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Fears of Receiving and Giving Compassion and Resilience: The Mediating Role of Self-Compassion in a Collectivistic Culture

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ABSTRACT

The aim of this study is to test the mediating role of self-compassion in the relationship between fears of receiving and giving compassion and resilience. A total of 466 individuals participated in the study, aged between 18 and 64 ($M = 33$, $SD = 11.3$), with 355 (76.2%) identifying as female and 111 (23.8%) as male. The results indicated that self-compassion partially mediated the relationship between fear of receiving compassion and resilience, while fully mediating the relationship between fear of giving compassion and resilience. The direct and indirect relationships identified in the study differed from those found in research conducted in individualistic cultures. The results were discussed from the perspective of a collectivistic cultural framework.

Key Words: Fear of receiving compassion, fear of giving compassion, self-compassion, resilience, collectivism

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Şefkate Karşılık Verme Korkusu ve Şefkat Gösterme Korkusu ile Psikolojik Sağlık: Toplulukçu Bir Kültürde Öz Anlayışın Aracı Rolü

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ÖZET

Bu çalışmanın amacı, başkalarından gelen şefkate karşılık verme ve şefkat gösterme korkuları ile psikolojik sağlık arasındaki ilişkide öz anlayışın aracı rolünü test etmektir. Çalışmaya 18 ile 64 yaşları arasında (*Ort.* = 33, *SS* = 11.3) 466 birey katılmıştır; bunlardan 355'i (%76.2) kadın, 111'i (%23.8) ise erkektir. Sonuçlar, öz anlayışın, başkalarından gelen şefkate karşılık verme korkusu ile psikolojik sağlık arasındaki ilişkiye kısmi olarak aracılık ettiğini, şefkat gösterme korkusu ile psikolojik sağlık arasındaki ilişkiye ise tam aracılık ettiğini göstermiştir. Çalışmada belirlenen doğrudan ve dolaylı ilişkiler, bireyselci kültürlerde yapılan araştırmalarda bulunanlardan farklılık göstermektedir. Sonuçlar, kolektivist/toplulukçu kültürel bakış açısıyla tartışılmıştır.

Anahtar Kelimeler: Şefkate karşılık verme korkusu, şefkat gösterme korkusu, öz şefkat, psikolojik sağlık, toplulukçuluk

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Introduction

Resilience is characterized as the process, capacity, or outcome of effectively adapting in the face of difficult or threatening circumstances (Masten et al., 1990). Two fundamental criteria are highlighted in the conceptualization of resilience: the confrontation of a substantial risk and the subsequent enhancement of psychosocial well-being, notwithstanding the presence of that risk (Luthar, 2015). Psychosocial well-being encompasses physical, emotional, and social dimensions (Eiroa-Orosa, 2020). Therefore, it can be said that emotional well-being and social connection play a significant role in an individual's level of resilience. Research also reveals the relationship between these two factors and resilience. For example, Cohn et al. (2009) found that positive emotions increase one's life satisfaction by building resilience. Social connection was found to be correlated with psychological health and resilience (McLoughlin et al., 2018; Xu & Ou, 2014).

Compassion is one of the ways of experiencing caring social connection (Matos et al., 2021). Compassion can be defined as the recognition of the suffering experienced by others, coupled with the motivation to mitigate their distress (Goetz et al., 2010). Compassion is a type of 'social emotion' that can make us aware of the nature of our moral connections with others and encourages us to consider our moral duty to treat people with kindness (Wilkinson, 2018). In addition to increasing social connectedness, compassion increases well-being and resilience by reducing stress and increasing positive emotions (Beaumont, 2016). In contrast to experiencing social connectedness and the ability to both offer and receive compassion, individuals may also harbor fears related to compassion. The fears associated with compassion encompass the reluctance to extend compassion towards oneself, to give it to others, and to receive it from others (Gilbert et al., 2011). While compassion is related to positive mental health, fears of compassion is related negative mental health concepts such as self-criticism (Ferreira et al., 2019; Gilbert et al., 2011), body image shame (Ferreira et al., 2019), self-coldness, insecure attachment, depression, anxiety, stress (Gilbert et al., 2011), rumination and worry (Cavalcanti et al., 2023).

A fear of giving compassion to others or receiving it from others can prevent individuals from effectively using their natural emotional regulation systems through social interactions, leaving them susceptible to mental health issues (Kirby et al., 2019) and in turn may make it difficult for them to build resilience. Research reveals the relationship between fears of receiving and giving compassion and psychological difficulties. For example, Matos et al. (2017) reported significant correlations between fears of receiving and giving compassion and general paranoia. A meta-analysis study showed that fear of receiving compassion was highly correlated with shame, self-criticism, and depression (Kirby et al., 2019). The researchers also reported small but significant correlations between fear of giving compassion and mental health difficulties. Resilience was also found to be negatively correlated with fear of receiving compassion in a Turkish sample (Meriç, 2020). On the other hand, the researcher reported no significant correlation between fear of giving compassion and resilience.

Self-compassion as a mediator in cultural context

Self-compassion is defined as being kind and understanding toward oneself in the face of personal failures, or adversities (Neff, 2003). Neff defines three core components for self-

compassion which are self-kindness, common humanity, and mindfulness. Studies show the positive relationship between self-compassion and resilience (e.g. Bluth et al., 2018, Kemper et al., 2015). Similar to the studies conducted in other cultures, a study conducted in Türkiye also revealed the positive relationship between self-compassion and resilience (Alibekiroğlu et al., 2018). Moreover, the results showed that self-compassion played a mediator role in the relationship between life satisfaction and resilience.

There is little research on the relationship between fears of receiving and giving compassion and self-compassion, and the results are controversial. Joeng and Turner (2015) found a negative correlation between fear of receiving compassion and self-compassion. Gilbert et al. (2011) reported negative correlations between fear of receiving compassion and self-compassion, and between fear of giving compassion and self-compassion among university students. On the other hand, they reported that the correlations were insignificant in a therapist group. The fear of giving compassion to others was a significant predictor of the severity of obsessive-compulsive disorder symptoms, while the fear of receiving compassion was a significant predictor of the severity of social anxiety disorder in individuals with a high fear of self-compassion (Merritt & Purdon, 2020).

When examining the studies on the fears of compassion, it is observed that the research predominantly focuses on the fear of receiving compassion, while studies on the fear of giving compassion are more limited. On the other hand, studies examining the relationship between compassion for others and self-compassion may also shed light on the hypothesis of this research. When the results of these studies are examined, cultural differences are encountered. For example, Lopez et al. (2018) reported no significant correlation between compassion for others and self-compassion in an individualistic culture. Mills et al. (2018) found that higher compassion for others predicted lower self-compassion in an individualistic culture. On the other hand, Ma and Xiao (2024) found a relationship between compassion for others and self-compassion in a collectivistic culture. Moreover, they reported the mediating role of perceived social support and resilience in the relationship between compassion for others and self-compassion. The reason for such different results may be that a person's relationship with others does not affect their relationship with themselves in the same way across different cultures.

Türkiye is a culture that harbors elements of both individualism and collectivism, but is closer to collectivism (Göregenli, 1997). In individualistic cultures, emotions are personal and subjective experiences, while in collectivist cultures, emotions are more relational and influenced by the context. For this reason, in collectivistic cultures like Türkiye, the emotions that a person shows towards others or fears showing can potentially affect their relationship with themselves and ultimately their resilience. Similarly, in collectivistic cultures, perceived emotional support is important for one's mental health. Even, others' perception about oneself and relationship with others has the potential of affecting one's perception about themselves (Mesquita, 2001). Therefore, fear of receiving compassion and shutting oneself off from emotional support from others may affect one's relationship with themselves, making it difficult to show self-compassion. Consequently, individuals with low self-compassion may find it harder to be resilient in the face of challenges.

The current study

The relationship between self-compassion and resilience is well documented. On the other hand, research testing the relationship between fears of receiving and giving compassion and resilience is scarce. Moreover, to our knowledge, there is no study examining the mediating role of self-compassion in the relationship between fears of giving and receiving compassion and resilience. Additionally, research has shown that the mediating role of self-compassion in the relationship between fears of receiving and giving compassion and resilience has the potential to yield different results across cultures. Seeing how this mediation will yield results in a collectivist culture can contribute to the cross-cultural discussion of the concepts. Therefore, the aim of the current study is to test the mediator role of self-compassion in the relationship between fears of giving and receiving compassion and resilience. The hypotheses of the study are as follows:

Hypothesis 1: Fear of receiving compassion will directly and indirectly via self-compassion predict resilience.

Hypothesis 2: Fear of giving compassion will directly and indirectly via self-compassion predict resilience.

Methodology

Participants and procedure

The study was conducted on a total of 466 individuals, ages ranging between 18 and 64 ($M = 33$, $SD = 11.3$). Of these, 355 (76.2 %) were female and 111 (23.8 %) were male. As for the educational level of the participants, 71 (15.2%) of them had a degree of graduate school, 270 (57.9 %) had a bachelor's degree, 118 (25.3%) were high school graduates, 3 (.6%) were middle school graduates and 4 (.9 %) were elementary school graduates. Convenient and Snowball sampling methods were used for the data collection. We collected data via Google Forms. We shared the online form link with our social circle and asked them to share the link with others. We provided an informed consent form for the participants on the first page of the online form and collected data only from the volunteer ones. It took approximately 15 minutes for participants to complete the questionnaires. The study was carried out in accordance with the Helsinki Declaration.

Measures

Demographic Information Form: We created a form to collect information on participants' gender, age, and educational level.

Resilience Scale: Resilience Scale was developed by Gürkan (2006). The scale consists of 50 items, 8 sub-dimensions and has a five-point Likert-type rating. Sub-dimensions of the scale are being strong, being an entrepreneur, being optimistic/depending on life, communication/relationship, foresight, reaching the goal, being a leader, and being a researcher. The sum of the scores obtained from the 8 sub-dimensions in the scale gives the total resilience score. The criterion validity of the scale was investigated by looking at its relationship with the concepts of learned resourcefulness, locus of control, hopelessness, and problem solving, and the results showed that criterion validity was achieved. The test-retest correlation was found to be .89. The internal consistency coefficient was found to be .78 and .87 for the two applications, respectively. We used the total resilience score of the scale in our

analyses. In the present study, we found Cronbach's alpha internal consistency coefficient for the entire scale as .96.

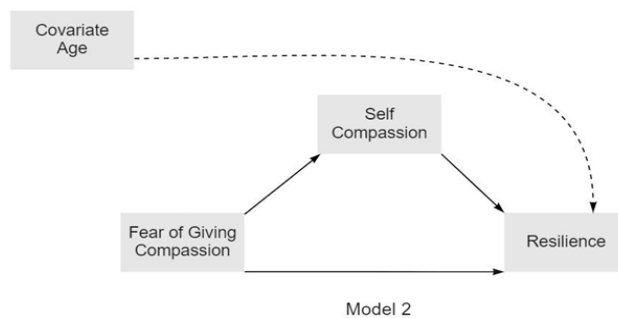
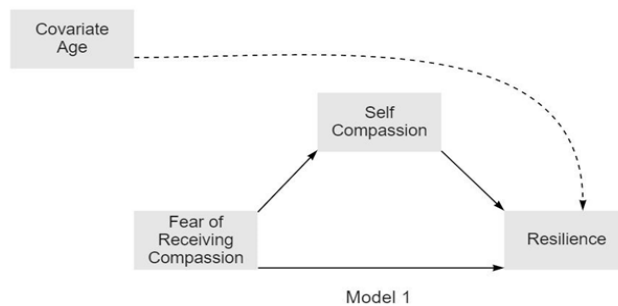
Fear of Compassion Scale: Fear of Compassion Scale was developed by Gilbert et al. (2011) and adapted into Turkish by Necef and Deniz (2018, 2023). The Turkish version of the scale is a five-point Likert-type scale consisting of 35 items. As in its original form, the Turkish version consists of 3 sub-scales: "Fear of compassion for others", "from others", and "for self". High scores indicate high fear of compassion in the relevant sub-dimension. Cronbach's alpha coefficient was found to be .92 for the entire scale, .83 for the "Fear of Compassion for Others" sub-dimension, .83 for the "Fear of Compassion from Others", and .93 for the "Fear of Compassion for self". Within the scope of criterion-related validity, the Fear of Compassion Scale, the Self-Compassion Scale, and the Life Satisfaction Scale were used and significant relationships were determined. We used fear of compassion "for others" and "from others" subscales in the present study. We found Cronbach's alpha coefficient as .88. for "Fear of Compassion for Others" and as .85. for "Fear of Compassion from Others" subscales.

Self-compassion Scale: The Self-Compassion Scale was developed by Neff (2003) and adapted into Turkish by Deniz et al. (2008). The Turkish version of the scale is a five-point Likert-type scale consisting of 24 items and one dimension. The internal consistency coefficient of the Turkish version was found to be .89. The test-retest reliability was found to be .83. In order to calculate the criterion validity of the scale, its relationship with self-esteem, life satisfaction, positive affection, and negative affection was examined. Significantly positive correlations between self-compassion, self-esteem, life satisfaction, and positive affection, and negative correlation with negative affection were found. The results showed that criterion validity was achieved. In the present study, Cronbach's alpha was .93.

Data analysis

We used SPSS version 26.0 and PROCESS 3.4 macro for SPSS (Hayes, 2018) to analyze the data. We run Pearson correlation to test the relationship between study variables. Then, we conducted two separate mediation analyses (PROCESS Model 4) with 5000 bootstrap samples to test the mediator role of *self-compassion* on the relationship between *fear of receiving compassion* and *resilience* (Model 1), and between *fear of giving compassion* and *resilience* (Model 2). We estimated direct, indirect, and total effects for both of the mediation analyses. Each model was controlled for age.

Figure 1. *The Hypothetical Models*



Findings

Preliminary analyses

Correlations among the study variables were significant with one exception (correlation between age and fear of receiving compassion, $r = -.07, p = .15$). Resilience was positively correlated with self-compassion ($r = .68, p < .01$), and age ($r = .23, p < .01$). On the other hand, it was negatively correlated with fear of receiving compassion ($r = -.38, p < .01$) and fear of giving compassion ($r = -.20, p < .01$). Self-compassion was also found to be negatively correlated with fear of receiving compassion ($r = -.37, p < .01$) and fear of giving compassion ($r = -.31, p < .01$).

We also checked the assumptions under this heading. According to the reference values of skewness and kurtosis (Chou & Bentler, 1995), the data were normally distributed. We detected no multivariate outliers. As can be seen in Table 1, there was no multicollinearity between study variables. Durbin-Watson coefficient was 1.78 for Model 1 and 1.76 for Model 2. Since the values were between 1.5 and 2.5 (Tabachnick & Fidell, 2001) we concluded that there was no autocorrelation in the residuals. We examined histogram, normal P-P plot, and scatterplot to check the normality, linearity, and homoscedasticity and saw that the data also met these assumptions.

Table 1.
Descriptives and Correlations among Study Variables

<i>Variables</i>	<i>M</i>	<i>SD</i>	<i>Skewness</i>	<i>Kurtosis</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
1. Resilience	140.63	30.49	-.61	.35	-				

2.	FRC	13.12	8.28	.83	.5	-.38*	-	
3.	FGC	14.65	7.59	.07	-.74	-.20*	.58*	-
4.	SC	79.79	16.62	.02	-.42	.68*	-.37*	-.31*
5.	Age	33	11.31	.71	-.68	.23*	-.07	-.12* .22* -

Note. * $p < .01$; FRC Fear of Receiving Compassion; FGC Fear of Giving Compassion; SC Self-Compassion

Mediation analyses

The results of mediation analyses for Model 1 and Model 2 are presented in Table 2. For Model 1, FRC is a significant predictor of self-compassion [$\beta = -.35, t(463) = -8.35, p < .001$]. FRC is a significant predictor of resilience [$\beta = -.15, t(462) = -4.27, p < .001$]. Self-compassion is also a significant predictor of resilience [$\beta = .61, t(462) = 16.67, p < .001$]. The predictors together explain 49 % of the total variance in resilience [$F(3, 462) = 148.81, p < .001$].

Table 2.
Results of Mediation Analyses for the Hypothetical Models

Model 1	DV = SC			DV = Resilience		
	β	LLCI	ULCI	β	LLCI	ULCI
Age	.20***	.168	.413	.08**	.040	.400
FRC	-.35***	-.878	-.543	-.15***	-.818	-.302
SC	-	-	-	.61***	.983	1.24
Model 2	DV = SC			DV = Resilience		
	β	LLCI	ULCI	β	LLCI	ULCI
Age	.19***	.148	.400	.08*	.033	.401
FGC	-.29***	-.826	-.450	.02	-.183	.378
SC	-	-	-	.67***	1.101	1.362

Note. * $p = .02$; ** $p < .02$; *** $p = .000$; FRC Fear of Receiving Compassion; FGC Fear of Giving Compassion; SC Self-Compassion; LLCI lower limit confidence interval; ULCI upper limit confidence interval, DV dependent variable

As for Model 2, FGC is a significant predictor of self-compassion [$\beta = -.29, t(463) = -6.68, p < .001$]. Self-compassion significantly predicts resilience [$\beta = .67, t(462) = 18.51, p < .001$].

On the other hand, FGC is not a significant predictor of resilience [$\beta = .02, t(462) = .68, p = .49$]. The predictors together explain 47 % of the total variance in resilience [$F(3, 462) = 137,61, p = .000$].

Table 3.

Bootstrapped Indirect Effects, Direct Effects and Total Effects for Model 1 and Model 2

Model 1 Path	Coefficient	SE	LLCI	ULCI
FRC→SC→Resilience (Standardized indirect effect)	-.22	.03	-.264	-.167
Direct effect	-.56	.13	-.819	-.302
Total effect	-1.35	.15	-1.657	-1.049
Model 2 Path				
FGC→SC→Resilience (Standardized indirect effect)	-.20	.03	-.257	-.134
Direct effect	.10	.14	-.184	.379
Total effect	-.69	.18	-1,043	-.334

Note. For standardized indirect effects, SE = BootSE; LLCI = BootLLCI; ULCI = BootULCI based on bias-corrected 95 %CI 5000 bootstrapped samples.

If zero is not included in the confidence interval, the effect is considered significant. As can be seen in Table 3, FRC has an indirect effect on resilience through self-compassion ($\beta = -.22, SE = .03, 95\% CI = -.264; -.167$). FGC also has an indirect effect on resilience through self-compassion ($\beta = -.20, SE = .03, 95\% CI = -.257; -.134$). Direct effect of FRC on resilience (Model 1) is significant ($B = -.56, SE = .13, 95\% CI = -.819; -.302$). On the other hand, direct effect of FGC on resilience (Model 2) is not significant ($B = 10, SE = .14, 95\% CI = -.184; .379$). Results for direct effects can also be obtained from Table 2 with standardized beta values. Total effects are significant for both Model 1 ($B = -1.35, SE = .15, 95\% CI = -1.657; -1.049$) and Model 2 ($B = -.69, SE = .18, 95\% CI = -1.043; -.334$). The results show that self-compassion partially mediates the relationship between fear of receiving compassion and resilience. On the other hand, self-compassion has a full mediating role in the relationship between fear of giving compassion and resilience.

Result and Discussion

The aim of the current study was to examine the mediating role of self-compassion in the relationship between fears of receiving and giving compassion and resilience. The first hypothesis of the study posited that the fear of receiving compassion would predict resilience directly and indirectly through self-compassion. The results confirmed our first hypothesis. Higher fear of receiving compassion predicted lower resilience both directly and indirectly via reduced self-compassion. The observed direct relationship between fear of receiving

compassion and resilience aligns with the results of prior research conducted by Meriç (2020) in Türkiye. Higher fear of receiving compassion was also correlated with lower subjective well-being (Harris, 2017) which is recognized as being positively associated with resilience (e.g., Satici, 2016; Yıldırım & Arslan, 2022). The mediator role of self-compassion in the relationship between fear of receiving compassion and resilience is a novel finding. Another study showed that both fears of receiving and giving compassion was related to psychopathology only when the fear of self-compassion is high. Both of the results present the importance of self-compassion on the relationship between fear of giving compassion and mental health. The results also can be explained in cultural context. As it is stated before, people from collectivistic cultures tend to place greater importance on emotional support from others, and this support plays a more significant role in their lives. Uchida et al. (2008) identified a weak positive correlation between perceived emotional support and subjective well-being in college students from an individualistic cultural context. However, this relationship was entirely nullified when self-esteem was statistically accounted for in the analysis. On the other hand, they reported that perceived emotional support strongly predicted subjective well-being even after self-esteem was controlled in college students from a collectivistic cultural context.

The second hypothesis was that the fear of giving compassion would predict resilience directly and indirectly through self-compassion. The results showed that the fear giving compassion did not predict resilience directly. The study of Meriç (2020) also yielded the same result. Similarly, Harris (2017) reported that fear of giving compassion was not a significant predictor of subjective well-being. On the other hand, this study showed that self-compassion fully mediated the relationship between fear of giving compassion and resilience. Higher fear of giving compassion predicted lower self-compassion, which in turn contributed to lower resilience. If we were to interpret the research finding in reverse, we might suggest that giving compassion to others without a fear can help foster self-compassion and ultimately contribute to greater resilience. This statement appears particularly meaningful in a collectivistic culture. Tsai and Kimel (2021) found that showing emotional support to others was associated with increased life satisfaction among a group of college students from a collectivistic cultural background. Another study showed that collectivism and support from others were negative predictors of suicidal ideation among women experiencing grief, which is a parameter for resilience (Ariapooran et al., 2018).

Limitations and Future Directions

This study is cross-sectional in nature and therefore not suitable for making causal explanations. Future studies can be designed longitudinally to explore the cause-and-effect relationships between variables. The research findings suggest that fears of receiving and giving compassion have the potential to reduce resilience by decreasing self-compassion. The results may provide valuable insights for experimental studies and psychoeducation programs aimed at enhancing psychological resilience. Interventions focused on increasing self-compassion and reducing fears of compassion could help individuals cope more effectively with significant life events. Psychoeducation programs aimed at improving the ability to express and accept positive emotions, particularly compassion, could contribute to enhancing self-compassion and, in turn, increasing resilience. The present study tested only the mediating role of self-compassion in the relationship between resilience and fears of compassion. Future studies could also examine the mediating roles of concepts particularly valued in collectivistic cultures, such as perceived social support and social connectedness.

Declarations

The authors have no conflicts of interest to declare. The preliminary data collected for this research and the initial findings were presented at the VI. Turkcess International Education and Social Sciences Congress. The researchers continued gathering data throughout the process, and in this study, the analyses were conducted on a larger sample.

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