Personality and Individual Differences 129 (2018) 28–32

Contents lists available at ScienceDirect

Personality and Individual Differences

journal homepage: www.elsevier.com/locate/paid

The early roots of compassion: From child care arrangements to dispositional compassion in adulthood☆

Kia Gluschkoff[a], Elli Oksman[a], Ariel Knafo-Noam[b], Henrik Dobewall[a], Taina Hintsa[c], Liisa Keltikangas-Järvinen[a], Mirka Hintsanen[d,*]

[a] Department of Psychology and Logopedics, Faculty of Medicine, University of Helsinki, Helsinki, Finland
[b] Psychology Department, Hebrew University of Jerusalem, Jerusalem, Israel
[c] School of Educational Sciences and Psychology, University of Eastern Finland, Joensuu, Finland
[d] Unit of Psychology, Faculty of Education, University of Oulu, Oulu, Finland

ARTICLE INFO

Keywords:
Compassion
Care arrangements
Personality development

ABSTRACT

Compassion is linked with individual well-being, but its early origins, especially in the context of caregiving, remain poorly understood. Using a cohort of 323 Finnish individuals followed prospectively from the age of 3 to the age of 35, we examined whether care arrangements at ages 3 and 6 are associated with dispositional compassion in adulthood. Participants' parents provided data on early child care arrangements (home care, family care, or center-based care), and dispositional compassion was self-reported when the participants were 20, 24, and 35 years old. Multilevel modeling was applied to examine the association between early care and compassion, adjusting for the correlation between repeated measures within participants and several potential confounders. Our results showed that care arrangements at age 6, but not at age 3, were independently predictive of compassion later in life. When joint effects of different care arrangements that covered both ages 3 and 6 were examined, above average scores on adulthood compassion were observed among participants in home care at age 3 and center-based care at age 6. Characteristics of early care appear to contribute to the development of compassion with effects that persist into adult life.

1. Introduction

Individuals differ in their tendency to behave in prosocial ways. Compassion, a prosocial disposition characterized by a sense of concern for others with a desire to alleviate their suffering (Goetz, Keltner, & Simon-Thomas, 2010), is an adaptive personality trait that fosters social and psychological adjustment and resilience against psychopathology (Barkin, Miller, & Luthar, 2015; Klimecki et al., 2014; Lim & DeSteno, 2016; Peirson & Heuchert, 2001). Despite the research efforts to identify environmental factors contributing to the development of personality dispositions, the early antecedents of compassion remain unclear. This prospective study investigates whether early care arrangements are associated with dispositional compassion in adulthood.

Prosocial dispositions, such as compassion, are relatively stable at least throughout young adulthood (Eisenberg et al., 2002). They influence individual's behavior towards others and are associated with favorable social outcomes, such as the quality of social interactions, interpersonal closeness, conflict resolution, and the maintenance of meaningful relationships (McDonald & Messinger, 2011). Compassion, in particular, has been shown to promote prosocial behavior (Condon & DeSteno, 2011; Lim & DeSteno, 2016). It is conceptually distinguished from empathy, which involves sharing the feelings of others and, in unpleasant situations, may lead to empathetic distress or disengagement with those who suffer (Bloom, 2017). In contrast to empathy, compassion has been consistently associated with positive affect, psychological well-being, and social involvement (Klimecki et al., 2014; Seppala, Rossomando, & Doty, 2013).

Both genetic and environmental factors are implicated in the early development of prosocial personality traits (Knafo et al., 2008; Knafo-Noam et al., 2015). Individual differences in the genetic makeup are shown to account for around half of the variance in different facets of prosociality (Knafo-Noam et al., 2015). By contrast, little is currently known about the specific environmental factors that may influence the development of prosocial dispositions. Within the family domain, it has been shown that favorable characteristics of the early environment, such as warm, sensitive parenting foster prosocial behavior in children

☆ Funding: This research was supported by Academy of Finland projects 258578 and 308676 (MH), Academy of Finland project 265869 (L.K-J.), and Signe & Ane Gyllenberg Foundation (MH).

* Corresponding author at: Unit of Psychology, P.O. Box 2000, Yliopistokatu 9, 90014, University of Oulu, Oulu, Finland.
E-mail address: mirka.hintsanen@oulu.fi (M. Hintsanen).

https://doi.org/10.1016/j.paid.2018.03.005
Received 15 December 2017; Received in revised form 1 March 2018; Accepted 4 March 2018

and predict adaptive personality traits in adulthood (Eisenberg, VanSchyndel, & Hofer, 2015; Josefsson et al., 2013; Koestner, Franz, & Weinberger, 1990), although the effects of parenting may also reflect child effects in evocative gene-environment correlations (Knafo & Jaffee, 2013). Despite the fact that peers and teachers are also found to play a role in children's prosocial development (Palermo et al., 2007; Sallquist et al., 2012), research on the factors outside the family domain that affect the development of prosocial tendencies is still limited.

Various socialization processes are proposed to explain how the early environment shapes prosociality (Eisenberg, Spinrad, & Knafo-Noam, 2015). More specifically, socially desirable personality traits are suggested to develop through sociocultural learning in the early formative years of childhood (Cloninger et al., 1994; Cloninger, Svrakic, & Przybeck, 1993; Josefsson et al., 2013). This notion is based on social learning theory (Bandura, 1986), according to which children learn the types of behaviors that are rewarded and valued from caregivers and peers, the most proximal and salient sources of social cues. In particular, the extent to which caregivers model prosocial behavior, discuss emotions, and provide opportunities to learn about others' perspectives is believed to promote the development of prosocial tendencies (Brownell, 2016; Brownell et al., 2013; Eisenberg & Valiente, 2002; Garner, 2003; Garner, Dunsmore, & Southam-Gerrow, 2008; Gross et al., 2015; Newton, Thompson, & Goodman, 2016). Although a large part of social learning occurs within the family environment, many children spend a substantial amount of time attending day care outside the home. For these children, the close relationships with nonparental caregivers and peers might also play a major role in their socialization and personality development (Kienbaum, 2001; Vandell, 2000).

Using follow-up data spanning over three decades, the current study examined whether care arrangements (i.e., home care, family care, and center-based care) at ages 3 and 6 are prospectively associated with adulthood dispositional compassion in the youngest cohort of the population-based Young Finns study. At the study baseline, in the 1980's, the majority of Finnish children were home-cared, and proportions of children attending family care and center-based care were virtually equal. Since then, center-based care (pedagogically planned, goal-oriented early education with trained kindergarten teachers) has become the predominant form of early care (National Institute for Health and Welfare, 2016). Considering the more balanced distribution of children across various forms of care in the 1980's, the Young Finns study thus provides a unique opportunity to investigate the effects of early care on personality development.

The study addresses two sets of questions. The first considers whether different forms of care at ages 3 and 6 predict dispositional compassion in adulthood. We make a distinction between these two ages because the characteristics of early care might have different effects on the development of compassion depending on the attainment of certain key milestones in socio-cognitive development. Children's understanding of their own and others' mental states (i.e., theory of mind) undergoes its most significant development in early childhood, with children around 4 or 5 years old being able to understand the intentions, beliefs, and desires of others (Wellman, Cross, & Watson, 2001). These age-related improvements in socio-cognitive understanding may influence whether children benefit from, for example, exposure to large peer-groups and a pedagogical climate that encourages and models prosocial behavior. Exposure to early education and opportunities to interact with peers may thus affect the development of compassion more markedly at age 6 than at age 3. The second set of questions addresses the joint effects of care arrangements both at ages 3 and 6 with an aim to identify histories of care that predict compassion in adulthood. In other words, rather than only focusing on the effects of care at ages 3 or 6, we also investigate the combined effects of care arrangements that cover both of these ages.

2. Method

2.1. Participants and design

The participants represent the youngest cohort (born in 1977) from the ongoing Young Finns study (YFS; Raitakari et al., 2008). The YFS is a population-based study following randomly selected individuals from six cohorts aged 3—18 years at the baseline in 1980 (N = 3596). For this study, data from five waves were used: from 1980 and 1983 (when members of the youngest cohort were 3 or 6 years old), and from 1997, 2001, and 2012 (when the same individuals were 20, 24, or 35 years old). The study was approved by local ethics committees and conducted in accordance with the Helsinki declaration. Written informed consent was obtained from the participants and their parents.

We first identified those participants born in 1977 (n = 577), the only cohort of the YFS with information about early care arrangements at ages 3 and 6 (in practice, participant age ranged from 2 years 9 months to 3 years 11 months in the first wave and from 5 years 9 months to 6 years 11 months in the second wave). Next, we excluded participants who did not attend exclusively home care, family care, or center-based care (the most common forms of care), and those with a non-specified form of care (n = 174 in total). Participants with no measures of compassion in adulthood were also excluded (n = 80). The final analytical sample included 323 participants, of whom 159 (49%) were male and 164 (51%) female. No differences were found in demographics or other covariates between the dropped participants and the final analytical sample, with one exception: the participants in the final sample had lower parental SES than those who were excluded ($t(575) = -2.33$, $p = .020$). The form of childcare was not associated with exclusion due to missing values in compassion, and participants who were excluded for not attending exclusively home care, family care, or center-based care did not differ from the final sample in terms of adulthood compassion (all $ps > .05$).

2.2. Measures

2.2.1. Early care arrangements

Information about the participants' care arrangements was obtained from their parents (“How is child care arranged?”) in 1980 (at age 3) and 1983 (at age 6). For both of these time points, we created a categorical variable consisting of three non-overlapping forms of care: home care, family care, and center-based care. Those in home care had been cared for at their home by a parent, a relative, or a nanny. Family care referred to care outside the participant's home, typically at the caregiver's home with a maximum of four children (excluding the caregiver's children). In the 1980's, there were no official educational requirements for family care providers, although some degree of training was strongly recommended. Center-based care involved pedagogically planned, goal-oriented early education with trained kindergarten teachers, maximum group size ranging from 12 (for 3-year-olds) to 16 (for 6-year-olds). The overall quality of Finnish center-based care is considered high (Hujala, Fonsén, & Elo, 2012; Ojala, 1993). In the 1980's, preschools were only partially introduced in Finland, and those 6-year-olds who were cared for outside the home typically attended either family care or center-based care.

2.2.2. Adulthood compassion

Dispositional compassion was measured using Cloninger's Temperament and Character Inventory (TCI) in 1997, 2001, and 2012 (Cloninger et al., 1994). Compassion (versus Revengefulness) is a subscale of the TCI character dimension of Cooperativeness. The scale consists of 10 items (e.g., “I hate to see anyone suffer”) that are rated on a 5-point scale ranging from 1 (*absolutely false*) to 5 (*absolutely true*) (in 2012, from 1 (*fits me poorly or not at all*) to 5 (*fits me very well*)). Mean scores for compassion were obtained for each time point. The test retest correlations were $r = 0.66$ for 1997–2001, $r = 0.65$ for 2001–2012,