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**The Development of Self-Criticism and the Effects  
of Self- Compassion and Mindfulness on the Well-  
Being of Mothers**

**By**

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**A thesis submitted in partial fulfillment of the  
requirements for the degree of  
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**University of Warwick, Department of Psychology**

**And**

**Coventry University, Faculty of Health and Life Sciences**

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# Table of contents

	Page no
List of Tables	v
Acknowledgements	vi
Declaration	vii
Summary	viii

## Chapter One: Literature Review

### Parental Factors associated with the Development of Self-Criticism in Young People

1.0 Abstract	2
1.1 Introduction	3
1.1.2 Aim	3
1.1.3 Search Strategy	4
1.1.4 Developmental Models and Self-Criticism	5
1.2 Review of the papers	7
1.2.1 Parental personality and Transgenerational Similarity	14
1.2.2 Parental Self-critical Personality and Parenting Behaviour	17
1.2.3 Self-criticism and Attachment	25
1.2.4 Differential effects of Gender	29
1.3 General critique of Methodology and Future research	39
1.3.1 Clinical Implications	42
1.3.2 Conclusions	42
1.4 References	44

## Chapter Two

### Mothers' Psychological Well-being: an Exploration of Mindfulness, Self-Compassion and Compassion to Others

	Page No
2.0 Abstract	55
2.1 Introduction	56
2.1.1 Mother's Psychological Well-being	56
2.1.2 Mindfulness	58
2.1.3 Self-compassion	59
2.1.3 Self-compassion and women	61
2.1.4 Compassion to others	62
2.2 Aims	65
2.2.1 Hypotheses	66
2.3 Methodology	67
2.3.1 Participants	67
2.3.2 Procedure	68
2.3.3 Ethical Safeguards	68
2.4 Design	69
2.4.1 Measures	70
2.5 Results	74
2.5.1 Power Analysis	74
2.5.2 Statistical Analysis	74
2.5.3 Descriptive Statistics	75
2.5.4 Data Screening	75
2.5.5 Predictors of Psychological Well-being	77
2.5.6 Predictors of Parental Distress	78
2.5.7 Predictors of Parent-Child Dysfunctional Interaction	79
2.5.8 Post Hoc Analysis	80
2.6 Discussion	82
2.6.1 Methodological Considerations and Future Research	84
2.6.2 Clinical Implications	87
2.6.3 Conclusions	88
2.7 References	90

## Chapter Three

### Motherhood, Compassion and Reflective Practice

	Page No
3.1.Introduction	96
3.2.Scientist-practitioner and Reflective-practitioner Models	96
3.3.My Reflective Practice and Emotional Journey	97
3.4. Background to my Research Topic	98
3.5. Reflections of the Research Process	101
3.6. Final Thoughts	102
3.7 References	103

### Appendices

Appendix A1: Notes for the Contributors; Clinical Psychology Review	104
Appendix A2: Notes for the Contributors; Self and Identity	107
Appendix B: Ethical Approval	111
Appendix C: Participant Information Sheet	112
Appendix D: Consent Form	114
Appendix E: Demographic Details	115
Appendix F: The Warwick-Edinburgh Well-Being Scale	116
Appendix G: Self-Compassion Scale	117
Appendix H: Mindfulness Awareness Scale	119
Appendix I: Compassion to Others Scale	121
Appendix J: Short Form of the Parenting Stress Index	123
Appendix L: SPSS Output	125

## List of Tables

Page No

### Chapter One

Table 1: Parental Personality and Transgenerational Similarity	8
Table 2: Parental Self –critical Personality and Parenting Behaviour	9
Table 3: Self-Criticism and Attachment	11
Table 4: Differential effects of Gender	13

### Chapter Two

Table 1: Participants' Demographic Characteristics	68
Table 2: Descriptive Statistics	73
Table 3: Pearson correlations between predictive and outcome variables.	74
Table 4: Regression model for predicting psychological well-being.	75
Table 5: Regression model for predicting parental distress	76
Table 6: Regression model for predictors of parent-child dysfunctional interactions.	77

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## **Declaration**

This thesis was conducted under the supervision of Dr Jacky Knibbs and Dr Fiona MacCallum. Other than this, I conducted all stages of the research myself. Ethical approval was obtained from Coventry University Ethics Committee (Appendix B). This thesis has not been submitted for a degree at any other university. Authorship of any papers published from this work will be shared with the above.



## Summary

This research thesis main focus was examining parental factors in the development of self-criticism in young people and role of mindfulness, self-compassion and compassion to others, play in the psychological well-being of mothers.

Chapter one is a literature review of twelve empirical studies exploring the role of parental factors in the development of self-criticism in young people. The findings from this review show an association between parental self-critical personality style and parenting behaviours, which in turn are associated with levels of self-criticism in their offspring. This review highlights the potential importance of parent and carer interventions aimed at modifying the parents' and children's self-critical behaviours and attitudes. The literature review has been prepared for submission to the Clinical Psychology Review (see Appendix A, 'Guide for Authors').

Chapter two is a quantitative, empirical study. The study explored maternal levels of mindfulness, self-compassion, and compassion to others; and their association with psychological well-being and parental stress. Mothers were invited to participate via the internet and completed questionnaires on-line. Higher levels self-compassion and mindfulness were found to predict maternal psychological well-being and lower levels of maternal stress. Clinical implications and areas for future research are discussed alongside methodological limitations. The empirical study has been prepared for submission to Self and Identity (see Appendix A, 'Guide for Authors').

Chapter three is a reflective account of the research thesis as a whole. The paper's focus is on the importance of reflection, self-compassion and mindfulness on personal and professional development. Methodological issues arising from conducting quantitative research are discussed. This paper has not been prepared for publication.

## **Chapter One**

# **Parental Factors associated with the Development of Self-Criticism in Young People**

**Word count (excluding tables): 7,991**

## **1.0 Abstract**

Most people occasionally engage in self-critical thinking at some point in their lives. For some individuals, self-criticism is a persistent negative cognitive style, which forms part of a personality trait. Self-criticism is a major vulnerability factor in the development of a number of psychological disorders. The majority of research has focused on the implications of self-criticism for psychological disorders. Less empirical attention has been given to the specific developmental factors and processes that may lead to a self-critical personality style. The aim of this review is to examine the empirical evidence for the role of parental factors in the development of self-criticism in young people. Identified studies focused on parental personality, parental behaviour, attachment and parental gender effects. The findings from this review show an association between parental self-critical personality style and parenting behaviours, which in turn are associated with levels of self-criticism in their offspring. In addition, the effects of gender of the parent and the young person on the development of self-criticism are inconclusive. However, there is a suggestion that same gender parent-child dyads may be important. This review highlights the potential importance of parent and carer interventions aimed at modifying the parents' and child's self-critical behaviours and attitudes. The relationship between parenting and the development of self-criticism is complex, and requires further research to facilitate a more comprehensive theoretical understanding and evidence-based clinical application.

*Keywords: self-criticism, parental personality, parenting behaviours, gender.*

## **1.1 Introduction**

Most people occasionally engage in self-critical thinking at some point in their lives. However, for some individuals, self-criticism is a persistent negative cognitive style, which forms part of a personality trait. A self-critical personality is characterized by negative self-evaluation, self-dissatisfaction and an ongoing sense of inferiority, inadequacy, hopelessness and self-doubt (Blatt, 1974, Blatt and Homann, 1992). More recently, Gilbert and Irons (2005) suggested that self-criticism is a form of 'self-to-self-relationship' where one part of the self finds fault with, accuses, condemns and can even hate the self.

Self-criticism is a major vulnerability factor in the development of depression (see Blatt and Homann, 1992 for a review). Self-criticism has also been linked to many other forms of psychological difficulty, including; social anxiety (Cox, Rector, Bagby, Swinson, Levitt and Joffe, 2000), anger and aggression (Gilbert and Miles, 2000), suicide (Blatt, 1995), self-harm (Babiker and Arnold, 1997), posttraumatic stress (Brewin and Holmes 2003) and interpersonal difficulties (Zuroff, Moskowitz and Cote, 1999).

### **1.1.2 Aim**

To date, the majority of research has focused on the implications of self-criticism on the development and maintenance of psychological disorders. Much of our knowledge about the development of self-criticism is assumed through influential models of the development of psychopathology in general

(for example, psychodynamic and schema models, and attachment theory). Less empirical attention has been given to the specific developmental factors and processes within these models that lead to a self-critical personality style. The parent-child relationship typically provides a unique, stable and longstanding interpersonal relationship within which the development of personality styles in their offspring can be examined (Thompson and Zuroff, 1998). The impact of the parent-child relationship on the development of positive and negative evaluations is well established (Baldwin, Fehr, Keedian, Seidel and Thomson, 1993).

The research question for this review is: - to critically evaluate and examine the empirical evidence for the role of parental factors in the development of self-criticism in young people. In doing so, it is intended to consolidate current knowledge and provide ideas for future research in this field.

Based on the above research question, articles were excluded if they did not have measures of self-criticism and parental factors. Articles were included with participants who were adolescents or young adults (under the age of 26).

### **1.1.3 Search Strategy**

A review of articles published between 1980 and January 2011 was carried out by searching the databases PsychInfo, and Web of Knowledge. Two searches were carried out, the first with the search terms, 'Self-critic\*' and 'Adolsцен\*', generated seven articles. The second search with the search terms, 'Paternal Criticism' and 'Maternal Criticism', generated three articles.

Two further articles were identified by a citation search. Searches were limited to English language. Twelve published studies were identified.

In order to contextualise these findings about parental factors and the development of self-criticism in young people, a brief account of models of the development of self-criticism will be first be presented.

#### **1.1.4 Developmental Models and Self-Criticism**

One of the most prominent theoretical models focusing on the development of self-criticism is Blatt's psychodynamic theory of personality development (Blatt 1974, 2004). Blatt (1974, 2004) proposed experiences of parenting during childhood are central to the development of a self-critical personality style. Self-criticism is hypothesised to develop in individuals with cold, rejecting and controlling parents who make their love contingent on their child's achievements and performance (Blatt and Homann, 1992, McCranie and Bass, 1984).

Within the psychodynamic model, these early experiences become internalised as mental representations of the self and other, and guide future intrapersonal and interpersonal interactions, for example, the avoidance of interpersonal intimacy, and preoccupation with attempting to meet high standards so as to be worthy of approval and recognition.

Using the conceptual framework of attachment theory, parenting behaviour typically assumes a key role in the formation of internal working models that

guide expectations and behaviour in future relationships (Bowlby, 1973). Self-critics can be described as avoidantly attached and having negative working models of attachment (Zuroff, Koestner and Powers, 1994). Blatt and Homann (1992) reviewed evidence on the characteristics of parents of self-critical individuals and concluded that there was an inextricable link between self-criticism and attachment insecurity. Specifically, Zuroff and Fitzpatrick (1995), and more recently, Reis and Grenyer (2002) provide evidence regarding the association between insecure attachment and self-criticism in adolescents and young people.

Cognitive models have similar explanations. Baldwin (1992) argued that the interpersonal script or relational schema (the self in relation to other) becomes a cognitive representation of the self and forms the basis for subsequent self-to-self evaluations and experiences. In other words, the external parent-child relationship becomes internalised so that “we may come to think about and treat ourselves in the way others have” (Irons, Gilbert, Baldwin, Baccus & Palmer, 2006, p.298). It is thought that these schemas are expressed in behaviour. It is therefore the parental expression of their own self-critical schemas that influence their parenting behaviour, and consequently the schema of their child.

## **1.2 Review of papers**

The 12 articles generated by the literature search are summarised in tables 1 to 4. The papers have been organised into four sections; parental personality and transgenerational similarity, parental self-critical personality and parenting behaviour, self-criticism and attachment, and the differential effects of gender.

A general critique of the papers is presented at the end of review.



### Overview of Reviewed Studies-Table 1. Parental Personality and Transgenerational Similarity

Author(s)	Year	Title	Participants	Design/ Measures	Outcome
Ahmad & Seonens	2010	Perceived Maternal Parenting as a Mediator of Intergenerational similarity of dependency and self-criticism: A study with Arab Jordanian Adolescents and their Mothers	298 Mother- adolescent pairs (Males and females)  Cross cultural study	Self report questionnaires to measure self-criticism Adolescence only ratings for maternal parenting styles	Relationship between maternal self-criticism and adolescent self-criticism  No gender differences were found between male and female participants
Besser & Priel	2005	The Apple does not fall far from the tree: Attachment Styles and Personality Vulnerabilities to Depression in Three Generations of Women	100 grandmother-mother – daughter triads	Self-report self-criticism questionnaires	Transmission of high levels of self-criticism over three generations of women
Yu & Gamble	2009	Adolescent Relations with Their Mothers, Siblings and Peers: An Exploration of the Roles of Maternal and Adolescent Self-Criticism.	444 triads- mother, child and older sibling (males and females)	On –line Questionnaires – to measure self-criticism And Parent –child questionnaire- measuring parental warmth and power	Mothers who were self-critical had children who were self –critical, especially older siblings  No gender differences were found between male and female participants

## Overview of Reviewed Studies -Table 2.Parental Self –critical Personality and Parenting Behaviour

Author(s)	Year	Title	Participants	Design/ Measures	Outcome
Ahmad & Seonens	2010	See above			There was an indirect association between parental self-criticism and their child's self-criticism, mediated through negative parenting behaviours
Amity, Mongrain, Faza	2008	Love and control: Self-criticism in parents and daughters and perceptions of relationship partners	55 females undergraduate and their parents	Self- report questionnaires – daughters' self-criticism/ Parents - self-criticism/ parenting behaviours	There was an indirect association between parental self-criticism and daughter's self-criticism, mediated through negative parenting behaviours.
Clark & Coker	2009	Perfectionism, self-criticism and maternal criticism: A study of mothers and their children	43 mother –child dyads (male and females)	Telephone interview with mother Self-report questionnaire to measure self-criticism	Mothers with high levels of self-criticism made more critical comments about their children than mothers with low self-criticism.

## Overview of Reviewed Studies -Table 2.Parental Self –critical Personality and Parenting Behaviour

Yu &Gamble	2009	See above			<p>Maternal self-criticism negatively associated with maternal warmth which was associated with adolescent self-criticism.</p> <p>Both children perceived their mother similarly.</p>
Thompson and Zuroff	1998	Dependency and self-critical mother's responses to adolescent autonomy and competence	54 mother – daughter pairs	<p>Self – report questionnaires- self – criticism/ mood states. Experimental manipulation –'problem-solving ability'. Mood states questionnaire repeated pre and post experiment</p>	<p>Mothers with high levels of self-criticism were critical and controlling towards their daughters than mothers with low in self-criticism.</p> <p>Mood reduced when daughters of highly critical mothers chose them as a discussion partner.</p>

### Overview of Reviewed Studies -Table 3. Self-Criticism and Attachment

<b>Authors</b>	<b>Year</b>	<b>Title</b>	<b>Participants</b>	<b>Design/ Measures</b>	<b>Outcome</b>
Besser and Priel	1999	See above			Transmission of high levels of self-criticism were associated with insecure attachments over three generations of women
Irons, Gilbert, Baldwin, & Palmer	2006	Parental recall, attachment relating and self-attacking/self/reassurance. Their relationship with depression	197 undergraduates (Females and males)	Self-report questionnaires –self-criticism, parental behaviour, attachment styles	Perceived negative parenting behaviour was associated with participants' self-criticism scores.  Participants who were highly self-critical were insecurely attached.
Thompson & Zuroff	1999a	Development of self-criticism in adolescent girls: Roles of maternal dissatisfaction, maternal coldness, and insecure attachment.	54 mothers –daughter dyads	Self-report measures- Self-criticism, maternal dissatisfaction, attachment styles.	Maternal dissatisfaction led to overprotection and lack of warmth that was associated with insecure attachment and high levels of self-criticism in daughters.

### Overview of the Reviewed Studies -Table 4. Differential effects of Gender

Authors	Year	Title	Participants	Design/ Measures	Outcome
Brewin, Firth-Cozens, Furnham & McManus	1992	Self- Criticism in Adulthood and Recalled Childhood Experience	75 medical students (Males and females)	Longitudinal design- two time points Self-report questionnaires- measuring self-criticism, parenting behaviour	Participants with high levels of self-criticism reported worse relations with mothers than fathers
Cheng & Furnham	2003	Perceived Parenting Rearing Style, Self-Esteem and Self-criticism as predictors of Happiness	356 undergraduates (Male and Female)	Self-report measures- Self- criticism, perceived parenting behaviours	Females had significantly higher levels of self-criticism than males.  Negative parenting by the same gender parent was associated with later self-criticism in the participants
Clarke & Coker	2009	See above			Maternal levels of self-criticism were associated with daughters' level of self-criticism but not sons' level of self-criticism.
Koestner, Zuroff & Powers	1991	Family origins of Adolescent self-criticism and its continuity into Adulthood	Male and female participants recruited when age 5, follow up questionnaires at age 12 and age 31  Mothers commented on paternal behaviours	Longitudinal design Maternal interviews and parenting questionnaires at age 5  Self-criticism questions for participants at age 12 and 31	Restrictiveness and rejection by the same gender parent was associated with later self-criticism in the child

### Overview of the Reviewed Studies -Table 4. Differential effects of Gender

<b>Authors</b>	<b>Year</b>	<b>Title</b>	<b>Participants</b>	<b>Design/ Measures</b>	<b>Outcome</b>
McCranie & Bass	1984	Childhood family Antecedents of dependency and self-criticism: implications for depression	86 female nursing students	Self –report questionnaires Measuring self-criticism and parental behaviour	Both parents may play similar roles in the development of self-criticism in their daughters
Thompson & Zuroff	1999	Dependency, self-criticism and mother's responses to son's autonomy and competence	78 mother-son pairs	Self- report Questionnaires- self – criticism/ mood states. Experimental manipulation –'problem-solving ability'. Mood states questionnaire repeated	Mothers high in self-criticism were not critical and controlling towards their sons.
Whiffen & Sasseville	1991	Dependency, self-criticism, and recollections of parenting: sex differences and the role of depressive affect	99 university students (Males and females)	Self-report questionnaires- measuring self-criticism and parenting behaviour	Self-critical individuals experience subtly different maternal and paternal demanding environments during childhood

### **1.2.1 Parental personality and Transgenerational Similarity**

It is widely held that although being a parent is a common life experience, it is psychologically demanding for most individuals. Under the stress of parenting, dysfunctional personality styles can be activated in the parent (Thompson and Zuroff, 1998). The role of parental personality style may be a useful way of investigating the effects and origins of personality styles in their offspring.

Three studies were identified by the literature search that explored the concept of transgenerational similarity, by comparing parental and offspring's self-critical personality types.

Besser and Priel (2005) explored the transmission of self-criticism across three generations of women. They used a cross-sectional, multi-generational design. In this study, 300 participants were drawn from a community sample, in triads of women from three generations: Grandmothers (mean age = 73), mothers (mean age = 48) and daughters (mean age = 22). All completed measures of self-criticism (Depressive Experience Questionnaire, DEQ; Blatt, D'Afflitti and Quinlan, 1976). The Self-Criticism factor in this questionnaire reflects 'continuous preoccupation with failure, ambivalent feelings about self and others, and a self-critical stance'. It is assumed that high scores on this factor indicate a self-critical personality. They found significant associations between the levels of self-criticism for the three generations of women. These results suggest that personality traits for self-criticism might be transmitted from one generation to the next. Besser and Priel (2005) give a number of different but complementary explanations for their findings. They suggest that

self-criticism may be transmitted transgenerationally because parents and children are likely to share a set of inherent personality traits, which hinder or promote child development. In addition, parents with self-critical personality styles may transmit their negative self-evaluations to their children through parenting behaviour, which in turn influences the child's development of self-criticism. Besser and Priel's (2005) explanations are speculative, as these factors were not explored in this study. This study employed only female participants from a community sample, therefore the generalisability to male participants and clinical populations is limited.

Yu and Gamble (2009), studied 444 mother-child-older sibling triads (mean age of 11.6 and 14.3 respectively). There were equal numbers of boys and girls. Each member of the triad completed on-line self-report measures: the Self-Criticism subscale of the DEQ – Adolescent Version (DEQ-A; Blatt, Schaffer, Bers and Quinlan, 1992). The results indicated that maternal self-criticism scores were significantly linked to older children's self-criticism scores, but there was no such association between maternal and younger children's self-criticism scores. This study suggests that birth order is a possible protective factor in the development of self-criticism in children. The authors propose that younger siblings may be more likely to receive more effective parenting than older siblings, owing to parents' greater experience of childrearing and increased understanding of adolescent children. An alternative explanation could be that the DEQ only assesses self-criticism at moderate to high levels and this personality trait is not fully developed or activated in younger children.



The sample in this study included relatively well-educated European-American Web-literate families. The results may therefore not be generalisable to other populations. However, the study does support the impact of self-criticism on parent-child relationships in families with relatively high socioeconomic status. The study needs to be replicated in more diverse populations and different parent-child relationships (e.g. fathers and children). This study had a large sample size (444 triads), which increases confidence in the findings. This study did not comment on the gender composition of the siblings in each triad, for example, older brother-younger sister, older brother-younger brother. They did not find any gender differences between levels of self-criticism for sons and daughters.

Ahmad and Soenens (2010) recruited 298 Arab Jordanian mother-adolescent dyads. Of the adolescents, there were 138 boys and 160 girls, ranging from 14 to 18 years old (mean age = 15 years). All participants were from middle to upper-middle class backgrounds. Both mothers and adolescents completed the DEQ (Blatt, D'Afflitti and Quinlan, 1976). They found that maternal self-criticism was significantly related to adolescent self-criticism. They did not find any gender differences between levels of self-criticism for sons and daughters in this sample.

Even though this study demonstrates transgenerational similarity of a self-critical personality in a non-Western cultural context, the results may not indicate a diverse applicability of this finding. The sample used in this study

was middle to upper-middle class and well educated, which is consistent with the demographic population in the Western studies.

The above studies suggest that the parent's own self-critical personality plays a role in the development of self-criticism in young people. As well as finding a direct link between parental self-critical personality and their offspring's self-critical personality, Yu and Gamble (2009) and Ahmad and Soenens (2010) found an indirect link mediated through parenting behaviour. This is explored in greater detail in the next section.

### **1.2.2 Parental Self-critical Personality and Parenting Behaviour**

The presence of parental self-critical personality may not be sufficient to transmit a self-critical personality from one generation to the next. Parents high in self-criticism may lack confidence in their parenting ability and therefore lack sufficient coping skills for managing parental stress and anger, resulting in less than optimal parenting and relationships with their children (Yu and Gamble, 2009). Parental self-schemas play a central role in parents' appraisals of child behaviour which in turn impact on parental responses and attitudes (Yu and Gamble, 2009). Therefore, parental self-critical schemas may be transmitted through parenting behaviour and attitudes.

Five studies demonstrating the association between parental self-critical personality, parenting behaviours and the development of self-criticism in their

offspring were identified by the literature search. These will be presented in this section of the review.

In addition to self-criticism measures, adolescents and their mothers in Yu and Gamble's (2009) study (described above) completed items on the maternal warmth scale (e.g. 'how much do you and this child love each other?') and items on the power assertion subscale (e.g. 'how much do you yell at this child for being bad?'). Both subscales were taken from the short version of the Parent and Child Relationship Questionnaire (Furnam and Giberson, 1995). They found that maternal criticism was negatively linked to maternal warmth and positively linked to maternal power assertion; these patterns of associations were similar across the two different children in the triad. Both children with mothers who were highly self-critical in this study perceive their mother similarly. These results are intriguing; as mentioned in the previous section, maternal self-criticism was associated with older siblings' self-criticism but not with the younger siblings. However, in this study, both siblings perceive their mother's behaviour towards them similarly. The questionnaires in this study explored explicit maternal behaviour towards her children. It could be that mother's act in subtle and implicitly different ways towards their children, which were not captured by the questionnaires in this study.

In Ahmad and Soenens' (2010) study (described above), adolescents completed the responsiveness scale from the Child Report of Parent Behaviour Inventory (CRPBI; Schaefer, 1965) to assess perceived maternal

support, in addition to self-criticism measures. Perceived psychological control was measured by the Psychological Control scale – Youth Self-Report (PCS-YSR; Barber, 1996). They found that perceived maternal psychological control was positively correlated with adolescent self-criticism, and perceived maternal support was negatively correlated with adolescent self-criticism. These findings suggest that the effects of supportive and intrusive parenting generalise across cultures. As explained above, there may have been a cultural similarity in terms of sociodemographic status, despite differences in racial and geographical culture between this, and more Western studies.

Amitay, Mongrian and Fazza (2008) recruited fifty-five women from a larger sample of first year psychology students; their ages ranged from 18-26 years old (mean age was 20.02 years). To take part in the study, the women had to have been raised by two parents who were available to complete a set of questionnaires. Both daughters and parents completed the Self-Criticism subscale on the DEQ (DEQ; Blatt, D’Afflitti and Quinlan, 1976). Each parent also completed the Structural Analysis of Social Behaviour (short form; Benjamin, 1995) in relation to their perceptions of their controlling behaviour and feelings of warmth towards their daughter.

Amitay et al (2008) did not find a direct relationship between parental self-criticism and daughters’ self-criticism. They found that high levels of self-criticism in mothers and fathers (i.e. self-critical personalities) were associated with low levels of warmth, and high parental control, which were subsequently associated with increased levels of self-criticism in daughters. These results

suggest that the development of self-criticism in daughters is not a direct result of internalising parental criticism but is mediated through negative parenting experiences. Due to the small sample size, mothers' and fathers' scores were combined. They could not therefore compare differential effects of each parent on their daughter's personality.

The strengths of this study are that it includes both mothers and fathers. Many studies on parenting behaviour are assessed from retrospective reports from offspring only (see general critique for a discussion about the use of retrospective reports). This study assessed parental self-criticism and asked parents to assess their parenting styles towards their daughters. In addition, the daughters in the study completed the DEQ, therefore the association between parental self-criticism and daughters' self-criticism could be explored. The authors of this study could not be sure, that parents did not collaborate when filling out their questionnaires. The study recruited female students, therefore the results cannot be generalised to male students.

The above three studies used self-report measures to assess how parental self-critical personality affects parenting, and in turn affects the development of self-criticism in their children. The following two studies employ experimental methods to assess the above associations.

Thompson and Zuroff (1998) found that mothers high in self-criticism were more punitive and controlling than mothers lower in self-criticism in a laboratory experiment. Thompson and Zuroff (1998) recruited forty-nine

mothers and their adolescent daughters from a non-clinical population. The mothers and daughters completed the DEQ (Blatt et al, 1976). Mothers' mood was assessed using the Profile of Mood States (POMS; Lorr and McNair, 1980). The POMS is designed to measure transient affect and is sensitive to experimental manipulations of affect (Lorr and McNair, 1980). The mothers completed the POMS before and after the experiment. In addition, before the experiment the mothers were told that their daughters selected either them or a research assistant as a discussion partner to talk about issues at school. During the experiment, the mothers watched their daughters' performance on a video screen and were asked to coach their daughters. All mothers watched the same performance, which consisted of trials in which the daughters appeared to fail and succeed in the problem-solving task. The coaching behaviour was audio-taped and rated for the following verbal behaviour: explicit commands (controlling behaviour), positive feedback and negative feedback (criticism). Both the daughters' choice of discussion partner and the daughters' performance were manipulated.

Mothers' level of self-criticism and negative parenting behaviours were a main effect across all experimental conditions, irrespective of the daughters' 'performance'. The results suggest that mothers' self-critical attitudes and behaviour towards their daughters is stable and not affected by their daughters' behaviour, even when they are performing well.

Thompson and Zuroff (1998) found that mothers scoring high in self-criticism also had lower mood when informed that their daughters had chosen them as

discussion partners. Although not assessed or discussed by Thompson and Zuroff (1998), a possible interpretation of this result could be that this low mood was a reflection of the mothers' attachment styles. Mothers high in self-criticism may have an avoidant attachment style, in which intimate relationships not only reduce mood, but are also anxiety provoking. Their level of mood did not change significantly when the daughters chose the research assistant as a discussion partner. This may reflect a preference for a distant relationship with their daughter. As mentioned above, this interpretation is highly speculative, as the mothers' attachment styles were not assessed.

This study contributes important evidence about the type of parental behaviour associated with parental self-criticism. The study's strength is that the results are not reliant on self-reports and retrospective measures. However, the laboratory study may not be representative of real life situations for parents, therefore more naturalistic experiments and observations may need to be devised. In addition, Thompson and Zuroff (1998) did not report the daughters' DEQ scores, which may have validated the relationship between parental self-criticism, parenting behaviour and daughters' self-criticism. In addition, the study could have been improved by gathering information about parenting behaviour from multiple informants. For example, it would have been interesting to include daughters' ratings of parenting behaviour to elucidate how the parenting behaviour was perceived, and the association between maternal and daughters' self-critical personalities. These additional questionnaires would have helped to further strengthen the findings.

Clark and Coker (2009) investigated the relationship between levels of self-criticism in young people and their mothers. Forty-three mothers took part in a telephone interview and were asked to talk about what their child had been like over the past six months, specifically what kind of child he/she was and the relationship between mother and child. Parents' speech samples were transcribed and scored for the frequency of critical and positive comments using the Preschool Five Minute Speech Sample (P-FMSS; Daley, Songua-Barke and Thompson, 2003). The P-FMSS was designed as a brief measure of Expressed Emotion (Magana, Goldstein, Karno, Miklowitz, Jenkins, and Fallon, 1986). The P-FMSS is considered appropriate for use with mothers and older children. Each mother and her child completed a self-report measure; the levels of Self-Criticism Scale (LOSC; Thompson and Zuroff, 2004). This measures two dimensions of self-criticism: comparative self-criticism (CSC) and internalised self-criticism (ISC). CSC is defined as a negative view of the self in comparison to others. ISC is defined as a negative view of the self in comparison with internal personal standards. There were equal numbers of boys and girls in the sample and the mean age was 12.95 years.

Mothers with high levels of self-criticism made significantly more critical comments about their child than mothers with low levels of self-criticism. There was no relationship between mothers high in self-criticism and their sons' level of self-criticism, however there was a significant relationship



between mothers high in self-criticism and their daughters' levels of self-criticism (this is discussed in the gender section of the review).

All mothers made a similar number of positive comments about their children. These results indicate that children with higher levels of self-criticism may have a cognitive bias for internalising critical parental attitudes, but not positive ones. Alternatively, the content of the critical comments used by the mothers may be more personally meaningful to the child than the content of the positive remarks.

One strength of this study was that it did not rely on the adolescents' retrospective self-reports about their mothers' parenting behaviour. However, there was a small sample size of volunteer participants and these results may not be representative of a larger sample. Mothers talking about their children over the telephone may translate into mothers reporting more realistic parenting behaviours and attitudes, compared to the experimental manipulation and self-report measures described in the previous studies. Nevertheless, the mother's conversation with the researcher may be prone to a social desirability bias. This study only focused on relationships between mothers and their children and therefore the findings cannot be generalised to father- child dyads.

The above studies suggest that parents high in self-criticism are more likely to demonstrate negative parenting behaviours, (e.g. lack of warmth and support

and high levels of control) which are risk factors in the development of self-critical personality in their offspring.

### **1.2.3 Self-criticism and Attachment**

Parenting styles typically assume a key role in the formation of attachments in early childhood. This section of the review describes three studies, which were identified that explore the relationship between negative parenting behaviours, attachment and the development of self-criticism in young people.

Irons, Gilbert, Baldwin, Baccus and Palmer (2006) explored undergraduates' attachment styles in relation to self-criticism and recalled parenting behaviour. They recruited 197 undergraduate students (171 women, 26 men), who completed the short form of the EMBU, a Swedish acronym translated as 'my memories of upbringing' (Perris, Jacobsson, Lindstrom, von Knorring and Perris, 1980). This is a measure of recall of parenting behaviour, specifically: emotional warmth, rejection and (over) protection. The participants were administered the Forms of Self-Criticising and Self-Reassurance scale (FSCR; Gilbert, Clarke, Hempel, Miles and Irons, 2004). The scale does not view self-criticism as single entity with a unitary function but distinguishes between the 'inadequate self' (a sense of feeling internally put down and inadequate from failures), 'hated self' (a sense of self-dislike and aggressive/persecutory desires to hurt the self following failure) and the 'reassured self' (a sense of concern for the self and efforts to encourage the self when things go wrong). In addition, participants completed the Relationship Questionnaire (Bartholomew and Horowitz, 1991). This scale is

based on the four-category model of attachment in adulthood. Secure (positive model of self, positive model of other), dismissing (positive model of self, negative model of other), preoccupied (negative model of self, positive model of other) and fearful (negative model of self, negative model of other). Participants were asked to read four short paragraphs describing each attachment style and to decide which one is the most characteristic of them.

Irons et al (2006) found that negative parenting has differential impacts on the type of self-criticism the participants' experience. Specifically, recalled parental overprotection was related to 'inadequate self-criticism' and rejection was linked to 'self-hatred'. These results suggest that the development of self-criticism is more complex than first hypothesised by Blatt (1974, 2004).

Attachment styles were analysed in post hoc comparisons. They found that the fearfully attached group had significantly higher levels of 'inadequate-self' and 'hated' self-criticism than securely attached individuals. Irons et al (2006) suggested that individuals with fearful attachments are not only fearful of external relationships but their self-to-self relationships are also critical and persecuting.

A limitation of this study was that only the participants were asked to recall parenting behaviours. Asking parents to recall their parenting behaviour could have corroborated these findings. The EMBU questionnaire made no distinction between maternal and paternal parenting behaviours.

Recall of parenting behaviour and attachment styles were not compared in the analyses. Attachment style has been assumed to be an outcome of parenting behaviour; however, there is controversy over whether attachment styles are stable over the life span, as they may be affected by subsequent experiences and relationships (Sharfe and Bartholomew, 1994). Therefore, the relationship between adult attachment styles and early childhood parenting experiences must be interpreted cautiously. The predominantly female student sample employed in this study means that the results may not be representative to other populations.

Besser and Priel's (2005) study (described above) measured the adult attachment styles of the participants using The Relationship Questionnaire (Bartholomew and Horowitz, 1991), described in the Iron's et al (2004) study. They found significant associations between insecure attachments and levels of self-criticism within three generations of women after controlling for depression. Grandmothers' attachment insecurity was linked with levels of self-criticism, which was subsequently associated with mothers' attachment insecurity and levels of self-criticism, which was also then associated with daughters' attachment insecurity and levels of self-criticism. These findings suggest that self-criticism does not merely continue from childhood into later years but can be passed on to future generations through negative parenting behaviours with one's children.

Thompson and Zuroff (1998a) hypothesised that maternal dissatisfaction leads to maternal coldness. Maternal coldness then leads to negative

parenting behaviours which leads to insecure attachment. They suggest that parental criticism does not need to be expressed directly but that much of the self-perceptions that children develop may be learnt implicitly rather explicitly. Parental dissatisfaction may become particularly salient during adolescence. During this period, children differ from parents' expectations more than do younger children do. Parental dissatisfaction may arise because of unrealistically high expectations, or distorted perceptions by the parent towards the child due to misbehaviour or disability. Thompson and Zuroff (1998a) suggest that it is likely that negative perceptions do not directly cause the development of self-criticism but exert their influence through cold parental affect and behaviours.

Thompson and Zuroff (1999a) recruited 54 mother–daughter dyads from newspaper ads for a separate experimental study, reported earlier in this review (Thompson and Zuroff, 1998). Questionnaires were administered to mothers and daughters. The Parenting Stress Inventory Short Form (PSI-SF, Abidin, 1990) was used to assess maternal dissatisfaction. Parental Behaviour Index of Maternal Care (PBI-M, Parker, 1979) was modified to be a self-report scale of parenting behaviour, specifically measuring overprotection and care. A subscale measuring the behavioural and affective aspects of attachment relationship with parents was obtained from The Inventory of Parent and Peer Attachment (IPPA; Armsden and Greenburg, 1987) was used. The DEQ-A (Blatt et al, 1992) was also administered.

Thompson and Zuroff (1999a) found that higher maternal dissatisfaction predicted lower maternal warmth, which subsequently predicted insecure attachments in daughters. They argued daughters' who are insecurely attached maybe untrusting and withdrawn from their mothers and unsure of their mothers' feelings towards them. This in turn could strengthen maternal dissatisfaction and critical behaviour towards their daughters. Thompson and Zuroff (1999a) suggest that an insecure attachment is the proximal cause of the self-critical personality; however, they caution against treating attachment as a consequence of self-criticism. They go on to explain that it is more likely that both adult attachment and self-criticism are the result of insecure attachment in childhood.

These findings again demonstrate the effect of parental attitudes and perceptions in the development of self-criticism in their offspring. This study includes measures from both mothers and daughters, which helped to limit, shared method variance, but had a limited number of participants.

#### **1.2.4 Differential effects of Gender**

The next section of the review explores the effects of the same and opposite gender parental influences on the development of self-criticism in their sons and daughters. Seven studies were identified that directly addressed this. However, it should be noted that many of the studies already described in this review also have pertinent findings for the issue of gender.

Koestner, Zuroff and Powers (1991) examined the childhood origins of adolescent self-criticism, as well as the degree to which this personality style remains stable through adulthood. A prospective longitudinal design was used to examine the relationship between parenting experiences at age 5 and levels of self-criticism at age 12, and the stability of self-criticism from age 12 to 31. Participants were drawn from a longitudinal sample first investigated by Sears, Maccoby and Levin (1957). Trained researchers interviewed mothers using a standardised interview to assess parenting dimensions. The interviews were transcribed and later coded independently by two coders. Mothers were asked to comment on the fathers' behaviour towards the child. For this study, the authors were primarily interested in parental restrictiveness (i.e. firmness in discipline) and rejection (i.e. lack of warmth).

Koestner et al (1991) hypothesised that the association between parenting experiences and adolescent self-criticism may be accounted for by a third variable, such as the child's temperament, that may elicit strict and rejecting parenting, possibly contributing to the child becoming self-critical. It was possible to estimate the child's early temperament on the basis of maternal reports and this was statistically controlled for in this study.

At age 12, a subsample of participants was administered the Self-Criticism Scale (Sears, 1937). The items assessed perceived incompetence and concern with standards and ideals. Self-criticism at 31 years was measured on the scale derived from an Adjective Check list of Self-Criticism Scale (ACL; Gough and Heilbrun, 1983), which consisted of self-critical adjectives.

The results support the hypothesis that early parenting experiences may play a role in the development of a self-critical personality style. Specifically, Koestner et al (1991) found that restrictiveness and rejection by the same gender parent was associated with later self-criticism in the child. For women, regression analyses revealed that maternal restrictiveness and rejection were the most important predictors of self-criticism at age 12. By contrast, for men paternal restrictiveness was the only significant predictor of self-criticism at 12. These results must be regarded with some caution because there were no significant gender differences in the simple correlations between the parenting variables and self-criticism at age 12.

Koestner et al (1991) found that the developmental path for self-criticism was very different from adolescence to adulthood for women and men. Self-criticism was substantially stable from early adolescence to young adulthood for women, but not for men. They suggest that the process of gender socialisation may play a part in the differential developmental pathways for males and females. During childhood, boys may learn that when they experience failure, it is not acceptable to act in a depressed way, although it is acceptable to be angry. Self-critical boys' conflict over feeling distress can then be resolved by directing anger towards others and not themselves. Self-critical girls may receive implicit socialisation guidelines that it is permissible to be depressed but not angry. Girls are thus constrained to remain self-critical when unable to meet strict internalised demands.



This study is the only one in this review employing a prospective methodology, exploring the development of self-criticism from early childhood to adulthood. The results for this study suggest that self-critical attitudes in adolescence do not appear to be a transient problem but have lasting effects into adulthood. As explained above, Besser and Priel (2005) suggest that self-criticism does not merely continue from childhood into later years but can also be passed on to future generations through negative parenting behaviours with one's children.

The validity and accuracy of the fathers' behaviour toward their children in Koestner et al's (1991) study must be interpreted with some caution because they were derived from mothers' self-reports. The ratings for parenting behaviour were made during the children's first five years. Therefore, the consequences of restrictiveness and rejection on parenting behaviour at later ages are unknown and may be more or less severe. Thus, it is not possible to conclude that early parenting practices are the only factor in the development of self-criticism. Restrictive, rejecting parenting at later ages may also lead to self-criticism. In addition, it is important to bear in mind the cultural framework of the sample; the participants were born in the early 1950's when parenting practices and ideas about gender identity and socialisation may have been very different to present day practices. In addition, different scales were used to assess self-criticism at 12 and 31 and therefore comparisons may not be valid.

McCranie and Bass (1984) recruited eighty-six female undergraduate nursing students, aged between 19 to 25 years. The following measures were administered; the DEQ (Blatt, D'Afflitti and Quinlan, 1976) and several scales of maternal and paternal behaviour which measured control, conformity, achievement, love and dominance of parents (Strict Control, Conformity and Achievement Control scales from the Parent Behaviour Form (PBF), Kelly and Worell, 1976; Parental Inconsistency of Love Scale, Schwarz and Zuroff, 1979; Schwarz–Getter Interparental Influence Scale, Schwarz and Zuroff, 1979). They found that participants' high scores on self-criticism were associated with both their mother and father emphasising strict control, expressing inconsistent affection, and expecting achievement and performance.

This early study suggests that both parents may play similar roles in the development of self-criticism in their daughters. The study is based on retrospective reports and could be distorted by memory bias and social desirability responding. The study had only female participants, therefore the results could not be generalised to male populations.

Whiffen and Sasseville (1991) extended the McCranie and Bass (1984) study. They included both male and female participants. The participants in this study were 57 female and 42 male university students. They completed measures for self-criticism, (DEQ), parental behaviour (warmth, control and egalitarianism), the PBF (Kelly and Worrell, 1976), and the Parental Love Inconsistency Scale (Schwarz and Zuroff, 1979).

They did not find any gender differences between males and female for levels of self-criticism. Three parenting variables were predictive of self-criticism; maternal emphasis on achievement, with paternal control for female self-critics, and for male self-critics paternal demands for conformity only. Participants high in self-criticism recalled that their mothers expected them to excel academically. The results suggest that self-critical individuals experience subtly different maternal and paternal demanding environments during childhood, where high standards are set for their behaviour and where their activities are closely monitored. Whiffen and Sasseville (1991) hypothesise that the self-critic sets themselves high standards to achieve and experiences guilt about perceived failure.

Whiffen and Sasseville (1991) cautioned against interpreting these results as a causal relationship between parenting variables and the development of self-criticism. A possible alternative explanation is that self-critics and non-self-critics may be equally exposed to negative parenting but the parental criticisms are more salient to the self-critic, who is therefore predisposed to remembering them.

Brewin, Firth-Cozens, Furnham and McManus (1992) suggested that self-criticism might be more likely to develop in persons who report poor relationships with both parents. They propose that an unsatisfactory relationship with one parent may be compensated for by a satisfactory relationship with the other parent, thus measures of maternal and paternal care may on their own be poor predictors of self-criticism.

The sample in Brewin et al's (1992) study consisted of seventy-five medical students: 33 men and 42 women. The mean age of the sample was 19.8 years. This study adopted a longitudinal design in which measures were taken at two time points, 3 ½ months apart.

At time point one and time point two, the participants completed the measures of self-criticism. They completed the Self-Criticism Questionnaire (Brewin, Firth –Cozens, Furnham and McManus, 1992) that is comprised of items from the DEQ (Blatt et al., 1976) and the Brewin and Shapiro (1984) Responsibility for Negative Outcome scale. Perceived family relationships were measured differently at time points one and two, in order to sample parental experiences in greater depth. At time point 1, they used the adapted version of Family Attitudes Questionnaire (Thomas and Dusyniski, 1974), which required subjects to indicate which series of positive and negative adjectives which applied to both mother and father. At time 2, the participants completed the Parental Bonding Inventory (PBI: Parker, Tupling and Brown, 1979) which measured perceived parental care, involvement versus indifference, rejection, parental over-protectiveness versus encouragement of independence. Mood state was assessed at both time points and social desirability was measured at time point 1.

After controlling for the effect of mood states and social desirability, persons with high levels of self-criticism at both time points reported significantly worse relationships with their mothers than did the remaining participants. They were

more likely to report below average relationships with both parents; however, this did not reach significance for fathers. There were no gender differences in self-criticism for the participants at either time point one or two.

Due to the small numbers in the groups and therefore limited power, the authors stated that it was inappropriate to conclude that self-criticism is related to maternal but not to paternal relationships.

Brewin et al (1992) concluded that the association between self-criticism in adulthood and the recall of parenting is not an artefact of mood or social desirability. The longitudinal design enabled Brewin et al (1992) to replicate cross-sectional associations and to identify persons with more chronic tendencies to criticise themselves, therefore implying stability of the self-critical personality trait.

356 young people participated in Cheng and Furnham's (2003) study. There were 159 males and 97 females, who were either senior school pupils or undergraduates. Their ages ranged from 15 to 25 and the mean age was 17.62 (SD=3.89). They completed the Self-Criticism Questionnaire (Brewin et al, 1992, see above for description). In addition, they completed the Parental Bonding Instrument (Parker, Tupling and Brown, 1979), which is designed to measure young peoples' assessment of parental care and psychological control.

Females had significantly higher self-criticism scores than males. Parental behaviour had an impact on their sons' and daughters' levels of self-criticism. Specifically for males, paternal, but not maternal, discouragement of behavioural freedom was significantly associated with self-criticism, whereas maternal, but not parental, denial of psychological autonomy was significantly associated with self-criticism in females. The results from this study therefore suggest that mothers' and fathers' parenting behaviours may have differing roles in the development of self-criticism in their offspring.

A limitation of this study is that recall of parenting behaviour may have been affected by the young person's current relationship with their parents.

In Thompson and Zuroff's (1998) study described above, mothers who were high in self-criticism were found to be controlling and engaged in high levels of negative feedback with their daughters on a computer problem-solving task. In a subsequent study, they repeated their experimental study with mother-son dyads (Thompson and Zuroff 1999b). They hypothesised that as it is a social norm for boys to be independent, it was expected that mothers high in self-criticism would not be excessively controlling towards their sons, reflected by levels of explicit commands. In addition, Thompson and Zuroff (1999b) predicted that, given a social emphasis for boys to be more competent than girls, it was expected that mothers high in self-criticism would reward sons with more positive feedback. None of the hypotheses were supported. The authors suggested several possible explanations for the lack of significant findings for self-criticism in this study. Firstly, they speculated that self-

criticism might have little to do with parental affect and behaviour. However, this does not seem a plausible explanation due to the number of studies that find a clear link between self-criticism and controlling punitive behaviour between mothers and adolescent daughters. Another explanation offered by the authors was that this sample was unusually low in self-criticism. Compared to the sample of mothers from the first study (Thompson and Zuroff, 1998), levels of self-criticism were much lower. It could be that self-criticism only exerts an influence on maternal behaviour at moderate or high levels, and that self-criticism is a 'state' rather than 'trait,' activated in same-gender dyads. This study aimed to demonstrate how gender beliefs may influence the way in which self-criticism affects parenting behaviour. However, the laboratory study, which manipulated the sons' performances, may not represent real-life situations for parents. The sons' levels of self-criticism were not reported in the study. The authors suggest that sons appear to be exempt from the punitive, controlling reactions of these mothers. However, it could be possible that sons are affected by criticism from their mothers (or fathers) in different ways which this experiment did not elicit.

Clark and Coker (2009, described above) found a significant relationship between maternal self-criticism scores and daughters' self-criticism scores. Separate gender analysis was not carried out on the number of critical and positive comments made by mothers of sons and mothers of daughters. Assuming that there is an association between parental behaviour and the development of self-criticism in children, the gender differences could be interpreted in a number of ways. It could be speculated that mothers of sons

made less critical comments about them, which accounted for the lower levels of self-criticism found in sons. Conversely, highly self-critical mothers of sons and daughters may have made the same number of critical comments; however they may have been more meaningful to daughters than sons.

### **1.3 General critique of Methodology and Future research**

All the studies in this review recruited participants from non-clinical populations. With the exception of Ahmad & Soenens' (2010) study with Arab-Jordanian mothers, samples were mainly white. The majority were also middle class and well educated; several populations were drawn from undergraduate samples. Results from these studies cannot be assumed to be generalisable to other populations (i.e. clinical, low socio-economic groups). In addition, the majority of the studies had female only participants (mother and child; for example, Thompson & Zuroff, 1998; Besser & Priel, 2005), therefore these results cannot be generalised to male populations. The age of the participants in the reviewed studies ranged from adolescents to young adults, consequently no comment can be made whether the results can apply to younger participants.

The majority of studies in this review were correlational, so causal links between transgenerational similarity of personality types, negative parenting behaviour and the subsequent development of self-criticism in young people could not be established. This review highlights a paucity of longitudinal studies exploring parenting factors and the development of self-criticism in children. Many of the studies explore parenting behaviour and its correlates at



only one time point. In addition, the age range of the participants in this review is from adolescence to young adults, which may elicit certain parenting behaviours at specific developmental points. A major theme of the general adolescent literature is that adolescents need to gain autonomy and independence away from their parents (Harrop and Trower, 2001) which may increase or produce negative parenting behaviours and criticism at this time. Longitudinal studies would allow researchers to examine the stability of parenting factors over time, how this affects levels of self-criticism, and subsequently how this relates to their children's development of self-criticism.

The majority of studies employed retrospective self-report measures to recall parenting behaviour. Mood biases in the recall of autobiographical memories may compromise the accuracy of recollections of parenting (Burback and Borduin, 1986). It is possible that mood may be associated with temporary reductions in positive memories of parenting as well as the temporary increase in negative memories, and thus have skewed the findings of the reviewed studies using a retrospective methodology. In addition, retrospective reports may not assess the actual complexity of early parenting behaviours but explore current relationships between the parent and child.

Future research should extend the findings in this review by using other research designs; for example, observing parent-child interactions, experimental designs and interviews. Future research might usefully investigate different ways of exploring early life experiences; for example, Richter, Gilbert and McEwan (2009) found that recall of negative emotional

memories of early childhood experiences had higher correlations with the participants' levels of self-criticism than did the recall of negative parenting behaviours. In addition, the findings from Thompson and Zuroff (1999a and 1999b) and Clark and Coker (2009) suggest the importance of developing more sensitive measures to explore implicit parental behaviour.

The findings from this review indicate that the role of gender in the development of self-criticism is complex, and for that reason there is a clear need for future research concerning the influence of gender differences. Blatt (1974, 2004) is more explicit about the role of mothers (compared to fathers) in the development of self-criticism, and empirical evidence for the developmental pathway of self-criticism has been based mainly on female participants.

The correlations reported in the studies described in this review are small but significantly associated with parental factors and self-criticism in young people. Therefore, it is plausible that a number of additional factors are required to explain the remaining variance. Future research should focus on potential protective and vulnerability factors (e.g. birth order, temperament, gender, stressful family environment, peers) that may mitigate or exacerbate the development of self-criticism in young people. The studies in this review also seem to consider the effect of parenting as unidirectional. A number of child factors (i.e. temperament, disability, gender, age, birth order, etc.) may have an impact on parenting behaviours and the subsequent development of the child's self-critical personality.

### **1.3.1 Clinical Implications**

As mentioned in the introduction, a self-critical personality is a risk factor for the development of psychological disorders in adulthood. This review highlights the potential importance of parent and carer interventions aimed at modifying the parents and child's self-critical behaviours and attitudes. Gilbert, Baldwin, Irons, Baccus and Palmer (2006) suggest that the opposite of self-criticism is self-reassurance. Therefore, the therapist can help the client to build up and practice experiencing internal schemas and role relationships based on warmth and compassion that can lead to self-reassuring schemas, especially at times of distress. They suggest that helping people to understand the complex origins, styles and functions of their self-criticism may be important in helping people to overcome self-criticism and develop self-reassurance.

### **1.3.2 Conclusions**

The research question for this review was to examine the empirical evidence of parental factors and their role in the development of self-criticism in young people. In the light of the findings in this review, the conclusions outlined below should be interpreted tentatively. This is due to the variability in participant demographics, research and methodologies across the twelve studies.

However, despite the limitations described above, a number of consistent findings emerged. Firstly, the findings across the studies strongly suggested that there is an association between parental self-critical personality style and

negative parenting behaviours, which in turn was associated with levels of self-criticism in their offspring. This is consistent with Blatt's (1974, 2004) theory, and attachment theory (Bowlby, 1973) that negative parenting experiences in childhood lead to the development of a self-critical personality.

Secondly, findings from this review on the effect of gender of the parent and the young person on the development of self-criticism are inconclusive. However, there is a suggestion that same gender parent–child dyads may be important.

Overall, the findings from this review suggest that that self-criticism is transmitted through parenting, and pattern can be inherited across generations. It is clear from this review that the relationship between parenting and the development of self-criticism is complex, and requires further research to facilitate a more comprehensive theoretical understanding and evidence-based clinical application.

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## **Chapter Two**

# **Mothers' Psychological Well-Being: an Exploration of Mindfulness, Self – Compassion and Compassion to Others**

**Word Count (excluding tables): 6,431**

## **2.0 Abstract**

Cultural images of motherhood can create unrealistic high expectations. When mothers cannot live up to these expectations, this may be perceived as a personal failure, which may lead to high levels of psychological distress. The psychological well-being of the mother is not only important for her own quality of life but the impact on the lives of her children. The aim of this study was to explore maternal levels of mindfulness, self-compassion, and compassion to others; and their association with psychological well-being and parental stress. Fifty-six mothers were recruited via the internet and completed on-line measures of self-compassion, mindfulness, compassion to others, parental distress and perceived parent-child dysfunctional interaction. Regression analyses found that higher levels of self-compassion and mindfulness predicted higher levels of maternal psychological well-being and lower levels of maternal distress. Higher levels of mindfulness and compassion to others predicted lower levels of parent-child dysfunctional interactions. This study builds on previous research exploring the benefits of self-compassion, mindfulness, and compassion to others, and may provide a rationale for including the above concepts in the development of effective parenting programmes and individual therapies.

*Keywords: mindfulness, self-compassion, compassion to others, parental distress, parent-child dysfunctional interactions*



## **2.1 Introduction**

In recent years there has been a growing interest in the mental health benefits of Eastern philosophical thought and psychology, which has led to new ways of understanding and fostering psychological well-being (Neff, 2003a). Some of these Eastern (particularly Buddhist) concepts are increasingly being used to challenge dominant models of Western psychology, and are beginning to influence clinical practice (Gilbert and Procter, 2006; Neff, Kirkpatrick, Rude, 2007). This study will explore the concepts of mindfulness, self-compassion and compassion to others, and examine how these concepts can help to advance the understanding and enhancement of mothers' psychological well-being.

### **2.1.1 Mother's Psychological Well-being**

The concept of motherhood produces idealised cultural images, standards and experiences that can provide rich sources of personal identity (Demo and Alcock, 1996). Douglas and Michaels (2004) suggest that although these cultural images appear to celebrate motherhood, they can also create unrealistic high expectations and demands of what it is to be a 'good mother'. These expectations may come from all aspects of society, such as family members, the healthcare system and unrealistic images of motherhood portrayed by the media (Seagram and Daniluk, 2002). According to Festinger's (1954) social comparison theory, individuals evaluate their own sense of self against external others. Mothers may therefore engage in a process of comparing themselves against these societal expectations, resulting in self-criticism and self-condemnation when they perceive they

cannot measure up to unrealistic ideals. Similarly, Cassidy and Davies (2003) suggest that mothers internalise these perceived inadequacies, not as externally caused, but as personal failures which can lead to high levels of psychological distress and low perceived control.

The psychological well-being of the mother is not only important for her own quality of life but also has an important impact on the lives of her children. Hammen, Adrian, Gordon, Burge, Jaenicke and Hiroto (1987) found that half of the children with a depressed parent had depression themselves, 37 per cent had a diagnosis of a behavioural disorder including aggression and attention difficulties, and 32 per cent exhibited emotional disorders such as anxiety. However, most studies in the area of parental well-being are primarily concerned with children's mental health and behavioural outcomes. There seems to be little research focusing predominately on investigating mothers' psychological well-being and exploring its enhancement.

At present, the main measures used to quantify mothers' psychological well-being are questionnaires based on psychopathology and maladaptive functioning, which have been the main focus of psychological theory and research (Sheldon and King, 2001). There is an assumption that the absence of anxiety and depression indicates well-being. Seligman and Csikzentmihalyi (2000) developed the term 'Positive Psychology,' and suggest that psychological research and practice should help all individuals to have richer, more satisfying lives rather than focus on mental disorders and dysfunction. There is a growing body of research to strongly suggest that

psychological well-being is multi-dimensional and includes factors such as positive affect, self-acceptance, autonomy, personal growth and positive interpersonal relationships (Tennant, Hiller, Fishwick, Platt, Joseph, Weich, Parkinson, Secker and Stewart-Brown, 2007).

### **2.1.2 Mindfulness**

Kabat-Zinn (1994), defines mindfulness as: “paying attention in a particular way: on purpose, in the present moment, and non-judgementally”. (p.4)

Brown and Ryan (2003) suggest that mindfulness is a ‘meta-perspective’ stepping outside one’s current situation so that it can be considered with detachment and objectivity. It is thought that mindfulness can help one to look at, and cope with stressful situations and thoughts and feelings more effectively. Mindfulness may also promote an attitude of acceptance, enhanced attention and suspension of judgement related to internal and external events (ibid). Brown and Ryan (2003) found that mindfulness can be a naturally occurring characteristic and is positively correlated with mood states. Mindfulness may also be enhanced through specific training, and this has facilitated ways of understanding, and fostering well-being. It has been incorporated into the psychological treatment of depression, anxiety and chronic pain with adults and children (Segal, Williams and Teasdale, 2002). More recently, mindfulness has been incorporated in parenting programmes in the US (Dumas, 2005, Altmaier and Maloney, 2007). Parenting programmes have been traditionally based on a behavioural model and focus on strategies to deal with children’s behavioural problems. Parents

reported that mindfulness training promoted resilience, and helped them to cope with their emotional problems and face adversity.

### **2.1.3 Self-compassion**

Self-compassion has received relatively little research attention compared to mindfulness; however studies completed thus far are extremely promising in terms of clinical application (Neff and McGehe, 2010, Neff, Kirkpatrick, and Rude, 2007). Dr Kristin Neff at the University of Texas has been an influential exponent of the empirical investigation of the construct of self-compassion. Her research suggests that self-compassion is strongly related to both increased psychological well-being, including optimism, personal initiative and connectedness, and decreased psychological distress, such as anxiety, depression, neurotic perfectionism and rumination (see Neff, 2009, for a review) Neff argues that self-compassion is an alternative and adaptive way of viewing the self, with three major components. Firstly, 'self-kindness' refers to the ability to desire well-being for ourselves, and to be kind and understanding to the self, rather than harsh and judgemental. Secondly, 'a sense of common humanity' relates to the idea that suffering and imperfection is a shared human experience. This helps to put one's experience into a wider perspective and helps to prevent exaggeration of one's own difficulties. Finally, 'mindfulness' involves being present in the moment and viewing the experience from a balanced perspective, rather than being overwhelmed by negative thoughts and emotions. These three components combine and interact to create a 'self compassionate frame of mind'.

Western psychology has traditionally focused on ego-centric concepts to promote wellbeing, such as increasing self-esteem. There is consistent evidence that low self-esteem has been linked to negative psychological outcomes such as depression and suicidal ideation (Harter, 1999). However, there may also be unintended negative consequences of some therapeutic approaches to enhancing self-esteem (Neff, 2004). Interventions aimed at raising one's self esteem often involve comparing oneself to others and this can result in denigrating others to feel better about the self (Feather, 1994). Maintaining self-esteem may also lead to narcissism, self-absorption, self-centeredness and lack of concern for others (Baumeister, Smart and Boden, 1996.)

Research has shown that in Western society, people usually use the term 'compassion' to describe a quality that you show to others, and not to yourself. Neff (2003b) found that most people said that they were more self-critical than they were critical of others. Neff's participants said that being kind to oneself was akin to self-indulgence, and this would allow them to 'get away' with unsociable behaviour. Refusing self-compassion can lead to perfectionist standards and harsh self-criticism. However, from a Buddhist perspective, it is stressed that an individual must have compassion for him or herself in order to have sufficient available emotional resources to give compassion to others (Neff, 2003b).

### **2.1.3 Self-compassion and women**

Research indicates that self-compassion tends to be slightly, but significantly, lower among women than men (Neff, 2003b; Neff, Hseih and Dejitthirat, 2005; Neff and McGehe, 2010)

Neff (2003b) explored self-compassion in a large sample of male and female undergraduates. It was hypothesised that women may be more self-compassionate because of a traditional view of women as having a more interdependent sense of self, and a tendency to be more empathic than males. However, the results of the study supported an alternative hypothesis in that women reported having significantly less self-compassion than men. Neff (2003b) explained that this is consistent with research suggesting that females tend to be more self-critical, have a more ruminative coping style and higher levels of depression. Other findings in Neff's sample revealed that lower levels of depression and anxiety were significantly negatively correlated with self-compassion and life satisfaction. This suggests that self-compassion may be an adaptive process that increases psychological resiliency and well-being. The presence or absence of self-compassion may therefore play an especially strong role in the psychological well-being of women.

One aspect of women's lives where self-compassion may be particularly important for resilience and well-being is that of motherhood. As far as the author of this report is aware, self-compassion has not yet been explored in a population of mothers. Arguably more so than undergraduates, mothers face

great demands on their emotional and physical resources. High levels of anxiety and depression and low levels of self-compassion may therefore be observed in this population. Teaching and enhancing self-compassion may be an important strategy for emotional regulation in this population. Neff (2003b) explains that from a self-compassionate perspective, painful and distressing feelings are not avoided but instead are held in awareness with kindness, understanding and a sense of shared humanity. Negative emotions are therefore not amplified and perpetuated through harsh self-criticism, but are transformed into a positive feeling state to allow a clearer understanding of problems and solutions. Self-compassion can promote behaviours that can encourage and maintain well-being, recognising the need to demonstrate compassion not only towards others, but also towards themselves, for example, giving oneself permission to have time away from one's children to take part in a pleasurable activity to reduce stress levels.

#### **2.1.4 Compassion to others**

In Buddhist thinking, compassion is defined as the 'non-judgemental open heartedness to the suffering of others with a strong desire to alleviate suffering in all living things' (Gilbert, 2005). Compassion may be thought of as being directed externally, to others, compared to self-compassion that is directed internally, towards the self (Neff, 2009).

More recently, Sprecher and Fehr (2005) defined compassion to others as 'compassionate love:' 'an attitude towards other(s), either close others or strangers or all of humanity; containing feelings, cognitions, and behaviours

that are focused on caring, concern, tenderness, and an orientation to towards supporting, helping and understanding other(s), particularly when other(s) are perceived to be suffering or in need' (p.630).

Clinicians have long noted the positive benefits of giving to others (Sprecher and Fehr, 2006). Sprecher and Fehr (2006) carried out a number studies exploring compassionate love with undergraduates. They found that feeling and giving compassionate love to others had positive benefits to the self, i.e. increased mood and self-esteem. This effect was more pronounced with compassionate love towards family and friends than with strangers.

Compassion to others is the foundation of prosocial behaviour, altruism and the formation of parent-child attachments (Gilbert, 2005). Showing compassion to others appears to underpin many concepts conventionally assumed to be found in good parenting, including warmth, sensitivity and responsiveness (Gillath, Shaver and Mikuliner, 2005). Compassion is associated with attachment theory, and what Bowlby (1969/1982) called the 'care-giving behavioural system'. This is hypothesised to be an innate behavioural system in parents and caregivers that responds to the needs of dependent others, especially (but not exclusively) towards children. This system subsequently complements the 'attachment behavioural system', which regulates young children's attachment behaviour towards their caregivers. There is a vast amount of research concerning the quality of the parent-child relationship and attachment theory. In general, positive parent-child interactions lead to higher rates of secure attachments, which



consequently lead to greater levels of emotional well-being, popularity with peers and the capacity to become a good parent in adulthood, compared to more insecurely attached counterparts (Golombok, 2000, Gillath, Shaver and Mikuliner, 2000). Given the qualities of compassion described above, from an attachment perspective, compassionate parenting may promote positive parent-child interactions with a subsequent impact on secure attachment, through the child's experience of feeling safe and of being soothed when distressed. The child may internalise these experiences and later access them for him or herself during times of stress and threat.

The relationship between self-compassion and compassion to others poses some interesting questions. Theoretically, it could be assumed that if a person is self-compassionate, recognising human interconnectedness and suffering, then this should facilitate being kind, forgiving and empathic towards others. Neff (2003a) found that people who lack self-compassion say they are much kinder to others than themselves; conversely, in other study, Neff (2009) found the opposite to be true. Sprecher and Fehr (2005) found only a weak association between self-compassion and compassionate love. The constructs of self-compassion and compassion to others are therefore clearly complex, and need further empirical investigation to fully understand their potential clinical utility.

## **2.2 Aims**

The purpose of this study is to contribute to the growing evidence that demonstrates the benefits of mindfulness, self-compassion, compassion to others and their relationship to psychological well-being. While the concept of self-compassion overlaps with mindfulness, there may be distinct, albeit subtle, differences between the constructs. It seems that mindfulness is a special kind of awareness of emotions that enable one to be more objective and self-compassionate on the other hand enables the person to respond to these emotions in a kind and caring way. Compassion to others is focused on being compassionate to others' distress and difficulties. All of these three constructs, and their contribution to psychological well-being, have not been previously concurrently measured. Secondly, these constructs have not been measured in a population of mothers. There appears to be a gap in the literature exploring alternative ways of understanding and measuring mothers' psychological well-being.

This study therefore intends to explore whether there may be a clinical need for interventions aimed at enhancing mindfulness and self-compassion in mothers by determining whether these concepts have the potential to improve the mother-child relationship and reduce maternal stress. The results from this study may provide a rationale for including aspects of mindfulness, self-compassion and compassion in parenting programmes and in individual and family therapy to promote psychological well-being, new ways of coping under times of stress, the enhancement of parent-child attachments and relationships.

### **2.2.1 Hypotheses**

*Hypothesis 1: Higher levels of mindfulness, self-compassion and compassion to others will predict higher levels of maternal psychological well-being.*

*Hypothesis 2: Higher levels of self-compassion, mindfulness and compassion to others will predict lower levels of parental distress.*

*Hypothesis 3: Higher levels of self-compassion, mindfulness and compassion to others will predict lower levels of perceived parental – child dysfunctional interactions.*

## **2.3 Methodology**

To explore the hypotheses described above, a between-subjects questionnaire-based quantitative study was designed.

### **2.3.1 Participants**

The study was advertised on the internet via a national parenting information and advice site (Netmums.com) and a social network site (Facebook). To be eligible for participation, the mothers had to have at least one school-aged child, speak English fluently and were over 18 years old.

94 mothers initially commenced the study. 72 responses were obtained from the Netmums website and 22 responses from Facebook. 51 mothers completed all 5 questionnaires. A further 5 mothers completed well-being and self-compassion questionnaires (n=56) and two more mothers completed mindfulness, parent–child dysfunctional and compassion to others questionnaires (n= 53). Demographics are presented in Table 1.

**Table 1. Participants' demographic characteristics**

<b>Age range (in years)</b>	<b>22 - 55 years</b>	<i>M</i> = 36.8 <i>SD</i> = 7.3			
<b>Level of education</b>	<b>Secondary School</b>	<b>College</b>	<b>Degree</b>	<b>Masters</b>	<b>Doctorate</b>
	7 (12.5)	23 (41)	15 (26.8)	9 (16.1)	2 (3.6)
<b>Ethnicity</b>	<b>White British</b>	<b>Any other Asian</b>	<b>Black</b>	<b>Mixed British</b>	
	53 (94.6)	1 (1.8)	1 (1.8)	1 (1.8)	
<b>Marital status</b>	<b>Married</b>	<b>Cohabiting</b>	<b>Divorced</b>	<b>Widowed</b>	<b>Other</b>
	33 (58.9)	10 (17.9)	7 (12.5)	4 (7.1)	2 (3.6)
<b>Number of children</b>	<b>One</b>	<b>Two</b>	<b>Three</b>	<b>Four or more</b>	
	10 (17.6)	29 (51.6)	11 (19.6)	6 (10.8)	

*Frequencies are shown with percentages in brackets, unless otherwise specified.*

### **2.3.2 Procedure**

A brief description of the study was given on the web pages. If interested, participants were instructed to click on a link, which took them directly to a secure on-line version of the questionnaires via Survey Monkey ([www.surveymonkey.com](http://www.surveymonkey.com)). The mothers began the study by reading a detailed information sheet describing the purpose of the study. All participants completed an online consent form and demographic questions before starting the questionnaires.

### **2.3.3 Ethical Safeguards**

The information sheet and consent form (Appendices C and D) specified that mothers could withdraw from the study at anytime. In addition, participants were informed that if they wished for their information not to be used, they could contact the researcher and their data would be removed. Participants

were assured that all information collected would be secure, confidential and anonymous. Contact information was given if any of the mothers had concerns and questions about the study. It was acknowledged that it was possible that filling in the questionnaires might evoke sensitive issues for some mothers. Information was therefore given about a parenting organisation that has trained people available who are experienced in listening to mothers' concerns and worries. In addition, if participants had concerns, they were advised to talk to their GP or health visitor.

This study was reviewed and approved by Coventry University Ethics Committee.

## **2.4 Design**

As described above, this study utilised a between-subjects, quantitative design.

For hypotheses one, the independent variables (predictors) were scores on self-compassion, mindfulness and compassion to others questionnaires. The dependent (outcome) variable was psychological well-being. For hypotheses two and three, the independent variables were scores on the self-compassion, mindfulness and compassion to others questionnaires. The dependent variables the scores on parental distress and parent-child dysfunctional interaction subscales.

### **2.4.1 Measures**

The following questionnaires were administered to participants via the on-line survey. Copies of the measures can be found in Appendices E to J.

*Demographic information.* This measure was specifically designed for this study and includes age, ethnicity, level of education, ages and number of children. In addition, information was obtained about relationship status.

*The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS;* Tennant, Hiller, Fishwick, Platt, Joseph, Weich, Parkinson, Secker and Stewart- Brown, 2007). This scale consists of 14 separate statements focusing on positive mental health (including positive affect, interpersonal relationships and positive functioning). Using a 5-point Likert scale (ranging from none of the time to all of the time) respondents were asked to indicate how often they have felt this way for each item over the last two weeks. The overall score is calculated by the sum of scores for all items (possible range 14- 70; Cronbach's alpha = 0.91, showing high internal consistency); the higher a person's score, the better their level of mental wellbeing. Previous research with a large non-clinical sample has identified found an average score of 50.3 for females on this measure.

*Self-Compassion Scale (SCS; Neff, 2003).* The SCS includes six subscales: Self-Kindness (5 items, e.g., "I try to be understanding and patient towards

those aspects of my personality I don't like”), Self-Judgement (5 items, e.g., “I’m disapproving and judgmental about my own flaws and inadequacies”), Common Humanity (4 items, e.g., “I try to see my failings as part of the human condition”), Isolation (4 items, e.g., “When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world”), Over-Identification (4 items, e.g., “When I’m feeling down I tend to obsess and fixate on everything that’s wrong”) and Mindfulness (4 items, e.g., “When something painful happens I try to take a balanced view of the situation”). For the purposes of this study, the Mindfulness subscale was omitted from the analysis due to overlap with items on the Mindfulness Awareness Scale (Brown and Ryan, 2003) described below. Respondents answered each item on a 5 point Likert scale (ranging from ‘almost never’ to ‘almost always’). Higher scores indicate higher self-compassion. Previous confirmatory factor analyses determined that a single higher-order factor of self-compassion could explain the inter-correlations between the six subscales (NNFI = .90; CFI = .92), meaning that one can examine the six subscales separately or as an overall score (see Neff, 2003, for details). Neff (2003) found good internal consistency for the SCS (.90 - .95 for overall scores and .75 – .86 for subscale scores).

*Mindfulness Awareness Scale, (MAAS, Brown & Ryan, 2003).* This fifteen-item measure assesses ‘dispositional mindfulness’: the presence or absence of attention to the present moment. It has a single-factor structure and yields a single measure. Using a 6-point Likert-type scale score (‘almost always’ to ‘almost never’), respondents rate how often they have experiences of ‘acting



on automatic pilot,' being preoccupied and not paying attention in the present moment. Higher scores on the MAAS indicate higher levels of mindfulness. The authors report internal consistency (coefficient alpha) of .82 and satisfactory convergent and discriminant validity correlations. Norms in a community sample of adults using the MAAS scores from four independent samples, (N=436) found an average score of 4.20 (Brown & Ryan, 2003).

*Compassionate Love Scale (for family and close friends, Sprecher and Fehr, 2005).* This 21-item scale was designed to measure feelings of compassionate love toward close others. For this measure, close others are significant others in one's life, including friends and family members. This is not designed to be a scale of romantic love. Respondents answered each item on a 7-point Likert-type scale ranging from 1 ('not at all true of me') to 7 ('very true of me'). Higher scores indicate higher compassion to others. The authors of this scale report a Cronbach's alpha = .95.

*Parenting Stress Index – short form (PSI/SF: Abidin, 1990).* This is a standardised instrument measuring the level of stress that the parent-child system is under. The original PSI/SF contains 36 items, to which the parent responds using a 5-point Likert scale from 'Strongly disagree' to 'Strongly agree'. For the purposes of this study, the *Difficult child* subscale was omitted. The participants were asked to complete 24 questions on the remaining two sub-scale scores: *Parental distress* evaluates feelings of impaired parental competence, stresses due to the restriction on life-style imposed by being a parent, conflict with the child's other parent, lack of

social support and feelings of depression; *Parent-child dysfunctional interaction* determines the extent to which the parent feels that interactions with their child are not reinforcing and that the child does not meet their expectations. Test-retest reliability for the PSI/SF subscales over 6 months was .85 for *parental distress* and .68 for *parent-child dysfunctional interaction*. The short form correlates highly with the full-length PSI ( $r = .95$  for the total stress score), of which it is a direct derivative, and concurrent and predictive validity for the full-length version has been satisfactorily demonstrated (Abidin, 1990).

## **2.5 Results**

### **2.5.1 Power Analysis**

The number of participants required to ensure adequate statistical power was calculated using Miles and Shelvin's (2001, cited in Field, 2009, p.223) graph. Field (2009) recommends using this graph for precise estimates for the sample size in regression depending on the number of predictors and the size of the expected effect. The planned regression analyses were considered to be the most demanding for this study in terms of power, and the power analysis was therefore based on this test. Using the graph, the sample size needed for this study to achieve a high level of power at .08 (i.e. a large effect size) and using three predictors was 40 participants.

### **2.5.2 Statistical Analysis**

The data was analysed using the IBM Statistical Package for the Social Sciences (SPSS) for Windows, version 19. In order to explore whether the independent variables (self-compassion, mindfulness and compassion to others) predicted the dependent variables (well-being, parental distress and parent-child dysfunctional interaction), multiple regression was employed for the analysis.

### 2.5.3 Descriptive Statistics

The means and standard deviations of the data are displayed in Table 2, below.

**Table 2. Descriptive Statistics**

Measure (abbreviated label)	N	Minimum	Maximum	Mean	Standard Deviation
Warwick-Edinburgh Mental Well Being Scale (WEMWBS)	56	22	60	45.86	8.8
Mindfulness Awareness Scale (MAAS)	53	1.71	5.53	3.33	.90
Compassionate Love Scale	53	2.9	7	5.78	.93
Self Compassion Scale (SCS) (*Mindfulness subscale removed)	56	1.36	4.32	2.75	.68
Parenting Stress Index - Parental Distress subscale	51	18	54	34.77	8.66
Parenting Stress Index – Parent-Child Dysfunctional Interaction Subscale	53	14	47	22.79	7.49

*\*A Cronbach alpha analysis was conducted post-hoc with the Mindfulness subscale removed indicating a high internal consistency and reliability of .93.*

### 2.5.4 Data Screening

The results were screened using both visual and statistical methods to inspect whether the data were normally distributed and acceptable for further analysis, particularly whether it satisfied the assumptions of multiple regression analysis. Cook's D indicated one outlier which was removed from the data set. The analysis was then repeated, and Cook's D and a visual inspection of a histogram suggested that there was normality of residuals. A scattergram was generated to check for independence of residuals, and found no heteroscedasticity, and linearity of relationship between the predictor and predicted variables; all three of these assumptions were met. Finally, tolerance values indicated that multicollinearity was not excessive. It

can be seen in Table 3, below, that Pearson correlations between predictor and outcome variables were acceptable for these to be entered into the regression analyses. The significance values in Table 3 are 2-tailed. The SPSS output can also be seen in Appendix L, for further detailed tables and graphs used for analysis.

**Table 3. Pearson correlations between predictive and outcome variables.**

Measure		1	2	3	4	5	6
1. Warwick-Edinburgh Mental Well Being Scale ( <b>WEMWBS</b> )	<b>Corr (r)</b>	1					
	<b>Sig</b>						
	<b>N</b>	56					
2. Mindfulness Awareness Scale ( <b>MAAS</b> )	<b>Corr (r)</b>	.487**	1				
	<b>Sig</b>	.000					
	<b>N</b>	53	53				
3. Compassionate Love Scale	<b>Corr (r)</b>	.303*	.023	1			
	<b>Sig</b>	.028	.875				
	<b>N</b>	53	50	53			
4. Self Compassion Scale ( <b>SCS</b> ) (Mindfulness subscale removed)	<b>Corr (r)</b>	.723**	.454**	.216	1		
	<b>Sig</b>	.000	.001	.120			
	<b>N</b>	56	53	53	56		
5. Parental Distress subscale	<b>Corr (r)</b>	-.577**	-.461**	-.271	-.570**	1	
	<b>Sig</b>	.000	.001	.055	.000		
	<b>N</b>	51	48	51	51	51	
6. Parent-Child Dysfunctional Interaction Subscale	<b>Corr (r)</b>	-.226	-.291*	-.385**	-.135	.378**	1
	<b>Sig</b>	.103	.040	.004	.335	.006	
	<b>N</b>	53	50	53	53	51	53

\*\*Correlation is significant at the 0.01 level

\*Correlation is significant at the 0.05 level.

The results of the regression analyses will now be presented in sections pertaining to each outcome variable.

### 2.5.5 Predictors of Psychological Well-being

The multiple correlations between psychological well-being and the three predictor variables of self-compassion, mindfulness and compassion to others were .763. Adjusted r-square was .555, indicating that 55.5 % of the variance in psychological well-being was accounted for by these three variables. The standard error of estimate was 5.87.

Overall the independent variables as a group were significantly related to the dependent variable:  $F_{(3,46)} = 21.38, p = .000$ .

**Table 4. Regression model for predicting psychological well-being.**

	<b>B</b>	<b>SE B</b>	<b>Beta</b>
Constant	8.40	6.16	
Mindfulness Awareness Scale	2.10	1.05	.215*
Compassionate Love Scale	1.61	.93	.171
Self Compassion Scale (Mindfulness subscale removed)	7.68	1.43	.589**

\*  $p < .05$  \*\*  $p < .001$

Examining the individual regression coefficients for each independent variable, it was found that higher levels of self-compassion and mindfulness were significant predictors of higher levels of psychological well-being. However, compassion to others was not a significant predictor of

psychological well-being. This result therefore partially supports Hypothesis 1.

Comparing the values of the standardized regression coefficients, self-compassion is the strongest predictor of psychological well-being.

### 2.5.6 Predictors of Parental Distress

The multiple correlations between parental distress and the three predictor variables of self-compassion, mindfulness and compassion to others were .637. Adjusted R-square was .406, indicating that 40.6 % of the variance in psychological well-being was accounted for by these three variables. The standard error of estimate was 6.89.

Overall the independent variables as a group were significantly related to the dependent variable:  $F_{(3,44)} = 10.03, p = .000$ .

**Table 5. Regression model for predicting parental distress**

	<b>B</b>	<b>SE B</b>	<b>Beta</b>
Constant	67.364	7.391	
Mindfulness Awareness Scale	-2.602	1.256	-.271*
Compassionate Love Scale	1.615	.927	-.176
Self Compassion Scale (Mindfulness subscale removed)	-5.247	1.719	-.409*

\* $p < .05$

Examining the individual regression coefficients for each independent variable, it was found that higher levels of self-compassion and mindfulness predicted lower levels parental distress. However, higher levels of compassion to others did not predict lower levels of parental distress. Hypothesis 2 is therefore partially supported.

Comparing the values of the standardized regression coefficients, higher levels of self-compassion were the stronger predictor of less parental distress.

### 2.5.7 Predictors of Parent-Child Dysfunctional Interaction

The multiple correlations between perceived parent –child dysfunctional interaction and the three predictor variables of self-compassion, mindfulness and compassion to others was .486. Adjusted R-square was .236, indicating that 23.6% of the variance was accounted for by these three variables. The standard error of estimate was 6.75.

Overall the independent variables as a group were significantly related to the dependent variable:  $F_{(3,46)} = 4.73, p = .006$ .

**Table 6. Regression model for predictors of parent-child dysfunctional interactions.**

	<b>B</b>	<b>SE B</b>	<b>Beta</b>
Constant	47.408	7.093	
Mindfulness Awareness Scale	-2.721	1.205	-.328*
Compassionate Love Scale	-3.217	1.067	-.399*
Self Compassion Scale (Mindfulness subscale removed)	1.111	1.649	.100

\* $p < .05$

Examining the individual regression coefficients for each independent variable, it was found that higher levels of compassion to others and mindfulness predicted lower levels of perceived parent-child dysfunctional



interactions. However, higher levels of self-compassion did not predict less perceived parent-child dysfunctional interactions. Therefore, Hypothesis 3 was partially supported. Comparing the values of the standardized regression coefficients, higher levels compassion to others is the stronger predictor of lower levels of perceived parent-child dysfunctional interaction.

### **2.5.8 Post – Hoc Analysis**

Post- Hoc analysis was conducted using G- Power to calculate the effect size ( $F^2$ ) for each model.

For the regression model for predicting psychological well-being,  $F^2 = 1.39$ . Based on this effect size, with the power set at 0.8 and alpha set at 0.5, an estimated sample size would have been 13 participants.

For the regression model for predicting parental distress,  $F^2 = 0.68$ . Based on this effect size, with the power set at 0.8 and alpha set at 0.5, an estimated sample size would have been 21 participants.

For the regression model for predicting parent-child dysfunctional interactions,  $F^2 = 0.31$ . Based on this effect size, with the power set at 0.8 and alpha set at 0.5, an estimated sample size would have been 40 participants.

The above post-hoc effect sizes provide supporting evidence to indicate that the actual sample sizes in this study were sufficient which supports the a-

priori power calculation. In addition, these results indicate that the regression analyses were not underpowered for this study.

## **2.6 Discussion**

The aim of this study was to investigate whether mindfulness, self-compassion, and compassion to others was important for psychological well-being in mothers. This study was exploratory, as all three constructs have not been measured in one study before. The study also attempted to explore the relationship of mindfulness, self-compassion, and compassion to others with parental distress and parent-child dysfunctional relationships.

The results showed that higher levels of self-compassion and mindfulness predicted psychological well-being in a non-clinical population of mothers. These results add to a growing body of research that advocates the importance of these constructs in psychological well-being (Neff, 2004; Brown and Ryan, 2003). This is the first study in which the construct of self-compassion and mindfulness has been explored in a group of mothers. It could be speculated that the levels of self-compassion and mindfulness were found to be naturally occurring in this population. Activities which may increase mindfulness and self-compassion (e.g. participation in yoga classes, attending workshops, etc) were not assessed in this study. Nevertheless, the levels of self-compassion and mindfulness found in this population predicted psychological well-being, which are encouraging findings because both these constructs can be enhanced with practice (Gilbert and Procter, 2006, Baer, 2003).

Self-compassion was a stronger predictor for psychological well-being than mindfulness. It is important to note, that the validity of the Self-Compassion

Scale was not compromised by the removal of the mindfulness items, prior to analysis (see Table 2). The results in this study suggest that mindfulness and self-compassion are similar but subtly distinct constructs, which may contribute differentially and uniquely to psychological well-being. Additional research is needed to examine this hypothesis directly.

Compassion to others was not a predictor for psychological well-being in mothers; however, there was a positive trend which did not reach significance. This result seems counterintuitive, as mothers are assumed to spend a great deal of time caring for others and this is a source of positive identity for many. Looking at the simple correlations (Table 2), self-compassion was not significantly associated with compassion to others, which replicates earlier findings by Sprecher and Fehr (2005). Overall, the results suggest that self-focused concern i.e. self-compassion and mindfulness, predict psychological well-being in mothers over and above other-focused concern, i.e. compassion to others.

The results show that higher levels of self-compassion and mindfulness predict lower levels of parental distress. These results do not indicate that mothers do not find parenting stressful; however self-compassion and mindfulness may promote awareness of parental challenges for parents without them feeling overwhelmed by accompanying negative emotions. Moreover, self-compassion and mindfulness may help to buffer mothers against and also, cope with, the impact of stressful challenges in everyday life (Leary, Tate, Adams, Allen, and Hancock 2007).

The results show that higher levels of compassion to others and mindfulness predicted lower levels of perceived parent-child dysfunctional interactions. Compassion to others may be important in promoting and maintaining a positive parent-child relationship. Concern and sensitivity for a child's distress and needs is the foundation of a secure attachment (Gilbert, 2005). Showing compassion to one's child could have the added benefit of increasing positive interactions between parent and child. Gillath et al (2005) argues that if others treat us compassionately, we are more likely to do so in return. This dynamic reciprocity could help to make relationships (e.g. parent-child) more validating and fulfilling. The results suggest that mothers who are mindful may be more aware of how their responses influence their interactions with their child, which in turn could help to modify automatic dysfunctional interactions (Dumas, 2005 and Altmaier and Maloney, 2007). The parent-child dysfunctional sub-scale focuses on the parent-child relationship, which is focused on the relationship with the other as opposed to the relationship with the self, which might help to explain why self-compassion (being primarily but not wholly concerned with being self-focused) was not associated with this more other-focused measure of parent-child relationships.

### **2.6.1 Methodological Considerations and Future Research**

The generalisability of these results to other populations of mothers is limited. The sample in this study was mainly white, married, well educated and web literate. Future research is needed to explore whether these

findings are evident in other populations of mothers e.g. lower socio-economic groups, single mothers and different cultural backgrounds. In addition, in future research, the study could be advertised more widely to recruit more diverse populations.

Due to the cross-sectional design, no conclusions about causality can be drawn. The relationship between self - compassion and psychological well-being is thought to be complex: for example, Neff and McGehe (2010) suggest that psychological well-being may lead to more compassionate ways of treating oneself, rather than the other way around. Other variables not measured in this study may have had an impact on psychological well-being. For example, the majority of mothers in this study (77.8%) had partners; social support may also have had an impact on levels of psychological well-being and parental stress.

Although the Self-Compassion Scale and Mindfulness Attention Awareness Scale are important self-report tools for exploring these constructs empirically, there are limitations to this methodology. A major limitation is that these scales may not accurately assess individual levels of self-compassion and mindfulness. Neff (2003, 2004) argues most people may lack sufficient self-awareness to really know how self-compassionate they are, making self-report measures problematic. A limitation of the Parental Stress Index is that it gives a subjective view of parental stress and parent-child relationship. Therefore, additional information from other informants (e.g. partner and child, where possible) may help to gain greater insights into the intricate

complexities of parenting and the parent–child relationship. A limitation of the Compassion to Others Scale, is its face validity, as the scale appears to contain some self- sacrificing items (e.g. item 7 and 8). Future research is needed employing different research designs that avoid the ambiguity of cross-sectional design, for example, the use of experimental and qualitative methods. Further studies of this nature are necessary to gain a better theoretical and empirical understanding of how self-compassion, mindfulness and compassion contribute to enhancing psychological well-being, reduce parental distress and improve parent-child relationships.

Dietz-Uhler and Sherman (2003) advocate that using the internet is a powerful tool for psychological research, as data can be collected in a short amount of time. It can also eliminate experimenter effects as there is no contact with the researcher, participants are not required to post back questionnaires and on-line data can be downloaded directly to statistical software packages. Nevertheless, on-line research has a number of disadvantages that were highlighted in this study. Dietz-Uhler and Sherman (2003) argue that there is high drop-out rate in this type of research. This was the case in this study with the drop out rate approaching 50%. There was not enough information about the participants who did not complete the questionnaires to determine whether they were demographically different from the responding participants. No contact with the researcher may have reduced motivation and commitment to complete the questionnaires, especially for a population who can be assumed to have many other demands on their time and attention. When conducting future on-line

research, more detailed information could be posted on internet sites that were advertising the study. In addition, surveymonkey.com has a feature which allows participants start the study and return at a later date. This was not used in the present study, but may have encouraged mothers to come back and finish the questionnaires, as is possible with a pen and paper format.

### **2.6.2 Clinical Implications**

Despite the limitations of this study and its cross-sectional design, the results support the hypothesis that self-compassion and mindfulness are important factors in maternal psychological well-being. In addition, self-compassion, mindfulness and compassion to others are predictive of a reduction parental distress and fewer parent-child dysfunctional interactions. These results lend some support to the use of therapeutic approaches that emphasise the importance of developing and enhancing self-compassion, mindfulness and compassion to others in mothers. Recent research has demonstrated that self-compassion and mindfulness can be enhanced in the short to long term to reduce stress, improve emotional regulation and improve mental health of the individual (Gilbert and Procter, 2006; Neff et al., 2007; Grossman, Niemann, Schmidt and Walach, 2004). In addition, preliminary research has been conducted on the efficacy of mindfulness based parenting programmes which emphasise becoming aware of ineffective, automatic parent-child interactions and replacing them with awareness and non-judgement of one's own and one's child's behaviour (Dumas, 2005 and Altmaier and Maloney, 2007). As far as the author of the present study is aware, there has not been



any parenting intervention which combines elements of self-compassion and mindfulness. Self-compassion may be assumed to be highly relevant to a positive experience of being a mother. The feelings of self-acceptance and self-kindness entailed by self-compassion may lead to reduced self-criticism and self-condemnation when mothers feel they cannot measure up to unrealistic ideals prescribed by societal expectations. The ability to frame one's own experience within the common human experience of being a mother may help with a sense of interpersonal connectedness and prevent exaggeration of one's own difficulties. This could be of benefit, not only to the psychological well-being of the mother by developing greater emotional coping skills and helping to repair negative emotional states, but as a consequence, she could also be more emotionally available and responsive to the needs of her child.

### **2.6.3 Conclusions**

This study builds on previous research exploring the benefits of self-compassion, mindfulness and compassion to others to psychological well-being. Although currently speculative, the results from this study may provide a rationale for including aspects of mindfulness, self-compassion and compassion to others in the development of effective parenting programmes, individual and family therapy to promote psychological well-being, new ways of coping under times of stress and the enhancement of parent-child attachments.

The results of this study demonstrate that highlight that self-compassion, mindfulness and compassion to others may be subtle and distinct constructs

which have differential effects on psychological well being, parental distress and perceived parent –child dysfunctional interactions.

In addition, this study has made a contribution to the positive psychology movement as it has focused on psychological strengths, rather than the psychopathology and maladaptive functioning that is the typical focus of much of psychological theory and research.

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## Chapter Three

### Motherhood, Compassion and Reflective Practice

Word count: 1,850



### **3.1.Introduction**

The clinical psychology doctorate programme I have undertaken has a strong emphasis on reflective practice throughout the three year training programme. This process is reiterated in the doctoral thesis. The thesis consists of three papers, a literature review, an empirical paper and this reflective paper. The literature review explored parental factors associated with the development of self-criticism in young people, and the empirical paper explored whether the concepts of self-compassion, mindfulness and compassion to others could help enhance mothers' well-being.

The reflective paper will focus on the 'scientist' and 'reflective-practitioner' models, the importance of reflection and the background to my research. In addition, I will look at the issues and challenges of the research process on my personal and professional development as a clinical psychologist.

### **3.2.Scientist-practitioner and Reflective-practitioner Models**

When I applied and started my clinical training, I was well aware that clinical psychologists needed to be 'scientist-practitioners'. Central to this idea was that clinical psychology is firmly rooted in scientific inquiry; the aim being the development of theories to understand emotional difficulties to be validated or modified by empirical research which in turn would lead to the development of effective therapeutic interventions. Engaging in the scientific process was viewed as the responsibility of all clinical psychologists, whether working as clinicians or academics (Youngson, 2009). The 'scientist-practitioner' model was stressed throughout the clinical training in

coursework, research workshops and then finally conducting my own empirical research. Another model, which became evident through my training was the 'reflective-practitioner model' (Schon, 1983). This model is more aligned to humanistic approaches to understanding experiences and their impact that is pivotal to personal and professional development. I believe firmly that clinical psychologists have an ethical responsibility to reflect on their work. Even though reflective practice may seem to be more naturally associated with clinical practice, I believe it is equally important in the empirical research process. Reflective practice ensures the best standard of care for clients, participants and yourself. Cushway and Gatherer (2003) argue that the two models described above are not mutually exclusive, suggesting that they can co-exist which might result in the clinician being better equipped to function with the demanding multifaceted nature of the role clinical psychologist. I believe that the doctoral thesis process is an example of the synthesis of these two models.

### **3.3. My Reflective Practice and Emotional Journey**

Reflective practice, I believe, is the basis of good self-care. The process of the doctoral thesis is a long, hard emotional journey with many highs and lows. I had to juggle the demands of placement, deadlines and being a single parent, which at times was extremely stressful and overwhelming. Being able to reflect on emotional processes through this stressful period has helped me to problem-solve, and to sustain and motivate myself. Utilising elements of mindfulness and self-compassion (Brown and Ryan, 2003; Neff, 2004) has been extremely important in helping me in my reflective process. Mindfulness

is a special kind of awareness without judgement, a 'metaperspective', which allowed me to step outside my own experiences so that the challenges that I faced could be considered with greater objectivity and perspective. Becoming aware is very important in the reflective process but often it can evoke negative thoughts and emotions, which can lead to rumination and avoidance. My biggest stumbling block in the thesis process was writing up; procrastination sets in which leads to avoidance and anxiety. I enjoy reading, thinking and formulating ideas but they can develop into avoidant activities.

It was the non-judgemental part of mindfulness, which was pretty difficult to master during the course of the thesis. When things got tough and difficult I was fully aware that these experiences easily evoked my 'inner critical voice', which was harsh and critical. Using self-compassion helped with my procrastination and stress by 'toning down' my 'inner critical' voice with a 'self-compassionate voice'. My 'self-compassionate voice' is about being kind to myself, it is not self-pity but akin to how a supportive friend would talk to you with kindness and understanding when you are going through a difficult time.

### **3.4. Background to my Research Topic**

Before I had children, I believed in the 'motherhood myth', a romantic notion of motherhood, of what it is to 'a good mother'. The image of the mother who was devoted, selfless and always putting her children's needs above her own. Motherhood was the definition of being a complete woman (see Douglas and Michaels' book (2004) 'Mommy Myth' for in-depth discourse about these issues). Everyone seems to have opinions and expectations

about what constitutes being a 'good mother', society, the media, politicians and even other mothers, some who view motherhood as a competitive sport!

I love my children and do not regret being a mother. There are many, many moments of great joy, satisfaction and love. But there have also been times when I found parenting, extremely stressful, unfulfilling and massively guilt inducing. At times, I no longer wanted the job, 'I shouldn't feel this, I must be a bad mother'. Thoughts of self-condemnation and self-criticism soon followed; when I looked around me, other mothers seemed to be coping well. I decided to take a risk and speak the unspeakable one day with a group of mothers; how hard I found being a mother at times and the cloud of guilt that seemed to follow me around. What happened next surprised me, I was not asked to leave. But we spent the afternoon talking openly and honestly about our experiences of motherhood, feeling criticised by others, and very often not feeling good enough. I got to thinking how could psychology help mothers reduce self-critical thoughts and help them cope more effectively with stressful situations?

A potential answer to the above question came when I attended workshops run by Professor Paul Gilbert and Professor Kristin Neff; both are clinical psychologists who have published numerous books and research articles about compassion and self-compassion. Professor Gilbert is the exponent of Compassion Mind Training (CMT, Gilbert and Proctor, 2006). His workshop was about helping people who had high levels of self-criticism. He found that people high in self-criticism had enormous difficulty being kind to themselves and being self-compassionate. Gilbert explained that people with high levels

of self-criticism do not seem to do well in Cognitive Behavioural Therapy (CBT). They are able to generate alternatives to negative thoughts but simply do not believe them. He described it as a 'head-heart lag'; for example, 'I can see the evidence I am not a bad mother, but I still feel that I'm a bad mother'. For self-critical people, the alternative cognitions do little to effect change in their emotional regulation (see Gilbert (2005) for a review of the theory of compassion and therapeutic application). This made sense to me personally but also professionally. The majority of parenting programmes are based on behavioural strategies; self-critical mothers might try and implement these strategies, have difficulties, give up and as a consequence feel even worse about themselves. Traditional parenting programmes seem to have very little to do with the emotional well-being of parents. I felt this process was echoed in my clinic work with mothers; many had read the parenting books and gone to parenting programmes but difficulties with their child persisted. What seemed to be key was the way they felt about being a mother and how this impacted on the interactions with their child. I thought that adding elements of mindfulness to parenting programmes and therapy might help mothers to become aware of automatic dysfunctional interactions between mother and child. The addition of self-compassion could help by dealing with harsh, self-critical thoughts when parenting became stressful, with self-kindness, acceptance and common humanity. Thus, an idea for my research question was born. I first was interested whether self-compassion and mindfulness were naturally occurring in a group of mothers, and secondly whether it predicted psychological well-being. Finally, to what extent did these elements help to reduce parental stress?

### **3.5. Reflections of the Research Process**

I decided to carry out quantitative research, not qualitative research like the majority of my cohort. My research was on-line with the questionnaires posted on the internet. I had no contact with my participants at all. This felt odd to me personally and professionally. I am viewed as a gregarious person and take great pride in building warm therapeutic relationships, so to be disconnected from my participants felt disconcerting. I questioned whether I was really doing 'proper' clinical psychology research, as the design of choice for most of my cohort was grounded theory and interpretative phenomenological analysis (IPA). They had all rich data about their participants. Quantitative research felt like the complexities of mothers' well-being had been reduced down to numbers in a data set. To reconcile my feelings of being disconnected, I invited participants to leave comments at the end of the study and an email address so I could report back my findings.

Even though qualitative research is the method of choice for many trainee clinical psychologists, the validity of quantitative research may be under utilised. There is an importance of developing and using standardised measures in research, which help to define and provide empirical evidence for psychological concepts and theories. The evidence can be used as a starting point for future research using different research methods, i.e. qualitative and experimental methods. Research in self-compassion is relatively new and I felt excited to be able to add the existing evidence base. I thought it was appropriate to use a quantitative design like previous researchers in this area, so my results could be compared to studies using

similar measures. With clinical psychologists having little time to do research once qualified, using the internet to advertise to a large diverse sample and posting on-line questionnaires is a relatively quick and easy way to carry out research. I enjoyed this type of research because it satisfied the 'geeky side' of my personality with reading stats books and running analyses.

### **3.6.Final Thoughts**

The doctoral process has helped to expand and consolidate my knowledge base, which will be beneficial in my future career. Working in the NHS, the clinical psychologist has ever-increasing workloads and service demands, therefore taking time out to be reflective may seem like a luxury. I strongly believe that to be effective clinicians, to give the best to our clients and ourselves we must spend time being reflective; i.e. it is necessity. Clinical psychology is an enjoyable and demanding job. I think it is difficult to help people who are distressed and self-attacking, when we are not mindful and self-compassionate to our own distress and concern for our own well-being. Mindful and self-compassionate practices are not easy processes to master, as all too often negative thoughts and evaluations are our automatic responses to stressful events.

My research has helped me to decide what area of clinical psychology I would like to eventually specialise in, which is working with children but especially parents. I feel excited that my research can make a contribution to the mindfulness and self-compassion evidence base. I hope, in the future, to be in a position to develop a compassionate parenting programme.

### 3.8 References

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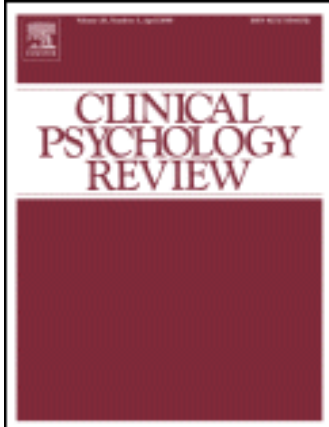
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## Appendix A1: Notes for contributors; Clinical Psychology Review

### ***Clinical Psychology Review***



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### **Guide for Authors**

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**FORMAT:** We accept most wordprocessing formats, but Word, WordPerfect or LaTeX are preferred. Always keep a backup copy of the electronic file for reference and safety. Save your files using the default extension of the program used. Please provide the following data on the title page (in the order given).

*Title.* Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.

*Author names and affiliations.* Where the family name may be ambiguous (e.g., a double name), please indicate this clearly. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full

postal address of each affiliation, including the country name, and, if available, the e-mail address of each author.

*Corresponding author.* Clearly indicate who is willing to handle correspondence at all stages of refereeing and publication, also post-publication. **Ensure that telephone and fax numbers (with country and area code) are provided in addition to the e-mail address and the complete postal address.**

*Present/permanent address.* If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

*Abstract.* A concise and factual abstract is required (not exceeding 200 words). This should be typed on a separate page following the title page. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separate from the article, so it must be able to stand alone. References should therefore be avoided, but if essential, they must be cited in full, without reference to the reference list.

**STYLE AND REFERENCES:** Manuscripts should be carefully prepared using the Publication Manual of the American Psychological Association, 5th ed., 1994, for style. The reference section must be double spaced, and all works cited must be listed. Please note that journal names are not to be abbreviated.

Reference Style for Journals: Cook, J. M., Orvaschel, H., Simco, E., Hersen, M., & Joiner, Jr., T. E. (2004). A test of the tripartite model of depression and anxiety in older adult psychiatric outpatients, *Psychology and Aging*, 19, 444-45.

For Books: Hersen, M. (Ed.). (2005). Comprehensive handbook of behavioral assessment (2 Volumes). New York: Academic Press (Elsevier Scientific).

**TABLES AND FIGURES:** Present these, in order, at the end of the article. High-resolution graphics files must always be provided separate from the main text file (see <http://ees.elsevier.com/cpr> for full instructions, including other supplementary files such as high-resolution images, movies, animation sequences, background datasets, sound clips and more).

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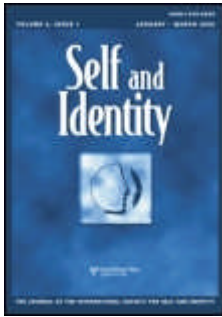
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## Appendix A2: Notes for contributors; Self and Identity



### Instructions for Authors AIMS AND SCOPE

Self and Identity is devoted to the study of social and psychological processes (e.g., attention, cognition, motivation, emotion, and interpersonal behavior) that involve the human capacity for self-awareness, self-representation, and self-regulation. The Journal aims to bring together work on self and identity undertaken by researchers in social, personality, developmental, and clinical psychology, as well as sociology, communication, anthropology, social work, and other social and behavioral sciences. Examples of topics appropriate for the Journal include self-attention, self-perception, self-concept, identity, self-knowledge, self-evaluation, self-esteem, self-consciousness, motivation, emotion, self-regulation, self-presentation, role of self in perception of others, self-processes in interpersonal behavior, and cultural influences on the self. The Journal publishes empirical articles of all lengths, theoretical articles, and occasional book reviews.

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If you wish to submit a revision of a manuscript that was not previously submitted through the ScholarOne website, please send it and your covering letter to the Editorial Assistant by email.

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Ethics and Consent Standards

#### Disclosure of Conflicts of Interest

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Typescripts. The style and format of the typescripts should conform to the specifications given in the Publication Manual of the American Psychological Association (6th ed.). Typescripts should be double spaced Times New Roman font size 12, with adequate margins, and numbered throughout. The title page of an article should contain only:

- (1) the title of the paper, the name(s) and address(es) of the author(s);
- (2) a short title not exceeding 50 letters and spaces, which will be used for page headlines;
- (3) name and full contact address of the author to whom correspondence and proofs should be sent;
- (4) your telephone, fax and e-mail details, as this helps speed of processing considerably.
- (5) up to five keywords.

Abstract. An abstract of no more than 120 words should follow the title page on a separate page. In the abstract, avoid abbreviations, diagrams, and reference to the text.

Headings. Indicate headings and subheadings for different sections of the paper clearly. Do not number headings.

Acknowledgements. These should be as brief as possible and typed on a separate page at the beginning of the text.

Permission to quote. Any direct quotation, regardless of length, must be accompanied by a reference citation that includes a page number. Any quote over six manuscript lines should have formal written permission to quote from the copyright owner. It is the author's responsibility to determine whether permission is required from the copyright owner and, if so, to obtain it. (See "Seeking permission to use other sources" for a template letter to use when seeking copyright permission.)

Footnotes. These should be avoided unless absolutely necessary. Essential footnotes should be indicated by superscript figures in the text and collected on a separate page at the end of the manuscript.

## References:

Reference citations within the text. Use authors' last names, with the year of publication, e.g., "(Brown, 1982; Jones & Smith, 1987; White, Johnson, & Thomas, 1990)". On first citation of references with three to five authors, give all names in full, thereafter use [first author] "et al.". In the references, the first six authors should be listed in full.

If more than one article by the same author(s) in the same year is cited, the letters a, b, c, etc., should follow the year. If a paper is in preparation, submitted, or under review, the reference should include the authors, the title, and the year of the draft (the paper should also be cited throughout the paper using the year of the draft). Manuscripts that are "in press" should also include the publisher or journal, and should substitute "in press" for the date.

Reference list. A full list of references quoted in the text should be given at the end of the paper in alphabetical order of authors' surnames (or chronologically for a group of references by the same authors), commencing as a new page, typed double spaced. Titles of journals and books should be given in full, e.g.:

### Books:

Rayner, E., Joyce, A., Rose, J., Twyman, M., & Clulow, C. (2008). *Human development: An introduction to the psychodynamics of growth, maturity and ageing* (4th ed.). Hove, UK: Routledge.

### Chapter in edited book:

Craik, F. I. M., Naveh-Benjamin, M., & Anderson, N. D. (1998). Encoding processes: Similarities and differences. In M. A. Conway, S. E. Gathercole, & C. Cornoldi (Eds.), *Theories of memory* (Vol. 2, pp. 61-86). Hove, UK: Psychology Press.

### Journal article:

Adlington, R. L., Laws, K. R., & Gale, T. M. (2009). The Hatfield Image Test (HIT): A new picture test and norms for experimental and clinical use. *Journal of Clinical and Experimental Neuropsychology*, 31, 731-753. doi:10.1080/13803390802488103

Tables. These should be kept to the minimum. Each table should be typed double spaced on a separate page, giving the heading, e.g., "Table 2", in Arabic numerals, followed by the legend, followed by the table. Make sure that appropriate units are given. Instructions for placing the table should be given in parentheses in the text, e.g., "(Table 2 about here)".

Figures. Figures should only be used when essential and the same data should not be presented both as a figure and in a table. Where possible, related diagrams should be grouped together to form a single figure. Each figure should be on a separate page, not integrated with the text.

The figure captions should be typed in a separate section, headed, e.g., "Figure 2", in Arabic numerals. Instructions for placing the figure should be given in parentheses in the text, e.g., "(Figure 2 about here)".

For more detailed guidelines see Preparation of Figure Artwork.

Statistics. Results of statistical tests should be given in the following form:

"... results showed an effect of group,  $F(2, 21) = 13.74$ ,  $MSE = 451.98$ ,  $p < .001$ , but there was no effect of repeated trials,  $F(5, 105) = 1.44$ ,  $MSE = 17.70$ , and no interaction,  $F(10, 105) = 1.34$ ,  $MSE = 17.70$ ."

Other tests should be reported in a similar manner to the above example of an F-ratio. For a fuller explanation of statistical presentation, see the APA Publication Manual (6th ed.).

Abbreviations. Abbreviations that are specific to a particular manuscript or to a very specific area of research should be avoided, and authors will be asked to spell out in full any such abbreviations throughout the text. Standard abbreviations such as RT for reaction time, SOA for stimulus onset asynchrony or other standard abbreviations that will be readily understood by readers of the journal are acceptable. Experimental conditions should be named in full, except in tables and figures.



## Appendix B: Ethical Approval

To Whom it may concern,

Attached are my ethics forms and amended demographic sheet. Please could you let me know you have received this information. Attached at the bottom of this email is approval from my Director of Studies.  
Kind regards

Melanie Walwyn Martin  
Trainee Clinical Psychologist.  
Cov and Warwick DClinPsych.

To the Research Ethics Panel,

This is to confirm that I am satisfied that the application for ethical approval for the study of Melanie Walwyn Martin has been completed correctly. The Primary investigator Checklist covers all the ethical issues raised by this project fully and frankly. These issues have been discussed with the student and will continue to be reviewed in the course of supervision.

Fiona MacCallum

Associate Professor

Dr Fiona MacCallum

Department of Psychology

University of Warwick

Coventry CV4 7AL

02476 523182

ethics.hls <ethics.hls@coventry.ac.uk>  
To: mellywalwyn@googlemail.com

Wed, May 26, 2010 at 2:32 PM

Hi Melanie,

The reviewer has confirmed they are happy for you to proceed with your study.

Kind Regards

Stevie Johnson

Faculty Administrative Assistant

Faculty of Health and Life Sciences

Coventry University

Tel:0247 679 5985

<mailto:Email%3Aaa6528@coventry.ac.uk>



### **Information for Participants**

#### **Title of project: An Exploration of Mothers' Psychological Well being.**

You are being invited to take part in a research study. Before you decide whether you would like to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.

#### **What is the research about?**

Becoming a parent is a life-enhancing experience, but it can also be challenging. Women report experiencing a wide range of feelings about being a mother.

The overall aim of this research is to how explore how mothers feel and think about themselves and other people who they are close too.

By taking part in this study you will be giving us important information that may be used by health care professions in the future to help some mothers improve their emotional well being.

#### **Who is carrying out the research?**

My name is Melanie Walwyn Martin and I am a Trainee Clinical Psychologist at the Universities of Coventry and Warwick. This research is part of a Doctorate in Clinical Psychology. This study has been reviewed and given a favourable opinion by the Coventry University Research Ethics Committee.

#### **Why have I been invited?**

We are asking women to take part, who are over 18 and have at least one school-aged child. The mothers need to be fluent in English as the questionnaires are in the English language.

#### **Do I have to take part?**

No. It is entirely up to you whether you would like to take part or not. You can decide not to take part without providing any reason for your decision. If you do decide you would like to be involved, you will be

asked to read and initial a consent form. You can withdraw from the study at any time without giving a reason.

### **What will I have to do?**

To take part in the study, you will need to fill out questionnaires on-line. It will take about 30 minutes.

### **What are the possible risks and benefits of taking part?**

It is possible that filling in the questionnaires might be upsetting for some mothers. It may evoke issues, which are sensitive to you. If you would like to talk to someone in confidence, you can ring the organisation ParentlinePlus, tel no: 0808 800 2222 or visit their website, [parentlineplus.org.uk](http://parentlineplus.org.uk). This organisation has trained people who are experienced in listening to mothers' worries. The website has information about all aspects of parenting. In addition, you can go and talk to your GP or health visitor.

You may not directly benefit from taking part in this study. However, previous studies have found that majority of mothers have had a positive experience taking part in parenting research.

### **Will my taking part in this study be kept confidential?**

Yes. The online questionnaire responses will be stored on this secure website. I will ask you to supply your age and initials. This information will enable me to identify your questionnaires if you decide to withdraw from the study, and will not be used otherwise. The data will be kept secure at the University of Coventry for five years after the study has been completed. After this time, all the data will be destroyed.

### **What will happen to the results of the research study?**

It is expected that results may be published in academic journals and presented at conferences. I will not be able to give individual feedback on your responses to the questionnaires but if you contact me after June 2011, I will be happy to share my research findings with you.

### **Further information and contact details**

Thank you for taking time out to read this information. If you have any queries or concerns about this research, please contact:  
Melanie Walwyn Martin,  
Trainee Clinical Psychologist  
Clinical Psychology Doctorate  
Coventry University  
Priory St,  
Coventry ,CV1 5FB  
[walwynmm@coventry.ac.uk](mailto:walwynmm@coventry.ac.uk), Tel no: 024 76 88832

Appendix D. Consent Form

**CONSENT FORM**

**Title of project: An Exploration of Mothers' Psychological Well being.**

**Name of researcher:** Melanie Walwyn Martin, Trainee Clinical Psychologist, Clinical Psychology Doctorate, Coventry University, Priory St, Coventry, CV1 5FB [walwynmm@coventry.ac.uk](mailto:walwynmm@coventry.ac.uk)  
Tel no: 024 76 888328

**Supervisors:** Jacky Knibbs, Consultant Clinical Psychologist, Clinical Psychology Doctorate, Coventry University, Priory St, Coventry, CV15FB. [j.knibbs@coventry.ac.uk](mailto:j.knibbs@coventry.ac.uk).  
Tel no: 024 76 888328

Dr Fiona MacCallum, Department of Psychology, University of Warwick, Coventry, CV4 7AL  
[Fiona.MacCallum@warwick.ac.uk](mailto:Fiona.MacCallum@warwick.ac.uk)  
Tel: 02476 523182

**Please put your initials in the box:**

1. I confirm that I have read the information sheet for the above study. If I have any questions, I have been informed of ways I can find out more information about the study.
  
2. My participation is voluntary and I am free to withdraw from the study at any time, without giving any reason.
  
3. I agree to take part in the above study.

**Appendix E :**

**Demographic details**

Initials and Age \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Years of Education: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Number of children: \_\_\_\_\_

Ages of children: \_\_\_\_\_

*Please tick most appropriate:*

Married                  Cohabiting                  Single                  Divorced                  Widowed

In a relationship  
but not living  
together

## Appendix F

### The Warwick-Edinburgh Mental Well-being Scale

(WEMWBS; Tennant, Hiller, Fishwick, Platt, Joseph, Weich, Parkinson, Secker and Stewart- Brown, 2007))

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

Statements	None of the time	Rarely	Some of the time	Often	All of the time
1. I've been feeling optimistic about the future.	1	2	3	4	5
2 I've been feeling useful.	1	2	3	4	5
3 I've been feeling relaxed.	1	2	3	4	5
4 I've been feeling interested in other people	1	2	3	4	5
5 I've had energy to spare	1	2	3	4	5
6 I've been dealing with problems well	1	2	3	4	5
7. I've been thinking clearly.	1	2	3	4	5
8 I've been feeling good about myself	1	2	3	4	5
9 I've been feeling close to other people	1	2	3	4	5
10 I've been feeling confident.	1	2	3	4	5
11. I've been able to make up my own mind about things.	1	2	3	4	5
12. I've been feeling loved.	1	2	3	4	5
13. I've been interested in new things	1	2	3	4	5
14. I've been feeling cheerful.	1	2	3	4	5

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

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## Appendix G

### Self-Compassion Scale (Neff,2003)

#### HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

**Almost  
never**

**1**

**2**

**3**

**4**

**Almost  
always**

**5**

- \_\_\_\_\_ 1. I'm disapproving and judgmental about my own flaws and inadequacies.
- \_\_\_\_\_ 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
- \_\_\_\_\_ 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
- \_\_\_\_\_ 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.
- \_\_\_\_\_ 5. I try to be loving towards myself when I'm feeling emotional pain.
- \_\_\_\_\_ 6. When I fail at something important to me I become consumed by feelings of inadequacy.
- \_\_\_\_\_ 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.
- \_\_\_\_\_ 8. When times are really difficult, I tend to be tough on myself.
- \_\_\_\_\_ 9. When something upsets me I try to keep my emotions in balance.
- \_\_\_\_\_ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
- \_\_\_\_\_ 11. I'm intolerant and impatient towards those aspects of my personality I don't like.

- \_\_\_\_\_ 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.
- \_\_\_\_\_ 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
- \_\_\_\_\_ 14. When something painful happens I try to take a balanced view of the situation.
- \_\_\_\_\_ 15. I try to see my failings as part of the human condition.
- \_\_\_\_\_ 16. When I see aspects of myself that I don't like, I get down on myself.
- \_\_\_\_\_ 17. When I fail at something important to me I try to keep things in perspective.
- \_\_\_\_\_ 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.
- \_\_\_\_\_ 19. I'm kind to myself when I'm experiencing suffering.
- \_\_\_\_\_ 20. When something upsets me I get carried away with my feelings.
- \_\_\_\_\_ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.
- \_\_\_\_\_ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.
- \_\_\_\_\_ 23. I'm tolerant of my own flaws and inadequacies.
- \_\_\_\_\_ 24. When something painful happens I tend to blow the incident out of proportion.
- \_\_\_\_\_ 25. When I fail at something that's important to me, I tend to feel alone in my failure.
- \_\_\_\_\_ 26. I try to be understanding and patient towards those aspects of my personality I don't like.

Coding Key:

Self-Kindness Items: 5, 12, 19, 23, 26    Self-Judgment Items: 1, 8, 11, 16, 21

Common Humanity Items: 3, 7, 10, 15    Isolation Items: 4, 13, 18, 25

Mindfulness Items: 9, 14, 17, 22    Over-identified Items: 2, 6, 20, 24

Subscale scores are computed by calculating the mean of subscale item responses. To compute a total self-compassion score, reverse score the negative subscale items - self-judgment, isolation, and over-identification - then compute a total mean.

(This method of calculating the total score is slightly different than that used in the article referenced above, in which each subscale was added together. However, I find it is easier to interpret the scores if the total mean is used.)



## Appendix H

### Day-to-Day Experiences ( Mindfulness Awareness Scale. Brown & Ryan, 2003)

**Instructions:** Below is a collection of statements about your everyday experience. Using the 1-6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what *really reflects* your experience rather than what you think your experience should be. Please treat each item separately from every other item.

1	2	3	4	5	6
Almost Always	Very Frequently	Somewhat Frequently	Somewhat Infrequently	Very Infrequently	Almost Never

I could be experiencing some emotion and not be conscious of it until some time later.	1	2	3	4	5	6
I break or spill things because of carelessness, not paying attention, or thinking of something else.	1	2	3	4	5	6
I find it difficult to stay focused on what's happening in the present.	1	2	3	4	5	6
I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.	1	2	3	4	5	6
I tend not to notice feelings of physical tension or discomfort until they really grab my attention.	1	2	3	4	5	6
I forget a person's name almost as soon as I've been told it for the first time.	1	2	3	4	5	6
It seems I am "running on automatic," without much awareness of what I'm doing.	1	2	3	4	5	6
I rush through activities without being really attentive to them.	1	2	3	4	5	6
I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there.	1	2	3	4	5	6
I do jobs or tasks automatically, without being aware of what I'm doing.	1	2	3	4	5	6
I find myself listening to someone with one ear, doing something else at the same time.	1	2	3	4	5	6

1	2	3	4	5	6
Almost Always	Very Frequently	Somewhat Frequently	Somewhat Infrequently	Very Infrequently	Almost Never

I drive places on 'automatic pilot' and then wonder why I went there.	1	2	3	4	5	6
I find myself preoccupied with the future or the past.	1	2	3	4	5	6
I find myself doing things without paying attention.	1	2	3	4	5	6
I snack without being aware that I'm eating.	1	2	3	4	5	6

### MAAS Scoring

To score the scale, simply compute a mean of the 15 items. Higher scores reflect higher levels of dispositional mindfulness.

## Appendix I

### Compassion For Others Scale ( Sprecher and Fehr,2005)

#### CFCO scale

Below is a list of items about how people may feel about their friends and family. Circle the number next to the item, which best describes the degree to which the item is true for you.

**Please use this scale guide when filling in this questionnaire:**

**1-Not at all true of me** and at the other end of the scale **7-Very true of me**, with the values in between relating to the range between these statements.

- |  |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|
| 1. When I see family members or friends feeling sad, I feel a need to reach out to them.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. I spend a lot of time concerned about the well-being of those people closed to me.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. When I hear about a friend or family member going through a difficult time, I feel a great deal of compassion for him or her. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. It is easy for me to feel pain (and joy) experienced by my loved ones.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. If a person close to me needs help, I would do almost anything I could to help him or her.                                    | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. I feel considerable compassionate love for those people important in my life.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. I would rather suffer myself than see someone close to me suffer.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. If given the opportunity, I am willing to sacrifice in order to let people important to me achieve their goals in life.       | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. I tend to feel compassion for people who are close to me.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. One of the activities that provides me with most meaning to my life is helping others with whom I have a close relationship. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. I would rather engage in actions that help my intimate others that engage in actions that would help me.                     | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. I often have tender feelings toward friends and family members when they seem to be in need.                                 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. I feel a selfless caring for my friends and family.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. I accept friends and family members even when they do things I think are wrong.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. If a family member or close friend is troubled, I usually feel extreme tenderness and caring.                                | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. I try to understand rather than judge people who are   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

close to me.

- |     |  |   |   |   |   |   |   |   |
|-----|--|---|---|---|---|---|---|---|
| 17. | I try to put myself in my friend's shoes when he or she is in trouble                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. | I feel happy when I see loved ones are happy.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. | Those whom I love can trust that I will be there for them if they need me.                 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. | I want to spend time with close others so that I can find ways to help enrich their lives. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 21. | I very much wish to be kind and good to my friends and family members                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

### **Scoring**

An average score is calculated for all 21 items. Scoring is kept continuous.

6-7 = you are extremely compassionate about other people

5-6 = you are highly compassionate about other people

4-5 = you are compassionate about other people

3-4 = you are somewhat compassionate about other people

2-3 = you are a bit compassionate about other people

1-2 = you are not compassionate about other people

## Appendix J

### Short form of the Parenting Stress Index (PSI/SF: Abidin, 1990)

**DIRECTIONS:** In answering the questions on the next two pages, please think about your child. The questions ask you to mark an answer which best describes your feelings. While you may not find an answer which exactly states your feelings, please mark the answer which comes closest to describing how you feel.

YOUR FIRST REACTION TO EACH QUESTION SHOULD BE YOUR ANSWER.

**SA = Strongly Agree A = Agree NS = Not Sure D = Disagree SD = Strongly Disagree**

1	I often have the feeling that I cannot handle things very well	SA	A	NS	D	SD
2	I find myself giving up more of my life to meet my children's needs than I expected	SA	A	NS	D	SD
3	I feel trapped by my responsibilities as a parent	SA	A	NS	D	SD
4	Since having this child, I have been unable to do new and different things	SA	A	NS	D	SD
5	Since having a child, I feel that I am almost never able to do things that I like to do	SA	A	NS	D	SD
6	I am unhappy with the last purchase of clothing I made for myself.	SA	A	NS	D	SD
7	There are quite a few things that bother me about my life.	SA	A	NS	D	SD
8	Having a child has caused more problems than I expected in my relationship with my spouse (male/female friend).	SA	A	NS	D	SD
9	I feel alone and without friends	SA	A	NS	D	SD
10	When I go to a party, I usually expect not to enjoy myself	SA	A	NS	D	SD
11	I am not as interested in people as I used to be.	SA	A	NS	D	SD
12	I don't enjoy things as I used to.	SA	A	NS	D	SD
13	My child rarely does things for me that make me feel good.	SA	A	NS	D	SD
14	Most times I feel that my child does not like me and does not want to be close to me	SA	A	NS	D	SD
15	My child smiles at me much less than I expected	SA	A	NS	D	SD
16	When I do things for my child, I get the feeling that my efforts are not appreciated very much	SA	A	NS	D	SD
17	When playing, my child doesn't often giggle or laugh	SA	A	NS	D	SD
18	My child doesn't seem to learn as quickly as most children	SA	A	NS	D	SD

19	My child doesn't seem to smile as much as most children	SA	A	NS	D	SD
20	My child is not able to do as much as I expected.	SA	A	NS	D	SD
21	It takes a long time and it is very hard for my child to get used to new things	SA	A	NS	D	SD
22	<p><b>For the next statement, choose your response from the choice "1" to "5" below.</b></p> <p>I feel that I am:</p> <p>1. not very good at being a parent</p> <p>2. a person who has some trouble being a parent</p> <p>3. an average parent</p> <p>4. a better than average parent</p> <p>5. a very good parent</p>	1	2	3	4	5
23	I expected to have closer and warmer feelings for my child than I do and this bothers me.	SA	A	NS	D	SD
24	Sometimes my child does things that bother me just to be mean	SA	A	NS	D	SD

1-12 are the Parenting Distress subscale, and items 13-24 are the Parenting-child Dysfunctional Interaction subscale

*Parental distress* evaluates feelings of impaired parental competence, stresses due to the restriction on life-style imposed by being a parent, conflict with the child's other parent, lack of social support and feelings of depression

*Parent-child dysfunctional interaction* determines the extent to which the parent feels that interactions with their child are not reinforcing and that the child does not meet their expectations

In addition, a *Defensive Responding* score can be calculated that assesses the extent to which the respondent is completing the questionnaire in a biased way in order to present the most favourable impression of himself or herself and of the parent-child relationship

**Appendix L SPSS Output**  
**Psychological Well –being predictors**

**Descriptive Statistics**

	N	Minimum	Maximum	Mean	Std. Deviation
Well_Being	56	22.00	60.00	45.8571	8.79965
Mindful_Scale	53	1.71	5.53	3.3316	.90202
Compassion_Others	53	2.90	7.00	5.7834	.92947
Self_Compassion2	56	1.36	4.32	2.7511	.67486
Parent_Distress	51	18.00	54.00	34.7647	8.65468
Parental_Dsy_Interaction	53	14.00	47.00	22.7925	7.48681
Valid N (listwise)	48				

**Correlations**

		Well-being	Mindful Scale	Compassion Others	Self_Compassion2	Parent Distress	Parental_Dsy_Interaction
Well-being	Pearson r	1	.487**	.303*	.723**	-.577**	-.226
	Sig.		.000	.028	.000	.000	.103
	N	56	53	53	56	51	53
Mindful Scale	Pearson r	.487**	1	.023	.454**	-.461**	-.291*
	Sig.	.000		.875	.001	.001	.040
	N	53	53	50	53	48	50
Compassion Others	Pearson r	.303*	.023	1	.216	-.271	-.385**
	Sig.	.028	.875		.120	.055	.004
	N	53	50	53	53	51	53
Self_Compassion2	Pearson r	.723**	.454**	.216	1	-.570**	-.135
	Sig.	.000	.001	.120		.000	.335
	N	56	53	53	56	51	53
Parent Distress	Pearson r	-.577**	-.461**	-.271	-.570**	1	.378**
	Sig.	.000	.001	.055	.000		.006
	N	51	48	51	51	51	51
Parental_Dsy_Interaction	Pearson r	-.226	-.291*	-.385**	-.135	.378**	1
	Sig.	.103	.040	.004	.335	.006	
	N	53	50	53	53	51	53

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

## Psychological Well –being predictors

Model Summary <sup>b</sup>				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.763 <sup>a</sup>	.582	.555	5.86939

a. Predictors: (Constant), Self\_Compassion2, Compassion\_Others, Mindful\_Scale

b. Dependent Variable: Well\_Being

ANOVA <sup>b</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2209.567	3	736.522	21.380	.000 <sup>a</sup>
	Residual	1584.688	46	34.450		
	Total	3794.255	49			

a. Predictors: (Constant), Self\_Compassion2, Compassion\_Others, Mindful\_Scale

b. Dependent Variable: Well\_Being

Coefficients <sup>a</sup>								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	8.397	6.164		1.362	.180		
	Mindful_Scale	2.101	1.047	.215	2.006	.051	.788	1.269
	Compassion_Others	1.615	.927	.171	1.741	.088	.946	1.057
	Self_Compassion2	7.677	1.433	.589	5.357	.000	.752	1.331

a. Dependent Variable: Well\_Being



### Parental Distress Predictors

Model Summary <sup>b</sup>				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.637 <sup>a</sup>	.406	.366	6.89306

a. Predictors: (Constant), Self\_Compassion2, Compassion\_Others, Mindful\_Scale  
 b. Dependent Variable: Parent\_Distress

ANOVA <sup>b</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1429.837	3	476.612	10.031	.000 <sup>a</sup>
	Residual	2090.629	44	47.514		
	Total	3520.466	47			

a. Predictors: (Constant), Self\_Compassion2, Compassion\_Others, Mindful\_Scale  
 b. Dependent Variable: Parent\_Distress

Coefficients <sup>a</sup>								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	67.364	7.391		9.114	.000		
	Mindful_Scale	-2.602	1.256	-.271	-2.072	.044	.788	1.269
	Compassion_Others	-1.642	1.112	-.176	-1.476	.147	.946	1.057
	Self_Compassion2	-5.247	1.719	-.409	-3.053	.004	.752	1.331

a. Dependent Variable: Parent\_Distress

## Parent-child Dysfunctional Interactions

Model Summary <sup>b</sup>				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.486 <sup>a</sup>	.236	.186	6.75443

a. Predictors: (Constant), Self\_Compassion2, Compassion\_Others, Mindful\_Scale

b. Dependent Variable: Parental\_Dsy\_Interaction

ANOVA <sup>b</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	647.936	3	215.979	4.734	.006 <sup>a</sup>
	Residual	2098.625	46	45.622		
	Total	2746.560	49			

a. Predictors: (Constant), Self\_Compassion2, Compassion\_Others, Mindful\_Scale

b. Dependent Variable: Parental\_Dsy\_Interaction

Coefficients <sup>a</sup>								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	47.408	7.093		6.684	.000		
	Mindful_Scale	-2.721	1.205	-.328	-2.258	.029	.788	1.269
	Compassion_Others	-3.217	1.067	-.399	-3.014	.004	.946	1.057
	Self_Compassion2	1.111	1.649	.100	.673	.504	.752	1.331

a. Dependent Variable: Parental\_Dsy\_Interaction

