

## The family of origin, self-compassion and flourishing of young women and men

Rodzina pochodzenia a samowspółczucie i prosperowanie młodych dorosłych kobiet i mężczyzn

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### Introduction

Contemporary scientific discourse and therapeutic practice are increasingly drawn to the field of positive psychology, which concerns itself with the analysis of conditions and processes contributing to human flourishing and the optimisation of individual and societal functioning (Gable, Haidt 2005). A fundamental premise of positive psychology is its focus on the study of human well-being, in contrast to the previously dominant orientation in psychology towards suffering and psychopathology (Wojciechowska 2005). Consequently, one of the central terms in positive psychology is the concept of well-being, which has undergone extensive theoretical and empirical investigations. According to Seligman (2011), the founder of positive psychology, well-being should be understood as human flourishing, composed of five dimensions: 1) positive emotions, 2) achievements, 3) a sense of meaning and purpose, 4) relationships with others, and 5) engagement. In this context, the role of psychology is to support individuals in their pursuit of flourishing.

Keyes (2002) was one of the first contemporary psychologists to employ the term “flourishing” to describe a high level of mental well-being. In his view, flourishing consists of three elements: emotional, psychological, and social well-being. Additionally, the concept of subjective well-being, as a cognitive and affective evaluation of one’s life experiences and overall satisfaction, has gained substantial popularity, as proposed by Diener, Lucas, and Oishi (2002). Beyond attempts to define well-being and enumerate its component parts, there is significant research interest in understanding the determinants of well-being. Positive psychology

investigates factors that positively correlate with an individual's psychological well-being, exploring both psychological and social elements, as well as the mediators and moderators of their interrelationships, which are inherent in both individuals and the external environment (Trzebińska 2012). Ryff (2014), drawing upon her research, has identified various correlates of well-being, including personality traits (such as optimism, perceived control, stable self-esteem, empathy, and emotional regulation skills), biological and psychological health status, the quality of social relationships (including close family bonds), and engagement in social and professional roles.

### The role of family in flourishing

One of the intriguing aspects explored in the research conducted is the influence of one's family of origin on the level of well-being in young adults. The research review presented below addresses various facets of family system functioning, with a primary focus on the quality of family bonds. In psychology, families are most commonly depicted as complex systems where emotional ties and interactions among all family members are in operation (Plopa 2005). Numerous authors who engage with family systems theory emphasise the pivotal characteristic of mutual interactivity: each element within the system, through their behavior, impacts other elements, whose actions, in turn, generate reciprocal influences, setting forth subsequent reactions (cf. Praszkiar 1992; Gałkowska 2009). Furthermore, a family is not merely a simple sum of its parts; it is a complex entirety where linear causality gives way to circular causality (cf. Minuchin 2002; Plopa 2005). As Liberska (2014) points out, a contemporary perspective conceives of a family "as a developmental environment for all of its members, both children and adults, in which reciprocal interactions occur" (p. 230). The family system serves as a space designed to fulfil the fundamental needs of individuals, provide their physical protection, and support their psychological development, all within the context of the surrounding cultural and social environment (de Barbaro 1999). Family members undertake specific roles and tasks, and the family itself fulfils multiple functions for its members. One of these functions is the emotional function, characterised by fostering a proper developmental environment conducive to the psychological well-being of all its members (Wałęcka-Matyja 2015). Consequently, the impact of family bonds, the quality of these relationships, and the roles assumed on the individual functioning of its members has been the subject of numerous psychological investigations. One area of scientific inquiry has been the exploration of

the relationship between family of origin traits and an individual's psychological functioning, both positive and negative. As Krok (2010) suggests, "treating all family members as interconnected elements reminds us that their psychological well-being will depend on their mutual interactions and interactions occurring within the family system" (p. 365). Research by Diener and Diener McGavran (2008) reveals a connection between the closeness of family relationships, encompassing all family members, and high psychological well-being. However, Krok (2010) concludes that to date, there have been limited studies analysing the mechanism linking family relationships with psychological flourishing.

When discussing the influence of one's family of origin on the functioning of young adults, it is certainly worth paying attention to the parental subsystem as the foundation of the family and the quality of their bonds. Insightful conclusions in this regard are drawn from the research by Jankowiak (2016), which examines the correlation between the retrospective assessment of the parental relationship and the sense of psychological well-being measured by two instruments: the PWI (Personal Well-Being Index) and the Prosperity Scale (SP). According to this research, a positive evaluation of the parental relationship is associated with higher scores on the PWI. Furthermore, the quality of the parent-child relationship itself has significance for the development of children's mental health, as revealed in the same study. A positive assessment of the retrospective relationship with the father is linked to higher scores in terms of psychological well-being measured by both scales. Jankowiak also references Amato's research (1994), which demonstrates the connection between a positive relationship with the father and the feelings of happiness and satisfaction experienced by their children in early adulthood. Additionally, Jankowiak's research (2016) uncovered correlations between all attachment styles and psychological well-being, indicating that a secure attachment style was associated with higher scores on the PWI scale, while anxious-ambivalent and avoidant styles were associated with lower scores.

Another important element of family life that can influence flourishing is the emotional climate within the family and the parents' approach to everyday challenges, which can be socially inherited by children through modeling. Qi, Shi, and Cui (2022) emphasise the role of family cohesion, characterised by a high degree of mutual dedication and care, as one of the crucial predictors of life satisfaction and psychological well-being for all family members. These researchers also refer to social learning theory, which pertains to the transmission of various patterns of behavior and attitudes from the older generation to the

younger one. They cite cross-sectional studies conducted by Bedin, Sarriera, Dyadic (2014), which indicate the transfer of psychological well-being from parents to children. In their own research on psychological well-being and its correlates, Qi, Shi, and Cui (2022) have demonstrated a strong, positive correlation between parental optimism and the psychological well-being of their adult children (aged 18–25). Parents with a high degree of optimism adopt constructive coping styles in the face of difficulties and, moreover, serve as role models for their children. It has also been found that family cohesion mediates the relationship between parental optimism and the well-being of their children. Young people growing up in families with a high level of cohesion scored higher on the psychological well-being scale. These findings were obtained for the entire study group, without consideration of gender differences.

The literature review on the impact of family of origin on the psychological well-being of young adults reveals this research area to be poor due to a limited number of studies conducted to date. Furthermore, the existing and cited studies have not shown existing correlations in relation to the gender of the respondents. Thus, the relationship of the family of origin to the psychological well-being of its members represents a major and interesting research challenge. Our study aimed to deepen the current knowledge of predictors of well-being by considering the role of family of origin and the level of self-compassion, as well as their relevance to psychological well-being.

### Self-compassion and flourishing

Self-compassion, as defined by Neff (2003a), involves being open and sensitive to one's own suffering while also having care and kindness towards oneself. It is an attitude that involves understanding and non-judgment of one's own imperfections and failures. Self-compassion acknowledges that one's experiences are part of the common human experience. Self-compassion requires mindfulness. A self-compassionate person does not reject their difficult and painful emotions or does not identify with them. They try to be aware of them in order to understand, rationally consider and control them. Mindfulness aims to gain a deep, thoughtful understanding of one's problems, oneself, and one's emotional states without unnecessary and unproductive rumination (Dzwonkowska 2013).

Self-compassion is recognised as a healthy attitude towards the self. It is theoretically regarded as a psychological regulator that fosters good adjustment and psychological well-being (Dzwonkowska 2013). Unlike self-criticism,

self-compassion is a way of relating to the self that is free from harsh self-judgment, egocentrism, selfishness, or narcissism. Compared to high self-esteem, self-compassion does not require constant comparisons with others. It is a less critical and less judgmental approach towards oneself, which can increase tolerance and the accuracy of attributions of other people's behaviors and one's own (Neff 2003a, b; Neff, Hsieh et al. 2005; Leary et al. 2007). High self-compassion fosters high global self-esteem (Neff 2003b; Leary et al. 2007; Neff, Vonk 2009; Deniz et al. 2008; Dzwonkowska 2011). Additionally, this self-esteem is more stable and less dependent on social acceptance, appearance, achievements in the domain of self-presentation, competence, or academic performance (Neff, Vonk 2009).

Neff (2003a, b) distinguishes three components of a self-compassionate attitude, as conceptualised: "Self-kindness", which involves kindness and understanding towards one's own weaknesses and mistakes, an awareness that one is not always capable of meeting one's own expectations and ideals; "Mindfulness", which is characterised by patience, awareness of one's own feelings and experiences without attempting to criticise, control, suppress, or disown them; and "Common humanity", which interprets one's own experience as part of the general human experience, fostering a sense of shared experience with other people to prevent frustration and irritation in times of failure.

The positive elements of self-compassion – self-kindness, common humanity, and mindfulness – are referred to as self-warmth, whereas the negative aspects of self-compassion – self-esteem, isolation, and over-identification – are referred to as self-coldness (Brophy et al. 2020). Self-warmth supports the protective role of self-compassion and is associated with positive variables such as gratitude, hope, and self-worth. On the other hand, a merciless self-reaction – self-coldness (self-esteem, isolation, and over-identification) – is linked to symptoms of psychopathology, such as anxiety disorders, depression, and other psychological problems (ibid.).

#### Compassion towards oneself and adaptive psychological functioning

Compassion towards oneself is closely associated with adaptive psychological functioning (Neff, Kirkpatrick et al. 2007). It serves as a protective mechanism against self-esteem-related anxieties when reflecting upon personal weaknesses. Increased self-compassion is correlated with an enhancement in various indicators of mental health.

Self-compassion involves showing kindness and understanding to oneself during moments of pain or failure, as opposed to being harsh and self-critical.

It facilitates perceiving one's experiences as part of a broader human experience, rather than isolating them. Self-compassion helps in holding painful thoughts and feelings in mindful awareness instead of over-identifying with them (ibid.).

Research conducted by Leary and colleagues (2007) has demonstrated that self-compassion mitigates individuals' responses to negative events and significantly aids in coping with them. Faced with real, imagined, or remembered distressing situations, it results in fewer negative emotions. When confronted with one's own mistakes, it becomes easier to attribute personal responsibility for the event to oneself, with a reduced inclination towards rumination (ibid.). Individuals with high self-compassion are attentive, kind, and caring towards themselves in moments of failure (Homan, Tylka 2015). They acknowledge that imperfection is an inherent part of being human. Self-compassion also supports a healthy lifestyle and proper nutrition (Schoenefeld, Webb 2013; Tylka, Russell et al. 2015). Individuals with high self-compassion exhibit greater optimism. Compassion towards oneself facilitates the reduction of the intensity of unpleasant emotions without suppressing them aversively. Those with high self-compassion also tend to experience more happiness, optimism, curiosity, creativity, and pleasant emotions such as enthusiasm, inspiration, and excitement, as compared to self-critical individuals (Hollis-Walker, Colosimo 2011; Neff, Kirkpatrick et al. 2007).

Self-compassion is associated with various aspects of interpersonal well-being. It correlates with altruism, empathy, adopting different perspectives, willingness to forgive and seek forgiveness, as well as social bonds. Individuals with a high level of self-compassion exhibit greater resilience to dependence on others and are less vulnerable to feedback containing criticism (Litwińska-Rączka 2023).

Self-compassion positively correlates with higher levels of happiness and well-being (Neely et al. 2009), as well as better sleep, lower levels of depression, anxiety, stress, and self-harm (Brown et al. 2021; Cleare et al. 2019; MacBeth, Gumley 2012; Zessin et al. 2015). Research suggests that self-compassion may also be relevant in coping with physical pain (Wren et al. 2012) and feelings of inferiority (Ferreira et al. 2013).

The multitude of these relationships may indicate the high significance of self-compassion for overall human flourishing. Hence, it is the subject of analysis in our research. The cited research results do not differentiate participants by gender. In our current study, we introduce this distinction and undertake an analysis of the well-being of both women and men.

The cultivation of self-compassion in the family

Research conducted by Pepping, Davis, O'Donovan, and Pal (2014) involving parents explored potential causes of individual differences in self-compassion. The results suggested that early childhood experiences and attachment could influence the development of self-compassion. The participants' memories of high levels of parental rejection and overprotection, coupled with low parental warmth in childhood, predicted lower self-compassion, with attachment anxiety mediating this relationship. Conversely, experimentally increasing attachment security led to an increase in self-compassion. These findings indicate one possible origin of self-compassion, suggesting that self-compassion may have its roots in a secure attachment style during childhood (*ibid.*).

The results of research by Gouveia, Carona, Canavarro, and Moreira (2016) revealed that a higher level of dispositional mindfulness and self-compassion was associated with more mindful parenting. Psychogiou, Legge, Parry, Mann, Nath, Ford, and Kuyken (2016) demonstrated that a higher level of self-compassion is linked to better parenting and fewer emotional and behavioral issues in children of parents with a history of depression. Taking into account the findings of both studies, it may be the case that self-compassionate parents, through mindful parenting that provides a secure attachment model in relationships, raise self-compassionate children.

Furthermore, Yarnell and Neff (2013) hypothesised that self-compassion in children may lead to higher levels of well-being in interpersonal relationships. Self-compassion in young adults, in their relationships with parents, was positively oriented. This was the result of a lower tendency to engage in conflicts with their fathers and mothers, with compromises more frequently occurring, which was perceived as a manifestation of a healthy balance between their own needs and the needs of others. This, in turn, may contribute to higher well-being.

Based on the literature presented and previous research findings, a hypothesis was formulated regarding the relationship between the functioning of the family of origin and the level of well-being in young adult women and men, as well as the mediating interaction of self-compassion between these variables. It was assumed that higher scores on the autonomy and closeness scales would positively correlate with higher levels of flourishing in women and men. A hypothesis was also posited regarding the mediating relationship of self-compassion (distinguishing between two factors: self-warmth and self-coldness) between the functioning of the family of origin and flourishing. The study also aimed to examine gender differences in this regard.

## Procedure and methods

### Data analysis

In order to address the research questions and test the hypotheses, statistical analyses were conducted using IBM SPSS Statistics version 29. Basic descriptive statistics and Pearson's correlation coefficient were calculated. Parallel mediation analysis was performed using the PROCESS v3.4 macro. A standard significance level of  $\alpha = 0.05$  was adopted.

The initial step of the analysis involved examining the distributions of quantitative variables. To achieve this, basic descriptive statistics along with the Kolmogorov-Smirnov test for normality were computed. Outliers exceeding three standard deviations were removed from the analysis. For age, individuals over 25 years of age were excluded ( $n = 8$ ), for flourishing, observations falling below three standard deviations were removed ( $n = 4$ ), and one outlier was also excluded for over-identification, also for values below the third standard deviation.

Subsequently, the analysis aimed to investigate whether the relationship between family health and well-being was mediated by self-compassion (self-coldness and self-warmth), with the effect moderated by gender. For this purpose, moderated mediation analysis (Model 58, Figure 1) was conducted using the PROCESS v3.4 macro. Outliers exceeding  $|3|$  the value of standardised residuals were excluded from the analysis, as well as those identified based on the Mahalanobis distance.

Next, a model of moderated moderation was tested, again using the PROCESS v3.4 macro (Model 3, Figure 2), to explore whether an interaction existed between family health, self-compassion, and gender. In the initial analysis, family health was included as the independent variable, well-being as the dependent variable, self-compassion as the first moderator, and gender as the second moderator. Outliers based on the Mahalanobis distance were excluded from the analysis.

### The study and study procedure

The study was approved by the Research Ethics Committee at the Faculty of Pedagogy and Psychology Jan Kochanowski University in Kielce and received number 2/2023. The study sample comprised 195 students, including 117 females (60%) and 78 males (40%), aged 18–35. The participants had incomplete higher education (80%) and higher education (20%). They came from urban areas (70%) and rural areas (30%). The participants completed questionnaires

online during their academic sessions. They received necessary instructions and were informed about their participation being anonymous and voluntary. The duration of the study was approximately 20 minutes per participant. The participants sequentially completed a demographic questionnaire and the following questionnaires: the Family of Origin Scale (FOS), the Self-Compassion Scale (SCS), and the Flourishing Scale (FS).

## Methods

### Family of origin functioning

The Family of Origin Scale (FOS) is a Polish adaptation of the Family of Origin Scale developed by Hovestadt, Anderson, Piercy, Cochran, and Fine.

The Polish adaptation was conducted by Fajkowska-Stanik. The Family of Origin Scale is a valid and reliable tool for measuring perceptions of health within one's family of origin in terms of relational patterns such as autonomy and closeness. The test-retest reliability coefficient for the entire scale is 0.96 (SEM 0.14), and Guttman's reliability coefficient for the scale is 0.92. The Autonomy Scale includes variables such as Clarity of Expression, Responsibility, Respect for Others, Openness, Acceptance of Separation and Loss. The Closeness Scale includes variables such as Range of Feelings, Mood and Tone, Conflict Resolution, Empathy, and Trust. Sample statements that participants respond to in the test include, "Resolving conflicts within my family was a very stressful experience", "My family believed that people usually took advantage of you", "The atmosphere in my family was cold and negative", "My family was receptive to the different ways various family members viewed life".

### Self-compassion

The Self-Compassion Scale (SCS) is a 26-item scale designed to measure self-compassion as a trait and was constructed by Neff (2003b). Each of the three dimensions of a compassionate attitude toward oneself is measured using two subscales. The first component, "Self-Kindness" is measured using the subscales "Self-Kindness" and "Self-Judgment".

The second component, "Mindfulness", is measured using the subscales "Mindfulness" and "Over-Identification". The third component, "Common Humanity", is measured using the subscales "Common Humanity" and "Isolation".

Some researchers categorise scales into two components: self-warmth and self-coldness. The dimension of self-warmth includes self-kindness, common

humanity, and mindfulness. The dimension of self-coldness includes self-judgment, isolation, and over-identification. Participants respond to each item on the Self-Compassion Scale (SCS) by indicating how often their behavior aligns with a specific statement. The SCS employs a five-point Likert scale ranging from 1 (almost never) to 5 (almost always). Sample statements that participants respond to include: “When I see aspects of myself that I don’t like, I get down on myself”, “Im tolerant of my own flaws and inadequacies”, “I try to see my failings as part of the human condition”, “When something upsets me, I try to keep my emotions in balance”. The total self-compassion score is computed by reverse-scoring negative subscale items (e.g., self-judgment, isolation, and over-identification) and then calculating the overall mean of all six subscale means.

Higher scores on self-compassion indicate a higher level of self-compassion. Researchers can analyse their data using results from individual subscales or by calculating the overall self-compassion score. There is also the possibility of assigning scales to the two components described above: self-warmth and self-coldness.

Previous research has demonstrated excellent internal consistency and reliability for the entire SCS.

Test-retest reliability was established as good for the overall scale ( $r = 0.87$ ,  $p < 0.01$ , Cronbach’s alpha = 0.93), as well as the subscales (Cronbach’s alpha = 0.80–0.89).

### Flourishing

The Flourishing Scale was developed by a team of experts: Diener, Biswas-Diener, Wirtz, Tov, Kim-Prieto, Choi, Oishi (2009) and is used to measure the psychological well-being of the study participants. This research tool comprises three scales: the Psychological Well-being Scale (PWB), the Scale of Feelings (positive, negative, and the balance between them), and the Positive Thinking Scale (PTS).

In our study, we used the Psychological Well-being Scale (PWB), which consists of eight items related to significant aspects of human functioning, such as positive interpersonal relationships, a sense of competence, and a sense of purpose and meaning in life. Responses are provided on a 7-point scale, where 1 signifies “Strongly Disagree”, and 7 signifies “Strongly Agree”. All items are framed in a positive direction, and the score can range from 8 to 56 points. Sample items in this scale include: “I lead a purposeful and meaningful life”, “I am competent and capable in the activities that are important to me”, and

“I am optimistic about my future”. Obtaining high scores indicates a very positive self-perception by the study participant in relation to the aspects mentioned above. The Flourishing Scale has demonstrated good validity in various cultures. The Cronbach’s Alpha coefficient for this scale is 0.86, with  $p < 0.001$ .

## Results

The analysis of testing the relationship between self-compassion and well-being revealed strong, including very strong or moderate correlations for the subscale indicators of Self-Kindness, Common Humanity, and Mindfulness. With negative scales, these correlations are negative, and with positive scales, they are positive. This indicates a consistent increase in self-compassion across all scales (Table 1).

The positive aspects of self-compassion correlate positively with well-being, while the negative aspects of self-compassion correlate negatively with well-being. Strong relationships were observed between the overall self-kindness index, including kindness to oneself and well-being, as well as for the overall self-compassion score and the positive aspects of self-compassion (self-warmth). The remaining relationships are moderate. This means that the higher the level of self-compassion, the higher the well-being in the studied group (Table 1).

Regarding the relationship between family health indicators and well-being, it was found that each family health indicator was associated with well-being (Table 2). However, these relationships are mainly weak. An exception is the relationship between “the range of feelings” and well-being, which is moderate. The positive sign of these relationships indicates that with an increase in family health, the level of well-being also increases.

Additionally, statistically significant positive relationships were obtained between each family health indicator (Table 2). The relationships with the main scales (autonomy and closeness) and the overall result are strong, and even very strong. There are also moderate correlations between the scales (mainly for the indicator of acceptance of separation and loss). The range of correlation strength between family health indicators starts from 0.41 to 0.97, indicating nearly full correlation.

In the final step of these analyses, relationships between family health indicators and self-compassion were tested (Table 3). Relationships were observed between respect and openness to others, autonomy, each closeness subscale including the overall closeness scale, and overall self-compassion score, with the

self-kindness scale, including its positive subscale (kindness to oneself). Furthermore, acceptance of separation and loss is also additionally associated with kindness to oneself. Significant negative correlations were obtained between openness to others and autonomy in general, as well as the range of feelings, conflict resolution, closeness, and overall family health with self-judgment.

Common humanity co-occurs with respect and openness to others, acceptance of separation and loss, including autonomy and the range of feelings, conflict resolution, and closeness with the overall family health score. Acceptance of separation and loss and the range of feelings correlate with the common humanity indicator. Negative associations exist between the range of feelings and conflict resolution with isolation.

Almost every family health indicator, except clarity of expression, mood and tone, and empathy, is associated with mindfulness. Furthermore, nearly every family health indicator, except clarity of expression and empathy, co-occurs with mindfulness. On the other hand, the range of feelings is negatively associated with over-identification.

Almost every family health indicator, except clarity of expression, responsibility, and empathy, is positively correlated with the overall self-compassion score. Similarly, all family health indicators, except clarity of expression and responsibility, positively correlate with the positive aspect of self-compassion (self-warmth). A relationship was noted between respect and openness to others, including autonomy, and the range of feelings and conflict resolution, as well as closeness and overall family health with the negative aspect of self-compassion (self-coldness).

Each of these correlations is of weak strength. Family health is negatively related to the negative scales of self-compassion, and positively correlated with the positive scales of self-compassion. This suggests that with an increase in overall family health, the level of self-compassion also increases.

The mediating role of self-compassion in the relationship between family health and well-being

In order to examine whether self-warmth and self-coldness mediate the relationship between family health and well-being, while controlling for age and gender, a parallel mediation analysis was conducted. This analysis was performed using the PROCESS macro version 3.4. Prior to the analysis, collinearity among variables was assessed, and observations with standardised residual values exceeding  $|3|$  were removed from the analysis. No outliers were detected based on the Mahalanobis distance.

Family health was not significantly associated with self-coldness ( $\beta = -0.10$ ;  $B = -0.03$ ;  $SE = 0.02$ ;  $t = -1.28$ ;  $p = 0.202$ ). However, it was positively related to self-warmth ( $\beta = 0.18$ ;  $B = 0.05$ ;  $SE = 0.02$ ;  $t = 2.34$ ;  $p = 0.020$ ). The relationship was positive, indicating that as family health increased, self-warmth also increased. The model without mediators showed a statistically significant positive relationship between family health and well-being ( $\beta = 0.31$ ;  $B = 0.08$ ;  $SE = 0.02$ ;  $t = 4.27$ ;  $p < 0.001$ ). However, after the inclusion of the mediators, this relationship weakened to  $\beta = 0.22$  ( $B = 0.05$ ;  $SE = 0.01$ ;  $t = 3.58$ ;  $p < 0.001$ ). Both self-warmth ( $\beta = 0.39$ ;  $B = 0.34$ ;  $SE = 0.07$ ;  $t = 5.04$ ;  $p < 0.001$ ) and self-coldness ( $\beta = -0.19$ ;  $B = -0.16$ ;  $SE = 0.07$ ;  $t = -2.47$ ;  $p = 0.015$ ) were significantly associated with well-being, with self-warmth in a positive relationship and self-coldness in a negative relationship.

The significance of the mediators was tested using bootstrapping with 5000 samples. In addition to the total effect, a significant indirect effect was observed, but only for self-warmth as a mediator:  $\beta = 0.07$ ;  $BootSE = 0.03$ ;  $95\% CI [0.006; 0.137]$ . The confidence interval does not include zero, indicating a significant mediating effect of self-warmth. However, no significant mediating effect was found for self-coldness:  $\beta = 0.02$ ;  $BootSE = 0.032$ ;  $95\% CI [-0.013; 0.057]$ . This implies that the relationship between family health and well-being is partially explained by self-compassion, specifically self-warmth, but not its negative aspect, self-coldness. This model is illustrated in Figure 1.

Gender-moderated parallel mediation of the relationship between family health and well-being with self-compassion as mediators

The interaction effect of family health and gender on the mediators (Figure 2) did not prove to be statistically significant for either self-coldness:  $B = 0.02$ ;  $95\% CI [-0.07; 0.10]$ ;  $SE = 0.04$ ;  $t = 0.48$ ;  $p = 0.631$ , or for self-warmth:  $B = -0.03$ ;  $95\% CI [-0.12; 0.05]$ ;  $SE = 0.04$ ;  $t = -0.75$ ;  $p = 0.457$ . The main model, considering the mediators, showed a good fit to the data:  $F(6, 182) = 19.58$ ;  $p < 0.001$ . This model explained 39% of the variance in well-being. Significant predictors in this model included family health:  $B = 0.06$ ;  $95\% CI [0.03; 0.08]$ ;  $SE = 0.01$ ;  $t = 3.73$ ;  $p < 0.001$ , indicating a positive relationship. Thus, an increase in family health was associated with higher levels of well-being. Furthermore, the effect of the mediator self-warmth on well-being was also statistically significant:  $B = 0.60$ ;  $95\% CI [0.20; 1.00]$ ;  $SE = 0.20$ ;  $t = 2.98$ ;  $p = 0.003$ . Higher levels of self-warmth were associated with higher levels of well-being. Additionally, gender significantly predicted changes in well-being:  $B = -2.91$ ;  $95\% CI [-5.00; -0.83]$ ;  $SE = 1.06$ ;  $t = 2.76$ ;  $p = 0.006$ , with women showing

higher well-being levels compared to men. However, the mediator self-coldness was not statistically significant:  $B = -2.91$ ; 95%  $CI [-0.20; 0.62]$ ;  $SE = 0.21$ ;  $t = 1.03$ ;  $p = 0.306$ . Furthermore, none of the gender interactions, whether with self-coldness:  $B = -0.24$ ; 95%  $CI [-0.50; 0.02]$ ;  $SE = 0.13$ ;  $t = -1.83$ ;  $p = 0.068$ , or with self-warmth:  $B = -0.16$ ; 95%  $CI [-0.43; 0.11]$ ;  $SE = 0.14$ ;  $t = -1.19$ ;  $p = 0.236$ , contributed significantly to the explained variance of the dependent variable, accounting for 0.5% for self-warmth:  $F_{change}(1, 182) = 1.41$ ;  $p = 0.236$ , and 1.1% for self-coldness:  $F_{change}(1, 182) = 3.36$ ;  $p = 0.068$ .

Regarding the mediation path with self-warmth, the tested effects revealed that the indirect effect was significant for women:  $B = 0.03$ ; 95%  $CI [0.003; 0.005]$ ;  $BootSE = 0.01$ , but not for men:  $B = 0.01$ ; 95%  $CI [-0.009; 0.037]$ ;  $BootSE = 0.01$ . The significance of the mediation is indicated by the 95%  $CI$  values not crossing zero. However, the index of moderated mediation, with an effect of  $-0.02$  and standard error ( $BootSE$ ) of  $0.02$  and a 95% confidence interval with a lower limit of  $-0.05$  and an upper limit of  $0.02$ , was not statistically significant. This implies that gender does not moderate the mediating effect.

For the mediation path with self-coldness, the mediating effect was not observed for either women:  $B = 0.001$ ; 95%  $CI [-0.009; 0.011]$ ;  $BootSE = 0.004$ , or for men:  $B = 0.01$ ; 95%  $CI [-0.01; 0.03]$ ;  $BootSE = 0.01$ . Additionally, the index of moderated mediation was also not statistically significant: IMM (Index of Moderated Mediation) =  $0.004$ ; 95%  $CI [-0.02; 0.03]$ ;  $BootSE = 0.01$ . These results also indicate a lack of gender moderation in the mediating role of self-compassion in the relationship between family health and well-being.

Moderated roles of gender and self-compassion in the relationship between family health and well-being

The double moderation model (Figure 3) demonstrated a good fit to the data:  $F(7, 178) = 8.84$ ;  $p < 0.001$ . It explained 26% of the variance in well-being. Neither the direct effects of family health:  $B = 0.06$ ; 95%  $CI [-0.04; 0.16]$ ;  $SE = 0.05$ ;  $t = 1.23$ ;  $p = 0.222$ , nor self-coldness:  $B = -0.25$ ; 95%  $CI [-0.63; 0.12]$ ;  $SE = 0.19$ ;  $t = -1.33$ ;  $p = 0.186$  were significant predictors. Gender, on the other hand, was a statistically significant predictor:  $B = -3.15$ ; 95%  $CI [-5.50; -0.81]$ ;  $SE = 1.19$ ;  $t = -2.65$ ;  $p = 0.009$ , indicating that the level of well-being varied by gender, with women having higher levels of well-being than men.

Subsequently, interactions were tested in the model. Initially, the interaction of family health and self-coldness was tested:  $B = 0.01$ ; 95%  $CI [-0.003; 0.018]$ ;  $SE = 0.01$ ;  $t = 1.49$ ;  $p = 0.139$ . Next, the interaction of family health and gender was examined:  $B = 0.01$ ; 95%  $CI [-0.07; 0.08]$ ;  $SE = 0.04$ ;  $t = 0.16$ ;





5. Openess	0,25 ***	0,58 ***	0,67 ***	0,75 ***	-									
6. Acceptance of separation and loss	0,16 *	0,44 ***	0,41 ***	0,45 ***	0,43 ***	-								
7. Autonomy	0,24 ***	0,80 ***	0,79 ***	0,86 ***	0,84 ***	0,71 ***	-							
8. Range of feelings	0,31 ***	0,75 ***	0,55 ***	0,78 ***	0,72 ***	0,55 ***	0,84 ***	-						
9. Mood and tone	0,25 ***	0,72 ***	0,61 ***	0,68 ***	0,68 ***	0,43 ***	0,77 ***	0,73 ***	-					
10. Conflict resolution	0,20 **	0,72 ***	0,72 ***	0,74 ***	0,74 ***	0,48 ***	0,84 ***	0,75 ***	0,78 ***	-				
11. Empathy	0,24 ***	0,78 ***	0,68 ***	0,76 ***	0,75 ***	0,48 ***	0,86 ***	0,80 ***	0,82 ***	0,80 ***	-			
12. Trust	0,30 ***	0,63 ***	0,55 ***	0,62 ***	0,57 ***	0,46 ***	0,71 ***	0,63 ***	0,69 ***	0,67 ***	0,73 ***	-		
13. Closeness	0,29 ***	0,81 ***	0,70 ***	0,81 ***	0,78 ***	0,54 ***	0,90 ***	0,88 ***	0,90 ***	0,90 ***	0,93 ***	0,83 ***	-	
14. Family health	0,28 ***	0,83 ***	0,76 ***	0,85 ***	0,83 ***	0,63 ***	0,97 ***	0,88 ***	0,86 ***	0,89 ***	0,92 ***	0,79 ***	0,98 ***	-

\*\*\* -  $p < 0,001$ ; \*\* -  $p < 0,01$ ; \* -  $p < 0,05$

Source: own research.

Table 3. Pearson's r correlations between family health indicators and self-compassion indicators

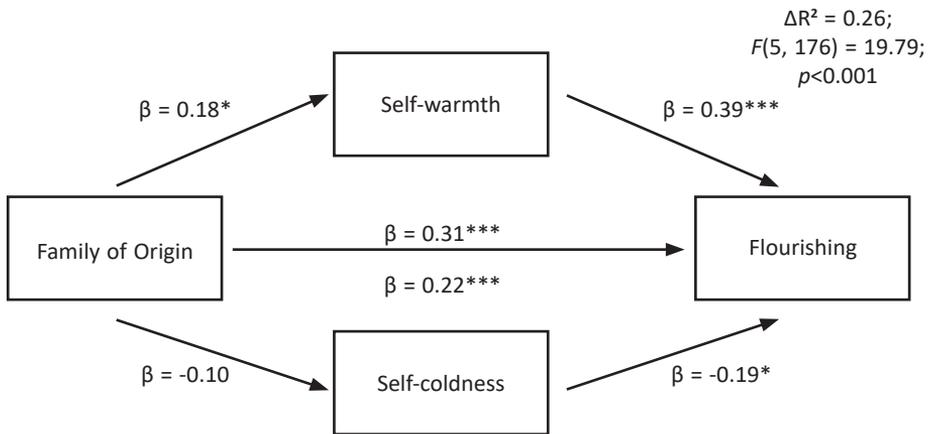
Variable	1	2	3	4	5	6	7	8	9	10	11	12
Clarity of expression	0,10	0,11	-0,08	0,10	0,06	-0,10	0,12	0,10	-0,06	0,12	0,11	-0,11
Responsibility	0,13	0,11	-0,13	0,07	0,05	-0,07	0,17 *	0,16 *	-0,09	0,14	0,12	-0,13
Respect for others	0,16 *	0,16 *	-0,13	0,15 *	0,12	-0,12	0,19 **	0,17 *	-0,14	0,19 **	0,17 *	-0,16 *
Openess	0,17 *	0,15 *	-0,16 *	0,16 *	0,13	-0,13	0,19 **	0,19 **	-0,13 **	0,20 **	0,18 *	-0,17 *

Acceptance of separation and loss	0,13	0,17*	-0,07	0,15*	0,15*	-0,10	0,18*	0,20**	-0,12	0,17*	0,20**	-0,11
Anatomy	0,17*	0,18*	-0,14*	0,16*	0,13	-0,13	0,21**	0,21**	-0,14	0,20**	0,20**	-0,17*
Range of feelings	0,25***	0,24***	-0,23**	0,20**	0,15*	-0,18*	0,22**	0,21**	-0,15*	0,26***	0,24***	-0,23**
Mood and tone	0,15*	0,19**	-0,09	0,10	0,11	-0,06	0,14	0,17*	-0,05	0,15*	0,18*	-0,08
Conflict resolution	0,19**	0,18*	-0,16*	0,14*	0,07	-0,16*	0,18*	0,17*	-0,11	0,19**	0,17*	-0,18*
Empathy	0,15*	0,15*	-0,12	0,09	0,11	-0,04	0,11	0,10	-0,05	0,13	0,15*	-0,09
Trust	0,16*	0,20**	-0,09	0,11	0,08	-0,10	0,16*	0,18*	-0,07	0,16*	0,19**	-0,11
Closeness	0,20**	0,21**	-0,15*	0,14*	0,12	-0,12	0,18*	0,19**	-0,10	0,20**	0,21**	-0,16*
Family health	0,19**	0,20**	-0,15*	0,16*	0,13	-0,13	0,20**	0,20**	-0,12	0,21**	0,21**	-0,16*

Annotation: 1 – Self-kindness (I); 2 – Self-kindness; 3 – Judgment; 4 – Common humanity (II); 5 – Common humanity; 6 – Isolation; 7 – Mindfulness (III); 8 – Mindfulness; 9 – Over-identification; 10 – Self-compassion (total score); 11 – Self-warmth; 12 – Self-coldness

\*\*\* –  $p < 0.001$ ; \*\* –  $p < 0.01$ ; \* –  $p < 0.05$

Source: own research.



\*\*\* –  $p < 0.001$ ; \*\* –  $p < 0.01$ ; \* –  $p < 0.05$

Figure 1. Standardised regression coefficients for the mediating role of self-compassion in the relationship between family health and well-being

Source: own research.

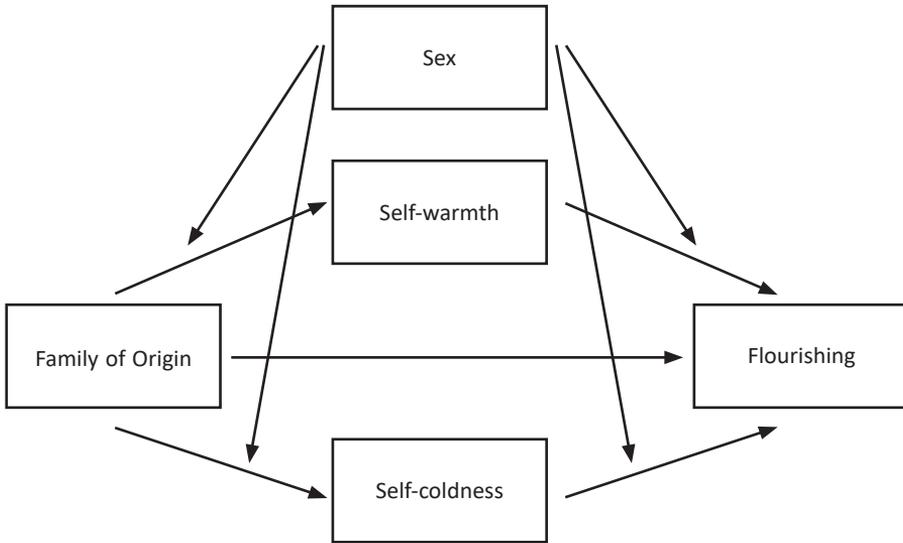


Figure 2. Moderated mediation model including gender as a moderator, self-compassion as a mediator, family health as an independent variable, and well-being as a dependent variable

Source: own research.

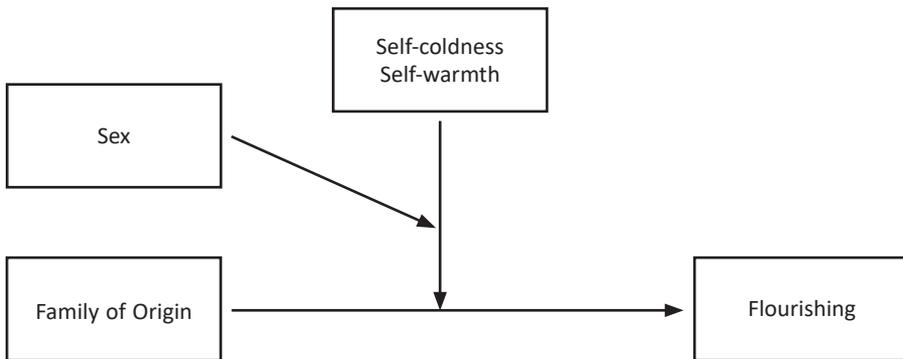


Figure 3. Model including double moderation (gender and self-compassion) for the relationship between family health and well-being

Source: own research.

## Discussion

The primary aim of the conducted study was to verify the existence of relationships between the functioning of the family of origin, self-compassion, and resilience in young adults. The results presented above confirm the research hypotheses and significantly correspond to the literature reviewed in the theoretical section. A positive association was established between the functioning of the family of origin, well-being, and self-compassion, as well as a relationship between self-compassion and resilience. Family characteristics such as autonomy and closeness, comprising clarity of expression, responsibility, respect for others, openness, acceptance of separation and loss, emotional expression, a positive and friendly atmosphere, skillful conflict resolution, empathy, and trust – both in oneself and others, are positively associated with psychological well-being. All the mentioned factors, with the strongest being the extent of expressed emotions and trust within the family, correlate with well-being. These findings align with Diener and Diener McGavran's research (2008), which underscores the role of close family relationships as predictors of high psychological well-being, and with the reports of Qi, Shi, and Cui (2022) highlighting the role of family cohesion, manifested through mutual care, in shaping the personal resilience of its members.

Positive correlations were identified between the three main self-compassion scales and well-being, with a particularly strong connection observed with the level of self-kindness and understanding, which involves acknowledging one's fallibility and accepting the failure to meet expectations and ideals (Neff 2003a, b).

Self-compassion, much like high self-esteem, is a highly significant psychological factor positively associated with affective functioning in individuals. Those who adopt a more self-compassionate attitude towards themselves and possess higher self-esteem are less prone to depression, experience fewer negative emotions, feel less isolated, and simultaneously, they undergo more positive emotional states than those who exhibit lower self-compassion and self-esteem (Neff, Vonk 2009). This confirms the correlation between self-compassion and psychological well-being, as indicated in the theoretical considerations. The higher one's self-compassion, the greater the adaptability of psychological functioning, which is expressed, among other things, in protecting oneself against diminished self-esteem in the face of setbacks and self-forgiveness. It also entails the avoidance of excessive identification with failures (Neff, Kirkpatrick et al. 2007). Psychological well-being is frequently referred to in the literature as

a sense of happiness (Czapiński 1994), accompanied by optimism, enthusiasm, and pleasant emotions. However, these aspects are unfamiliar to individuals with a high tendency for self-criticism (Hollis-Walker, Colosimo 2011; Neff, Kirkpatrick et al. 2007). Optimism, which is a component of psychological well-being in accordance with the findings of Qi, Shi, and Cui (2022), positively correlates with parental optimism, which may also find confirmation in the present study. The impact of positive emotions, as well as the ability to cope with difficulties and conflicts within the family, and, above all, the ability to express one's feelings and trust, defined as a positive perception of reality (the latter two being stronger correlates of psychological well-being in our study), may stem from parental attitudes and the effect of learning through imitation. Caregivers shape a positive home atmosphere while simultaneously serving as role models for their children, influencing their levels of optimism and positive orientation towards the world and, consequently, their psychological well-being. In the context of social learning theory, the observed atmosphere within the home and the manner in which family members interact with one another and their surrounding reality can be passed down from one generation to the next, and can be reflected in the attitudes of the young adults examined in this study.

The study also revealed a positive relationship between the health of one's family of origin and self-compassion. Family traits such as autonomy expressed through respect and mutual openness, as well as closeness manifested in the display of a wide range of emotions, a positive and friendly home atmosphere, skillful conflict resolution, empathy, and trust, are strongly positively linked to self-kindness – one of the main dimensions of self-compassion. These findings correspond with the conclusions of Pepping, Davis, O'Donovan, and Pal (2014), which emphasise the role of experiences carried over from the family of origin – parental attitudes and the emotional atmosphere at home – in the formation of an attachment style. A secure attachment style positively impacts the capacity for self-compassion, in contrast to insecure attachment styles marked by anxiety. Simultaneously, as indicated by Jankowiak's research (2016), a developed secure attachment style is positively correlated with the psychological well-being of the young adults who reported a higher level of life satisfaction compared to the individuals with ambivalent-anxious and avoidant attachment styles.

In our study, a positive correlation was identified between family traits like respect for others, openness, acceptance of separation and loss, autonomy, the range of feelings, mood and tone, conflict resolution, empathy, trust, and closeness, with self-warmth. Considering previous studies on family systems, it is beyond doubt that a healthy, functioning family demonstrating mutual

closeness and constructive parenting styles, while granting autonomy to its members, has a positive influence on the psychological characteristics of growing children. Thanks to these healthy role models, they can develop the ability to approach themselves in a sensitive, caring, and accepting manner, as well as adapt effectively to various situations, including those involving difficulty and failure. These attributes, in turn, undoubtedly affect the sense of psychological well-being, manifesting itself in the domains of emotions, behaviours, aspirations, and interpersonal relationships. Self-warmth, as a mediator, derives its origin from the warmth of the family, thereby connecting with the sense of happiness independently of external circumstances.

Furthermore, it was demonstrated that a significant mediator between family health and the well-being of young adults was self-warmth, rather than self-coldness. Self-coldness may serve as a mediator in the context of negative mental health indicators. Our results are supported by previous research that has shown that self-warmth and self-coldness have distinct interactive mechanisms (Brophy et al. 2020; Mróz 2023). A compassionate response to oneself – displaying warmth, including self-kindness, common humanity, and mindfulness – strengthens the connection between positive resources (Mróz 2023). On the other hand, a ruthless response to oneself – coldness (self-esteem, isolation, and over-identification) – is associated with psychopathological symptoms (Yip et al. 2017; Yang et al. 2022). The conservation of resources theory and the resources caravan theory support this argument (Hobfoll 2012; Bakic, Ajdukovic 2021). The loss of certain resources leads to the loss of additional resources, while strong positive resources facilitate the growth of other positive resources.

Additionally, it was determined that gender did not have a moderating influence on self-warmth, implying that self-compassion is not a derivative of biological factors but rather psychological ones, stemming from the family environment, emotional climate, and parenting methods applied. In the case of healthy and supportive families, both daughters and sons score higher on the self-warmth scale, significantly correlating with their well-being (Pepping et al. 2014).

The study also revealed the role of the female gender as a predictor of psychological well-being – women in the studied group achieved statistically significantly higher scores on the flourishing scale. This is an interesting area for further exploration, also in the context of the findings of Umberson and colleagues (1996), where women scored higher in terms of the number of intimate and informal social ties, such as having a confidant and receiving social support from friends and family – indicating a more emotional aspect of rela-

tionships. In men, on the other hand, less social support was evident, but they possessed a broader network of contacts activated to obtain instrumental help, such as advice and guidance related to problem-solving. These differences can be explained, among other factors, by diverse parenting interventions applied to boys and girls. Girls more often receive acceptance towards their feelings, societal permission to experience them, and emotional support, for example, in the form of conversations about their feelings. This may explain both the differences identified by Umberson and colleagues in the frequency of the mentioned social interactions (emotional vs. instrumental) in women and men, as well as the results of our research: one of the essential components of well-being is the affective element – connecting with one's emotions and the ability to cope with them. Perhaps women more frequently possess such emotional skills, making it easier for them to maintain a positive relationship with themselves, others, and the events that they experience, as well as engaging in emotional self-regulation and sustaining social ties – the components of well-being (cf. Ryff 2014).

Nonetheless, there are limitations in the current study that to be addressed. Firstly, only self-report measures were used; future studies should include observer-rated variables. Secondly, employing longitudinal projects or experiments in future investigations would be beneficial in identifying the causality of the observed relationships. Thirdly, this study was conducted with a small sample, which should be expanded in future research. This study represents one of the initial attempts to examine the mediating role of self-compassion between family of origin functioning and flourishing. Thus, to gain a better understanding of this mechanism, further research on this topic is essential.

## Summary

The results of the conducted study suggest that self-warmth is a more effective mediator between variables. Our findings highlight the differences between the dimensions of self-compassion. Unlike self-coldness, self-warmth, as a compassionate self-reaction, supports the development of other resources that serve as a buffer for the psychological well-being of both women and men. At the same time, they emphasise the crucial role of the family in shaping this warmth by creating appropriate emotional, relational, and communicative conditions that encompass the entire family system. Furthermore, they point to the role of parents and their parenting attitudes to facilitate the development of self-compassion accompanied by psychological well-being. The conclusions draw

attention to the practical aspect of working with people, particularly in the context of implementing psychological support for children and families and psychoeducational activities directed towards them. The need for greater social support for men is also noteworthy. Additionally, in practice, when designing positive interventions, the supportive role of self-warmth can be used to strengthen other positive resources of psychological functioning in both women and men and enhance their well-being.

Research data is available for viewing from the authors of the article.

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## SUMMARY

The aim of the study was to investigate the relationship between the functioning of the family of origin and self-compassion and resilience in young adults. Based on the research findings, an analysis of the psychological functioning of women and men in the above-mentioned aspects was made. The study group consisted of 195 students (60%

women and 40% men) aged 18–35. The following methods were used: the Family of Origin Scale (FOS), the Self-Compassion Scale (SCS), and the Prosperity Scale (FS). The obtained results confirmed the hypotheses about the relationship between the characteristics of the family of origin, self-compassion, and resilience in women and men. The dimensions of autonomy and closeness, with an emphasis on the extent of expressed emotions within the family and the presence of trust, correlated most strongly with the well-being of young adults. Additionally, the positive components of self-compassion (Self-warmth) emerged as an important mediator between the functioning of the family of origin and flourishing. Moreover, gender turned out to be a significant predictor of well-being with women displaying higher levels of overall well-being compared to their male counterparts.

**KEYWORDS:** family of origin, self-compassion, flourishing, well-being

## STRESZCZENIE

Celem badań było sprawdzenie zależności między funkcjonowaniem rodziny pochodzenia a samowspółczuciem i prężnością młodych dorosłych. Na podstawie badań dokonano analizy funkcjonowania psychologicznego kobiet i mężczyzn w wymienionych aspektach. Grupę badawczą stanowiło 195 studentów (60% kobiet i 40% mężczyzn) w wieku 18–35 lat. W badaniach wykorzystano następujące metody: Skalę Rodziny Pochodzenia (FOS), Skalę Współczucia wobec Samego Siebie (SCS), Skalę Prosperowania (FS). Uzyskane wyniki potwierdziły postawione hipotezy o zależnościach między właściwościami rodziny pochodzenia a samowspółczuciem oraz prężnością u kobiet i mężczyzn. Autonomia i bliskość, a spośród wymiarów tych dwóch skal zakres wyrażanych w rodzinie uczuć i zaufanie najsilniej korelują z dobrostanem młodych dorosłych. Dodatkowo pozytywne składniki samowspółczucia (self-warmth) stanowią istotny mediator między funkcjonowaniem rodziny pochodzenia a prosperowaniem. Co więcej, płeć okazała się istotnym predyktorem dobrostanu – kobiety cechowały się wyższym dobrostanem niż mężczyźni.

**SŁOWA KLUCZOWE:** rodzina pochodzenia, samowspółczucie, prężność, dobrostan

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