Compassion Scale Parent Form (ECSCS-P), comprising 20 items under four factors, has a valid and reliable structure.

Keywords: self-compassion, early childhood, preschool, parent, scale

Erken Çocukluk Dönemi Öz Şefkat Ölçeği Ebeveyn Formu'nun (EÇÖŞ-E) Geliştirilmesi

Öz

Günümüzde bireysel refah ve iyi oluş çalışmaları çocukluk deneyimlerini işaret etmekte ve öz düzenleme, öz farkındalık, şefkat ve öz şefkat gibi kavramlara odaklanmaktadır. Bu çalışmanın amacı erken çocuklukta öz şefkat düzeyini belirlemek üzere bir ölçme aracı geliştirmektir. Araştırma nicel araştırma yöntemlerinden tarama modelinde tasarlanmıştır. Ankara ili merkez ilçelerinde yer alan resmi anaokulları ve anasınıflarına devam eden 48-72 aylık çocuklardan tesadüfi örnekleme yöntemiyle seçilen 509 çocuğun ebeveyni çalışma grubunu oluşturmaktadır. Ölçme aracı için geliştirilen 64 maddelik madde havuzu uzman görüşleri ile 47 maddeye düşürülmüştür. 5 ebeveyn ile yapılan pilot uygulama sonucunda ifadeler düzenlenerek ölçek son halini almıştır. 47 maddelik form 309 ebeveyne uygulanmış, açımlayıcı faktör analizi sonucunda 27 madde formdan çıkarılmıştır. Kalan maddelere ait faktör yükleri ,48 ile ,84 arasında değişmekte ve bu maddeler 4 boyutlu bir yapı oluşturmaktadır. Oluşan yeni form 200 ebeveyne yeniden uygulanmış, veriler ile doğrulayıcı faktör analizi yapılmıştır. Analiz sonucunda madde faktör yüklerinin 0,435 ilâ 0,833 arasında, x^2 / sd (2,05) değerinin 5'in altında, RMSEA (0,07) değerinin 0,08'in altında, CFI (0,90) ve TLI (0,89) değerlerinin kabul edilebilir durumda olduğu ve 4 faktörlü yapının doğrulandığı görülmüştür. Alt boyutlara ait Cronbach Alpha kat sayıları sırasıyla 0,745; 0,731; 0,742; 0,784 ve test tekrar test uygulamasına ilişkin Pearson katsayıları sırasıyla r=0.75, r=0.52, r=0.53 ve r=0.51 olarak hesaplanmıştır. Verilere dayalı olarak 20 madde ve 4 alt faktörden oluşan Erken Çocukluk Dönemi Öz Şefkat Ölçeği Ebeveyn Formu'nun (EÇÖŞ-E) geçerli ve güvenilir bir yapıya sahip olduğu söylenebilir

Anahtar kelimeler: öz şefkat, erken çocukluk, okul öncesi, ebeveyn, ölçek

INTRODUCTION

Early childhood experiences significantly affect physical and mental health (McEwen, 2008). Adverse and unexpected life events in childhood, such as loss, neglect, abuse, natural disasters, pandemics, war, and migration, put emotional strain on children, and they need resources to cope with these difficulties (Churchill et al., 2023; Lyons et al., 2023; Mokbul, 2023; Talja et al., 2022; Zheng et al., 2022). Studies to improve well-being in children focus on self-regulation, self-awareness, social-emotional learning, empathy, and compassion (Durlak et al., 2011; Greenberg et al., 2001; Greenberg et al., 2003; Seligman & Csikszentmihalyi, 2000; Zins et al., 2004). In addition to these concepts, recent studies emphasize the idea of self-compassion.

Self-compassion is defined as being a good friend to oneself and supporting oneself in difficult situations as if supporting someone else. Instead of using judgmental, critical, punitive language in one's inner conversations in the face of problems, it uses an accepting, supportive, understanding language and soothing and self-care. Self-compassion is said to emerge with the support of three components: mindfulness, common humanity, and self-kindness. Mindfulness is recognizing the events that are happening at the moment and one's feelings about them as they are, without exaggerating or suppressing them. Mindfulness is a process based on recognizing the event and the change it creates in one's emotional state and body. Common humanity includes the acceptance that all people will encounter complex events and emotions from time to time and will have to cope with pain. This component prevents the individual from feeling isolated by supporting the feeling that they share their difficult situations and emotions with others and are not alone. Being connected to the community is a supportive feature in coping with difficulties. The last component, self-kindness, is taking care of oneself in a kind way during difficult times instead of approaching oneself in a critical/hostile manner. It includes taking time to spend time with activities, places, and people that one enjoys and feels good about and supporting oneself physically, emotionally, mentally, relationally, and spiritually during difficult times (Germer & Neff, 2020; Neff, 2003a; Neff & Costigan, 2014; Neff & Tirch, 2013). Examples of self-kindness include physically engaging in acts of comfort such as watching the sky, taking a shower, sunbathing, and drinking a favorite beverage; emotionally spending time in supportive/pleasurable places (e.g., the seashore) with objects (e.g., a blanket), actions or hobbies; mentally daydreaming, repeating mantras; relationally building relationships that are understood and accepted; and spiritually turning to one's values and beliefs (Germer, 2009).

As a skill, self-compassion benefits individuals in various areas. Studies on youth have shown that self-compassion is related to well-being (Neff & McGee, 2009). In children, self-compassion was positively associated with social-emotional well-being and indicators such as self-concept, optimism, satisfaction with life, and pro-social goals (Sutton, 2014; Sutton et al., 2018). It is also stated that early self-compassion is associated with early emotion regulation, self-esteem, temperament, and internalizing behaviors (Bailey, 2020). Experimental studies with children have shown that self-compassion reduces anxiety symptoms and positively affects emotion regulation, well-being, and resilience (Barclay-Timmis, 2019; Syeda, 2019). Based on the research results, self-compassion is a personality trait that impacts emotional skills such as emotion regulation, well-being, and resilience, allowing individuals to be happier and more compatible with society.

When the literature is reviewed, it is seen that the scale developed by Neff (2003b) to measure self-compassion in adults has been translated into various languages, and a short form has been created and adapted for adolescents. The scale developed for adults was also adapted into Turkish in two separate studies (Akın et al., 2007; Deniz et al., 2008). Bailey (2020) adapted Neff's (2003a) original self-compassion scale for early childhood and obtained a scale consisting of 10 items and two subscales: positive and negative self-compassion. However, this study aimed to comprehensively develop a scale to evaluate self-compassion in early childhood. For this purpose, answers to the following questions will be sought:

1- Is the Early Childhood Self-Compassion Scale Parent Form (ECSCS-P) valid?

2-Is the Early Childhood Self-Compassion Scale Parent Form (ECSCS-P) reliable?

METHOD

Research Design

The research is a quantitative study and was conducted using the survey model. The survey model is a type of study in which the results of the research conducted on a sample selected from the universe to determine the current situation of a phenomenon are generalized to the universe. Within the scope of this research, since a measurement tool to be used to determine the level of self-compassion for early childhood is developed and the

current situation is revealed, the research is in the survey model (Büyüköztürk et al., 2020, s. 16; Christensen et al., 2020, s. 368).

Study Group

The study group consisted of 509 parents of 48-72-month-old children between the ages of 48-72 months attending official kindergartens and preschools selected by random sampling from schools in the central districts of Ankara province in the 2021-2022 academic year. To obtain a study group suitable for factor analysis, reference was made to the sources that at least five times the number of variables and 200 people are sufficient (Büyüköztürk, 2002; Kline, 1994; MacCallum et al., 1999). The exploratory factor analysis (EFA) was conducted with 309 parents, and the confirmatory factor analysis (CFA) with 200 parents. The demographic data of the participants are presented in Table 1.

Table 1. Demographic Data of Parents and Children

Variables	Categories	f
Gender of the Child	Girl	245
	Boy	264
	Total	509
Number of Siblings of the Child	Only child	154
	One sibling	274
	2 siblings	67
	3 siblings	14
	Total	509
	Primary School	34
	Secondary School	56
	High School	162
	Undergraduate	224
	Graduate	24
	Total	499
Father's Education Status	Primary School	19
	Secondary School	48
	High School	187
	Undergraduate	205
	Graduate	50
	Total	499
Mother's Age	23-30	105
	31-35	206
	36-40	123
	41-45	44
	46-50	16
	Total	494
Father's Age	27-35	183
	35-40	160
	41-45	104
	46-50	34
	51-55	12
	Total	493

Of the parents who participated in the study, 48.14% (n=245) had girls and 51.87% (n=264) had boys. While 30.25% (n=154) of the children were without siblings, 53.83% had one sibling (n=274), 13.16% had two siblings (n=67), and 2.75% (n=14) had three or more siblings. Although the parents' educational levels varied, most had a bachelor's degree. The mother's age ranged between 23 and 50 years, and the father was between 27 and 55. Ten mothers and ten fathers preferred not to indicate their level of education, while 15 mothers and 16 fathers preferred not to indicate their age.

Data Collection Tools

Demographic Information Form and Early Childhood Self-Compassion Scale-Parent Form (ECSCS-P) developed by the researchers were used as tools for data collection.

1. Demographic Information Form

This form includes demographic data such as the child's age (month), gender, number of siblings, parent's age, and education level.

2. Early Childhood Self-Compassion Scale-Parent Form (ECSCS-P)

The scale developed by the researchers within the scope of this study consists of four factors: self-kindness, self-caregiving, over-identification, and self-criticism. It includes self-compassionate behaviors and allows predictions to be obtained about children's self-compassion characteristics. It consists of five-point Likert-type items reporting frequency (Never, Rarely, Occasionally, Frequently, Always) answered by parents based on their observations of their children in the last four weeks.

Data Collection

Data were collected from parents of children attending preschool education institutions. First, the children's teachers were contacted, the purpose of the research was explained, and their support for the research was obtained. The teachers helped to deliver and collect printed participant consent forms to the parents. The parents filled out the forms and submitted them to the teacher, and the researcher received the forms from the teacher in bulk. 309 parents filled out the form for exploratory factor analysis, and 200 parents filled out the form for construct factor analysis. In addition, 25 parents were also provided data to calculate test-retest reliability.

Data Analysis

The data were entered into a statistical program by the researcher. The data was sorted and made ready for testing. KMO and Barlett's tests were run to test the suitability of the sample for the exploratory factor analysis. An exploratory factor analysis was conducted to reveal the scale's factor structure. When the scale's factor structure was finalized, confirmatory factor analysis was performed in the Mplus program, and χ^2/ sd, RMSEA, CFI, and TLI values were taken as references to test the accuracy of the determined structure. As reliability tests, Cronbach's alpha value was calculated to determine the scale's reliability, and the Pearson coefficient test was calculated for test-retest reliability.

Research Ethics

The ethical approval was obtained from the Gazi University Ethics Commission, and the Provincial Directorate of National Education provided implementation permissions. The preschools that children were attending were determined by random sampling method, the administrations of the schools were informed about the study, the approval of the ethics commission and the permission of the Provincial Directorate of National Education were presented, and their approval for the study was obtained by stating that ethical rules would be followed. No identity information was requested on the forms, and the data were collected anonymously by keeping the identities of children and parents confidential.

FINDINGS

To prove that the Early Childhood Self-Compassion Scale-Parent Form is a valid and reliable measurement tool, content validity, construct validity, Cronbach's Alpha, and Pearson coefficient for reliability were used.

Content Validity

In the process of developing the Early Childhood Self-Compassion Scale-Parent Form (ECSCS-P), a literature review was first conducted (Atalay, 2021; Bailey, 2020; Barclay-Timmis, 2019; Germer, 2009; Germer & Neff, 2020; Gilbert, 2009; Kabat Zinn, 2021; Neff, 2003a; Neff, 2003b; Neff & Costigan, 2014; Neff et.al., 2021; Neff & McGehee, 2010; Neff & Tirch, 2013; Pepping et. al., 2015; Potter et. al., 2014; Selvili, 2021; Sutton, 2014; Sutton, et. al., 2018). Adult and adolescent scales developed by Neff (2003), various translations of the adult scale, and scales developed for children were examined. As a result of the studies, it was decided to develop a scale that includes behavior-based indicators to determine children's self-compassion levels and to be completed by an adult who knows the child well. In line with the literature review, a pool of 64 items to assess self-compassion in children was created by utilizing the three sub-factors (awareness, common humanity, self-kindness) expressed by Neff (2003b) and three sub-factors that are the opposite of these (over-identification, isolation, self-criticism),

among the five ways to support self-compassion described by Germer (2009), physical, mental, emotional and relational ways are suitable for children, and sub-factor of compassion defined by Gilbert (2009).

Table 2. Opinions Based on the Development of the Scale

	Mindfulness	Over Identification	Common Humanity	Isolation	Self Kindness	Self Judgement	Physically Pathway for Self Compassion	Mentally Pathway for Self Compassion	Emotionally Pathway for Self Compassion	Relationally Pathway for Self Compassion	Care for Wellbeing	Sensitivity	Sympathy	Distress Tolerance	Empathy	Open Non-judgemental	Atention	Reasoning	Behaviour	İmagery	Feeling	Sensory
Neff, 2003	√	√	√	√	√	√																
Germer, 2009							√	√	√	√												
Gilbert, 2009											√	√	√	√	√	√	√	√	√	√	√	√

In addition, interviews were conducted with parents to ensure content validity. As a result of the analysis of the interviews, it was determined that children need compassion in moments of physical strain, such as fatigue and illness, in time-dependent moments, such as before sleep and waking up in the morning, and when they experience emotions, such as loneliness, sadness, guilt, failure, disappointment, anxiety, anger, and fear. In these challenging moments, it was stated that children showed behaviors such as denial, avoidance, ignoring, isolation, rumination, over-identification, shouting, nail-biting, and hitting, which indicate low self-compassion, as well as behaviors that may be examples of self-compassionate behavior such as self-expression, producing solutions, asking for help from the adult, asking questions to understand the situation, and requesting explanations.

It was reported that when children needed compassion, they requested time together and verbal and tactile support from outside. In addition, parents emphasized that children engaged in behaviors such as drawing, playing games, talking to themselves and consoling themselves, turning to reassuring material, and turning to a job they are good at to offer compassion to themselves when they need compassion. Based on this information, adjustments were made to the instructions and items of the scale.

The resulting item pool was presented to the opinions of three preschool education experts, one psychological counseling expert who has studied mindfulness and compassion, and one measurement and evaluation expert. The expert opinion form was prepared so the experts could evaluate each item to measure the desired feature and language and provide their opinions and suggestions. The evaluations received from the experts were processed and analyzed on the specification table. Seventeen items were removed from the form due to the presence of similar items or because they were not suitable for the age group. In addition, wording corrections were made in some items. The 47-item form was discussed with five mothers via telephone interviews, and the form was finalized by correcting the statements that were not understood and thought to be inappropriate for the age group of the children.

Construct Validity

Principle component analysis (PCA), which is used to summarize and reduce data, was used to examine the construct validity of the data obtained from 309 people as a result of the trial form application of the scale and to reveal the components of the scale aimed to be developed. The Kaiser-Meyer-Olkin (KMO) value and Barlett's Test results, which were calculated to evaluate the suitability of the sample for the analysis, are given in Table 3.

Table 3. KMO and Barlett's Test Results

Kaiser-Meyer-Olkin (KMO)		*0,809*
Barlett's Test	χ^2	*4964,558*
	sd	*1081*
	p	*0,000*

The analysis showed that the KMO value was at the desired level (>0.60; KMO=0.809) and Barlett's Test was significant (χ^2=4964.558; p<.01; Tabachnick & Fidell, 2013), indicating that the data were suitable for analysis. Table 4 presents the eigenvalues and explains variances obtained from principal component analysis with 47 items.

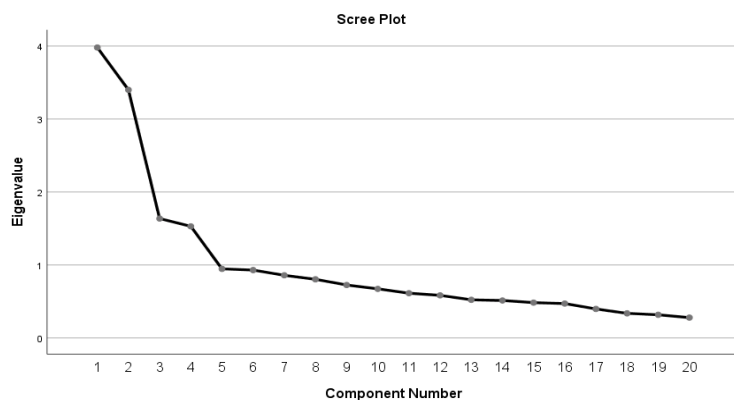**Table 4.** Eigenvalues and Variance Ratios for Components

Factors	Eigenvalues	Explained Variance %	Cumulative Variance %
1	7,569	16,104	16,104
2	5,159	10,977	27,081
3	2,108	4,485	31,565
4	1,951	4,151	35,717
5	1,750	3,723	39,440
6	1,589	3,381	42,821
7	1,458	3,101	45,923
8	1,389	2,956	48,878
9	1,324	2,816	51,695
10	1,210	2,574	54,269
11	1,110	2,362	56,630
12	1,053	2,240	58,870
13	1,037	2,207	61,077

The analyses showed 13 factors with eigenvalues greater than one and explained approximately 61% of the total variance. The acceptable range for factor loadings is stated as 0.32, and items below this value are recommended to be removed from the analysis (Tabachnick & Fidell, 2013). In addition, when an item loads on more than one factor, the difference between the loadings below 0.20 indicates that the items overlap and should be removed from the analysis (Howard, 2016). Accordingly, 27 items were removed from the analysis, and the analysis was repeated with 20 items. The results of the analysis are given in Table 5.

Table 5. KMO and Barlett's Test Results

Kaiser-Meyer-Olkin (KMO)		0,796
Barlett Test	χ^2	1788,006
	sd	190
	p	

The Table 5 shows that the KMO value is at the desired level (>0.60) (KMO=0.796) and Barlett's Test is significant (χ^2=1788.006; p<.01; Tabachnick & Fidell, 2013); the data are suitable for factor analysis. The results of the analysis are presented in Table 6, Table 7, and Figure 1.

Figure 1. *Early Childhood Self-Compassion Scale-Parent Form (ECSCS-P) scree plot*

In Figure 1, it is seen that the graph experienced a high slope decrease from the Y axis to the X axis 4 times, and after these decreases, the slope decreased, and the eigenvalue fell below 1. This result can be interpreted as the measurement tool has 4-factor structure.

Table 6. Eigenvalues and Variance Ratios for Components

	Factors	Eigenvalues	Explained Variance %	Cumulative Variance %
Beginning	1	3,980	19,899	19,899
	2	3,399	16,997	36,895
	3	1,636	8,180	45,075
	4	1,529	7,646	52,722
Rotation	1	2,956	14,781	14,781
	2	2,684	13,418	28,199
	3	2,652	13,258	41,457
	4	2,253	11,264	52,722

Table 6 shows that the four factors with 20 items explained 52.722% of the variance. This finding is consistent with the literature, which recommended that the explained variance be above 50% (Thompson, 2004).

Table 7. Factor Loadings Matrix for the Early Childhood Self-Compassion Scale-Parent Form (ECSCS-P)

1. Factor		3. Factor	
Item Number	Factor Loading	Item Number	Factor Loading
i1	,490	i17	,659
i2	,556	i18	,748
i3	,797	i19	,744
i4	,797	i20	,793
i6	,673	i21	,484
i39	,565		
2. Factor		4. Factor	
Item Number	Factor Loading	Item Number	Factor Loading
i10	,659	i31	,721
i12	,673	i32	,716
i13	,774	i33	,842
i14	,752	i34	,557
		i36	,699

It was also observed that the item factor loadings ranged between 0.48 and 0.84 and were above the acceptable range of 0.32.

Confirmatory factor analysis was applied with the data obtained from the study group of 200 parents to determine the validation of the 4-factor structure. The obtained goodness of fit indices is presented in Table 8.

Table 8. Goodness of Fit Indices of the Model

χ^2	sd	χ^2 / sd	RMSEA	CFI	TLI
335,60	164	2,05	0,07	0,90	0,89

The goodness of fit allows assessing whether the four-factor scale structure is confirmed using a series of model fit indices. Although the first value in fit indices is the Chi-square statistic, it reasonably fits models with about 200 data. Since the data for the confirmation analyses in the study was obtained from the 200 parents, the χ^2/sd ratio was used to decide the model-data fit. If the χ^2/sd ratio is below five, the fit is assumed to be good. There are also more indices used in this study to evaluate the goodness of fit, such as the Root Mean Square Error of Approximation (RMSEA), Comparative Fit Index (CFI), and Tucker-Lewis Index (TLI). RMSEA above 0.10

indicates poor fit; CFI and TLI above 0.90 and close to 1 indicate good model fit. This shows that the population covariance matrix and the sample covariance matrix are close (Hu & Bentler, 1999; Tabachnich & Fidell, 2001, pp.720-722). Accordingly, Table 8 states that the RMSEA value was acceptable, and $\chi2/$ sd, CFI, and TLI indicated a good fit. As a result, it is accepted that ECSCS-P with four factors is confirmed with goodness of fit indices. Figure 2 shows the path diagram of the model.
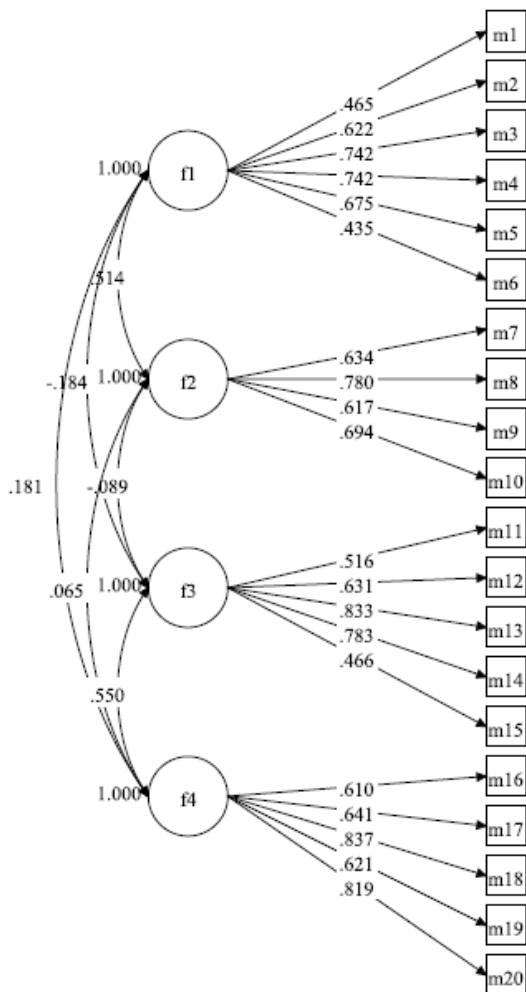
Figure 2. *Path Diagram for Early Childhood Self-Compassion Scale-Parent Form (ECSCS-P)*

The path diagram shows that the item factor loadings are between 0.435 and 0.833 and are at the desired level (>.32). The fit index results and item factor loadings show that the 4-factor 20-item structure was confirmed.

Reliability

The Cronbach Alpha coefficient calculated for the first factor of the scale in the data obtained for the trial application of the scale was 0.755; for the second factor, it was 0.736; for the third factor, it was 0.751; and for the fourth factor, it was 0.766.

According to the data obtained in the study conducted to verify the structure reached in the trial application, the Cronbach Alpha coefficient calculated for the first factor of the scale was 0.745; for the second factor, it was 0.731; for the third factor was 0.742; and for the fourth factor was 0.784. Cronbach Alpha value higher than 0.70 is considered satisfactory (Nunnally, 1978). According to both the analysis results obtained from the trial application and the analysis results made to verify the structure reached, it can be said that the Cronbach Alpha values obtained are satisfactory.

Finally, in order to determine the test-retest reliability of the scale, data were collected again from 25 parents three weeks after they filled out the first form. As a result of the analyses, the Pearson coefficient for the four factors of the scale was calculated as r=0.75 (p<0.01), r=0.52 (p<0.01), r=0.53 (p<0.01) and r=0.51 (p<0.01), respectively. A positive and highly significant relationship for the first factor and a positive and moderately significant relationship for the second, third and fourth factors between the repeated measurements was found.

DISCUSSION AND CONCLUSION

Self-compassion, also considered an emotion regulation skill, is a learnable skill (Neff, 2003a). Early childhood is fundamental for developing and strengthening self-compassion, as in all personality traits. Therefore, this study aimed to create the *Early Childhood Self-Compassion Scale-Parent Form* (ECSCS-P) to determine children's self-compassion levels from the early years. Exploratory and confirmatory factor analysis of the ECSCS-P revealed that ECSCS-P has a four-factor structure and satisfying reliability.

The first factor of the ECSCS-P is "*self-kindness*," which includes items such as "My child shows self-compassion when faced with a negative event." "My child talks to himself/herself to console his/her feelings when faced with a negative event (I was upset/angry, but it will pass, I can succeed)"; the second factor is called "*self-caregiving*" which includes items such as "My child relaxes by turning to a job he/she likes when faced with a negative event.", "My child relaxes by going to a place where he/she feels good when faced with a negative event." The third factor, "*over-identification*," includes items such as "When my child encounters a negative event, he/she exaggerates the event." "When my child encounters a negative event, he/she thinks that the negativity will never go away." and "When my child encounters a failure, he/she thinks that he/she is not good enough." The fourth factor includes "My child blames himself/herself when he/she encounters a negative situation" items and is called "*self-criticism*."

The scale characteristics were similar to those of previously developed scales (Bailey, 2020; Neff, 2003) regarding positive and negative factorizations. Self-kindness, self-criticism, and over-identification in ECSCS-P are compatible with the six-factoral Self-Compassion Scale developed by Neff (2003b). Self-Compassion Scale also includes "awareness" and "common humanity" as positive components and "isolation" as a negative component. Awareness is a component that is more likely to be measured through self-report as it is mainly related to acceptance of events (Atalay, 2021; Kabat Zinn, 2021). The ECSCS-P developed in this study also included items related to awareness. However, in the exploratory factor analysis, it had to be removed because its values were below the acceptable range. Awareness is an abstract process that is difficult to observe. The fact that the scale is based on parental observation rather than self-report can be seen as a factor that affects the value of the item loads in the awareness part. Since overidentification, which is the opposite of awareness, has a more observable and concrete structure, low scores on items related to overidentification may give an idea about awareness.

The trial form of the ECSCS-P also included items regarding the common humanity and isolation factors. However, since the factor loadings were insufficient, they had to be removed from the scale form. Children have egocentric thinking tendencies in the early years. (Piaget, 1926). They may tend to see themselves as the source of problems. This can make it difficult for them to understand the common humanity. In addition, a strong bond and trust with parents may allow them to perceive parents as a safe haven and turn to them to solve problems (Bowlby, 1969). For this reason, they can naturally seek support from adults instead of being alone and isolated in the face of difficulties.

Self-caregiving in ECSCS-P consists of items covering the characteristics related to the ability to care for well-being and compassionate behavior, which are included in Gilbert's (2009) theory. The fact that these characteristics can be easily and frequently observed in data collection based on parents' observations may have caused them to be dominant and factorized.

The socio-cultural environment may also have impacted the items and the structure of the scale, depending on the emotional difficulties faced by children in Turkey, parents' emotional and self-compassionate characteristics and behavioral examples, children's behaviors, and parent's perceptions of the process.

This study constitutes the basis for future studies in developing the Early Childhood Self-Compassion Scale-Parent Form (ECSCS-P). Studies reveal that the characteristics of family members, the child's upbringing style, and cognitive factors primarily impact children's self-compassion (Neff, 2003a; Neff & McGee, 2009). The Early Childhood Self-Compassion Scale-Parent Form will be the main measurement tool for evaluating self-compassion in the early years. Another study conducted with young people focused on the effect of childhood experiences on self-compassion and found that parental rejection, overprotection, and low parental warmth predicted low self-compassion through attachment anxiety (Pepping et al., 2015). It was observed that children who grew up with democratic attitudes had higher levels of self-compassion. In comparison, children who grew up with parents with protective and authoritarian attitudes had lower levels of self-compassion (Yılmaz, 2009). Positive parental behaviors, such as parental warmth and autonomy support, are positively correlated with self-warmth and negatively correlated with self-coldness. On the other hand, negative parental behaviors such as

rejection, chaos, and coercion are negatively correlated with self-warmth and positively correlated with self-coldness (Rogers, 2023). Parental criticism affects social anxiety about low self-compassion (Potter et al., 2014). According to these studies, childhood experiences are compelling in terms of self-compassion. Therefore, ECSCS-P can be essential in explaining individual and parental factors that impact the child's self-compassion and planning the most appropriate interventions for the situation. It can be used in experimental studies as well as predictive correlational studies. For example, children's self-compassion can be evaluated before and after parent training programs. Since ECSCS-P is based on parental observation, data collection is also economical in terms of labor and time, and teachers can also benefit from it to make predictions about children's social-emotional characteristics and save them in their portfolios.

Statements of Publication Ethics

Ethics committee approval of the study was obtained from the Ethics Commission of the affiliated university.

Researchers' Contribution Rate

Authors	Literature review	Method	Data Collection	Data Analysis	Results	Conclusion
Kübra Engin	⊠	⊠	⊠	⊠	⊠	⊠
İlkay Ulutaş	⊠	⊠	☐	☐	⊠	⊠

Conflict of Interest

This study has no conflict of interest.

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