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Psychological Resilience, Perceived Social Support and Self-Compassion among Adolescents

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Abstract

Self-compassion is an important resource for adolescents, yet little is known about how it related to psychological resilience and perceived social support. This correlational study examined the relationships among these variables. A total of 250 students, aged 16-19 years (*M*=17.07, *SD*=.80), consisting of both genders (boys=52% and girls=48%) were recruited through convenience sampling technique. Adolescent Resilience Scale (ARS; Oshio et al., 2003), Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988), Self-Compassion Scale (SCS; Neff, 2003), and a demographic information sheet were used to collect data. Findings indicated a positive association between psychological resilience and perceived social support ($p<.05$), psychological resilience and self-compassion ($p<.01$), and perceived social support and self-compassion ($p<.01$). Multiple regression analysis indicated that psychological resilience ($p<.001$) and perceived social support (p=.011) are significant predictors of self-compassion, together explaining 9% of the variance in self-compassion. No significant differences were found based on family headship or socioeconomic status. These findings suggest that strengthening resilience and supportive relationships may help adolescents develop greater self-compassion.

Keywords: psychological resilience, perceived social support, self-compassion, adolescents

Introduction

Adolescence represents a period of significant changes across physical, social, emotional, and cognitive domains (Best & Ban, 2021). It is often accompanied by challenges such as identity formation, adapting to new responsibilities, and coping with insecurities about societal roles and the future. These challenges can affect academic, familial, and mental well-being, leading to increased distress and poor developmental outcomes (Coleman & Hagell, 2007). Despite these difficulties, many adolescents develop healthy coping strategies; however, vulnerable groups, such as those with disabilities, psychological issues, traumatic experiences, or lacking parental care, face higher risks (Luthar, 2006). Remarkably, not all adolescents in vulnerable circumstances experience the same outcomes, prompting research into how some adapt successfully. The concept of "psychological resilience" offers insights into why some individuals adapt successfully despite adversity (Prince-Embury & Saklofske, 2014). Resilience is increasingly understood as a dynamic process rather than a fixed trait (Rutter, 2013; Southwick et al., 2014). Research has examined both risk and protective factors, particularly in disadvantaged settings (Richardson, 2002). Resilience is shaped by the interaction between internal and environmental factors, which enables individuals to

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overcome adversity through adaptive mechanisms (Hutcheon & Lashewicz, 2015; Rutter, 2013).

Perceived social support plays a critical role in adolescence, serving as a useful protective factor for mental well-being and aiding in distress management (Ikiz & Cakar, 2010; Lebacq et al., 2019). It involves feelings of being valued and cared for, impacting self-esteem, confidence, and resilience (Kamble, 2022; Procidano & Heller, 1983). Parental and peer support contribute significantly, fostering positive social environments and safeguarding against mental health issues (Ghadampoor & Hatamian, 2019; Yildiz & Eldeleklioğlu, 2024). Studies indicated that parental support play a protective role in promoting resilience and reducing vulnerability to depression and anxiety (Loukas & Prelow, 2004). For example, elevated parental affection enhances youth resilience (LaFromboise et al., 2006), and social support improves adjustment in college students (Rahat & Ilhan, 2016). However, inconsistent findings, such as those by Markstrom et al. (2000) and Rouse (2001), challenge the universal association between social support and resilience, highlighting research limitations. Over the past decade, self-compassion has gained attention for its theoretical and therapeutic significance. As defined by Neff (2003), self-compassion involves acknowledging suffering as a universal human experience and responding with kindness to transform negative experiences. Compassion, as described by Goetz et al. (2010), entails a warm, sympathetic response to someone's pain, which, when applied to oneself, fosters self-understanding and support. Neff (2003, 2023) identified factors of self-compassion, including common humanity, self-kindness, and mindfulness and these were paired with an opposing negative component, including isolation self-judgement, and over-identification. Self-kindness reduces feelings of worthlessness and promotes validation (Neff, 2023). Common humanity connects individuals to others, reducing isolation by recognizing shared struggles (Neff, 2023). Mindfulness is the practice of awareness of the present moment without judgement, allowing acceptance of pain without over-identification (Germer & Neff, 2013).

Previous research suggests that resilience, perceived social support, and self-compassion are closely connected. Self-compassion acts as an internal resource that helps individuals deal with setbacks and challenges more effectively, which directly contributes to resilience (Maris & Fathiyah, 2024). Perceived social support offers external resources that also bolster resilience by providing individuals with emotional and practical assistance in times of difficulty (Fletcher & Sarkar, 2013). There is a bi-directional relationship between self-compassion and perceived social support. For example, self-compassion can lead to healthier relationships and greater social support (Neff & McGehee, 2010), while perceived social support can boost self-compassion by growing a sense of connection and safety (Lathren et al., 2021). Neff (2003) reported that self-compassion is crucial for understanding how adolescents manage life difficulties and build resilience. It further suggested that interactions with significant others influence the development of a self-compassion, with social support playing a key role (Neff & McGehee, 2010). Studies have consistently found a strong relationship between self-compassion and resilience (Asensio-Martínez et al., 2019; Neff et al., 2007). Adolescents with self-compassion tend to manage negative self-perceptions better, leading to enhanced mental health and resilience (Bohlmeijer & Hulsbergen, 2018; MacBeth & Gumley, 2012). However, there are several contradictory findings that state otherwise; self-compassion does not always function as a resilience

resource in daily challenges (Park et al., 2024). Despite this, the prevailing view holds self-compassion as an adaptive attribute that promotes both resilience and individual growth (Barnard & Curry, 2011). Empirical research has also linked self-compassion to social support, particularly within family. Parental warmth is positively associated with self-compassion, suggesting that with attitudes of significant others attitudes playing a substantial role in shaping self-perception (Kelly & Dupasquier, 2016; Neff & McGehee, 2010; Tang et al., 2018). Individuals with high social support are less likely to be self-critical and tend to be more self-compassionate (Gilbert & Procter, 2006). This connection between social support, resilience, and self-compassion is further supported by studies on adults and specific groups, such as female athletes, where greater levels of these traits are linked with lower psychological distress (Mikesell et al., 2023; Neff et al., 2007). Adolescents who have coped with past challenges may find it easier to respond to new setbacks with understanding rather than self-criticism, and those who feel supported by others may internalize that care (Gilbert & Procter, 2006; Lathren et al., 2021). Current literature has mostly focused on pairs of variables. Limited to none empirical evidence can be found on studies that combine three variables i.e., psychological resilience, perceived social support, and self-compassion. By analyzing these variables together in an adolescent sample, the present exploration seeks to expand the literature.

As the area of positive psychology expands, discovering the social and psychological elements that support adolescents' general personality and well-being is becoming increasingly crucial (Yildirim et al., 2023). As adolescents move toward independence, they experience many changes, making this a key period for developing personal strengths (Coleman & Hagell, 2007). In this regard, the present investigation will add to the knowledge by exploring the relationships among three variables that are theoretically and empirically related, including psychological resilience and perceived social support, and self-compassion.

Research Hypotheses

H1: There will be a significant positive relationship among psychological resilience, self-compassion, and perceived social support among adolescents.

H2: Adolescents' psychological resilience and perceived social support will significantly predict their self-compassion.

Method

Research Design

The present study used a correlational research design to explore the relationships among study variables.

Sample and Sampling Strategy

A non-probability convenience sampling method was employed for this study. The sample consisted of 250 adolescents, including 130 boys (52.0%) and 120 girls (48.0%). Adolescents aged 16 to 19 years (M=17.07, SD= 0.80) were selected. Most participants were first-year students (n=209), residing in nuclear family systems (n=176) and belonged to the middle socio-economic status (n=223).

Inclusion Criteria

- This study included adolescents of 16 to 19 years old.

- Both genders i.e., boys and girls were recruited.
- The students were taken from private colleges located in Faisalabad city and were day scholars.

Exclusion Criteria

- Adolescents beyond the age specified (16y-19y) were excluded.
- Students enrolled in government colleges were excluded.
- Students from outside Faisalabad city and hostelers were not considered for participation.

Table 1

Demographic Representation of the Participants (N=250)

Variables		*n*	*%*
Gender	Boys	130	52.0
	Girls	120	48.0
Educational Status	1st Year	209	83.6
	2nd Year	41	16.4
Head of Family	Father	230	92.0
	Mother	16	6.4
	Grandfather	4	1.6
Family System	Nuclear	176	70.4
	Joint	74	29.6
Socioeconomic Status	Lower	8	3.2
	Middle	223	89.2
	Upper	19	7.6

Assessment Measures

Demographic Information Sheet

Before conducting the assessments, formal consent was taken from the student and college authorities. Data collection included demographic information asking about the participants' gender, age, educational status.

Adolescent Resilience Scale (ARS; Oshio et al., 2003)

The ARS was created by Oshio et al. (2003) which assesses psychological traits associated with resilience, the capacity to effectively cope with challenging circumstances or adversity. The 21 items in the ARS are scored on a five-point Likert scale where 1 is denoting "definitely no" and 5 is denoting "definitely yes.". Items 14, 16, 17, 18, 19, 20, and 21 are reverse-coded in order to calculate scores. The overall ARS score is computed by averaging all the scores of 21 items, while subscale scores are derived by averaging the items within each individual factor. Stronger resilience is indicated by higher scores. With a Cronbach's alpha coefficient of .85, Oshio et al. (2003) reported that the ARS had a high internal consistency.

Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988)

MSPSS scale consisted of 12-item and was designed to evaluate people's opinions of social support from different sources. Each of these dimensions uses four items, rated on a seven-point Likert scale where 1 denotes "very strongly disagree" and 7 denotes "very

strongly agree." Higher scores would indicate greater perceived social support. The scores are calculated by averaging the answers for each subscale and the entire scale. With an internal consistency of .88 and a test-retest reliability coefficient of .85, the MSPSS has proven to have strong psychometric qualities across a range of populations.

Self-Compassion Scale (SCS; Neff, 2003)

The SCS consists of 26 items rated on a five-point Likert scale ranging from 1 = "almost never" to 5 = "almost always." The scale included six subscales, including common humanity, self-kindness, self-judgment, mindfulness, isolation and over-identification. Factor analyses were used to identify and validate these subscales (Neff et al., 2017). In order to determine an overall score for self-compassion, the means of the subscales are calculated. The negatively phrased subscales are reverse-scored. Cronbach's alpha coefficients for the SCS range from .77 to .93, indicating its strong reliability across a range of populations (Deniz et al., 2008; Werner et al., 2012).

Procedure

The Board of Advanced Studies and Research (BASR) of the university approved the study. The research proposal's goals, relevance, research methods, and the assessment methods to be used with participants were all carefully examined by the committee. Upon approval, head of the psychology department issued a formal request letter for collecting data. Subsequently, the private colleges in the city of Faisalabad were approached, where consent was secured via the administrators after explaining the purpose of the study and data collection procedures. Prior to data collection, students were briefed on the objectives of the research, expectations, and the process for finalizing the instruments. Instructions on how to record their responses were provided, and participants were encouraged to seek clarification if needed. It was ensured that participation was voluntary, requiring the signing of a consent form. Participants were provided with a set of tools, including three scales (ARS, MSPSS, and SCS) and a demographic information form, to fill out in class, which took approximately 20-25 minutes. No financial incentives were offered for participation. Participants were appreciated for their participation after the completion of questionnaires.

Ethical Considerations

- The Ethical Review Board of the University granted the ethical approval for this research.
- The permission was taken from the authors of the scales used in this study via email, and the questionnaire was endorsed by the Department Faculty.
- Informed consent was acquired, ensuring participants' privacy and voluntary participation, with no monetary compensation.
- No physical, emotional or psychological harm or distress was caused.
- Data confidentiality was upheld, and withdrawal rights were ensured.
- The study adhered to ethical standards with no identified risks.

Results

The result section presents descriptive statistic and the results of correlation, regression and ANOVA analysis.

Table 2

Descriptive Attributes and Reliability Analysis (N=250)

Variables	*M*	*SD*	Skewness	Kurtosis	Cronbach's α
Age	17.07	.80	.29	-.52	---
ARS	3.51	.31	-.02	1.01	.62
MSPSS	5.17	1.08	-.62	-.29	.82
SCS	18.28	2.05	-.22	1.44	.79

Note. ARS = Adolescent Resilience Scale; MSPSS = Multidimensional Scale of Perceived Social Support; SCS = Self-Compassion Scale.

Preliminary analysis of the descriptive statistics indicated that study variables showed relatively normal distributions, with skewness values ranging from -0.62 to 0.29 and kurtosis values ranging from -0.52 to 1.44. The ARS had a mean score of 3.51 (*SD*=.31), with a skewness value of -0.02 and kurtosis of 1.01. The MSPSS had a mean score of 5.17 (*SD*=1.08), with a slight negative skew of -0.62 and kurtosis of -0.29. Similarly, the SCS scale had a mean score of 18.28 (*SD*=2.05), with a skewness value of -0.22 and kurtosis of 1.44. The table shows the internal consistency of the scales. The MSPSS and SCS demonstrated good reliability (α=.82 and .79, respectively), while the ARS demonstrated acceptable internal consistency (α=.62).

Table 3

Zero Order Correlational Analysis among Study Variables (N=250)

Variables	1	2	3
1. Psychological Resilience	-	.14*	.26**
2. Perceived Social Support		-	.19**
3. Self-Compassion			-

Note. *p< .05; **p< .01

To explore the associations among study variables, Pearson product moment correlation was conducted, as presented in Table 3. The results showed significant positive correlations among all three study variables. Psychological resilience was positively associated with perceived social support and self-compassion. Similarly, perceived social support demonstrated a positive and significant correlation with self-compassion.

Table 4

Multiple Regression Analysis showing Predictors of Self-Compassion (N=250)

Variable	*B*	*SE*	*β*	*t*	*p*	95% CI
Constant	11.33	1.44				[8.50, 14.18]
Psychological Resilience	1.54	.40	.23	3.88	.001	[0.76, 2.32]
Perceived Social Support	.29	.12	.15	2.54	.011	[0.06, 0.52]
R^2	.09					

To determine whether resilience and perceived social support predicted self-compassion, a multiple regression analysis was performed. The results showed that the overall regression model was statistically significant as F (2,247) =12.50, p<.001. The overall

model explained 9% of the variance in self-compassion. Psychological resilience emerged as a significant positive predictor of self-compassion (β = .23, p<.001). Similarly, perceived social support was also a significant positive predictor of self-compassion (β = .15, p=.011). Thus, these findings indicated that adolescents with higher levels of psychological resilience and social support tend to report higher levels of self-compassion.

Table 5

Mean Differences in the Score Values of the Study Variables Based on Demographics (N=250)

		Psychological Resilience		Perceived Social Support		Self-Compassion	
		M	*SD*	*M*	*SD*	*M*	*SD*
Gender	Boys	3.50	.32	5.00	1.10	18.22	1.75
	Girls	3.52	.32	5.36	1.04	18.34	2.36
	F (1, 248)	.40		6.85		.21	
	p	.53		.01		.65	
Family System	Nuclear	3.52	.32	5.08	1.15	18.26	2.11
	Joint	3.39	.33	5.39	.89	18.34	1.93
	F (1, 248)	.54		4.47		.07	
	p	.46		.04		.79	
Family Headship	Father	3.50	.32	5.16	1.09	18.26	2.05
	Mother	3.59	.17	5.27	1.06	18.78	2.30
	Grandfather	3.33	.25	5.60	.34	17.33	1.31
	F (2, 247)	1.23		.40		.91	
	p	.29		.66		.40	
Socio-economic Status	Lower	3.26	.29	5.15	1.19	18.40	.69
	Middle	3.52	.32	5.17	1.10	18.26	2.14
	Upper	3.50	.24	5.23	.87	18.54	1.27
	F (2,247)	2.76		.03		.18	
	p	.06		.97		.83	

A one-way analysis of variance was used to explore differences in psychological resilience, perceived social support, and self-compassion among adolescents on the basis of demographic characteristics. There were significant gender differences in perceived social support as girls reported more perceived social support as compared to boys. There were also significant differences in perceived social support based on family system. Participants in joint family system reported more perceived social support as compared to nuclear family system. The results revealed no statistically significant differences in study variables based on family headship and socioeconomic status.

Discussion

The current study examined the relationships among self-compassion, perceived social support, and psychological resilience in adolescents. It also examined whether psychological resilience and perceived social support predicted self-compassion, and whether

these constructs varied by gender, family system, family headship and socio-economic status. The findings supported the first hypothesis as all three variables were positively and significantly correlated. Adolescents with higher psychological resilience reported greater perceived social support and self-compassion, and those with greater perceived social support also reported more self-compassion. These results are consistent with previous research. Perceived social support has been reported as an important correlate of resilience (Bonanno et al., 2007). Research highlighted that insufficient perceived social support has been linked to negative self-perceptions, underscoring its role in the development of self-compassion (Tang et al., 2018). Richardson (2002) stated that acknowledging hardships and responding to them with self-compassion is essential for developing resilience. Neff (2011) reported that recognizing one's pain and responding with kindness rather than self-judgement activates effective coping. Zessin et al. (2015) found that self-compassion was associated well-being. Students who are more mindful tend to show higher resilience and better coping (Freligh & Debb, 2019). Maris and Fathiyah (2024) further reported that self-compassion was related to well-being both directly and indirectly through resilience. The present study reported resilience as a predictor of self-compassion. This is the reverse of the direction emphasized in much of the literature. Adolescents who have successfully navigated past challenges may find it easier to respond to their own setbacks with understanding. The relationship is therefore likely to be bidirectional. Resilience and self-compassion were linked to lower psychological distress through psychosocial coping mechanisms, including perceived social support (Mikesell et al., 2023). Similarly, Lathren et al. (2021) determined that self-compassion is connected to a variety of benefits in close relationships and these associations may run in both directions.

The results also supported the second hypothesis, which suggested that psychological resilience and perceived social support significantly predict self-compassion in adolescents. Psychological resilience emerged as the stronger predictor. Beyond managing stress, resilience involves embracing failures and reinforcing personal strengths during emotional challenges. Bohlmeijer and Hulsbergen (2018) describe self-compassion and resilience as closely intertwined, with self-compassion helping individuals to recover ("bounce back") after setbacks. Perceived social support also made a unique contribution. Individuals with greater self-compassion experienced more supportive family relationships (Neff & McGehee, 2010) reported that. Family is a primary source of support for adolescents, and strong family bonds have been linked to more compassionate internal dialogue, whereas dysfunctional family dynamics are associated with self-criticism and limited coping mechanisms (Barber & Harmon, 2002). Zebardast et al. (2021) similarly emphasize the importance of enhancing perceived social support to foster self-management skills such as self-compassion.

Lastly, the study also examined demographic differences in the study variables among adolescents. The findings revealed no significant differences in psychological resilience, perceived social support, or self-compassion based on family headship or socioeconomic status. This is broadly consistent with prior research reporting non-significant or inconsistent demographic effects on these constructs (Demir & Aliyev, 2019; Hamaideh et al., 2024). Overall, the findings highlight the value of fostering resilience and supportive relationships to help adolescents develop self-compassion.

Conclusion

The present study found that psychological resilience, perceived social support, and self-compassion were positively related among adolescents. Regression analysis further suggested that resilience and perceived social support each significantly predicted self-compassion. No significant differences were found based on family headship or socioeconomic status.

Limitations and Future Directions

- The research design of this study is one of its main limitations, as it prevents conclusions about the cause-and-effect relationships between the variables. Future research should use experimental designs or longitudinal or to clarify these relationships.
- Sample was limited to private college students selected through convenience sampling, which may restrict how broadly the results can be generalized. Future research could utilize random sampling and diverse data collection methods to enhance the robustness of findings and further explore concepts like self-compassion and resilience in broader contexts.
- All study variables were measured through self-report questionnaires, which may be affected by social desirability. Future studies could use multiple sources of data.
- While the MSPSS, ARS and SCS are reliable, future studies may benefit from using additional tools to assess these variables, enhancing the depth of understanding of this construct in adolescents.

Implications of the Study

The findings suggest that school counselors and psychologists may benefit from addressing resilience, perceived social support, and self-compassion together. Resilience-building programs could include self-compassion training to help adolescents respond to setbacks with kindness rather than self-criticism. Strengthening adolescents' relationships with family, friends and teachers may also support the development of self-compassion. These findings highlight the value of building adolescents' strengths and supportive relationships rather than focusing only on their difficulties.

Author Declarations

Conflict of Interest

The authors declare no conflicting interest.

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