

The Relationship Between Compassion and tendency to worry Among Married Women with Young Children (Ages 0–6 Years)

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Abstract

The present study aimed to investigate the relationship between self-compassion and the tendency to worry among married women parenting young children (ages 0–6 years). The period of raising young children is a challenging stage characterized by significant psychological adjustments and a high volume of emotional, physical, and social demands that can elevate maternal stress. Self-compassion involves treating oneself with kindness, recognizing common humanity, and maintaining balanced awareness during times of suffering. The tendency to worry is defined as a chain of negative thoughts and images focused on possible future threats, often revolving around the child's safety, health, and development. The research design used in the current study is a quantitative correlational research design, and the sample size for the study is 160 married women residing in urban environments in South India. The data collection instruments used in the current study were psychological scales measuring self-compassion (Self-Compassion Scale) and the tendency to worry (Penn State Worry Questionnaire). The results showed that self-compassion is positively correlated with the tendency to worry, $r = .135$, $p = .090$. However, this relationship did not reach statistical significance. Hence, individuals scoring higher in self-compassion were not significantly associated with different scores in parental worry within this sample. The results of the study did not provide support for the research hypothesis, and a statistically significant relationship between compassion and the tendency to worry was not found in this population of married women with young children. This suggests that for mothers in the high-dependency stage of parenting, parental worry may function as an independent, externally directed protective instinct that is resistant to internal self-regulatory traits.

Keywords: Self-compassion, Tendency to worry, Married women, Early childhood parenting, Maternal mental health.

CHAPTER I INTRODUCTION

Motherhood is frequently described as a rewarding yet emotionally challenging stage in a woman's life. The period of raising young children, particularly those between the ages of 0 to 6 years, is characterized by rapid developmental changes in the child and significant psychological adjustments in the mother. In the early stages of child-rearing, mothers often juggle emotional, time, and physical demands that can

elevate stress and worry. These worry tendencies often revolve around the child's safety, health, development, and future, as well as the mother's perceived adequacy in fulfilling her parental role.

Compassion is directed toward oneself or others functions as a vital resource for managing distress. Self-compassion, as defined by Neff (2003), "involves treating oneself with kindness, recognizing one's common humanity, and maintaining balanced awareness during times of suffering". In the context of motherhood, compassion facilitates emotional regulation, enhances resilience, and fosters a nurturing approach toward both oneself and one's child. Conversely, low levels of self-compassion are often linked with increased self-criticism, perfectionism, and heightened worry tendencies.

For married women, particularly those caring for young children, the interplay between compassion and worry tendencies can significantly influence overall family functioning and maternal mental health.

In the Indian context, where familial roles are traditionally well-defined and the mother is often viewed as the primary caregiver, understanding this relationship becomes even more crucial. The early years of child-rearing demand emotional stability, empathy, and patience, all of which can be strengthened through the development of compassion. By examining the link between compassion and worry tendencies, this study aims to contribute to the understanding of maternal emotional health and to support strategies that enhance psychological well-being among married women with young children.

Compassion

Compassion encompasses recognizing another's suffering, empathizing with it, and being motivated to alleviate it. In psychology, compassion has evolved from being understood as a moral virtue to being recognized as a vital emotional regulation process that supports psychological well-being, interpersonal harmony, and prosocial behavior. Several theoretical perspectives and models have attempted to conceptualize and explain the nature, components, and mechanisms of compassion.

Compassion Theories and Models

Buddhist and Humanistic Foundations

The roots of compassion can be traced back to Buddhist philosophy, where it is regarded as a core human quality essential for reducing suffering (Dalai Lama, 1995). In this tradition, compassion (*karuṇā*) is cultivated through mindfulness and loving-kindness practices that encourage empathy and non-judgmental acceptance. Compassion is not limited to others but also includes self-compassion—the ability to be kind and understanding toward oneself during moments of pain or perceived failure.

Humanistic psychology, particularly through the works of Carl Rogers (1951), also emphasized compassion as an essential aspect of the therapeutic relationship. Rogers proposed that unconditional positive regard, empathy, and genuineness form the foundation of personal growth and healing. This perspective aligns with the view that compassion enhances self-acceptance and interpersonal understanding, which are crucial for emotional balance and well-being.

Neff's Self-Compassion Model (2003)

Kristin Neff's (2003) model of self-compassion is one of the most empirically supported frameworks in contemporary psychology. Neff conceptualized self-compassion as comprising three interacting components, each of which has a positive and negative dimension:

1. **Self-kindness versus self-judgment:** Treating oneself with compassion and understanding as opposed to harshness and criticism.
2. **Common humanity vs. Isolation:** Rather of feeling alone in one's challenges, acknowledge that pain and imperfection are a part of the common human experience.

3. Mindfulness vs. Over-identification: Rather of over-identifying with unpleasant thoughts and emotions, maintain a balanced awareness of them.

According to Neff, self-compassion serves as an adaptive emotional regulation mechanism that reduces anxiety, worry, and self-criticism while promoting emotional resilience and well-being. In the context of motherhood, high levels of self-compassion allow mothers to respond to parenting challenges with patience and understanding rather than guilt or worry.

Gilbert's Compassion-Focused Therapy (CFT) Model (2005, 2009)

Paul Gilbert's Compassion-Focused Therapy (CFT) provides a comprehensive biopsychosocial framework for understanding compassion. Gilbert (2005, 2009) defined compassion as "a sensitivity to suffering in self and others, with a commitment to try to alleviate and prevent it." His model integrates principles from evolutionary psychology, attachment theory, and affective neuroscience.

According to Gilbert's framework, emotional regulation involves three systemstreat, drive, and soothing that interact to influence our responses to stress.

1. The Threat and Protection System – activates feelings of fear, anxiety, or worry in response to perceived danger.
2. The Drive and Resource-Seeking System – motivates individuals toward achievement and reward.
3. The Soothing and Contentment System – promotes feelings of safety, warmth, and connection through compassion.

Gilbert suggests that developing compassion helps calm the body's stress response, which can counteract the overactivity of the threat response system. This system is closely linked with chronic worry and anxiety. For married women who are responsible for childcare, cultivating compassion can assist in managing stress responses, reduce the overactivation of the threat system, and create a more emotionally stable environment in parenting.

Goetz, Keltner, and Simon-Thomas's Evolutionary Model (2010)

Goetz, Keltner, and Simon-Thomas (2010) developed an evolutionary model of compassion, which they view as a mechanism that supports caregiving and strengthens social connections. According to this model, compassion helps recognize suffering, encourages helping behavior, and strengthens relationships within a group. Physiologically, compassion activates neural systems connected to caregiving, such as the vagus nerve and the release of oxytocin, which promote calmness and a desire to help others. This model is especially relevant for mothers of young children since caregiving and compassion are closely related processes. Compassion allows parents to be more sensitive to their children's needs, while chronic worry can arise when the caregiving instinct is combined with increased fear or anxiety.

Integrative Model of Compassion

Recent psychological research proposes models that combine emotional, cognitive, and behavioral aspects of compassion (Strauss et al., 2016).

These models describe compassion as a five-part process that includes:

1. Recognizing someone is suffering.
2. Understanding that suffering is a common experience.
3. Feeling empathy toward the person who is suffering.
4. Being able to handle the discomfort of witnessing suffering.
5. Having a motivation to act or help reduce the suffering.

This model highlights that compassion is not just an emotion but a motivational system that involves awareness, empathy, emotional regulation, and taking action.

The Effect of Compassion on Married Women with Young Children

Compassion theories emphasize the balance between self-compassion and compassion for others. When married women who are caring for young children worry excessively about their children, this may reflect an overactive threat system. However, compassion, especially self-compassion, helps create emotional stability, acceptance, and better coping strategies. By combining Neff's self-compassion model with Gilbert's affect regulation systems, this study investigates "how compassion acts as a protective factor against worrying tendencies in early motherhood."

Tendency to Worry

Borkovec, Robinson, Pruzinsky, and DePree (1983) defined worry as a sequence of negative thoughts and images that focus on possible threats and negative future events. It is mainly verbal in nature and seen as an attempt to mentally address uncertain situations. However, chronic worry often becomes harmful, leading to increased emotional distress rather than effective coping strategies. Worry can be both cognitive and emotional.

Cognitively, it involves repeated thinking and difficulty in moving away from perceived threats. Emotionally, it shows up as tension, restlessness, and feelings of being anxious. People who worry a lot often overestimate the likelihood of negative things happening and underestimate their ability to cope, resulting in excessive alertness and thinking about problems repeatedly.

Theories and Models of Compassion

Cognitive Model of Worry (Borkovec, 1994) Borkovec's model describes worry as a way people avoid emotionally upsetting mental images or uncomfortable physical feelings. He proposed that individuals use worry as a strategy to stay focused on verbal thoughts ("What if this happens?"), which helps them avoid confronting more vivid and emotionally intense images. However, this process prevents emotional processing and maintains the worry cycle. In mothers of young children, this pattern can manifest as constantly thinking about potential problems such as health, safety, or developmental issues.

Although these thoughts are meant to prepare or protect, they can increase anxiety and emotional exhaustion.

Metacognitive Model of Worry (Wells, 1995)

According to Adrian Wells' metacognitive theory, worry can occur in two different levels. Type 1 worry relates to external situations such as family or daily life events. For example, a mother might often think, "What if my child gets sick?" In contrast, Type 2 worry, or meta-worry, is about worrying about worrying itself, such as thinking, "I can't stop worrying; something must be wrong with me." This second level increases emotional distress and a sense of being out of control. Wells (1995) pointed out that people's beliefs about worry play a key role in keeping or worsening anxiety. Those who believe that "worrying helps me prepare for problems" justify their worrying, while those who think "worrying is harmful or will make me sick" often experience greater anxiety, creating a continuous cycle of worry and self-doubt.

Intolerance of Uncertainty Model (Dugas et al., 1998)

According to Dugas et al. (1998), individuals who struggle with uncertainty tend to worry a lot to regain a sense of control. These individuals feel the need to anticipate every possible outcome to feel in control. Mothers of young children often face unpredictable situations, such as illness, developmental milestones, or parenting challenges. For those with low tolerance for uncertainty, these situations can trigger persistent worry as they try to mentally prepare for every possible risk, even when such control is not realistic.

Need and Significance of the Study

In many cultures, including India, mothers are expected to take full responsibility for the well-being of

their children. When women care for young children between the ages of 0 to 6 years, they often face many emotional, physical, and social demands. During this period, mothers experience constant responsibilities, lack of rest, and pressure to meet the needs of their children and family. These challenges can easily lead to stress, anxiety, and frequent worry about their child's health, safety, and future.

In many cultures, including India, mothers are expected to take full responsibility for the well-being of their children and family. Because of this, many women tend to neglect their own emotional needs. This often leads to excessive worry, which can affect their peace of mind and even their relationships. While a certain amount of worry is natural for mothers, constant worrying can harm mental health and overall family harmony.

Compassion, especially self-compassion, helps individuals respond to difficulties with kindness and understanding rather than criticism or guilt. A compassionate attitude allows mothers to accept that challenges and mistakes are part of life, helping them to stay calm and emotionally balanced. However, very few studies have looked at how compassion influences worry among mothers, especially in the Indian context.

Hence, there is a strong need for this study to understand the relationship between compassion and worry tendencies among married women with young children. The findings can help promote mental health and emotional resilience among mothers.

This study is significant because:

1. For mental health professionals: It can guide counsellors and psychologists to create programs that help mothers manage stress and worry through compassion training.
2. For mothers: It can help them learn self-care strategies to reduce guilt, anxiety, and overthinking.
3. For research: It adds to the understanding of how emotional traits like compassion affect mental well-being, especially in Indian mothers.
4. For society: It spreads awareness about the importance of mothers' mental health and encourages more open conversations about emotional struggles in motherhood.

In summary, this study is important because it focuses on improving the emotional health of mothers by understanding how compassion can reduce worry and promote a more peaceful and balanced approach to parenting.

Research Gap

Motherhood, especially during the early years of child-rearing, involves many emotional and psychological challenges. Mothers of young children often experience stress and constant worry about their child's growth, health, and safety. While worry is a normal part of parenting, excessive or continuous worry can affect a mother's mental health, self-esteem, and family relationships.

Many previous studies have explored worry, anxiety, and stress in mothers. Similarly, there has been growing research on compassion and self-compassion as positive emotional traits that promote mental well-being. However, most of these studies have focused on either general adult populations, healthcare workers, or students, not specifically on mothers with young children.

There is also limited research examining how compassion is related to worry tendencies, especially in the context of married women who balance multiple roles such as caregiver, homemaker, and sometimes professional worker. Very few studies have looked at how being compassionate toward oneself might reduce habitual worrying or emotional distress among mothers.

In the Indian cultural context, research on compassion and worry is even more limited. Most studies in India have focused on stress, anxiety, or parenting styles, but not on the emotional connection between

compassion and worry. Considering that Indian mothers often face strong social expectations and limited emotional support, it becomes important to understand how compassion can act as a protective factor in their emotional well-being.

Hence, the research gap lies in the lack of studies that:

1. Examine the relationship between compassion and worry tendencies specifically among married women with young children.
2. Explore this relationship within the Indian socio cultural context, where family expectations and caregiving roles are deeply rooted.
3. Highlight self-compassion as a key emotional factor that may reduce excessive worry and improve maternal mental health

CHAPTER II REVIEW OF LITERATURE

Sharma and Verma (2022) conducted a study in North India that looked at the connection between self-compassion and worry among married women with young children. Using the Self-Compassion Scale and tools connected to the PSWQ, they found a significant negative relationship between these two factors. Their findings suggested that women with higher self-compassion had lower levels of ongoing worry about child health and household duties. The authors concluded that self-kindness and mindfulness are essential protective factors that help women cope with societal expectations of being competent mothers. Mehta and Subramanian (2021) explored the role of self-compassion in reducing worry and psychological distress among married women in urban and semi-urban India. The results showed that self-judgment and over-identifying with feelings were strong indicators of increased worry about developmental outcomes and marital harmony. On the other hand, mindfulness and a sense of shared humanity allowed participants to observe their thoughts without getting too involved, which lessened their emotional responses. This study supports the idea that self-compassion should be an important factor in research on mothers with children aged 0–6 years. Rani and Kaur (2020) studied the relationship between self-compassion and worry among Indian married women dealing with early childhood care and societal pressures of motherhood. They found that women with higher self-compassion had lower levels of ongoing, uncontrollable, and intrusive worry. Self-kindness helped soothe emotions, while a sense of common humanity reduced feelings of isolation that often arise during motherhood challenges. The authors stressed that self-compassion improves psychological resilience and helps women cope better with their caregiving roles. Gupta and Rao (2019) investigated how self-compassion relates to worry among urban Indian women raising children aged 0–6 years, focusing on cultural expectations and stress related to motherhood. The study identified a strong negative link between self-compassion and repetitive worries about academic readiness and childcare. Mindfulness helped participants distance themselves from worrying thoughts, which prevented emotional reactivity and stress levels from rising. Ultimately, the researchers pointed out that self-compassion is a key resource for managing the mental demands of motherhood while reducing the effects of perceived failures. Singh and Sharma (2017) conducted a study in India to see how self-compassion helps married women manage anxiety while juggling childcare and household tasks. They found that women who were harsh on themselves or got lost in negative thoughts faced significantly higher levels of persistent worry. However, those with higher self-compassion showed better emotional regulation and lower physiological responses to anticipated stress. The study concluded that self-compassion is a vital protective factor against chronic worry in the family setting in India.

Berryhill, Hayes, and Lloyd (2018) looked at the connection between self-compassion and excessive worry among women in the United States facing role strain. The researchers discovered that self-judgment and feelings of isolation were closely related to increased worry about parenting skills and fulfilling societal expectations. Mindfulness helped participants reduce their attachment to distressing thoughts, allowing for calmer and more caring responses to parenting challenges. The authors suggested that self-compassion should be a key focus for studying worry patterns in mothers with children under six.

Rayan and Ahmad (2018) examined the relationship between self-compassion and psychological distress among married women in Jordan. In a collectivist culture, their findings showed that self-compassion eased the psychological burden of societal demands for maternal perfection and self-sacrifice. Mindfulness and common humanity helped to normalize the struggles of motherhood, leading to greater emotional stability and healthier coping methods. The research concluded that self-compassion is an important psychological resource for reducing distress among mothers handling significant family responsibilities.

Kuyken et al. (2017) conducted a long-term study in the United Kingdom that explored how self-compassion helps reduce recurring negative thoughts over time. The findings showed that as self-compassion increased, chronic worries about family stability decreased significantly, even when external stressors remained unchanged. Self-kindness was especially effective at reducing the intensity of frequent worry episodes and lowering physiological stress responses. The authors emphasized self-compassion as a valuable psychological resource that provides lasting reductions in anxiety for those with ongoing caregiving duties.

Kelly, Zuroff, and Shapira (2016) analyzed how self-compassion affects worry among women in the United States who balance caregiving, jobs, and marital roles. Their results revealed a strong inverse relationship; higher self-compassion led to fewer intrusive, uncontrollable, and persistent worry thoughts. Self-judgment and over-identification were identified as the main factors that increased maternal worry and emotional distress. The researchers concluded that self-compassion helps with more adaptive thinking and allows women to meet societal parenting expectations with less emotional st

CHAPTER II METHODOLOGY

Statement of the Problem

Will there be a significant relationship between compassion and tendency to worry among married women with young children (ages 0–6 years)?”

Aim

The aim of the study is to examine the relationship between compassion and the tendency to worry among married women with young children (ages 0–6 years).

Objectives

The main purpose of this study is to understand how compassion relates to worry tendencies among married women who have young children (aged 0–6 years) the study aims to:

1. Assess the level of compassion among married women with young children.
2. Assess the level of worry tendencies among married women with young children.
3. Examine the relationship between compassion and worry tendencies among married women with young children.
4. Explore whether higher compassion is associated with lower worry tendencies in this group.

Variables

Independent variable: compassion

Dependent variable: tendency to worry

Hypotheses of the Study

(H₀): There is no significant relationship between compassion and worry tendencies among married women with young children (ages 0–6 years).

(H₁): There is a significant relationship between compassion and worry tendencies among married women with young children (ages 0–6 years).

Research Design

The research was quantitative in nature and correlational approaches were used.

Sampling

A sample is a smaller representation of the population. It refers to any number of persons selected to represent the population according to some rule or plan (Singh, 2019). The target population of this study includes married women with young children aged 0–6 years. The sample was taken from 120 participants in south india aged 18 to 40 years, including women from different religions, family types, area of residence, educational qualifications, and occupational statuses.

Purposive sampling was used as the sampling strategy for this study. Singh (2019) describes purposive sampling a non-probability sampling method in which the investigator makes a judgment based on his/her impressions regarding the concerned cases, which are thought to be typical of the population. The research was conducted on married women with young children, and participants were selected based on their ability to provide relevant information regarding compassion and tendency to worry. The sample was collected from Chennai, India.

Sampling criteria

Inclusion Criteria:

- Married women with at least one child aged 0–6 years
- Willing to participate and provide informed consent
- Able to understand and respond to the questionnaire

Exclusion Criteria:

Mothers with diagnosed severe psychiatric disorders (e.g., schizophrenia, bipolar disorder)

Mothers currently undergoing intensive psychological treatment that may influence worry or compassion levels

Tools Used

Self-Compassion Scale (SCS) – Developed by Neff (2003), the SCS is a 26-item self-report questionnaire designed to assess the level of self-compassion in individuals. It measures six components: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Participants respond on a 5-point scale ranging from 1 (almost never) to 5 (almost always). The SCS has demonstrated excellent reliability ($\alpha = 0.92$) and validity, including construct and cross-cultural validity.

Penn State Worry Questionnaire (PSWQ) – Developed by Meyer et al. (1990), the PSWQ is a 16-item self-report scale that assesses the tendency to worry in adults. Items are rated on a Likert scale from 1 (not at all typical of me) to 5 (very typical of me). The PSWQ has shown high internal consistency ($\alpha = 0.89–0.94$), Reliability ;0.92 and strong construct validity, making it widely used for research on worry and anxiety.

Demographic Data Sheet – A structured sheet was prepared to collect socio-demographic information including age, number of children, educational level, occupation, religion, family type, and area of residence. This information was used to describe the sample and control for demographic factors

Variable	Category	Frequency	Percentage (%)
Religion	Hindu	60	37.5
	Christian	50	31.25
	Muslim	50	31.25
Education	12th Pass	30	18.75
	PG	86	53.75
	UG	44	27.5
Occupation	Private	87	54.375
	Government	73	45.625
Domicile	Urban	103	64.375
	Rural	57	35.625
SES	Middle Class	110	68.75
	Upper Middle Class	50	31.25
Family Type	Joint	82	51.25
	Nuclear	78	48.75
No of Children	2	84	52.5
	1	48	30
	3	28	17.5

**CHAPTER - IV
RESULT AND DISCUSSION**

**FIGURE 4.1
Representation of samples based on religion (N = 160)**

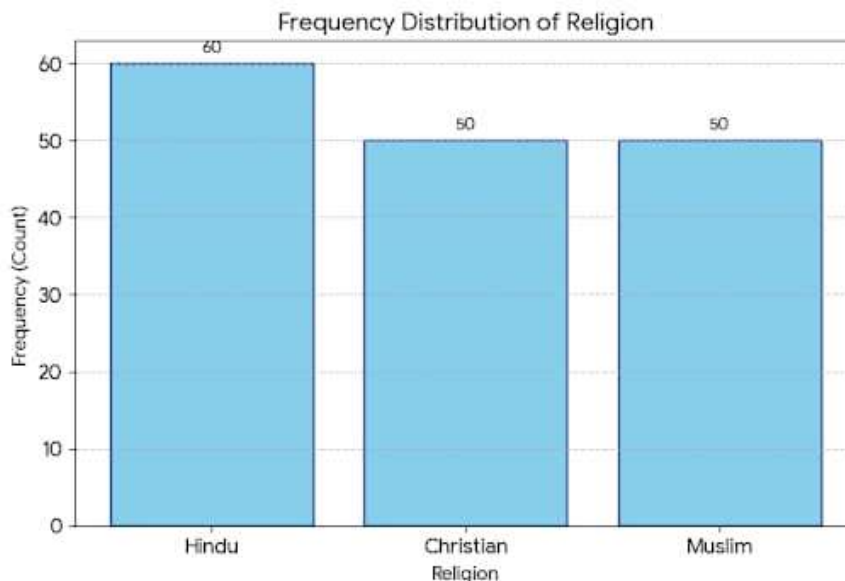


Figure 4.1 illustrates a bar graph representing the distribution of participants based on religion for the present study. According to the participants' religious distribution, Hindus make up the largest group, with 60 members (37.5%). The remaining sample is split equally between Muslims and Christians, with 50 individuals (31.25%) in each group. This suggests that the research group represents a variety of religions. This suggests that the study's conclusions are not skewed toward a particular religious viewpoint, enabling the findings to represent a multicultural Indian environment with regard to self-compassion and anxiety.

FIGURE 4.2
Representation of samples based on occupation (N = 160)

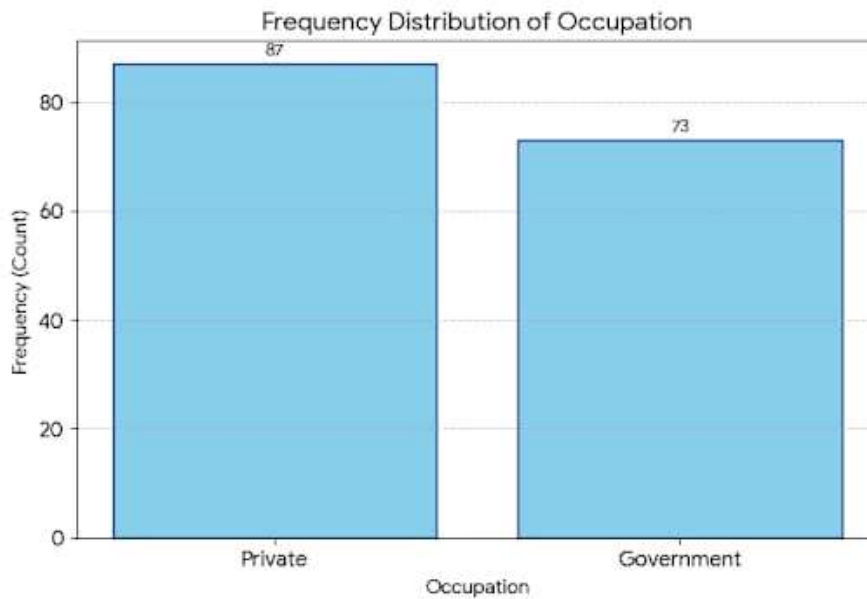


Figure 4.2 illustrates the representation of the distribution of participants based on their occupation for the present study. In terms of occupational status, 87 participants (54.375%) work in the private sector. The remaining 73 members (45.625%) work for the government. Among the married women surveyed, this distribution shows a fairly equal representation of both public and private sector workers. The sample's occupational distribution, which includes 45.625% government sector workers and 54.375% private sector workers, shows that all of the participants are working moms negotiating the challenges of dual-career homes. This high degree of professional involvement, together with the discovery that more than 53% had postgraduate degrees, points to a sample of accomplished women who probably experience considerable "role strain" from juggling work obligations with the demanding caring needed for children between the ages of 0 and 6. The survey encompasses a wide range of work contexts, from the stable yet socially demanding demands of government service to the high-pressure, performance-driven character of the private sector, as seen by the virtually equal participation of both sectors. These findings suggest that "time poverty" and the "double burden" of work and motherhood are the main causes of cognitive worry in this population, which makes the use of emotional regulation techniques like self-compassion especially pertinent but difficult to put into practice.

FIGURE 4.3
Representation of samples based on domicile (N = 160)

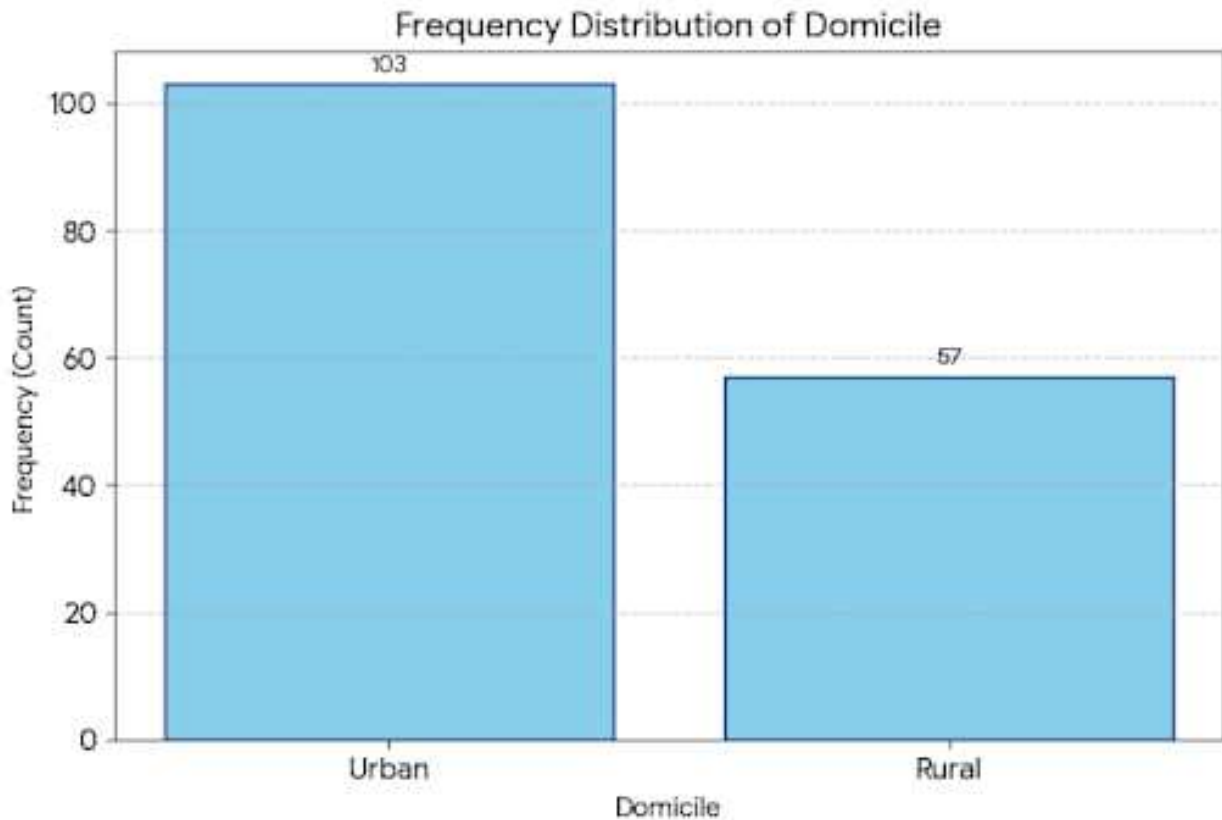


Figure 4.3 is a representation of the distribution of the participants according to their domicile for the present study. With 103 people (64.375%) residing in urban regions, the geographic distribution of the participants' residences shows a strong tendency toward urban residency. On the other hand, 57 participants (35.625%) live in rural areas. This implies that the study's conclusions could be more representative of women's experiences in metropolitan settings. This urban tilt implies that the "worry" expressed by these women may be intimately associated with contemporary urban stresses, such as the fast-paced nature of city living, the absence of traditional extended family support, and increased competitive pressure regarding children's scholastic preparedness. The smaller rural section, on the other hand, offers a critical viewpoint of moms who can have distinct difficulties, such as restricted access to specialist services but possibly deeper links to the community or joint family.

. Overall, this distribution shows that although the study provides a solid understanding of maternal worry in urban India, the geographic imbalance emphasizes the need to take into account how environmental factors like social support density and cultural expectations differentially shape the relationship between worry and self-compassion across various living conditions.

FIGURE 4.4
Representation of samples based on socio economic status (N = 160)

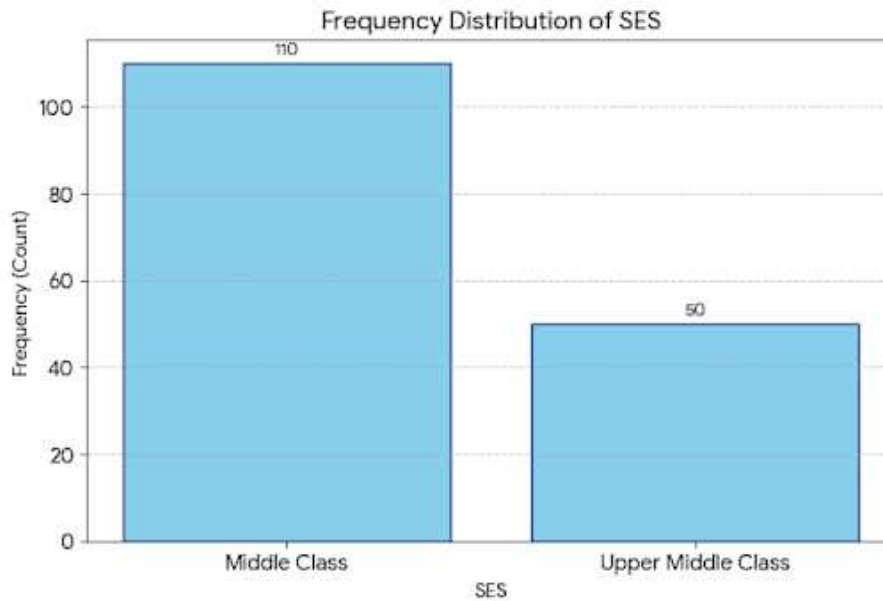


Figure 4.4 illustrates a bar graph representing the distribution of participants based on socio economic status for the present study. The socio-economic status (SES) distribution of the sample, where 68.75% of participants belong to the middle class and 31.25% to the upper-middle class, indicates that the participants represent a financially stable segment of the population. This concentration in the middle and upper-middle tiers suggests that the "worry" being studied is less likely to be rooted in basic survival needs or economic deprivation and more likely to be associated with lifestyle maintenance, children's high-quality educational opportunities, and long-term family security. This status indicates that the mothers in the sample likely have the resources to access external support systems, yet they may also face heightened pressure to conform to the high "success" standards of their social circle. Consequently, the findings point toward a sample where self-compassion acts as a luxury or a psychological tool for managing "achievement-oriented" worry rather than "resource-deficit" worry, highlighting how economic stability can shift the focus of maternal anxiety toward developmental perfectionism.

FIGURE 4.5
Representation of samples based on education (N = 160)

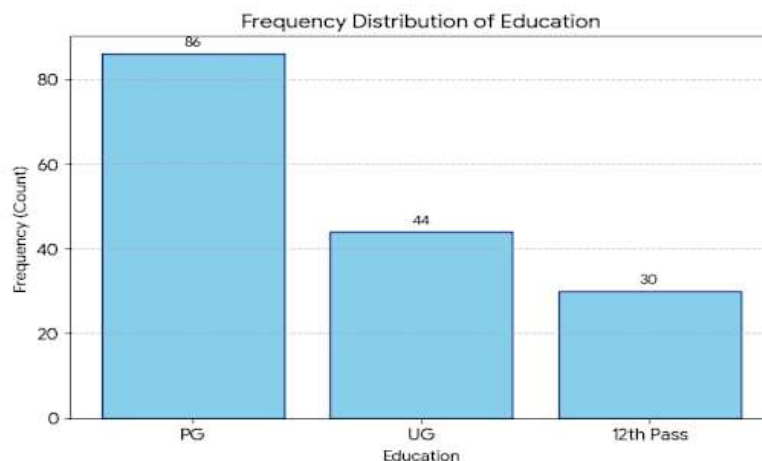


Figure 4.5 illustrates a bar graph representing the distribution of participants based on education for the present study. In terms of educational qualifications, more than half of the participants hold a Postgraduate (PG) degree, totalling 86 individuals (53.75%). This is followed by those with an Undergraduate (UG) degree, numbering 44 (27.5%), while 30 participants (18.75%) have completed their 12th-grade education. The data suggests that the majority of the married women in this sample are highly educated.

FIGURE 4.6
Representation of samples based on family type (N = 160)

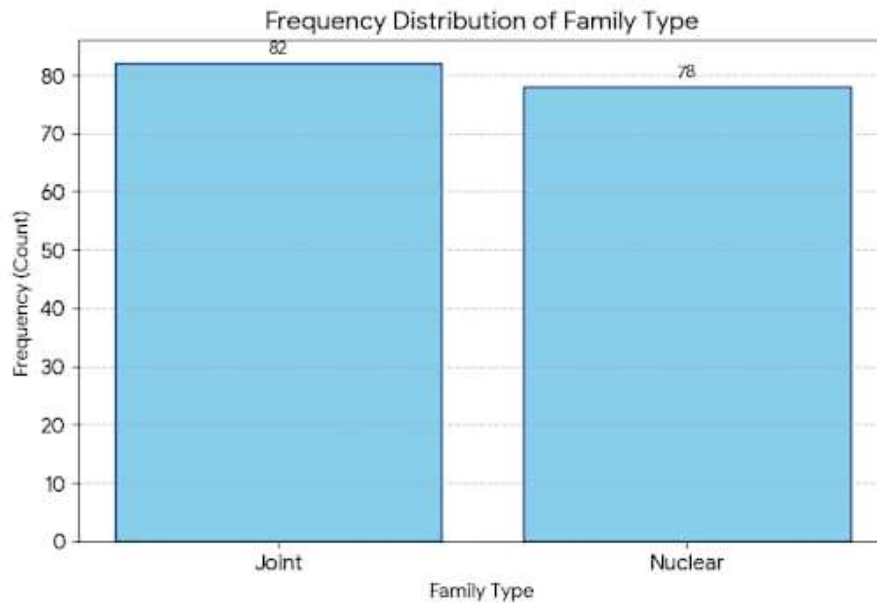


Figure 4.6 illustrates a bar graph representing the distribution of participants based on family type for the present study. The almost equal distribution between Joint (51.25%) and Nuclear (48.75%) families is a strong indication for further analysis. It suggests that your study can effectively compare whether the presence of extended family members (in joint families) acts as a support system to reduce maternal worry or adds to the complexity of social expectations.

FIGURE 4.6
Representation of samples based on number of children (N = 160)

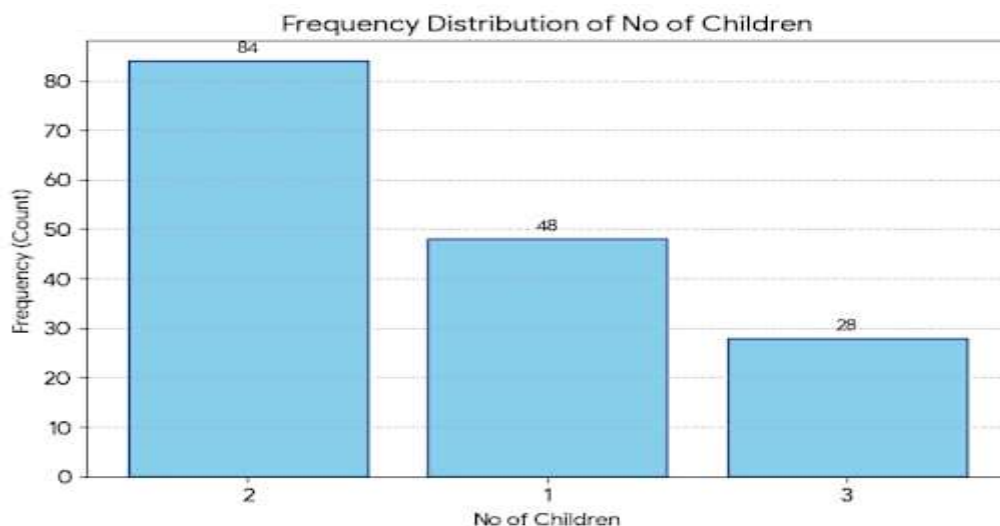


Figure 4.7 illustrates a bar graph representing the distribution of participants based on number of children for the present study. The distribution concerning the number of children, where 52.5% of mothers have two children, 30% have one child, and 17.5% have three children, indicates that the majority of the participants are managing multi-child households, which significantly intensifies the daily caregiving and multitasking demands. This concentration suggests that the "worry" measured in the study is likely influenced by the complexity of balancing the unique developmental needs of more than one child simultaneously. Furthermore, the presence of a substantial group with only one child indicates a phase of "first-time" maternal adjustment where worry might be focused parenting milestones, while the group with three children indicates a high-intensity domestic environment with potentially greater physical and financial role strain. Ultimately, this variation indicates that the relationship between self-compassion and worry is being tested across different levels of parental responsibility, providing a comprehensive look at how family size contributes to a mother's cognitive load.

TABLE 4.2

Correlation analysis

Pearson correlation analysis was used to determine the relationship Compassion and tendency to worry Among Married Women with Young Children (Ages 0–6 Years)

Variable	Mean	Std. Deviation	N
SCS (Compassion)	78.61	6.744	160
PCW (Worry)	49.73	4.246	160

***Correlation is not significant at the level of 0.05(2- tailed)

The results showed that Self-Compassion is positively correlated with the tendency to worry, $r = .135$, $p = .090$. However, this relationship did not reach statistical significance. Hence, individuals scoring higher in Self-Compassion are not significantly associated with different scores in Parental Child Worry within this sample.

The main aim of conducting this research, which is quantitative and correlational in nature, is to identify the degree and direction of association between compassion and worrying tendencies. For this purpose, the research utilized the Self Compassion Scale (SCS) and Penn State Worry Questionnaire (PSWQ). The descriptive statistics of the participants indicate that they have a Mean of 78.61 for self-compassion with a Standard Deviation of 6.744. For worrying tendencies, the participants showed a Mean of 49.73 with a Standard Deviation of 4.246. These statistics indicate that the mothers of these children exhibit moderate levels of self-compassion and a consistent level of worrying tendencies, though tightly clustered.

For testing the hypothesis, a Pearson Product Moment Correlation was carried out. This gave a correlation coefficient of $r = 0.135$. The 2-tailed significance value denoted as 'p' was calculated as .090. In psychological statistics, it is expected that a relationship is statistically significant if its calculated 'p' is lower than .05. Therefore, as the calculated 'p' is higher than .05, it is evident that the relationship between compassion and worrying is statistically non-significant for this group of married women. Therefore, it is evident that this study accept the Null Hypothesis denoted as H_0 , which states that there is no relationship between these variables for married women with children between 0 and 6 years of age.

DISCUSSION

The present study examined the relationship between Self-Compassion (SCS) and the Tendency to Worry (PCW) among married women with young children (ages 0–6 years). Unlike the theoretical expectations often found in general anxiety research, the results revealed that there is no statistically significant relationship between these two variables ($r = .135$, $p = .090$). These findings fail to provide empirical support for the research hypothesis, suggesting that in this specific demographic, self-compassion and parental worry may function as independent psychological constructs. The analysis indicated a very weak positive correlation between self-compassion and the tendency to worry. This implies that among mothers of young children, having a higher level of self-compassion does not necessarily result in a lower tendency to worry about their children. Psychologically, this may be due to the "nature of the worry" in early motherhood. While self-compassion ($M = 78.61$) is an internal regulatory mechanism used to manage one's own perceived failures, parental worry ($M = 49.73$) is often an externally directed, protective instinct aimed at the safety and development of a child aged 0–6. Consequently, a mother can be highly kind and forgiving toward herself while still maintaining a high level of vigilance and concern for her offspring. The insignificant correlation found in this study ($r = .135$, $p = .090$) is a significant departure from most of the established international literature on the subject. The findings of this study suggest that in the context of India, it is possible that the internal mechanism of self-compassion does not automatically reduce worries, especially during the high-demand period of early motherhood.

The reason for this lack of significance is rooted in the cultural construct of the role of the mother in India. Through the background of the study, mothers in India are often perceived as the pillars of family well-being and are expected to be perfect caregivers. Thus, in such a culture, "worrying" about one's child's health, safety, and well-being is not only a psychological construct but also often perceived as a marker of a "good" and "responsible" mother. Thus, it is likely that even a mother with high self-compassion who is kind and understanding of herself and understands that struggles are a human construct may continue to exhibit high levels of worrying because of her perceived obligation as a mother. This is indicative of a cognitive decoupling wherein self-compassion is a factor in one's self-evaluation but does not necessarily reduce the perceived need for worrying as an external construct. For the mothers of children 0-6 years old, the threat system is chronically and evolutionarily activated due to the total dependency of the child. The non-significant findings suggest that for 160 participants, the soothing system activated through self-compassion might not be sufficient to cancel out the highly evolved and evolutionary-based threat-based vigilance of these mothers related to childrearing it is essential to take into consideration the metacognitive beliefs of participants.

Moreover, the participants' metacognitive beliefs need to be considered. According to the Metacognitive Model of Wells, people have certain beliefs about the usefulness of worry. For example, "Worrying helps me prepare for problems." In a society that judges mothers harshly for their failures, the participants' beliefs about the usefulness of worry might be so high that they are not influenced by self-compassion. In fact, the participants might believe that they can be self-compassionate about their own failures but not about failures that they worry about. In this regard, the participants might perceive that they cannot stop worrying about potential failures that might harm their children. In this respect, the participants' worry can be considered an independent variable that is influenced by environmental risks rather than emotional regulation strategies. Finally, with respect to the methodology used in the study, the participants' standard deviation in worry scores was very low (4.246).

In addition, the purposive sampling method in a particular geographic location like Chennai might have influenced the results. In fact, the participants' homogeneity in their role-related stressors might have influenced their worry scores in that they did not change regardless of their self-compassion. This highlights a crucial research gap, suggesting that in collectivistic societies, maternal mental health may be more influenced by shared family dynamics and social support systems than by individual psychological traits. Consequently, while self-compassion remains a valuable resource for overall well-being, it may not be the primary mechanism for mitigating the habitual worry characteristic of early motherhood in the Indian context

CHAPTER V

SUMMARY AND CONCLUSION

SUMMARY

The primary objective of this research was to investigate whether a mother's level of Self-Compassion (SCS) defined by self-kindness, common humanity, and mindfulness shares a significant relationship with her Tendency to Worry (PCW) regarding her children during their most formative years. Data was collected from a sample of 160 married women residing in urban environments, all of whom had at least one child between the ages of 0 and 6.

The descriptive statistics revealed that the participants generally reported moderate to high levels of self-compassion ($M = 78.61$, $SD = 6.74$) and a relatively consistent, stable level of parental worry ($M = 49.73$, $SD = 4.25$). To test the research hypothesis, a Pearson Product-Moment Correlation was conducted. The analysis yielded a correlation coefficient of $r = .135$ with a significance level of $p = .090$.

The findings indicated that while there is a slight positive trend between the variables, the relationship is statistically non-significant. This suggests that in this specific demographic, a mother's ability to practice self-compassion does not reliably predict or reduce the intensity of the worry she feels for her child. The low effect size ($r^2 = 0.018$) further confirms that self-compassion accounts for less than 2% of the variance in parental worry, implying that other external and environmental factors are far more influential.

CONCLUSION

In conclusion, this study suggests that Self-Compassion and Parental Child Worry function as independent psychological constructs among mothers of young children. While theoretical frameworks often suggest that self-compassion acts as a buffer against anxiety, these results indicate that "parental worry" may be a unique form of distress that is resistant to internal self-regulatory traits.

The lack of a significant correlation highlights the "altruistic" nature of maternal worry; unlike general social anxiety or self-criticism, parental worry is directed outward toward the child's safety and future. Consequently, being kind to oneself (SCS) does not naturally diminish the evolutionary and social drive to worry about a child (PCW) during the high-dependency years of 0–6.

LIMITATIONS

There are some limitations to be considered while interpreting the results of the present study. The first limitation is that due the sample consisted primarily of married women, which limits the generalizability of the results to single mothers, divorced parents, or those from different socio-economic backgrounds who may experience significantly different levels of worry and self-compassion.

This study utilized a cross-sectional design, capturing a "snapshot" of the participants' feelings at a single

point in time. Psychological states like worry and self-compassion can fluctuate based on daily stressors, such as a child's temporary illness or a difficult week at work. A longitudinal study following these mothers over several months might have provided a more stable and accurate correlation. The focus on mothers with children aged 0–6 years may have introduced an evolutionary bias. During these highly dependent years, "worry" is often a functional, protective instinct rather than a maladaptive psychological trait. Therefore, the lack of a significant correlation may be unique to this specific developmental stage and might not apply to mothers of older, more independent children.

FUTURE SCOPE

The findings of the present study provide a valuable foundation for future psychological research into the maternal experience, particularly by highlighting the independence of self-compassion and parental worry during early childhood. Future research should prioritize a longitudinal design that tracks mothers from the prenatal period through the child's transition into late childhood and adolescence. Such a design would allow researchers to determine if the relationship between self-compassion and worry remains stable or if it becomes more significant as children gain independence and the "survival-based" worries of the 0–6 age range decrease. Additionally, incorporating a larger and more geographically diverse sample would enhance the statistical power of future studies, potentially revealing whether a weak correlation exists that the current sample size of 160 was unable to confirm as statistically significant.

Furthermore, the future scope of this domain lies in the exploration of mediating and moderating variables that may influence how self-compassion interacts with maternal distress. Subsequent studies should examine factors such as parental self-efficacy, social connectedness, and the specific temperament of the child, as these variables may act as the "missing links" that determine whether self-kindness can effectively buffer against worry. Researchers might also consider a mixed-methods approach, combining quantitative scales with qualitative interviews to better understand the nuances of maternal worry distinguishing between "adaptive planning" and "maladaptive rumination." By refining the measurement of these constructs and exploring the role of external social support systems, future academic inquiry can develop more targeted clinical interventions that specifically address the unique psychological pressures faced by married women in the early stages of parenting.

REFERENCES

1. Altmaier, E. M. (2019). *Self-Compassion in Medicine: Mindfulness and Professionalism in Medical Education*. Academic Press.
2. Barnard, L. K., & Curry, J. F. (2011). Self-compassion: Conceptualizations, correlates, & interventions. *Review of General Psychology*, 15(4), 289–303.
3. Beach, S. R., & Whisman, M. A. (2012). Affective disorders and the quality of intimate relationships. *Journal of Family Theory & Review*, 4(1), 22–36.
4. Belsky, J. (1984). The determinants of parenting: A process model. *Child Development*, 55(1), 83–96.
5. Bergen-Cico, D., & Cheon, S. (2014). The mediating role of self-compassion in the relationship between mindfulness and subjective well-being. *Journal of Happiness Studies*, 15(6), 1435–1459.
6. Borkovec, T. D., Robinson, E., Pruzinsky, T., & DePree, J. A. (1983). Preliminary exploration of worry: Some characteristics and processes. *Behaviour Research and Therapy*, 21(1), 9–16.
7. Bornstein, M. H. (2002). *Handbook of Parenting: Volume 3: Being and Becoming a Parent*. Lawrence Erlbaum Associates.

8. Carr, D., & Springer, K. W. (2010). Advances in families and health research in the 21st century. *Journal of Marriage and Family*, 72(3), 743–761.
9. Cohen, J. (1988). *Statistical Power Analysis for the Behavioral Sciences* (2nd ed.). Lawrence Erlbaum Associates.
10. Cohen, J., Cohen, P., West, S. G., & Aiken, L. S. (2003). *Applied Multiple Regression/Correlation Analysis for the Behavioral Sciences*. Routledge.
11. Conger, R. D., & Donnellan, M. B. (2007). An interactionist perspective on the socioeconomic context of human development. *Annual Review of Psychology*, 58, 175–199.
12. Creely, H. (2015). *The Relationship Between Maternal Self-Compassion and Parenting Stress*. [Doctoral dissertation, University of San Francisco].
13. Crnic, K. A., & Low, C. (2002). Everyday stresses and parenting. In M. H. Bornstein (Ed.), *Handbook of Parenting: Volume 5: Practical Issues in Parenting* (pp. 243–267). Lawrence Erlbaum Associates.
14. Deater-Deckard, K. (2004). *Parenting Stress*. Yale University Press.
15. Field, A. (2013). *Discovering Statistics Using IBM SPSS Statistics*. Sage.
16. Fraenkel, J. R., Wallen, N. E., & Hyun, H. H. (2012). *How to Design and Evaluate Research in Education* (8th ed.). McGraw-Hill.
17. Fresco, D. M., Mennin, D. S., Turk, C. L., & Heimberg, R. G. (2003). Helping clients help themselves: A cognitive-behavioral approach to worry and generalized anxiety disorder. *Cognitive and Behavioral Practice*, 10(3), 210–218.
18. Gelfand, D. M., & Teti, D. M. (1990). The effects of maternal depression on children. *Clinical Psychology Review*, 10(3), 329–353.
19. Germer, C. K., & Neff, K. D. (2013). Self-compassion in clinical practice. *Journal of Clinical Psychology*, 69(8), 856–867.
20. Gottman, J. M., & Notarius, C. I. (2000). Decade in review: Observing marital interaction. *Journal of Marriage and Family*, 62(4), 927–947.
21. Gouveia, M. J., Carona, C., Canavarro, M. C., & Moreira, H. (2016). Self-compassion and dispositional mindfulness are associated with optimized parenting practices. *Journal of Child and Family Studies*, 25(6), 1784–1794.
22. Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2010). *Multivariate Data Analysis* (7th ed.). Pearson.
23. Hallion, L. S., & Ruscio, A. M. (2011). A meta-analysis of the effect of cognitive bias modification on anxiety and depression. *Psychological Bulletin*, 137(6), 940–958.
24. Hayes, A. F. (2017). *Introduction to Mediation, Moderation, and Conditional Process Analysis: A Regression-Based Approach*. Guilford Publications.
25. Hochschild, A., & Machung, A. (2012). *The Second Shift: Working Families and the Revolution at Home*. Penguin.
26. Howell, D. C. (2012). *Statistical Methods for Psychology* (8th ed.). Cengage Learning.
27. Jacobson, N. S., & Christensen, A. (1996). *Integrative Couple Therapy: Promoting Acceptance and Change*. W.W. Norton & Company.
28. Jazaieri, H., McGonigal, K., Jinpa, T., Doty, J. R., James, R., & Goldin, P. R. (2014). A randomized controlled trial of compassion cultivation training: Effects on mindfulness, self-compassion, and psychopathology in a community sample. *Health Psychology*, 33(4), 313–322.

29. Kiecolt-Glaser, J. K., & Newton, T. L. (2001). Marriage and health: His and hers. *Psychological Bulletin*, 127(4), 472–503.
30. Kline, R. B. (2015). *Principles and Practice of Structural Equation Modeling*. Guilford publications.
31. Leary, M. R., Tate, E. B., Adams, C. E., Batts Allen, A., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Journal of Personality and Social Psychology*, 92(5), 887–904.
32. Leerkes, E. M., & Burney, R. V. (2007). The origins of mothers' emotional responses to infant crying. *Infant Behavior and Development*, 30(4), 638–651.
33. Lovejoy, M. C., Graczyk, P. A., O'Hare, E., & Neuman, G. (2000). Maternal depression and parenting behavior: A meta-analytic review. *Clinical Psychology Review*, 20(5), 561–592.
34. McMahon, C. A., Barnett, B., Kowalenko, N. M., & Tennant, C. C. (2001). Maternal antenatal anxiety, postnatal depression and infant temperament at six months. *Early Human Development*, 65(2), 75–87.
35. Meyer, T. J., Miller, M. L., Metzger, R. L., & Borkovec, T. D. (1990). Development and validation of the Penn State Worry Questionnaire. *Behaviour Research and Therapy*, 28(6), 487–495.
36. Mikulincer, M., & Shaver, P. R. (2007). *Attachment in Adulthood: Structure, Dynamics, and Change*. Guilford Press.
37. Molina, S., & Borkovec, T. D. (1994). The Penn State Worry Questionnaire: Psychometric properties and associated characteristics. In G. C. L. Davey & F. Tallis (Eds.), *Worrying: Perspectives on Theory, Assessment and Treatment* (pp. 265–283). Wiley.
38. Moreira, H., & Canavarro, M. C. (2018). The association between self-compassion and mindful parenting among mothers. *Journal of Child and Family Studies*, 27(2), 580–592.
39. Moreira, H., Gouveia, M. J., Carona, C., Silva, N., & Canavarro, M. C. (2015). Maternal self-compassion and parenting stress: The mediating role of mindful parenting. *Journal of Child and Family Studies*, 24(11), 3452–3463.
40. Neff, K. D. (2003a). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85–101.
41. Neff, K. D. (2003b). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2(3), 223–250.
42. Neff, K. D. (2011). Self-compassion, self-esteem, and well-being. *Social and Personality Psychology Compass*, 5(1), 1–12.
43. Neff, K. D., & Dahm, A. J. (2015). Self-compassion: What it is, what it does, and how it relates to mindfulness. In M. Robinson, B. Meier, & K. Ostafin (Eds.), *Mindfulness and Self-Regulation* (pp. 121–137). Springer.
44. Neff, K. D., & Germer, C. K. (2017). Self-compassion and psychological wellbeing. In J. Doty (Ed.), *Oxford Handbook of Compassion Science* (pp. 371–386). Oxford University Press.
45. Neff, K. D., & Pommier, E. (2013). The relationship between self-compassion and other-focused concern among college students, community adults, and practicing meditators. *Self and Identity*, 12(2), 160–176.
46. Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, 41(1), 139–154.
47. Neff, K. D., Rude, S. S., & Kirkpatrick, K. L. (2007). An examination of self-compassion in relation to positive psychological functioning and personality traits. *Journal of Research in Personality*, 41(4), 908–916.

48. Nolen-Hoeksema, S. (2000). The role of rumination in depressive disorders and mixed anxiety/depressive symptoms. *Journal of Abnormal Psychology*, 109(3), 504–511.
49. Pallant, J. (2020). *SPSS Survival Manual: A Step by Step Guide to Data Analysis using IBM SPSS*. Routledge.
50. Papp, L. M., Cummings, E. M., & Schermerhorn, A. C. (2004). Pathways among marital hostility, parental depression, and child aggression. *Development and Psychopathology*, 16(2), 375–393.
51. Pistrang, N., & Barker, C. (1998). The partner relationship in psychological distress: A study of women with breast cancer. *Journal of Psychosomatic Research*, 44(3-4), 399–408.
52. Psychogiou, L., Legge, K., Parry, E., Waterson, H., & Kovshoff, H. (2016). Self-compassion and parenting in mothers and fathers with depressive symptoms. *Mindfulness*, 7(4), 896–908.
53. Raes, F. (2010). Rumination and worry as mediators of the relationship between self-compassion and depression and anxiety. *Personality and Individual Differences*, 48(6), 757–761.
54. Raes, F. (2011). The effect of self-compassion on the correlation between emotional triggers and negative affect. *Experimental Psychology*, 58(1), 61–67.
55. Roemer, L., & Orsillo, S. M. (2002). Expanding our conceptualization of and treatment for generalized anxiety disorder: Integrating mindfulness/acceptance-based approaches with cognitive-behavioral therapy. *Clinical Psychology: Science and Practice*, 9(1), 54–68.
56. Segerstrom, S. C., Tsao, J. C., Alden, L. E., & Craske, M. G. (2000). Worry and rumination: Repetitive thought as a concomitant and predictor of negative mood. *Cognitive Therapy and Research*, 24(6), 671–688.
20. Tallis, F., Eysenck, M., & Mathews, A. (1992). A questionnaire for the measurement of non-pathological worry. *Personality and Individual Differences*, 13(2), 161–168.
57. Tabachnick, B. G., & Fidell, L. S. (2013). *Using Multivariate Statistics* (6th ed.). Pearson.
58. Teti, D. M., & Gelfand, D. M. (1991). Behavioral competence among mothers of infants in the first year: The mediational role of maternal self-efficacy. *Child Development*, 62(5), 918–929.
59. Whisman, M. A. (2001). The association between marital dissatisfaction and depression. In S. R. H. Beach (Ed.), *Marital and Family Processes in Depression: A Scientific Foundation for Clinical Practice* (pp. 3–24). American Psychological Association.