

DOROTA CHIMICZ

ANNA KUZAKA

SELF-COMPASSION
AND ITS RELATIONSHIP TO LIFE SATISFACTION
AND STRESS COPING STRATEGIES
IN ADULTS WITH BLINDNESS:
PRELIMINARY FINDINGS

INTRODUCTION

The concept of self-compassion understood as the capacity to treat oneself with kindness and understanding during periods of adversity (Neff, 2003; Neff & Knox, 2017) has emerged as a pivotal factor in the promotion of mental well-being and resilience (Brach, 2003; Brown et al., 2018; Zessin et al., 2015). This concept, developed by Kristin Neff (2003a, 2003b), is comprised of three fundamental elements: (a) self-kindness – exhibiting kindness and understanding towards oneself during moments of pain or failure instead of engaging in harsh self-criticism, (b) common humanity – recognising one's experiences as part of the broader human condition rather than viewing them as isolating and unique, and (c) mindfulness – maintaining a balanced awareness of painful thoughts and emotions without over-identifying with them.

Self-compassion represents an emotionally positive self-attitude that is intended to safeguard against the adverse effects of self-judgment and isolation

Dr DOROTA CHIMICZ – Maria Curie-Skłodowska University; correspondence address: Instytut Pedagogiki UMCS, ul. Głęboka 43, 20-612 Lublin, Poland; e-mail: dorota.chimicz@mail.umcs.pl; ORCID: <https://orcid.org/0000-0001-9531-4376>.

Dr ANNA KUZAKA – Wojewódzki Szpital Specjalistyczny w Białej Podlaskiej; correspondence address: Szpitalny Zespół Psychologów, ul. Terebelska 57-65, 21-500 Biała Podlaska, Poland; e-mail: anna.kuzaka@szpitalbp.pl; ORCID: <https://orcid.org/0000-0002-8150-8759>.

and has the potential to provide adaptive protection against the development of depression, anxiety and stress (Brown et al., 2018; Zessin et al., 2015). Due to its non-evaluative and interconnected nature, self-compassion should also mitigate tendencies towards narcissism, self-centredness, and downward social comparison, often linked to efforts to preserve self-esteem. A less critical and evaluative approach towards oneself, without the persistent need to compare oneself with others (a characteristic of high self-esteem), can result in greater tolerance and more accurate attributions regarding one's and others' behaviour (Shepherd & Cardon, 2009; Dzwonkowska, 2011, 2013).

Although the general benefits of self-compassion are well-documented (Dzwonkowska, 2013; Neff, Hsieh & DeJitterat, 2005; Neff, Kirkpatrick, & Rude, 2007; Neff & Germer, 2013; Neff & Knox, 2017), its specific impact on individuals with blindness remains underexplored. They often face several unique challenges, including the inability to perform daily living activities, social isolation, discrimination, and accessibility barriers, which can exacerbate stress and negatively affect their life satisfaction (Adigun et al., 2014; Bekibele & Gureje, 2008; Tshuma et al., 2022; Verhaeghe, Van der Bracht & Van de Putte, 2016).

Blindness significantly affects multiple aspects of life, influencing mobility, education, employment, social integration, and psychological well-being (Vuletić et al., 2016). Individuals with visual impairments must navigate a world primarily designed for sighted individuals, encountering barriers that hinder their independence and overall quality of life. Functionally, vision loss reduces the ability to perform essential daily tasks, such as navigating public spaces, reading, and using technology, often requiring external assistance or adaptive tools (Weih, McCarty, & Taylor, 2000). These challenges extend to professional settings, where individuals frequently experience employment discrimination, limited career advancement opportunities, and inadequate workplace accommodations, leading to further economic and social marginalisation (McNeil, 2015; Rogowska, 2023). Additionally, difficulties in interpreting non-verbal cues often contribute to social isolation and exclusion from social participation (Stevelink et al., 2015).

Psychological adaptation to vision loss presents additional challenges, as individuals with blindness are more susceptible to heightened stress, anxiety, and depressive symptoms, particularly during the transition from sighted to visually impaired status (Khodabakhshi-Koolaei et al., 2024). The adjustment process is often characterised by stages of grief, frustration, and the eventual development of coping mechanisms, with some individuals adopting problem-focused strategies, such as planning and seeking social support, while others resort to avoidance-based strategies, which have been linked to increased distress (Szabala, 2023).

In this context, fostering self-compassion may serve as a valuable coping mechanism, enhancing emotional support and resilience among this population. As Weryszko (2021) points out, self-compassion involves being kind and forgiving to oneself in moments of pain or failure rather than engaging in self-criticism. It encourages individuals to perceive their struggles as part of a larger human experience, rather than isolating themselves in their difficulties. Furthermore, mindful awareness of painful emotions, rather than over-identification with them, can help regulate distress and improve well-being. Research by Leary et al. (2007) further supports this, demonstrating that self-compassion attenuates negative emotional reactions and facilitates more effective coping mechanisms. In response to real, imagined, and recalled distressing situations, self-compassionate individuals exhibit fewer negative emotions, which may be particularly beneficial in mitigating the psychological burden of vision loss.

Given these challenges, self-compassion may play a crucial role in moderating the emotional and psychological impact of blindness, enhancing well-being, and promoting adaptive coping strategies. Despite its potential benefits, research on self-compassion in visually impaired individuals remains limited. The present study aims to address this gap by examining the relationship between self-compassion, life satisfaction, and stress-coping strategies among adults with blindness.

1. RESEARCH AIM AND QUESTIONS

The report outlines a preliminary pilot study to explore the levels of life satisfaction, stress-coping strategies, and self-compassion in adults with vision loss and to examine the relationships between these variables. Specifically, the study seeks to determine the most and least commonly used stress-coping strategies, assess the level of self-compassion, and investigate how self-compassion relates to life satisfaction and the selection of stress-coping strategies. Additionally, the study aims to analyse how the positive and negative aspects of self-compassion influence the choice of stress-coping strategies in this population. The aim, as formulated, has been specified by the following research questions:

1. What is the level of satisfaction with life in adults with vision loss?
2. What strategies do respondents with blindness use most and least frequently to cope with stress?
3. What is the level of self-compassion in adults with blindness?

4. What is the relationship between self-compassion and life satisfaction in adults with visual impairment?

5. What is the relationship between self-compassion and the selection of stress-coping strategies among adults with blindness?

6. How are the positive and negative aspects of self-compassion related to the choice of stress-coping strategies among adults with vision loss?

Due to the exploratory nature of the research, no hypotheses were formulated for Research Questions 1, 2, and 3. However, hypotheses concerning the relationships between the variables analysed were formulated for Research Questions 4 to 6. The following was assumed:

Hypothesis 1: Self-compassion is positively correlated with life satisfaction in adults with visual impairment. This hypothesis is grounded in prior research findings indicating that the promotion of self-kindness and the reduction of self-criticism facilitate the alleviation of stress and depression, which in turn enhances life satisfaction (Bui et al., 2021; Dzwonkowska, 2011; Gupta et al., 2024; Leary et al., 2007; Weryszko, 2021). Self-compassion has been linked to adaptive psychological functioning (Neff, Kirkpatrick, & Rude, 2007). It serves to protect against self-esteem anxiety when considering personal vulnerabilities, and increases in self-compassion have been associated with increases in other indicators of mental health (Weryszko, 2021).

Hypothesis 2: Self-compassion is associated with the selection of stress-coping strategies among adults with blindness. The hypothesis presented above is based on findings from existing literature, which indicate that self-compassion encourages the utilisation of adaptive stress-coping strategies, including proactive and reflective coping mechanisms. The necessity to confront the everyday challenges that are, on the whole, more arduous than those encountered by people with disabilities requires visually impaired individuals to demonstrate a considerable degree of commitment and to sustain the motivation to act. Only those strategies that are regarded as adaptive are able to meet these expectations and enable visually impaired individuals to fulfil a variety of tasks in the context of adapting to life with a visual disability (Gupta et al., 2024; Szabala, 2022; Tshuma et al., 2022).

Hypothesis 3: The positive and negative aspects of self-compassion are differentially related to the choice of stress-coping strategies among adults with vision loss. This hypothesis builds upon earlier studies that have highlighted that the positive aspects of self-compassion, such as self-kindness and mindfulness, have been linked to the utilisation of adaptive coping strategies, including planning and seeking support. Conversely, negative aspects, such as self-judgment and isolation, are associated with maladaptive coping mechanisms,

including avoidance. The implementation of interventions designed to enhance the positive aspects of self-compassion has been demonstrated to facilitate more effective coping outcomes (Bui et al., 2021; Tshuma et al., 2022).

2. METHOD AND SAMPLE

The research was conducted from January to May 2024. The initial recruitment strategy was designed with the broad purpose of identifying the most informative cases, as Denscombe (2010, p. 35) suggests, by focusing on a relatively small number of instances selected based on their known attributes. The inclusion criterion was being an adult with blindness and having a moderate or severe visual disability, as classified under Polish law, which defines disability levels based on both medical parameters and functional limitations. According to the International Classification of Diseases, 11th Revision (ICD-11), visual impairment is categorized based on presenting visual acuity: moderate visual impairment corresponds to a visual acuity worse than 6/18 but equal to or better than 6/60; severe visual impairment is defined as a visual acuity worse than 6/60 but equal to or better than 3/60; and blindness is characterized by a visual acuity worse than 3/60 or a corresponding visual field loss (WHO, 2018).

In Poland, the degree of disability is assessed not only based on medical parameters but also considering functional limitations. The legal framework for disability assessment and support is primarily regulated by the Act on Social and Vocational Rehabilitation and Employment of Persons with Disabilities (Dz.U. of 1997, No. 123, item 776), and the Regulation of the Minister of Family and Social Policy of July 15, 2003, which defines the criteria for disability classification (Dz.U. of 2003, No. 139, item 857).

Individuals with severe visual impairment or blindness are typically classified as having a “significant degree of disability”, which entitles them to comprehensive social support and assistive services. Those with moderate impairment may qualify for a “moderate degree of disability”, granting them partial assistance in professional and daily life activities.

The respondents were selected from a network known to the researcher and further recruited through social media and the snowball sampling recruitment strategy. Snowball sampling, as outlined by Vogt (1999), is a method of recruiting research subjects whereby one participant provides the researcher with the name of a second, who then offers the researcher the name of a third, and so forth. This method is beneficial when the objective is to identify a limited number of respondents with distinctive characteristics and experiences.

The study used the method of a diagnostic survey. The questionnaire was prepared as an online questionnaire using Google Forms to collect responses from the respondents.

The construct of self-compassion was measured using the Polish adaptation of the Self-Compassion Scale (SCS) by Kristin Neff (2003b), as developed by Kocur, Flakus, and Fopka-Kowalczyk (2022). The version of the tool employed (SCS-PL) comprises 26 statements to which respondents indicate the frequency of occurrence of each symptom on a 5-point scale (1 = *rarely*, 5 = *almost always*). The scale comprises six subscales: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification.

Furthermore, the study employed the Satisfaction With Life Scale (SWLS) by E. Diener, R. A. Emmons, R. J. Larson, and S. Griffin, with the Polish adaptation by Z. Juczyński (2001). The tool comprises five statements, which respondents rate on a seven-point scale, indicating how each statement relates to their life experience. The total score obtained represents the overall degree of satisfaction with life. Scores range from 5 to 35 points. A higher score indicates a greater feeling of satisfaction with life. In interpreting the score on the sten scale, values between 1 and 4 sten are considered low, scores between 5 and 6 sten are considered average, and scores between 7 and 10 sten are considered high (Czechowska-Bieluga, 2012, p. 118).

The final research instrument employed was Charles Carver's *MINI-COPE* questionnaire, adapted for Polish by Juczyński and Ogińska-Bulik (2012). The instrument was used for the purpose of evaluating the methods utilised by respondents to cope with stress. The questionnaire comprises 28 statements that correspond to the respondents' typical responses to challenging or stressful situations. In accordance with the authors' recommendation, the responses were divided into 14 scales prior to the compilation of the results. To facilitate statistical analysis, the following strategies were distinguished under the guidelines outlined in the literature: active coping (active coping, planning, positive re-evaluation, acceptance), support-seeking (seeking emotional support, seeking instrumental support), avoidance behaviour (engaging in other activities, denial, emotional discharge), and helplessness (use of psychoactive substances, cessation of activities, blaming oneself). It should be noted that the strategies of turning to religion, acceptance, and humour are considered separate categories.

Given the research aim and the necessity for a comprehensive understanding of the research subject, quantitative research was employed. The presented study adhered to the ethical standards for research. All respondents were provided with a comprehensive informed consent statement, including the option to withdraw and assurances about data anonymisation, including the use of pseudonyms.

The socio-demographic variables for the surveyed adults were measured using a questionnaire developed by the author. This questionnaire included questions regarding gender, age, place of residence, degree of disability, participation in the labour market, and marital status. Detailed demographic information about the participants is presented in Table 1.

Table 1. Sample characteristics ($N = 30$)

Variable	Category	N	%
Gender	Female	18	60.0
	Male	12	40.0
Age	< 30	4	13.3
	30–40	7	23.3
	41–50	11	36.7
	>50	8	26.7
Place of residence	Countryside	3	10.0
	City	27	90.0
Degree of disability	Moderate	4	13.3
	Severe	26	86.7
Participation in the labour market	Active	16	53.3
	Unemployed	8	26.7
	Searching for a job	6	20.0
Marital status	Living alone	5	16.7
	Living with parents	9	30.0
	Relationship without children	8	26.7
	Couple with children	8	26.7

3. DATA ANALYSIS

The statistical analysis of the data collected during the study was conducted using IBM SPSS Statistics. Descriptive statistics appropriate to the level of measurement of the variables were employed. To examine the relationships between variables, Spearman's rank correlation coefficient (ρ) was used.

The Shapiro–Wilk test was performed to determine whether the distributions of the ratio variables conformed to a normal distribution. This was necessary for selecting appropriate statistical tests for the main analysis. In the tables with this test, the following abbreviations were used: *S-W* – test statistic, *N* – number of observations, and *p* – significance of the test. Three levels of statistical significance were adopted (from highest to lowest): $p < 0.001$ (indicated by ***), $p < 0.01$ (indicated by **), and $p < 0.05$ (indicated by *). A statistically significant deviation from the normal distribution was indicated at these levels.

Spearman’s rho was calculated to examine whether ratio variables, whose distributions significantly deviated from normal, correlated statistically significantly in a linear manner. Three levels of statistical significance were adopted (from highest to lowest): $p < 0.001$ (indicated by ***), $p < 0.01$ (indicated by **), and $p < 0.05$ (indicated by *).

4. RESULTS

The analysis began with assessing variable distributions using descriptive statistics and normality tests (Shapiro–Wilk). Life satisfaction among adults with blindness was normally distributed, with average scores indicating moderate satisfaction levels ($M = 20.93$, $SD = 6.50$) (Table 2).

Table 2. Descriptive statistics and normality test distribution results for the satisfaction with life

The life satisfaction	<i>N</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>Me</i>	<i>SD</i>	<i>S-W</i>	<i>p</i>
	30	10	35	20.93	2150	6.50	0.965	0.407

Regarding stress coping strategies, most distributions significantly deviated from normality. Respondents predominantly employed adaptive strategies such as active coping, acceptance, planning, seeking emotional and instrumental support, and positive re-evaluation. Maladaptive coping strategies, including substance use, denial, and cessation of activities, were infrequently reported (Table 3). This may suggest a general preference for constructive and problem-oriented coping among respondents, which may indicate higher levels of psychological resilience and effective self-regulation in managing stress among respondents with visual impairment.

Table 3. Descriptive statistics and normality tests of the distributions of stress coping strategies

Strategies for coping with stress	<i>N</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>Me</i>	<i>SD</i>	<i>S-W</i>	<i>p</i>
Active coping	30	0.0	3.0	2.28	2.50	0.77	0.847	0.001**
Planning	30	1.0	3.0	2.22	2.00	0.67	0.883	0.003**
Positive re-evaluation	30	0.0	3.0	1.80	2.00	0.87	0.907	0.013*
Acceptance	30	0.0	3.0	2.23	2.50	0.81	0.854	0.001**
Humour	30	0.0	2.0	1.03	1.00	0.66	0.905	0.011*
Turning to religion	30	0.0	3.0	1.33	1.50	1.11	0.879	0.003**
Seeking emotional support	30	0.0	3.0	1.95	2.00	0.94	0.882	0.003**
Seeking instrumental support	30	0.0	3.0	1.88	2.00	0.74	0.918	0.023*
Engaging in other activities	30	0.0	3.0	1.93	2.00	0.68	0.916	0.021*
Denial	30	0.0	3.0	1.02	1.00	0.97	0.881	0.003**
Emotional discharge	30	0.5	3.0	1.63	1.50	0.69	0.937	0.074
Use of psychoactive substances	30	0.0	3.0	0.67	0.00	1.05	0.667	<0.001***
Cessation of activities	30	0.0	2.5	0.98	1.00	0.77	0.904	0.010*
Blaming oneself	30	0.0	3.0	1.48	1.25	0.85	0.919	0.025*

Self-compassion, as conceptualised by Neff (2003a, 2003b), which includes self-kindness, common humanity, and mindfulness, plays a crucial role in fostering emotional resilience and psychological well-being. *Self-kindness* encourages a gentle and understanding attitude towards oneself, allowing individuals to replace harsh self-criticism with patience and care, particularly in moments of difficulty. Similarly, *common humanity* highlights the shared nature of human struggles, reminding individuals that challenges and setbacks are not personal failings but part of a broader, collective experience. As a result, this awareness helps reduce feelings of isolation and fosters a sense of belonging. Meanwhile, *mindfulness* enables a balanced awareness of emotions, allowing individuals to acknowledge their thoughts and feelings without becoming overwhelmed or dismissing them. Consequently, it promotes clarity and composure, making it easier to navigate difficult emotions. Together, these elements create a supportive inner framework, helping individuals manage stress more effectively, approach challenges with greater perspective, and maintain emotional equilibrium even in times of adversity (Knott, 2020; Moraes et al., 2021; Naidoo & Oosthuizen, 2023; Kocur, Flakus, & Fopka-Kowalczyk, 2022; Weryszko, 2021).

Self-compassion, when lacking, gives way to its negative counterparts – self-judgment, isolation, and over-identification – which can hinder emotional resilience and exacerbate psychological distress. *Self-judgment* involves harsh self-criticism, where individuals respond to their difficulties with blame rather than understanding, often reinforcing feelings of inadequacy and lowering self-esteem (Weryszko, 2021). Instead of offering themselves the kindness they might extend to others, they engage in negative self-evaluation, which can intensify stress and emotional suffering (Naidoo & Oosthuizen, 2023). *Isolation*, in contrast to common humanity, leads individuals to perceive their struggles as unique and separate from the shared human experience, making difficulties seem more overwhelming and increasing feelings of loneliness (Moraes et al., 2021). This sense of disconnection may discourage individuals from seeking support, further amplifying distress (Knott, 2020). Meanwhile, *over-identification* prevents a balanced perspective by causing individuals to become entirely consumed by their emotions and thoughts, making it difficult to step back and assess situations rationally (Kocur, Flakus, & Fopka-Kowalczyk, 2022). Rather than observing challenges with mindful awareness, they dwell excessively on negative experiences, which can fuel rumination and emotional instability (Weryszko, 2021). Together, these negative aspects of self-compassion not only diminish emotional well-being but also contribute to maladaptive coping patterns, making it harder for individuals to navigate stress in a constructive way (Naidoo & Oosthuizen, 2023).

Self-compassion scores within the group of respondents with blindness were generally average, with significant deviations from normality observed for *self-kindness*, *isolation*, and *over-identification* (Table 4). These results indicate that while the overall self-compassion scores were within a typical range, specific dimensions exhibited non-normal distributions, suggesting variability in how individuals with blindness perceive and regulate their emotions related to self-kindness, feelings of isolation, and over-identification with distress. Variations in these domains imply notable differences in how respondents experience and respond emotionally to their disability. The lower normality scores for self-kindness suggest that some participants with blindness may struggle with self-compassion, while elevated deviations in isolation and over-identification might reflect heightened self-critical tendencies and a tendency to become overly absorbed in negative emotions. These findings highlight the complexity of emotional responses to visual impairment.

Table 4. Descriptive statistics and normality tests
of the distributions of self-compassion indicators

Self-compassion	<i>N</i>	<i>Min</i>	<i>Max</i>	<i>M</i>	<i>Me</i>	<i>SD</i>	<i>S-W</i>	<i>p</i>
Total	30	33	117	82.97	83.50	24.51	0.940	0.089
Self-kindness	30	5	25	16.67	18.00	6.05	0.921	0.028*
Self-judgment	30	6	25	15.17	15.00	5.25	0.962	0.357
Common humanity	30	4	20	14.07	15.50	4.10	0.937	0.077
Isolation	30	4	20	12.07	12.50	5.28	0.923	0.032*
Mindfulness	30	4	20	14.03	15.00	4.03	0.934	0.064
Over-identification	30	5	20	12.57	13.00	4.57	0.906	0.012*

Given these deviations, Spearman's rho correlation was applied to assess relationships between self-compassion and life satisfaction. The results revealed a strong positive correlation ($\rho = 0.68$, $p < 0.001$), indicating that greater self-compassion is closely linked to higher life satisfaction. The strongest associations were found for *mindfulness* ($\rho = 0.782$, $p < 0.001$), *self-kindness* ($\rho = 0.705$, $p < 0.001$), and *common humanity* ($\rho = 0.614$, $p < 0.001$). This suggests that individuals who are more mindful, kind to themselves and feel a sense of shared human experience tend to experience greater overall well-being.

In contrast, negative correlations were observed between life satisfaction and *self-judgment* ($\rho = -0.482$, $p = 0.007$), *isolation* ($\rho = -0.484$, $p = 0.007$), and *over-identification* ($\rho = -0.428$, $p = 0.018$). These findings imply that those who are highly self-critical, feel isolated, or become overly absorbed in their difficulties are more likely to report lower life satisfaction. The negative link between isolation and life satisfaction also highlights the critical role of social and emotional connectedness in overall well-being.

Among all self-compassion components, *mindfulness* showed the strongest relationship with life satisfaction ($\rho = 0.782$, $p < 0.001$), suggesting that it helps to maintain a balanced perspective on personal challenges, reducing emotional reactivity and fostering resilience (Table 5).

Table 5. Correlations between indicators of self-compassion and life satisfaction

Self-compassion	Life satisfaction	
	rho	p
Total	0.687	<0.001***
Self-kindness	0.705	<0.001***
Self-judgment	-0.482	0.007**
Common humanity	0.614	<0.001***
Isolation	-0.484	0.007**
Mindfulness	0.782	<0.001***
Over-identification	-0.428	0.018*

In the studied group of adults with blindness, the overall level of self-compassion shows statistically significant positive correlations with several adaptive coping strategies, including *active coping* ($\rho = 0.683, p < 0.001$), *planning* ($\rho = 0.709, p < 0.001$), *positive re-evaluation* ($\rho = 0.634, p < 0.001$), and *acceptance* ($\rho = 0.695, p < 0.001$). These results indicate that individuals who frequently employ these constructive strategies tend to have higher levels of self-compassion, suggesting that these coping mechanisms are linked to a more supportive and gentle approach toward oneself, which promotes psychological well-being.

On the other hand, self-compassion demonstrates significant negative correlations with maladaptive coping strategies, including *denial* ($\rho = -0.760, p < 0.001$), *substance use* ($\rho = -0.476, p = 0.008$), *cessation of activities* ($\rho = -0.696, p < 0.001$), and *self-blame* ($\rho = -0.695, p < 0.001$). These findings indicate that greater reliance on these ineffective coping mechanisms corresponds with lower self-compassion levels. Notably, the strongest negative correlation is with denial, suggesting that individuals who frequently reject or ignore difficulties tend to have diminished self-compassion.

In this group of respondents with blindness, higher self-compassion aligns with greater use of adaptive strategies, such as acceptance and positive re-evaluation, whereas lower self-compassion is linked to increased reliance on maladaptive approaches, particularly denial and self-blame (Table 6).

Table 6. Correlations between general self-compassion and stress coping strategies

Strategies for coping with stress	Overall self-compassion	
	rho	p
Active coping	0.683	<0.001***
Planning	0.709	<0.001***
Positive re-evaluation	0.634	<0.001***
Acceptance	0.695	<0.001***
Humour	0.050	0.794
Turning to religion	-0.028	0.882
Seeking emotional support	0.346	0.061
Seeking instrumental support	0.253	0.177
Engaging in other activities	-0.175	0.354
Denial	-0.760	<0.001***
Emotional discharge	-0.316	0.089
Use of psychoactive substances	-0.476	0.008**
Cessation of activities	-0.696	<0.001***
Blaming oneself	-0.695	<0.001***

When analysing the positive, specific indicators of self-compassion, it was found that self-kindness, common humanity, and mindfulness show strong positive correlations with adaptive coping strategies, particularly *planning* ($\rho = 0.635\text{--}0.700$, $p < 0.001$), alongside *active coping*, *acceptance*, and *positive re-evaluation*. Negative correlations are observed with maladaptive strategies such as *denial*, *cessation of activities*, and *self-blame* ($\rho = -0.610$ to -0.447 , $p \leq 0.013$). Among the adaptive strategies, planning exhibits the strongest positive association with all three self-compassion components. These findings highlight the role of self-compassion in promoting effective coping mechanisms while reducing reliance on less adaptive strategies (Table 7).

Table 7. Correlations between positive self-compassion indicators and stress coping strategies

Strategies for coping with stress	Self-kindness		Common humanity		Mindfulness	
	rho	p	rho	p	rho	p
Active coping	0.602	<0.001***	0.551	0.002**	0.603	<0.001***
Planning	0.681	<0.001***	0.635	<0.001***	0.700	<0.001***
Positive re-evaluation	0.563	0.001**	0.471	0.009**	0.482	0.007**
Acceptance	0.650	<0.001***	0.476	0.008**	0.683	<0.001***

Humour	0.178	0.346	0.243	0.196	0.201	0.87
Turning to religion	-0.019	0.919	-0.106	0.579	0.171	0.366
Seeking emotional support	0.391	0.033*	0.436	0.016*	0.161	0.397
Seeking instrumental support	0.251	0.181	0.284	0.129	0.084	0.660
Engaging in other activities	-0.191	0.312	0.150	0.428	-0.154	0.418
Denial	-0.610	<0.001***	-0.447	0.013*	-0.466	0.009**
Emotional discharge	-0.259	0.167	0.006	0.976	-0.094	0.623
Use of psychoactive substances	-0.288	0.122	-0.337	0.068	-0.390	0.033*
Cessation of activities	-0.597	0.001**	-0.574	0.001**	-0.575	0.001**
Blaming oneself	-0.530	0.003**	-0.299	0.109	-0.455	0.011*

When analysing the negative indicators of self-compassion, self-judgment, isolation, and over-identification the results show significant negative correlations with adaptive coping strategies, particularly active coping, planning, and acceptance ($\rho = -0.683$ to -0.434 , $p \leq 0.017$), while strongly associating with maladaptive strategies such as denial, self-blame, and substance use ($\rho = 0.831$ to 0.394 , $p \leq 0.031$). Notably, self-judgment correlates most strongly with self-blame, isolation with active coping, and over-identification with denial. These patterns suggest that heightened self-criticism and emotional disengagement hinder effective coping and reinforce maladaptive behaviours, increasing stress vulnerability and reducing well-being in individuals with blindness (Table 8).

Table 8. Correlations between negative self-compassion indicators and stress coping strategies

Strategies for coping with stress	Blaming oneself		Isolation		Over-identification	
	rho	p	rho	p	rho	p
Active coping	-0.456	0.011*	-0.683	<0.001***	-0.542	0.002**
Planning	-0.477	0.008**	-0.594	0.001**	-0.465	0.010*
Positive re-evaluation	-0.453	0.012*	-0.578	0.001**	-0.540	0.002**
Acceptance	-0.434	0.017*	-0.645	<0.001***	-0.506	0.004**
Humour	0.133	0.484	-0.037	0.846	0.095	0.618
Turning to religion	0.093	0.625	0.094	0.621	0.119	0.530
Seeking emotional support	-0.289	0.122	-0.308	0.098	-0.297	0.111
Seeking instrumental support	-0.235	0.211	-0.197	0.298	-0.222	0.239

Engaging in other activities	0.293	0.116	0.170	0.369	0.157	0.409
Denial	0.778	<0.001***	0.664	<0.001***	0.689	<0.001***
Emotional discharge	0.400	0.028*	0.331	0.074	0.545	0.002**
Use of psychoactive substances	0.394	0.031*	0.433	0.017*	0.542	0.002**
Cessation of activities	0.555	0.001**	0.615	<0.001***	0.565	0.001**
Blaming oneself	0.831	<0.001***	0.676	<0.001***	0.651	<0.001***

DISCUSSION

The author of the self-compassion construct Kristin Neff (2003a) made the theoretical assumption that self-compassion is an important regulator of human emotional adjustment and coping with difficult situations and stress. This compassionate attitude enables the transformation of negative emotions into more positive feelings, which facilitates a better understanding of one's situation and contributes to more appropriate and effective behaviour (Dzwonkowska, 2013). This study examined the role of self-compassion in life satisfaction and stress-coping among adults with vision loss.

The findings suggest that life satisfaction among adults with blindness was normally distributed, with mean scores indicating moderate levels of satisfaction ($M = 20.9$, $SD = 6.50$). This indicates that despite the challenges associated with visual impairment many respondents maintain a stable sense of contentment in their lives (Vuletić et al., 2016). However, the considerable standard deviation points to significant variation, meaning that while some participants report high satisfaction, others experience lower levels of well-being. A range of factors may account for these differences, which future research should explore in greater depth. Literature suggests that the type and duration of visual impairment significantly influence the quality of life, with individuals who acquire blindness later in life often experiencing greater difficulties in adjustment compared to those who are blind from birth (Vuletić et al., 2016). Additionally, the presence of strong social networks, access to assistive technologies, and engagement in rehabilitation services have been linked to higher life satisfaction and overall well-being in individuals with visual impairment (Vuletić et al., 2016; Adigun et al., 2014).

These findings also align with those of Stevelink et al. (2015), who emphasised that adjusting to visual impairment is an ongoing process, often extending years beyond the initial diagnosis. Moreover, individuals who struggle to accept their

impairment or lack access to social and rehabilitative resources are more likely to experience lower life satisfaction and increased psychological distress. Additionally, unemployment has been identified as a significant factor contributing to reduced quality of life, emphasizing the need for robust economic and vocational support for visually impaired individuals (Adigun et al., 2014).

The present study also revealed that adults with blindness exhibited a preference for adaptive stress-coping strategies, including active coping, planning, positive re-evaluation, and acceptance. This may suggest that many individuals with visual impairment adopt constructive approaches, enabling them to navigate everyday challenges with greater psychological resilience. These findings are consistent with those of Reinhardt et al. (2009) and Szabala (2021), who emphasized the significance of adaptive coping strategies in the management of chronic stress. Furthermore, Gupta et al. (2024) observed that avoidance and reflective coping were commonly employed by individuals with visual impairment. This highlights the variability in coping styles, where some individuals engage in proactive strategies, while others may struggle with less effective mechanisms that hinder psychological well-being. Additionally, Lone et al. (2024) found that individuals with visual impairment often rely more on specific coping strategies than other groups. They frequently engage in positive coping tactics such as acceptance, reframing, and seeking social or spiritual support, which may help them maintain emotional stability and adjust to their circumstances more effectively. This preference may reflect both necessity and adaptation as vision loss often requires learning new skills, using assistive technologies, and seeking help, which can cultivate acceptance and problem-focused coping.

The analysis lends support to the hypothesis that higher levels of self-compassion are associated with the selection of adaptive stress-coping strategies, including active coping, planning, positive re-evaluation, and acceptance. In contrast, lower levels of self-compassion are correlated with the use of maladaptive strategies, which include denial, substance use, cessation of activities, and self-blame. This aligns with research by Bui et al. (2021), which demonstrated that self-compassion enhances proactive coping and reduces stress, while Stevelink et al. (2015) observed that individuals struggling to accept their impairment were more likely to engage in avoidance-based coping strategies, such as social withdrawal or substance use.

The study also investigated the differential effects of the positive and negative aspects of self-compassion on coping strategies. The positive aspects of self-compassion, including self-kindness, common humanity, and mindfulness, were significantly associated with adaptive coping, supporting Gilbert's (2009)

model of self-compassion as a protective factor in resilience-building. In contrast, negative aspects of self-compassion, including self-judgment, isolation, and over-identification, were linked to maladaptive coping strategies, such as denial and self-blame. Similarly, Gupta et al. (2024) found that individuals who relied more on avoidance coping, a negative strategy, experienced poorer psychosocial quality of life. This indicates that negative self-compassion elements may indeed hinder effective stress management and well-being.

The results substantiate the proposed positive correlation between self-compassion and life satisfaction. Higher levels of self-compassion were found to be significantly correlated with greater life satisfaction, while lower levels of self-compassion were associated with diminished life satisfaction. Among all self-compassion components, mindfulness showed the strongest relationship with life satisfaction ($\rho = 0.782$, $p < 0.001$). This relationship is consistent with the findings of Neff (2003) and Leary et al. (2007), who discovered that self-compassion enhances emotional well-being by cultivating a balanced and less self-critical outlook. A recent meta-analysis found that mindfulness-based interventions (MBIs) produced significant improvements in self-compassion, with moderate-to-large effect sizes observed from pre- to post-intervention (Wasson et al., 2020). In practical terms, participants who undergo mindfulness practices tend to become more compassionate with themselves, which in turn is linked to reduced burnout and enhanced emotional well-being in high-stress groups. Mindfulness practices teach skills like accepting difficult feelings and recognizing one's common humanity, which counteracts self-criticism and stress reactivity. Over time, this strengthens coping capacity. For example, an eight-week mindfulness-based program for people with visual impairments led to significant gains in positive mental states (e.g. increased hope and happiness) while reducing psychological distress (Khodabakhshi-Koolaei, Ghadyani, & Malekitabar, 2024). Such outcomes illustrate how cultivating mindfulness, and self-compassion can help visually impaired individuals adapt more resiliently. In qualitative reports, visually impaired persons who received mindfulness training described better stress management and emotional balance in daily life, indicating that these interventions impart valuable coping skills (e.g., breathing techniques, present-focus) that complement self-compassion development. Overall, mindfulness and compassion-focused interventions are promising avenues to enhance resilience by improving how individuals relate to their own challenges with kindness and equanimity.

The findings have significant implications for the development of interventions aimed at improving the psychological well-being of adults with vision loss.

Given the robust correlations between self-compassion, adaptive coping strategies, and life satisfaction, interventions that enhance self-compassion, particularly through mindfulness and self-kindness, have the potential to be highly effective. Mindfulness-based interventions, which have been demonstrated to enhance self-compassion and mitigate stress (Kabat-Zinn, 2003), may prove particularly advantageous for this demographic. Furthermore, the reduction of negative aspects of self-compassion may assist in reducing reliance on maladaptive coping strategies and improving overall well-being.

It would be beneficial for future research to focus on longitudinal studies, with the aim of exploring the causal relationships between self-compassion, stress-coping strategies and life satisfaction. As proposed by Stevelink et al. (2015), there is a necessity for uninterrupted assistance, addressing both emotional and practical requirements, to assist individuals with visual impairment in coping more effectively over time. Further studies could investigate the impact of modifications in coping strategies, as noted by Gupta et al. (2024), on the quality of life in people with visual impairment. An investigation into the potential benefits of integrating self-compassion training into rehabilitation programmes for individuals with visual impairment could offer a comprehensive approach to improving their quality of life.

CONCLUSIONS

Kristin Neff proposed that self-compassion involves the ability to confront and engage with the negative aspects of oneself and one's experiences (Neff & Lamb, 2009). This includes the capacity to care for oneself and rely on inner resilience when faced with difficult life circumstances (Neff & Knox, 2017), fostering a desire to endure and alleviate painful feelings while maintaining a sense of connection with others in moments of suffering (Neff & Germer, 2013).

For individuals with moderate or severe visual impairment, this concept of self-compassion is particularly relevant. The challenges they face – ranging from navigating a world designed primarily for those with sight to overcoming societal misconceptions and biases – can often lead to feelings of inadequacy or failure. In such situations, self-compassion encourages individuals to respond with warmth and non-judgmental understanding towards themselves, rather than downplaying their struggles or engaging in self-criticism. This compassionate response is crucial, as it helps to prevent the internalisation of societal stigmas

and allows individuals to acknowledge their difficulties without equating them with personal failure.

Moreover, the practice of self-compassion helps people with moderate or severe visual impairment to recognise that imperfection, mistakes, and life's difficulties are universal human experiences, not unique to their condition (Neff, Kirkpatrick, & Rude, 2007). This perspective can mitigate feelings of isolation that often accompany living with a disability, fostering a sense of shared humanity and resilience. By embracing self-compassion, individuals with visual impairments can better navigate the emotional and psychological challenges of their condition, promoting overall well-being and a more positive self-concept.

In conclusion, this study underscores the importance of integrating self-compassion-based interventions into psychosocial support programs for individuals with moderate to severe visual impairments. Doing so can promote greater emotional adaptability, self-acceptance, and overall well-being, ultimately helping individuals with visual impairments lead more fulfilling and empowered lives despite the challenges posed by their condition.

REFERENCES

- Act of 27 August 1997 on Social and Vocational Rehabilitation and Employment of Persons with Disabilities [Ustawa z dnia 27 sierpnia 1997 r. o rehabilitacji zawodowej i społecznej oraz zatrudnienie osób niepełnosprawnych]. Journal of Laws [Dz.U.] of 2016, item 480.
- ADIGUN, K., OLULEYE, T. S., LADIPO, M. M., & OLOWOOKERE, S. A. (2014). Quality of life in patients with visual impairment in Ibadan: A clinical study in primary care. *Journal of Multidisciplinary Healthcare*, 7, 173–178. <https://doi.org/10.2147/JMDH.S51359>
- BEKIBELE, C. O., & GUREJE, O. (2008). Impact of self-reported visual impairment on quality of life in the Ibadan study of ageing. *The British Journal of Ophthalmology*, 92(5), 612–615.
- BRACH, T. (2003). *Radical acceptance: Embracing your life with the heart of a Buddha*. New York: Bantam.
- BROWN, L., HUFFMAN, J. C., & BRYANT, C. (2018). Self-compassionate aging: A systematic review. *The Gerontologist*, 59(4), e311–e324. <https://doi.org/10.1093/geront/gny108>
- BUI, T. H. T., NGUYEN, T. N. T., PHAM, H. D., TRAN, C. T., & HA, T. H. (2021). The mediating role of self-compassion between proactive coping and perceived stress among students. *Science progress*, 104(2), 1–14. <https://doi.org/10.1177/00368504211011872>
- CZECHOWSKA-BIELUGA, M. (2012). *Poczucie jakości życia studentów pracy socjalnej i kierunków ekonomicznych. Analiza porównawcza*. Toruń: Wydawnictwo Edukacyjne "Akapit".
- DENSCOMBE, M. (2010). *The Good Research Guide: For small social research projects* (4th ed.). Berkshire: Open University Press.

- DZWONKOWSKA, I. (2011). Współczucie wobec samego siebie (self-compassion) jako moderator wpływu samooceny globalnej na afektywne funkcjonowanie ludzi. *Psychologia Społeczna*, 6(1), 67–80.
- DZWONKOWSKA, I. (2013). Współczucie wobec samego siebie a inne wymiary osobowości oraz emocjonalne funkcjonowanie ludzi. *Czasopismo Psychologiczne*, 19(2), 303–313.
- GILBERT, P. (2009). *The compassionate mind: A new approach to life challenges*. London: Constable and Robinson.
- GUPTA, A., JAIN, N., GUPTA, P. & SONI, R. (2024). To study the coping strategies of visually impaired adults. *International Journal of Toxicological and Pharmacological Research*, 14(1), 235–240.
- JUCZYŃSKI, Z., & OGIŃSKA-BULIK, N. (2012). *Narzędzia pomiaru stresu i radzenia sobie ze stresem*. Warszawa: Pracownia Testów Psychologicznych PTP.
- JUCZYŃSKI, Z. (2001). *Narzędzia pomiaru w promocji i psychologii zdrowia. Skala Satysfakcji z Życia*. Warszawa: Pracownia Testów Psychologicznych PTP.
- KABAT-ZINN, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144–156. <https://doi.org/10.1093/clipsy.bpg016>
- KHODABAKHSHI-KOOLAEI, A., GHADYANI, S., & MALEKITABAR, A. (2024). Mindfulness-based stress reduction (MBSR) for improving hope and happiness in men with visual impairment. *British Journal of Visual Impairment*, [OnlineFirst]. <https://doi.org/10.1177/02646196241294212>
- KNOTT, M. A. (2020). *More than a feeling: The role of self-compassion on the affective response to negative events in the workplace* [Doctoral dissertation, Louisiana Tech University]. Louisiana Tech Digital Commons.
- KOCUR, D., FLAKUS, M., & FOPKA-KOWALCZYK, M. (2022). Skala współczucia dla samego siebie (SCS-PL). *Przegląd Badań Edukacyjnych*, (37), 5–46. <https://doi.org/10.12775/PBE.2022.013>
- LEARY, M. R., TATE, E. B., ADAMS, C. E., BATTS ALLEN, A., & HANCOCK, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Journal of Personality and Social Psychology*, 92(5), 887–904. <https://doi.org/10.1037/0022-3514.92.5.887>
- LONE, A., SATTAR KHAN, A., & SAEED ALWADANI, F. A. (2024). Examining the impact of coping strategies on the quality of life in children with various disabilities. *Journal of Disability Research*, 3(4). <https://doi.org/10.57197/JDR-2024-0052>
- MCNEIL, J. (2105). Workplace discrimination and visual impairment: An analysis of EEOC charges and resolutions [Doctoral dissertation, VCU University]. VCU Scholars Compass. Theses and Dissertations. <https://doi.org/10.25772/CMJP-R249>
- MORAES, A. A., QUIROGA, C. V., DACROCE, L. R. B., & ARGIMON, I. I. L. (2021). Exploring self-compassion in older adults: A systematic review. *Contextos Clínicos*, 14(1). <https://doi.org/10.4013/ctc.2021.141.15>
- NAIDOO, P., & OOSTHUIZEN, M. (2023). Self-compassion as a mechanism to facilitate the adjustment of first-year students to university environments. *International Journal of Applied Positive Psychology*, (9), 347–366. <https://doi.org/10.1007/s41042-023-00129-y>
- NEFF, K. D. (2003a). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85–101. <https://doi.org/10.1080/15298860309032>
- NEFF, K. D. (2003b). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2(3), 223–250. <https://doi.org/10.1080/15298860309027>

- NEFF, K. D. (2004). Self-compassion and psychological well-being. *Constructivism in the Human Sciences*, 9(2), 27–37.
- NEFF, K. D. (2012). The science of self-compassion. In C. Germer & R. Siegel (Eds.), *Compassion and Wisdom in Psychotherapy* (pp. 79–92). New York: Guilford Press.
- NEFF, K. D., & GERMER, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology*, 69(1), 28–44. <https://doi.org/10.1002/jclp.21923>
- NEFF, K. D., & KNOX, M. C. (2017). *Self-Compassion*. In V. Zeigler-Hill & T. K. Shackelford (Eds.), *Encyclopedia of Personality and Individual Differences*.
- NEFF, K. D., KIRKPATRICK, K. L., & RUDE, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, 41(1), 139–154. <https://doi.org/10.1016/j.jrp.2006.03.004>
- NEFF, K. D., HSIEH, Y. P., & DEJITTERAT, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and Identity*, 4(3), 263–287. <https://doi.org/10.1080/13576500444000317>
- Ordinance of the Minister of Economy, Labour and Social Policy of 15 July 2003 on the Assessment of Disability and the Degree of Disability [Rozporządzenie Ministra Gospodarki, Pracy i Polityki Społecznej z dnia 15 lipca 2003 r. w sprawie orzekania o niepełnosprawności i stopniu niepełnosprawności]. *Journal of Laws [Dz.U.] of 2003, No. 139, item 1328*.
- REINHARDT, J. P., BOERNER, K., & HOROWITZ, A. (2009). Personal and social resources and adaptation to chronic vision impairment over time. *Aging & Mental Health*, 13(3), 367–375. <https://doi.org/10.1080/13607860902860912>
- ROGOWSKA, D. (2023). Osoby niewidome oraz ich zatrudnienie w świetle wybranych problemów. *Szkola – Zawód – Praca*, (25), 172–184. <https://doi.org/10.34767/SZP.2023.01.07>
- SHEPHERD, D. A., & CARDON, M. S. (2009). Negative emotional reactions to project failure and the self-compassion to learn from the experience. *Journal of Management Studies*, 46(6), 923–949. <https://doi.org/10.1111/j.1467-6486.2009.00821.x>
- STEVELINK, S. A., MALCOLM, E. M., & FEAR, N. T. (2015). Visual impairment, coping strategies and impact on daily life: a qualitative study among working-age UK ex-service personnel. *BMC Public Health*, 15, Article 1118. <https://doi.org/10.1186/s12889-015-2455-1>
- SZABAŁA, B. (2022). Strategie radzenia sobie ze stresem osób słabowidzących – rola przekonań na temat świata i własnej skuteczności. *Roczniki Pedagogiczne*, 14(3), 41–60. <https://doi.org/10.18290/rped22143.3>
- TSHUMA, CH., NTOMBELA, N. & VAN WIJK, H. C. (2022). Challenges and coping strategies of the visually impaired adults: A brief exploratory systematic literature review. *Prizren Social Science Journal*, 6(2), 71–85. <https://doi.org/10.32936/pssj.v6i2.301>
- VERHAEGHE, P. P., VAN DER BRACHT, K. & VAN DE PUTTE, B. (2016). Discrimination of tenants with a visual impairment on the housing market: Empirical evidence from correspondence tests. *Disability and Health Journal*, 9(2), 234–238. <https://doi.org/10.1016/j.dhjo.2015.10.002>
- VOGT, W. P. (1999). *Dictionary of statistics and methodology: A non-technical guide for the social sciences* (2nd ed.). London: Sage.
- VULETIĆ, G., ŠARLIJA, T., & BENJAK, T. (2016). Quality of life in blind and partially sighted people. *Journal of Applied Health Sciences*, 2(2), 101–112. <https://jahs.eu/wp-content/uploads/2016/12/03-Quality-of-life-in-blind.pdf>

- WASSON, R. S., BARRATT, C., & O'BRIEN, W. H. (2020). Effects of mindfulness-based interventions on self-compassion in health care professionals: A meta-analysis. *Mindfulness*, 11, 1914–1934. <https://doi.org/10.1007/s12671-020-01342-5>
- WERYSZKO, M. (2021). Współczucie wobec samego siebie. Przegląd badań. *Kwartalnik Naukowy Fides Et Ratio*, 45(1), 6–16. <https://doi.org/10.34766/fetr.v45i1.699>
- WORLD HEALTH ORGANIZATION. (2018). *International Classification of Diseases*, 11th Revision (ICD-11). Retrieved from <https://icd.who.int/en>
- ZESSIN, U., DICKHÄUSER, O., & GARBADE, S. (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology: Health and Well-Being*, 7(3), 340–364. <https://doi.org/10.1111/aphw.12051>

SELF-COMPASSION AND ITS RELATIONSHIP
TO LIFE SATISFACTION AND STRESS COPING STRATEGIES
IN ADULTS WITH BLINDNESS: PRELIMINARY FINDINGS

SUMMARY

This pilot study aimed to examine the relationship between self-compassion, life satisfaction, and stress-coping strategies in adults with blindness. Higher levels of self-compassion were significantly correlated with adaptive coping strategies, which are associated with greater life satisfaction. In contrast, lower levels of self-compassion are related to the choice of maladaptive coping strategies, such as denial and self-blame, which lead to lower life satisfaction. These findings suggest that increasing self-compassion may be beneficial for promoting psychological resilience and improving life satisfaction in adults with visual impairments.

Keywords: self-compassion; coping strategies; life satisfaction; blindness

WSPÓŁCZUCIE DLA SAMEGO SIEBIE I JEGO ZWIĄZEK
Z SATYSFAKCJĄ Z ŻYCIA I STRATEGIAMI RADZENIA SOBIE ZE STRESEM
U DOROSŁYCH OSÓB NIEWIDOMYCH: USTALENIA WSTĘPNE

STRESZCZENIE

Niniejsze badanie pilotażowe miało na celu zbadanie związku między współczuciem dla samego siebie satysfakcją z życia i strategiami radzenia sobie ze stresem u dorosłych osób niewidomych. Ustalono, że wyższy poziom współczucia wobec siebie jest istotnie skorelowany z adaptacyjnymi strategiami radzenia sobie ze stresem, które są związane z większą satysfakcją z życia. Z kolei niższy poziom współczucia wobec siebie wiąże się z wyborem nieadaptacyjnych strategii radzenia sobie ze stresem, takimi jak zaprzeczanie i obwinianie siebie, które prowadzą do niższej satysfakcji z życia. Wyniki te sugerują, że zwiększenie współczucia dla siebie może być korzystne w promowaniu odporności psychicznej i poprawie satysfakcji z życia u osób dorosłych z dysfunkcją wzroku.

Słowa kluczowe: współczucie dla samego siebie; radzenie sobie ze stresem; satysfakcja z życia; niepełnosprawność wzroku