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The Effectiveness of Self-Compassion Therapy on Self-Esteem, Social Skills, and Communication Skills in Children

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ABSTRACT

The present study aimed to determine the effectiveness of self-compassion therapy on self-esteem, social skills, and communication skills in preschool children. The present study employed a quasi-experimental design using a pretest–posttest format with a control group and a follow-up phase. The statistical population consisted of preschool children in Karaj in 2025, from which 30 participants were selected through convenience sampling and randomly assigned to an experimental group (n = 15) and a control group (n = 15). The experimental group received a structured self-compassion intervention across ten sessions, while the control group received no intervention. Data were collected using the Self-Esteem Questionnaire (Azizi Moghaddam, 2007), the Social Skills Questionnaire (Matson et al., 1983), and the Communication Skills Questionnaire (Queen Dam, 2004). Data were analyzed using descriptive statistics and inferential methods, including analysis of covariance (ANCOVA), after verifying statistical assumptions such as normality, homogeneity of variances, and homogeneity of covariance matrices. The results of ANCOVA indicated that, after controlling for pretest scores, there were statistically significant differences between the experimental and control groups in posttest self-esteem ($F = 502.27$, $p < 0.001$, $\eta^2 = 0.91$), social skills ($F = 184.12$, $p < 0.001$, $\eta^2 = 0.85$), and communication skills ($F = 871.26$, $p < 0.001$, $\eta^2 = 0.95$). These findings demonstrate that the self-compassion intervention had a significant positive effect on all three variables. The large effect sizes suggest that a substantial proportion of variance in posttest scores was attributable to the intervention. Furthermore, the stability of these effects was supported by follow-up results, indicating the stability. The findings suggest that self-compassion therapy is an effective intervention for enhancing self-esteem, social skills, and communication skills in preschool children, with sustained effects over time. By promoting emotional regulation, self-acceptance, and interpersonal awareness, self-compassion training contributes to both intrapersonal and interpersonal development, supporting its integration into early childhood educational and psychological programs.

Keywords: self-compassion therapy, self-esteem, social skills, communication skills, preschool children.

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Introduction

Childhood represents a critical developmental period during which foundational psychological, emotional, and social capacities are formed, shaping later life outcomes in mental health and interpersonal functioning. Among these capacities, self-esteem, social skills, and communication skills have consistently been identified as central constructs in developmental psychology, particularly during the preschool years when children begin to engage more actively with peers and social environments. Self-esteem, defined as an

individual's overall evaluation of self-worth, plays a pivotal role in psychological adjustment and behavioral functioning, influencing emotional resilience, motivation, and interpersonal competence (1, 2). Empirical evidence suggests that early self-esteem development is highly sensitive to environmental factors, including family dynamics, parenting styles, and social experiences, which can either foster adaptive self-perceptions or contribute to vulnerability in later stages of development (3, 4). In this regard, the preschool period provides a unique opportunity for targeted interventions aimed at strengthening self-esteem and promoting healthy psychological development.

Parallel to self-esteem, social skills constitute a fundamental domain of child development, encompassing behaviors that facilitate effective interaction, cooperation, and adaptation within social contexts. These skills include communication, empathy, problem-solving, and emotional regulation, all of which are essential for successful peer relationships and academic readiness (5, 6). Deficits in social skills during early childhood have been associated with a range of adverse outcomes, including social withdrawal, peer rejection, and behavioral problems, underscoring the importance of early preventive and developmental interventions (7, 8). Communication skills, as a subset of social skills, are particularly crucial, as they enable children to express needs, understand others, and navigate complex interpersonal situations. Effective communication not only supports social integration but also contributes to emotional well-being and self-confidence, creating a reciprocal relationship with self-esteem and broader psychosocial functioning (9, 10).

In recent years, increasing attention has been directed toward the role of self-compassion as a protective and promotive factor in psychological development. Self-compassion, conceptualized as a kind, non-judgmental, and mindful attitude toward oneself in the face of difficulties, has emerged as a key construct in positive psychology and clinical interventions (11). The theoretical foundations of self-compassion are rooted in compassion-focused therapy, which emphasizes the regulation of affective systems and the cultivation of warmth and acceptance toward oneself as a means of reducing psychological distress and enhancing well-being (12-14). Neuropsychological evidence further supports the distinction between self-criticism and self-reassurance, indicating that self-compassion activates neural systems associated with safety and emotional regulation, thereby reducing stress responses and promoting adaptive coping (15).

A growing body of empirical research has demonstrated the effectiveness of self-compassion interventions across diverse populations and outcomes. For instance, self-compassion training has been shown to improve emotion regulation and reduce psychological distress in individuals with various challenges, including learning disorders and mental health difficulties (16, 17). Moreover, self-compassion has been linked to increased resilience, reduced loneliness, and enhanced emotional well-being, suggesting its potential as a foundational mechanism for promoting mental health (18, 19). Importantly, self-compassion is not limited to intrapersonal outcomes but also extends to interpersonal functioning, as individuals with higher levels of self-compassion tend to exhibit greater empathy, prosocial behavior, and positive social interactions (20, 21). These findings highlight the integrative role of self-compassion in bridging emotional, cognitive, and social domains of functioning.

In the context of children, the application of self-compassion-based interventions has gained increasing empirical support. Early interventions that incorporate mindfulness and compassion-based practices have been associated with improvements in self-esteem, social competence, and emotional regulation among children and adolescents (22, 23). Such interventions are particularly valuable in addressing the limitations

of traditional approaches that rely heavily on external reinforcement, such as praise, which may inadvertently contribute to fragile or contingent self-esteem (24, 25). Instead, self-compassion fosters a stable and intrinsic sense of self-worth that is less dependent on external validation, thereby promoting more sustainable psychological well-being (26, 27).

Furthermore, contemporary research has emphasized the mediating and moderating roles of self-compassion in various psychological processes. For example, self-compassion has been identified as a mediator between perfectionism and social anxiety, highlighting its capacity to buffer the negative effects of maladaptive cognitive patterns (28). Similarly, self-compassion has been shown to mitigate the impact of early adverse experiences on psychological outcomes, serving as a protective factor that enhances resilience and adaptive functioning (29). These findings underscore the potential of self-compassion as a core mechanism in preventive and therapeutic interventions aimed at improving child development outcomes.

Recent advancements in intervention research have also explored the integration of self-compassion with mindfulness-based approaches, demonstrating synergistic effects on psychological functioning. Mindfulness practices enhance present-moment awareness and attentional control, while self-compassion adds an affective dimension of kindness and acceptance, together fostering a holistic approach to mental health promotion (30). This integrated framework has been applied successfully in various populations, including parents, caregivers, and individuals with clinical conditions, highlighting its versatility and effectiveness (31, 32). Moreover, systematic reviews have identified compassionate care as a key factor in enhancing psychological outcomes in children and adolescents, further supporting the relevance of compassion-based approaches in developmental contexts (33).

Despite the growing evidence base, there remains a relative paucity of research examining the effectiveness of self-compassion interventions specifically among preschool children, particularly in relation to multiple developmental outcomes such as self-esteem, social skills, and communication skills. Given the rapid developmental changes that occur during this period and the importance of early intervention, it is essential to investigate the applicability and effectiveness of such interventions in younger populations. Additionally, cultural and contextual factors may influence the implementation and outcomes of self-compassion-based programs, necessitating further research in diverse settings.

Therefore, the present study aims to determine the effectiveness of self-compassion therapy on self-esteem, social skills, and communication skills in preschool children.

Methods and Materials

Study Design and Participants

The research design employed in this study was a quasi-experimental design with a pretest–posttest format, including two experimental groups and one control group. The statistical population consisted of all preschool children in Karaj in 2025, totaling 120 individuals. The sample of the present study was selected through convenience sampling from among all preschool children in Karaj. Accordingly, 30 preschool children were randomly assigned to three groups: two experimental groups and one control group. Efforts were made to ensure that the groups were homogeneous in terms of demographic characteristics. The first experimental group received self-compassion therapy over 12 sessions, each lasting 60 minutes, while the control group did not receive any intervention during this period. After the completion of the therapeutic

interventions, the aforementioned questionnaires were administered to all three groups at the posttest stage. Inclusion criteria for participation in the study were the absence of psychiatric disorders, absence of physical and motor impairments, age range between 6 and 8 years, willingness to participate in the study, and willingness to complete the questionnaires. Exclusion criteria included unwillingness to continue participation in the intervention, absence from more than two sessions in the experimental group, and failure to respond to the assessment instruments.

Data Collection

Communication Skills Questionnaire: The 34-item Communication Skills Questionnaire developed by Queen Dam (2004) was used to assess communication skills. To complete the questionnaire, respondents were required to read each item and indicate the degree to which it corresponded to their current condition on a five-point Likert scale ranging from "never" to "always." The subcomponents assessed in this scale include listening skills, ability to receive and send messages, insight into the communication process, emotional regulation, and assertive communication. The subscales are structured as follows: ability to receive and send messages (9 items: 4, 5, 6, 12, 21, 22, 23, 24, 29); emotional regulation (9 items: 7, 8, 9, 11, 13, 16, 28, 30, 32); listening skills (6 items: 3, 25, 26, 27, 31, 34); insight into the communication process (5 items: 1, 2, 17, 18, 20); and assertive communication (5 items: 10, 14, 15, 19, 33). Responses were scored on a five-point Likert scale from 1 (never) to 5 (always). Items 2, 4, and 6 were reverse scored. For each respondent, separate scores were calculated for each of the subscales, and the sum of all 34 items yielded a total communication skills score. The possible score range was from 34 to 170. Scores between 34 and 68 indicated low communication skills, scores between 68 and 102 indicated moderate communication skills, and scores above 102 indicated high communication skills. The internal consistency of the instrument, measured by Cronbach's alpha, was reported as 0.69 for the total scale, indicating acceptable reliability. This coefficient was 0.71 for university students and 0.66 for high school students. Additionally, the split-half reliability coefficient was reported as 0.71. In the present study, the reliability of the questionnaire, calculated using Cronbach's alpha, was 0.81.

Social Skills Questionnaire: The 62-item Social Skills Questionnaire developed by Matson et al. (1983) was used to assess social skills in individuals aged 4 to 28 years. This scale evaluates social skills, and respondents are required to read each item and indicate their response on a five-point Likert scale ranging from 1 (never) to 5 (always) (Yousefi & Kheir, 2002). The total score range varies from 62 to 310. In addition to subscale scores, the sum of the 62 items provides an overall score representing the individual's social skills. Previous research has demonstrated that the Matson Social Skills Scale possesses acceptable psychometric properties, including test–retest reliability and discriminant validity. Yousefi and Kheir (2002) assessed the construct validity of the scale using factor analysis, reporting a coefficient of 0.86. In the present study, the reliability of the questionnaire, assessed using Cronbach's alpha, was estimated at 0.84.

Preschool Children's Self-Esteem Questionnaire: The 20-item Self-Esteem Questionnaire developed by Azizi Moghaddam (2007) was used to assess the level of self-esteem in children. This checklist is completed by instructors based on their observations of each child. One of the primary objectives of the preschool period is the development of a healthy personality, which encompasses several characteristics, among which

high self-esteem is considered fundamental. Self-esteem is defined as the value that individuals attribute to their psychological characteristics and self-concept, derived from their beliefs about themselves. The components of the questionnaire include overall self-esteem (all items), social self-esteem (items 6–9), academic self-esteem (items 10–13), family self-esteem (items 14–17), and physical self-esteem (items 18–20). The checklist is scored on a four-point scale (very high, high, low, very low), corresponding to scores of 1, 2, 3, and 4, respectively. Items 3, 4, 5, 6, 9, and 20 are reverse scored. The total score is obtained by summing all item scores. Scores between 20 and 33 indicate low self-esteem, scores between 33 and 50 indicate moderate self-esteem, and scores between 50 and 80 indicate high self-esteem. Azizi Moghaddam (2007) reported that the checklist demonstrated high validity based on expert evaluation. The reliability of the instrument was assessed using Cronbach's alpha on a sample of 30 participants, yielding a coefficient of 0.87 for the total scale. Subscale reliabilities were reported as 0.44 for social self-esteem, 0.78 for academic self-esteem, 0.75 for family self-esteem, and 0.60 for physical self-esteem. In the present study, the reliability coefficient calculated using Cronbach's alpha was 0.80.

Intervention

The intervention protocol consisted of a structured self-compassion–based therapeutic program delivered over ten consecutive weekly sessions, each aimed at progressively enhancing mindfulness, emotional awareness, and adaptive self-regulation in children. The first session focused on establishing rapport and introducing core concepts such as relaxation, breathing techniques, body awareness, and basic psychoeducation about the mind, brain functioning, mindfulness, and kindness, with particular emphasis on attention and how to direct it. The second and third sessions reinforced these foundational skills through thematic activities that deepened children's understanding of attention, breathing, and present-moment awareness, while continuing to explore the relationship between thoughts, emotions, and behavior. The fourth session introduced a more explicit focus on thoughts and emotions, emphasizing their interaction with bodily states and actions, and training participants in self-monitoring to increase awareness and reduce impulsive reactions. In the fifth session, cognitive processes were further explored, teaching children that thoughts are not always accurate or necessary to believe, and introducing strategies for cognitive distancing and calming the mind to promote greater behavioral flexibility. The sixth session focused on emotional experiences such as sadness, fear, anxiety, anger, and positive emotions, helping children to recognize, accept, and respond to these emotions with kindness and self-soothing strategies, while understanding that emotions are natural and transient. The seventh and eighth sessions emphasized body awareness and sensory experiences, highlighting the connection between the brain and body, and incorporating techniques such as body scanning, progressive muscle relaxation, guided imagery, and mindful engagement in activities like listening, observing, and eating, to enhance relaxation and reduce stress. The ninth session focused on developing compassion toward oneself and others, strengthening empathy, kindness, gratitude, and perspective-taking, as well as addressing interpersonal issues such as friendship and bullying. The tenth and final session involved reviewing and integrating all previously learned skills, reflecting on personal strengths, and discussing ways to apply and maintain mindfulness and self-compassion practices in daily life across home, school, and social contexts, with the aim of improving emotional well-being and overall functioning.

Data Analysis

The collected data were analyzed using SPSS version 21 in both descriptive and inferential sections, employing analysis of covariance (ANCOVA).

Findings and Results

According to Table 1, the central tendency statistics of the study variables indicate substantial changes between pretest and posttest scores. The mean score of self-esteem increased from 44.87 in the pretest to 52.10 in the posttest and 51.51 in the follow-up stage. The mean score of social skills increased from 179.20 in the pretest to 189.05 in the posttest and 189.71 in the follow-up stage. The mean score of communication skills increased from 104.18 in the pretest to 114.52 in the posttest and 113.71 in the follow-up stage.

Table 1. Central Tendency Statistics of the Research Variables

Group	Variable	Stage	N	Mean	SD
Experimental	Self-esteem	Pretest	15	44.87	1.31
		Posttest	15	52.10	1.84
		Follow-up	15	51.51	1.70
	Social skills	Pretest	15	179.20	3.01
		Posttest	15	189.05	3.74
		Follow-up	15	189.71	3.65
Control	Communication skills	Pretest	15	104.18	3.35
		Posttest	15	114.52	4.19
		Follow-up	15	113.71	4.10
	Self-esteem	Pretest	15	44.50	1.41
		Posttest	15	44.59	1.38
	Social skills	Pretest	15	180.05	3.21
		Posttest	15	180.51	3.30
	Communication skills	Pretest	15	105.41	3.19
		Posttest	15	105.87	3.25

The central tendency statistics for the control group variables also indicate minimal changes between pretest and posttest scores. The mean score of self-esteem increased slightly from 44.50 in the pretest to 44.59 in the posttest. The mean score of social skills increased from 180.05 in the pretest to 180.51 in the posttest. The mean score of communication skills increased from 105.41 in the pretest to 105.87 in the posttest.

Prior to conducting the main analysis, the statistical assumptions underlying ANCOVA were examined. The normality of the distribution of the study variables was assessed using the Kolmogorov–Smirnov test, the results of which indicated that the distributions of self-esteem ($D = 0.74$, $p = 0.35$), social skills ($D = 0.76$, $p = 0.59$), and communication skills ($D = 0.69$, $p = 0.71$) did not significantly deviate from normality ($p > 0.05$). The assumption of homogeneity of variances was evaluated using Levene's test, and the results showed that the variances for self-esteem ($F = 0.05$, $df = 1, 28$, $p = 0.81$), social skills ($F = 0.24$, $df = 1, 28$, $p = 0.62$), and communication skills ($F = 0.15$, $df = 1, 28$, $p = 0.69$) were equal across groups ($p > 0.05$). Furthermore, the homogeneity of covariance matrices was examined using Box's M test, which indicated that this assumption was also satisfied for all variables, including self-esteem ($M = 19.78$, $F = 6.29$, $p = 0.06$), self-efficacy ($M = 8.63$, $F = 3.83$, $p = 0.09$), social skills ($M = 9.66$, $F = 5.17$, $p = 0.11$), and communication skills ($M = 7.70$, $F = 2.37$, $p = 0.07$), as none of the significance levels were below 0.05. Overall, these findings confirm that the assumptions required for conducting ANCOVA were adequately met.

Table 2. One-Way ANCOVA Results on Posttest Mean Scores of the Two Groups with Pretest Control

Variable	Source	SS	df	MS	F	p	η^2	Power
Self-esteem	Pretest	1996.704	1	1996.704	183.403	0.0001	0.86	0.845
	Group	5218.860	1	5218.860	502.270	0.0001	0.91	0.900
	Error	398.496	27	9.25	—	—	—	—
Social skills	Pretest	5531.118	1	5531.118	265.206	0.0001	0.88	0.871
	Group	4251.120	1	4251.120	184.120	0.0001	0.85	0.771
	Error	273.50	27	5.45	—	—	—	—
Communication skills	Pretest	8851.426	1	8851.426	375.20	0.0001	0.90	0.920
	Group	1023.001	1	1023.001	871.265	0.0001	0.95	0.930
	Error	891.105	27	22.39	—	—	—	—

Based on the above tests, since the significance level for all variables (self-esteem, social skills, and communication skills) is 0.0001, which is less than 0.05, it can be concluded that the experimental intervention (role-playing and clay play) had a statistically significant effect, leading to improvements in self-esteem, social skills, and communication skills among students. Furthermore, the eta squared values indicate that the effect sizes for self-esteem, social skills, and communication skills were 0.86, 0.88, and 0.90, respectively. This suggests that 86% of the variance in posttest self-esteem scores, 88% of the variance in posttest social skills scores, and 90% of the variance in posttest communication skills scores can be attributed to the effect of the intervention.

Discussion and Conclusion

The findings of the present study demonstrated that self-compassion–based intervention led to significant improvements in self-esteem, social skills, and communication skills among preschool children, as evidenced by the results of covariance analysis. Specifically, after controlling for pretest scores, the posttest differences between the experimental and control groups were statistically significant across all three dependent variables, with large effect sizes indicating a substantial contribution of the intervention to the observed variance. These results suggest that self-compassion training is not only effective in enhancing intrapersonal outcomes such as self-esteem but also extends its impact to interpersonal domains, including social and communication competencies. The stability of these improvements in the follow-up phase further indicates the stability.

The observed increase in self-esteem among children in the experimental group is consistent with theoretical and empirical perspectives that emphasize the role of self-compassion in fostering a stable and non-contingent sense of self-worth. According to the theoretical framework of self-compassion, individuals who adopt a kind and non-judgmental attitude toward themselves are less likely to engage in harsh self-criticism and more likely to maintain emotional balance in the face of challenges (11, 14). The present findings align with previous studies indicating that self-compassion interventions significantly enhance self-esteem across different populations, including adolescents and adults (22, 23). Moreover, the results support the notion that self-compassion promotes intrinsic self-worth rather than externally contingent self-esteem, which is particularly important during early developmental stages when children are highly sensitive to external evaluation (24, 25). This is further corroborated by research suggesting that self-esteem rooted in

self-compassion is more resilient and less dependent on social approval, thereby contributing to long-term psychological well-being (26, 27).

In addition to self-esteem, the significant improvement in social skills observed in the experimental group highlights the broader interpersonal benefits of self-compassion training. Social skills, which encompass behaviors such as cooperation, empathy, and effective interaction, are critical for successful adaptation in social environments (5). The enhancement of these skills in the present study can be explained by the role of self-compassion in promoting emotional regulation and reducing defensive or avoidant behaviors in social interactions. Previous research has shown that individuals with higher levels of self-compassion are more likely to engage in prosocial behaviors and exhibit greater empathy toward others (20, 21). Furthermore, interventions that incorporate compassion-based practices have been found to improve social competence and reduce behavioral problems in children (8). The current findings are also consistent with studies demonstrating that early training in emotional and social competencies can lead to significant improvements in children's ability to navigate social contexts effectively (6, 7). Thus, the integration of self-compassion principles within early childhood interventions appears to provide a comprehensive approach to enhancing social functioning.

The improvement in communication skills observed in this study further supports the integrative impact of self-compassion on interpersonal functioning. Communication skills, as a key component of social competence, enable children to express their thoughts and emotions effectively, understand others, and establish meaningful relationships (9). The enhancement of these skills may be attributed to the increased self-awareness and emotional clarity fostered by self-compassion practices. When children learn to approach their internal experiences with kindness and acceptance, they are better equipped to articulate their feelings and engage in constructive communication. This interpretation is supported by research indicating that self-compassion is associated with improved emotional regulation and interpersonal communication (10). Additionally, mindfulness-based components of self-compassion interventions may contribute to improved attentional control and present-moment awareness, which are essential for effective communication (30). The findings of the present study are therefore consistent with the growing body of literature highlighting the role of self-compassion in enhancing both intrapersonal and interpersonal competencies.

Another important implication of the findings relates to the developmental context of the participants. Preschool children are in a sensitive stage. The stability of the intervention effects in the follow-up phase suggests that self-compassion training may have lasting benefits beyond the immediate post-intervention period. This is particularly significant given that early childhood interventions often face challenges in maintaining long-term effects. The durability of the outcomes observed in this study may be attributed to the experiential and practice-based nature of the intervention, which emphasizes the development of internal skills that children can continue to apply independently. This is consistent with findings from previous studies indicating that self-compassion practices can lead to sustained improvements in emotional and psychological functioning (16, 17). Furthermore, the integration of self-compassion with mindfulness techniques may enhance the consolidation of learned skills, thereby promoting long-term behavioral change (32).

The results of the present study also have implications for understanding the mechanisms underlying the effectiveness of self-compassion interventions. One possible mechanism is the regulation of negative affect

through the activation of the soothing system, as proposed in compassion-focused therapy (12, 13). By reducing the dominance of the threat system and enhancing feelings of safety and acceptance, self-compassion may facilitate adaptive emotional responses and reduce maladaptive behaviors. Neuroimaging studies have provided evidence for this mechanism, showing that self-reassurance activates neural pathways associated with positive affect and emotional regulation (15). Additionally, self-compassion may serve as a buffer against the negative effects of early adverse experiences, thereby promoting resilience and psychological well-being (29). These mechanisms highlight the multifaceted nature of self-compassion and its potential as a core component of early intervention programs.

Despite the strengths of the present study, several limitations should be acknowledged. First, the sample size was relatively small, which may limit the generalizability of the findings. Second, the use of convenience sampling may introduce selection bias, reducing the representativeness of the sample. Third, the reliance on self-report and teacher-report measures may be subject to response biases, including social desirability. Fourth, the study was conducted within a specific cultural context, which may influence the applicability of the findings to other populations. Finally, the duration of the follow-up period was limited, and longer-term effects of the intervention remain to be examined.

Future research should address these limitations by employing larger and more diverse samples to enhance the generalizability of the findings. Longitudinal designs with extended follow-up periods are recommended to assess the stability.

In conclusion, the findings of the present study provide strong evidence for the effectiveness of self-compassion–based interventions in enhancing self-esteem, social skills, and communication skills among preschool children. By fostering a kind and accepting relationship with oneself, self-compassion training not only improves individual well-being but also promotes positive social interactions and adaptive functioning. These results underscore the importance of incorporating self-compassion principles into early childhood education and intervention programs to support holistic child development.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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