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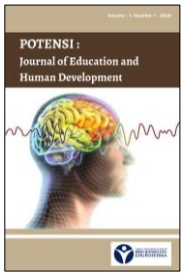

Self-Compassion Among Adolescents from Low-Functioning Families: A Descriptive and Correlational Study

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ABSTRACT

Self-compassion is an important psychological resource for adolescents, especially those from low-functioning families. This study aimed to describe self-compassion profiles and examine their relationship with family functioning among adolescents. A quantitative cross-sectional correlational design was used involving 92 senior high school students. Data were collected using the Family Functioning Scale and the Self-Compassion Scale and analyzed through descriptive statistics and Pearson correlation. The findings showed that most adolescents were in the moderate self-compassion category, with higher vulnerability in the dimensions of isolation and overidentification. Family functioning was positively but weakly related to self-compassion. These results indicate the need for school-based counseling interventions to strengthen emotional regulation and self-compassion in adolescents.

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Introduction

Dysfunctional families are understood as family systems that fail to perform adaptive parenting functions, thereby creating an emotionally stressful developmental environment for adolescents (Parillo, 2008). This condition is characterized by chronic conflict, emotional abuse, neglect, and ongoing relationship instability that affects children's psychological well-being (Walsh, 2016). Long-term exposure to dysfunctional family dynamics has been shown to increase the risk of anxiety disorders and health-related compulsive behaviors, including cyberchondria (Liu et al., 2022). In addition, an unsupportive family environment also contributes significantly to the onset of depression in adolescents(Ubaidi, 2017). Recent research shows that persistent family pressure also increases vulnerability to eating disorders as a maladaptive coping strategy(Tarifa Pérez et al., 2023)

Adolescents who grow up in dysfunctional families not only experience internal disturbances, but also serious obstacles in their social and emotional development. They tend to have difficulty building healthy and secure interpersonal relationships (Barragán Martín et al., 2021). Family interaction patterns that lack empathy and emotional support make adolescents more likely to avoid intense emotional situations and shift responsibility onto others (Besharat, 2003). Critical parenting experiences also reinforce tendencies toward self-blame and lower personal competence (Andhika et al., 2021). As a result, adolescents often experience shame and low self-esteem (Kong et al., 2024). This condition has a direct impact on the decline in the quality of social relationships and adjustment in the school environment (Jannah et al., 2023).

An unstable family environment also hinders the development of emotional regulation in adolescents. Repeated conflicts and emotional uncertainty within the family interfere with adolescents' ability to recognize and manage their emotions adaptively (Cummings et al., 2011). Longitudinal studies show that family

dysfunction is associated with long-term relationship difficulties and low educational attainment (Berg et al., 2017). In addition, adolescents from dysfunctional families are more prone to emotional confusion, which affects their overall psychological well-being (Olaleye & Akinwumi, 2023). The risk of engaging in risky behavior also increases in the context of conflict-ridden families k (Adjei et al., 2025). These findings indicate that dysfunctional families are a multidimensional risk factor for adolescent development.

One of the prominent psychological effects on adolescents from dysfunctional families is low self-compassion. Self-compassion is defined as the ability to treat oneself with kindness when facing suffering, failure, or imperfection (Neff, 2003a). Adolescents raised in a critical environment tend to internalize patterns of self-judgment and emotional isolation (Grummitt et al., 2023). A stressful family environment also hinders the development of common humanity, causing adolescents to interpret suffering as personal failure (Jin et al., 2023). Low self-compassion is closely related to increased anxiety and depression (Gilbert & Procter, 2006). This confirms that self-compassion is a key psychological mechanism that is directly influenced by the quality of family relationships.

Self-compassion plays an important role as a protective factor in coping with emotional stress in adolescents. Individuals with good self-compassion demonstrate more adaptive emotional regulation and lower stress levels (Hasmarlin & Hirmaningsih, 2019). Self-compassion has also been shown to reduce the risk of self-harming behavior in adolescents experiencing interpersonal stress (Jiang et al., 2016). Furthermore, self-compassion contributes to improved psychological well-being through strengthening self-acceptance and emotional resilience (Marsh et al., 2018). Adolescents with high self-compassion tend to be better able to recover from negative experiences without getting stuck in rumination(Mehr & Adams, 2016). Thus, self-compassion has a significant protective function in the context of adolescent development.

The development of self-compassion is greatly influenced by the relational context within the family. Parenting styles characterized by rejection, violence, and psychological control are negatively correlated with adolescent self-compassion (Medrano-Sánchez et al., 2024). Conversely, emotional support and acceptance within the family help adolescents develop healthier attitudes of self-kindness (Lathren et al., 2021). Research on adolescents who are victims of divorce shows that self-compassion contributes to increased resilience (Lathren et al., 2021). Research on adolescents who are victims of divorce shows that self-compassion contributes to increased resilience (Rahman et al., 2025). Other findings confirm that self-compassion is positively related to students' emotional intelligence (Rahmawati et al., 2024). This confirms that the family is the main context for the formation of self-compassion.

Although various studies have examined the relationship between dysfunctional families and adolescent mental health, mapping of self-compassion profiles based on its components is still limited. Previous studies have focused more on the relationship between variables or the effectiveness of certain interventions (Bluth et al., 2016). In fact, understanding the profile of self-compassion is important as a basis for designing contextual guidance and counseling services (Ramadhan, 2024). These findings indicate the need for more in-depth studies on the self-compassion profiles of adolescents in the context of dysfunctional families. Therefore, this study aims to describe the self-compassion profiles of adolescents from dysfunctional families as a basis for developing more targeted counseling interventions

Method

Participants

were active students, consisting of males and females aged 14 to 19 years. Participants were selected using purposive sampling, in which participants were selected based on the suitability of their characteristics with the research objectives. Participants were selected based on the results of an initial screening of family functioning and their willingness to participate in the entire research assessment process.

The inclusion criteria in this study were: (1) students who were actively enrolled in senior high school, (2) students who were identified as coming from families with low to moderate levels of family functioning, and (3) students who were willing to participate voluntarily after receiving an explanation of the research objectives and procedures. The exclusion criteria included students who did not complete the research instruments and students who were undergoing intensive psychological counseling or treatment that could potentially affect their psychological condition and measurement results. Demographic information, including age, gender, parental status, and residential status, was collected as supporting data to enrich the analysis of the research findings.

Measure

Family Functioning Scale (Apriliawati et al., 2022)

The Family Functioning Scale used in this study is a psychological instrument designed to assess the level of functioning and quality of family dynamics in adolescents. This instrument was adapted from Apriliawati et al. and compiled based on the family functioning process model by Skinner et al. It consists of 48 items covering seven main

aspects, namely task achievement, role performance, communication, affective expression, affective involvement, control, and values and norms. Each item is assessed using a five-point Likert scale from 1 (very inappropriate) to 5 (very appropriate), with some unfavorable items using reverse scoring. The total score reflects the level of family functioning, where a high score indicates a more functional family, while a low score indicates a dysfunctional condition. This instrument has a Cronbach's alpha reliability of 0.71, which indicates adequate internal consistency for use in this study. This scale serves to identify participants who come from dysfunctional families and forms the basis for mapping self-compassion profiles in adolescents.

Self-Compassion Scale (Neff, 2003b; Sugianto et al., 2020)

The Self-Compassion Scale is used to measure the level of self-compassion in adolescents from dysfunctional families. This instrument is an adaptation of the Self-Compassion Scale (SCS) developed by Kristin Neff, consisting of 26 items and covering six dimensions, namely self-kindness, common humanity, mindfulness, self-judgment, isolation, and over-identification. Each item is answered using a five-point Likert scale ranging from 1 (almost never) to 5 (almost always). Negative items such as self-judgment, isolation, and over-identification use reverse scoring before being calculated. The total score is obtained by summing all responses, with a higher score indicating a better level of self-compassion. This instrument also has a Cronbach's alpha reliability of 0.71, so it can be used adequately to describe the condition of self-compassion in adolescents from dysfunctional families.

Procedure

The research procedure began with obtaining institutional approval and providing participants with an explanation of the research objectives, procedures, and confidentiality of the data. After obtaining the necessary approval, the researcher prepared and administered the research instruments, consisting of the Family Functioning Scale and the Self-Compassion Scale. The Family Functioning Scale was adapted from Apriliawati et al. and developed based on the family functioning process model proposed by Skinner et al., covering seven main aspects: task accomplishment, role performance, communication, affective expression, affective involvement, control, and values and norms. Meanwhile, the Self-Compassion Scale (SCS), developed by Neff, consists of six dimensions: self-kindness, common humanity, mindfulness, self-judgment, isolation, and over-identification.

The instruments were administered electronically through Google Forms in a single assessment session. The researcher supervised the data collection process to ensure that participants understood the instructions and completed the instruments independently. After the participants completed the scales, the researcher checked the completeness of the responses before the data were transferred for statistical analysis. The collected data were subsequently analyzed to describe family functioning and self-compassion among the adolescent participants.

Data Analysis

Data processing in this study was carried out through several stages of analysis. The first stage used descriptive statistics to describe general patterns and score distribution on the variables of self-compassion and family functioning. The second stage involves Pearson correlation analysis to examine the relationship between the total score of family functioning and the total score of self-compassion, so that the direction and strength of the relationship between the main variables can be known. Furthermore, a follow-up correlation analysis was carried out to examine the relationship between each aspect of family functioning and each dimension of self-compassion, in order to obtain a more comprehensive picture of the pattern of relationships between the two components of the construct. The selection of the Pearson correlation technique is based on the fulfillment of the linearity assumptions as well as the characteristics of the data that allow the use of a parametric approach.

Results

Based on the demographic data presented in Table 1, this study involved 92 students. In terms of gender, the number of female participants was slightly higher than that of male participants, with 50 female students (54.35%) and 42 male students (45.65%). The distribution indicates a relatively balanced representation of male and female participants. In terms of age, the majority of participants were aged 16–17 years, consisting of 32 students aged 16 years (34.78%) and 34 students aged 17 years (36.96%). The smallest age group was 19 years, consisting of 1 student (1.09%), while 10 students (10.87%) were aged 14–15 years. The predominance of participants aged 16–17 years indicates that most participants were in the middle-adolescent period. Regarding parental status, 57 students (61.96%) reported that their parents were still married. Meanwhile, 20 students (21.74%) reported that their parents were divorced or separated, 14 students (15.22%) had lost one parent, and 1 student (1.09%) was an orphan. This variation in parental status provides relevant demographic information for understanding the participants' family backgrounds. In terms of residential status, the majority

of participants lived with their parents, accounting for 78 students (84.78%). Meanwhile, 13 students (14.13%) lived with guardians, and 1 student (1.09%) lived in a boarding house or dormitory.

Regarding family functioning, most participants were classified in the moderate category, comprising 47 students (51%). This was followed by the low category with 27 students (29%), the high category with 12 students (13%), the very high category with 4 students (4%), and the very low category with 2 students (2%). Overall, the findings indicate that the majority of participants had a moderate level of family functioning, although a substantial proportion of participants were classified in the low category.

Table 1. Characteristics of Participant Demographic Data

Demographic Data	n	%
Gender		
Male	42	45.65
Women	50	54.35
Age		
14 years	2	2.17
15 years	8	8.70
16 years	32	34.78
17 years	34	36.96
18 years	15	16.30
19 years	1	1.09
Parental Status		
Still Married	57	61.96
Divorce/separation	20	21.74
One of the parents died	14	15.22
Both parents died	1	1.09
Residence Status		
With Parents	78	84.78
With the Guardian	13	14.13
Dormitory/Boarding House	1	1.09
Family Functioning Criteria		
Very Low	2	2
Low	27	29
Medium	47	51
Height	12	13
Very High	4	4

An overview of the level of self-compassion shows that most students are in the medium category, which is 32 students (42%). The low category includes 14 students (18%), while the high category totals 19 students (25%). In addition, there were 7 students (9%) who were in the very low category and 4 students (5%) in the very high category. This distribution indicates that in general students have a moderate level of self-compassion, which shows a sufficient ability to treat themselves with kindness, understand personal experiences as part of the universal human experience, and take a mindful approach to emotions. A relatively large proportion in the medium category indicates that adolescents already have a fairly adaptive level of self-compassion, although there are still groups of students in the low and very low categories who need reinforcement, especially in aspects related to self-judgment and excessive tendency to respond to negative emotions.

Table 2. Overview of Student Compassion Cells

range	Category	F	Percentage
58-68	Very Low	7	9%
69-77	Low	14	18%
78-85	Medium	32	42%
86-93	Height	19	25%
93-101	Very High	4	5%

Based on the description of self-compassion by gender, the results of the analysis showed that there was a difference in the total score of self-compassion between male and female students. In the total self-compassion score, male students had an average score of 82.971 (SD = 7.736) while female students had an average score of 78.857 (SD = 8.186), with F = 4.982 and p = 0.029 indicating a significant difference between the two groups. This pattern differs from most other dimensions of self-compassion, such as self-kindness (p = 0.487), self-judgement (p = 0.133), common humanity (p = 0.219), and mindfulness (p = 0.200), which show no significant differences between male and female students. However, in the isolation dimension, male students showed higher scores than female students, with a value of F = 14.601 and p < 0.001, indicating a greater tendency to feel isolated in the male group. This pattern shows that although there are differences in the level of self-compassion in general, the differences based on gender especially appear in certain dimensions related to negative emotional experiences.

Table 3. Self-Compassion Description by Gender

Aspects	Male		Women		F	P
	M	SD	M	SD		
Self-compassion	82,971	7,736	78,857	8,186	4,982	0,029
Self-Kindness	15,853	3,886	16,357	2.346	0,488	0,487
Self-Judgement	15,676	3,373	14,429	3,710	2,304	0,133
Common Humanity	12,971	2,516	13,714	2,662	1,539	0,219
Isolation	12,500	2,997	9,786	3,143	14,601	<0,001
Mindfulness	12.794	2,358	13,524	2,511	1,675	0,200
Overidentification	12,794	2,358	13,524	2,511	1,675	0,200

Analysis of the correlation between family functioning and self-compassion in students. The results of the analysis showed that family functioning had a positive correlation with overall self-compassion (r = 0.593), which indicated that the better the family functioning, the higher the level of student self-compassion. These findings show a strong relationship between the quality of family dynamics and students' ability to treat themselves more compassionately. When viewed based on the dimension of self-compassion, family functioning shows a positive correlation with all dimensions, albeit with varying strengths of relationships. A relatively higher correlation was found in the dimensions of overidentification (r = 0.426) and self-kindness (r = 0.330), indicating that a more functional family environment is related to the ability of students not to over-indulge in negative emotions and to be more kind to themselves. Meanwhile, the correlation with the dimensions of self-judgement (r = 0.227), common humanity (r = 0.222), mindfulness (r = 0.214), and isolation (r = 0.277) was at low to moderate levels, indicating a persistent but not very strong relationship. Judging from the aspects of family functioning, the dimension of affective involvement showed a relatively higher correlation with self-compassion (r = 0.448), followed by communication (r = 0.415) and affective expression (r = 0.410). These findings suggest that emotional aspects and communication quality in the family are more associated with the formation of student self-compassion than other aspects such as control, which showed the lowest correlation with self-compassion (r = 0.073). Overall, these results suggest that emotional and relational aspects of the family have a stronger relationship with self-compassion than structural or controlling aspects. Details of the correlation coefficient between family functioning and each dimension of self-compassion are presented in Table 4.

Table 4. Correlation between Family Functioning and Student Self-Compassion

Scale	Self-Compassion	Self-kindness	Self-Judgement	Common humanity	Isolation	Mindfulness	Overidentification
Family Functioning	0.593	0.330	0.227	0.222	0.277	0.214	0.426
Task Achievment	0.295	0.190	0.050	0.242	0.035	0.165	0.208
Role Performance	0.396	0.236	0.165	0.188	0.128	0.124	0.296
Communication	0.415	0.200	0,237	-0.003	0.283	0.024	0.377
Active Expression	0.410	0.167	0.253	-0.063	0.348	0,050	0.340

Affective Engagement	0.448	0.186	0.2220	0.208	0.207	0.134	0.322
Control	0.073	0,167	0.055	0.139	-0.077	-0.077	-0.050
Value and Norms	0.321	0,315	-0,032	0,249	0,046	0,293	0,128

Discussions

The results of the study showed that most students were in the moderate category of both family functioning and self-compassion. These findings indicate that despite suboptimal family dynamics, the majority of students are still able to maintain a relatively adaptive emotion regulation capacity. This condition can be understood through the concept of adaptive emotional functioning, where individuals are able to function psychologically even in the context of moderate risk (Compas et al., 2017). Longitudinal research shows that the moderate category often reflects stable transitional conditions but is vulnerable to downside if not supported by external protective factors (Mei et al., 2025). In the context of adolescents, the ability to maintain emotional balance at a moderate level is also related to social involvement and a sense of connectedness that is still maintained (Loades et al., 2020). Thus, these findings suggest that family functioning that is not fully optimal does not necessarily negate adolescents' adaptive capacity.

The correlation results showed that the relationship between family functioning and self-compassion was in the very weak category. These findings indicate that the quality of family function is not the only predictor of adolescents' ability to be compassionate towards themselves. Empirical studies show that self-compassion can develop as a result of a self-regulatory adaptation process to environmental stresses, rather than just a direct reflection of parenting (Allen & Leary, 2010). Adolescents exposed to moderate family pressures may develop internal strategies to maintain emotional stability (Groër et al., 1992). Other research has also shown that the experience of mild–moderate adversity can actually facilitate the formation of adaptive coping mechanisms if individuals have access to social resources outside the family (Fritz et al., 2018). Therefore, the weak correlation found in this study can be understood as a result of multifactorial influences on the development of self-compassion.

The finding that most students with low family functioning remain in the category of self-compassion is reinforcing the view that self-compassion can thrive even in a stressful family context. Developmental research shows that adolescents often build alternative sources of emotion regulation through peer relationships and significant non-family figures (Sahi et al., 2023). Emotional support from peers has been shown to act as a buffer against family stress and contribute to the formation of self-acceptance attitudes (Dewi et al., 2024). In addition, a supportive school environment can facilitate the development of self-reflection and emotion management skills (Chen et al., 2025). In the context of religious culture, the internalization of spiritual values is also known to contribute to the formation of meaning and self-acceptance in adolescents (Chen et al., 2025). This explains why self-compassion persists at an adaptive level even when family conditions are less supportive.

Significant differences in the dimensions of isolation and overidentification by gender show different emotional dynamics between male and female students. Higher scores in male students indicate vulnerability to feelings of isolation and a tendency to melt into negative emotions. Research shows that adolescent boys tend to have difficulty expressing emotions openly due to traditional masculinity norms (Wu & Guo, 2025). The pressure to appear emotionally strong can increase the risk of internalization of stress and psychological isolation (Kealy et al., 2021). Cross-cultural studies also show that men are more susceptible to emotional suppression, which is associated with increased distress and overidentification (Tsai et al., 2017). Thus, these findings reflect the interaction between gender, culture, and emotion regulation factors in the formation of self-compassion.

The distribution of self-compassion that was dominated by the moderate category also showed that most students already had basic emotional awareness, but were not yet fully able to respond to difficult experiences with consistent compassion attitudes. This condition is in line with the finding that self-compassion in adolescents often develops unevenly between dimensions (Bluth & Eisenlohr-Moul, 2017). Adolescents with moderate self-compassion tend to still show fluctuations between self-acceptance and self-criticism, especially in situations of interpersonal stress (Marshall et al., 2015). Other research shows that at moderate levels, individuals still need external facilitation to strengthen self-kindness and reduce overidentification (Ferrari et al., 2018). Therefore, the medium category cannot be understood as a final condition, but rather as a potential development that is still open.

Overall, the findings of this study show that self-compassion in adolescents is a relatively autonomous construct and does not completely depend on the quality of family functioning. Its development is influenced by

complex interactions between individual, social, and contextual factors. Developmental ecological studies confirm that adolescent psychological well-being is shaped by a variety of systems that interact with each other, including schools and communities (Bronfenbrenner & Morris, 2006). Consistent social support is known to play an important role in maintaining adolescent emotional stability in at-risk family conditions (Magson et al., 2021). Therefore, the results of this study reinforce the urgency of a guidance and counseling approach that not only focuses on the family, but also on strengthening adolescents' personal and social resources to support the development of self-compassion in a sustainable manner.

Conclusions

This study provides an overview of self-compassion levels among adolescents from families with low to moderate levels of family functioning. The findings indicate that although the majority of adolescents fall within the moderate category of self-compassion, certain dimensions particularly isolation and overidentification exhibit higher levels of vulnerability compared to other aspects. These results underscore the importance of paying close attention to adolescents' emotional well-being within the context of dysfunctional family environments, as self-regulation abilities and compassionate attitudes toward the self-do not develop evenly across all dimensions.

The significance of this study lies in its emphasis on the need for early interventions and supportive programs aimed at fostering positive self-relations, reducing emotional distress, and strengthening adaptive capacities among at-risk adolescents. While the study is descriptive in nature and subject to contextual limitations, it contributes meaningfully to the understanding of emotional functioning and self-compassion in adolescents. Furthermore, the findings highlight the necessity for future research to explore more effective and context-sensitive strategies for enhancing adolescents' psychological well-being

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