

Effect of Self-Compassion Intervention on Resilience among Young Adults with Childhood Trauma

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ABSTRACT

Adverse Childhood Experiences (ACEs) can be defined as the moderate to severe stressful experiences that occur when a child is exposed to varying types of abuse, neglect, or a traumatic living environment within the first 18 years of their life (Felitti et al. 1998; Hughes et al. 2017). Adverse Childhood Experiences or Childhood Trauma can be so damaging that the physical, emotional, social and psychological effects can last far into adulthood (Taylor, 2010). Exposure to these can make an individual vulnerable to depression, anxiety, PTSD and other mental health disorders in the later stages of their life. The study was undertaken to detect the effect of Self-compassion intervention on Resilience among Young adults with Childhood Trauma. Using the 5 questions on Childhood Traumatic Experiences as a screening tool, the participants for the study were identified. These participants were then randomly assigned to the experimental and control groups. A total of 16 participants were part of the study (8 participants in the experimental group and 8 participants in the control group). Participants in the experimental group received the Self-compassion intervention for 5 days and no intervention was given to the participants in the control group. Both the experimental and control group were then given the post-test using The Self Compassion Scale and Connor-Davidson Resilience Scale to measure Self-compassion and Resilience respectively. The results show that there is a significant difference in Self-compassion ($U = 4.000, p = 0.003$) and Resilience ($U = 4.000, p = 0.003$) between the experimental group and the control group. Thus, it can be concluded that Self-compassion intervention can be used to enhance Resilience in Young adults with Childhood Trauma.

Keywords: *Childhood Trauma, Self-compassion intervention, Resilience, Young adults, Self-kindness, Common humanity, Mindfulness*

Adverse Childhood Experiences

In the 1990s, the Kaiser Permanente Centers for Disease Control and Prevention performed adverse childhood experiences (ACE) research, which is when the terms adverse and traumatic experiences were first introduced. ACEs include family abuse (physical, sexual, and emotional, family violence (domestic abuse, substance abuse, mental illness, separation/divorce, and incarceration of family members) and neglect (physical and emotional). (Felitti et al., 1998). Maltreatment of children is an example of an unhealthy

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Received: January 07, 2023; Revision Received: July 20, 2023; Accepted: July 23, 2023

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relational environment that increases the likelihood of maladaptation in the biological, social, and psychological domains of development from infancy to maturity (Cicchetti & Toth, 2005). Physical abuse, sexual abuse, emotional or psychological abuse, and neglect are the four categories of child maltreatment that are distinguished by the World Health Organization (WHO) (Butchart et al., 2006).

In a study conducted by Derrecka M. Boykin et al (2018), it was found that participants who reported moderate to severe childhood maltreatment were found to have higher levels of fear of self-compassion. Early in life, when parents are crucial in providing emotion regulation, abused children are robbed of opportunities to feel protected and reassured by caretakers. As a result of their failure to quiet their danger system with self-soothing behaviours, maltreated children develop a heightened sensitivity to potential sources of threat and become less emotionally stable. Instead, they adopt a judgmental, self-critical view of their shortcomings that mimics the abuse and rejection experienced by their abusers. Additionally, they could form internal working models that they are unworthy of love, worry about being rejected by others, and think that showing compassion shows weakness. As a result, experiencing compassion from oneself or others sets up a threat/fear reaction that these victims find difficult to control. Fear of self-compassion is the term used to describe this conditioned response of strong fear toward self-kindness. (Gilbert, 2014; Gilbert et al., 2011). The physical, emotional, social, and psychological repercussions of adverse childhood experiences or childhood trauma can be so severe that they can continue far into adulthood (Taylor, 2010). In the later years of their life, sadness, anxiety, PTSD, and other mental health disorders may develop as a result of exposure to these.

Jiangang Tao, Kai He, and Jingying Xu identified a substantial positive link between depression and child maltreatment in a study they conducted in 2021. Additionally, they discovered a substantial negative correlation between self-compassion and childhood abuse.

Self-Compassion

The definition of "self-compassion" is connected to the definition of "compassion," which is more broad in scope. Being touched by another person's suffering requires opening one's awareness to that person's suffering, not avoiding or distancing oneself from it, so that feelings of kindness and a wish to lessen that person's suffering appear (Wispe, 1991). Therefore, self-compassion is being touched by and open to one's own sorrow, rather than ignoring or distancing oneself from it, and inspiring the desire to do something good to lessen one's own suffering and heal oneself. Offering a nonjudgmental awareness of one's suffering, shortcomings, and failings is another aspect of self-compassion that helps one perceive their experience as a part of the wider human experience. (Neff, 2003).

The 3 core elements of Self-Compassion

When faced with experiences of suffering or personal failure, self-compassion entails three basic components:

- a) Self-kindness- It is the act of treating oneself with compassion and understanding rather than with harsh criticism. When confronted with our own failings, we strive to keep ourselves safe by being encouraging and supportive rather than severely judgmental.
- b) Common humanity- Believing that one's experiences are interconnected with those of all people rather than considering them as distinct from and alienating. Realising that everyone is an imperfect work in progress, that everyone fails, makes errors, and goes through difficult times in life. Self-compassion acknowledges the universal truth that everyone experiences sorrow in life.

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- c) Mindfulness- Being mindful is not over-identifying with one's unpleasant thoughts and sensations, but rather holding them in a balanced awareness.

Self-compassion can be utilised as an effective intervention for emotional abuse survivors to help them minimise shame and depressive symptoms, according to a 2019 study by Nicholas Dutra Ross, Patricia L. Kaminski, and Richard Herrington. Another study by Qinglu Wu et al. (2018) revealed that practising self-compassion can prevent those who have experienced childhood trauma from later acquiring mental health issues including depression and anxiety.

Resilience

The concept of resilience refers to the character traits that allow a person to flourish in the face of hardship (Kathryn M. Conner and Jonathan R.T. Davidson). According to research, resilience is a human ability that many individuals may not be aware they have until they are faced with trauma or a crisis. According to research, resilience lessens the severity of depressive symptoms in those who experienced abuse or other trauma as children (Aliza P. Wingo et.al, 2010). According to studies, children who are raised in physically violent households, with alcoholic or mentally ill parents, or in poverty are far more likely to experience a range of issues than children who are raised by healthy parents (Masten, 2001; Masten & Reed, 2002; Ryff & Singer, 2003a). The connection between childhood trauma and depression has often been demonstrated, and youths who have suffered trauma as children may be more prone to depression than those who have not (Infurna et al., 2016; Nelson et al., 2017). Childhood trauma does not necessarily cause depression, and there may be some protective factors playing a role, such as resilience (Schulz et al., 2014; Shao et al., 2020).

One defence mechanism that can help people successfully adapt, deal with traumatic events, and lessen the harmful effects of risky exposure is resilience (Davydov et al., 2010). In earlier studies, resilience was looked at as a potential moderator in the association between childhood trauma and depressive symptoms in both adolescents and adults (Ding et al., 2017). (Wingo et al., 2010; Youssef et al., 2017).

The traits of the "resilient personality" have been profiled in trait explanations of resilience. Optimism, self-enhancement, toughness, and ego-resilience have all been linked to better effective dealing with stressful life situations.

Posttraumatic growth (PTG) has been used to describe the positive effects that can arise from traumatic situations. The fundamental theme of the study demonstrating the possibility of personal suffering leading to growth and improvement is posttraumatic growth. The literature on resilience and posttraumatic growth are closely related since both emphasise how resilient people may be in the face of difficult circumstances.

A relatively short self-compassion intervention programme can significantly improve resilience and general well-being in female college students, according to a study by Elke Smeets and colleagues (Elke Smeets, Kristin Neff, Hugo Alberts and Madelon Peters, 2014).

Need for the Study

1. Many of the studies that were reviewed looked at the negative effects of ACEs or Childhood Trauma that leads to shame, depression, fear of self-compassion etc and how abuse interferes with the formation of a kind relationship with oneself (Self-Compassion). Therefore, Self-compassion intervention can be used to help individuals establish a kind relationship with themselves and prevent them from developing other

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- mental health disorders in the later stages of their life.
2. One of the studies that were reviewed concluded that psychological resilience mediates and moderates the process of depression due to Childhood Trauma. And another study concluded that Resilience can be used to predict the severity of depressive and psychotic symptoms in young adults with Childhood Trauma. Thus, it emphasises the importance of interventions to strengthen resilience in young people.
 3. Also, studies related to the variables of Childhood Trauma and Self-Compassion have not been conducted in the Indian population. Thus, studies can be conducted in Indian settings to confirm the earlier findings.

METHOD

Objectives

- To identify young adults with increased Childhood Trauma.
- To administer the Self-compassion intervention to the experimental group.
- To measure the Self-compassion and Resilience of both the experimental and control group.
- To find the effect of Self-compassion intervention on Resilience.

Hypothesis

There is no significant difference in Resilience among young adults with Childhood Trauma after the Self-compassion intervention.

Participants

Participant Characteristics

Inclusion criteria - Individuals aged 22-26 who have experienced at least one of the following childhood traumatic experiences - emotional and physical neglect, sexual, emotional and physical abuse.

Exclusion criteria: Young adults who have been clinically diagnosed with psychiatric and psychological conditions or difficulties. And, young adults with a known history of substance abuse are excluded from the study.

Sampling procedures

Purposive sampling was used to obtain the data for the study. Using the 5 questions on Childhood Traumatic Experiences as a screening tool, the participants for the study were identified. A total of 21 people showed interest in participating in the study. After the screening test, only 17 participants remained i.e 9 participants in the experimental group and 8 participants in the control group. Due to difficulty in continuing the exercises as it was extremely triggering, one of the participants had to drop out of the study after the 2nd day of the intervention. Thus, in the end, only 16 participants remained i.e 8 participants in the experimental group and 8 participants in the control group. The participants had ages ranging from 22-26 years. Out of the 16 participants, 7 of them completed their Undergraduate degrees and the remaining 9 completed their Post Graduate degrees. All 16 participants were then randomly assigned to the experimental and control group. Participants in the experimental group received the Self-compassion intervention for 5 days and no intervention was given to the participants in the control group. Both the experimental group and control group were then given the post-test.

Materials Used

The Self-Compassion Scale (SCS) and the Connor Davidson Resilience Scale (CD-RISC) were utilised in this study. The Self-Compassion Scale (SCS) consists of 26 items. It is a self-report measure with 6 sub-scales namely self-kindness, self-judgement, common humanity, isolation, mindfulness and over-identification. Internal reliability, Cronbach's alpha value was found to be 0.92, and content and construct validity have been established as well. The Connor Davidson Resilience Scale (CD-RISC) consists of 25 items. It is a self-rating scale. Internal reliability, Cronbach's alpha value was found to be 0.89 and the test-retest reliability was found to be 0.87. Content and construct validity have been established as well.

Data Collection Procedure

Using the 5 questions on Childhood Traumatic Experiences as a screening tool, the participants for the study were identified. These participants were then randomly assigned to the experimental and control groups. Self-compassion intervention was given to the Experimental group and no intervention was given to the participants in the Control group. Both the Experimental group and the Control group were given the Post-test using The Self Compassion Scale and Connor-Davidson Resilience Scale to measure Self-compassion and Resilience.

Research design

Experimental design involving a control group and an experimental group. The Post-test Control and Experimental group design was used where the participants were randomly assigned to the experimental group and control group, but there was no pretest. The experimental group received the intervention and the two groups were given only a post-test.

Variables

- **Independent Variable** - Self-compassion Intervention.
- **Dependent Variables** - Self-compassion and Resilience.
- **Extraneous Variables** - Stress, Personal Qualities etc.

Interventions

- Day 1
 - Introduction to the concept of self-compassion and Introduction to the Core elements of Self-Compassion.
- Day 2
 - Introduction to the Physiology of Self-Criticism and Self-Compassion.
- Day 3
 - Introduction to the concept of *Yin* and *Yang* of Self-compassion.
- Day 4
 - Introduction to Emotional Resilience.
- Day 5
 - Embracing the Good in Ourselves.

Data Analysis

A total of 16 participants (8 in the experimental group and 8 in the control group) ranging in age 22-26 years were randomly assigned to the experimental and control group. The data collected fulfilled other criteria of parametric tests such as the dependent variable being measured using a continuous scale, independence of observations, normally distributed data and homogeneity of variances. But as the sample size of this study was small, a non-

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parametric alternative of independent sample t-test - Mann Whitney U, was used to analyse the data. In addition to this, descriptive statistics was also carried out.

Ethics

The participants were given the consent form for the study and they were also informed about their right to withdraw from the study at any time. The participants were informed about the benefits of the research and the Self-compassion intervention for which they were given the materials. And how Self-compassion intervention can prevent them from developing other mental health disorders in the later stages of life. No intervention was given to the participants in the Control Group during the study. But when the participants in the Control group showed interest in knowing about the intervention after the study, the necessary instructions and materials were provided to them. When the participants got triggered during the research and felt like they needed professional help, contact details of the Family Counselling Centre (FCC) were given to them.

RESULT AND DISCUSSION

The aim of the research is to study the effect of Self-Compassion intervention on Resilience among Young adults with Childhood Trauma.

A total of 16 participants were part of the study i.e 8 participants in the experimental group and 8 participants in the control group. The participants had ages ranging from 22-26 years. Out of the 16 participants, 7 of them completed their Undergraduate degrees and the remaining 9 completed their Post Graduate degrees. Self-compassion intervention was given to the Experimental group and no intervention was given to the participants in the Control group. Both the experimental and control groups were then given the Self Compassion Scale and Connor-Davidson Resilience Scale as Post-test. Demographic variables and the results of the analysis are presented below:

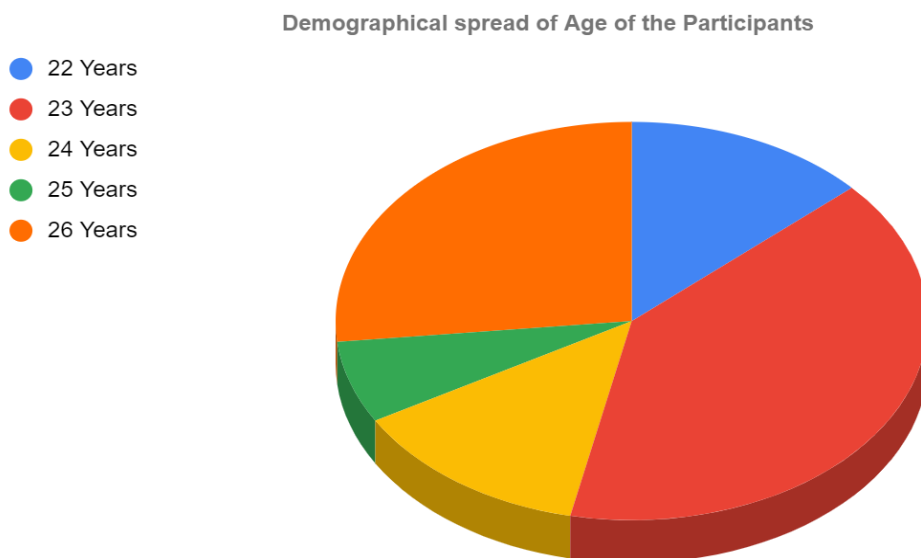


Figure 1: The Demographic spread of Age of the Participants.

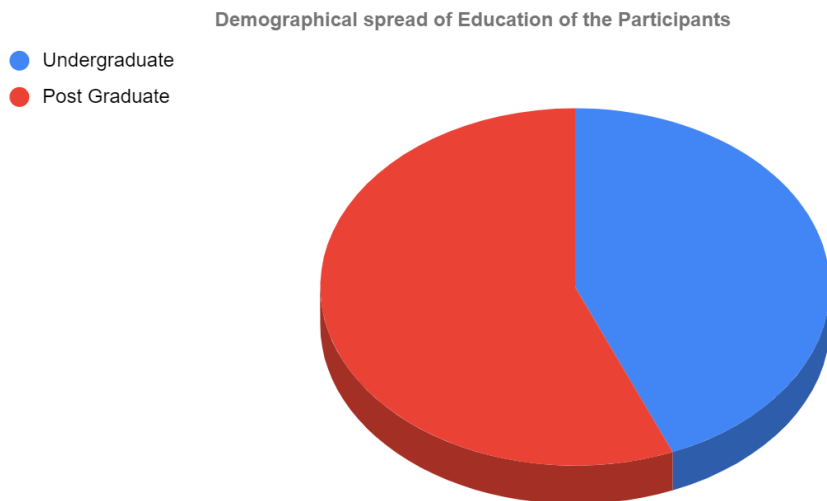


Figure 2: The Demographic spread of Education of the Participants

Results

Descriptive Statistics

Table 1 Table showing the descriptive statistics for the variables Self-Compassion and Resilience

	Self-Compassion	Resilience
N	16	16
Mean	3.0714	60.2500
Std. Error of Mean	0.18361	3.57829
Median	2.8833	62.5000
Std. Deviation	0.73442	14.31316
Skewness	0.959	- 0.305
Kurtosis	0.392	- 0.377

Descriptive statistics were run for the variables Self-compassion and Resilience.

The Mean of Self-compassion and Resilience was found to be 3.071 and 60.2500 respectively.

The Standard error of mean of Self-compassion and Resilience was found to be 0.18361 and 3.57829 respectively.

The Median for the data on Self-compassion and Resilience was found to be 2.8833 and 62.5000 respectively.

The Std. Deviation of Self-compassion and Resilience was found to be 0.73442 and 14.31316 respectively.

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The value of Skewness for Self-compassion and Resilience was found to be 0.959 and -0.305 respectively. This implies that the sample for Self-compassion is positively skewed and that the scores are clustered towards the left i.e., the tail extends towards the right.

And Resilience is negatively skewed and the scores are clustered towards the right i.e., the tail extends towards the left.

The value of Kurtosis for Self-compassion and Resilience was found to be 0.392 and -0.377 respectively. This implies that the sample for Self-compassion is leptokurtic i.e., the curve is peaked and scores are clustered towards the centre. The sample for Resilience is platykurtic i.e., the curve is relatively flat and there are too many cases in the extremes.

Normality (Shapiro-Wilk)

Table 2 The null hypothesis states that the data for Self-compassion and Resilience is normal. Shows the test for normality for the variables Self-Compassion and Resilience

	Statistic	Shapiro-Wilk df	Sig.
Self-Compassion	0.921	16	0.176
Resilience	0.961	16	0.676

Shapiro-Wilk test was conducted to test for normality for the variables Self-compassion and Resilience. The values for Self-compassion were found to be $W(16)=0.921$, $p=0.176$. Thus, it can be concluded that the data for Self-compassion is normally distributed. And the values for Resilience were found to be $W(16)=0.961$, $p=0.676$. Thus, it can be concluded that the data for Resilience is normally distributed.

Homogeneity of Variances

Table 3 Shows the test for Homogeneity of variances for the variable Self-Compassion

	Levene's Test for Equality of variances	
	F	Sig.
Equal Variances not assumed	5.154	0.040

Levene's test for equality of variances was conducted to test for equal variances between the two groups - Self-compassion between the experimental ($N=8$) and the control group ($N=8$). The two groups were found not to have equal variances at $p=0.040$.

Table 4 Shows the test for Homogeneity of variances for the variable Resilience

	Levene's Test for Equality of variances	
	F	Sig.
Equal Variances assumed	0.805	0.385

Levene's test for equality of variances was conducted to test for equal variances between the two groups - Resilience between the experimental ($N=8$) and the control group ($N=8$). The two groups were found to have equal variances at $p=0.385$.

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The data collected was analysed using non-parametric statistics, mainly because the sample size of the study was too small even though the data fulfilled other criterias of parametric tests such as dependent variable was measured using a continuous scale, independence of observations, normally distributed data and homogeneity of variances. As the sample size of this study was small, a non-parametric alternative of independent sample t-test - Mann Whitney U, was used to analyse the data.

Mann Whitney U

Table 5 Shows the results for Mann Whitney U for the variable Self-Compassion

	Mann Whitney U	Sig.
Self-Compassion	4.000	0.003

The Mann-Whitney U test was conducted to find out if there is a significant difference in Self-compassion between the experimental group and the control group. It was found that there is a significant difference in Self-compassion between the experimental group and the control group ($U = 4.000$, $p = 0.003$).

Table 6 Shows the results for Mann Whitney U for the variable Resilience

	Mann Whitney U	Sig.
Resilience	4.000	0.003

The Mann-Whitney U test was conducted to find out if there is a significant difference in Resilience between the experimental group and the control group. It was found that there is a significant difference in Resilience between the experimental group and the control group ($U = 4.000$, $p = 0.003$).

DISCUSSION

A total of 16 participants were part of the study. They were randomly assigned to the experimental and control group i.e 8 participants in the experimental group and 8 participants in the control group. Self-compassion intervention was given to the Experimental group and no intervention was given to the Control group.

In order to verify the hypothesis, the non-parametric alternative of independent sample t-test, Mann Whitney U, was used. The rationale behind the test was to find out if there is a significant difference in Resilience between the experimental group and the control group.

Based on the results of Table 5, it was found that there is a significant difference in Self-compassion between the experimental group and the control group. These findings are supported by a study conducted by Elke Smeets and colleagues, 2014, where they found that self-compassion intervention led to a significantly greater increase in self-compassion, mindfulness, optimism, and self-efficacy, as well as a significantly greater decrease in rumination in comparison to the active control intervention.

When comparing the reflections written by one of the participants, PRP, on Day 1 and Day 5, which is as follows: Day 1 - 'I was able to find compassionate words for myself, but it felt

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strange coming from myself because I have never said those words to myself before. It also felt strange saying it to myself despite having said those words to a lot of friends. I guess it's because deep down I initially thought I didn't deserve to receive those kind words. But halfway through I felt myself becoming more self-aware as to having insane expectations from myself, and that was the reason why I was pushing myself to go further and further relentlessly, and beating myself up if I didn't meet them.' Day 5 - 'In today's exercises, I was able to come up with good qualities in myself, and it was comparatively easier for me to give self-appreciation for myself since I was able to remember that I had some nice qualities myself. And it felt nice to hear these from myself, because while it means a lot hearing it from others, it meant so much more coming from myself. I felt calm and happy during the meditation. I imagined I was in a beautiful field with flowers and it was easier for me to both breathe in for myself more and breathe out for the other. It made me regard myself as just a person like any other too, and it felt like I was treating myself with the same compassion as I would for someone else. Initially, I felt guilty doing more for myself than the other, but I came to feel it was okay, since I know that sometimes I may need more, and it's okay to give more for myself than others.' - it can be clearly seen that the participant was able to observe visible changes in how she was being compassionate and kind towards herself after the 5-day intervention. Similar reflections were given by other participants about the exercises and activities. Another study by Nicholas Dutra Ross, Patricia L.Kaminski and Richard Herrington, 2019, talks about the importance of self-compassion practices in minimising shame and depressive symptoms. Other researchers have found that self-compassion practices can act as a protective factor against how adverse childhood experiences lead to anxiety problems among adolescents (Xinli Chi et al., 2022). Other findings include - gratitude and self-compassion practices among victims of childhood maltreatment can help them prevent the development of depression in later stages of their life. A study by Himmerich and Orcutt, 2021, concluded that there was no conclusive evidence to suggest that participating in a brief self-compassion intervention was more effective for reducing difficulties with emotion regulation than participating in a muscle relaxation training intervention. Thus, it calls for the need to conduct more research in this area to obtain clinically significant findings.

Based on the results of Table 6, it was found that there is a significant difference in Resilience between the experimental group and the control group. Thus the hypothesis, 'There is no significant difference in Resilience after the Self-compassion intervention' is rejected. Hence, it can be concluded that a brief Self-compassion intervention has a significant effect on Resilience. The present study has found that a short-term Self-compassion intervention has positive effects on Resilience. These findings are supported by the study conducted by Elke Smeets and colleagues, 2014, which concluded that a relatively short Self-compassion intervention program can effectively enhance Resilience and well-being among female college students. Another study by Karen, Michael and Christine, 2018, concluded that interventions that cultivate self-compassion among adolescents may strengthen resilience and curiosity/exploration, offering new and healthy ways to cope with these challenges and leading to improved emotional well-being. Most of the studies talk about how resilience moderated the association between childhood trauma and depression. But there is a lack of extensive literature that talks about how a brief Self-compassion intervention can enhance Resilience among individuals who have been through childhood trauma.

Thus, all these findings can be useful for conducting further research as there are no studies found on self-compassion intervention and resilience in the Indian context in this population.

SUMMARY AND LIMITATIONS

The present study was an experimental study using the Post-test Control and Experimental group design. The aim of the research was to study the effect of Self-Compassion intervention on Resilience among Young adults with Childhood Trauma. The Self-compassion intervention included guided meditations and reflective exercises for a span of 30-40 minutes every day for a period of 5 days for the experimental group. A total of 16 participants were part of the study i.e 8 participants in the experimental group and 8 participants in the control group. The participants had ages ranging from 22-26 years. Out of the 16 participants, 7 of them completed their Undergraduate degrees and the remaining 9 completed their Post Graduate degrees. Self-compassion intervention was given to the Experimental group and no intervention was given to the Control group. Both the experimental and control groups were then given the Self Compassion Scale and Connor-Davidson Resilience Scale as Post-test.

Summary

The hypothesis which stated that ‘There is no significant difference in Resilience after the Self-compassion intervention’ was rejected i.e the statistical analysis revealed that there is a significant difference in Resilience between the two groups - the experimental group and the control group. Thus, it can be concluded that Self-compassion can be used to enhance Resilience in Young adults with Childhood Trauma.

Limitations

Certain limitations that need to be addressed are: the sample size of the present study was too small and thus the findings cannot be generalised to the population. There is no study that was conducted on this population in the Indian context and thus conducting more research in this area can be beneficial.

Recommendations

More studies on this population can be conducted. A study with a larger sample size can be used to generalise the findings to the population. Other variables that can affect the mental health of young adults who have been through childhood trauma can also be studied. A qualitative study where the experiences of individuals who have been through childhood trauma can also be conducted.

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Acknowledgement

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Jose, N. & Sandon, S. (2023). Effect of Self-Compassion Intervention on Resilience among Young Adults with Childhood Trauma. *International Journal of Indian Psychology*, 11(3), 927-940. DIP:18.01.088.20231103, DOI:10.25215/1103.088