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## Self-compassion for Caregivers of Children in Parentally Bereaved Families: A Theoretical Model and Intervention Example

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### Abstract

Family-based bereavement interventions have shown promises to prevent problem outcomes and promote resilience in parentally bereaved children. Evidence of the broad range of mental and physical health problems following the death of a parent supports the need for a transdiagnostic approach that promotes adaptation and reduces multiple problem outcomes for parentally bereaved families. We discuss self-compassion as a promising framework for a transdiagnostic approach. We argue that three elements of self-compassion – mindfulness (vs. over-identification), self-kindness (vs. self-judgment), and common humanity (vs. isolation) – can facilitate loss-oriented coping, restoration-oriented coping, and the oscillation process between the two. This sets the foundation for individual and family processes that support bereavement adjustment. To explain how self-compassion promotes adjustment outcomes in parentally bereaved families, we review the extant literature with a focus on parental emotion regulation and effective parenting and propose a conceptual model with testable hypotheses to guide more research in this area. The model suggests that caregivers’ self-compassion is a resilience resource for multiple adaptive outcomes for themselves and for their child through its positive impacts on emotion regulation and effective parenting. We illustrate the utility of the framework with an example of a family-based bereavement prevention program that integrated self-compassion training. Future directions for research are discussed.

### Keywords

bereavement; child adjustment; mental health; mindfulness; parenting; self-compassion

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Declarations

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The global annual estimates of number of children under 18 years of age who have lost one or both parents to any cause ranged from 147 million to 160 million between 2000 to 2021 (UNICEF, 2022). Burns et al. (2020) predicted that nearly 4.5 million of all children in the United States (6.25%, or one out of 16 children) will experience the death of a parent by age 18. Although most children cope well, research has demonstrated that the death of a parent can interfere with adaptive functioning in multiple domains of development. For instance, bereaved children have increased risks for depression, anxiety, emotional and behavioral problems, neuroendocrine dysregulation, and mortality (Berg et al., 2016; Dowdney, 2000; Li et al., 2014). Bereavement also challenges adult caregivers' physical and mental health and wellbeing (Stroebe et al., 2007), including increased cardiovascular risk (Buckley et al., 2010), depression (Fried et al., 2015), anxiety (Shear & Skirtskaya, 2012), loneliness (Vedder et al., 2022), and posttraumatic stress after sudden or violent death of a significant other (Kristensen et al., 2014). Bereaved individuals sometimes experience complicated grief reactions, with studies showing that 10.4% of bereaved children (Melhem et al., 2011) and 9.8% of bereaved adults (Lundorff et al., 2017) meet the criteria for Prolonged Grief Disorder. In addition, it was estimated that in bereaved adults with Prolonged Grief Disorder, co-occurrence rates with depression, anxiety, and posttraumatic stress were 63%, 54%, and 49%, respectively (Komischke-Konnerup et al., 2021). Therefore, a transdiagnostic approach to family-based bereavement intervention may be fruitful in promoting positive adaptation and preventing development of various psychological and physical health problems for bereaved children and their caregivers.

Bereavement interventions most commonly focus on prevention rather than treatment. Whether bereavement interventions, such as support groups, camp activities, psychotherapy, family-based programs (which involve both children and their caregivers), are effective in helping bereaved individuals remains an interesting and important question to the field, as demonstrated by several reviews and meta-analyses (Bergman et al., 2017; Currier et al., 2007, 2008; Endo et al., 2015; Johannsen et al., 2019). For example, Currier et al. (2007) conducted a meta-analysis of 13 studies that compared a bereavement intervention to a control condition and found that there were no overall significant improvements for bereaved children (69% of which were parentally bereaved). In a more comprehensive meta-analysis (Currier et al., 2008), 61 studies of bereavement interventions for children and adults (63% group format, 25% individual, and 12% family) yielded a small effect to reduce bereavement-related distress at post-intervention but no significant effect at follow-up. Most recently, Bergman et al. (2017) evaluated 16 studies with parentally bereaved children and reported encouraging evidence for the effectiveness of child and parent components, with most extensive support for the Family Bereavement Program, which will be described below. Taken together, the current knowledge suggests that, although there are some encouraging findings, further work is needed to improve the efficacy of bereavement interventions, particularly by understanding the therapeutic processes and mechanisms of change (Currier et al., 2008). Importantly, for parentally bereaved children, a family-based approach that involves both the child and their caregiver is the format of intervention that has garnered the most extensive support of effectiveness (Bergman et al., 2017).

In this article, we focus on parentally bereaved families and argue that self-compassion is a promising construct for research on adaptation to bereavement, and that self-compassion

can be an intervention target for family-based bereavement programs to prevent multiple problem outcomes for bereaved children and caregivers. Below we briefly review the empirical literature that supports the benefits of self-compassion, both at intrapersonal and interpersonal levels. We then visit the conceptualization of self-compassion and, based on the dual-process model of bereavement (Stroebe & Shut, 2010, 2015), theorize why self-compassion may benefit those who experienced the death of a parent. We use the term “parents” to refer to any caregiver providing primary parenting responsibilities, although we recognize that in some cases this may not be the child’s legal parent (e.g., grandparent, other relative, etc.). We propose a conceptual model with testable hypotheses showing pathways through which increasing the surviving parent’s self-compassion is associated with reduced maladaptive grief reactions and mental health problems for both the surviving parent and children in parentally bereaved families. We discuss pertinent theories and empirical literature that support this model. Then, we draw on the research on the Resilient Parenting for Bereaved Families program (formerly the Family Bereavement Program; Sandler et al., 2013) to illustrate how a parenting-focused bereavement program utilized the self-compassion framework. We conclude by proposing future directions for research in this area.

### Self-Compassion and its Intrapersonal and Interpersonal Benefits

Neff (2003a, 2003b, 2022) proposed that self-compassion requires a dynamic balance of mindfulness (vs. over-identification), self-kindness (vs. self-judgment), and common humanity (vs. isolation). Mindfulness<sup>1</sup> refers to the awareness and acceptance of one’s experience, including painful experiences. It is the opposite of overidentification (i.e., becoming “fused” with or overly “absorbed” by one’s feelings or thoughts). Self-kindness involves a loving and caring attitude toward oneself when experiencing stressful life events. It is the opposite of self-judgment or self-criticism. Finally, common humanity allows one to take the perspective that all humans encounter difficulties, have flaws, and make mistakes. It is the opposite of self-isolation or disconnectedness (Neff, 2003a, 2003b). Theoretically, there is a synergistic relation among these aspects of self-compassion such that an increase in one aspect of self-compassion fosters an increase in the others (Barnard & Curry, 2011; Neff et al., 2019).

Most of the empirical research on self-compassion is at an intrapersonal level, i.e., pertaining to the psychological benefits of self-compassion for individuals themselves. Meta-analyses show that in general adult samples, self-compassion is associated with lower levels of psychopathology (MacBeth & Gumley, 2012) and that the association is not moderated by age or gender. Self-compassion was also moderately associated with higher levels of positive wellbeing (Zessin et al., 2015) and better physical health (Cha et al., 2022). In addition, some emerging evidence suggests that self-compassion may also have interpersonal benefits. For example, self-compassion has been linked to perspective-

<sup>1</sup>In Neff (2003a)’s conceptualization, the term “mindfulness” is a component of self-compassion that refers to nonreactive, nonjudgmental, and open-hearted awareness of one’s *distressing* feelings or thoughts and *difficult* experiences. In contrast, Kabat-Zinn (2015) defines mindfulness more broadly as “moment-to-moment nonjudgmental awareness” of all experiences, “cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgementally, and as openheartedly as possible.”

taking, acceptance, or forgiveness of others' flaws, and supporting others' autonomy (Neff, 2022). A review of 72 studies found that self-compassion was associated with adaptive parenting behaviors and positive family, romantic, and friendship outcomes (Lathren et al., 2021). Specific to parent-child relationships, theory suggests a link between parents' self-compassion and children's emotional and behavioral outcomes via a series of pathways including parents' responses to children's difficult emotions, children's attachment, and children's self-compassion (Lathren et al., 2020). More research on the effects of self-compassion on emotion regulation (intrapersonal) and effective parenting (interpersonal) will be reviewed below.

Only a few empirical studies on self-compassion have been conducted in bereaved individuals. In relatives of missing persons, self-compassion was associated with lower prolonged grief, depression, and posttraumatic stress (Lenferink et al., 2017). In individuals who lost a companion animal to death, those with higher self-compassion were found to engage more in the use of continuing bonds to facilitate adaptation to bereavement, and self-compassion weakened the association between grief severity and depression symptoms (Bussolari et al., 2018). In addition, this study found that the negative association between self-compassion and depression was stronger for those who experienced greater disenfranchised grief (i.e., socially unacknowledged grief) (Bussolari et al., 2018). There is also evidence from an online study of adults who experienced a drug-related death of a loved one that self-compassion was associated with greater post-traumatic growth (e.g., relating to others, new possibilities, personal strength), and this association was mediated by a sense of hope (Sperandio et al., 2022).

While most of the extant literature is cross-sectional, Zhang et al. (2022) found that parents' self-compassion was related to decreases in internalizing and externalizing problems in bereaved children 20 weeks later, and that these relations were mediated by the positive effects of self-compassion on parental warmth and discipline. In addition, parents' self-compassion was also related to decreases in parents' psychological distress and complicated grief 20 weeks later. This is the first study to demonstrate a prospective relation between self-compassion in bereaved parents to both parental and child mental health, while controlling for baseline adjustment levels. This study was the first to provide empirical support for the intrapersonal and interpersonal benefits of bereaved parents' self-compassion, in terms of their own mental health and their child's mental health.

Given the growing research interests in self-compassion and its initial application to the bereavement context, it is important to propose theories that will guide future studies in this area. Now we discuss the conceptualization of self-compassion and apply the dual-process model of bereavement to explain how self-compassion may promote adaptation after loss.

## **Connecting Self-Compassion to the Dual-Process Model of Bereavement**

The dual process model of coping with bereavement (Stroebe & Shut, 2010, 2015) provides a useful framework for understanding how self-compassion may promote adaptation after loss. The model assumes that individual differences in coping predict adaptation to bereavement and categorizes two domains of stressors: loss-oriented and restoration-

oriented. Coping with loss-oriented stressors involves focusing on the loss and dealing with the difficult emotions, thoughts, and experiences of grief, known as “grief work.” Ruminative thinking of the death, maintaining a bond with the deceased, and dealing with intrusive memories are important aspects of loss-oriented coping. On the other hand, coping with restoration-oriented stressors involves focusing on the changes in the bereaved person’s world without the deceased person and attending to new roles and responsibilities. Loss- and restoration-oriented coping lead to changes at the individual level, including new or revised worldviews, attachment representations, and social relationships, and also at the family level, such as assuming the role as a single parent. The model further proposes that coping with bereavement is a dynamic emotion regulation process such that bereaved individuals *oscillate* between loss- and restoration-oriented coping. Maladaptive outcomes – physical and mental health problems – are viewed as a result of either ineffective use of loss- or restoration-oriented coping strategies or a disturbance of the oscillation process. The model further describes adaptation as involving social and cultural forces and resources rather than as a solely intrapersonal process (Stroebe & Schut, 2015). For example, research found that children’s participation in funeral or mourning rituals predicted better adjustment after loss of a parent (Saldinger et al., 2004). Such rituals transmit social and cultural resources (e.g., social support) that promote adaptive coping with bereavement.

We argue that each element of self-compassion confers psychological benefits for loss-oriented coping, restoration-oriented coping, and the oscillation process between the two. The first element, mindfulness (vs. over-identification), is particularly relevant because mindfulness counteracts avoidance and denial, which are highlighted as approaches that interfere with both loss- and restoration-oriented coping. Mindfulness helps the bereaved person acknowledge and accept the presence of emotional pain. Acceptance can reduce emotion reactivity and distressing emotions, as well as promote a deeper understanding of the grief experience (loss-oriented coping) and a new perspective of world (restoration-oriented coping), which facilitates meaning reconstruction and adaptation to bereavement (Gillies & Neimeyer, 2006). In addition, focused attention practices central to mindfulness meditation have been found to be effective in enhancing attention focus and shift capacities (Britton et al., 2018). Being able to focus on the present task and shift flexibly to a different task as the context changes theoretically may facilitate the oscillation between loss- and restoration-oriented processes.

The second element of self-compassion, self-kindness (vs. self-judgment), is particularly important for loss- and restoration-oriented coping in the context of negative self-concepts, often triggered by instances of perceived social threats (e.g., being criticized or rejected by others) or personal failures (e.g., performing poorly at work) (Smith et al., 2018). Negative self-concepts are prospectively related to higher levels of depression, anxiety, and suicide risks in parentally bereaved individuals (Sandler et al., in press; Zhang et al., 2021). Boelen et al. (2012) found an initial worsening in self-concepts following loss, which was linked to the initial development of prolonged grief symptoms. Notably, symptoms abated if self-concepts were subsequently repaired. This suggests that positive self-concepts may be a protective factor that promotes adaptive bereavement outcomes. Therefore, being kinder to and less judgmental toward oneself may facilitate adaptive self-concept development in bereaved individuals by reducing thoughts of self-blame, hopelessness, and lack of

competence. These adaptive ways of viewing the self can allow flexibility in goal pursuit, including being able to disengage and redirect energy towards alternative goals (Neely et al., 2009). This is particularly important to facilitate restoration coping. Lower levels of guilt and hopelessness facilitate loss-oriented coping by reducing thoughts of self-blame beliefs that they will never be able to “get over” their grief. Self-acceptance may enable the bereaved to accept, rather than deny, their grief as a normal response to the loss. Acceptance may also facilitate the oscillation process by giving oneself permission to take respite from loss- and restoration-oriented coping and allow for coping with other bereavement stressors. Bereaved individuals who are kind to themselves are likely more attuned to their psychological needs and able to actively adjust their coping behaviors to the salient stressors in the moment.

The third element of self-compassion, common humanity (vs. isolation), is a natural fit with bereavement because death and bereavement are universal experiences. Awareness that one’s bereavement experience is a shared part of being human may be particularly important because bereaved people, particularly those who are younger, may feel isolated in a community where death may be a taboo subject that others are uncomfortable talking about. Common humanity is reflected in the dual process model’s emphasis on loss- and restoration-oriented coping as social, interpersonal processes rather than as intrapersonal processes (Stroebe & Schut, 2015). Because death affects the whole family, a broader understanding of common humanity (e.g., “I am not the only one who is grieving”) may strengthen family bonds and improve interactions and communication, which helps each individual and the family unit use loss-focused and restoration focused coping as a task they are doing together. Common humanity also helps the bereaved individual feel connected to a wider community of grievers (e.g., support groups), with the understanding that grief is a normal human emotion that others have also experienced. Finally, as common humanity was found to increase compassion in healthcare workers (Ling et al., 2020), it is arguable that common humanity will promote not only self-compassion but also compassion for others, which may benefit loss- and restoration-oriented coping as well as their oscillation.

## **A Model of Self-Compassion for Bereaved Family Adjustment Outcomes**

Above we discussed how the elements of self-compassion may promote adaptation to bereavement in terms of Stroebe and Schut’s (2010, 2015) model of loss- and restoration-oriented coping as well as the oscillation between the two. We now propose a model with testable hypotheses to explain how self-compassion in bereaved parents may impact caregiver and child adjustment after parental loss. We argue that self-compassionate loss- and restoration-oriented coping is a foundational element that supports multiple adaptive individual and family processes in parentally bereaved families (Figure 1).

To explain how parents’ self-compassion influences parent and child adjustment outcomes (i.e., distal effects), we focus on two intermediate processes (i.e., proximal effects): parental emotion regulation and effective parenting. Of note, emotion regulation and coping are closely related concepts (Gross, 1998), but emotion regulation research has typically taken a more fine-grained approach to understanding the processes in which different kinds of emotions, with various intensities, are regulated under certain circumstances. Studies on

specific emotion regulation strategies are helpful in providing specificity in the linkages between emotion regulation and mental health outcomes. Effective parenting is defined as “a broad range of functions that parents engage in to promote their offspring’s accomplishment of culturally and age-appropriate developmental tasks and to reduce problem behaviors” (Sandler et al., 2011). Key aspects of effective parenting (generally termed “positive parenting”) include warmth and responsiveness, effective discipline (i.e., supervision and uses of reinforcement strategies), emotion socialization (i.e., ways in which parents respond to children’s emotions and discuss emotions with children; Eisenberg et al., 1998), and mindful parenting (i.e., parents’ nonjudgmental attention during parent-child interactions; Duncan et al., 2009). For bereaved children, an additional key aspect is grief facilitation (which supports children’s coping with bereavement; Alvis et al., 2022). To understand the adjustment of bereaved parents and their children, it is necessary to consider the role of parenting behaviors, especially because the surviving caregiver faces multiple challenges after the death that may compromise their parenting, such as loss of income or childcare, relocation, change of schools, and lack of social support. Loss-oriented coping (e.g., helping the grieving child and/or adolescent, who may grieve differently) and restoration-oriented coping (e.g., taking on the deceased parent’s duties inside and outside of home, as well as engaging in new or modified roles outside of the family) both play a critical role in understanding the remaining caregiver’s adjustment to the new parenting role.

Conceptualizing a bidirectional relation between parental emotion regulation and effective parenting has important implications for intervention development for bereaved parents and children. Maliken and Katz (2013) discussed the need to strengthen parental emotion regulation as a transdiagnostic approach to addressing both parenting effectiveness and parental psychopathology. Parents’ emotion regulation is essential in that it enables parents to cope with everyday challenges in the caregiving context while also supporting children’s emotion socialization processes (Rutherford et al., 2015). Parents must be able to attend to their caregiving context to regulate their child’s emotions. Such interpersonal emotion regulation processes take place when parents maintain a regulated state themselves (Rutherford et al., 2015). For example, on a holiday when memories of the deceased loved one and grief arise, if the parent feels sad and also sees their child in distress, they may want to soothe their child but might be unable to do so due to their own sadness. Most empirical research has supported the role of parental emotion regulation to strengthen positive parenting behaviors (Zimmer-Gembeck et al., 2022). Although little research exists about whether effective parenting leads to better emotion regulation in parents, Rutherford et al. (2015) described how caregiving, or being a parent, involves neurobiological, hormonal, and behavioral processes that facilitate emotion regulation processes. These processes suggest a pathway through which changes in different aspects of parenting may also facilitate changes in parental emotion regulation over time. Sandler et al. (2016) found that changes in effective parenting following a family intervention partially mediated the intervention’s effects on improved coping efficacy (i.e., parents’ perception of how effectively they deal with stressors in their lives). It is possible that bereaved parents who feel a sense of effectiveness in their parenting experience a greater sense of competency in general, which may support their emotion regulation and more broadly their loss- and restoration-oriented coping.

Importantly, the model proposes that family members' adjustment outcomes are interrelated, bidirectional, and both are impacted by bereaved parents' self-compassion through its effect on facilitating adaptive emotion regulation and effective parenting. From a family developmental perspective, bereavement irrevocably changes family interactions, and how each family member copes with bereavement can influence other family members' coping after loss (Shapiro, 1996). Jiao et al.'s (2020) review of 36 empirical studies on the dyadic interactions between bereaved parents and their children suggests that bereaved parents face multiple challenges in providing an environment for the healthy development of their bereaved children, while dealing with their own grief and multiple bereavement-related stressors after loss. They concluded that the parent-child relationship predicts outcomes in bereaved families, and that the outcomes of the parent and children are interdependent. A recent review (Alvis et al., 2022) applied a theoretical perspective on the specific parental behaviors that contribute to children's emotional and social development to highlight the primary role of the caregiver as a key resource promoting better outcomes of bereaved children. Thus, although the proposed model could be applied to understand the relations between self-compassion and coping of both bereaved children and parents, the proposed model focuses on how parents' self-compassion influences their emotion regulation and parenting which in turn impact both child and parent adjustment. In the family system, there are also feedback loops in which parents' and children's adjustment, influenced by parenting, would also affect parenting later (dotted lines in Figure 1).

### **Effects of self-compassion through emotion regulation**

Emotion regulation is an automatic or conscious process that influences one's experience and expression of emotions (Gross, 1998) and is a developing capacity or skill across the life span. Grief involves the pain of yearning for the deceased, which is often exacerbated by distressing emotions, such as sadness, anger, loneliness, guilt, shame, and regret, as well as the adverse physiological reactions that may accompany these emotions. Therefore, bereavement poses significant demands on emotion regulation capacity and increases the risk of emotion dysregulation. Indeed, Bonnano and Kaltman (1999) argued that emotion regulation and coping are fundamental components of the grieving process, emphasizing the regulation of unpleasant emotions and the enhancement of pleasant emotions to help maintain functioning and facilitate a sense of acceptance of life without the deceased person.

Our model considers multiple aspects of emotion regulation, including emotion regulation flexibility and uses of adaptive and maladaptive emotion regulation strategies. Research on emotion regulation flexibility suggests that individuals who are flexible and sensitive in their emotion responding use a wide variety of regulatory strategies and are effective in selecting and matching their strategy to the circumstance (Bonanno & Burton, 2013). Such emotion regulation flexibility is critical for adjustment to bereavement. For example, one empirical study found that when bereaved individuals showed higher sensitivity in their emotion responses to changing contexts at 4 months after loss, they also showed lower depressive symptoms at 18 months after loss (Coifman & Bonanno, 2010).

The process model of emotion regulation describes broad categories of strategies (i.e., situation selection/modification, attentional deployment, cognitive change, and response



modulation), and each category includes both adaptive and maladaptive strategies, categorized depending on whether they are linked to positive or negative psychological outcomes (Gross, 1988). A meta-analysis found specific relations of common adaptive strategies (e.g., acceptance, problem solving, reappraisal) or maladaptive strategies (e.g., avoidance, rumination, and suppression) of emotion regulation to anxiety, depression, eating, and substance-related disorders in expected directions among clinical and community samples of children, adolescents, and adults (Aldao et al., 2010). In bereaved individuals, a meta-analysis found that two maladaptive emotion regulation strategies, namely, experiential avoidance (i.e., avoiding unwanted thoughts, feelings, or sensations) and grief-related rumination (i.e., repetitively thinking about the causes and consequences of negative emotions), were strong predictors of prolonged grief (Eisma & Stroebe, 2021).

It is hypothesized that self-compassion may predict adaptive outcomes in bereaved parents' emotion regulation. An antidote to avoidance and rumination, the mindfulness aspect of self-compassion may facilitate sensitivity to contexts in which emotion regulation efforts are needed (Teper et al., 2013). When the bereaved person encounters unexpected reminders of their loss, for example, being mindful would allow them to attend to subtle changes in their emotions and therefore modify the emotions as needed. Meanwhile, self-kindness reinforces self-care and counteracts self-blame so that one is willing to accept the experiences of unpleasant emotions and to change these emotions responsively, whereas common humanity decreases a sense of loneliness and disconnection that can worsen unpleasant emotions (Neff, 2022). Self-compassion enhances adaptive engagement in emotion regulation processes such as cognitive reappraisal, even in individuals with major depressive disorder who often find cognitive reappraisal challenging (Diedrich et al., 2016). Ewert et al.'s (2021) meta-analysis of 136 studies showed that self-compassion was positively associated with adaptive coping and negatively associated with maladaptive coping (note: coping is a closely related construct to emotion regulation). In a review study (Inwood & Ferrari, 2018) it was suggested that emotion regulation may mediate the relation between self-compassion and mental health. One empirical study on bereavement provided evidence for the hypothesized effects of self-compassion on bereavement adjustment via emotion regulation, showing that lower levels of grief rumination mediated the relation between higher self-compassion and lower prolonged grief, depression, and posttraumatic stress (Lenferink et al., 2017).

There is growing support that parents' self-compassion can affect their own adjustment outcomes via intrapersonal emotion regulation processes. We posit that parental emotion regulation can also affect their children's adjustment outcomes through the parenting practice of emotion socialization, or the ways in which parents respond to a child's emotions and discuss the expression and regulation of emotions with the child (Eisenberg et al., 1998). Below we further describe parental emotion socialization as a dimension of effective parenting. In addition to emotion socialization, parents' emotion regulation may impact children's adjustment outcomes in other ways, such as behavioral modeling of adaptive emotion regulation and the family emotion climate created by such adaptive emotion regulation, both serving as protective factors for children's self-regulation and adjustment outcomes (Morris et al., 2007).

## Effects of self-compassion through effective parenting

Family stress models posit that parents' psychological distress in the face of negative life events can lead to disrupted parenting, which influences children's adjustment (Masarik & Conger, 2017). Abundant evidence from randomized controlled trials of parenting-focused interventions, including the Family Bereavement Program for parentally bereaved families, suggests that improved parenting promotes children's outcomes over the long term (Sandler et al., 2011, 2013, 2015; Tein et al., 2006). Notably, our model postulates a feedback loop between effective parenting and child adjustment outcomes because there is also evidence that children influence how parents interact with them, indicating a possible effect of children's adjustment on parenting behaviors (e.g., Barbot et al., 2014; Shaffer et al., 2013). More broadly, parents' adjustment and parenting have been shown to have reciprocal effects. For example, Kwok et al. (2005) found that bereaved parents' psychological distress was associated with lower levels of effective parenting, whereas Sandler et al. (2016) found that changes in positive parenting following a family intervention mediated the intervention's effects on reduced depression and psychological distress in parents.

Self-compassion may influence parenting in several ways. Self-compassion has been found to be linked to low levels of parenting stress (Moreira et al., 2015) and parental burnout (Nguyen et al., 2022), which in turn reduce harsh and negative parenting and increase parental involvement (Deater-Deckard, 1998). A prior study found that self-compassionate parents with a history of depression were more likely than their peers who lack self-compassion to attribute their child's behaviors to external factors such as situational constraints rather than stable characteristics of the child (Psychogiou et al., 2016); therefore, self-compassion may influence parenting attribution and cognition. Self-compassion may also promote parental self-efficacy (Mancini et al., 2022) which in turn relates to positive parenting behaviors (Coleman & Karraker, 1998). There are a few studies that examined self-compassion in non-bereaved parents (Lathren et al., 2021). For example, mothers with higher self-compassion were less critical when describing their preschoolers, and fathers with higher self-compassion reported more supportive emotion socialization practices when their preschoolers displayed negative emotions (Psychogiou et al., 2016). Parents' self-compassion was also linked to higher levels of mindful parenting (Gouveia et al., 2016), which refers to fully listening to the child, nonjudgmental acceptance of self and child, emotional awareness of self and child, self-regulation in the parenting relationship, and compassion for self and child (Duncan et al., 2009). A study with parentally bereaved children found that parents' self-compassion was prospectively associated with greater parental warmth and consistent discipline 20 weeks later, after controlling for baseline parenting (Zhang et al., 2022).

Despite these strong theoretical and empirical underpinnings, there is limited research on parents' self-compassion, grief facilitation, and children's post-bereavement outcomes. Alvis et al. (2020) identified four types of caregivers' grief facilitation behaviors: ongoing connection, existential continuity and support, and parents' own grief expression, and grief inhibition/avoidance, and found that grief inhibition/avoidance was the strongest predictor of children's bereavement-related distress (including separation distress, existential identity distress, and circumstance-related distress), posttraumatic stress, and depression outcomes

(Alvis et al., 2020). We expect that parental self-compassion may similarly reduce grief inhibition/avoidance behaviors, given the inverse relation between self-compassion and emotional avoidance (Neff, 2022).

### **Other factors to be considered**

Although self-compassion plays a generative role in our model, we acknowledge that each variable in the model and the strength of the relations between them may be affected by other individual-, family-, and context-level characteristics. Type of death, time since death, child age and gender, parent age and gender, family history of mental health problems, family relationship quality, family financial resources, and social support could all influence family members' adjustment outcomes (Dowdney, 2000; Stroebe et al., 2005). A thorough review of all of these factors is beyond the scope of this paper. To illustrate the issue, we will briefly discuss the example of parent gender. There is a body of research showing that bereaved men are relatively more vulnerable to adjustment problems than bereaved women. This may be due to their typical gender roles, in that women seem to be more likely than men to confront their loss and grief (i.e., loss-oriented coping) and take on the caregiving role and attend new tasks in family life (i.e., restoration-oriented coping) (Stroebe et al., 2001). On the other hand, gender role orientation also seems to influence self-compassion such that women consistently report lower levels of self-compassion than men (Yarnell et al., 2019). These differences have implications for research as it suggests that parent gender may moderate the associations between self-compassion and bereavement outcomes. In clinical practice, self-compassion interventions should also be tailored for bereaved fathers and mothers who might cope with bereavement differently and have different needs in self-compassion training.

## **Translating Self-Compassion Research into Family Bereavement Interventions**

Before describing a family intervention that applies self-compassion training to parentally bereaved families, a brief review of self-compassion interventions is warranted. Cognitive behavioral therapy, compassion training, and self-compassion training programs are found to be effective in strengthening self-compassion. In particular, Compassion Focused Therapy (Gilbert, 2010) and the Mindful Self-Compassion program (Germer & Neff, 2013) both specifically target self-compassion. A meta-analysis of 27 randomized controlled trials found that self-compassion interventions lead to improved psychosocial outcomes, such as less stress, depression, and anxiety (Ferrari et al., 2019). In addition, Jefferson et al. (2020) conducted a meta-analysis of parenting interventions that included self-compassion components and measured self-compassion as one intervention outcome. They found 13 trials showing significant improvements in parents' self-compassion and mindfulness and decreases in depression, anxiety, and stress. Although these findings are promising, most of the studies did not have controls or had methodological problems, and none of the samples were bereaved parents. More rigorous intervention research is needed.

We now turn to an overview of the Resilient Parenting for Bereaved Families program (RPBF; Sandler et al., 2022), followed by a specific discussion of how and why self-

compassion was integrated into RPBF. We attempt to map the intervention design elements of self-compassion in RPBF onto the theoretical mode while pointing to areas that await further development.

The RPBF program was developed based on the caregiver component of the Family Bereavement Program (FBP; Ayers et al., 2013; Sandler et al., 2013). The FBP was a 12-session family-based group intervention for parentally bereaved families. The caregiver component involved teaching parents skills, such as strengthening positive bonds with children, active listening, increasing use of effective discipline, protecting children from the negative effects of stressful bereavement-related events, and reducing parents' grief and depression. Strategies to reduce parents' grief and depression included setting and pursuing a personal goal, cognitive behavioral skills to challenge self-critical and other maladaptive cognitive appraisals, and group support. The FBP was evaluated in a randomized controlled trial with 244 bereaved youth and surviving parents from 156 families who were followed up to 15 years after the intervention. Multi-method, multi-informant data showed that the FBP had long-term positive effects on children's mental health (Sandler et al., 2018, in press) and to strengthen positive parenting and decrease parents' own depression, general psychiatric distress, and complicated grief over 6 years (Sandler et al., 2016). Mediation analysis found that the effects of the FBP on children's 11-month and 6-year outcomes were partially mediated through its effects to strengthen positive parenting (Sandler et al., 2015; Tein et al., 2006). Because the effects of the FBP were partially mediated through positive parenting, and the multiple parent and youth components were too difficult for bereavement service agencies to implement (Ayers et al., 2011), RPBF was developed as an adaptation of the caregiver component of the FBP. To ensure that the program fits existing service delivery systems, the adaptation was conducted with user-centered design methods by collaborating with stakeholders (i.e., community partners and bereaved parents) (Sandler et al., 2022). RPBF was designed to be an acceptable, feasible, and sustainable service to be provided by community agencies serving bereaved families as a stand-alone, parenting-focused program that retained the key components of the caregiver component of the FBP. A prior study using a quasi-experimental design found that adding RPBF to community agencies' usual services demonstrated positive effects in improving quality of parenting and reducing complicated grief in parents, as well as reducing children's mental health problems (Sandler et al., 2022).

During the RPBF program adaptation (for more details, see Sandler et al., 2022), community providers suggested that a component on compassion would benefit the families they served. Some of their feedback included: "The program should convey the message that this is a really difficult time in parents' lives," "We want to give parents support and guidance," and "We know that nobody's grief is like anybody else's grief." To address this concern, self-compassion and its three elements (mindfulness, self-kindness, and common humanity) were regarded as the most suitable for the parents' needs. Teaching the concepts of self-kindness and common humanity and infusing mindfulness<sup>2</sup> were deemed feasible and appropriate for three reasons. First, the self-kindness aspect of the self-compassion approach presents a natural fit and an optimized way to reduce the negative self-talk that had

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<sup>2</sup>Although the RPBF program included low doses of mindfulness training, additional resources were provided to enhance the learning that were made available on the website of the RPBF program.

been targeted using CBT strategies in the FBP. Second, the concept of common humanity seemed suitable for a group setting in which participants give and receive support from other people who are going through similar experiences. By incorporating each of the three elements into RPBF, compassionate self-care is emphasized and becomes a foundation on which to build parenting-focused elements such as strong family bonds, active listening, effective family rules, and helping children cope. Third, brief mindful practices that use breathing as an anchor to train focused attention were chosen to enhance parents' adaptive emotional regulation (e.g., increasing awareness of the body and of thoughts) and reduce maladaptive emotion regulation (e.g., by acceptance of feelings and decreasing experiential avoidance and grief-related rumination). This is considered a "low dose" approach to mindfulness training given that only a few brief mindfulness practices are introduced in the context of RPBF, within which teaching a full curriculum on meditation methods (namely, mindfulness-based programs) is not feasible. Accordingly, the "low dose" approach of RPBF involves training focused attention, one of the two common meditation methods used in mindfulness-based programs (Lutz et al., 2008). Focused attention is taught by instructing participants to remain focused on the breath as an "anchor" or neutral object, and returning to the breath when the mind wanders, which helps promote relaxation and reduce unpleasant states (Britton et al., 2018).

Table 1 shows the main themes of RPBF and highlights self-compassion elements involved in each RPBF meeting. Table 2 shows three specific tools of self-compassion used in RPBF and how they are used to deal with bereavement. Overall, the program includes psychoeducation, in-meeting demonstrations and role-plays, and at-home practice activities that incorporate the three elements of self-compassion, which build on each other and resonate with the rest of the program. To illustrate how they resonate together, after setting an intention of compassionate self-care in meeting 1, self-compassion and its three elements are introduced in meeting 2, with an invitation to the parents to treat themselves with kindness like they would treat a close friend who is suffering, to set an intention of self-kindness and personal self-care goals. In meetings 3 and 4, parents learn and practice mindful breathing, and subsequently in meeting 5, they apply the mindfulness skills to notice their unkind thoughts throughout their daily lives and are invited to remind themselves of the intention of self-kindness. Parents also practice finding kind, rather than unkind, thoughts in stressful situations. Building on the practice of identifying feelings, using the breath to calm oneself and noticing unkind thoughts and finding kinder thoughts in meeting 6 the Four Steps to Kinder Thoughts tool is taught to help parents regulate disturbing emotions (e.g., when they fell into a "thinking trap"). This same tool is practiced again in meeting 7, where it is tied directly to coping with unexpected loss reminders that bring up distressing feelings. The mindfulness element of self-compassion is present through the mindful breathing practice and subsequent practices of noticing unkind thoughts without needing to react to them or try to make them go away. The common humanity element of self-compassion is addressed in meeting 1, where parents are invited to share the story of their loss, one thing that has been difficult for them, and one thing that has helped since the loss. Listening to others' stories can elicit a sense of common humanity. This element is also addressed throughout in part by the group format of RPBF, which can increase bereaved parents' perception of adequate social support and decreases feelings of isolation.

The message that “you are not alone – you share this with others” is seen as highly resonant with bereaved caregivers. Finally, the group facilitators’ training emphasizes using language to reflect shared experiences in grief to reinforce common humanity.

The integrative and synergistic incorporation of the three elements of self-compassion in RPBF enhances the original program (FBP) in two important ways that relate to the processes of change proposed in the theoretical model regarding emotion regulation and effective parenting (Figure 1). First, although both the FBP and RPBF used strategies to enhance parents’ emotion regulation, there are key differences. Illustratively, although the FBP also uses personal goals to decrease parents’ grief and psychological distress, the addition of self-kindness and the emphasis on self-care in RPBF are expected to offer parents a stronger sense of intrinsic motivation and self-efficacy in setting and accomplishing these personal goals. Furthermore, while personal goals are based on behavioral activation, they can also be viewed as a manifestation of self-kindness in helping parents take actions that are in alignment with their core values. Indeed, as bereaved parents engage in restoration-oriented coping and take on new challenges in family life, they likely struggle with meeting their own and/or their child’s goals. Self-compassion might be particularly helpful for parents in several ways, including supporting their goal-pursuit behaviors and accepting possible mistakes, imperfections, or falling short of their own or their child’s expectations (Zhang et al., 2020). Specifically, self-compassion may encourage persistence and hope instead of dwelling on self-criticism, giving up, or fearing of taking risks.

In addition, while the FBP used strategies aligned with traditional cognitive behavioral strategies (e.g., cognitive reappraisal), RPBF uses mindfulness as a cognitive behavioral strategy aligned with a form of cognitive behavioral therapy, which helps parents regulate emotions in a more experiential rather than an analytical way. A key distinction between traditional cognitive behavioral therapy and the new form has been broadly described as the newer form focusing “more on the person’s relationship to thought and emotion than their content” (Hayes & Hofmann, 2017, p.1). Second, the self-compassion practices in RPBF were also designed to support parents in learning and enacting the parenting skills taught in the program. For example, practicing mindful breathing is expected to increase mindful parenting skills by linking to the parenting skill of Active Listening and One-on-One Time, both of which require the parent to give their full attention to their child to help build strong family bonds. Practicing Four Steps to Kinder Thoughts is also expected to facilitate not only parents’ own grieving but also their children’s, which can result in more supportive grief facilitation and overall effective parenting.

Finally, the use of a group format allows parents to share experiences with each other, including their struggles and successes, which can deepen compassion both for self and for others. Group leaders are trained to help build group cohesiveness and support by highlighting commonalities among group members while acknowledging and honoring each parent’s unique experiences. As a result, the group format offers parents the benefit of social support and helps to facilitate and reinforce key program tools, including self-compassion.

## Future Directions

Applying the proposed theoretical model in research on bereaved families will advance knowledge on the resilience pathways through which parents' self-compassion serves as a resource for bereaved families. The use of self-compassion in bereavement services reflects a prevention-oriented, transdiagnostic approach that is expected to yield positive impacts in multiple domains of functioning, ultimately reducing a range of mental health problems. Longitudinal studies are needed to test the proposed mediational pathways in the model to examine whether and how parents' self-compassion may be related to their own and their children's adjustment outcomes through its effects on parental emotion regulation and effective parenting. Accordingly, intervention research may use experimental designs to test additive effect of self-compassion training to strengthen parenting over and above behavioral parent training without self-compassion training components, and subsequently to test whether the additive effects of self-compassion training combined with parent training are mediated through enhanced parental emotion regulation. Finally, as noted above, there may be other factors at the individual-, family-, and context-levels that would moderate the strengths of the impacts of self-compassion on emotion regulation and parenting as well as parents' and children's adjustment outcomes. Understanding moderation effects will help inform the design of self-compassion training for bereaved families. Our focus on parental bereavement during childhood is because this area of research has accumulated substantive empirical evidence. The theory might be adapted to research on families in which a child died (e.g., Thieleman & Cacciatore, 2020) while recognizing contextual differences of family bereavement.

## Conclusion

As the research on self-compassion has and continues to grow rapidly, self-compassion is emerging as a key construct that may inform a transdiagnostic approach to family-based interventions for parentally bereaved families. The Resilient Parenting for Bereaved Families program can serve as an example as it integrated self-compassion when it was adapted from the Family Bereavement Program, one of the few evidence-based family intervention for parentally bereaved children (Bergman et al., 2017). This paper presented a theoretical model to guide future research to understand the protective role of caregivers' self-compassion in promoting individual- and family-level adaptation in bereaved families and shed light on the possible pathways through which self-compassion training for caregivers may enhance or complement existing bereavement services for children.

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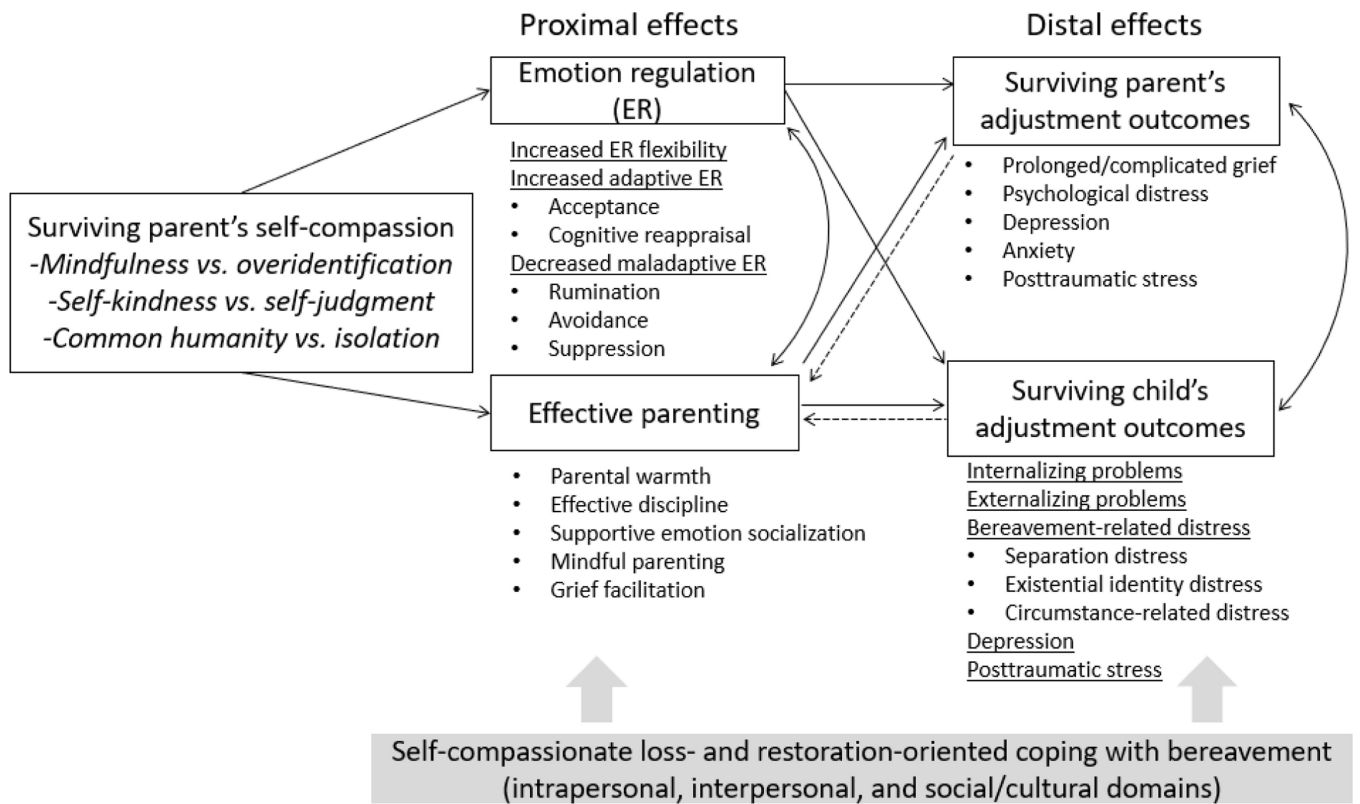


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**Figure 1.**  
 A model of self-compassion for bereaved family adjustment  
*Note:* Dotted lines indicate feedback loops in which parents' and children's adjustment influenced by parenting also affect parenting later.

**Table 1.**

Self-compassion Integrated into the Sessions of the Resilient Parenting for Bereaved Families Program (RPBF)

Meeting No.	Theme	Where self-compassion is integrated into self-care aspect of the program
1	Getting to Know Each Other and What the Program is About	<ul style="list-style-type: none"> <li>• Sharing bereavement story</li> <li>• Set intention and personal goals to take small steps towards personal goals</li> <li>• Group support</li> </ul>
2	Self-compassion and Family Time	<ul style="list-style-type: none"> <li>• Concept of self-compassion</li> <li>• Self-kindness words</li> <li>• Personal goals check-in</li> <li>• Group support</li> </ul>
3	Self-care and Strengthening Family Bonds	<ul style="list-style-type: none"> <li>• Mindful breathing</li> <li>• Personal goals, comforting activities, and self-kindness words check-in</li> <li>• Group support</li> </ul>
4	Active Listening	<ul style="list-style-type: none"> <li>• Mindful breathing</li> <li>• Personal goals, comforting activities, and self-kindness words check-in</li> <li>• Group support</li> </ul>
5	Listening and Responding, Thoughts and Feelings	<ul style="list-style-type: none"> <li>• Mindful breathing</li> <li>• Personal goals, comforting activities, and self-kindness words check-in</li> <li>• Noticing unkind thoughts and how they relate to negative feelings; set an intention of self-kindness</li> <li>• Practice finding kinder thoughts</li> <li>• Group support</li> </ul>
6	Active Listening (putting it all together) and Four Steps to Kinder Thoughts	<ul style="list-style-type: none"> <li>• Mindful breathing meditation</li> <li>• Personal goals, comforting activities, and self-kindness words check-in</li> <li>• Four Steps to Kinder Thoughts</li> <li>• Group support</li> </ul>
7	Kinder Thoughts and Grief Reminders	<ul style="list-style-type: none"> <li>• Mindful breathing meditation</li> <li>• Personal goals, comforting activities, and self-kindness words check-in</li> <li>• Four Steps to Kinder Thoughts for coping with unexpected loss reminders</li> <li>• Group support</li> </ul>
8	Guided Problem-solving and Effective Family Rules	<ul style="list-style-type: none"> <li>• Mindful breathing meditation</li> <li>• Personal goals, comforting activities, self-kindness words, and Four Steps to Kinder Thoughts check-in</li> <li>• Group support</li> </ul>
9	Helping Children Cope and Developing Change Plan	<ul style="list-style-type: none"> <li>• Mindful breathing meditation</li> <li>• Personal goals, comforting activities, self-kindness words, and Four Steps to Kinder Thoughts check-in</li> <li>• Group support</li> </ul>
10	Keeping the Program Going and Celebration	<ul style="list-style-type: none"> <li>• Mindful breathing meditation</li> <li>• Personal goals, comforting activities, self-kindness words, and Four Steps to Kinder Thoughts check-in</li> <li>• Group support</li> </ul>

*Note:* Only self-compassion components are presented. Parenting components of the program are not shown.

**Table 2.****Key Self-Compassion Tools Designed for the Resilient Parenting for Bereaved Families Program (RPBF)****Descriptions of three tools used in the program**

*Tool 1: Self-kindness words.* This tool, adapted from the Mindful Self-Compassion program (Germer & Neff, 2013), is introduced in the second meeting of the program. Parents imagine a friend who was having a difficult time and was suffering, think about what they'd like to say to comfort their friend, and then compare it to what they are likely to say to themselves. We found that this exercise is effective in enabling parents to realize that they are often too harsh on themselves, and that everyone deserves kindness (reflecting common humanity).

Facilitators have the chance to work with parents to overcome barriers to self-kindness and to make personalized adaptations. For instance, in working with a father who was overwhelmed by grief-related emotions and was having trouble of getting in touch with the compassionate "self," a facilitator invited him to think of things he would say to his child who was suffering (instead of to a friend), which helped the father generate powerful words of compassion that he could use for himself in moments of suffering.

*Tool 2: Mindful breathing Meditation (focused attention)*

As an introduction to mindfulness, a brief mindfulness meditation of attending to the breath is introduced in meeting 3 and used to open each subsequent meeting. This mindfulness meditation provided parents with practice in focusing their attention on their experience in the present moment, being aware of when their mind wanders to other thoughts, and of cultivating a non-judgmental attitude toward their thoughts and feelings. For many, it also served to help them transition from whatever had happened in their day and bring their attention more fully to the group. In addition, parents are provided an audio track of the guided meditation to use.

*Tool 3: Four Steps to Kinder Thoughts (self-kindness as an emotion regulation strategy)*

In this tool, introduced in meeting 6, parents mindfully notice what they are feeling and the kind and unkind things they catch themselves saying to themselves (e.g., "I am not doing a good job as a parent") and to identify "thinking traps" (a vicious cycle of negative thoughts and feelings). Group facilitators emphasize that these thoughts are common when coping with bereavement, which reinforces common humanity. To apply mindfulness and self-kindness, parents learn to use the four steps when they are caught in a thinking trap: 1. ask "What am I feeling?"; 2. say to themselves, "Stop!," take three deep breaths, and say "I want to be kind to myself."; 3. Ask "What am I thinking?"; and, 4. find a kinder thought. This exercise is done in the group, which provides an opportunity for the parent to receive compassion from the facilitator and other group members. Hearing other parents share their stories and experiences with using the program skills throughout the group also provides a sense of common humanity. This same tool is used again in meeting 7 to deal with unexpected loss reminders. In this way, parents are taught to use mindfulness to identify their grief-related suffering and to use this tool in a self-compassionate way to bring kindness to themselves. The group context again provides support for common humanity.