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Self-Compassion's Correlation with Attachment for Middle School Adolescents

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ABSTRACT

The present study was conducted to investigate the correlation between self-compassion and attachment in adolescents. The data were collected by the authors and the students were informed about the study before proceeding to the data collection stage. In the study, the Self-Compassion Scale (Short Form) was used to measure the self-compassion levels of the students, and the Relationships Questionnaire (Adolescent Form) was used to determine the attachment styles of the students. The study group included 355 students attending 6th, 7th and 8th grades in public secondary schools in Turkey. Descriptive statistics, t-test, analysis of variance and simple linear correlation analysis were used in data analysis. The study findings demonstrated that there were low, negative and significant correlations between self-compassion levels of the students and their obsessive attachment and fearful attachment levels. Findings also demonstrated that there was no significant difference between self-compassion levels of the students based on gender, however there was a significant difference based on the age variable.

Keywords: Self-compassion, attachment, adolescence.

Ortaokul Öğrencilerinde Öz-Şefkat İle Bağlanma Arasındaki İlişkinin İncelenmesi

Öz

Bu araştırma, ergenlerde öz-şefkat ile bağlanma arasındaki ilişkiyi incelemek amacıyla yapılmıştır. Veriler, araştırmacı tarafından toplanmış ve verilerin toplanmasına geçmeden önce öğrencilere çalışma ile ilgili bilgilendirme yapılmıştır. Araştırmada, öğrencilerin öz-şefkat düzeylerini ölçmek amacıyla Öz-Şefkat Ölçeği Kısa Formu, öğrencilerin bağlanma tarzlarını belirlemek amacıyla İlişki Ölçekleri Anketi- Ergen Formu kullanılmıştır. Araştırmanın çalışma grubunu Türkiye'de yer alan bir il merkezine bağlı devlet ortaokullarının 6., 7. ve 8. sınıflarında öğrenim gören 355 öğrenci oluşturmaktadır. Verilerin analizinde betimsel istatistikler, t testi, varyans analizi ve basit doğrusal korelasyon analizi kullanılmıştır. Çalışmanın sonucunda öğrencilerin öz-şefkat düzeyleri ile saplantılı bağlanma ve korkulu bağlanmaları arasında düşük düzeyde, negatif ve anlamlı ilişkilerin olduğu belirlenmiştir. Araştırmadan elde edilen diğer bir bulgu ise cinsiyete göre öğrencilerin öz-şefkat düzeyleri arasında anlamlı bir farklılık görülmezken yaş değişkenine göre anlamlı bir farklılık olduğu görülmektedir. Elde edilen bulgular alanyazın ışığında tartışılmış ve önerilerde bulunulmuştur. Bu çalışmada ergenlerde kendine şefkat düzeyleri ile bağlanma arasındaki ilişki araştırılmıştır.

Anahtar kelimeler: Öz-şefkat, bağlanma, ergenlik.

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1 | INTRODUCTION

Compassion with its different forms have been one of the most important concepts in eastern spiritual traditions (e.g., Islam, Christianity, Buddhism) (Tanhan, 2019). Lazarus (1991) described the concept of compassion as the emotion that motivates the desire to help a suffering individual. Self-compassion, on the other hand, represents a bridge between Eastern and Western thought, which includes the Buddhist concept of awareness (Tirch, 2010). While compassion is generally conceptualized as exhibiting compassion for others in the West, Buddhist tradition emphasizes that it is necessary for the individual to feel compassion for one's self as well as the others (Neff, 2003b). According to Neff (2003a), self-compassion refers to an attitude that involves approaching one's self with warmth and understanding in difficult times and accepting that making mistakes is part of being human. Also this is same in Islam (Tanhan, 2019). In short, self-compassion is that the self-care of the suffering individual and directing compassion to one's self.

Neff (2003a) argued that the structure of self-compassion consists of three basic interrelated components that develop one another. These components include self-kindness, common human experience and mindfulness. Self-kindness, the first component of self-compassion, is emotionally gentle, attentive, compassionate and understanding approach of the individual towards herself or himself during pain and trouble due to personal flaws and failure instead of cruel criticism. Self-compassion therefore offers the individual the opportunity to understand in a critical way his failure, inadequacy and suffering. Thus, self-compassion allows the individual to understand failures, inadequacies and pain without a critical approach. The second component, common human experience reflects the acceptance of personal pain, failures and inadequacies from the perspective of common human experience and that problems in life are a part of the common human experience and do not apply only to certain individuals. Instead of focusing on one's individual self, self-compassion involves accepting that all individuals could fail, make mistakes, and everybody has flaws in their experiences in life. Therefore, instead of isolation and avoidance of others when things go wrong, the sense of self-compassion could make it easier to communicate and deal with other individuals in times of failure or difficulty. The third component, mindfulness requires a balanced perspective on the individual's situation. In other words, it means being able to face painful thoughts and emotions without exaggeration, drama or self-pity. These components interact to form a compassionate mind frame when individual faces personal mistakes, perceives inadequacies, or experiences various difficulties in life (Neff & Lamb, 2009; Neff & McGehee, 2010). Thus, self-compassion works as an effective emotional regulation strategy, leading to more positive emotions such as compassion and attachment by neutralizing negative emotional patterns (Neff, Hsieh & Dejitterat, 2005).

Self-compassion increases the emotions of security and interconnection and decreases the emotions threat and isolation, leading to emotional balance, as well as supporting the psychology of the individual against negative emotional situations (Neff & Tirch, 2013). Self-compassion, for example, provides higher empathy (Neff & Pommier, 2013) and cognitive flexibility (Martin, Staggars & Anderson, 2011). Therefore, it is considered that self-compassionate individuals tend to be more open-minded and therefore more capable of altering their reactions (Neff & Tirch, 2013). Furthermore, the literature, which has grown dramatically during the last decade, demonstrated that self-compassion leads to several psychological benefits (Neff & Tirch, 2013). The studies showed that self-compassion is associated with psychological well-being and it was considered a potentially important protective factor that promotes emotional flexibility (Tanhan, 2020). While self-compassionate individuals react less to negative events, it was reported that they experience higher life satisfaction when compared to non-compassionate individuals (Allen & Leary, 2010; Bluth & Blanton, 2015; Tel & Sari, 2016).

Previous studies reported that high level of self-compassion related with happiness (Hollis-Walker & Colosimo, 2011), more realistic self-assessments (Neff, Rude & Kirkpatrick, 2007), high psychological resilience levels (Yağbasanlar, 2018), better romantic relations (Baker & McNulty, 2011; Neff & Beretvas,

2013), more self-reliance (Breines & Chen, 2012; Neely, Schallert, Mohammed, Roberts & Chen, 2009), being able to suppress unwanted thoughts and emotions (Neff, 2003a).

Also previous studies reported that high level of self-compassion related with acceptance of important emotions (Neff, Kirkpatrick & Rude, 2007) and it was associated with anxious attachment and perceived social support from family and friends (Bayar, 2016). Self-compassion also could be important in psychotherapy (Kuyken et al., 2010; Shapiro, Astin, Bishop & Cordova, 2005). Assessment of previous study findings as a whole demonstrated that self-compassion had several physical and psychological benefits and was associated with several psychological well-being indices.

It could be argued that self-compassion is a variable that positively affects psychological health (Neff, 2003a). Therefore, it was considered important to investigate the factors that would contribute to the development of self-compassion, which positively affects the individual's life. Certain authors claimed that the attachment theory and early care experiences may provide a useful framework for understanding the origins of self-compassion (Gilbert, 2009; Gilbert & Procter, 2006). According to Bowlby (1979), attachment is the bond of love between the baby and the mother (or caregiver) that develops during the initial years of life. Bowlby argued that the attachment system was not only related to infants but also active and effective "from cradle to the grave" (Bowlby, 1979). Thus, the attachment pattern that begins to develop in infancy continues to improve as the mother and father continues to fulfill the needs of the child consistently (Erikson, 1969; Grossmann, Grossmann, Kindler & Zimmerman, 2008). Presence of a consistent caregiver (physical intimacy), quality of care, infant's traits, and familial conditions, including the parent's internal working models, are among the factors that affect attachment security (Berk, 2013). The continuous support and care of the caregiver supports the development of a sense of safety and attachment in the child. Such care develops the sense that the child and others' internal working models are reliable and worthy of love and care (Collins, Guichard, Ford & Feeney, 2004). The close and supportive relationship that the individuals with safe attachment style (low anxiety and low avoidance) experience with their mothers or caregivers is considered to facilitate the emotions of intimacy and comfort during the time when the infant is in distress. Sensitive and susceptible parenting facilitates the development of a secure attachment style and consequently self-relaxation, leading to the development of self-compassion (Irons, Gilbert, Baldwin, Baccus & Palmer, 2006). According to Neff and McGehee (2010), a consistently attentive and supportive mother may increase the feeling of compassion in the child. Similarly, Gilbert and Procter (2006) mentioned that growing up in a sensitive and susceptible parenting environment would allow the individual to relate with herself or himself in compassionate and stressful conditions and reveal the individual's ability to relieve the stress. However, inadequate or inconsistent parenting of the caregiver may prevent the development of a sense of secure attachment due to the development of the emotions of anxiety or avoidance in the child (Mikulincer & Shaver, 2007). Gilbert and Procter (2006) indicated that growing up with inconsistent, cold or rejecting parents may lead to inadequate development of the relaxation system and development of self-criticism rather than self-compassion. Similarly, Pietromonaco and Feldman Barrett (2000) reported that a negative perspective may develop in individuals who experienced high levels of attachment anxiety due to inconsistent parenting during childhood. Thus, the fact that individuals who grew up in dysfunctional families and with mothers who lacked self-compassion and exhibited insecure attachment patterns shows low levels of self-compassionate when they compared to individuals that grew up in healthy families (Wei, Liao, Ku & Shaffer, 2011). So, it's suggested that family experiences could play a significant role in the development of self-compassion (Neff, 2003a).

The transfer of the attachment to parents or caregiver to other close relatives is based on the attachment theory (Bowlby, 1973). Secure attachment to caregivers could provide a safe basis for promotion of social interaction with peers (Sroufe & Waters, 1977). The attachment that is rooted in early care period changes during adolescence. Steinberg and Silverberg (1986) argued two differences in the relationship between attachment to parents and attachment to peers. The first difference was the fact that an adolescent's orientation from parents to peers was considered as an indicator of autonomy. In this perspective, parental attachment and peer attachment are inversely proportional. On the other hand, Berndt (1979) argued that

the social impact of the family and peers on the individual constituted an independent social environment. In this perspective, attachment to the parents may be independent of attachment to peers. Which of these social worlds would be more important would depend on the self-assessment of the adolescent. Thus, based on the characteristics of adolescence, individuals in this period are expected to acquire independence from their families and their attachment patterns are oriented towards their peers (Allen & Manning, 2007; Hazan & Zeifman, 1994). Receiving adequate responses from others (i.e., care and compassion) during a need for care and compassion from his / her social relationships would enforces the individual's perspective, while the opposite occurs during a need for care and compassion (i.e., rejection, neglect, or humiliation), this would prevent the individual's perspective (Gilbert, 2009). When the efforts to receive compassion are constantly obstructed by others, one may fail to recognize his or her need for care and compassion (in other words, being compassionate), because these individuals do not have emotional memories of being loved and appeased (Gilbert & Irons 2005).

While the initial experiences of seeking care and compassion occur during childhood (Pepping et al., 2015), it was considered that certain aspects of parenting during childhood may be associated with the development of self-compassion in adolescents and young adults (Neff & McGeehee, 2010). However, the literature review revealed that the studies on self-compassion were mostly conducted on adults or college students and the studies conducted on children and adolescents were quite limited (Bluth & Blanton, 2015; MacBeth & Gumley, 2012; Tanhan, 2020). However, adolescence is a stormy period where both physical and psychological problems (restless, apprehensive, choosy, reactive, explosive, quickly upset, speculative) and rapid changes occur (Yörükoğlu, 2000). Difficulties experienced in this developmental process, coupled with social pressures and academic and parental expectations, may increase psychological and emotional disorders among adolescents (Kessler, Avenevoli & Merikangas, 2001). Thus, it was considered important to investigate the psychological resources that could help the adolescent to cope with difficulties during this stormy period. According to Collins (1997), self-compassion may be highly associated with adolescence. The self-acceptance and kindness required by self-compassion could lead to reduced levels of harsh and cruel criticism and judgment when adolescents encounter situations they do not like or dislike. Furthermore, the skill of the adolescent to share his / her experiences in common human experience could provide a sense of interpersonal connection that could help young individuals cope with their fear of social rejection. In addition, self-compassion helps prevent repetitive pessimistic thoughts and emotions that could lead to psychological dysfunctions in adolescents (Nolen-Hoeksema, 1991). It is seen that there is a lack of literature on self-compassion, which is considered to be one of the important psychological resources, in the sample of adolescents. Based on this, it is thought that the findings obtained from this study conducted with a sample of adolescents will contribute to the literature.

In this context, the aim of the present study was to investigate the correlation between self-compassion and attachment styles that were considered to be among the factors that could contribute to the development of self-compassion in adolescents and to determine whether there were significant differences between self-compassion levels of the students based on gender and age variables.

2 | METHOD

RESEARCH DESIGN

The present study aimed to investigate the correlation between self-compassion and attachment styles of students attending the middle school in province in east of Turkey. Thus, relational screening model was preferred as the research model. Relational screening method aims to determine the presence or degree of covariance between two or more variables (Karasar, 2008).

SAMPLE

The study sample included 6th, 7th and 8th grade students attending the middle school province in east of Turkey during the 2018-2019 academic year spring semester. One hundred and ninety-eight students were female (55.8%) and 157 were male (44.2%) and the total sample size was 355. The mean sample age was $\bar{X} = 12.76$ and the age range was between 12 and 14. The mean ages of female and male students were $S_s = 12.78$ and $S_s = 12.75$, respectively. 37.7% ($n = 134$) of the study group were 6th grades, 38.3% ($n = 136$) were 7th grades and 23.9% ($n = 85$) were 8th grades. Convenience sampling method (Fraenkel, Wallen & Hyun, 2012) was used to determine the study sample.

DATA COLLECTION INSTRUMENTS

Relationships Questionnaire – Adolescent Form (RQ): It was developed by Bartholomew and Horowitz (1991). The scale was adapted to Turkish by Sümer and Güngör (1999). Relationships Questionnaire includes 17 items. It aims to measure four attachment styles (secure, dismissing avoidant, fearful avoidant, and preoccupied). The scale is a 7-point Likert type. These points were indicated by 1: It does not describe me at all, 4: It partially describes me, 7: It completely describes me. Attachment scale includes four sub-dimensions: secure attachment (sample item: I can easily establish emotional affinity with others), fearful attachment (sample item: Being close to others bothers me), dismissing attachment (sample item: It is important for me to feel independent), and preoccupied attachment (sample item: I want to establish full emotional affinity with others).

In validity and reliability studies conducted by Sümer and Güngör (1999) on the Turkish sample, it was determined that the Relationships Questionnaire included four factors: security, dismissing, fearful, and preoccupied. Furthermore, it was determined that reliability coefficients were calculated between .54 and .61 in all dimensions (Sumer & Gungor, 1999). Reliability coefficients were calculated between .58 and .75 in this study.

Self-Compassion Scale – Short Form (SCS-SF): Psychometric properties of the Turkish language version of the Self-Compassion Scale - Short Form were analyzed by Yılmaz and Sarı (2018) on adolescents. In order to investigate the psychometric properties of the scale, construct validity, criterion validity, internal consistency coefficient and test-retest reliability were addressed. The internal consistency coefficient of the scale was calculated as .75. The scale includes 11 items (sample item: I try to consider my failures as a natural part of being human). It is a 5-point Likert type scale (1: Never, 2: Rarely, 3: Sometimes, 4: Frequently and 5: Always). A high total score in the scale indicates a high self-compassion level (Yılmaz & Sarı, 2018). Reliability coefficients were calculated .80 in this study.

DATA ANALYSIS

After obtaining the approval from the relevant institutions for the study, the teachers were informed, and the classrooms were visited, and the information on the aim of the research and how to respond to the scales were provided to the students before the implementation. The scales were provided as a set to the students who volunteered to participate in the study and the process took an average of 25 minutes. The scales were organized primarily based on the control items and 89 surveys with inconsistent responses were excluded from the dataset. Then, the responses were entered into the statistics software and 4 surveys with outliers were excluded based on descriptive statistics. Similar box diagram, QQ histogram (Kalaycı, 2008), mean, median and modes, lower than 1 skewness and kurtosis coefficients and Kolmogorov-Smirnov or Shapiro-Wilk tests (Can, 2014) are utilized to determine normality. When the sample size is greater than 50, Büyüköztürk (2005) suggested the use of Kolmogorov-Smirnov test. However, there is controversy in the literature about the effectiveness of this test (Can, 2014). Thus, normal distribution was tested with the Q-Q histogram, the similarity of the median, mean and mode values, and the skewness and kurtosis coefficients. It was determined that the data distribution was normal based on the above-mentioned criteria. Pre-analysis processes demonstrated that the dataset included 355 students. Descriptive statistics, t test, analysis of

variance and simple linear correlation analysis were conducted in the analysis of the study data. SPSS 21 software was used in data analysis and the level of significance was accepted as .05.

3 | FINDINGS

The collected data was analyzed considering research questions. The results obtained from the analysis are presented below.

In this section, findings and interpretations obtained with the analysis of the correlation between self-compassion and attachment levels of adolescents are presented.

Descriptive Statistics

Frequency (f) and percentage (%) distributions of personal information obtained from the middle school students are presented in Table 1.

Table 1. Descriptive Analysis Findings

| Variables | | f | % |
|-----------|--------|------------|------------|
| 1. Gender | Female | 198 | 55,8 |
| | Male | 157 | 44,2 |
| 2. Age | 12 | 134 | 37,7 |
| | 13 | 136 | 38,3 |
| | 14 | 85 | 23,9 |
| TOTAL | | 355 | 100 |

As seen in Table 1, 55.8% of the participating students were female and 44.2% of the students were male and 37.7% of the participating students were 12 years old, 38.8% of the students were 13 years old, and 23.9% of the students were 14 years old.

Findings on Self-Compassion Based on Certain Variables

This section includes findings on the correlation between self-compassion and attachment styles based on gender and age.

Correlation analysis was conducted to determine whether there was a relationship between middle school students' self-compassion levels and their attachment style. The analysis findings are presented in Table 2.

Table 2. Correlation Between Self-Compassion and Attachment Styles

| | | Secure Attachment | Dismissing Attachment | Preoccupied Attachment | Fearful Attachment |
|-----------------|---|-------------------|-----------------------|------------------------|--------------------|
| Self-Compassion | r | .067 | -.075 | -.204* | -.121* |
| p < 0.05* | | | | | |

As seen in Table 2, there were low and negative correlations between self-compassion and preoccupied attachment ($r = -0.204$, $p < 0.05$) and fearful attachment ($r = -0.121$, $p < 0.05$).” to “As seen in Table 2, there were *significantly* negative and correlations between self-compassion and preoccupied attachment ($r = -0.204$, $p < 0.05$) and fearful attachment ($r = -0.121$, $p < 0.05$).

The results of the t-test conducted to determine whether the self-compassion levels of the students differed based on gender are presented in Table 3.

Table 3. Self-Compassion t-test Findings Based on Gender Variable

| Self-Compassion | | n | \bar{X} | SS | Sd | t | p |
|-----------------|--------|-----|-----------|---------|--------|--------|------|
| Gender | Female | 198 | 34.6869 | 7.95884 | .56561 | -1.710 | .088 |
| | Male | 157 | 36.0828 | 7.21995 | .57621 | | |

p < 0.05*

As seen in Table 3, the mean self-compassion score for female students was $\bar{X} = 34.68$ ($S_s = 7.96$) and the mean self-compassion score for male students was $\bar{X} = 36.08$ ($S_s = 7.22$). Independent groups t-test conducted to determine whether there was a significant difference between the self-compassion scores based on the gender of the students demonstrated that the difference between the arithmetic mean scores of the groups was not statistically significant ($t = -1.710$; $p > 0.05$). This finding showed that the self-compassion levels of the students were not affected by gender.

The findings of the one-way analysis of variance (ANOVA) conducted to determine whether there was a difference between self-compassion levels of the students based on age are presented in Table 4.

Table 4. One-Way Analysis of Variance (ANOVA) Findings on Self-Compassion Based on Age Variable

| | | n | \bar{X} | ss | Sd | F | p | Significant Difference |
|-----------------|--------|-----|-----------|---------|--------|-------|-------|------------------------|
| Self-Compassion | Age 12 | 134 | 36.9104 | 7.53784 | .65117 | 5.150 | .006* | 1-2 |
| | 13 | 136 | 34.6471 | 7.35505 | .63069 | | | 1-3 |
| | 14 | 85 | 33.8235 | 7.96596 | .86403 | | | |

p < 0.05*

As seen in Table 4, the mean self-compassion score for 12-year-old students was 36.91, ($SD = 7.53$), the mean self-compassion score for 13-year-old students was 34.91 ($SD = 7.35$), and the mean self-compassion score for 14 year-old students was 33.82 ($SD = 7.96$). The findings of one-way analysis of variance (ANOVA) conducted to determine whether there was a significant difference between the arithmetic mean self-compassion scores based on the age variable demonstrated that the difference between the arithmetic means based on age was statistically significant [$F(3-355) = 5.150$, $p < .05$]. Tukey Test was conducted to determine the significant differences between the groups and it was determined that there was a difference between 12 and 13 year old students and 12 and 14 year old students. As age increased, the level of self-compassion decreased. This finding indicated that age variable affected the self-compassion level of adolescents

4 | DISCUSSION & CONCLUSION

In the present study, the correlation between self-compassion levels and attachment (secure, fearful, dismissive, preoccupied) was investigated in adolescents. The study findings demonstrated that there were low and negative correlations between self-compassion and preoccupied attachment and fearful attachment and there was no correlation between self-compassion and secure attachment and dismissive attachment. Thus, it could be suggested that as self-compassion level increases, preoccupied and fearful attachment levels decrease in adolescents. Another finding of the present study revealed that there was no significant difference between the self-compassion levels of the students based on the gender variable, however there was a significant difference based on the age variable.

The first finding of the study was the correlations between attachment styles and self-compassion. According to this finding, there were negative correlations between self-compassion and preoccupied and fearful attachment styles, however there was no correlation between self-compassion and secure attachment and dismissive attachment. Similar to the findings of the present study, previous studies reported

that there were correlations between self-compassion and preoccupied and fearful attachment. In a study conducted by Neff and McGehee (2010) with adolescents and young adults, a negative correlation between self-compassion and fearful and preoccupied attachment was determined, while no correlation was found between self-compassion and dismissive attachment. Similarly, in a study conducted by Neff and Beretvas (2013), negative correlations were determined between self-compassion levels of young adults and fearful and preoccupied attachment, and no correlation was observed between self-compassion and dismissive attachment. In general, studies conducted with adolescents reported no correlation between self-compassion and dismissive attachment, while negative correlations were reported between self-compassion and preoccupied and fearful attachment, which are insecure attachment styles (Bayar, 2016; Irons, Gilbert, Baldwin, Baccus, & Palmer, 2006; Pepping, Davis, O'Donovan & Pal, 2015; Gilbert & Irons, 2009).

The study findings also demonstrated that there was no correlation between secure attachment and self-compassion. Although the attachment relationships of adolescents shift towards peers, it could be considered that the attachment pattern established with friends is not as effective as the attachment pattern established with parents (DuBois, Burk-Braxton, Tevendale, Lockerd & Moran, 2002; Peter & Gazelle, 2017). Furthermore, it could not be argued that the correlation between attachment and self-compassion was fully clarified; although attachment patterns do not vary significantly with age, it is possible for an insecurely attached individual to develop secure attachment patterns later in life (Mikulincer & Shaver, 2003). Bowlby (2012) also states that the attachment patterns do not change over time but some traumatic events can change this. In other words, a negative relationship between secure attachment and self-compassion or no correlation could be expected.

The study findings also demonstrated that self-compassion did not differ based on the gender variable. Similar to the present study findings, previous studies in the literature reported that self-compassion did not differ based on gender. Muris, Meesters, Pierik and Kock (2016) and Neff and McGehee (2010) determined that there was no significant difference in self-compassion levels of the students of different gender. It was observed that similar findings were obtained in studies conducted with college students (Baykal, Usta, Memur & Şirin, 2018; Dilmaç, Deniz & Deniz, 2009; İkiz & Totan, 2012; Iskender, 2009; Kıcılı, 2015; Öveç, 2007 Yang, 2016).

In a study conducted with adults, Soysa and Wilcomb (2015) found that the negative dimension of self-compassion (self-judgment, isolation and over-identification) did not vary by gender. Similarly, other studies conducted with adults obtained the same finding (Neff et al., 2007; Neff & Pommier, 2013). In a study where self-compassion levels in the United States, Thailand, Taiwan were compared, Neff, Pisitsungkagarn and Hsieh (2008) determined that the self-compassion levels of Thai and Taiwanese participants did not differ based on the gender variable, however American females had lower self-compassion levels when compared to males. This gender difference was explained by the tendency of females to act more considerate when compared to males. A similar finding was reported by Yarnell, Stafford, Neff, Reilly, Knox, and Mullarkey (2015) in their meta-analysis, which revealed a low but significant difference in self-compassion levels between males and females. The finding that females had a lower level of self-compassion when compared to males was explained by the fact that women tend to be more self-critical.

In certain studies in the literature, it was reported that men generally had higher self-compassion when compared to women (Bluth & Blanton, 2015; Neff, 2003a; Neff & Beretvas, 2013; Neff, Hsieh & Dejithirath, 2005). Adolescence, which includes the middle school age, is a transition period where rapid physical and psychological, cognitive, moral and personality developments and changes and also certain difficulties in adapting to these changes are experienced (Yörükoğlu, 2000). Neff (2003b) and Neff and McGehee (2010) reported that self-compassion decreased during adolescence. In adolescence, it was emphasized that adolescents could be relentless towards themselves. The increase in self-criticism and the attitude of adolescents to be more idealistic in this period are the main reasons for this behavior (Neff, 2003b). Therefore, the fact that self-criticism is self-directed during adolescence and similar developments and

changes are experienced in both genders during this period explain the fact that the self-compassion levels of girls and boys do not differ.

The present study also determined that self-compassion levels differed based on the age variable. Self-compassion level decreased as the age increased between the ages of 12 and 14. Similar to the present study findings, there are studies in the literature, which reported that self-compassion levels differed based on age. Bluth, Campo, Futch, and Gaylord (2017) reported that older girls had lower self-compassion levels when compared to younger girls in a study conducted with 765 adolescents between the 7th and 12th grades. Similarly, Bluth and Blanton (2015), in a study conducted with 90 adolescents between 6th and 12th grades in a private middle school and public high school in South America, reported that self-compassion levels differed among high school and middle school students based on age. While self-compassion levels of males were similar at all ages, self-compassion levels of older female adolescents (over 14) were the lowest. In another study conducted by Neff and Vonk (2009) with a sample of 18-83 years old individuals in Denmark, it was reported that there was a positive but low correlation between self-compassion and age ($r = .24, p < .001$), however compassion levels could increase in later years in life. Similarly, Homan (2016) and Wren et al. (2012) stated that there was a correlation between age and self-compassion and that self-compassion may increase later in life. Przedziecki, Sherman, Baillie, Taylor, Foley and Stalgis - Bilinski (2013) found a positive correlation between self-compassion and age in a study conducted with 279 participants diagnosed with breast cancer over the age of 18. In a study by Peker (2017), it was concluded that self-compassion levels of those aged between 18 and 30 were significantly lower when compared to those aged between 31 and 40 and 41 and 53. Thus, the studies that investigated the correlation between self-compassion and age in the literature reported that self-compassion level increased with age and adolescence was a developmental period where the self-compassion level was the lowest. The development continues in pre-adolescence, which includes the ages of 9-12 (Wiltz, 2005), however it was observed that psychological and emotional development is different in mid-adolescence that includes the ages of 13 and 14 (Bee & Boyd, 2009). In the present study, it was considered that the different psychological and emotional development of 12 years old pre-adolescents was effective in differentiating the self-compassion levels of the 12-year-old students when compared to 13 and 14-year-old students. Also, it is stated in the literature that there is a negative relationship between self-compassion and perfectionism during adolescence (Alaloğlu, 2020; Barnett & Sharp, 2016; Neff, 2003b). The effort to achieve perfection and the efforts to be perfect (Bayram, 2019), which is a characteristic of adolescence, explain the decrease in the level of self-compassion in adolescents.

In conclusion, it was observed that there were differences between the self-compassion levels of middle school students based on the attachment and age variables. Certain recommendations could be presented based on the study findings. First, considering that attachment (fearful and preoccupied) is a factor that affects the development of self-compassion in adolescents, educational institutions and non-governmental organizations could collaborate and conduct joint studies. It could be suggested that the foundation of communities that would include expecting couples in the society and organization of training courses for these communities on the factors that affect attachment could be effective. Secondly, based on the finding that the level of self-compassion decreases with age, it is suggested that psycho-education studies and group guidance studies that will improve the self-compassion levels of adolescents should be carried out by psychological counselors working in school guidance services. It is seen in literature studies that self-compassion is a feature that can be changed both in adults (Albertson, Neff, & Dill-Shackleford, 2015; Kelly & Carter, 2015; Smeets, Neff, Alberts, & Peters, 2014) and adolescents (Galla 2016). Future studies could be conducted on potential variables that could affect the development of self-compassion in adolescence due to the limited number of self-compassion studies in adolescence, the presence of protective (Muris & Petrocchi, 2017) and well-being improvement (Hope, Koestner & Milyavskaya, 2014; Gunnell, Mosewich, McEwen, Eklund & Crocker, 2017) effects of self-compassion. Future researchers can utilize a quite new and innovative method called Online Photovoice (Tanhan, 2020; Tanhan & Strack, 2020; Tanhan ve diğ., 2021) to understand self-compassion and attachment, especially secure attachment and dismissive attachment.

Similar to any study, the present study has certain limitations. Since the study group included adolescents between the ages of 12 and 14, the findings can only be generalized to students in this age group. The second limitation of the study is the fact that the majority of the students in the sample came from low socio-economic and low parental education level families (57.7% of mothers and 34.6% of the fathers were primary school graduates). Thus, these findings are considered to limit generalizability to adolescent population with different demographics. Thus, further studies could be conducted with a larger sample of adolescents with different demographics. Furthermore, future long-term studies could be conducted to understand the changes in adolescence in more detail, to determine the other variables effective on self-compassion between pre-adolescence and late adolescence, in order to fill the present gap in the literature on the development of self-compassion.

Although the present study had certain limitations, it was observed that the study had several important aspects. First, considering the limited literature on self-compassion in adolescents, the study contributed to the comprehension of the differences between adolescent self-compassion based on age and gender. Furthermore, it was considered that the inclusion of control items in data collection instruments to exclude the participants who did not respond carefully to the questionnaire improved the validity of the study findings.

STATEMENTS OF PUBLICATION ETHICS

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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