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Self-Compassion and the Parenting Behaviors of Mothers of Young Children

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Dedication

For my boys.

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Pursuing this degree has been a journey like I never imagined, and it would not have been possible without a large and varied cast of characters...

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Self-Compassion and the Parenting Behaviors of Mothers of Young Children

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One of the most challenging aspects of being a parent is managing the many emotions that are aroused in the context of caring for a child. This dissertation explores the relationships among self-compassion, affective distress, parenting self-efficacy, and negative parenting behaviors in a sample of mothers of preschool-aged children ($n = 139$). Participants completed several self-report measures on-line including the Self-Compassion Scale (SCS), the Positive and Negative Affect Schedule (PANAS), the Parenting Sense of Competence Scale (PSOC), and the Parenting Scale (PS). Higher levels of self-compassion were associated with fewer negative parenting behaviors and higher levels of parenting satisfaction. Initial data analyses revealed the relationship between self-compassion and negative parenting behaviors was partially mediated by affective distress and parenting self-efficacy. However, when lax and overreactive parenting behaviors were examined separately,

only overreactive parenting behaviors were significantly related to self-compassion. Self-efficacy—but not negative affect—continued to partially mediate this relationship. The results of the study suggest that self-compassion, as a way of being and as a strategy of emotion regulation, is an asset when facing the challenges and emotional tide of parenting. Limitations of the study and future areas of research are discussed.

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CHAPTER ONE

Introduction

*Parenting is a mirror in which we get to see the best of ourselves,
and the worst; the richest moments of living, and the most frightening.*

(Kabat-Zinn, & Kabat-Zinn, 1997, p. 29)

The experience of caring for a child can arouse emotions and thoughts for which one might never be fully prepared. There may be completely new feelings of joy and purpose and fulfillment, as well as unexpected experiences of anger, ambivalence, frustration, and sadness. There may be needs to be “perfect,” to not make mistakes or cause harm, and tendencies toward guilt and self-blame. There may be comparisons to other mothers, both contemporary and from generations past, that often result in feelings of inadequacy and failure. There may be feelings of isolation when one wakes in the wee hours, or when the day is defined by feedings and naps and carpoools. There may be periods of desperation and hopelessness as one tries to decipher the needs and whims of a child, and moments of rage when one is unable to make sense. And it is easy to imagine how these challenges might be compounded by subsequent feelings of fear and shame and guilt experienced in response to the frustration and anger (Rotkirch & Janhunen, 2010). While many of the emotional

experiences that accompany motherhood are positive—even life affirming—others may reveal something that initially seems out of place, something darker and more frightening that may be difficult to acknowledge. For some women learning how to manage all of these conditions of motherhood may be one of the most important and most challenging aspects of the role (Dix, 1991).

Successful navigation of the emotional terrain of motherhood can mean the difference between a positive, rewarding relationship between mother and child and struggles with emotional and behavioral conflicts for years to come (e.g., Dix, 1991; Hoffman, Crnic & Baker, 2006; Mezulis, Hyde & Abramson, 2006). Clearly, more problems arise with negative emotions than positive emotions—most would concur that feelings of happiness and joy do not present the same challenges as anger, frustration, or sadness. Those who are lucky enough to have resources (e.g., age, education, social support, financial means) to sustain them may be able to resist the impulses to act on those darker affective experiences. But there still may be temptations to yell, to squeeze, to hurt, to ignore, to withhold, to be too rough, and on better days, decisions to count to ten, to kick a box, to walk away. A recent meta-analytic review of the literature on affect and parenting revealed that affect is, indeed, a reliable correlate of parenting behavior (Rueger, Katz, Risser, & Lovejoy, 2011). The authors also cite the relatively little attention in the literature given to parental emotion regulation strategies, indicating a need for more information on how mothers manage their emotional experiences.

Mothers are likely to benefit from the ability to recognize and honor their emotions without reacting to them in ways that may lead to potentially harmful consequences. Negative emotions can be acknowledged and felt and even constructively expressed, but they can cause problems when they control the person or dictate the behavior. If a woman experiences anger in an interaction with her child, she would ideally recognize and accept the feeling, perhaps communicate some degree of disappointment or frustration—after all, children learn from seeing the impact of their behavior on another, and from witnessing examples of effective emotion regulation (e.g., Chang, Schwartz, Dodge, & McBride-Chang, 2003)—and then be able to move on, to continue her day, despite the fact that the anger may take a while to dissipate. If a mother feels sad or depressed, she would ideally acknowledge her feelings and find comfort in knowing that other mothers have felt the same way and that there is light at the end of the tunnel and hope for happier days. But this does not always happen. Despite a wealth of literature and mandates and common sense, it is easy to react to the “buttons pushed” in the parental experience.

Often there are consequences for both mother and child when the maternal affective experience is not effectively handled. For the mother, repeated experiences with mismanaged emotions—with irritation inadvertently expressed, with angry impulses acted on, with sadness that casts a pall over interactions with children—may not only lead to more of the same, but might be further compounded by subsequent feelings of guilt for losing her temper or ineffectiveness when the desired outcome is

not achieved (Rotkirch & Janhunen, 2010). The inability to successfully roll with the emotional tide of parenting, to constructively hold on to some feelings and let go of others, will not only result in misery for the parent but is likely to lead to poor parenting behaviors (Dix, 1991). A mother who is overwhelmed by anger may inappropriately lash out at her child, verbally or physically. The mother immersed in sadness may be less attentive or responsive and may inspire her child to misbehave in search of a reaction. And for the child, the stakes are equally high: maternal anger and depression have been continually linked to behavioral problems in children, not to mention a legacy of ineffective emotion regulation (e.g., Chang et al., 2003; Dix, 1991; Hoffman et al., 2006). Moreover, children who are repeatedly responded to with anger or detachment may come to believe that that is what they deserve, that they are not worthy of warmth and affection (van Harmelen, de Jong, Glashouwer, Spinhoven, Penninx & Elzinga, 2010; Yates & Wekerle, 2009).

So the question becomes, How does one effectively manage the emotional flux of motherhood? It is generally recognized that suppression of negative emotions, while temporarily effective, does not eliminate the experience of said emotion and can often result in a more extreme reaction to the next transgression (Gross & Levenson, 1997; Richards & Gross, 1999; Roemer & Borkovec, 1994). Author Anne Lamott describes the experience of eruption following a day of suppressing emotion as feeling like one is going “from zero to sixty in one second,” not realizing that one is “starting at fifty-nine...in high idle already” (1999, p. 94-95). And some of the

more socially acceptable methods of handling conflict are not always possible in the context of parenting: “talking through” a problem does not work the same way with a two- or three-year-old as it would with an adult, outside mediators are not always available to step in to help, and physically removing oneself from a situation may compromise the safety of a child. Given these constraints, mothers are in particular need of an emotion regulation strategy—even better, a comprehensive model or concept of well-being—that provides tools for staying present without denying or being overwhelmed by their affective experiences. Self-compassion, as conceptualized by Kristin Neff (2003b), may offer an approach to emotion regulation and overall well-being that would be especially relevant in the experience of mothering.

According to Neff (2003a), self-compassion is comprised of three basic components: 1) self-kindness, or nonjudgmental acceptance of the self; 2) common humanity, or the recognition that suffering and imperfection are part of being human; and 3) mindfulness, or holding one’s painful thoughts and feelings in balanced awareness without trying to suppress or deny them. Not only might such a stance buffer one against stressful events (Leary, Tate, Adams, Allen & Hancock, 2007), but together the three elements of self-compassion offer the individual an emotion regulation strategy in which painful feelings are “not avoided but are instead held in awareness with kindness, understanding, and a sense of shared humanity” (Neff, 2003a, p.225). For the mother of a young child, such an approach may address many

of the challenges presented by the affective experience of parenting. The negative emotions are not to be ignored, nor are they to be acted on impulsively. When applied to parenting, self-compassion theory posits that mothers should not judge themselves for experiencing negative emotions, nor should the feelings themselves inspire shame, guilt, or anger. Instead, women might do well to recognize that they are part of not only the larger community of motherhood, but also of humanity. The ability to accept and to truly extend compassion to the self, may better enable women to weather the emotional challenges that are part and parcel of the mothering experience.

In his examination of the affective aspects of parenting, Dix (1991) argues that ineffective regulation processes may lead parents to experience insufficient or excessive emotion or to express emotion in ways that are harmful to children and the parent-child relationship. Because much of negative parenting is rooted in inappropriate or excessive affect, a natural consequence of learning to effectively manage one's emotions may be a decrease in negative parenting behaviors. If a mother is able to maintain a sense of self-compassion, then she may be less likely to react negatively to the challenges that arise in the course of caring for her child. Theoretically, though she may feel frustration or anger or sadness, these emotions will be met with understanding and acceptance and kept at enough of a distance such that she can respond to the situation in a way that is beneficial for both her and her child. Instead of yelling or belittling or physically punishing, she may be able to

observe what she is feeling is a more detached way, and respond to her child from a place of (relative) calm.

Research on self-compassion in an academic arena has also linked the construct to perceived competence (Neff, Hsieh & Dejitterat, 2005). It has been suggested that people who are high in self-compassion are less likely to judge themselves harshly and less likely to focus on their shortcomings and, as a result, more likely to report higher levels of self-efficacy. Not surprisingly, there is a well-documented connection between parenting self-efficacy and parenting behaviors (see Jones & Prinz, 2005, for a review). Several studies have shown that high levels of parenting self-efficacy are associated with more positive parenting behaviors (e.g., Coleman & Karraker, 1998; Teti & Gelfand, 1991). While the relationship is most likely bi-directional, it does speak to the importance of feeling confident in one's ability to parent. When this body of research is combined with recent studies of self-compassion, it would make sense that the self-compassionate person would report a higher level of parenting self-efficacy and consequently, be less likely to engage in negative parenting behaviors.

This dissertation is an examination of the relationships between a woman's level of self-compassion, her level of emotional distress, her perceptions of parenting self-efficacy, and her parenting behaviors. This study explores the relationship between self-compassion and parenting behaviors, with particular attention to the mediating roles of affective distress and parenting self-efficacy. Specifically, it

examines whether higher total scores on the Self-Compassion Scale (SCS) are related to lower levels of emotional distress as measured by the Positive and Negative Affect Schedule (PANAS), and whether lower levels of emotional distress correspond to fewer negative parenting behaviors as evidenced by a lower total score on the Parenting Scale (PS). Similarly, it examines whether higher levels of self-compassion correspond to higher levels of perceived maternal self-efficacy, as measured by the Efficacy subscale of the Parenting Sense of Competence Scale (PSOC), and whether higher levels of self-efficacy are associated with fewer negative parenting behaviors. Finally, this study explores the notion that higher levels of self-compassion will be associated with increased satisfaction with the maternal role as measured by the Satisfaction subscale of the PSOC. In order to set a context and rationale for the study, literature pertaining to affective experiences in parenting, emotion regulation, parenting self-efficacy, and self-compassion will be reviewed.

In addition, participants in this study were given the opportunity to respond to several open-ended questions regarding their thoughts and actions during a particular experience of frustration with their child. The objective of such exploratory questioning is to gather information that will help illustrate how mothers are able to take care of themselves emotionally, if they are indeed able to be self-compassionate, and to perhaps indicate areas for future research.

CHAPTER TWO

Review of the Literature

Parenting is an emotional experience. Along with contentment and joy, parenting brings anger, dejection, and anxiety at levels matched by few other endeavors.

(Dix, Reinhold & Zambarano, 1990, p. 465)

In their examination of the emotional experience of motherhood, Luthar, Doyle, Suchman, and Mayes (2001) identify a need in empirical research to explore not only the impact of mothers on children, but also the significance that the mothering experience has for the mother. Noting the salience of interpersonal relationships for women (see Gilligan, 1982, for example), the authors speculate that connectedness with their children may be integral to a mother's overall self-definition or self-concept and that feelings of efficacy and satisfaction are likely to affect mothers' psychological adjustment (Luthar et al., 2001). Similarly, Deutsch, Ruble, Fleming, Brooks-Gunn, and Stangor (1988) found that where external sources of information (e.g., from reading, classes, other mothers) were central to women's maternal self-definitions prior to and during pregnancy, the determinants of self-definition after birth shifted to direct experience with childcare. In other words it is experience with the child—and the woman's feelings of competence when caring for

her child—that forms the basis for her self-definition. The more negative experiences she has as a caretaker would then result in a more negative maternal self-concept. Given the centrality of the maternal role to a mother’s self-concept and, by extension, her well-being, and given the impact of affect in parent-child interactions, it seems important to explore how women experience and manage particularly the emotional challenges of parenting.

In the following section I will first present the relevant research on the emotional experience of parenting, how emotions influence parent-child interactions and parenting behaviors, and how women in particular are affected. In the subsequent section, I will offer a brief overview of the literature on emotion regulation as it pertains to the experience of parenting in general and to women in particular. Literature on self-efficacy that is relevant to the experience of parenting will then be covered. Finally, I will explore the concept of self-compassion and connect it to the emotional experience of parenting.

Emotions and Parenting

Emotions both bind and destroy parent-child relationships. (Dix, 1991, p. 20)

In a review of the research on emotions in parenting, Dix (1991) acknowledges that not only is strong emotion a daily component of parenting, but that

parents' emotions are often reflective of the general quality of caregiving, the health of the parent-child relationship, the impact of environmental stressors on the family, and developmental prospects for the children. He asserts that negative emotions not only lead to inattention, poor problem solving and negative perceptions of children, but are also associated with parenting that is punitive, avoidant, hypersensitive, controlling, and focused on the needs of the parent rather than the concerns of the child (Dix, 1991). One study, for example, found mothers' judgments of children's behavior were adversely affected by negative mood (Dix et al., 1990). Mothers who reported feeling angry expected more negative interactions with their children, made negative attributions for their children's non-compliance, and felt it necessary to react negatively to children's non-compliance. Furthermore, when in a negative mood mothers were more likely to interpret children's *ambiguous* behaviors as negative. In another study, mothers who experienced negative emotion while interacting with their children in a lab setting designed to elicit typical, but challenging behaviors, were also more likely to exhibit harsh discipline (Lorber & Slep, 2005).

Parenting of depressed and abusive mothers

Much of the research on the connection between affective states and parenting behaviors focuses on the negative emotions of depressed and abusive mothers. Numerous studies have found depressed mothers to be less responsive to their children, less consistent, and less sensitive than

nondepressed mothers (e.g., Downey & Coyne, 1990; Hoffman et al., 2006). They are less likely to use cooperative strategies effectively and more likely to use ineffective, hostile, and controlling discipline strategies (see Dix, 1991, for a review; Teti & Gelfand, 1991). Similarly, the parenting practices of abusive mothers yield the same negative outcomes for both parents and children. One study compared abusive mothers with a nonabusive control group and found that not only did the abusive mothers report higher levels of emotional distress, but that the parents who were in greater emotional distress were more likely to have negative interactions with and direct more negative physical acts toward their children (Lahey, Conger, Atkeson & Treiber, 1984). The authors suggest that mothers who experience greater emotional distress may be at a higher risk for abusive parenting because of a corresponding lower threshold for child misbehavior. They conclude that a parent's ability to tolerate child misbehaviors and *not* resort to abusive punishing is directly related to his or her level of emotional distress, with lower levels of distress related to fewer incidences of coercion. This lends support to the assertion that a mother's internal reactivity—how easily provoked she is by life events or her children's behaviors—is related to the overreactivity or harshness of her discipline (O'Leary, 1995).

Effects of dysfunctional and harsh parenting on children

The research on emotionally dysfunctional parenting concludes that children ultimately pay the price. Children of abusive mothers are more aggressive and less compliant with adult commands than are children of nonabusive mothers (see Dix, 1991, for a review). Similarly children raised by depressed mothers are more aggressive, and more prone to emotional and behavioral problems than are children of nondepressed mothers (e.g., Hoffman et al., 2006; Mezulis et al., 2006). Burge and Hammen (1991) found that depressed mothers were less involved with their children and that this was, in turn, associated with children's depressive symptomatology and maladaptive school behavior. Another study examined the effects of harsh parenting (e.g., yelling, negative commands, name calling, overt expressions of anger, and physical threats and aggression) on a group of kindergarten children in China (Chang et al., 2003). Results of the study support previous research that suggests that the emotional valence of discipline may be the key factor when considering the connection between harsh parenting and child aggression (Deater-Deckard & Dodge, 1997). Chang et al. (2003) found that while the experience of harsh discipline has a direct impact on child aggression, modeling for children how to interact negatively with others, the lessons learned about emotion regulation when said discipline is accompanied by overt anger or coldness may be even more detrimental. Children whose

parents engaged in harsh parenting had more difficulty regulating their own emotions, which led to significantly more aggression in school. Moreover, the authors found that harsh parenting by *mothers* had a stronger effect on child emotional regulation than did that of fathers. In contrast, harsh parenting by fathers was more likely than that of mothers to directly affect child aggression.

Finally, another study also pointed to the key role of maternal emotion in determining children's aggression. In examining the effects of marital discord on children's behavior, Cookston, Harrist, and Ainslie (2003) found that maternal negative affect moderated the link between marital discord and child's negativity with peers. Specifically, when couples experienced distress as a result of a lack of affiliative support, it was only when the mother allowed her negative emotions to "spill over" into her interactions with her child that the child's behavior was negatively affected. This study provides not only evidence for the impact of parental emotion on parenting behaviors, but also makes a case for effective management of such emotions, which will be covered in greater detail in the next section.

Emotion Regulation

If there is any feature we can reliably assign to the experience of mothering, it is that it will encompass extreme states of feeling. Weathering and working with those states

is not an incidental blip or exception; it is a central moral, emotional, and aspirational problem and opportunity that motherhood presents.

(de Marneffe, 2004, p. 120)

Emotions aroused in mothering

Among the most challenging aspects of parenting is understanding and maintaining some control over the myriad emotions that are aroused throughout the day and night. While many of the emotions mothers experience are positive, caring for children may also stir up feelings that seem out of place or unexpected—anger, frustration, annoyance, sadness, and rage, which may then be compounded by resultant guilt or shame (de Marneffe, 2004; Parker, 1995; Rotkirch & Janhunen, 2010). As such, it seems important for mothers to find a way to manage their affective experiences in order to successfully accomplish the tasks of parenting.

In 1995, psychotherapist Rozsika Parker wrote a book entitled *Mother Love/Mother Hate* on the ambivalence that mothers often feel toward their children. She begins her discussion of a difficult topic citing the gender-role context and the maternal aggression that is deemed “unacceptable” in this society:

...mothers do look to other mothers to find 'absolution' for maternal emotions which the dominant cultural representations of motherhood render unacceptable, and which mothers themselves experience as both painful and unforgivable. I refer to the fleeting (or not so fleeting)

feelings of hatred for a child that can grip a mother, the moment of recoil from a much-loved body, the desire to abandon, to smash the untouched plate of food in a toddler's face, to yank a child's arm while crossing the road, scrub too hard with a facecloth, change the lock against an adolescent, or the fantasy of hurling a howling baby out of the window. (Parker, 1995, p. 4)

While she paints a vivid, if not disquieting, picture of modern maternity, her observations and opinions speak to a larger issue of emotional turmoil that often accompanies motherhood (see also, de Marneff, 2004; Warner, 2005). Author Judith Warner describes the emotional state of motherhood as an “existential discomfort,” a “choking cocktail of guilt and anxiety and resentment and regret” (2005, p. 4). She reflects on the emotions aroused by the American mother’s desire to ‘do it all’ and to do it all alone. Warner (2005) and de Marneffe (2004) would likely agree with Parker (1995) who argues that the level of guilt experienced as a result of having conflicting feelings for one’s child is rooted in the extent to which women can *tolerate* and *manage* their feelings. Her assertions are supported by the research of Dix (1991) who outlines a model of affective processes in parenting which highlights, in addition to activation and engagement processes, emotion regulation processes, stating that if parents are unable to understand and successfully regulate their emotions they may end up expressing them in ways that are inappropriate or even harmful to their children. What seems most important to all of these authors, then, is not just the

affective experience per se, but also how women regulate those emotions once they are aroused in the day-to-day experience of parenting.

Emotion regulation strategies

Emotion regulation has been defined as employing “thoughts and behaviors intended to eliminate, maintain, or change emotional states” (Rusting & Nolen-Hoeksema, 1998, p. 790). As one would expect, there is a wide range of techniques one can employ in this endeavor, some healthier and more effective than others. There is a widely held belief that suppressing or ignoring one’s negative emotions provides only temporary relief and that unexpressed emotion will come out in an overwhelming explosion at some point in the future (Gross & John, 2003; Gross & Levenson, 1997; Richards & Gross, 1999). Another less effective strategy at the opposite end of the spectrum is becoming *too* involved with one’s emotion—to ruminate on the experience by repeatedly focusing not only on one’s feelings of distress, but on the meanings behind and implications of those feelings—such that it interferes with other aspects of one’s life (Nolen-Hoeksema, Larson & Grayson, 1999). A better technique of emotion regulation, termed “emotional approach” coping, involves maintaining awareness of one’s emotions and making attempts to explore and understand them (e.g., Stanton, Kirk, Cameron & Danoff-Burg, 2000). Theoretically, if one is able to acknowledge one’s emotions without becoming

consumed by or feeling the need to suppress them, then there is better chance of understanding and being able to cope with them.

Similar to emotion approach coping, mindfulness, a centuries-old Buddhist construct, has been gaining popularity in the West as an effective means of emotion regulation (e.g., Arch & Craske, 2006; Brown & Ryan, 2003). In simplest terms, mindfulness is defined as “the intentional and nonjudgmental awareness of moment-to-moment experience” (Shapiro et al, 2008, p. 841). It is also one of the three principle components of self-compassion that will be discussed in more detail below.

Sex differences in emotion regulation

As previously mentioned, the sex difference in depression is one of the most robust in psychology (Nolen-Hoeksema, 1990; Nolen-Hoeksema et al., 1999). One explanation for this discrepancy stems from women’s increased likelihood to employ less effective emotion regulation strategies. Specifically, women are more likely to use ruminative coping responses when depressed, which has the effect of amplifying their symptoms and prolonging the depressive episode (Nolen-Hoeksema, 1991). The results of a study by Garnefski, Teerds, Kraaij, Legerstee, and van den Kommer (2004) support this hypothesis. Data on different cognitive emotion regulation strategies and depressive symptomatology were obtained from a non-clinical sample of 630 men and women. Not only were maladaptive coping strategies such as rumination and catastrophizing associated with increased reporting of depressive

symptoms in both sexes, but women were more likely to employ such coping strategies. The authors conclude that the higher rates of depressive symptoms in women when compared to men might be due to their tendency to use less adaptive cognitive emotion regulation strategies (Garnefski et al., 2004).

Another study revealed that women's increased likelihood to experience chronic strain, including that which stems from the responsibilities of parenting, is a factor contributing to the discrepancy between women and men experiencing depression (Nolen-Hoeksema et al., 1999). The relationship between chronic strain and depression, however, was mediated by rumination, such that greater chronic strain was associated with an increased tendency to ruminate. The combination, then, of mothers potentially being under chronic strain associated with parenting and women's greater tendency to ruminate sets the stage for increased rates of depression among mothers in particular.

A similar conclusion regarding the role of rumination was reached in a study examining the relationship between women's level of ego development and their emotional experiences as mothers (Luthar et al., 2001). While the authors expected that high developmental levels would be associated with more positive maternal affect, they hypothesized that the tendency toward introspection and heightened awareness of inner states might make these same women more vulnerable to the negative effects of personal distress. In other words, given similar negative experiences, a mother at an advanced level of ego development may be more aware

of and perhaps more focused on the negativity than a mother who is less self-aware. The results of the study supported this hypothesis. While women at lower levels of ego development consistently showed poorer functioning across parenting indices, greater levels of developmental sophistication were associated with greater lability in maternal affective experiences. These more “sophisticated” mothers were more likely to experience lower satisfaction as parents, greater feelings of isolation, and more constricted emotional responsiveness to their children. However, in evaluating these results the authors are careful to note that it is only when the predilection toward introspection breaks down and begins to resemble *ruminatio*n that developmentally sophisticated women are more adversely affected by negative experiences. It would seem, then, that those women who are able to maintain an awareness of their inner states without succumbing to rumination are at an advantage over women who do not have the resources to keep their distance from their emotions.

Parenting Self-Efficacy

A discussion of the impact of emotions on parenting behaviors would be lacking if it did not touch on the role of the individual’s perception of efficacy. While self-efficacy as defined by Bandura (1977, as cited in Coleman & Karraker, 1998) refers to the belief in one’s ability to successfully perform a particular behavior, there is evidence for the existence of domain-specific parenting self-efficacy that is distinct

from the more global sense of self-competence referred to by Bandura (Porter & Hsu, 2003). Parenting self-efficacy, then, is defined as the degree to which the parent feels competent and confident in handling child problems, and lower levels of self-efficacy have been consistently linked to less effective parenting behaviors (Coleman & Karraker, 1998; Johnston & Mash, 1989).

Dix (1991) asserts that there is likely to be a bi-directional relationship between affective distress and perceived competence, that parents who perceive themselves to be incompetent or unable to handle the challenges of parenting will experience stronger negative emotion, and parents who are distressed will tend to evaluate their parenting less favorably than parents who are not distressed. He cites research that links perceived lack of control to heightened arousal and reactivity, which can often lead to negative parenting behaviors (e.g., Bugental, Blue & Cruzcosa, 1989; Bugental & Cortez, 1988). Similarly, Lovejoy, Verda and Hays (1997) acknowledge the complex relationship between parental efficacy and negative affect, and conclude that, over time, mothers who experience negative mood may feel less efficacious and consequently experience more difficult interactions with their children, thus perpetuating the distress. In addition, the authors found evidence for a probable bi-directional relationship between parenting self-efficacy and child behavior problems.

Coleman and Karraker (1998, 2000, 2003) have done extensive research on parenting self-efficacy and have found that self-efficacy beliefs not only predict

parenting practices, but also appear to mediate the effects of other well-established correlates of parenting quality, including maternal depression. Similarly, in a study of maternal competence during the first year of parenting, Teti and Gelfand (1991) expected that mothers who believed themselves to be more efficacious in the parenting role would consequently be more successful in establishing warm and harmonious relationships with their babies, while non-efficacious mothers would be more indecisive, insensitive, and awkward due to a lack of problem-solving skills required to establish positive interactions with their children. They proposed, and indeed found in their study, that the influence of variables such as maternal depression on the mother-child relationship is mediated by mothers' feelings of efficacy in the maternal role. After controlling for maternal self-efficacy, the authors discovered that maternal depression was no longer significantly related to maternal competence and concluded that infant psychosocial risk is, at least in part, determined by a mother's level of self-efficacy insofar as it influences her parenting behaviors (Teti & Gelfand, 1991).

Finally, in a separate study of the relationship of role strain to self-efficacy and role satisfaction in a group of employed mothers, researchers hypothesized that the more efficacious a woman feels in her ability to successfully manage the demands of her various roles, the less likely she is to feel dissatisfied with her role (Erdwins, Buffardi, Casper & O'Brien, 2001). They discovered that this was indeed the case with their sample and concluded that role self-efficacy appears to alleviate stress

associated with a particular role. What is particularly significant is that efficacy in the parental role had the most impact on feelings of role overload. The authors conclude with a call for research to clarify what factors might facilitate the development of women's self-efficacy.

Self-Compassion

As defined by Neff, self-compassion “involves being open to and moved by one's own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience” (2003a, p. 224). Broken down, the three principle components of this construct are (a) self-kindness, (b) connectedness or common humanity, and (c) mindfulness—all of which are relevant to the experience of parenting.

The first component has perhaps the most obvious value in the context of parenting: mothers need to realize that they *will* make mistakes and they will *not* always be perfect and that this is okay. According to the self-compassion perspective, the inevitable forays into the realm of emotion *mis*management, for example, are not to be met with anger or guilt or psychological self-flagellation—which would likely only increase the affective distress—but to be accepted without harsh judgment. This is not to say that so-called ‘mistakes’ should not be recognized or corrected, just that

the situation is not helped by additional harsh self-criticism. Indeed, self-compassion as a general philosophy of well-being advocates the best for and the betterment of the self, and encourages the acknowledgment of shortcomings and movement toward correction (Neff 2003a).

The second component, connectedness, is especially relevant for the mother of a small child. In developing a scale to measure self-compassion, Neff (2003a) found that women consistently reported higher levels of isolation than men; a feeling that may be exacerbated by the onset of motherhood when one is often home alone with an infant. For the primary caretaker, so much of the time is spent alone accommodating the needs of the child—the meals, the naps, the activity to-and-fro—which can result in feelings of isolation. Even those women whose support network is vast might feel the pinch of seclusion when scheduling is not conducive to community (Paris & Dubus, 2005). It is during these times that the episodes of affective distress may seem even more overwhelming and one's response to the emotional arousal may take on even more importance. To address these feelings of isolation, the self-compassionate individual recognizes that her experiences are part of the common human experience. She may find comfort in the notion that she is likely not the only mother struggling with feelings of anger or depression in that very moment, that others will meet the same challenge, and that others have successfully managed such challenges in the past. The sense of connectedness offered by self-

compassion may provide a source of strength for the mother who spends much of her time alone with a small child.

Finally, the third component of self-compassion is mindfulness, a concept originating in Buddhist philosophy that involves maintaining an open and nonjudgmental state of mind, allowing the individual to experience her thoughts and feelings in the moment, without avoiding or being carried away by them (Neff, 2003a). Mindfulness, then, closely resembles the previously mentioned emotion regulation strategy of “emotional approach” coping in which individuals attempt to keep aware of what they are feeling and are encouraged to understand and constructively express their emotions (e.g., Stanton et al., 2000). For the mother who feels frustration or anger, a mindful approach might enable her to have an awareness and acceptance of her emotion without being overwhelmed by it or having it dictate her behavior.

Self-compassion and emotion regulation

Preliminary studies have shown self-compassion to be associated with positive psychological functioning and more adaptive emotion regulation strategies, and to be negatively correlated with rumination in particular (e.g., Leary et al, 2007; Neff, 2003a; Neff, Rude & Kirkpatrick, 2007). Interestingly, some of these same studies have revealed that women tend to have lower levels of self-compassion than men, which is in keeping with the previously mentioned idea that the sex difference

in the experience of depression is due in part to women's greater tendency to employ less effective emotion regulation strategies such as rumination (Garnefski et al., 2004; Nolen-Hoeksema, 1990). And self-compassion-like concepts have emerged in other studies, including one by Nolen-Hoeksema et al. (1999), in which the authors found a link between chronic strain and the tendency to ruminate. Interestingly, some of the women in their study did not become ruminative in response to chronic strain and the authors speculate that these women might instead accept the situation as "the way things are" — which sounds similar to aspects of self-compassion. With its foundation in Buddhist thought, self-compassion advocates a position of acceptance in the face of "chronic strains" and while one should be motivated to alleviate her pain, an understanding that suffering is part of the larger human experience should underlie all such efforts (Neff, 2003b).

Though it is often rumination that characterizes women's response to their emotions (e.g., Nolen-Hoeksema, 1991), women may also employ another ineffective strategy of emotion regulation and suppress their negative emotions. Like rumination, the suppression of negative emotions is considered a less effective strategy of emotion regulation often having the paradoxical effect of producing or exacerbating the emotions it is intended to diminish (e.g., Roemer & Borkovec, 1994). Whether it is to spare their children or simply because they lack the space and time within which to express negative emotion, mothers may "put on a happy face" rather than sort out or constructively express what they are feeling. Preliminary studies of self-

compassion have revealed that people who reported higher levels of self-compassion were also less likely to suppress unwanted thoughts and ideas (Neff, 2003a), lending support for the role of self-compassion in effective emotion regulation.

Self-compassion and self-efficacy

A brief look at current topics in the media will turn up an abundance of issues related to modern motherhood. There are articles and books, television and radio programs extolling and dissecting the joys and difficulties of raising children and among the most prominent topics is the struggle that today's mothers have with the belief that they have to "do it all" or to be "perfect" (e.g., Warner 2005). And it is possible that the emotional response if and when one cannot live up to such high standards would present an additional challenge. Self-compassion, however, has been found to be negatively related to neurotic perfectionism, or the tendency for individuals to seek "perfection" as a means of escaping chronic feelings of inferiority (Neff, 2003a).

As previously discussed, beliefs about maternal self-efficacy can influence both the emotional experience of parenting and parenting behaviors (Coleman & Karraker, 1998, 2000; Lovejoy et al., 1997). A recent study of self-compassion in an academic context found that self-compassion was positively correlated with students' perceived competence (Neff et al., 2005). The authors attribute this finding to the self-compassionate individual's ability to resist harsh self-judgments and to keep

one's shortcomings in balanced perspective, without over-identifying with or amplifying experiences of failure. Given these findings, it is possible to imagine that self-compassion might enhance feelings of self-efficacy by encouraging and enabling women to "roll with the punches" inherent in the experience of mothering. Thus it stands to reason that levels of self-compassion would be positively correlated with parenting self-efficacy.

Self-compassion and personal growth

Neff (2003a) asserts that having compassion for oneself does not imply taking a passive stance towards one's inner states. Rather, without the fear of harsh criticism or judgment, one should feel safe enough to not only recognize her own maladaptive patterns of thought, feeling and behavior, but to learn from them and hopefully take active steps toward positive change. In fact, self-compassion has been shown to be significantly correlated with personal initiative and the desire to make changes necessary for a rewarding life (Neff, Rude & Kirkpatrick, 2007). Neff's assertions echo the recommendations of Bennett-Goleman (2001) who addresses this same notion of learning from emotional experiences:

If we don't move beyond our personal identification with our emotional pain or confusion, we can miss another opportunity. We need to be open to deeper insights that might redefine our limited sense of ourselves, or of others. If we get too caught up in grappling

with our emotions, we might miss the chance to turn toward essential qualities within. We might miss the significant messages from the very pain we have been resisting. Or we might begin to identify too much with our patterns rather than releasing them. Release would allow us to free up energy that had been trapped, letting us be more creative, more present, more available—or of greater service—to others. (p.27)

Similarly, recent popular writings on motherhood emphasize the need to make constructive use of emotions. Rozsika Parker (1995) makes an argument for acknowledging the ambivalence that a mother often feels toward her child, claiming that it is in the struggle to cope with the conflicting feelings of love and hate that a woman comes to better understand and know her baby. She goes on to cite an unpublished paper by writer Margot Waddell who similarly asserts that it is our ability to engage with our emotional experiences, as painful or frustrating as they may be, that ultimately promotes personal growth. Finally, in her own chapter on maternal ambivalence, psychologist Daphne de Marneffe (1994) endorses Parker's position on seeing the value of conflicting emotions saying that

our feelings of resentment, frustration, failure, impatience, or ineffectiveness can goad us to think about what is going on, about how our buttons are being pressed. And that thinking is likely to result in a fuller, more *compassionate*

[italics added] view of ourselves and of our child, as well as a more constructive understanding of what might need to change. (p. 137).

It would seem, then, that a more self-compassionate mother is in a better position to accept and see the value of her affective experiences, of both positive and negative emotions, and thus more likely to learn from them and grow in her maternal role. This is just one more reason to support Neff's (2003a) assertion that the male-female discrepancies in self-compassion—especially in the areas of self-judgment, isolation, mindfulness, and over-identification—suggest that this construct may play an important role in women's emotional well-being.

Rationale for the Dissertation

In his summary of research on emotions in parenting, Dix (1991) calls for more exploration of parents' emotion regulation processes:

... researchers need to address how parents understand and regulate their emotions. Little is known about why parents think they experience particular emotions with children, about when those emotions are inappropriate or undesirable, about when and why emotions should be expressed to children, and about what cognitive,

affective, and behavioral processes parents use to control their emotions. (p. 19)

The present study attempts to address these concerns at least in part. The experience of parenting necessarily involves challenging situations and a spectrum of emotions that one must learn to manage successfully in order to promote interactions with children that are both beneficial and rewarding. Mismanaged emotions can lead to emotional distress that is often at the root of many negative parenting behaviors. In addition, the relationship between self-compassion and self-efficacy, as it relates to parenting behaviors, is explored in the present study. This dissertation explores the role of self-compassion in emotion regulation, and whether self-compassion as a component of psychological well-being can provide the tools necessary to face many of the challenges of parenting.

CHAPTER THREE

Purpose

It is apparent from the literature review that the need to successfully manage one's emotions in the context of parenting is of utmost importance for both the mental health of the parent and the wellbeing of the child. Given that caring for a young child presents many opportunities for the arousal of negative affect, mothers need to have an effective approach to emotion regulation that does not interfere with the necessary tasks of motherhood and one that is conducive to positive parenting practices. Self-compassion as part of psychological wellbeing may provide the map and the tools needed for such an approach.

The purpose of this dissertation was to explore the relationships between self-compassion, affective distress, parenting self-efficacy, and negative parenting behaviors. The primary questions addressed are: 1) Is a mother's level of self-compassion predictive of her parenting behaviors? 2) Does a mother's level of affective distress partially mediate the relationship between self-compassion and parenting behaviors? and 3) Is a mother's level of self-compassion related to her level of parenting self-efficacy, and if so, does self-efficacy partially mediate the relationship between a mother's level of self-compassion and her parenting behaviors? Finally, 4) Is a mother's level of self-compassion related to her level of

satisfaction in her role as a parent?

Research Hypotheses

The following hypotheses were tested in this study:

1) A woman's level of self-compassion is related to her parenting behaviors, such that women with higher levels of self-compassion will report fewer negative parenting behaviors.

2a) The relationship between self-compassion and parenting behaviors (if it exists) is partially mediated by affective distress.

2b) The relationship between self-compassion and parenting behaviors (if it exists) is partially mediated by parenting self-efficacy.

3) A woman's level of self-compassion is related to her level of parenting satisfaction, such that women with higher levels of self-compassion will report being more satisfied in the parental role.

Hypothesis 1

The first hypothesis was that higher levels of self-compassion, as measured by the Self-Compassion Scale (SCS), would be associated with fewer negative parenting behaviors, as assessed by the Parenting Scale (PS). Research on self-compassion has consistently linked this relatively new construct to markers of positive mental health: greater life satisfaction and emotional intelligence, less anxiety, depression, and

neurotic perfectionism (Neff, 2003a; Neff, Rude & Kirkpatrick, 2007). Furthermore, high levels of self-compassion are positively associated with adaptive coping strategies and negatively associated with maladaptive coping strategies (Neff, et al., 2005). Together the three principle components of self-compassion—self-kindness, common humanity, and mindfulness—set the stage for an emotionally positive attitude toward the self that may act as a buffer in the face of negative affective experience (Neff, 2003b). And according to Neff (2004), the self-compassionate individual is afforded a level of emotional safety that enables her to clearly identify areas for personal growth, as well the motivation to make those changes necessary for well-being.

Furthermore, the majority of studies on parenting behaviors link negative parenting to poor mental health indicators, such as depression, anxiety, stress, and the mismanagement of anger (see Dix, 1991, for a review). Given these two bodies of research, it stands to reason that self-compassion, a construct associated with positive mental health, would be negatively associated with negative parenting behaviors.

Hypotheses 2a and 2b

The second set of hypotheses was based on the assumption that the relationship between self-compassion and negative parenting—if it exists—is mediated by both negative affect and parenting self-efficacy, and as such, was divided into two parts. Hypothesis 2a was that the relationship between self-compassion and

parenting behaviors would be partially mediated by a mother's level of affective distress, as measured by the Positive and Negative Affect Schedule (PANAS), such that mothers who report higher levels of self-compassion would report less affective distress and consequently fewer negative parenting behaviors.

Preliminary research has shown that self-compassion is negatively correlated with depression and anxiety (Neff, 2003a). It is likely that people with higher levels of self-compassion have more effective tools of emotion regulation at their disposal and as a result are better able to maintain a healthy relationship with their affective experiences (e.g., not suppressing or over-identifying with negative emotions). Meanwhile, studies of parenting behaviors have implicated mismanaged negative affect in many negative parenting behaviors (see Dix, 1991, for a review). Together, these two bodies of research provide a basis for the hypothesis that the relationship between self-compassion and parenting behaviors is at least partially mediated by one's level of emotional distress.

Similarly, Hypothesis 2b stated that the relationship between self-compassion and parenting behaviors would be partially mediated by a mother's level of parenting self-efficacy, as measured by the Efficacy subscale of the Parenting Sense of Competence Scale (PSOC), such that women who report high levels of self-compassion will also perceive themselves as more efficacious in the parental role and, as a result, will report fewer negative parenting behaviors.

Recent studies have revealed a positive correlation between perceived efficacy and self-compassion (e.g., Neff et al., 2005). Although the relationship is likely to be bi-directional, it is thought that people who lack self-compassion tend to judge themselves more harshly, to focus more on their shortcomings, and may overidentify with or amplify their experiences of failure, resulting in lower feelings of self-efficacy. It stands to reason, then, that women who report higher levels of self-compassion will be better able to cope with the inevitable “failures” associated with parenting and will be less likely to let negative experiences impact their overall feelings of efficacy in the realm of parenting. Not only will these more self-compassionate women be less self-judgmental and less likely to focus on their shortcomings, but they may also resist setting overly high standards for themselves and not expect their parenting to be “perfect.”

Hypothesis 3

Finally, the third hypothesis was that mothers who scored higher on a measure of self-compassion would be more likely to feel satisfied in their parenting roles, as evidenced by higher scores on the Satisfaction subscale of the Parenting Sense of Competence Scale (PSOC). Previous research has shown high levels of self-compassion to be associated with various indicators of mental well-being, in addition to being positively correlated with overall satisfaction with life (Neff, 2003b). Furthermore, one of the principle components of self-compassion, mindfulness, has

been successfully incorporated into programs designed to alleviate stress (e.g., Kabat-Zinn, Massion, Kristeller & Peterson, 1992). Add to these findings past research that suggests the maternal role is more likely than other roles to be a major source of stress for women, and the tendency of women with children to experience more role overload and conflict than women without children, regardless of employment status (Barnett & Baruch, 1985), and it would seem that self-compassion would possibly alleviate some of the stress associated with parenting. If women experience less stress in the maternal role, then it stands to reason that they might be more satisfied with that role.

CHAPTER FOUR

Method

Participants

Mothers were notified of the study and invited to participate through flyers distributed to several childcare facilities and preschools in a large Midwestern suburb. When this failed to produce the desired number of participants, a recruitment e-mail was sent to prospective participants both in the Midwest and throughout the country who then forwarded it to other mothers of young children. The result was an immediate surge in the number of women to visit the survey website and complete the on-line set of questionnaires.

In order to be eligible to participate in the study, women had to be over 18, have at least one preschool-aged child and must not work more than 20 hours per week outside the home. This study focused on young children for several reasons, including but not limited to: 1) younger children require parents to work within limits of communication and have a high tolerance for aversive behavior (Downey & Coyne, 1990), both of which set the stage for emotional arousal; and 2) 2- to 5-year-old children spend more time with their caregivers than anyone else and are consequently more likely to influence (and be influenced by) a caregiver's daily experience (Barling, MacEwan & Nolte, 1993). Because of the latter, it was important

that participants not be employed full-time outside the home. While a woman who works full-time outside the home is also susceptible to emotional arousal related to parenting, her day-to-day experience is different from that of a mother who is home all (or most of the) day with her child(ren) (Baydar, Greek & Gritz, 1999).

Measures

Demographic information

Participants completed demographic questionnaires that assessed their age, race/ethnicity, marital status, number and age of children, employment status, hours of childcare, and income level. Items assessing participants' level of education were unintentionally omitted from the questionnaire. The mean age of children referenced for questionnaires was 34.57 months (SD = 7.61 months).

Self-Compassion Scale

Levels of self-compassion were assessed using the Self-Compassion Scale (SCS; Neff, 2003a), a 26-item measure composed of 6 subscales (Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Over-Identification). Responses are given on a 5-point scale from "Almost Never" to "Almost Always," and subscale scores are computed by calculating the means of subscale item responses. Alternatively, negative subscale items are reverse-coded and a total mean is computed for an overall score of self-compassion (Neff, 2003a). For the purposes

of this study only the total scores were analyzed. Total scores for the SCS range from 1 to 5. Scores on the SCS have demonstrated good test-retest reliability (.93, overall; Neff, 2003b) and internal consistency (.94; Neff et al., 2005) in past research, and have been shown to differentiate between groups in a theoretically consistent manner (Neff, 2003b). The internal consistency reliability obtained for the SCS in the current study was $\alpha = .94$. (See Appendix A)

Positive and Negative Affect Schedule

Levels of affective distress were assessed using the Positive and Negative Affect Schedule (PANAS), a 20-item self-report measure of positive and negative affect developed by Watson, Clark, and Tellegen (1988). As defined by the authors, Positive Affect (PA) “reflects the extent to which a person feels enthusiastic, active, and alert” while Negative Affect (NA) corresponds to “subjective distress and unpleasurable engagement that subsumes a variety of aversive mood states, including anger, contempt, disgust, guilt, fear, and nervousness” (Watson et al., 1988, p. 1064). Furthermore, low levels of NA are associated with calmness and serenity, while low levels of PA are associated with lethargy, sadness and depression. Because of the latter, the current study looked at both subscales, with higher levels of NA and lower levels of PA as possible indicators of emotional distress.

The most widely used form of the PANAS asks individuals to indicate to what extent they experience each of 20 mood states (e.g., excited, upset, irritable, hostile,

enthusiastic) using a 5-point Likert scale with 1 = *very slightly or not at all* and 5 = *extremely*. Sums for each subscale are then calculated with higher scores indicating higher levels of positive/negative affect. Scores on each subscale range from 10 to 50. While the PANAS is most commonly used to assess temporary mood states, Watson et al. (1988) report that when used with a general time frame, the internal consistencies of scores on the scales remain high (.88 and .87 for PA and NA respectively) and the test-retest reliabilities are .68 (PA) and .71 (NA). Because the current study attempts to assess more general levels of emotional distress, rather than temporary affective states, participants were given instructions that pertain to how they feel on average. Internal consistencies of scores obtained in the current study were $\alpha = .85$ (PA) and $\alpha = .86$ (NA). (See Appendix B)

The Parenting Sense of Competence Scale

The Parenting Sense of Competence Scale (PSOC; Johnston & Mash, 1989) is a 16-item self-report questionnaire intended to assess parents' satisfaction and perceptions of efficacy in the parenting role. Respondents are asked to indicate the extent to which they agree or disagree with statements related to the task of parenting, using a 6-point Likert scale with 1=*strongly agree* and 6=*strongly disagree*. Items 1, 6, 7, 10, 11, 13, and 15 comprise the Efficacy subscale and are reverse-scored, then added to the total score for the items in the Satisfaction subscale. High scores reflect high degrees of parenting satisfaction and parenting self-efficacy. Total scores range

from 16 to 96, while scores on the subscales range from 7 to 42 (Efficacy) and 9 to 54 (Satisfaction). Internal consistencies for scores on the Satisfaction and Efficacy subscales have been reported, with obtained Cronbach's alpha coefficients at .75 and .76, respectively (Johnson & Mash, 1989), while Lovejoy, Verda and Hays (1997) reported internal consistencies of .82 and .88 for the Efficacy subscale. Cronbach's alpha coefficients obtained in the current study were .74 (Efficacy) and .76 (Satisfaction).

The Efficacy subscale of the PSOC was used to assess levels of perceived efficacy for the purpose of exploring the possible mediating role of parenting self-efficacy in the relationship between self-compassion and negative parenting. The Satisfaction subscale was used to determine participants' level of satisfaction in the parental role. (See Appendix C)

Parenting Scale

The Parenting Scale (PS; Arnold, O'Leary, Wolff & Acker, 1993) is designed to measure dysfunctional discipline practices in parents of young children. The authors identified three categories of ineffective discipline style: Laxness, Overreactivity, and Verbosity. Parenting behaviors that fall into the Laxness category are those characterized by permissive and inconsistent limit setting (e.g., giving in to children's inappropriate demands or coercive behaviors), while Overreactivity refers to harsh and coercive discipline (e.g., marked by anger, frustration, insults, and

physical punishment). Examples of parenting practices included in the Verbosity category are lengthy verbal responses and a reliance on talking even when talking is ineffective.

Based on these behavior categories, Arnold et al. (1993) originally proposed three corresponding subscales—Laxness, Overreactivity, and Verbosity. However, a two-factor structure has been more often supported by subsequent studies (e.g., Arney, Rogers, Baghurst, Sawyer & Prior, 2008; Collett, Gimpel, Greenson & Gunderson, 2001; Freeman & DeCoursey, 2007). Scores in the present study were calculated based on the two-factor model as outlined by Collett et al. (2001) which is consistent with models proposed by other authors (e.g., Prinzie, Onghena & Hellinckx, 2007). In the two-factor model, Factor 1 includes all of the items on the original Laxness subscale, plus three items from the Verbosity subscale. Similarly, Factor 2 is composed of all original Overreactivity items plus two items from the Verbosity subscale (two Verbosity items did not load onto either factor). Total scores range from 1 to 7, with higher scores indicating less effective parenting. Arnold et al. (1993) reported internal consistency alpha coefficients of .84 (Total score), .63 (Verbosity), .83 (Laxness) and .82 (Overreactivity), in addition to acceptable test-retest reliability. Collett et al. (2001) reported comparable statistics, with coefficient alphas of .87 for a Total score, and .86 and .81, for Factors 1 and 2, respectively. The internal consistency reliabilities obtained for the Parenting Scale in the current study were $\alpha = .85$ (Laxness), $\alpha = .76$ (Overreactivity), and $\alpha = .84$ (Total score). Because

this study focuses on negative parenting behaviors in general, only the Total scores were used in the primary analyses. (See Appendix D)

Exploratory Questions

In addition to completing the established measures of particular constructs, women were invited to respond to open-ended questions developed for the purposes of this study regarding their actual experience in a difficult parenting situation with a specific focus on what—if anything—they did in the moment of emotional arousal to avoid resorting to negative parenting behaviors and/or to take care of themselves. Participants were asked to share details of one experience in particular and to reflect on their related emotions, thoughts, and behaviors with the hope that this would help to better illustrate how self-compassion functions in moments of emotional distress associated with parenting. (See Appendix E)

Procedure

All measures were administered anonymously via the survey web page. Although participants were not compensated for their participation in the study, for every completed survey the researcher made a donation (\$2 value) to Family Focus, an agency that supports low-income families in the Midwest.

CHAPTER FIVE

Results

Sample

Of the 158 women who went to the survey website, 19 were dropped from the study because they did not complete the full set of measures, resulting in a total *n* of 139. Because the recruitment materials and questionnaires were directed at mothers (and not fathers) it is assumed that 100% of the participants were women. Of these, 115 (83.7%) were between the ages of 30 and 40; over half (78%) had only one or two children; and target children for the purposes of the study were divided roughly equally between boys (*n* = 71) and girls (*n* = 68). Most of the participants reported being married (*n* = 137) and 95.7% of participants identified as “Caucasian.” Eighty-nine women (64.5%) receive outside help with childcare (e.g., babysitter/nanny), and of those the majority (62.2%) had help 10 or fewer hours per week. Only 53 (38.1%) participants reported working outside the home and 62% (*n* = 33) of those work 10 hours or less per week. Annual household income for participants ranged from \$25K to over \$200K, with the largest group (44.6%) reporting an annual income between \$75K and \$150K.

Descriptive Statistics

The descriptive statistics for the Self-Compassion Scale (SCS), the Parenting Scale (PS), the Efficacy and Satisfaction subscales of the Parenting Sense of Competence Scale (PSOC), and both subscales (PA and NA) of the Positive and Negative Affect Schedule (PANAS) are included in Table 1.

Table 1

Descriptive statistics for scales and subscales

	Mean	Std. Deviation	Minimum	Maximum
SCS	3.05	0.71	1.38	4.73
PS - Total	2.55	0.56	1.42	4.65
PS - Laxness	2.50	0.77	1.07	4.86
PS - Overreactivity	2.60	0.64	1.08	5.08
PSOC - Efficacy	29.46	5.55	13	40
PSOC - Satisfaction	38.01	7.35	17	53
NA	20.11	6.19	10	45
PA	36.66	5.79	16	48

Means and standard deviations for the Self-Compassion Scale are comparable to those reported in previous studies (Leary et al., 2007; Neff, 2003a; Neff, Hsieh & Dejitterat, 2005). Studies using a two-factor solution for the Parenting Scale have reported means and standard deviations comparable to those found in the present study (e.g., Arney et al., 2008; Collett et al., 2001; Freeman & DeCourcey, 2007).

Additionally, means and standard deviations for the subscales of the PSOC are similar to those found in previous studies (e.g., Ohan, Leung & Johnston, 2000).

An intercorrelation matrix for the study variables can be found in Table 2. All of the variables examined were correlated with one another; the various relevant relationships will be discussed below in the data analysis section.

Table 2

Intercorrelation matrix for all variables

		SCS	PS – Total	PSOC – Efficacy	PSOC – Satisfaction	NA
SCS	Pearson Correlation Sig. (2-tailed)	—				
PS – Total	Pearson Correlation Sig. (2-tailed)	-.187 0.028				
PSOC – Efficacy	Pearson Correlation Sig. (2-tailed)	.364 0	-.282 0.001			
PSOC – Satisfaction	Pearson Correlation Sig. (2-tailed)	.485 0	-.442 0	.491 0		
NA	Pearson Correlation Sig. (2-tailed)	-.438 0	.260 0.002	-.339 0	-.508 0	
PA	Pearson Correlation Sig. (2-tailed)	.294 0	-.354 0	.351 0	.510 0	-.237 0.005

n = 139

Data Analysis

Self-compassion and negative parenting behaviors

It was expected that there would be a relationship between a mother's level of self-compassion and her tendency to engage in negative parenting behaviors.

Hypothesis 1 stated that women with higher levels of self-compassion would report fewer negative parenting behaviors. In testing this hypothesis, each participant's total score on the Self-Compassion Scale was correlated with her total score on the Parenting Scale using a Pearson product-moment correlation. The results of this analysis confirmed a significant negative correlation between self-compassion and negative parenting ($r = -.19$ $p = .028$).

Self-compassion, negative parenting behaviors, and possible mediators

As stated above, analyses of the data revealed a significant relationship between a mother's level of self-compassion and the likelihood that she will employ negative parenting behaviors. Specifically, as a woman's level of self-compassion increases, her tendency to engage in such behaviors decreases. However, this does not fully explain the relationship. It was hypothesized that the path between these two variables would be mediated by a mother's level of affective distress (Hypothesis 2a) and/or by her feelings of self-efficacy in her role as a parent (Hypothesis 2b). Both of these possible mediated pathways were analyzed using the guidelines suggested by

Baron and Kenny (1986) and Kenny (2009; Davidakenny.net/cm/mediate.htm) and are discussed below.

Affective distress as a mediator

After establishing that all variables were significantly correlated, two separate regression analyses were performed in order to test Hypothesis 2a. First, self-compassion (SCS) and negative affect (NA) were entered in the regression equation predicting negative parenting behaviors (See Table 3). Whereas the self-compassion-negative parenting relation had been significant ($\beta = -.19, p = .028$), self-compassion was no longer uniquely associated with negative parenting ($\beta = -.09, p = .328$; See Figure 1) when negative affect was simultaneously entered into the regression equation. As shown in Figure 1, the relationship between negative affect and negative parenting behaviors, however, continued to be significant ($\beta = .22, p = .018$). Next, because lower levels of positive affect have been associated with sadness and depression (Watson et al., 1988), self-compassion (SCS) and positive affect (PA) were entered into a regression equation predicting negative parenting behaviors (PS – Total), and the results were similar (See Table 4). As can be seen in Figure 2, once positive affect was simultaneously entered into the equation, the relationship between self-compassion and negative parenting behaviors was no longer significant ($\beta = -.09, p = .281$). In contrast, the relationship between positive affect and negative parenting behaviors was still significant ($\beta = -.33, p = .000$; See Figure 2). These results suggest

that affective distress partially mediates the relationship between self-compassion and negative parenting behaviors. The suspected mediated relation was further supported by significant Sobel tests for both negative affect ($z = -2.29, p = .022$) and positive affect ($z = -2.68, p = .007$).

Table 3

Multiple Regression Analysis: SCS and NA on PS – Total

Variable	B	SE(B)	β	t	Sig. (<i>p</i>)
SCS	-.07	.073	-.09	-.982	.328
NA	.02	.008	.22	2.40	.018

$R^2 = .074$

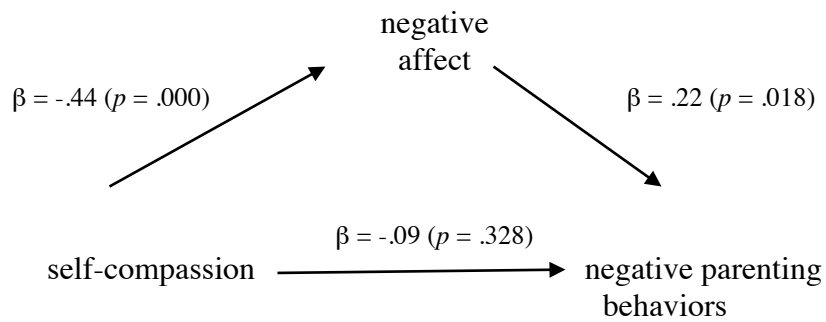


Figure 1: Affective distress (NA) as a mediator

Table 4

Multiple Regression Analysis: SCS and PA on PS – Total

Variable	B	SE(B)	β	t	Sig. (p)
SCS	-.07	.067	-.09	-1.081	.281
PA	-.03	.008	-.33	-3.923	.000

$R^2 = .133$

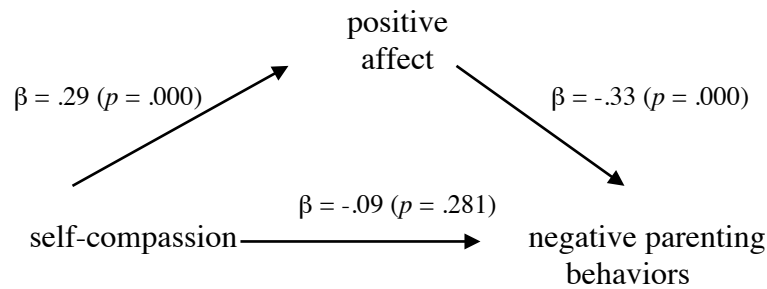


Figure 2: Affective distress (PA) as a mediator

Parenting self-efficacy as a mediator

In order to test Hypothesis 2b, that a mother’s level of perceived parenting self-efficacy would partially mediate the relationship between self-compassion and negative parenting behaviors, a regression analysis was performed (See Table 5). As with affective distress, once parenting self-efficacy (PSOC – Efficacy) and self-compassion (SCS) were simultaneously entered into the equation predicting negative parenting behaviors (PS – Total), the relationship between self-compassion and

negative parenting behaviors was no longer significant ($\beta = -.10, p = .273$). The relationship between parenting self-efficacy and negative parenting behaviors, however, retained its significance ($\beta = -.25, p = .006$), supporting the role of parenting self-efficacy as a partial mediator (See Figure 3). A significant Sobel test further corroborates the partially mediated relationship ($z = -2.37, p = .018$).

Table 5

Multiple Regression Analysis: SCS and PSOC - Efficacy on PS – Total

Variable	B	SE(B)	β	t	Sig. (p)
SCS	-.08	.070	-.10	-1.10	.273
PSOC – Efficacy	-.03	.009	-.25	-2.81	.006

$R^2 = .088$

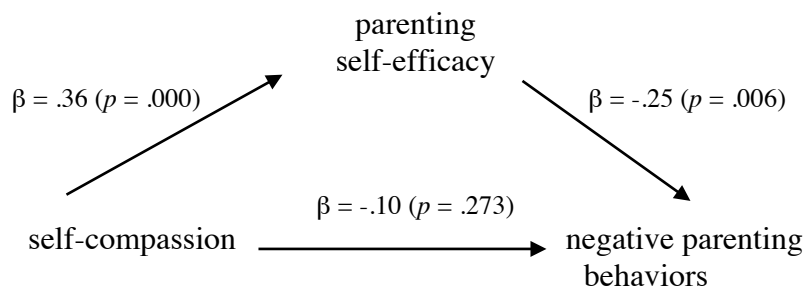


Figure 3: Parenting self-efficacy (PSOC – Efficacy) as a mediator

Self-compassion and parenting satisfaction

Hypothesis 3 posited that mothers who score higher on a the Self-Compassion Scale (SCS) are more likely to feel satisfied in their parenting roles, as evidenced by higher scores on the Satisfaction subscale of the Parenting Sense of Competence Scale (PSOC - Satisfaction). Scores on these measures were analyzed using a Pearson product-moment correlation, which produced a significant correlation ($r = .49$; $p = .000$), thus supporting the hypothesis.

Exploratory Questions and Analyses

Open-ended questions

Upon completion of the measures, participants were given the opportunity to respond to open-ended questions designed to assess what, if anything, these women do to manage their emotions when parenting their young children becomes particularly challenging. Women were asked to recall a specific instance in which negative emotions were aroused and then to describe what they thought, said or did in response. Participants were also invited to share any information not specifically addressed by the study that might enhance an understanding of the results, or of the experience of parenting in general. Over half of the mothers (55%) responded to at least one of the four exploratory questions.

Although the responses were not qualitatively analyzed, they did help to illustrate the experience of parenting in this sample. By far, the most frequently reported emotions were frustration and anger (although, to be fair, these were two of the examples suggested in the body of the question; see Appendix F), but women also recalled feelings of sadness, anxiety, hopelessness, helplessness, inadequacy, annoyance, self-pity, and fury. Several mothers reported feeling guilty or being disappointed in themselves following negative interactions with their children, while another said she felt “anger at [herself] for feeling angry.” There were several acknowledgments of the desire to react physically, to shake, hit or spank their children, and one mother reported feeling “shocked” by her desire to “heighten the punishment so that [her daughter would] be upset enough to cry.”

When asked what they say to themselves or do in the moment of arousal in order to better handle the situation, the most frequent responses were to remember that “this is just a phase” or that the behavior is developmentally appropriate, and reminders to “just breathe” or “count to ten.” Several mothers reported using physical separation (e.g., walking into another room) as a way to diffuse an emotionally charged situation, and to allow themselves a chance to calm down (even if their children will not). Reliance on social supports (e.g., other mothers of young children) was often cited as a way to manage one’s feelings, as was using humor, crying, meditating, and giving oneself “permission” to feel a given emotion.

Interestingly, several women made reference to efforts to keep their emotions hidden from their children. Examples include, “I try to scream internally—so they don’t see it,” “I go into auto-pilot and... keep my emotions inside,” “Don’t yell,” “Smile even though I don’t feel like it,” and “remain calm, do not show any emotion.” Some women were motivated by a concern that showing emotions would somehow affect the child’s own ability to regulate emotions (e.g., “I don’t want her to see me raising my voice because she learns how to act by watching me” and “I don’t like to think that my little losses of control may be building in her, making her less able to control her own emotions”), while others feared that the emotion itself would cause harm (e.g., “she would be very hurt by my anger”).

Exploratory analyses

Responses to the open-ended items, combined with trends observed in the original data analyses, raised several questions that were addressed by exploratory analyses of the data. Of particular interest was gaining a better understanding of the relationship between self-compassion and specific types of negative parenting behaviors (e.g., Lax and Overreactive).

As previously mentioned, when women were asked to recall a specific instance of emotional arousal associated with parenting their young children, the most frequently cited emotions were anger and frustration (reported 27 and 44 times, respectively, compared to less than 40 references to all other emotions combined).

Because these emotions are most often associated with parenting behaviors characterized as “overreactive” (e.g., Arnold et al., 1993; Collett et al., 2001), it seemed important to look at the scores on the separate subscales of the Parenting Scale and how they individually related to self-compassion. Pearson product-moment correlations revealed that while self-compassion was significantly and negatively correlated with negative parenting behaviors *in general* ($r = -.19, p = .028$), this association is entirely explained by the relationship between self-compassion and overreactive parenting ($r = -.28, p = .001$). The relationship between self-compassion and behaviors associated with lax parenting was not significant ($r = -.06, p = .512$).

Given this finding, the next appropriate step was to examine the relationship between self-compassion, overreactive parenting, and affective distress and to ask the question: Does affective distress mediate the relationship between self-compassion and overreactive parenting specifically?

In order to test this idea, two separate regression analyses were performed: One with scores on the Negative subscale of the PANAS and a second using scores from the Positive subscale (See Tables 6 and 7). First, self-compassion (SCS) and negative affect (NA) were entered in the regression equation predicting overreactive parenting behaviors (PS – Overreactivity). Although the strength of the relation between self-compassion and overreactive parenting was diminished (from $\beta = -.28, p = .001$ to $\beta = -.20, p = .026$), it was still significant when negative affect was simultaneously entered into the regression equation (See Figure 4). In contrast, the

relation between negative affect and overreactive parenting was not significant ($\beta = .17, p = .065$; See Figure 4), indicating that negative affect does *not* mediate the relation between self-compassion and overreactive parenting. Next, in keeping with the rationale for earlier analyses (i.e., that low levels of PA are often associated with sadness and depression) a second regression analysis was performed using scores from the Positive subscale of the PANAS. As can be seen in Figure 5, when self-compassion (SCS) and positive affect (PA) were simultaneously entered into a regression equation predicting overreactive parenting behaviors, both relationships retained their significance. However, the relation between self-compassion and overreactive parenting was lessened indicating that positive affect is a partial mediator.

Table 6

Multiple Regression Analysis: SCS and NA on PS - Overreactivity

Variable	B	SE(B)	β	t	Sig. (p)
SCS	-.185	.082	-.20	-2.254	.026
NA	.018	.009	.17	1.857	.065

$R^2 = .100$

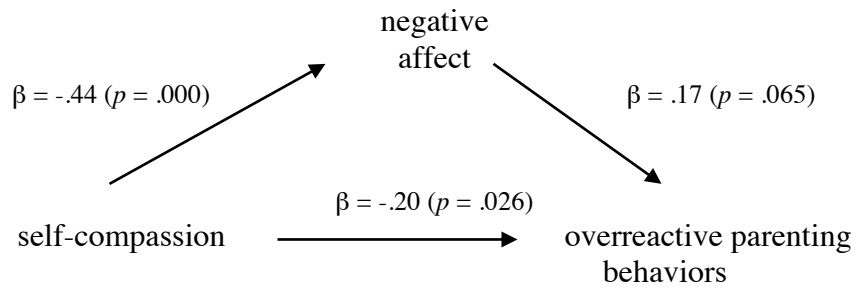


Figure 4: Affective distress (NA) as a mediator

Table 7

Multiple Regression Analysis: SCS and PA on PS - Overreactivity

Variable	B	SE(B)	β	t	Sig. (p)
SCS	-.154	.073	-.17	-2.112	.037
PA	-.041	.009	-.37	-4.585	.000

$R^2 = .201$

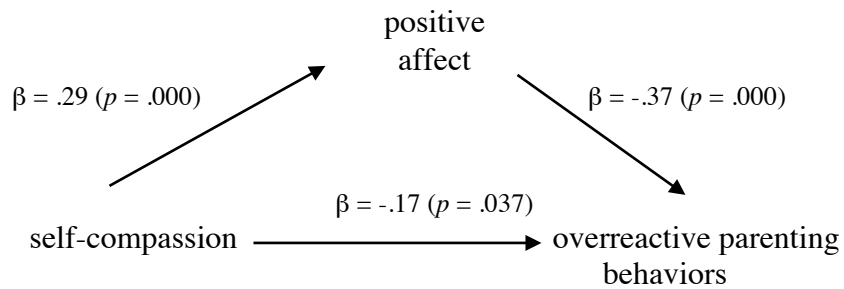


Figure 5: Affective distress (PA) as a mediator

Finally, because it was originally hypothesized that parenting self-efficacy would mediate the relation between self-compassion and negative parenting behaviors, the next logical step was to test if self-efficacy mediates the relation between self-compassion and overreactive parenting. In order to test this model, both self-compassion (SCS) and parenting self-efficacy (PSOC – Efficacy) were entered into a regression equation predicting overreactive parenting. Although the relation between self-compassion and overreactive parenting had been significant ($\beta = -.28, p = .001$), self-compassion was no longer uniquely associated with overreactive parenting when parenting self-efficacy was simultaneously entered into the regression equation ($\beta = -.16, p = .066$). The relationship between parenting self-efficacy and overreactive parenting behaviors, however, retained its significance ($\beta = -.34, p = .000$; See Figure 6), suggesting that parenting self-efficacy is a partial mediator, which was further supported by significant Sobel test ($z = -2.29, p = .022$).

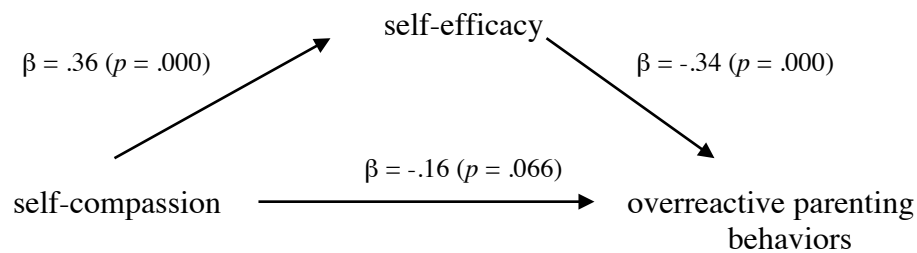


Figure 6: Parenting self-efficacy (PSOC – Efficacy) as a mediator

CHAPTER SIX

Discussion

This study explored the relationships between several constructs—self-compassion, negative affect, parenting self-efficacy, parenting behaviors, and parenting satisfaction—in the context of caring for a preschool-aged child. As hypothesized, there was a significant and negative correlation between self-compassion and negative parenting behaviors: Participants who reported higher levels of self-compassion were less likely to report reacting in dysfunctional ways to their children’s transgressions. Also as predicted, this relationship was partially mediated by both a woman’s level of affective distress and her feelings of self-efficacy in her role as a mother. However, further investigation revealed that while self-compassion is significantly (negatively) related to *overreactive* parenting behaviors, it is not uniquely associated with *lax* parenting behaviors. Furthermore, when the relationship between self-compassion and overreactive parenting was examined, negative affect no longer played a mediating role. Parenting self-efficacy, meanwhile, continued to partially mediate the relation between self-compassion and overreactive parenting.

The fact that self-compassion is not significantly related to lax parenting did not come as a surprise. The original authors of the Parenting Scale (Arnold et al., 1993), in addition to others who have examined the validity of the scale (e.g., Collett

et al, 2001; Prinzie et al., 2007), identify lax parenting behavior as characterized primarily by a failure to set consistent limits and follow through with consequences for the child's behavior. Overreactive parenting, on the other hand, corresponds to a tendency to respond to a child with irritation, anger, and even physical punishment. The latter involves explicit emotion, while the former does not. In the context of this study, extending compassion to the self has been viewed as a way to manage affective distress, to soothe and to diffuse its effects before they lead to dysfunctional parenting behaviors. Additionally, maintaining a self-compassionate stance may enable one to forestall the arousal of negative affect by responding to challenging events with more acceptance and non-judgment. Because lax parenting does not have a strong emotional component, it stands to reason that it would not be significantly impacted by a woman's level of self-compassion. In contrast, overreactive parenting with its negatively-charged emotional overtones, *would* be affected by a woman's level of self-compassion, specifically as it relates to her ability to keep her emotions in balanced perspective, acknowledging and respecting but not suppressing or over-identifying with them. This would, in turn, make her less likely to utilize to dysfunctional parenting behaviors.

As previously mentioned, the relationship between self-compassion and negative parenting was mediated by how efficacious a woman feels in her parental role. This relationship was true when considering dysfunctional parenting in general

(i.e., the Total scores from the Parenting Scale) and the relationship between self-compassion and overreactive parenting in particular. Presumably, the more self-compassionate mother judges herself less harshly and may be able to resist cultural pressures to be “perfect” or the temptation to focus on parenting “failures,” causing her to feel more confident and effective as a parent. Increased levels of self-efficacy, in turn, result in more positive approaches to discipline and fewer forays into dysfunctional parenting. Chances are that repeated positive experiences with parenting contribute further to feelings of self-efficacy and the cycle becomes self-perpetuating. Furthermore, self-compassion entails a desire for the betterment of the self, a willingness to acknowledge shortcomings, and work toward self-improvement (Neff, 2003a). In the context of raising a young child, a mother would recognize her weaknesses, learn from her “mistakes,” and take a more effective approach in the future, thereby increasing her feelings of parenting self-efficacy and decreasing her negative parenting behaviors.

The fact that parenting self-efficacy retained its role as a partial mediator when considering only overreactive parenting behaviors is consistent with results of an earlier study that examined the relationships between parenting self-efficacy (“perceived ineffectiveness as a caregiver”), child behavior, and discipline style (Day, Factor & Szkiba-Day, 1994). The authors identified a “severe aversive” style of discipline (characterized by yelling and/or physical punishment) and found that it was significantly related to a parent’s level of perceived self-efficacy in the caregiver role.

In fact, a parent's level self-efficacy mediated the relationship between child behavior problems and parent's discipline style.

As was hypothesized, mothers who reported higher levels of self-compassion also reported higher levels of satisfaction in their roles as parents. There are several aspects of self-compassion that might contribute to this relationship. First, the compassionate stance involves being kind to oneself and accepting of one's perceived shortcomings. A self-compassionate mother is less likely to expect perfection from herself (or her child) and may be better able to cope with the challenges of parenting. She may make mistakes or fall short of set standards, but does not see herself as a failure; rather she learns from her experience and tries to do better the next time. Second, a mother who is high in self-compassion feels a greater sense of connectedness to others. She does not believe that she is the only mother facing these challenges and that sense of connection brings comfort. Although she may be physically isolated (due to being home with her child), she does not feel *alone*. Lastly, the mindful approach that the self-compassionate mother has toward her emotional experience keeps her from being carried away by the sadness, frustration, and anger often experienced in raising a young child. She may have these feelings, but rather than ignore, judge, or become overwhelmed by them, she remains open to learning from them and is freed up to experience more positive emotions. Altogether,

her acceptance, connectedness, and mindfulness contribute to a more enjoyable, functional, and *satisfying* experience as a mother.

Though not qualitatively analyzed, responses to the open-ended questions suggest that self-compassion might play a role in parenting, particularly when these mothers experience emotional distress. While mothers did not make specific reference to self-compassion, many of their responses reflect components of the construct. Self-kindness was revealed in comments such as “[i]f I do not take care of me, I cannot take care of them,” and one participant saying “Don’t be too hard on yourself” in a moment of frustration. On the other hand, self-judgment was illustrated by feelings that one is not as “interesting” as others and experiencing guilt or anger in response to simply feeling a negative emotion. A sense of connectedness was reflected in the frequent reliance on social supports and comments that “it helps to share with other moms and know that you are not alone” or “[it is] some consolation to know other moms are going through the same thing.” On the other hand, women also shared their feelings of being “isolated” and “trapped,” and one woman felt staying home with her child made her somehow “less in the eyes of others.” Other responses revealed successes and struggles with elements of mindfulness: “I try to be aware of my emotions and understand the underlying causes;” “just breathe and let go of my anger;” “It is so hard to be in the moment;” “I scream internally;” and “[I] shut down my emotions.” Finally, one participant made a direct connection between the

affective experience of parenting and the important role of compassion: “nothing could prepare me for the intense emotional connection with my own children.... I have more compassion now for all parents, including myself.”

The results of this study are consistent with previous research on self-compassion. It was hypothesized that negative affect would partially mediate the relation between self-compassion and dysfunctional parenting. Specifically, it was predicted that a mother who has a tendency to be self-compassionate would be more likely to extend compassion to herself when facing distressing situations, which may reduce the intensity of her negative emotions, or possibly decrease the likelihood that negative emotions will arise in response to the situation. This hypothesis was supported by the data and suggests that self-compassion may enable one to manage (or avoid) the ill-effects of distressing situations, which is consistent with how the construct has been presented in the past (e.g., Leary et al., 2007; Neff, 2003b).

Additionally, it has been suggested that self-compassion might also be considered a skill to be learned and developed (Leary et al., 2007; Neff, Kirkpatrick & Rude, 2007). In fact, recent studies have shown not only that a self-compassionate perspective can be induced (Leary et al., 2007), but that an individual’s level of self-compassion can increase over time and that this increase is associated with corresponding increases in other markers of well-being (Neff, Rude & Kirkpatrick, 2007). This has important implications for the role of self-compassion in parenting, in

that interventions could be designed that would help mothers to become more self-compassionate. Once learned, the expectation would be that repeated experiences of extending compassion to the self would translate into a general tendency to be self-compassionate. The more self-compassionate she becomes, the less reactive she would be to events that might have previously aroused negative emotion, and consequently she would experience less—or perhaps less intense—negative affect. The reduction in negative affect—or in the intensity of negative affect—would hopefully result in fewer dysfunctional parenting behaviors. (An 8-week program to teach self-compassion has, in fact, been developed by Kristin Neff and Christopher Germer, but has not been published at the time of this writing. To learn more about the program, please visit www.self-compassion.org.)

Limitations and Areas for Future Research

One obvious limitation of this study is that the sample is a very homogeneous one. The average participant is a white, upper middle-class mother in her 30s, who is likely to have some help with childcare and only works minimally—if at all—outside the home. Not to mention, she has access to a computer, an interest in participating in the study, and the time to do so. Given the rather narrow parameters of the sample, it would be difficult to generalize to another population—for example, to women who work full-time, or to minority women or women who live in poverty. Unfortunately, it may be these women with fewer resources, and with less support or more demands

on their time, who are most in need of self-compassion. Future research should explore the relationship between self-compassion and parenting in these very different populations.

The study was also limited by the self-report nature of the data. Although the responses were completely anonymous, it is possible that some mothers would have difficulty acknowledging, even to themselves, that a particular parenting behavior is part of their repertoire. Interestingly, it could be that data from the self-compassionate mothers is more accurate given their tendency to be accepting of perceived shortcomings and driven by a desire for self-improvement. One way to enhance the study might be to collect observational data in addition to using self-report measures. However, while observational methods might produce more reliable results, coercive parenting behaviors in particular could be difficult to capture this way.

Another limitation concerns the concurrent nature of the findings. Although the findings of this study are consistent with previous research, the fact remains that the variables were examined simultaneously. The responses given on a survey of parenting behaviors or a measure of affect may vary depending on a woman's mood at the time of her response. If she is feeling negative, her recollections of interactions with her child may be negatively biased, and likewise positively biased if she is in a more positive state of mind.

Finally, this study was limited by the statistical analyses employed. Although many of the associations between variables were strong and significant, we are still

left with questions about causality. In particular, it is difficult to determine if a self-compassionate stance causes one to experience less negative affect, and thus reduce the likelihood of negative parenting, or if being self-compassionate enables one to manage negative emotion more effectively, without resulting in negative behavior. Quite likely, both are accurate, but it is difficult to draw conclusions based on the analyses used in this study.

One obvious area for future research would be determining how to increase a mother's level of self-compassion. Many parenting interventions focus on the problematic behaviors of children or on teaching more effective means of discipline, but a program that would foster self-compassion in women might prove more fruitful. Preliminary research on mindfulness-based parenting interventions is promising (Cohen & Semple, 2010), and recent studies that have successfully induced a self-compassionate perspective (e.g., Leary et al., 2007) might be adapted for use with groups of mothers to increase self-compassion as it relates specifically to parenting and to general well-being. Encouraging women to be kinder to themselves, to feel more connected to the community of mothers, and to be more mindful of their emotional experiences, could help them to avoid negative interactions with their children to begin with, and to better manage negative emotions when they arise. Increasing mothers' level of self-compassion might also contribute to greater feelings of parenting self-efficacy and result in fewer overreactive parenting behaviors. A

more composed and confident mother might also inspire less emotional volatility or better behavior in a child, perhaps through an increased sense of security or simply through modeling effective emotion regulation.

As reported, there was a significant positive correlation between a woman's level of self-compassion and the extent to which she felt satisfied in her role as a mother. This is likely only part of the picture. Future research should ascertain what factors, if any, mediate this relationship.

While the experience of challenging situations and negative emotions in the context of parenting might be unavoidable, how women respond to these challenges and the emotions aroused may make the difference between reacting negatively to their children or not. Mismanaged emotions can lead to emotional distress that is often at the root of many negative parenting behaviors. When considering how a frustrating situation with a child might translate into negative affect or negative behavior, it seems that a woman's non-judgmental acceptance of her emotions and her beliefs about her ability to effectively parent may be influential factors. Mothers would likely benefit from having an effective approach to emotion regulation and overall well-being that does not interfere with the necessary tasks of motherhood and one that is conducive to positive parenting practices. Self-compassion as part of psychological well-being may provide the map and the tools needed for such an approach.

APPENDIX A

Self-Compassion Scale

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 | | | | | Almost
always |
|-------------------------|----------|----------|----------|----------|--|
| 1 | 2 | 3 | 4 | 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, 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.

APPENDIX B

The Positive and Negative Affect Schedule (PANAS)

This scale consists of a number of words that describe different feelings and emotions. Please read each item and choose the response that best describes to what extent you feel this way in general, that is, on the average.

very slightly or not at all	a little	moderately	quite a bit	extremely
1	2	3	4	5

<input type="checkbox"/> interested	<input type="checkbox"/> irritable
<input type="checkbox"/> distressed	<input type="checkbox"/> alert
<input type="checkbox"/> excited	<input type="checkbox"/> ashamed
<input type="checkbox"/> upset	<input type="checkbox"/> inspired
<input type="checkbox"/> strong	<input type="checkbox"/> nervous
<input type="checkbox"/> guilty	<input type="checkbox"/> determined
<input type="checkbox"/> scared	<input type="checkbox"/> attentive
<input type="checkbox"/> hostile	<input type="checkbox"/> jittery
<input type="checkbox"/> enthusiastic	<input type="checkbox"/> active
<input type="checkbox"/> proud	<input type="checkbox"/> afraid

APPENDIX C

The Parenting Sense of Competence Scale (PSOC)

Please rate the following statements using the scale below. When responding to each item, please keep in mind your experiences as a mother of the target child.

Strongly agree						Strongly disagree
1	2	3	4	5	6	

1. The problems of taking care of a child are easy to solve once you know how your actions affect your child, an understanding I have acquired.
2. Even though being a parent could be rewarding, I am frustrated now while my child is at his/her present age.
3. I go to bed the same way I wake up in the morning, feeling I have not accomplished a whole lot.
4. I do not know why it is, but sometimes when I am supposed to be in control, I feel more like the one being manipulated.
5. My mother was better prepared to be a good mother than I am.
6. I would make a fine model for a new mother to follow in order to learn what she would need to know in order to be a good parent.
7. Being a parent is manageable, and any problems are easily solved.
8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad job.
9. Sometimes I feel like I'm not getting anything done.
10. I meet my own personal expectations for expertise in caring for my child.
11. If anyone can find the answer to what is troubling my child, I am the one.
12. My talents and interests are in other areas, not in being a parent.
13. Considering how long I've been a mother, I feel thoroughly familiar with this role.
14. If being a mother of a child were only more interesting, I would be motivated to do a better job as a parent.
15. I honestly believe I have all the skills necessary to be a good mother to my child.
16. Being a parent makes me tense and anxious.

APPENDIX D

Parenting Scale (PS)

At one time or another, all children misbehave or do things that could be harmful, that are “wrong,” or that parents don’t like. Examples include:

<i>hitting someone</i>	<i>whining</i>	<i>not picking up toys</i>
<i>running into the street</i>	<i>lying</i>	<i>refusing to go to bed</i>
<i>having a tantrum</i>	<i>arguing back</i>	<i>wanting a cookie before dinner</i>

Parents have many different ways or styles of dealing with these types of problems. Below are items that describe some styles of parenting. **For each item, fill in the circle that best describes your style of parenting with [the target child].**

SAMPLE ITEM:

At meal time...

I let my child decide how much to eat.	0—0—0—0—0—0—0	I decide how much my child eats.
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1. When my child misbehaves...

I do something right away .	0—0—0—0—0—0—0	I do something about it later.
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2. Before I do something about a problem...

I give my child several reminders or warnings.	0—0—0—0—0—0—0	I use only one reminder or warning .
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3. When I’m upset or under stress...

I am picky and on my child’s back.	0—0—0—0—0—0—0	I am no more picky than usual.
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12. When I want my child to stop doing something...

I firmly tell my child to stop.	0—0—0—0—0—0—0	I coax or beg my child to stop.
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13. When my child is out of my sight...

I often don't know what my child is doing.	0—0—0—0—0—0—0	I always have a good idea of what my child is doing.
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14. After there's been a problem with my child...

I often hold a grudge.	0—0—0—0—0—0—0	things get back to normal quickly.
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15. When we're not at home...

I handle my child the way I do at home.	0—0—0—0—0—0—0	I let my child get away with a lot more.
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16. When my child does something I don't like...

I do something about it every time it happens.	0—0—0—0—0—0—0	I often let it go.
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17. When there is a problem with my child...

things build up and I do things I don't mean to do.	0—0—0—0—0—0—0	things don't get out of hand.
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18. When my child misbehaves, I spank, slap, grab, or hit my child.

never or rarely	0—0—0—0—0—0—0	most of the time
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19. When my child doesn't do what I ask...

I often let it go or end up doing it myself.	0—0—0—0—0—0—0	I take some other kind of action.
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20. When I give a fair threat or warning...

I often don't carry it out. 0—0—0—0—0—0—0 I always do what I said.

21. If saying “no” doesn't work...

I take some other kind of action. 0—0—0—0—0—0—0 I offer my child something nice so s/he will behave.

22. When my child misbehaves...

I handle it without getting upset. 0—0—0—0—0—0—0 I get so frustrated or angry that my child can see I'm upset.

23. When my child misbehaves...

I make my child tell me why s/he did it. 0—0—0—0—0—0—0 I say “no” or take some other action.

24. If my child misbehaves and then acts sorry...

I handle the problem like I usually would. 0—0—0—0—0—0—0 I let it go at that time.

25. When my child misbehaves...

I rarely use bad language or curse. 0—0—0—0—0—0—0 I almost always use bad language.

26. When I say my child can't do something...

I let my child do it anyway. 0—0—0—0—0—0—0 I stick to what I said.

27. When I have to handle a problem...

I tell my child I'm sorry about it. 0—0—0—0—0—0—0 I don't say I'm sorry.

28. When my child does something I don't like, I insult my child, say mean things, or call my child names.

never or rarely 0—0—0—0—0—0—0 most of the time

29. If my child talks back or complains when I handle a problem...

I ignore the 0—0—0—0—0—0—0 I give my child a talk
complaining and about not complaining
stick to what I said.

30. If my child gets upset when I say "no"...

I back down and 0—0—0—0—0—0—0 I stick to what I said.
give in to my child.

APPENDIX E

Exploratory Questions

- a) *Recall a recent experience with your child in which you found yourself feeling high levels of emotion (e.g., frustration, anger, disappointment, sadness). What was the dominant emotion you were feeling? Describe what the experience was like.*
- b) *What kinds of things-if any-did you say to yourself in the moment that helped you to handle the situation and/or be a better parent?*
- c) *What-if anything-did you do to try to manage your emotions?*
- d) *Is there anything else you would like to share that would help to better understand the results of the study and the emotional experience of parenting a preschool-aged child?*

Some responses:

“The reality is that parenting is hard work.”

“I really feel like this is the hardest thing I’ve ever done.”

“[parenting] requires a lot of constant hard work” and “brings forward a lot of different emotions”

“It is the most amazingly wonderful and difficult experience I have ever had.”

“It is harder, more frustrating and more boring than you EVER thought possible...”

“One of the things I did not expect to feel as a parent is boredom! ...I feel restless and unproductive”

Caring for children is “extremely stressful and exhausting...it takes a lot out of me physically and mentally”

“I’m trapped/dying...help me, this sucks, I hate my life... shut down my emotions, defeated, broken, zombie...there’s a part of me that wants someone to document how this feels, because it can help others. It can be maddening, exhilarating, frenzied, peaceful, stupefying, bewildering, joyful and perplexing... It’s the most wonderful, frightening, rewarding, nerve-wracking time of my life. I wouldn’t trade it, but I sort of wish someone had told me this before I stepped into it. Now I understand, and I hope others might be more prepared.”

“Lack of recognition is demoralizing... I feel as though I am ‘less’ in the eyes of others”

“Just one more thing that really affects my emotions...: the feeling that you are accomplishing nothing.... I often feel like I am wasting my talents” and that I am “a lot less interesting”

“we are craving social supports”

“now I sometimes don’t like my child”/ “some consolation to know other moms are going through the same thing”

“it helps to share with other moms and know that you are not alone – if you feel too alone there is so much more depression”

“being a stay-at-home mom can be very lonely and isolating”

“No woman should feel alone, sad, depressed or hopeless in their role as a mother, rather we should be focusing our efforts on removing these parenting challenges from the closet and discussing them to find helpful solutions.”

“For years I was a child/adolescent and family therapist. I taught parenting classes and thought I would be a great parent with all my knowledge but nothing could prepare me for the intense emotional connection with my own children.... I can really get frustrated and forget everything I know in an instant. I have more compassion now for all parents, including myself and I always try to learn from my mistakes.”

“[I used to be a nanny.] I didn’t realize how my own child could push my buttons and break my heart so easily.”

“...if I do not take care of me, then I cannot take care of them”

“I have learned more about myself in the last 18 months than I ever had.”

“[I am in psychoanalysis.] I believe that understanding myself more deeply will ultimately allow me to parent better.”

“I try to be aware of my emotions and understand the underlying causes.”

“Don’t be too hard on yourself. Try to smile and be supportive of other mothers.”

“I always feel that if I tried harder or did more research or read more books, I would find the magic solution...”

“My parenting suffers when I feel trapped in my role as a mother.”

“It’s so hard to be in the moment.”

“I lost my temper and slapped her hand which I HATE doing but find I can’t help myself.”

“I now understand why some women lose it with their children... the limits to which I am pushed make me sometimes want to spank or hit my son”

“It makes me want to turn into an alcoholic.”

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