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Self-compassion Improves Parental Well-Being in Response to Challenging Parenting Events

Fuschia M. Sirois¹

Susan Bögels²

Lisa-Marie Emerson¹

Author Note

¹Department of Psychology, University of Sheffield, Sheffield, UK.

²Department of Psychology, University of Amsterdam, The Netherlands.

Correspondence concerning this article should be addressed to Fuschia M. Sirois, PhD, Department of Psychology, University of Sheffield, Sheffield, United Kingdom.

Email: f.sirois@sheffield.ac.uk; ORCID ID: <http://orcid.org/0000-0002-0927-277X>

Twitter: @FuschiaSirois

Abstract

Shame and guilt are common during the course of parenting and can reflect feelings of “bad self” and “bad behaviour” in relation to parenting events. Self-compassion is known to be beneficial for well-being by reducing negative emotions, yet there is little research examining whether self-compassion might reduce parental guilt and shame. The current study examined the effects of dispositional and induced self-compassion on guilt and shame in a sample of 167 parents ($M_{age} = 37.23$, $SD = 6.73$, 83.1% female) of children 12 years and under recruited online. After completing baseline measures, parents were randomly assigned to recall a guilt versus shame provoking parenting event, and randomly allocated to either a self-compassion prompt versus a control condition. Analyses confirmed that those who received the self-compassion prompt reported higher levels of self-compassion, and reduced feelings of guilt and shame compared to the control group. Effects did not differ as a function of the guilt versus shame instructions. Multivariate analyses revealed that, when controlling for dispositional self-compassion, and baseline guilt and shame, differences between conditions were maintained for post-manipulation guilt and shame. Findings extend our understanding of the role of self-compassion for improving well-being when dealing with the challenges of parenting.

KEYWORDS: Self-compassion; parenting; well-being; guilt; shame

Introduction

Shame and guilt are related but distinct emotions that are often experienced during the course of parenting (e.g. Scarnier et al., 2009), whether in response to one's child's bad behaviour, or perceived poor handling of such behaviour. Although both emotions can serve a self-regulating function for correcting future behaviour (Tangney, 1996), excessive experience of either emotion can interfere with self-forgiveness and thus be detrimental to well-being (Ranganadhan & Todorov, 2010). In the context of parenting, this can erode confidence in one's parenting abilities, negatively impact parental identity, and result in parental isolation and dysfunctional parenting (Kim, Thibodeau, & Jorgensen, 2011). Indeed, experiences of guilt for not meeting parenting expectations predicts decreased self-efficacy and increased stress and anxiety in modern mothers (Henderson, Harmon, & Newman, 2016). Thus, without effective coping strategies, parents experiencing guilt and shame in relation to their parenting may be at risk for also experiencing increased levels of stress and anxiety.

Self-compassion is one individual difference that may be protective for excessive feelings of guilt and shame after a difficult parenting event. Self-compassion entails responding to personal failures and shortcomings with self-kindness, a sense of common humanity, and mindful awareness of one's emotions (Neff, 2003b). Importantly, evidence indicates that interventions which increase self-compassion can be effective for reducing feelings of guilt and shame following recall of negative events (Johnson & O'Brien, 2013). Yet to date there is little research examining how self-compassionate responding to negative parental events might function to reduce parental guilt and shame. The current research aimed to address this issue by examining the role of self-compassion for reducing shame and guilt in response to a negative parenting event.

Guilt and shame

Guilt and shame are generally understood as 'self-conscious' and moral emotions,

which arise from a self-evaluative process, and serve to regulate interpersonal behaviour (Tangney & Tracy, 2012). Furthermore, feelings of guilt may arise when there is a negative evaluation of one's specific behaviour (bad behaviour), feelings of shame arise when the negative evaluation is directed toward the self (bad self; Lewis, 1971; Tangney, Miller, Flicker, & Barlow, 1996). The self-evaluative process may involve a comparison of the self with an idealised internal image or standard, or with perceived society's standards. In this way, self-discrepancy theory (Higgins, 1987) states that if an individual perceives a gap between the actual and idealised self, then feelings of discomfort (including depression, guilt and shame) can arise. Although both shame and excessive guilt have also been consistently associated with other negative states, such as depression, shame tends to have significantly stronger associations with depression ($r = .43$) than guilt ($r = .28$) (Kim et al., 2011).

Guilt and shame are inextricably linked to the self in relation to others; this is never more true than in the parent-child relationship. The experience of guilt and shame are arguably commonplace during parenting (Liss, Schiffrin, & Rizzo, 2013; Scarnier, Schmader, & Lickel, 2009). In a qualitative study, Seagram and Daniluk (2002) demonstrated that maternal guilt has its roots in feelings of inadequacy, when mothers reflect on the impossibility of meeting the expectation (own or others) that they should meet all of their children's needs. As in other contexts, self-conscious emotions in parenting arise through a self-evaluation process and perceived inability to live up to either own or societal expectations (Rotkirch & Janhunen, 2010). In this sense, the self-evaluation process is intimately linked to the perception and evaluation from others (Leary, 2004). In a cross-sectional study, Liss, Schiffrin and Rizzo (2013) confirmed that maternal guilt and shame were both associated with maternal self-discrepancy (between self-rated actual and self-rated ideal). Fear of negative evaluation from others showed a moderating role specifically in the relationship with shame. With respect to parenting specific shame and guilt, evidence

indicates that perceived control over the child's actions predicts guilt, whereas threat to self-image predicts shame (Scarnier et al., 2009). In summary, although both guilt and shame are self-conscious emotional states common in the experience of parenting, guilt is associated with negative evaluations of one's own behaviour, whereas shame is associated with negative evaluations of the self. As negative affective states, both can be detrimental for parental well-being.

Self-compassion

Whether conceived of as an enduring tendency or as a momentary way of responding, self-compassion is commonly conceptualised as taking a kind, accepting, and mindful stance towards oneself when confronted with personal inadequacies and challenges (Neff, 2003b). Although there are other ways of conceptualising self-compassion especially within a clinical context (e.g., Gilbert, 2010), the model proposed by Neff (2003b) is commonly used by researchers. Self-compassion is described by Neff (2003b) as being comprised of six key components organised into three bipolar dimensions, each proposed to function synergistically to promote a healthier way of responding to oneself during difficult times. After experiencing a perceived shortcoming or difficulty, self-kindness versus self-judgment reflects a tendency to be kind, accepting, and non-critical towards oneself, common humanity versus isolation reflects acknowledging that making mistakes are part of the human condition, rather than seeing one's difficulties as being unique and feeling isolated, and mindfulness versus over-identification reflects mindfully attending to one's feelings in balanced manner rather than becoming over-identified with them (Neff, 2003b). Together these components of self-compassion support adaptive emotional responses to personal challenges and failures.

The links between self-compassion and well-being for community adults, adolescents, and student samples are well established in the literature (for reviews, see Neff, 2011; Zessin,

Dickhäuser, & Garbade, 2015). In particular, self-compassion has demonstrated consistent and robust associations with the affective component of well-being, with self-compassion associated with lower levels of negative affect, depression and anxiety, and higher levels of positive affect (e.g., MacBeth & Gumley, 2012; Sirois, Kitner, & Hirsch, 2015). Research on the benefits of self-compassion for parents and their children, although less well established, is equally promising. For example, in parents of children with autism, self-compassion was associated with indicators of well-being including higher levels of life satisfaction, and lower levels of stress (Neff & Faso, 2015). Self-compassion in parents is also positively associated with authoritative parenting, a form of positive parenting, while negatively associated with authoritarian and permissive parenting, two forms of negative parenting (Gouveia, Carona, Canavarro, & Moreira, 2016). In a longitudinal study of mothers and fathers with depression, self-compassionate parents used a set of healthier coping strategies to deal with their children's emotions (Psychogiou et al., 2016). Finally, research on a related construct, mindful parenting, has found that, of the six dimensions that define this parenting approach, only non-judgemental acceptance of one's own parenting was a significant predictor of both adolescents' internalizing problems and parental well-being (Geurtzen, Scholte, Engels, Tak, & van Zundert, 2015). Despite this promising evidence, the potential effects of self-compassion on parental guilt and shame have yet to be fully investigated.

Research on the role of self-compassion for regulating the negative self-conscious emotions of guilt and shame is abundant in general populations, but is limited in the context of parenting. In one study, trait self-compassion was modestly associated with an index of self-conscious emotions, which included guilt and shame, after recalling a recent challenging event (Leary, Tate, Adams, Allen, & Hancock, 2007). Other research suggests differential relations with guilt, and shame, with self-compassion demonstrating a negative association with shame proneness (Mosewich, Kowalski, Sabiston, Sedgwick, & Tracy, 2011), but a

weak association with guilt-proneness (Woods & Proeve, 2014). Similar associations were found in a sample of young female athletes, with self-compassion being negatively related to shame proneness (Mosewich et al., 2011).

Aside from this cross-sectional research, there has been at least one study that has examined the effects of self-compassion on shame experimentally and over time. Johnson and O'Brien (2013) instructed shame-prone students to recall a recent time when they experienced shame and then randomised students to either write about their experience self-compassionately, write expressively, or do neither, three times over a one week period. Immediately after the intervention and at the two-week follow-up, those who wrote self-compassionately about their experience reported lower levels of shame than those in the other two groups. However, there is not similar research for the effects of self-compassion for reducing guilt. Given the differential findings from the correlational research with guilt and shame proneness (Mosewich et al., 2011; Woods & Proeve, 2014), it is unknown if self-compassion may be equally beneficial for reducing state guilt related to a challenging parenting event.

The present study

The present research aimed to test the role of self-compassion (both dispositional and induced) for reducing parental guilt and shame after recall of a difficult parenting event. We hypothesised that parents who received a self-compassion prompt would experience lower guilt and shame, compared to those in a control condition, after recalling a troubling parenting event. Because theory and evidence indicates that guilt and shame are distinct self-conscious emotions (Tangney et al., 1996), we tested the potential effects of self-compassion on guilt and shame separately.

Method

Participants and Procedure

Following clearance from the university research ethics board, a sample of 174 parents of children 12 years and under completed an online experimental study about challenging parenting events. However, 7 participants were excluded from the study as 6 did not recall a negative parenting event, and 1 failed to complete the self-compassion task. This left a final sample of 167 participants ($M_{age} = 37.23$, $SD = 6.73$, 83.1% female). The majority of the sample was White (81.2%), and resided in the United Kingdom (89.8%). Participants tended to be university educated, with the majority having a graduate degree or higher (52.4%), or an undergraduate degree/some university (42.2%). Only 5.4% had a high school education or less. The majority of parents reported having 2 children (49.7%), with 33.5% having 1 child, 14.4% having three children, and 2.8% having four to six children. The ages of their children ranged from 1 years to 14 years; however, parents reported on a challenging parenting event only for their child that was 12 or under. Participants were recruited via advertisements on the University volunteers list, online classified ads, and social media. Informed consent was implied through submission of the online responses and participation was anonymous. Participants were given the chance to win a £25 gift certificate as an incentive for participation.

After linking to the online study, participants completed baseline measures of dispositional and state self-compassion, and guilt and shame. Following this, participants were randomised to either a guilt ($n = 83$) or shame ($n = 84$) condition in which they were asked to recall and write about an event that made them feel guilty/ashamed about their parenting. Within each of the two conditions, parents were then further randomised to a self-compassionate responding condition or a “facts only” control condition. Those in the self-compassion condition were prompted to re-read the event they wrote about, and then instructed to respond in writing with self-kindness, common humanity, and mindfulness when writing about the event (see Appendix A for instruction set).

Those in the control condition were prompted to re-read about the event and then instructed to write objective facts about the event, such as what day of the week it occurred on and what the weather was like. The amount of time spent on the writing task was timed for both conditions. Participants rated their state guilt and shame post-recall, and post writing, and rated state self-compassion after the writing task. Following this, participants were asked to recall a time when they were proud of their parenting as a task to restore mood.

Measures

In addition to demographic questions, and a question about the age of their children to screen participants, all samples completed measures of the following constructs. Descriptive data and Cronbach alphas for all measures are presented in Table 1.

Dispositional self-compassion. The short 12-item version of the Self-Compassion scale (SCS-12; Raes, Pommier, Neff, & Van Gucht, 2011) was used to assess self-compassion. The short version was chosen to minimize participant burden. Similar to the full 26-item version (Neff, 2003a), the SCS-12 assesses the three main components of self-compassion and their negative counterparts, Self-Kindness (Self-judgment), Common Humanity (Isolation), and Mindfulness (Over-identification) using both positively and negatively worded items. Items such as “I try to be understanding and patient towards those aspects of my personality I don’t like”, “I try to see my failings as part of the human condition”, and “When something painful happens I try to take a balanced view of the situation” assess Self-kindness, Common Humanity, and Mindfulness, respectively. Respondents rate how often they behave in the described way with response options ranging from 1 (*Almost never*) to 5 (*Almost always*). Higher values on the total self-compassion score reflect higher levels of dispositional self-compassion. The SCS-12 has a near perfect correlation ($r = 0.98$) with the full 26-item version of the self compassion scale, and has demonstrated good internal consistency in previous research, Cronbach’s alpha = 0.87 (Raes

et al., 2011).

State self-compassion. Five items adapted from previous research (Breines & Chen, 2012) assessed state, or in the moment, self-compassion as a manipulation check for effectiveness of the self-compassion instructions. These items have been used previously as a measure of state self-compassion to test for increases in momentary self-compassion as a results of an experimental manipulation designed to increase self-compassion (Breines & Chen, 2012). Items such as “how kind do you feel towards yourself” and “how much do you see your weaknesses as part of being human”, and “how much are you trying to take a balanced view of the situation?” focused on each of the three main components of self compassion (Self-kindness, Common Humanity, and Mindfulness, respectively) and were prefaced with the phrase “Right now...” . The items were rated on a 7-point scale with response options ranging from 1 (*not at all*) to 7 (*very much*). After reversing one item, all items were averaged to create a single state self-compassion index which, according to Cohen’s (1988) guidelines, had a large correlation with the measure of dispositional self-compassion (see Table 1).

Guilt and shame. Guilt and shame were assessed with two adjectives from the Positive and Negative Affect Schedule (PANAS; Watson, Clark, & Tellegen, 1988), a well-validated and widely used measure of in-the-moment affective states. These single item measures of guilt and shame were chosen because 1) a review of the literature revealed that there were no published and validated brief measures of state guilt or shame; current measures focused on the experience of guilt and shame in specific circumstances (e.g., the Test of Self-Conscious Affect; Fontaine, Luyten, De Boeck, & Corveleyn, 2001), or assessed guilt and shame proneness (e.g., Guilt and Shame Proneness Scale; T. R. Cohen, Wolf, Panter, & Insko, 2011), rather than current, in the moment experience of these self-conscious emotions; and 2) researchers have argued and demonstrated that constructs that are more

concrete and less complex or abstract can be reliably assessed with single item adjective rating scales (Bergkvist & Rossiter, 2007; Zimmerman et al., 2006), and that such scales perform as well as their longer multi-item counterparts (Bergkvist & Rossiter, 2007). Using the adjectives from the PANAS provided a brief, face valid assessment of guilt and shame. Participants rated the extent to which they were felt “guilty” and “ashamed” right now by selecting a value presented on a 7-point Likert scale from 1 (*Not at all*) to 7 (*Extremely*) for each emotion.

Results

Preliminary Analyses

Correlation analyses of the baseline measures collapsed across conditions found that dispositional self-compassion was negatively associated with baseline guilt and shame, and guilt and shame were positively correlated (see Table 1). *T*-tests comparing baseline measures across the two conditions for each of the shame and guilt conditions found that there were no significant differences between the self-compassion and the control conditions (see Table 2), suggesting that the randomisation was effective in reducing between-group differences.

Parents wrote about a variety of parenting events ranging from less serious events with their child (giving in to a stubborn child’s unhealthy food choices to avoid conflict, bringing the child to the nursery when they were still sick, leaving the child with someone else to go to work, denying a promised treat when the child misbehaved) to more serious events (yelling or screaming at the child in public, physically pushing the child, making the child cry by yelling, spanking the child, forcing the child to eat something they didn’t want to).

Manipulation Checks

Paired sample *t*-tests were conducted as manipulation checks for the effectiveness of

the recall instructions to increase guilt and shame. Results indicated that both guilt and shame increased significantly after recall of the challenging events in both conditions (see Table 3). As well, an independent samples *t*-test of the time spent on the writing task by those in the self-compassion versus the control condition was non-significant, $t(165) = .08, p = .94$, indicating that both groups spent a similar amount of time on the writing task.

Main Analyses

A two-way ANCOVA was conducted to test the effectiveness of the self-compassion manipulation (versus control) on increasing state self-compassion, controlling for baseline trait self-compassion. The results revealed a significant interaction between state self-compassion and condition, $F(1,164) = 36.09, p < .0001$, partial $\eta^2 = .181$. Those in the self-compassion condition reporting higher levels of self-compassion ($M = 4.82, SE = .10$) compared to the control group ($M = 3.97, SE = .10$).

Tests of experimental effects for guilt. A two-way ANCOVA was next conducted to examine the effect of the self-compassion manipulation versus control, the effect of the guilt versus shame recall instructions, and their interaction, on feelings of guilt after the recall of the challenging parenting event, controlling for baseline levels of guilt. There was a marginally significant main effect of the self-compassion manipulation on guilt, $F(1,162) = 3.74, p = .055$, partial $\eta^2 = .023$, such that feelings of post-recall guilt were lower for those who received the self-compassion prompt compared to the control group for both conditions. The main effect for guilt versus shame instructions was, however, not significant, $F(1,162) = 0.67, p = .383$, partial $\eta^2 = .005$, indicating that the levels of guilt post recall averaged across the self-compassion and control conditions did not differ significantly between those who received instructions to focus on a shame-related versus a guilt-related parenting event. Finally, the interaction between self-compassion condition and guilt/shame instructions was not significant, $F(1,162) = 0.00, p = .975$, partial $\eta^2 = .000$, suggesting that the self-

compassion manipulation was equally effective in reducing feelings of guilt for those parents who recalled a guilt-provoking parenting event as it was for those who recalled a shame-provoking event.

Tests of experimental effects for shame. Similar to the test for guilt, we conducted a two-way ANCOVA to examine the effects of the self-compassion manipulation versus control, the guilt versus shame recall instructions, and their interaction, on feelings of shame after the recall of the challenging parenting event, after controlling for baseline levels of shame. The main effect of the self-compassion manipulation on shame was significant, $F(1,162) = 7.37, p = .007$, partial $\eta^2 = .044$, with lower feelings of post-recall shame reported by those who received the self-compassion manipulation compared to the control group averaged across both the guilt and shame conditions. The main effect for guilt versus shame instructions was, however, not significant, $F(1,162) = 0.28, p = .552$, partial $\eta^2 = .001$, indicating that the levels of shame post recall averaged across the self-compassion and control conditions did not differ significantly between parents who received instructions to focus on a shame-related versus a guilt-related challenging event. Lastly, the interaction between self-compassion condition and guilt/shame instructions was not significant, $F(1,162) = 0.24, p = .626$, partial $\eta^2 = .001$, indicating that the self-compassion manipulation reduced feelings of shame to a similar degree for those who recalled a guilt-provoking parenting event as it did for those who recalled a shame-provoking parenting event.

Trait self-compassion and experimental guilt and shame. Trait self-compassion was negatively associated with post-writing guilt ($r = -.557, p < .0001$) and shame ($r = -.505, p < .0001$) for the entire sample collapsed across conditions. A bootstrapping test of whether these associations differed as a function of writing condition using the Hayes (2013) macro PROCESS found that the interaction for guilt, $b = -.02, [-.56, .52]$, and for shame, $b = -.02, [-.58, .55]$, were non-significant, indicating that the associations of trait self-compassion with

lower guilt and shame were equivalent across the conditions.

Given that there the ANCOVAs indicated that there was no difference in the effects of the self-compassion manipulation for reducing guilt and shame, we conducted a follow-up one-way multivariate analysis of covariance (MANCOVA) to test whether the effects of the manipulation (versus the control condition) were significant when guilt and shame were considered together, and when controlling for baseline trait self-compassion, guilt, and shame. The results of the MANCOVA revealed that the multivariate test was significant, ($F(2, 161) = 6.79, p = 0.001, \text{Wilks' lambda} = 0.922$) with a partial eta squared of 0.078, indicating that approximately 8% of the variation in the linear combination of post task guilt and shame, was accounted for by allocation to the self-compassion versus the control condition.

Discussion

Previous research has found that self-compassion is associated with a number of different indicators of well-being in parents (e.g., Neff & Faso, 2015; Psychogiou et al., 2016). The current study aimed to extend this research by testing whether self-compassion (disposition and prompt) was associated with reduced feelings of guilt and shame associated with a recalled difficult parenting event. The findings confirmed our hypotheses. Dispositional self-compassion was associated with lower guilt and shame reported by parents at baseline and after the writing task. The prompt to respond self-compassionately following recall reduced reported feelings of both guilt and shame, even after controlling for dispositional self-compassion and baseline guilt and shame in the MANCOVA. There is little, if any, research examining the effects of a self-compassion manipulation on guilt and shame with respect to a difficult parenting event. As such, the current research contributes to the literatures on the potential benefits of self-compassion for improving well-being and dealing with the challenges of parenting.

The current findings also extend earlier work that found that a self-compassion intervention was effective for reducing shame in students (Johnson & O'Brien, 2013) by finding that self-compassion was also linked to reductions in guilt. From a theoretical perspective, guilt is linked to evaluations of a specific *behaviour* as being bad, may be malleable, and thus responsive to intervention (Tangney et al., 1996). Our findings support this view. In contrast, shame, is proposed to be linked to evaluations of *self* being bad (Lewis, 1971), and thus could be viewed as being more resistant to change and thus require more intensive intervention. Indeed, in the study by Johnson and O'Brien (2013), which found that a self-compassion intervention significantly reduced shame, participants engaged in the intervention three times over a one-week period. However, in the current study, we found that a single prompt to respond in a self-compassionate manner after recalling a time when parents felt challenged was also effective for reducing feelings of shame. Although the effects we found were small, this could be due to the single prompt, and similar to the study by Johnson and O'Brien (2013), a more intensive intervention may produce effects that are larger and enduring for both guilt and shame. Longitudinal research employing a self-compassion intervention delivered multiple times over a period of time would be well-positioned to test this proposition.

It is also worth noting that despite the different instructions to focus on a guilt versus shame promoting parenting event, we did not find differential changes in each of these self-conscious emotions. This could suggest that parents had difficulty distinguishing between events that evoke guilt versus shame, and when instructed to recall an event that made them feel ashamed, the event they recalled made them feel guilty. Alternatively, it is possible that the same events could provoke both guilt and shame, making it difficult to disentangle one from the other, both experientially, and in terms of rating each emotion. Nonetheless, the moderate sized correlations (according to J. Cohen, 1988) between the guilt and shame

ratings at baseline ($r = .48$) compared to the large correlations post writing task ($r = .86$, $r = .87$, self-compassion condition and control, respectively) provide support for the latter proposition.

A significant limitation within existing research on self-compassion with respect to self-conscious emotions is the lack of studies demonstrating the effects of self-compassion for reducing feelings of guilt. Our findings provide important preliminary evidence that self-compassion may be protective for feelings of guilt in the context of challenging parenting events. Previous research suggests that parental guilt is rooted in feelings of inadequacy that arise from a self-evaluation process focused on not being able to meet unrealistic expectations that parents should meet all of their children's needs (Rotkirch & Janhunen, 2010; Seagram & Daniluk, 2002). Our findings suggest that self-compassion, with its emphasis on self-kind rather than self-critical evaluations of oneself (Neff, 2003b), and acknowledging that's one's apparent failure to be the "perfect parent" and meet their children's needs may be an experience that is common to all parents, may help reduce the negative self-evaluations that give rise to feelings of guilt experienced in the context of parenting and therefore enhance parental well-being.

A growing evidence base indicates that self-compassion can be enhanced through training and interventions (e.g., Neff & Germer, 2013). With respect to parenting, mindful parenting courses encourage self-compassion in parents (Bögels & Restifo, 2013). For example, in one study, an 8-week mindful parenting training resulted in significant increases in self-compassion at the 8-week and 1-year follow-ups, and concurrent increases in parental confidence and well-being (Potharst, Aktar, Rexwinkel, Rigterink, & Bögels, 2017). Cultivating self-compassion in response to the daily challenges of being a parent that may lead to feelings of guilt or shame could be one way to reduce these negative self-conscious emotions and improve parental well-being. Indeed, since feelings of guilt and shame are not

unique to the parent-child relationship, self-compassion may be relevant for tackling these self-conscious emotions in other relational contexts.

Limitations and Future Directions

Although novel, our findings should be considered in the context of several limitations and strengths. The sample was a convenience sample and as such may not be representative of parents more generally. Indeed, the majority of the parents who completed the surveys were female, suggesting that the findings may be more applicable to mothers rather than fathers. Further research is needed to test this proposition. In addition, our sample was limited to parents of children under the age of 12 years. It is not clear whether our findings extend to parenthood across the lifespan, when the tasks and challenges of parenting change. The majority of the current sample of parents identified as White and residing in the UK. Given that parenting goals and practices are context bound constructs, it is possible that feelings of guilt and shame may manifest differently between cultures depending on how they relate to cultural values (Bowie et al., 2011). Replication of the current findings with samples of parents of adolescents and adult children and from different cultures are necessary to confirm the breadth of applicability of self-compassion to feelings of parental guilt and shame.

As noted previously, we used a one-time self-compassion manipulation which may account for the relatively small effects on parents' feelings of guilt and shame. There was also no follow-up period to test the extent to which the observed effects of self-compassion on guilt and shame may have persisted over time. As well, state guilt and shame were measured with single items. Although single items can provide a reliable measure of face valid constructs (Bergkvist & Rossiter, 2007; Zimmerman et al., 2006), using such measures may have reduced our ability to assess particular aspects of these constructs such as whether guilt reflected an exaggerated responsibility for the parenting events or whether it was simply

a more generalised “free-floating” guilt (Kim et al., 2011). Future research including a follow-up assessment and a multi-item measure of state guilt and shame would help address these important issues.

Another consideration when interpreting the findings is the relatively low levels of guilt and shame reported at baseline and after the recall of the challenging event. Indeed, the average levels of guilt and shame reached only 4.45 and 3.88, respectively, on a scale of 7 at their highest. Theory and research on emotion regulation has noted that when people experience negative emotions that are lower in intensity, engagement strategies, such as cognitive reappraisal, tend to be more effective (Sheppes & Gross, 2011; Sheppes, Scheibe, Suri, & Gross, 2011). However, when negative emotions are more intense, preference is given to disengagement strategies such as distraction, which are more effective for down-regulation of emotions in the short-term. Given that self-compassion can be viewed as an emotion-regulation strategy that is akin to cognitive reappraisal (Diedrich, Grant, Hofmann, Hiller, & Berking, 2014), it is possible that the effects observed in the current study would not be found for parental situations in which guilt and shame were more intense. It is also possible that self-compassion may be more effective in real-life rather than recalled situations. Further work is needed, therefore, to test the whether self-compassion is more or less effective for down-regulating more intense levels of these self-conscious emotions.

Despite these limitations, self-compassion manipulation used in the current study targeted guilt and shame arising from real-world situations recalled by the parents, thus strengthening to the ecological validity of the findings. The experimental design also permitted us to examine the influence of self-compassion on parental well-being rather than simply examining correlates of dispositional self-compassion. Logical next steps for building on these findings could involve experience sampling methods to better capture the role of self-compassion for changing parents’ reactions to challenging events with their children

soon after they occur.

Conclusions

Overall, our findings provide preliminary evidence that self-compassion may be beneficial for improving parental well-being following a challenging parenting event by reducing guilt and shame. Interventions that helped parents cultivate a self-compassionate mind-set may therefore be useful to help parents manage the self-conscious emotions that accompany the challenges of parenting. Longitudinal research that tests the effectiveness of interventions that increase self-compassion, such as mindful parenting (Bögels & Restifo, 2013), for reducing parental guilt and shame would provide additional support for the promising evidence found in the current study and its application for promoting parental well-being.

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Table 1.

Bivariate Correlations Among Self-Compassion, Guilt, and Shame, Measured at Baseline (N = 167)

Variable	1	2	3	4
1. Self-compassion	---			
2. Guilt	-.415**	---		
3. Shame	-.386**	.476**	---	
4. State self-compassion	.643**	-.348**	-.321**	---
Mean	3.13	2.35	2.23	4.50
Standard deviation	0.85	1.61	1.56	1.09
Cronbach's alpha	0.90	---	---	0.76

Note: ** $p < .01$

Table 2

T-tests Comparing the Self-Compassion and the Control Conditions on the Study Variables at Baseline for the Guilt, Shame, and Combined Conditions.

	Self-compassion condition		Control condition		<i>t</i> (<i>n</i>)	95% <i>CI</i>	<i>p</i>
	<i>M</i>	(<i>SD</i>)	<i>M</i>	(<i>SD</i>)			
Guilt condition							
Self-compassion	3.23	(.71)	3.05	(.83)	1.05	[-.16, .51]	.298
Guilt	2.30	(1.53)	2.72	(1.85)	-1.34	[-1.16, .32]	.259
Shame condition							
Self-compassion	3.22	(.91)	2.99	(.94)	1.13	[-.17, .64]	.260
Shame	2.16	(1.48)	2.27	(1.6)	-0.31	[-.77, .56]	.754
Collapsed guilt and shame							
Self-compassion	3.22	(.81)	3.02	(.88)	1.55	[-.05, .46]	.122
Guilt	2.23	(1.50)	2.49	(1.7)	-1.03	[-.75, .24]	.304
Shame	2.26	(1.75)	2.20	(1.56)	0.27	[-.42, .54]	.791

Note: *M* = mean; *SD* = standard deviation; *CI* = confidence interval

Table 3

Paired Sample T-Tests Comparing Pre and Post Recall Guilt and Shame for the Guilt and Shame Conditions.

Guilt condition	Pre-recall		Post-recall		Mean difference (SD)	<i>t</i> (82)	95% CI
	<i>M</i>	(<i>SD</i>)	<i>M</i>	(<i>SD</i>)			
Guilt	2.49	(1.67)	4.45	(1.68)	-1.95 (1.56)	-11.28**	[-2.30, -1.61]
Shame	2.24	(1.50)	3.72	(1.84)	-1.48 (1.87)	-7.22**	[-1.89, -1.07]
Shame condition	Pre-recall		Post-recall		Mean difference (SD)	<i>t</i> (83)	95% CI
	<i>M</i>	(<i>SD</i>)	<i>M</i>	(<i>SD</i>)			
Guilt	2.21	(1.53)	4.08	(2.01)	-1.87 (1.96)	-8.76**	[-2.29, -1.45]
Shame	2.23	(1.64)	3.88	(2.01)	-1.66 (1.90)	-7.96**	[-2.07, -1.24]

Note: ** $p < .0001$; SD = standard deviation; CI = confidence interval