ADAPTATION AND VALIDATION OF A SCALE FOR MEASURING

SELF-COMPASSION IN EARLY CHILDHOOD

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Abstract: The overarching goal of this research was to adapt and validate a scale for measuring self-compassion in early childhood. The initial 23-item scale was adapted from Neff's (2003a) original self-compassion scale and asked parents about concrete behaviors and coping methods of their child. Items assessed children's early expressions of self-kindness, common humanity, mindfulness, self-judgment, isolation, and over-identification. Confirmatory factor analysis was used during pilot testing with parents (N=70), where good fit was demonstrated for a 2-factor model involving one positive and one negative factor of early self-compassion. The factors were tested again with a second sample of parents (N=185) and revealed adequate fit indices for this 2-factor structure on both factor 1 (χ^2= 2.27, p= .81, RMSEA= .000, RMSEA upper bound= .06, CFI= 1.00, TLI= 1.05, SRMR= .018) and factor 2 (χ^2= 8.78, p= .119, RMSEA= .066, RMSEA upper bound= .137, CFI= .983, TLI= .967, SRMR= .026). Construct, convergent, and concurrent validity were determined for the Self-Compassion Scale for Early Childhood (SCS-EC). Specifically, results revealed significant associations between early self-compassion and other characteristics such as early emotion regulation, self-esteem, emotional well-being, temperament, and internalizing behaviors. Furthermore, internal consistency reliability was acceptable for both positive (α= .726) and negative factors (α= .756). Findings also revealed preliminarily evidence of a hypothesized socialization process due to congruence between parent and child emotion-related characteristics involving self-compassion and emotion regulation. This research should be considered as introductory and holds implications that pertain to positive parenting as well as both clinical and academic settings. Future research will continue to focus on the underpinnings of early emerging self-compassion and the socialization process.

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CHAPTER I

INTRODUCTION

There is growing concern over childhood mental health issues due to rising trends in mental health diagnoses and suicide rates among youth (Kalb et al., 2019), which have stimulated recent ambitions to emphasize social and emotional learning (SEL) in early childhood (Wakchlag & Danis, 2009; Hoffmann et al., 2020). Highlighted by an expulsion rate that is three times higher for preschool-aged children than grades K-12, national experts agree that early SEL is vital for supporting the whole child in achieving academic success and overall well-being (Gilliam, 2005; Blyth et al., 2019). Recent research corresponds with these efforts to support the development of emotion regulation, a component of SEL, through implementation of evidence-based curricula in early academic years (Hoffmann et al., 2020).

The ability to emotionally regulate is a necessary, dynamic process for social and emotional well-being and is commonly denoted as the effective awareness, processing and management of emotions (Morris et al., 2017). Emotion regulation is known to develop in the context of warm and supportive relationships, which influence social and emotional developmental outcomes and overall well-being for children (Morris et al., 2007; Jones et al., 2019). Emphasized as essential abilities for successful coping and emotion management, emotion regulation competencies are built into SEL curricula and predict significant advances in academic performance and school readiness (Hoffmann et al., 2020; Brackett et al., 2012).

A specific aim of many SEL programs, such as MindUp and RULER, is to improve mindful awareness and emotional intelligence aspects of emotion regulation (Jones et al., 2019; Hoffmann et al., 2020). Early childhood mindfulness programs incorporate themes of self-compassion, as mindfulness is one of three facets of self-compassion, along with self-kindness and common humanity (Flook et al., 2015). One program called the Kindness Curriculum (KC Intervention), for example, lasted 12 weeks long and served as a mindfulness-based intervention for improving SEL abilities for young children. The KC intervention was specifically designed to nurture the development of attentional focus, empathy, perspective-taking, prosociality and compassion for others, which resulted in the improvement of emotion regulation in a sample of preschool-aged children (Flook et al., 2015).

There are clear themes of self-compassion in many SEL intervention curricula, however, there is currently no scale for researchers to measure self-compassion in early childhood, making it impossible to determine whether these interventions are even affecting self-compassion capacities in young children. Self-compassion is consistently listed as a core strategy for improving emotion regulation, and may serve as a powerful tool for positive mental health in early childhood (Neff, 2003a; Trompetter et al., 2017). The aim of this research is to further emphasize the importance of early social and emotional learning by adapting a scale for measuring self-compassion in early childhood.

Self-compassion has been described as an excellent identifier of psychological well-being for adults, adolescents, and children as young as 9 years old (Neff, Kirkpatrick, & Rude, 2007; Stolow et al., 2016). Comprised of self-kindness, common humanity and mindfulness, and opposing themes of self-judgment, isolation and over-identification, self-compassion is derived from Buddhist psychological thought as a way of kindly relating to oneself (Neff et al., 2019).

Research to date suggests the practice of self-compassion tends to reduce negative cognitions such as rumination and perceived stress (Germer & Neff, 2019; Frostadottir, & Dorjee, 2019). Furthermore, highly self-compassionate individuals tend to hold and maintain feelings of competency, personal initiative, joy, life satisfaction, and interconnectedness with others (Neff, Rude, & Kirkpatrick, 2007; Neff & Germer, 2013).

Although there is no research to date on self-compassion in early childhood, demonstrations of early mental health issues reflective of low self-compassion in adults have been noted in children as young as 3 years old (Zero to Three, 2016). Previous research illustrates individuals with low self-compassion as having a critical attitude toward themselves, which contributes to low interconnectedness with others and feelings of over-identification with negative aspects of the personality (Neff et al., 2019). In one study, Stolow and colleagues (2016) found a negative and robust association between early depressive symptoms and self-compassion in a sample of young children (M = 9.9 years, SD = .61 years). Corresponding demonstrations of social withdrawal, anxiety, attentional deficits, and other issues related to internalizing and externalizing behaviors are noted in children much younger (Wakchlag & Danis, 2009; Zero to Three, 2016).

Associated with decreased patience and understanding toward oneself, early emotion dysregulation can lead to maladjustment later in life (Neff, 2003a; Bierman et al., 2015). In a sample of youth seeking clinical treatment for substance abuse (M=19.49), self-compassion levels for adolescents predicted emotion dysregulation beyond the extent of maltreatment they had experienced in their youth (Vettese et al., 2011). Additionally, Vettese and colleagues (2011) uncovered self-compassion to have mediated the association between early abuse severity and later emotion dysregulation, mitigating the negative impact on psychological well-being. In

conjunction with these findings, longitudinal designs have revealed long-lasting benefits associated with adolescent and adult self-compassion, and more recently, reduced depression among elementary school children (Marshall et al., 2015; Stolow et al., 2016).

Previous research reveals critical parenting plays a role in the development of internalizing behaviors in young children such as depression, anxiety, and self-criticism (McCranie, & Bass, 1984). A buffer to self-criticism, self-compassion components of self-kindness, common humanity, and mindfulness appear to develop within the context of securely attached relationships and in supportive environments (Neff & McGehee, 2010; Moreira et al., 2018). Research supports this notion that parents may raise their children to practice a personal perspective that is either compassionate or dismissive by providing them with either warm support or critical evaluation (Neff & McGehee, 2010). In one study, Neff & McGehee (2010) found that positively functioning families with warm and harmonious family climates buffered against early-adolescent self-criticism and other harmful attributes made toward the self. The buffering effect this resilience mechanism has on negative outcomes, in combination with its promotion of protective factors, may assist children in maintaining secure relationships as they age (Neff & McGehee, 2010; Trompetter et al., 2017). By modeling a self-compassionate lifestyle, caregivers may impart these regulating skills onto their offspring, as hypothesized in the current study.

Numerous measures have been created to assess characteristics that emerge within the first four years of life such as mindfulness and emotion regulation. Scales such as the Emotion Regulation Checklist (ERC) and the flanker task are often used to identify early aspects of emotional characteristics related to executive functioning and signs of maladaptive adjustment (Shields & Cicchetti, 1995; Zelazo et al., 2013). There is reason to believe that self-compassion

is another positive characteristic that also emerges within the first four years of life (Trompetter et al., 2017). In order to meet the long-term goal of supplying this SEL mechanism for the improvement of early social and emotional well-being, the aim of the current study is to adapt and pilot a valid and reliable scale for measuring self-compassion in early childhood that is based on parent report.

This research is guided by three main questions surrounding the delivery of the early childhood self-compassion scale to parents. First, does the adapted scale reflect a valid and reliable measurement of self-compassion in early childhood? It is hypothesized that construct, convergent, and criterion validity, and reliability will be determined for this adapted scale. In line with previous research on self-compassion in childhood (M = 9.9; Stolow et al., 2016), it is also hypothesized that items will load on two factors (positive self-compassion and negative self-compassion).

Second, will early self-compassion be associated with early childhood emotion-related characteristics including emotion regulation, empathy, self-esteem, emotional well-being, and temperament, and negatively with internalizing behaviors? Significantly higher levels of personal initiative, mindfulness, perspective-taking, and competence found in self-compassionate individuals leads this prediction (Neff, 2003b; Neff et al., 2005). Negative associations between self-compassion and social withdraw, depression, and insecure attachment lead this hypothesis (Neff, Rude, & Kirkpatrick, 2007; Jiang et al., 2017).

Third, can we empirically examine an association between parent and child emotion-related characteristics? It is hypothesized that parent self-compassion, emotion regulation, and empathy will be related to child emotion regulation and empathy as preliminary evidence of a socialization process that occurs when emotion-related characteristics are demonstrated and

passed on from parent to child. Early indications of such a pattern may provide further evidence that self-compassion emerges through the parent-child relationship (Moreira et al., 2018). We expect to find that self-compassion begins to develop as early as emotion regulation abilities emerge, which is within the first four years of life (Eisenberg & Morris, 2002). Rationale of the need to establish a scale for measuring self-compassion in early childhood illustrates the urgency to strengthen positive self-relatedness, relatedness to the suffering of others, and mindfulness during the first four years of life when the foundation for social and emotional development is laid (Eisenberg & Morris, 2002).

In summary, self-compassion appears to serve as a positive characteristic and strategy for emotion regulation improvement that develops within the context of the family (Trompetter et al., 2017; Neff & McGehee, 2010; Moreira et al., 2018). This research is novel in the development of a scale that may assist in identifying extremes in negative self-relating behavior. Negative cognitions that contribute to self-criticism, social withdrawal, over-identification with failures, and low self-esteem may be identified earlier for individuals by the development of this scale. Once a valid and reliable early childhood self-compassion scale is established, we can also determine the underpinnings of how self-compassion develops early in the lifespan. Mindfulness and emotion regulation are other indicators of mental well-being that are examined within the first four years of life as skills that can be strengthened with intervention. Thus, there is reason to believe that self-compassion emerges as a detectable characteristic in early childhood. With this adapted scale, the proposal of this research is to allow for the examination of self-compassion over the course of the lifespan, beginning in early childhood.

CHAPTER II

REVIEW OF THE LITERATURE

Bodies of literature that contributed to the development of the adapted scale for measuring self-compassion in early childhood are examined in this chapter. This research-based literature is drawn from to support the establishment of this scale for use in early childhood. The history of self-compassion as a construct is discussed in reference to the benefits obtained by adults, adolescents, and children as young as nine years old. Behavioral indications of early self-compassion are listed under each of the six components of self-compassion: (a) self-kindness, (b) self-judgment, (c) common humanity, (d) isolation, (e) mindfulness, and (f) over-identification. Hypothesized underpinnings of how self-compassion is socialized in the context of the household and family environment are discussed and procedures taken by the primary investigator during measure development are lastly discussed in this review of the literature.

History of Self-Compassion

An eastern philosophical way of kindly relating to oneself, self-compassion is similar in origin to aspects of Buddhist psychological thought such as mindfulness (Neff et al., 2019). Self-compassion can be understood as the same care and consideration shown to a friend in need, turned inward toward the self (Neff, 2003a). When a friend requires comfort and empathy, one is typically willing to fill those emotional needs for them, however, many are unwilling to provide themselves with the same attentive care. Research reveals self-compassion as an excellent

identifier of overall mental health that can be maintained with practice over time (Neff, Kirkpatrick & Rude, 2007; Neff & Germer, 2013).

This mode of cognitive resilience reached western attention much later in the 21st century, generating much intrigue and recognition as a potential tool for enhancing psychological well-being (Neff, 2003b). Research suggests that individuals with higher compassion toward themselves experience lower negative affect (i.e., upset, nervousness), enhanced goal achievement, and fewer negative cognitions such as brooding ruminations and thought suppression (Neff et al, 2005; Neff, Rude, & Kirkpatrick, 2007; Neff, 2003a). Research also indicates that self-compassionate individuals possess higher self-esteem, a greater joy for learning, hope, and overall life satisfaction compared to those with lower self-compassion (Neff, 2003a; Neff et al., 2005; Yang et al., 2016).

Self-kindness, common humanity, and mindfulness, alongside inverse elements of self-judgment, isolation, and over-identification comprise an individual's total self-compassion score (2003a; Neff et al., 2019). Neff and colleagues (2019) reveal these six components of self-compassion to mutually interact to form an overall self-compassionate mindset. By generating a greater sense of positive self-regard, incorporating better perspective-taking abilities, and achieving a higher level of mindful regulation and awareness, the self-compassionate individual is better able to cope with difficult emotions and solve problems with confidence (Leary et al., 2007). This developing characteristic holds potential benefits for all ages. The paradoxical statement regarding self-compassion training, "when we suffer, we practice not to feel better but *because* we feel bad" (Germer & Neff, 2019) captures the essence of what sets self-compassion apart from other practices, including self-esteem tactics taught in early childhood. By introducing healthy coping mechanisms, not to immediately feel better but to comfort ourselves in moments

of suffering, long-term wisdom and resilience are invigorated rather than egocentric cognitions (Neff, Rude, & Kirkpatrick, 2007; Neff, 2003b).

Bringing self-compassion to early childhood has implications for promoting healthy attitudes toward early on in life. There is also potential to preventively mitigate the trajectory toward negative outcomes that research has associated with low self-compassion in adults, adolescents and children (Stolow et al., 2016; see also Neff, Kirkpatrick, & Rude, 2007; Neff & McGehee, 2010). Efforts toward accomplishing this goal are already underway. In one longitudinal study assessing self-compassion levels among a group of young students (M ages = 9.9, 12.7, and 16 years), higher levels of self-kindness, common humanity, and mindfulness facets of self-compassion were associated with reductions in depressive symptoms (Stolow et al., 2016).

Relatedly, several mindfulness programs are currently implemented to target the emotional processes of children under the age of four years for preventive and interventive purposes (Flook et al., 2015; Harpin et al., 2016). Neff, Rude and Kirkpatrick (2007) further explain mindfulness as a core facet of self-compassion that involves accepting the self during hardships by taking a balanced perspective of one's internal state and by facing negative features of the personality head on without indulging in self-pity. With strong components of self-compassion, such as mindfulness, already included in preschool and elementary level curricula with associated positive outcomes, a scale for measuring self-compassion in early childhood is suggested in this paper.

Self-Kindness

In contrast to self-critical thoughts and behaviors, self-kindness encompasses internal understanding and acceptance of personal shortcomings and human error (Neff, 2003b). Self-

kindness includes taking the initiative to be assertive for oneself, providing self-care during moments of suffering, and genuine self-forgiveness for past mistakes (Neff, Rude, & Kirkpatrick, 2007; Gilbert & Woodyatt, 2017). Kindness pointed inward appears to strengthen emotional balance in the face of outward criticism and sustain feelings of self-worth significantly more effectively than that of self-esteem (Leary et al., 2006; Neff & Vonk, 2009). Additional key features of self-kindness involve empathetic concern for oneself and gratitude for others (Neff, 2003b), which leave little room for narcissism to permeate the personality with an inflated ego. Research indicates this cognitive avenue toward self-acceptance as particularly useful in moments of failure, where feelings of inadequacy are met with gentle kindness rather than critical inner dialogue (Neff, Rude, & Kirkpatrick, 2007).

Self-Judgment

Self-judgment has been defined as a strict categorization process for labeling oneself negatively without considering all direct factors (Goldstein & Kornfield, 1987; Neff, 2003a). Critical self-evaluation can hinder task performance, as harsh judgments tend to lower confidence and perceptions of self-worth (Neff, 2003a; Neff et al., 2005). More broadly, harsh criticism with oneself can severely impede personal growth and well-being over time, and contribute to poorer psychological functioning (Neff, Rude, & Kirkpatrick, 2007; Neff & Germer, 2013). In contrast, highly self-compassionate individuals are found to face challenges with self-care and without being stunted from accomplishing personal goals by the dread of failure (Neff, et. al., 2005).

Common Humanity

The common humanity mindset juxtaposes with the concept of isolation and is defined as the recognition that all live imperfectly and experience suffering and distress in life (Germer &

Neff, 2019). Additionally, self-compassionate people see their situations as inclusive with the rest of humanity and with awareness that feelings of anger, grief, and internal suffering are common emotions known to all (Neff, 2003b). Acknowledging this shared humanity during difficult times can provide the understanding and acceptance necessary for maintaining positive self-regard (Neff, 2003b). The tendency to disassociate from the pain of others is replaced with an empathetic reframing of personal suffering in the context of the shared human experience (Neff, 2003b). Moreover, this mindset contrasts with feelings of emotional isolation by protectively shielding feelings of interconnectedness with others (Germer & Neff, 2019).

Isolation

Isolation contrasts with common humanity by the degree to which individuals exhibit feelings of interconnectedness with others. Feelings of emotional isolation often stem from a sense of heightened self-consciousness extending from harsh criticisms and emphasized identification with failures (Brown, 1999; Goldstein & Kornfield, 1987). High levels of self-judgment can contribute to feelings of isolation by narrowing the focus of blame and distress onto oneself rather than objectively acknowledging that pain is experienced by all (Neff, 2003b). Mindful awareness and self-kindness can also mitigate feelings of isolation by replacing negative cognitions with feelings of contentment and competency (Neff, 2003b; Elkind, 1967).

Mindfulness

Mindfulness, the third component of self-compassion, contrasts with over-identification and involves cognitive engagement in the present moment with nonjudgmental awareness toward the self (Hölzel et al., 2011). Mindfulness does not involve passively accepting all things as a non-autonomous agent of change but rather moves the individual to actively face the negative along with the positive for long-term contentment and stability (Neff, 2003b). Hölzel and

colleagues (2011) further explain mindfulness as the ability to step outside of one's subjective experience and take the perspective of an objective onlooker to analyze introspective experiences. As mindful awareness increases so does the realistic evaluation of personal abilities and weaknesses.

Over-Identification

Research indicates that excessive identification with personal short-comings tends to minimize feelings of self-worth as well as hinder improvement (Neff et al., 2005). Germer and Neff (2019) report negative cognitions such as these to be greatly reduced with the practice of self-compassion. Rather than permitting anxieties and ruminations into daily cognitions, mindful individuals explore feelings of negativity with curiosity, flexibility, and objectivity (Neff, Rude, & Kirkpatrick, 2007). A 2019 meta-analysis revealed over-identification as the greatest area of improvement for individuals who participated in self-compassion training (Ferrari et al., 2019; Neff et al., 2020). This research suggests self-compassion to significantly alter negative cognitions and serve as the antecedent for many associated positive outcomes to occur including optimism, body satisfaction, and motivation (Neff & Germer, 2017; Neff et al., 2019).

What Self-Compassion is Not

Considered a self-to-self relating paradigm, many assume that practicing self-compassion will increase egocentric thinking and self-indulgent attitudes. Research to date on self-compassion reveals no such association with narcissism, passivity, or self-pity (Neff, 2003b; Cassisa & Neff, 2019). Interestingly, several validated and frequently applied measures of self-esteem do hold positive correlations with narcissism (See Appendices B; Neff, 2003a).

Self-Esteem

The problem with promoting high self-esteem for developing children and adolescents is that when self-esteem is low there is no method for recovery (Neff & Vonk, 2009; Neff, 2009). Self-esteem does not shield feelings of competency or self-worth when faced with failure, nor does self-esteem buffer against feelings of inadequacy that tend to follow personal error in the absence of compassion for oneself (Neff, 2003a; Neff, 2009). Also, when positive self-regard is over-enhanced, negative mental health effects may occur as well, including deficient social skills and maladjustment outcomes assessed in young adults (Colvin et al., 1995). In contrast to self-esteem, self-compassion buffers against negative cognitions that are made toward the self, which can allow individuals to build and maintain positive self-regard throughout the lifespan (Neff, Rude, & Kirkpatrick, 2007; Neff, 2009).

Previous research shows that self-compassion serves as a healthier form of self-to-self relating than self-esteem in that self-compassion protects from over-identifying with failures through the mindful awareness that all fail at some point (Neff, 2003b). In contrast to self-esteem, self-compassion involves striving to succeed with less fear of external evaluations or fear that efforts will result in mediocre performance or complete failure (Neff et al., 2005; Neff & Vonk, 2009). Instead, kind encouragement for oneself and the joy associated with curiosity and exploration drives the self-compassionate individual forward (Neff, 2003a; Neff, Rude, & Kirkpatrick, 2007).

Self-compassion and self-esteem also differ in the area of true self-acceptance, a primary emotion regulation mechanism (Neff, Kirkpatrick, & Rude, 2007). Neff and colleagues (2007) posit that self-esteem brings a sense of self-acceptance that is performance-based and centered around gaining the acceptance of others. Self-compassion offers a rare and stable form of genuine acceptance of one's negative personality traits in conjunction with the positive (Neff,

Kirkpatrick, & Rude, 2007). Through the working components of self-compassion, one sees and accepts themselves objectively and as a flawed individual with the rest of humankind (Neff, Kirkpatrick, & Rude, 2007). Exhibitions of higher confidence and autonomy reveal self-compassionate individuals to have the advantages of self-esteem without its ties to inflated egocentricity (See Appendix B; Neff, 2003a).

Differences in Measurement. Neff's self-compassion scale (2003a) differs from self-esteem measures in considerable ways, one being that self-esteem holds a direct association with narcissism. Deci and Ryan's self-determination scale (1985), which is said to examine true self-esteem, contains items such as, "I do what I do because it interests me", and "I feel like I am always completely myself". These items portray somewhat unrealistic perceptions of oneself that are also linked with self-perceptions addressed in Raskin and Hall's narcissistic personality items (1979), including "I am more capable than other people", and contrasting with, "There is a lot that I can learn from others". Self-esteem measures appear to represent how individuals generally feel about themselves in terms of confidence and self-worth. Self-compassion items, on the other hand, assess resilient self-perceptions when faced with a difficult challenge or opportunity to feel negatively about oneself.

Self-compassion measures for adults and youth (Neff, 2003a; Neff et al., 2020) highlight traits that are indicative of resilience by assessing the care and concern individuals maintain for themselves when faced with suffering. In the adapted parent-report scale for measuring self-compassion in early childhood, items were phrased in similar ways to that of Neff's original scale. For instance, showing openness to problem-solving when dealing with difficult feelings is represented by a mindfulness item and reveals the child's ability to positively reframe an issue in effort to find a solution. Low self-compassion is assessed by asking parents about self-critical,

withdrawing, and over-identifying behaviors demonstrated by their child. For example, one item addresses whether the child tends to give up quickly on tasks they have trouble accomplishing. The purpose of asking this question to parents is to assess whether or not their child tends to self-compassionately persevere or succumb to failure.

Internalizing behavior can quickly lead to self-critical habits and toward a trajectory for overall low self-regard. Low self-compassion in early childhood involving self-critical tendencies may hinder children from developing effective cognitive and emotional abilities to recuperate from faults (Zentall, 2010). With a self-compassionate mindset, however, children can accept failure as an isolated case of disappointment and refrain from merging this failure into the makeup of their identities. Self-compassion allows the individual to consider failures realistically without self-criticism and move on from those failures with acceptance and by making changes wherever necessary to thrive in the future (Neff, 2003a). The long-term goal of the current research is to provide these same emotionally stabilizing opportunities for children as young as 3 years old by first identifying areas of low and high self-compassion in early childhood.

Narcissism

Negative outcomes linked with individual tendencies to over-enhance their own characteristics in a more positive light has captured the attention of researchers over the last several decades (Larwood & Whitaker, 1977; Weinstein, 1980). Recurrently cited data from College Board exams (1976) indicate, from a sample of one million, the vast majority to consider themselves higher than the typical average in areas of management skill, sociability, and athleticism, a phenomenon also known as the better-than-average effect (College Board, 1976; Alicke & Govorun, 2005). The improbability of the better-than-average effect also follows that in an effort to meet social normative and performance expectations, social comparisons are often

made and the self is seen as favorable to peers (Codol, 1975). Self-compassion veers from this thought and rather emphasizes non-comparison toward others in a balanced acceptance of personal characteristics that are positive, negative, and somewhere in between.

Self-compassion is not related to egocentric thought and rather involves the understanding that pain and suffering are shared by all (Neff, 2003a). Neff (2003a) conveys how self-compassion does not lead to narcissism by explaining that self-compassionate individuals tend to evade performance-based evaluations (Neff et al., 2005). Compassion for oneself is associated with mastering areas of learning and understanding with a mindful and realistic acceptance of one's abilities rather than for the purpose of doing better than others or to avoid looking inferior (Neff et al., 2005). Self-worth is predicted as more stable alongside self-compassion than in conjunction with self-esteem, and appears to be higher when personal growth and self-acceptance are valued over internal and external comparisons (Neff, 2003a, Neff & Vonk, 2009).

Passivity

Another assumption previously made about the construct of self-compassion is that with it, the tendency to be passive in life rather than to strive for optimal growth should increase (Neff 2003b). However, this characteristic of passivity differs greatly from self-compassion partly because self-compassion is strongly correlated with personal initiative and assertiveness for oneself (Neff, Rude, and Kirkpatrick, 2007). Self-compassionate individuals tend to possess less fear of failure, which was identified in one study by participants having a higher propensity to persevere and extend more effort when failure was a possible outcome (Neff et al., 2005). In the same study, the relationship between self-compassion and mastering goals for the purpose of learning rather than to outperform others was mediated by higher competence of individual

abilities and a lower fear of failure (Neff et al., 2005). As research indicates, self-compassionate individuals tend to possess qualities that allow for flexibility and adaptation to new and challenging situations rather than passivity toward those challenges (Neff, Rude, & Kirkpatrick, 2007; Neff et al., 2005).

Self-Pity

Self-pity is recognized as separating personal occurrences from those experienced by others and overstating that personal suffering (2003b). In contrast, researchers explain self-compassion as being distinct from this tendency to over-engage with feelings by holding a mindful and balanced perspective of one's situation (2003b; Cassisa & Neff, 2019). In this way, self-compassionate individuals tend to evade emotional imbalance with the objective awareness that their pain reflects the shared human experience (Goldstein & Kornfield, 1987). By recognizing one's own strengths and weaknesses objectively and non-critically, the mindfulness component of self-compassion combats self-pity and develops an accurate examination of personal performance (Neff, 2003b).

Feasibility of Measuring Self-Compassion in Early Childhood

Self-compassion shows independence from negative cognitions and long-term attitudes such as self-pity, as well as narcissism and passivity (Neff, 2003b; Cassisa & Neff, 2019). For this reason, the overarching goal of the current research is to establish a measure for assessing self-compassion in early childhood with intent to identify and address early psychological protective qualities and vulnerabilities. Considered in the next section are the ways in which children are hypothesized to develop and experience early emerging self-compassion. Previous research on early childhood social and emotional development is also examined in referencing potential early behavioral indicators of self-compassion (see Appendix C).

Theory

Stolow and colleagues (2016) found relations between childhood depression and low self-compassion using a scale adapted by Amy Saltzman to assess self-compassion in children as young as nine years old. However, it is likely that self-compassion develops even earlier than this. With a similar mode of functioning as emotion regulation (Trompetter et al., 2017), this research explores the possibility that feelings of positive self-regard, a healthy connectedness to others, and mindful awareness begins to emerge within the first four and five years of life. To address the feasibility of examining early self-compassion, cognitive theory of development, attachment theory, and theory of mind are discussed in this section of the literature review.

Cognitive Theory of Development. Piaget's preoperational phase (1963) states that cognitive perspectives of the self are limited prior to the age of seven years. During the preoperational stage comes an influx of symbolic thinking related to deeper understanding of concepts and stronger intuition about the characteristics of others (Piaget, 1963). Intuitive thought substage (Piaget, 1963), however, is an integral constituent to Piaget's preoperational stage, which depicts the deepening of knowledge on more complex concepts and this is experienced by children as young as 4 years old. Behavioral indications of this substage involve asking more questions and showing general curiosity about the functioning of objects and emotions as well as shifting from magical to rational beliefs (Piaget,1963). Curiosity, openness to problem-solving, and transitional shifting are strong facets of self-compassion already assessed in early mindfulness research (Neff, 2003a; Thierry et al., 2016). While Piaget emphasized that children have fully established perspective-taking abilities by seven years of age (Piaget, 1963), this process is known to begin as early as two years (Wellman et al, 2001).

Attachment Theory. Secure relationships typically place children on a positive developmental trajectory for emotional development (Ainsworth, 1992; Moreira et al., 2018). From there, the internal working model of attachment becomes the center of understanding self-worth and awareness of oneself in relation to others and the world around them (Bretherton, 1996; Leblanc et al., 2017). Ainsworth (1992) wrote about the overlap between social referencing and attachment theory with evidence noting that infants as young as eight to ten months observed their attachment figures for cues on how to comprehend and respond appropriately to different scenarios. Early engagement in social referencing may explain much of how the socialization process of emotion-related behaviors is demonstrated, observed, and imitated in early childhood.

The equivalent role of attachment on parent-child socialization and early childhood outcomes is that an insecure attachment can negatively influence the developing internal working model (Bretherton, 1996). When attachment relationships are compromised or dysfunctional in some way, developmental outcomes related to feelings of self-acceptance, emotion regulation, and overall well-being can be stunted (Moreira et al., 2018). These early attachment relationships appear to develop within the context of the family and through the emotional climate of the household, emotional expressivity, and parenting style (Morris et al., 2007; Neff, & McGehee, 2010).

Research indicates clear associations between early attachment style with emotion regulation and self-compassion (Girme et al., 2020; Jiang et al., 2017). Girme and colleagues (2020) noted that attachment style assessed prior to the age of two years predicted emotion regulation coping strategies with romantic partners and the opposite was true for insecurely attached infants. Research also reveals that self-compassion mediates for the association between

anxious attachment and overall well-being (Wei et al., 2011). These findings are not surprising given that the scale used to assess subjective well-being maintains construct validity with several correlates of self-compassion including optimism, self-esteem and life satisfaction (Hills & Argyle, 2002).

Theory of Mind. Taking a developmental view of theory of mind, it is recognized in the current research that from birth to age five, children progressively develop deeper insight into their own emotions as well as the perspectives held by others (Wellman et al., 2001). Perspective-taking and self-awareness are essential abilities involved in common humanity and mindfulness facets of self-compassion (Neff, 2003b). The main premise behind theory of mind reflects an early understanding that individual beliefs, thoughts, emotions, and mental states are attributed to and experienced by oneself as separate from others (Wellman et al., 2001). As children are faced with challenges that provide opportunities to engage in self-critical, socially withdrawn, or ruminating behaviors, it is posited that early behavioral patterns of self-compassion may also be detected.

Within the first five years, there are well-defined transitional shifts in social and emotional development that include rapid improvements in self-awareness and empathetic responsiveness to the distress of others (Harrington et al., 2020). Assessing false beliefs in early childhood often consists of an administered task that requires children to manipulate knowledge that has been made available to them and realize that same knowledge has not yet been given to another individual (Wellman et al., 2001). In one meta-analysis, 591 studies on the false belief task were assessed and most children performed the task incorrectly at 30-months old, with a 2% effect size increase each month after (Wellman et al., 2001). By 44-months, exactly half of the sample performed the task correctly (Wellman et al., 2001). With this effect size increase, it was

predicted that before the age of three years, the proportion of correctly performed false belief

tasks would be approximately 74.6% of the sample (Wellman et al., 2001). In other words, some

research suggests that children may engage in, what is known as, attributing mental states of

others in perspective-taking sooner than previously established.

Southgate and colleagues (2007) designed a false belief test that involved relocating a toy

from a distracted actor and tracking infant (M = 25 months) eye movements for the purpose of

determining exactly how much time is spent looking at false versus correct locations. In this

study, anticipatory looking was assessed by having infants witness a toy being moved from one

location to another while an actor was distracted (Southgate et al., 2007). The object was

removed from the scene completely before the actor returned and infant eye movements were

traced for the purpose of determining where the infant expected the actor to look for the toy.

Results revealed that infants spent twice as much time gazing at the original location, and in

doing so, correctly predicted the behavior of the actor to look to that false belief location

(Southgate et al., 2007). Previous research supports these findings by indicating that prior to the

age of 4 years old, young children are sensitive to the mental states and beliefs of others (Onishi

& Baillargeon, 2005). Although it may be possible to detect developing characteristics such as

perspective-taking sooner, the current research aims to examine how self-compassion is

experienced among children aged three, four and five years old.

Early Development and Transmission of Emotion Regulation

Previous research reveals emotion regulation to include a host of abilities that develop

within the context of the family and within the first four years of the lifespan (Eisenberg &

Morris, 2002; Trompetter et al., 2017). The occurrence of this early transmission process within

the first four years of life is hypothesized of self-compassion in the current study. Emotion

regulation refers to the management, processing and balancing of both positive and negative emotional experiences (Barratt & Campos, 1987; Eisenberg & Morris, 2002). In terms of emotion stabilization and psychosocial well-being, self-compassion and emotion regulation are connected as two forms of resilience mechanisms (Trompetter et al., 2017; Hölzel et al., 2011). Both constructs of social and emotional learning hold beneficial value in forms of attentional focus, positive cognitive reappraisal, acceptance, and in confronting negative emotions rather than engaging in avoidance or thought suppression (Trompetter et al., 2017; Neff, 2003a; Neff, Kirkpatrick, & Rude, 2007).

Morris and colleagues' tripartite theoretical model (2007) represents the transmission process of emotion regulation. Morris and colleagues (2007) noted three mechanisms for how emotion regulation is transmitted within the family context. These mechanisms include a) child observation of parent emotional responses, b) parental reactions toward child emotions, and c) the emotional climate of the household. The tripartite theoretical model (Morris et al., 20007; 2017) demonstrates positive parenting and emotional support as heavily influential in the development of emotion regulation.

It is likely that self-compassion is similarly transmitted to offspring through parental modeling of emotion-related characteristics, emotion-coaching in response to offspring emotions, and through the emotional climate of the household (Morris et al., 2007; Neff & McGehee, 2010). Emotion coaching is one facet of this transmission process that involves teaching children to practice awareness and problem-solving when difficult and reoccurring feelings arise (Morris et al., 2007). Parental reactions to offspring emotionality contribute to the child's development of emotional competence or avoidant coping as they begin to understand their feelings can be either dismissed or respected and valued by others (Eisenberg et al., 1996).

An abundance of negative outcomes related to emotion dysregulation are experienced by preschool-aged children as well (Wakchlag, & Danis, 2009; Zero to Three, 2016). Issues related to uninhibited displays of aggression, low attentional focus, social withdrawal from peers and family members, and low problem-solving abilities have been related to early emotion dysregulation (Eisenberg et al., 1996; Eisenberg et al., 1993). An effective tool for neutralizing anxious feelings and strengthening interpersonal relationships, self-compassion combats criticisms made toward the self and feelings of aloneness in the world (Neff, Kirkpatrick, & Rude, 2007).

The current study is driven by inquiries about how early these self-compassion protective abilities emerge and by which mechanisms. It is posited that self-compassion is transmitted in similar ways as emotion regulation through mechanisms of early observation and imitation of emotion-related behavior demonstrated by attachment figures. As a core strategy for improving emotion regulation (Trompetter et al., 2017), there is need for a validated self-compassion scale for early childhood (SCS-EC). In the current research, we also seek preliminary evidence of a socialization process by comparing parent and child emotion-related characteristics in areas of self-compassion, emotion regulation, and empathy.

Behavioral Indicators of Self-Compassion in Early Childhood

As an abstract mentality of relating to oneself positively and realistically, self-compassion should look differently among children than it does among adults (See Appendix D). Typically, children do not comprehend their emotional experiences as relative to the rest of humankind nor do children consider themselves autonomous beings of this world with the propensity to practice both positive self-regard and self-criticism (Zentall, 2010). Early indicators of self-compassion are explored in this section by drawing from literature on early

social learning and prosocial behaviors (self-kindness), social connectedness and social resource acknowledgment (common humanity), early mindfulness, parental criticism and self-criticism (self-judgment), social withdrawal (isolation), and negative cognitions associated with emotion dysregulation (over-identification).

Self-Kindness in Early Childhood

We posit that self-kindness and self-critical behaviors emerge early in life. Several researchers have investigated the early imitation of words, attitudes, and behaviors and it is apparent that even infants and children as young as two years attribute intentions and preferences to individuals based on behavioral indications (Ensink & Mayes, 2010). For example, one study examined infant reasoning about adult desires and motivator (Repacholi & Gopnik, 1997). At 18-months, infants were able to correctly understand the emotional responses of adults by predicting their preference for broccoli and they were able to appropriately understand this inclination as distinct from their own preference for crackers (Repacholi & Gopnik, 1997).

According to Bandura's social learning theory (1977), young children begin to recognize and imitate kindness and the lack thereof by observing others. In a randomized controlled trial design (Flook et al., 2015), children as young as 4 years old were involved in a program called the Kindness Curriculum (KC) that was meant to improve emotion regulation. Children were taught prosocial skills such as gratitude, empathy, and sharing through the use of concrete practices that are typically seen in preschool classrooms today. Through the use of story-time, music, and movement, kindness and compassion practices were revealed to improve social and emotional competence as well as emotion regulation functioning with moderate effects in comparison to the control group (Flook et al., 2015).

Another interesting finding from this study was that children in nontreatment groups became more self-focused and less prosocial over the 12-weeks their behavior was recorded (Flook et al., 2015). Recognized as a vital area of development, social and emotional abilities are currently implemented in several pre-K programs for the purpose of improving the long-term trajectory for mental and emotional stability (Hoffmann et al., 2020). Although it has not been measured yet, one likely additional benefit to learning prosocial skills in early childhood is that children also learn self-kindness by observing and demonstrating what appropriate treatment unto others looks and feels like.

Research also indicates that early displays of kindness and prosocial behavior contribute positively to several developmental domains including peer selection and academic achievement (Caprara et al., 2000). A longitudinal path of influence from third grade to adolescence was assessed in one study with prosocial behavior accounting for 37% of the variance in social domains and 35% in later academic achievement for adolescents (Caprara et al., 2000). Social domains represented a stronger preference for peers who also possessed prosocial qualities such as sharing, consoling others, and assisting those in need (Caprara et al., 2000). Experienced in more concrete ways than adults, it is probable that acts of self-kindness take the form of sharing personal interests with attachment figures and peers and by showing early confidence in abilities. In the current study, it is expected that age differences will exist for self-kindness and perspective-taking abilities particularly between children aged three and five years.

Self-Judgment in Early Childhood

Early self-critical behaviors appear to take root from negative parental responses (i.e., strict and critical parenting) to early displays of offspring emotion (McCranie & Bass, 1984). In one longitudinal study that tracked infants from 3 to 20-months, maternal sensitivity was

measured by tracking appropriate versus intrusive responses to infant cues (Zentall, 2010).

Maternal sensitivity was recorded during the first several visits and at 20 months, infants

participated in an unsolvable task (Zentall, 2010). The procedure of the unsolvable task involved

presenting infants with a toy that was not age appropriate for the purpose of assessing differences

in infant responses to motivation as a potential outcome of maternal sensitivity. This toy was

introduced to infants by parents who demonstrated its function before leaving the child to

autonomously operate the toy for themselves. Results revealed that child negative affect during

the unsolvable task was predicted by maternal sensitivity (Zentall, 2010). Self-criticism is

assessed in a similar way in the current research by asking parents whether their child tends to

give up quickly when they experience initial difficulty with a task.

Early sensitivity to the criticisms of others is hypothesized to manifest through self-

critical behaviors in the current study as negative affect or frustration when approaching a

challenging task or in attempt to communicate difficult emotions. Another study (Stevens, 2014)

supports these claims in with findings that early responses to failure and challenging tasks serve

as outcomes of parenting practices. Results from this preliminary research (2014) indicated that

higher attachment insecurity between mother and child was significantly related to more negative

affect and a higher negative response to failure for ages four and five years. Children tend to

respond differently from adults to challenges and failures and one goal of the current research is

to identify early feelings of self-kindness versus self-critical behavior as indicators of developing

self-compassion.

Over time, self-criticism can lead to feelings of low self-worth and self-doubt as well as

hinder social involvement (Neff, 2003b; Neff, et al., 2005). Children may internalize evaluations

by developing an inner voice that mirrors a similar perspective of their primary caregiver (Beck,

1976). In a study designed to assess internalizing, externalizing, and attachment outcomes in children of mothers with depression versus non-depressed mothers, a significant association was found between maternal self-criticism and expressions of criticism about their child (Gravener et al., 2012). Mothers' self-critical statements and critical attitudes toward their children were assessed by coding statements provided in a brief interview where mothers were asked to speak about their relationship with their baby (M age = 20 months).

Using path analysis, maternal depression was reported as indirectly influential over the association between maternal self-criticism and both child externalizing behaviors and attachment insecurity (Gravener et al., 2012). Separate research on adolescents and their parents reveals a similar association with a direct significant relationship between maternal self-criticism and adolescent self-criticism, and this association was homogenous for both genders (Bleys et al., 2016). From this research it is apparent that the level of criticism mothers cast onto themselves significantly influences the attachment style and mental well-being of their child very early in life (Gravener et al., 2012).

Common Humanity in Early Childhood

Inverse facets of self-compassion, common humanity and isolation, appear to take the form of social connectedness and social withdrawal in early childhood. Common humanity is defined by a sense of belonging and relatedness to others during moments of challenge and personal distress (Neff et al., 2019). The recognition that all share in feelings of pain, suffering, anger, and joy appears to combat feelings of isolation and withdrawal (Neff, 2003b). Young children will gravitate toward caregivers to address their needs and distresses while older children tend to look more to peers in attempt to work out their problems or they will work it out for themselves (Bernzweig et al., 1993; Eisenberg & Morris, 2002). Common humanity in early

childhood may be indicated by an early acknowledgment of social and emotional resources and by seeking comfort from attachment figures during distressful moments (Bernzweig et al., 1993). Although common humanity shares many similarities with empathy, they are distinct in that common humanity involves empathy directed toward oneself in view of the shared perspectives and experiences of others. In the current research, common humanity is represented by children seeking out attachment figures for comfort rather than for negative attention during upsetting and disappointing experiences.

Isolation in Early Childhood

Isolation is the inverse of common humanity and is generally referred to as social withdrawal in early childhood research (Zero to Three, 2016). Social withdrawal in early childhood has many forms and has been largely examined through the lens of shyness and social wariness (Rubin et al., 2009). In his early proposal about social connectedness versus withdrawal, Mead (1934) all but defined self-compassion in stating that self-reflection, consideration of oneself in relation to others, and perspective-taking of others are dominant features of understanding oneself more accurately. Mead (1934) referred to this developmental process as beginning in early childhood.

Many negative outcomes are predicted by early social withdrawal, which can be profoundly harmful to the social and emotional development of children as they age (Rubin et al., 2009). Negatively altered outcomes include reduced self-esteem, poorer relationship quality with teachers and peers, and internalizing behavior such as depression (Rubin et al., 2009). Researchers Ooi, Baldwin, Coplan and Rose (2018) found consistent solitary play to be associated with antisocial behavior in forms of social, emotional, and adjustment issues for children aged 4 to 7 years old. Researchers used a multi-informant approach in another study to

reveal that children who exhibited early social withdrawal, even in the form of shyness, were at an elevated risk for experiencing later peer difficulties (Coplan & Weeks, 2010). Early social withdrawal in this study also predicted larger gains in feelings of isolation and internalizing behaviors for children as young as six years (Coplan & Weeks, 2010). While not all withdraw is indicative of maladjustment, past research does reveal a pattern between early isolation and long-lasting negative impacts that begin in early childhood (Rubin et al., 2009; Zero to Three, 2016).

Previous research indicates another source of social withdrawal that occurs in response to self-conscious embarrassment and has been observed in children as young as 24-months (Lewis & Ramsay, 2002; Crozier, 2010). Lewis and colleagues (1992) found that self-conscious embarrassment occurred when children failed to complete a task in the given time frame. (Lewis et al., 1992). Neff's original scale (2003a) refers to moments of isolation when the individual misses the mark on something that is significant to them. In the current research, isolation in early childhood is phrased similarly, as withdrawing from others during sadness or disappointment.

Behavioral isolation in early childhood is also assessed in the current research by asking parents whether their child tends to struggle to communicate difficult feelings without becoming frustrated. Previous research has shown clear associations between difficulties in language development with emotion dysregulation and difficulties in peer development (Stansbury & Zimmermann, 1999; Sroufe, 1983). In one study (Stansbury & Zimmermann, 1999), a frustration task was elicited for parents and children to cope through. It was reported that parents of children with language difficulties used a more rigid, authoritarian parenting style rather than guiding their child through useful emotion-related coping strategies (Stansbury & Zimmermann, 1999). Children with low verbal ability and authoritative parental engagement used fewer cognitive

emotion regulation coping strategies (Stansbury & Zimmermann, 1999). In the same study, it was found that physical comfort toward oneself (i.e., sucking on thumb, patted self) for children, significantly predicted internalizing and externalizing behaviors (Stansbury & Zimmermann, 1999). Seeking physical comfort as a coping mechanism was an isolated act that did not involve parental engagement and was distinct from other coping strategies that did involve parents (i.e., seeking parent for comfort, request for transitional toy).

Mindfulness in Early Childhood

Mindfulness involves the emergence of effortful control, inhibition, self-awareness, and similar developing executive functions in early childhood (Eisenberg & Morris, 2002; Flook et al., 2015). Effortful control is assessed in the current study as an emotion-related regulatory response (Rothbart et al., 1994). Effortful control involves attentional and inhibitory control during emotional distress and aids children in being more planful, proactive with coping, and more competent with problem-solving (Simonds et al., 2007; Eisenberg & Morris, 2002). As a feature of temperament and prominent component of emotion regulation, developing effortful control is known to strengthen resiliency to stress within the first year of life and more fully by the ages of four and five years (Simonds et al., 2007; Rothbart et al., 1994). Kochanska and colleagues (2000) assessed the development of effortful control in toddlers between ages 22 and 33 months in one study and found dramatic improvement during these ages (Kochanska et al., 2000). Toddlers with higher effortful control at 22-months exhibited greater regulation in dealing with anger, joy and restraint, and this improved cognitive and emotion regulation was predicted by parent socialization (Kochanska et al., 2000). Abilities to practice effortful control by cognitively distracting oneself in the face of emotional challenges requires a certain level of mindful awareness.

Self-awareness and perspective-taking are other early emerging abilities that involve mindfulness. As early as 15-months, infants with higher self-awareness in one study were more likely to engage with peers in more advanced pretend play than those with lower self-recognition (Lewis & Ramsay, 2004). Although there are mixed results, pretend play has been known to improve the development of social skills through empathy and perspective-taking as well as emotion regulation through enhanced attentional control (Jent et al., 2011; Lewis & Ramsay, 2004).

Several mindfulness programs have been created and implemented for use in preschool classrooms with significant improvements in executive functioning domains (Flook et al., 2015; Thierry et al., 2016). Mindfulness-based programs have been adapted for Pre-K and for elementary-school. These programs are implemented in the United States and internationally with curricula such as MindUP, the Kindness Curriculum (KC), and the OpenMind-Korea (OM-K) preschool program (Flook et al., 2015; Thierry et al., 2016; Kim et al., 2020). In one study, Kim and colleagues found that children who participated in the treatment group received benefits in all expected domains from the OM-K program including emotion regulation, prosocial behaviors, and resiliency (Kim et al., 2020).

Mindful awareness is assessed in the current study by asking parents about concrete indicators of how well their child balances their own emotions. With the adapted scale for measuring self-compassion in early childhood, parents were asked how quickly their child tends to recover when their feelings are hurt and how willing their child is to problem-solve when issues arise. Practicing mindfulness early in life appears to supplement children with skills that are necessary for elementary school-readiness (Thierry et al., 2016). It is

hypothesized in the current study that concrete behaviors of mindfulness exhibited by

preschool-aged children represent one core element of early emerging self-compassion.

Over-Identification in Early Childhood

For adults, over-identification involves negative cognitions such as rumination, emotion

suppression, and difficulty with reframing cognitions in positive and objective ways (Neff,

Kirkpatrick, & Rude, 2007). Prior research suggests that early adolescents also tend to over-

identify with feelings of failure (Neff, & McGehee, 2010). Similar and associated feelings of

worthlessness, excessive guilt, and self-blame have been identified as key criterion for children

who experience depressive symptoms (Zero to Three, 2016; Gilbert & Irons, 2009). Early

childhood over-identification may be better described as a low propensity to engage in mindful

thinking. This capacity to cognitively distract oneself from distress by reframing disappointments

to recover from negative feelings emerges more fully during the fourth and fifth years of life

(Rothbart et al., 1994).

Early emerging self-views are impacted by positive and negative feedback that is given

by caregivers (Garber et al., 2019). In a study designed to better understand the impact of verbal

feedback on early childhood emerging self-views, researchers assessed child affect, self-

evaluations, and internal attributions (Garber et al., 2019). In administering doll scenarios

designed by Cutting and Dunn (2002) meant to represent the child participant and their own

mother, children were asked to watch one scenario of a child doll who drew a picture with a

mistake on it (e.g., no door on the house), who then revealed his/her work to the mother doll

(Garber et al., 2019). Maternal responses given by the mother doll that were critical in content

and tone significantly predicted negative affect and self-evaluations in child observers, who were

4 and 5 years old (Garber et al., 2019). It was hypothesized that children would have lower views

of themselves and of their own abilities upon hearing critical negative maternal feedback and this was true in the given study (Garber et al., 2019). One takeaway from this research is that children may over-identify with negative parental evaluations that will then influence how positively or negatively they consider themselves (Garber et al., 2019).

Although parents report on feelings of low self-worth and self-blame demonstrated by their children as early as 24-months (Zero to Three, 2016), concrete behaviors illustrating similar mentalities will be asked to parents of children who are slightly older in the current study (M= 36-60 months). In the current research, we ask parents whether their child is typically likely or unlikely to make a second attempt after failing a task. Demonstrations of resistance to perseverance and problem-solving may reveal an early tendency to over-identify with failure (negative self-evaluation). Taken altogether, these six components appear to work together in forming the concept of self-compassion in early childhood.

Emerging Self-Compassion in the Context of the Family

In light of the early emergence and transmission of emotion and self-regulating abilities from parent to offspring (Morris et al., 2007; Spinrad, Morris & Luthar, 2020), the current research focuses on a similar developmental process for the construct of self-compassion. To better understand the transmission of self-compassion in the context of the family, research on mindful parenting is first examined to illustrate how self-compassionate parenting is hypothesized to emerge in the first four years of life.

Mindful Parenting

When children act out, parents may take a balanced frame of mind to view those moments as opportunities for conveying life lessons and for promoting social and emotional growth (Gottman et al., 1996). Numerous studies point to the contribution of parental warmth and

sensitivity on positive adjustment outcomes for their children, many of which predict academic success (Woolley & Bowen, 2007; Schwartz et al., 2013). Mindful parenting, as a model of parental sensitivity and responsiveness, can be defined by its key features of patience, flexibility, and consistency as opposed to over-reactivity to challenging emotions and behavior exhibited by offspring (McCaffrey et al., 2017). The Mindfulness in Parenting Questionnaire (MIPQ) was created to better understand the process of mindful parenting through the ways in which caregivers demonstrate parental self-efficacy, awareness and nonreactivity, empathetic understanding, and acceptance toward their offspring (McCaffrey et al., 2017).

Previous literature supports this notion that parents raise their children to practice a perspective that is either compassionate or dismissive toward themselves by providing them with either support or critical evaluation within the attachment relationships (McCaffrey et al., 2017; Neff, & McGehee, 2010). In effort to detect a similar process in the socialization of self-compassion process, we draw from Gottman and colleagues' philosophy (1996) on meta-emotion, which reflects a mindful awareness of parental responsibility to offspring. Gottman and colleague's (1996) emphasized emotion-related parenting practices through conflict-solving and emotional-learning as key components for a positive trajectory toward overall well-being.

Evidence of Gottman's philosophy is supported by Morris and colleagues' tripartite framework (2007) and by self-compassion research (Neff & McGehee, 2010). In one study, self-compassion was discovered to mediate the relationship between supportive family functioning and adolescent well-being (Neff & McGehee, 2010). Neff & McGehee (2010) also found that positively functioning families with warm and harmonious family climates buffered against self-criticism and other harmful attributes to the self during adolescent years. This buffering effect self-compassion has on negative outcomes combined with its promotion of protective factors

may help children to better maintain securely attached relationships as they age. It is hypothesized with this research that by modeling a self-compassionate lifestyle, caregivers impart these regulating abilities onto children.

Self-Compassionate Parenting

Guided by theory, it is posited in the given research that self-compassion may be socialized through emotion-related parenting practices, chiefly within the context of the family (Bandura, 1977; Moreira et al., 2018). Similar to emotion regulation socialization, it is likely offspring learn early self-compassion through parental expressions of mindful self-regulation and through an emotional climate of kindness, patience, and acceptance in the household (McCaffrey et al., 2017; Neff & McGehee, 2010). Parents respond to emotional processes of their children in ways that may have a profound impact on the development of their child's attitudes and beliefs about themselves as they age (Neff, 2009; Moreira et al., 2018).

Developing self-compassionate characteristics of self-kindness, common humanity, and mindfulness are likely to occur in the presence of familial cohesiveness according to research conducted by Jiang and colleagues (2017). Researchers determined that quality emotional connectedness between family members plays a key role in the development of adolescent self-compassion (Jiang et al., 2017). Additionally, attachment security serves as a protective factor against internalizing and externalizing behaviors including depression, anxiety, somatization, and several other deficiencies related to low self-compassion (Waldinger et al., 2006; Neff, 2003a; Dewsaran-van der Ven et al., 2018). By observing how parents model patience toward themselves and by engaging in mindful and empathetic exchanges with parents, we posit that children develop this ability of kind, self-to-self relating in the family context.

Through positive communication between members of the household and a strong sense of family cohesion (Berryhill et al., 2018), the self-kindness element of self-compassion is likely observed and imitated by children living in the household. This stabilizing force is likely to emerge from parents who tend to be more patient, understanding, and accepting of their own flaws and characteristics as well as toward the flaws of others (Neff & McGehee, 2010). Feelings of relatedness to the pain and suffering of others is another key component of self-compassion referred to as common humanity (Neff et al., 2019). Early observations of how parents consider and interact with others may provide an early understanding of shared suffering that enables the child to more easily relate to others rather than emotionally isolate.

Third, the practice of mindfully facing negative emotions in conjunction with the positive is the last component of self-compassion and this contributes to a well-balanced and emotionally regulated mind (Hölzel et al., 2011; Neff et al., 2019). Mindful parenting also predicts positive well-being for adolescents in areas of self-compassion, mindfulness, and secure attachments with caregivers (Moreira et al., 2018). From this research, Moreira, Gouveia, & Canavarro (2018) concluded that self-compassion and mindfulness must develop within the parent-child bond through the promotion of self-regulation, affectionate kindness, and mindfulness.

For parents practicing self-care, there are potential social and emotional benefits for both caregiver and child. One program called Mom Power is founded in attachment theory and elevates the parent-child relationship as the primary source of positive early childhood social and emotional development (Muzik et al., 2015). Over 100 mothers of young children (M < 6 years) participated in self-care practices that involved breathing, self-reflection, stress reduction, and mind-body exercises with significant reductions to stress and challenging mental health outcomes for mothers (Muzik et al., 2015). Among the high-risk sample of mothers and their

children participating in the Mom Power intervention, over 90% claimed the intervention assisted them in being more capable of perceiving the needs of their child and responding to those needs effectively (Muzik et al., 2015; Rosenblum et al., 2017). By learning how to self-soothe during difficult parenting moments and intentionally reflect on those moments, parental competency and offspring social and emotional development should improve as well (Muzik et al., 2015; Rosenblum et al., 2017).

A negative pattern of emotion-related parenting practices is likely to impact developing self-compassion in offspring as well. Mental health issues and chronic stress are other risk-related factors parents are likely to encounter that can interfere with how frequently self-compassion and positive emotion management are demonstrated in the household (Morris et al., 2007; Neff & McGehee, 2010). One study presented evidence of self-compassion mediating the relationship between early abuse experienced by parents and psychopathological symptomology that followed, which included major depressive disorder, post-traumatic stress disorder, and borderline personality disorder (Westphal et al., 2016). As this research suggests, self-compassion can buffer negative long-lasting effects that often emerge as outcomes of early maltreatment (Westphal et al., 2016).

As the inverse of self-kindness, self-judgment may stem from verbal criticism or low caregiver responsivity to child emotional reactions, which can lead a child to believe their emotions are not worthy of attention (Gilbert & Irons, 2005; Gilbert & Irons, 2009). Research already informs that children learn by observing their parent's modeling of emotions, and this is accurate of self-critical behaviors as well (McCranie & Bass, 1984; Zentall, 2010). Social withdrawal can also emerge early in life as an outcome of early abuse or as an indicator of mental health issues, such as a symptom of early childhood depression (Zero to Three, 2016). Attachment relationships

predict internalizing withdrawal in early childhood and in ambivalent attachment relationships specifically, infants will avoid rejection by acting in passive and socially withdrawn ways (Rubin et al., 2009). In addition to these findings, Rubin and colleagues (2009) noted a strong association between offspring engagement in socially withdrawing behaviors with overly protective, overcontrolling and intrusive parenting. These findings imply that children will often fail to develop proper coping mechanisms with overinvolved parenting, and instead, they will socially withdraw from others. Another implication is that when children need to solve problems independently from their caregivers, they may experience more distress and anxiety because in the past, problems were solved for them (Grolnick et al., 1998; Rubin et al., 2009).

Over-identifying with failures and negative emotions in early childhood is likely to result in an overrepresentation of internalizing behaviors later in life. The counterpart of Gottman and colleague's (1996) meta-emotion philosophy states that parents who consistently dismiss the importance of their child's emotions, often due to personal discomfort with the expression of emotions, are at risk for poorer outcomes (Jones et al., 2002). Specifically, Jones and colleagues (2002) noted that parental reactions to child emotions that are consistently negative predict deficient levels of social and emotional competence for the child. Likewise, when emotions are minimized by parents, children tend to show avoidant emotion regulation strategies that can negatively impact the quality of their social interactions (Eisenberg et al., 1992).

It is also likely that temperament plays a large role in parent socialization of self-compassion because the ease or difficulty of a child's disposition does impact the bidirectional relationship experienced by parents (Gallegos et al., 2019). Additionally, child temperament can influence spousal perceptions about the quality of their partner's co-parenting abilities (Gallegos et al., 2019). Researchers, Kochanska, Aksan and Joy (2007) noted that early childhood predictors

of temperament and fearfulness moderated the relationship between parenting and positive socialization outcomes for children. Fearfulness was elicited by having the child participate in several harmless, yet potentially uncomfortable, activities with strangers in the room such as riding a tricycle (Kochanska et al., 2007).

The self-compassion scale for early childhood (SCS-EC) has been adapted to reflect ways in which young children may experience self-compassion (see Appendix A). The next step in the research is to test the validity of this scale to identify and distinguish positive and negative patterns in early self-compassion and to understand better how self-compassion is transmitted from parent to child. It is hypothesized with this research that parental modeling of self-compassionate behavior occurs in the household and we expect to find that children share a similar expression of compassion toward themselves as their parents.

Measure Development

Because of the age of the preschool population who are the focus of this instrument, it was more appropriate to create a parent-report scale rather than a self-report scale for children to complete. This decision stemmed from the understanding that children under the age of seven may not possess the internal self-evaluative abilities needed to accurately describe how they feel about themselves (Piaget, 1963). For the purpose of this research, it is assumed children who are this young have not pondered their sense of self-worth, although there are indications that self-worth and self-blame emerge in the first three years as symptoms of early childhood depression (Zero to Three, 2016). The goal of the current research, however, was not to investigate how children think about themselves in early childhood but rather to examine concrete behaviors that can be easily observed by parents and that are reflective of early emotion-related self-care.

The decision to examine behavioral indicators of the self-compassion construct was made in congruence with how similar constructs have been measured by researchers. In particular, studies tracking behavioral patterns of toddlers have focused on antecedent behaviors for indications of abnormal development (Baillargeon et al., 2007). For the purpose of identifying early childhood patterns associated with disturbances in mental health, parent-report measures of self-esteem, emotion regulation, anxiety, attentional problems, and many more have been created and administered over the last several decades (Achenbach & Rescorla, 2001; Ravens-Sieberer, & Bullinger, 1998). By relying on previous research about emotional well-being in early childhood, this adapted measure of self-compassion in early childhood was created for early identification purposes and should provide implications for future social-emotional learning curricula and clinical practice.

In developing this adapted scale, the issue of potential parent-report bias was considered. Attribution theory refers to perspective bias in reference to how individuals extract meaning and social information from the behaviors of others (Heider, 1958). Attributional biases have been examined in clinical settings since the 1970's and more recently, in parent-report measures (Kroes et al., 2003). Greater distortion of data, however, is generally predicted by the level of ambiguity demonstrated by the participant being observed or reported on (Kroes et al., 2003). In addressing these potential issues, the SCS-EC was adapted and designed for parents to answer questions about concrete behaviors rather than to interpret ambiguous thoughts and feelings of their child (See Appendix D).

The adapted scale items are phrased to address specific behaviors such as seeking aloneness and problem-solving rather than asking parents to analyze deeper meaning from observed behaviors. In likeness with the parent-report version of the Children's Emotion

Management Scales (CEMS; Zeman et al., 2001), the adapted self-compassion scale also assesses concrete behaviors of their child in response to a challenge by asking parents whether or not their child tries again when they have failed at something, for example.

Self-Compassion, Mindfulness and Emotion Regulation

Clear improvements in emotion regulation have gained the constructs of self-compassion and mindfulness attention as intervention strategies for improving emotional processing abilities in adolescents and young children (Bluth & Eisenlohr-Moul, 2017; Trompetter et al., 2017). Both self-compassion and emotion regulation are independently correlated with many of the same constructs and hold negative associations with anxiety, depression, a low self-image, and chronic stress (Neff, 2003b; Neff, Kirkpatrick & Rude, 2007; Bakker et al., 2019). Through this process of understanding emotions objectively and working through them in an adaptive manner, self-compassion and emotion regulation are related in how they function to benefit the individual (Neff, 2003b).

The mindfulness facet of self-compassion resembles emotion regulation through the adaptive method of emotional approach coping (Neff, Rude, & Kirkpatrick, 2007; Bakker et al., 2019). Emotional approach coping is defined by Stanton and colleagues (2000) as an assertive way to identify and deal with difficult emotions effectively, which promotes regulation and emotion management. Mindfulness allows for maintaining a balanced spectrum of emotional awareness, where failures are not overly identified with (Hölzel et al., 2011). Consistent with these constructs, emotional pain is not suppressed but acknowledged, empathized, and coped with in the inner-workings of the mind. Specifically, mindfulness and emotion regulation are associated through rumination, emotional balance, acceptance, and cognitive reappraisal (Neff, 2003b). Mindfulness training also buffers against the same areas that highly emotionally

regulated individuals inhibit such as stress, rumination about failures, and feelings of isolation (Neff, 2003b).

Although there are clear associations between self-compassion and mindfulness, research reveals them to be separate constructs. In another study, self-compassion was identified as a mediator for the relationship between mindfulness and well-being in a sample of undergraduate college students (Hollis-Walker, & Colosimo, 2011). Neff (2003b) revealed that repair and clarity categories of emotional intelligence, which reflect the ability of individuals to manage and regulate their emotions, shared convergent validity with self-compassion and with no findings of collinearity. Emotion regulation is another similar yet separate construct from self-compassion. A list of over four hundred defined coping strategies were synthesized (Skinner et al., 2003) and on this list, emotion regulation was listed as a separate coping mechanism from self-initiated and self-calming coping, which are arguably more accurate descriptions of self-compassion (Skinner et al., 2003).

In adapting the SCS-EC, early emotion regulation literature was drawn from in order to understand the different ways children respond to challenging situations. While there are many similarities between self-compassion and emotion regulation, it was important to establish them as separate constructs in the development of the adapted scale. The Emotion Regulation Checklist (ERC) includes questions for parents about early childhood depression (i.e., displays flat affect) and antisocial behaviors (i.e., takes pleasure in the distress of others) that are not involved in the adapted self-compassion scale. There are items in the ERC asking parents about early behaviors indicative of sensitivity to the emotions of others (i.e., is empathetic toward others), indicating a potential area of overlap between emotion regulation and self-compassion. However, self-compassion is distinct from emotion regulation in its explanation of empathy

through common humanity, which involves providing empathy toward oneself with acknowledgment of shared human suffering (Neff, 2003b). Consistent with Neff's original self-compassion scale, the adapted scale did not explore empathy shown toward others or any other factor outside of self-kindness, common humanity, mindfulness, self-judgment, isolation, and over-identification. Through positive resilience mechanisms self-kindness, common humanity, and mindfulness, it makes sense that self-compassion would improve one's effectiveness in balancing their emotions and in taking the initiative to solve problems as they arise (Neff, 2003a). Self-compassion is hypothesized to predict emotion regulation in the current study but not to overlap with emotion regulation.

CHAPTER III

METHODOLOGY

Participants and Procedures

Parents of preschool children were recruited through established relationships with preschool programs and child care services in Oklahoma and Colorado. Parents with children between the ages of three and five years were also recruited online with postings on social media. The target sample size for this portion of the study was 250 participants and criterion for inclusion included that parents must be the primary caregiver of at least one child between the ages of three and five years. The total number of participants in both the pilot and the final sample was 255. Parents received access to the survey through online Facebook parent groups, directly from the primary investigator, or through a personal contact of theirs who shared the survey link.

Parents received electronic informed consent as an attachment on the first page of the Qualtrics survey where the voluntary nature of the research was thoroughly explained. Parents were asked whether they consented to participate in the study prior to data collection and constraints were placed in the Qualtrics survey so that parents were unable to complete the survey without providing consent. Also included in the informed consent document was a description of survey procedures, where parents were asked to complete online self-report and parent-report surveys about emotion-related characteristics using Qualtrics as the delivery platform. This anonymous Qualtrics survey upheld the following parameters: the save and

continue option was disabled so that participants could not enter back into the survey once they had left. Additionally, ballot box stuffing was disabled so that participants could not take the survey more than once.

Pilot Testing Procedures

Altogether, 70 primary caregivers of at least one child between the ages of three and five years old contributed to the initial piloting sequence of this study. Parents were recruited from a preschool in the Midwest region of the United States and from an online portal. Institutional Review Board (IRB) approval was received for the piloting phase of data collection, and survey materials were not administered to anyone who did not meet the recruitment requirements of being a primary caregiver to children within the required age range. Written informed consent was collected from parents recruited from preschools and electronic informed consent was collected from parents who were recruited online.

The original 23-item scale consisted of 10 positively phrased items representing positive facets of self-compassion and 12 items representing the negative facets of self-compassion. Parents responded to these questions using a Likert-type scale, which ranged from (1) never like them to (5) always like them. Demographic information was not collected from parents during pilot testing. One item was used as a covariate and was removed before conducting analyses. The online survey involved questions about (a) early childhood self-compassion using the adapted scale, (b) temperament, and (c) internalizing behaviors of their children. Temperament and internalizing behaviors were included as covariates, for the purpose of ensuring valid assessment of the self-compassion construct. In total, 31 items were included in pilot testing, and 23 of these items were the adapted scale for measuring self-compassion in early childhood.

Measures

Self-Report Measures for Parents

Parents were asked to answer demographic questions in addition to the following measures assessing emotion-related characteristics about themselves: (a) Self-Compassion Scale (SCS), (b) Emotion Regulation Questionnaire (ERQ), and the (c) Toronto Empathy Questionnaire (TEQ).

Self-Compassion. Participants were given the Self-Compassion Scale-Short Form (SCS-SF), which was revised from the original scale and shortened to 12 items (Raes et al., 2011) as a comparable version of Neff's (2003a) original 26-item scale. The SCS-SF also contains the same six subscales of the original scale: self-kindness, common humanity, mindfulness, self-judgment, isolation, and over-identification. Means of subscale item responses were calculated and negatively phrased items were reverse scored for a total composite score. Participants responded with to questions on a Likert scale from (1) *almost never* to (5) *almost always* and scores ranged from 22 to 58. Internal consistency for the SCS-SF tested with the sample recruited for this study was high ($\alpha = .86$).

Emotion Regulation. The Emotion Regulation Questionnaire (ERQ; Gross & John, 2003) self-report measure was used in the current research for the purpose of detecting two subscales of emotion regulating involving parental cognitive reappraisal (CR) and expressive suppression (ES). This 10-item Likert scale was used to assess responses ranging from (1) *strongly disagree* to (7) *strongly agree*. Statements addressing the cognitive reappraisal facet of emotion regulation included items such as, "When I want to feel more positive emotion, I change the way I'm thinking about the situation". Items reflecting the expressive suppression facet of emotion regulation included statements such as, "When I am feeling negative emotions, I make

sure not to express them". Original psychometrics of this scale demonstrated high alphas for both factors of adult-experienced emotion regulation. CR subscale scores ranged from 12 to 42 and ES scores ranged from 4 to 27. The CR and ES factors of the Emotion Regulation Questionnaire (ERQ) demonstrated excellent internal consistency in the current study, with respective Cronbach's alphas .869 and .800.

Empathy. The 16-item Toronto Empathy Questionnaire (TEQ; Spreng et al., 2009) was used in the current study to assess cognitive empathy in adults. This form of empathy has been identified as theory of mind by some researchers, which involves the development of understanding that thoughts and feelings of others are separate from those experienced by the self (Spreng et al., 2009). Gender differences were considered moderate in the original evaluation of this scale, with female scores ranging from 44.62 - 48.93 and male scores ranging from 43.46 - 44.45. Positively worded empathy items such as, "I have tender, concerned feelings for people less fortunate than me" and "I can tell when others are sad even when they do not say anything" were administered. Negatively worded empathy items include statements such as, "I am not really interested in how other people feel" and "I remain unaffected when someone close to me is happy" and these items were reverse coded. Responses were given on a 5-point scale from *never* to *always* and scores ranged from 49 to 80. Strong internal reliability (α= .836) was demonstrated by the Toronto Empathy Scale (TES) in the current research.

Parent-Report Measures for Children

Parents were asked to complete the following surveys about their children: (d) the adapted Self-Compassion Scale for Early Childhood (SCS-EC), (e) Emotion Regulation Checklist (ERC), (f) The Empathy Questionnaire (EmQue), (g) Emotional well-being and self-esteem subscales of the KINDL questionnaire (h) Temperament scale previously adapted from

the Child Behavior Questionnaire (CBQ), and (i) Internalizing Behaviors selected items from the Child Behavior Checklist (CBCL).

Demographic Questionnaire. Parents were asked to complete a brief questionnaire including information about their children's age, sex, and ethnicity and to answer how they received access to the survey. Parents were also asked to report on their average income prior to the coronavirus 2019 (COVID-19) outbreak, their occupation and whether or not they took advantage of free lunch programs at their children's schools prior to the COVID-19 outbreak. Lastly, parents were asked to answer how many hours a day they spent with their child prior to COVID-19 and during COVID-19.

Adapted Self-Compassion Scale for Early Childhood. With support from theory and prior literature about mindfulness and emotion regulation in early childhood, the Self-Compassion Scale for Early Childhood (SCS-EC) was adapted from Neff's original self-compassion scale (2003a) and piloted. During pilot testing, the SCS-EC was assessed by asking parents of children aged 3 to 5 years old about behaviors their children tend to engage in during challenging moments. Confirmatory factor analysis was used to establish psychometrics for this scale in determining a 13-item, 2-factor model structure. Self-kindness, common humanity, and mindfulness items represent factor 1 (Positive SCS-EC), and self-judgement, isolation, and over-identification represent factor 2 (Negative SCS-EC).

The SCS-EC is comprised of items such as, "My child tends to doubt their own abilities when they attempt something new and/or challenging", as a behavioral indicator of early self-judgement. Another item included in this scale states, "When my child's feelings are hurt, they tend to recover quickly", as a behavioral indicator of early mindfulness. Responses to this scale were given on a 5-point range from (1) *never like them* to (5) *always like them* and scores ranged

from 5 to 25 on both subscales. Factors 1 (α=.726) and factor 2 (α= .756) demonstrated high internal consistency reliability.

Early Emotion Regulation. Shields and Cicchetti's (1995) Emotion Regulation Checklist (ERC) is a 24-item assessment completed by parents regarding the capacity of their children's emotion regulation functioning. This scale consists of two subscales: adaptive regulation, which assesses the level of emotional understanding and emotion-related abilities such as empathy; and the liability subscale, with items aimed to assess emotion dysregulation. For purposes of the current study, the adaptive regulation subscale was administered (8 items). The adaptive regulation subscale consists of items such as, "Can say when she/he is feeling sad, angry or mad, fearful or afraid" and "Is empathetic toward others". Child emotion regulation was rated by parents on a 4-point Likert scale from (1) *never* to (4) *always* and scores ranged from 13 to 24. In the current study, the ERC demonstrated acceptable internal consistency of .729.

Early Empathy. The Empathy Questionnaire (EmQue; Rieffe et al., 2010) is a 20-item parent-report measure that reflects three components of empathy involving emotion contagion, attention to other's feelings, and prosocial actions on a 3-point scale. The Empathy Questionnaire is useful in identifying how children are impacted by the emotions of others. Scores on this scale range from 0-20. For the purpose of the current study, subscale 'attention to the feelings of others' (7 items) was used. This Likert scale was measured from 0-2 (0) *never* to (2) *often* and scores ranged from 8 to 21. The EmQue attention to the feelings of other's subscale showed near adequate internal consistency after the removal of one item with a positive skew (α= .686).

Early Self-Esteem and Emotional Well-Being. Emotional Well-Being (4 items) and Self-Esteem (4 items) subscales of the parent-report measure for Quality of Life Questionnaire

for Children (Kiddy KINDL Questionnaire; Ravens-Sieberer & Bullinger, 1998) was used in the current research. Original versions of the KINDL questionnaire include self-report and parent-report and in the current study, the kiddy-KINDL parent-report version for ages 3 to 6 years old was administered to identify these constructs in early childhood. Included in the Emotional Well-Being subscale are statements such as, "My child didn't feel much like doing anything" and "My child had fun and laughed a lot" during the past week. The Self-Esteem subscale included items such as, "My child felt on top of the world" and "My child felt pleased with him/herself" during the past week. Scores ranged from 8-20 for the Self-Esteem subscale and 9-20 for the Emotional Well-Being subscale. Internal consistency was good for the Kiddy KINDL Self-Esteem questionnaire for early childhood (α= .792) and Emotional Well-Being was low with a Cronbach's alpha .609.

Temperament. A single-item measure with three responses for temperament was included as a covariate in the current study to measure temperament in children, ages 3 to 5 years old (Sleddens et al., 2012). This measure was created using classical test theory, principal component analysis and item response modeling in examination of Child Behavior Questionnaire (CBQ) psychometrics (Sleddens et al., 2012). With this measure, parents were asked to respond to vignettes using three response options. These response options included the "Surgency/Extraversion" child who is characterized by their impulsive and active behavioral tendencies, the "Negative Affectivity" child who is noted for their negative affective states, and the "Effortful Control" child who is characterized by their ability to exercise attentional control.

Early Internalizing behaviors. Selected items from the Internalizing Behaviors Scale (7 items) of the Child Behavior Checklist (CBCL) were used in the current study (Achenbach & Rescorla, 2001). The CBCL is one of the most widely used scales for identifying challenging

behavior in early childhood and the version for ages 1 ½ to 5 years was designed for caregivers to report a baseline of general characteristics and behaviors about their child. Items such as, "Nervous, high-strung, or tense" and "Upset by new people or situations" are included in this version of the CBCL and were administered in the current study. Responses were given on a 3-point scale, with (0) *not true of the child*, (1) *somewhat or sometimes true of the child*, and (2) *very true or often true of the child*. Although internalizing behavior items show strong global fit, internal reliability was low (α= .490).

CHAPTER IV

RESULTS

Descriptive Statistics for SCS-EC items

Descriptive statistics for the final 10 items of the SCS-EC are provided in Table 1 below.

Positively worded items on factor 1 of the SCS-EC scale were significantly correlated with

negatively worded items on factor 2 ($r = -.61$). No skewness or non-normal kurtosis was found in

items on either factor and scores were all in the appropriate range. Consistent with pilot testing,

confirmatory factor analysis of the SCS-EC demonstrated best fit with positive and negative

components of self-compassion represented in a 2-factor model. The positive component of early

self-compassion includes all original scale facets of self-kindness, common humanity, and

mindfulness from Neff's original scale for measuring self-compassion in adulthood (2003a). The

corresponding negative component of early self-compassion also includes all original scale

elements of self-judgment, isolation, and over-identification from the original scale (Neff,

2003a).

Sample Characteristics

Participants included 185 parents of children aged three to five years, the majority of

whom were reached through social media for measurement of the Self-Compassion Scale for

Early Childhood (SCS-EC). The demographic breakdown of the sample for this research can be

found in Table 2 and includes age, gender, parent and child ethnicity, socioeconomic status

(SES), and the number of hours that parents spent daily with their child prior to and during the

outbreak of COVID-19. The relationship between age and early emerging self-compassion was particularly interesting. Significantly higher negative and positive scores on the SCS-EC were found for children aged 5 years in comparison to children aged 3 and 4 years old (see Table 2). The opposite was found for children aged 3 years in comparison to those who were 4 and 5 years old, showing lower negative and higher positive early emerging self-compassion. No significant group differences were found between children aged 4 years old with either factor of the adapted scale for early self-compassion in comparison to children aged 3 and 5 years old. There was a nonsignificant correlation between gender and both positive and negative subscales of early self-compassion, and the same was found for both child and parent ethnicity.

To measure SES, parent income prior to the outbreak of COVID-19 was collected. Parent education level, occupation, and frequency of taking opportunity of free lunch programs offered by their child's school were also gathered to gain a more complex understanding of participants' financial statuses. No significant correlation was found between income or parent education level with either factor of early childhood self-compassion. There were no significant relationships between the SCS-EC and parent occupation, or with parents taking advantage of free lunch programs at their child's school.

Pearson's correlations were calculated between reported daily hours spent with child prior to the outbreak of COVID-19 and during (see Table 2). The data on hours spent with child per day was divided into groups of (1) under 10 hours each day, (2) 10-20 hours each day, and parents who spent (3) 20 or more hours with their child each day. All reporting groups spent significantly more time with their child during the outbreak of COVID-19 than prior (see Table 2). Furthermore in regards to COVID-19, Pearson's correlation coefficients were calculated between early self-compassion scores and the daily number of hours parents spent with their

children prior to and during COVID-19. Parents who reported spending 20+ hours with their child each day during COVID-19 also reported lower negative self-compassion scores for their child ($r = -.23$, $p = .003$). Interestingly, no significant association was found between early self-compassion levels and the number of hours parents spent between parent and child prior to COVID-19.

Confirmatory Factor Analysis and Internal Consistency Reliability

Pilot Testing

Confirmatory factor analysis on responses of the pilot sample of 70 parents was conducted with the 23-item adapted scale for measuring self-compassion in early childhood using Mplus v. 8.3. Factor 1 began with 10 items representing the positive subscale of self-compassion. This subscale had items representing self-kindness, common humanity, and mindfulness components of self-compassion (Neff, 2003a). Confirmatory factor analysis was used and examined for the removal of four items for a six-item subscale. One common humanity item was originally included as a control item for other common humanity items and was removed before conducting confirmatory factor analysis. Items that were removed from factor 1 failed to meet correlational standards above .3 with other positive subscale items, and two other items from factor 1 were removed due to standardized residuals being above and below the value of 2. The removal of these items in three separate models resulted in enhanced fit for factor 1. Four indicators have factor loadings between .45 and .50 due to a limited sample size and other than a high RMSEA upper bound (.146) that is also likely due to a small sample size, the final positive subscale met adequate global fit conventional standards (see Table 3).

Factor 2 represents the negative subscale of self-compassion, which began with twelve items and was trimmed down to seven items that show overall good fit. Self-judgment, isolation,

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and over-identification elements of negative self-compassion are represented with factor 2. Five items were removed in three separate models, which resulted in improved global fit. Similar to factor 1, items removed from factor 2 also showed poor local fit with correlational values below .3 with other negative subscale indicators. With the removal of these indicators, remaining items loaded onto corresponding factors with adequate factor loadings the final negative subscale met adequate global fit conventional standards (see Table 4). There were no items that loaded onto both factors and there was no justification for combining factors into a single model.

Final Fit Examination of Factor 1

Final fit indices for the positive and negative factors of the Self-Compassion Scale for Early Childhood (SCS-EC) were examined using confirmatory factor analysis. Final fit for the positive factor of the SCS-EC (factor 1) was reduced from six to five items: one item representing self-kindness in early childhood, one item representing common humanity in early childhood, and three items representing early mindfulness. Initial fit for factor 1 was poor due to failure to meet correlational standards, and one item was removed. The removal of this mindfulness item from the positive subscale resulted in enhanced global fit (see Table 5). The final positive subscale of the SCS-EC demonstrated good internal consistency with a Cronbach's alpha .726. All positive components of self-compassion are represented in the SCS-EC and all items loaded onto factor 1 adequately (see Table 6). One mindfulness item has a loading slightly under .5 and the remaining positive self-compassion items have loadings that are .54 and above (see Table 6).

Final Fit Examination of Factor 2

Final fit for the negative factor of the SCS-EC was reduced from seven to five items: three items representing self-judgment in early childhood, one item representing isolation, and

one item representing early over-identification. Factor 2 demonstrated good internal consistency (α = .756) and all loadings for the negative subscale were above .65 expect for the remaining isolation item (see Table 6). Confirmatory factor analysis was used to examine factor 2 local and global fit (see Table 5). Model 1 demonstrated initially high SRMR and CFI values but overall inadequate fit. One over-identification item and one isolation item were removed due to local fit failure and insufficient standardized loadings. Although the remaining isolation item demonstrated a low loading value, the fit of factor 2 became worse when it was removed from the model. With strong global fit and high internal consistency, the remaining isolation item was preliminarily left in the final model until it can be tested again with a larger sample size for an expected better fit. In testing for a combined scale with positive and negative subscales summed as one total score, the combined scale demonstrated adequate internal consistency (α = -.68) but we were unable to establish adequate global fit (see Table 5).

Fit examination of Early Childhood Measures

Fit indices for each scale used in the current study to assess emotion-related characteristics in early childhood are reported below in Table 7. Fit indices including chi-square *p* value, RMSEA, CFI, TLI, and SRMR, as well as Cronbach's alphas for all scales can also be found in Table 7. Global fit for the Emotion Regulation Checklist (ERC) was lower than expected, with a significant chi-square and RMSEA estimate higher than .08. Two items were removed due to correlations failing to meet correlational standards, which resulted in improved fit in the ERC for this sample (χ^2 (*p* = .0147), RMSEA .070, CFI .932, TLI .899, SRMR .053).

The EmQue scale did not meet local fit standards, with an RMSEA estimate .11, upper bound .17, and CFI .93 (see Table 7). Normality issues involving a positive skew on one item were also detected on the EmQue scale. The item displaying nonnormality was removed and

confirmatory factor analysis revealed enhanced fit (see Table 7). The self-esteem scale

demonstrated good global fit except for an RMSEA upper bound .140, which may have been

limited by the small sample size in this study. Except for a high upper bound, global fit is

adequate for this measure of early childhood self-esteem (χ^2 (p = .462), RMSEA .000, CFI 1.000,

TLI 1.005, SRMR .013). Global misfit was detected on the kiddy KINDL measure of Emotional

Well-Being in early childhood, specifically indicated by a significant chi-square p value .046 and

CFI .943. Selected items from the Child Behavior Checklist (CBCL) demonstrated good global

fit in representing early internalizing behavior (χ^2 = .900 (p = 4.17), RMSEA .000, CFI 1.00,

TLI 1.18, SRMR .026).

Fit Examination of Parent Measures

Parent emotion-related characteristics are also reported below in Table 7. The short form

of the self-compassion short scale demonstrated issues with local and global fit (χ^2 (p = .0003),

RMSEA .070, CFI .937, TLI 1.916, SRMR .050). Two independently scored factors of the

Emotion Regulation Questionnaire (ERQ) were assessed in the current research: Cognitive

Reappraisal (CR) and Expressive Suppression (ES). A significant chi-square value was found in

the CR factor (χ^2 (p = .0005), RMSEA .116, CFI .957, TLI .928, SRMR .037) and both factors

demonstrated global fit issues with RMSEA values (ES factor: χ^2 (p = .081), RMSEA .094, CFI

.986, TLI .958, SRMR .024). The Toronto Empathy Questionnaire was used to assess parent

empathy scores in the current study. Fit statistics for this scale lower than what was expected,

with a significant chi-square p value and inadequate CFI (χ^2 (p = .000), RMSEA .074, CFI .872,

TLI .845, SRMR .066).

Validity and Hypothesis Testing

With research question 1, it was asked whether the SCS-EC would reflect a valid and reliable measurement of self-compassion in early childhood. Construct validity was determined by calculating Pearson's correlation coefficients between the SCS-EC and parent self-compassion scores, using the short form of Neff's self-compassion scale (SCS-SF; 2003). As hypothesized, the positive subscale of early self-compassion was positively and significantly related to the Self-Compassion Scale-Short Form (SCS-SF). The negative subscale of the SCS-EC was found to be negatively and significantly associated with adult self-compassion (see Table 8). This measure of construct validity should be considered preliminary, since parent self-compassion is not considered a complete representation of their child's self-compassion.

Concurrent validity was tested between the positive and negative subscales of early self-compassion and early self-esteem, emotional well-being and empathy. Positive and significant correlations were found between the positive subscale and self-esteem ($r = .50$, $p = .000$), emotional well-being ($r = .38$, $p = .000$), while the negative subscale showed negative and significant associations with self-esteem ($r = -.44$, $p = .000$) and emotional well-being ($r = -.46$, $p = .000$). No significance was found between positive and negative subscales of early self-compassion with early empathy. No association was found between this subscale of empathy with positive and negative measures of early self-compassion. Convergent validity was tested by calculating Pearson's correlation coefficients between both subscales of the early self-compassion with early emotion regulation, which was measured with the Emotion Regulation Checklist (ERC). As expected, a positive and significant correlation was found with the ERC and the positive subscale of the early SCS, $r = .62$, $p = .000$). Additionally, the negative subscale of the early self-compassion scale demonstrated a negative and significant correlation with the ERC (see Table 8).

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Secondly, we asked whether the SCS-EC would be associated with other emotion-related characteristics such as temperament and internalizing behaviors. To assess temperament, a one-item temperament scale was used, which asked parents to choose one of three vignettes characterizing the temperament that best represents their child. A positive and significant correlation coefficient was found between the positive subscale of the SCS-EC and the effortful control child, $r = .18$, $p = .02$, and a negative association with the negative affectivity child, $r = -.34$, $p = .00$ (see Table 8). As expected, the negative factor of the SCS-EC was positively and significantly associated with the temperament factor, negative affectivity ($r = .354$, $p = .00$), and the positive factor of the SCS-EC was negatively and significantly associated with negative affectivity ($r = -.344$, $p = .00$).

In testing for significance between the SCS-EC and internalizing behaviors in early childhood, Pearson's correlations were conducted. To assess internalizing behaviors, items from the Child Behavior Checklist (CBCL) were carefully selected to represent challenging characteristics that were conceptually related to the negative factor of early self-compassion. This measure for internalizing behavior in early childhood did not share collinearity with either subscale of the SCS-EC (VIF < 3, loadings < .1). As hypothesized, both positive and negative factors of early self-compassion were found to be correlated with internalizing behaviors. The positive factor shared a significant correlational coefficient of -.334 ($p = .00$) with internalizing behavior and the negative factor of early self-compassion shared a positive and significant coefficient, $r = .457$ ($p = .00$).

Third, it was hypothesized that preliminary evidence of a socialization process (congruence) between parent and child would be highlighted with similar correlation coefficient scores in emotion-related characteristics. Construct validity was determined in answer to

research question 1, and with a high correlation coefficient between adult and early childhood

self-compassion levels (see Table 8). No significance was found between adult and early

childhood empathy or with the cognitive reappraisal (CR) facet of parent emotion regulation and

parent reports of early childhood emotion regulation. A Pearson's correlation did, however,

indicate a negative association between the parent expressive suppression (ES) factor of emotion

regulation and the emotion regulation of their child ($r = -.158$, $p = .04$).

CHAPTER V

DISCUSSION

This preliminary research on self-compassion in early childhood centers around the quantifying of early accumulated positive coping methods related to self-kindness, common humanity, and mindfulness which hinder negative developing habits related to self-judgment, isolation and over-identification facets of self-compassion. The preliminary Self-Compassion Scale for Early Childhood (SCS-EC) was hypothesized to be related to self-compassion in adulthood. As expected, both positive and negative factors of self-compassion were significantly associated with parent self-compassion scores, using Raes and colleagues (2011) Self-Compassion Scale-Short Form (SCS-SF).

Several questions pertaining to participant demographic information were included in the collection of data for this research (N = 185) in order to properly test the validity of the Self-Compassion Scale for Early Childhood (SCS-EC). In the analysis presented, the factor structure of the self-compassion scale for early childhood was examined across sex, age, ethnicity, socioeconomic status (SES), and for the impact of COVID-19 on the family. Due to a limited sample size, ethnicity and SES are narrowly represented in this sample. By collecting relevant information regarding time spent with children during and prior to COVID-19, we were able to examine how current challenges may be impacting the emotional well-being of children, as reported by their parents.

Demographic Sample Characteristics

Age

It appears that children aged 3 years old behave in ways that demonstrate less negativity toward themselves than children aged 5 years old. Earlier evidence of developing perspective-taking and self-conscious behaviors have been noted in children much younger (Crozier, 2010) and we were able to capture a similar pattern in the current research as well. It is likely that this range from 3 to 5 years is when self-compassion emerges in early childhood, at least in ways that are more detectable to parents. This relationship between age and emerging self-compassion is interesting, and findings are supported by theory and prior literature that discuss the development of emotion-related behaviors such as emotion regulation and effortful control as emerging in more complex ways during ages 4 and 5 years (Rothbart et al., 1994; Eisenberg & Morris, 2002; Simonds et al., 2007). One possible implication of these findings is that as perspective-taking abilities develop more fluently by 5 years old, children then have the capacity to begin making negative and positive comparisons between themselves and others, and feelings of self-worth may decrease.

Gender and Ethnicity

By having 45% male and 55% female, early childhood gender was well represented in this study. Neff and McGehee (2010) have shown in several studies that females report engaging in more negative self-talk, ruminative thoughts, and socially withdrawing habits that formulate an overall lower self-compassion score than males (Neff & McGehee, 2010). It was interesting to see no trend of this finding in early childhood; however, no significance here may be more theoretically consistent with early emotional development. The sample for this study was not ethnically diverse. In contrast to self-compassion in adulthood (Neff et al., 2008), it is possible

that the SCS-EC scale assesses an emotion-related characteristic that does not vary in significance between ethnicity. Interpretations of this finding, however, are limited to sample demographics for this study and should be explored in later research.

Socioeconomic Status

To assess the SES of the sample, we took inventory on participant occupation, annual income prior to the outbreak of COVID-19, and educational background. Additionally, parents were asked whether they took opportunity of free lunch programs offered by their child's childcare center or school. From this sample of parents, approximately 14% reported to make less than $40,00 annually, and slightly less than 65% reported making over $70,000 each year. The majority of participants had at least received a bachelor's degree, and most frequently reported occupations were 17.5% Stay-At-Home Parents, 7% Classroom Teachers, 5% Students and 5% University Faculty Professors. Parents who reported to sometimes take opportunity of the free lunch program at their child's school were 6%. Approximately 7% always participated in this government offered program, and the remainder of individuals reported to have never received free lunches from their child's school. Pearson's correlations confirmed no significant findings between any measure of SES with either factor of the SCS-EC.

Impact of COVID-19 on the Family

Data collection for this research was timely for gathering information about the amount of time parents were spending with their children prior to and during COVID-19. By having to avoid regular social outings and interactions two months into our nation's economically shifting response to COVID-19, personal routines have been thrown off and mental health issues have gone both unaddressed and untreated for many (Holmes et al., 2020). As we know, children can be negatively impacted by the mental health crises of their parents (Murray & Cooper, 1997;

Takács et al., 2020). By asking about how many hours a day children were spending with at least one parent during the COVID-19 outbreak, we found that children who spent at least 20 hours each day with their parent during COVID-19 showed significantly lower scores on the negative factor of the SCS-EC. Since the SCS-EC asks parents to report on behaviors they notice their child to generally engage in, it is likely that parents with more physical presence in their child's daily routine felt confident reporting fewer general negative behaviors. An additional implication of this finding may be that children receiving more quality time with their parents during COVID-19 exhibited fewer behaviors tied to feelings of self-criticism, withdrawal, and negative affect as an outcome of more quality time spent with parents.

Self-Compassion Scale for Early Childhood (SCS-EC): 2-Factor Model

Parents typically have opportunity to observe their child's interactions with others and guide a large portion of their child's social and emotional development (Spinrad et al., 2020). By asking parents about positive and negative emotion-related behaviors their children generally engage in, we were able to map, preliminarily, how and when self-compassion emerges in early childhood. It was important to keep the positive and negative components of self-compassion together with the SCS-EC 2-factor model structure so that the construct would remain operationally consistent with how self-compassion is currently measured in adulthood (Neff, 2003a). Prior research shows the emergence of positive and negative features of self-compassion as early as age 9 years old (Stolow et al., 2016). As a highly correlated associate of emotion regulation and attachment security (Wei et al., 2011; Trompetter et al., 2017), it is likely self-compassion begins to emerge as soon as emotion regulatory processes emerge and children begin to problem-solve with coping methods.

Factor 1: Positive Self-Compassion in Early Childhood

Early relationships between children and their peers begin in the first year of life and grow more complex as social play and peer preferences form during preschool years (Hay et al., 2004). As we know, treatment toward peers in very early childhood can vary and for this reason, parents were asked to report the overall frequency pattern their child tends to exhibit toward their peers and toward themselves. By asking parents how their child responds, emotionally and behaviorally, when upset or disappointed, approximately 80% of the sample said their child typically seeks comfort and affection from a parent or close peer. In answer to an item that represented the opposing facet to common humanity, isolation, parents answered that 26% of children in this study tended to withdraw from others when sad or disappointed.

Common humanity is assessed in adulthood as a complex and multifaceted mindset that involves an individual's understanding that any form of failure, grief, happiness, or success that we experience in life is also shared by others (Neff, 2003a). An individual with high common humanity can theoretically feel connected to others in positive and meaningful ways throughout all harsh and joyful moments in life. Before this positive mindset can fully emerge, however, children first begin to recognize their attachment figures as social and emotional resources toward optimal growth and development and this emerges as a coping method against distress (Bernzweig et al., 1993; Eisenberg & Morris, 2002). The development of this common humanity mindset in early childhood is likely to be mediated by attachment style, as it is in adulthood (Wei et al., 2011), although attachment style was not assessed in the current research.

Mindfulness is represented with three items in the final SCS-EC model. These questions for parents led to responses about how frequently children engaged in effortful control and cognitive distraction to cope with difficult emotions. One item assessing early mindfulness was

phrased to ask parents about the speed at which their child typically recovers from negative emotions. High loadings for mindfulness items were expected, given that mindful resilience is one factor of self-compassion that has been evaluated in early childhood mindfulness-based programs for efficacy and validity (Thierry et al., 2016; Kim et al., 2020).

Factor 2: Negative Self-Compassion in Early Childhood

All six components of self-compassion are represented in the final 2-factor structure of the SCS-EC. Final fit for the negative factor of the SCS-EC (factor 2) includes 5 items. Self-judgment is represented with three items, isolation is represented with one item, and over-identification is also represented with one item. As soon as children begin to recognize themselves as individuals with separate thoughts and feelings from others and as early as children can feel poorly about themselves when criticized, self-compassion is likely to emerge. In regards to theory of mind, developmental theorists and prestigious researchers show mixed reports. Many have contributed findings that support theory of mind as a state of cognitive understanding that emerges in detectable ways as early as 3 years old (Wellman et al., 2001; Southgate et al., 2007; Slaughter et al., 2015).

Similarly, behaviors indicative of internalization, which include social withdrawal and low self-worth, are observed in children as early as 2 years old (Zero to Three, 2016). Research indicates that self-critical and negative cognitions are not only heightened with early maltreatment, these individuals are also likely to engage in less self-compassion as they age (Messman-Moore & Bhuptani, 2020). A more common precursor to developing self-critical tendencies is harsh and self-critical parenting (McCranie & Bass, 1984; Bleys et al., 2016). Bleys and colleagues (2012) found that parent demonstrations of self-criticism contribute to self-

criticism in their adolescent children, and this finding was more robust between mothers and their daughters.

Negative outcomes have been predicted from isolating habits indicative of early social withdrawal such as consistent solitary play (Coplan & Weeks, 2010). In adulthood, isolation is assessed by asking whether individuals feel emotionally isolated in the midst of failure and negativity rather than feeling apart of the human experience (Neff, 2003a). To assess isolation in early childhood, parents were asked about their child's tendency to withdraw from others when sad or disappointed. It was hypothesized with this research that isolation would demonstrate good fit on factor 2. After removing one isolation item that had low correlational coefficients with other items on factor 2, the remaining isolation item was also observed to have a low loading. The model structure for factor 2 was rerun with and without the remaining isolation item and model fit was actually worse when isolation was excluded from the CFA. This was apparent by a significant chi-square *p* value, RMSEA estimate above .08 and RMSEA upper bound above .1. It is possible that a better reading of early isolation may emerge during ages 5 to 7 years old, and this possibility should be explored with future research.

Over-identifying failure and negative attributes toward oneself has been known to reduce with the practice of self-kindness, common humanity, and mindfulness, specifically, with reductions to rumination and thought suppression (Ferrari et al., 2019; Neff et al., 2020). For this research, over-identification in early childhood is defined as a low capacity to engage in effortful control and positive reappraisal in overcoming negative feelings and past experiences. Although these effortful control abilities develop more fluently by age 5 (Rothbart et al., 1994), strong indicators have been observed, prior. In one study, self-consciousness and negative affect were

shown to be significantly heightened for children as young as 4 years old as the result of negative evaluation of a task their child had recently completed (Garber et al., 2019).

From early mental health diagnostics, we know that feelings of low self-worth and negative self-evaluations begin as early as 3 years old for some (Zero to Three, 2016). Having a parent with a mental illness such as depression also places children at a greater risk for developing self-conscious beliefs about themselves as they age (Petterson & Albers, 2001). Maternal depression is widely known to have an impact on child cognitive, emotional, and motor development (Murray & Cooper, 1997; Petterson & Albers, 2001). By assessing this common and very humanlike tendency to over-identify with negative cognitions earlier in life, we may be able to limit the severity of these cognitions with specified prevention and interventive services for children and their families.

Examination of Early Childhood and Parent Scales

All scales were examined for local and global fit indices. Emotion regulation in early childhood was examined with the Emotion Regulation Checklist (ERC), which asked parents about their child's expressed concern for others, social conduct, affect, and ability to communicate their own feelings. This scale demonstrated lower fit than expected, with a significant chi-square p value and CFI under .95 at .93.

The Empathy Questionnaire (EmQue) was used in this study for the purpose of examining early emotional reactions to the feelings of others in early childhood. The EmQue scale displayed nonnormality with a positive skew on one item that asked parents whether their child looks up when another child cries. This item represented a behavior that 84% of the current study's sample answered their child was often likely to exhibit. Global fit for this scale was

lower than expected but improved with the removal of the item that displayed nonnormality (χ^2 ($p = .008$).

Parents answered questions about the confidence and emotional stability demonstrated by their child within the last week with Self-Esteem and Emotional Well-Being subscales from the Kiddy KINDL. These subscales were measured and checked for sufficient global fit. The Self-Esteem subscale demonstrated excellent global fit, and the Emotional Well-Being subscale demonstrated a low CFI and TLI as well as a significant chi-square p value.

Items from the internalizing behavior subscale were selected from the Child Behavior Checklist (CBCL) and tested for model fit. These items were used to ask parents how frequently internalizing behaviors including anxiety, self-conscious embarrassment, and rapid mood shifts were recently demonstrated by their child. Initially, these selected items were chosen to test for collinearity with the SCS-EC during pilot testing. A VIF under 3 and loading under .1 revealed no significant overlap between these two measures. Internal consistency for this measure was poor and outcomes from this measure should be considered cautiously; however, once one item was removed due to local fit failure, the scale demonstrated excellent global fit. All scales demonstrated some level of misfit including significant chi-square p values, which can be found in fit indices (see Table 7).

Hypotheses Testing

Validity

The Self-Compassion Scale for Early Childhood (SCS-EC) demonstrated adequate construct validity. Pearson's correlation coefficients were calculated for a positive and significant association between child and parent self-compassion, as well as for a negative and significant relationship between factor 2 (Negative SCS-EC) with parent self-compassion. Parent

and child emotion-related characteristics should be related (Spinrad et al., 2020) but not necessarily identical. Since there is currently no other scale for measuring early self-compassion, the decision to compare child self-compassion scores with parent scores seemed acceptable for this introductory research.

Concurrent validity was used to test for a positive relationship between early self-compassion and other early childhood emotion-related characteristics including self-esteem, emotional well-being, and empathy. The empathy subscale, attention to the feelings of other's, was used to examine early empathy and no association was found with early self-compassion. Concurrent validity was determined with the Kiddy KINDL measure for self-esteem in early childhood. This finding is consistent with previous research relating self-compassion to self-esteem but as distinct constructs (Neff, 2003a; Marshall et al., 2015). Concurrent validity was also determined between early self-compassion and early childhood emotional well-being ($p =$ .000). Validity between these measures should be considered preliminarily, however, due to the poor fit indices on the emotional well-being scale.

It was hypothesized that the SCS-EC would be significantly associated to the ERC measure of emotion regulation in early childhood. This was true for both factors of early self-compassion. Specifically, self-kindness, common humanity, and mindfulness items were positively related to emotion regulation. Self-judgment, isolation, and over-identification items of the SCS-EC were negatively related to this measure of emotion regulation in early childhood.

SCS-EC and Positive and Negative Early Characteristics

Temperament. Both positive and negative factors of early self-compassion were significantly correlated with parent-reported temperament of their child. Classical test theory, principal component analysis and item response modeling were drawn from by Sleddens and

colleagues (2012) in recreating a shortened, one-item version of the 36-item Child Behavior Questionnaire. This one-item temperament scale has three vignette response for parents to choose the temperament style that best describes their child. Pearson's correlations coefficients were calculated to determine the relationship between temperament and early self-compassion. Specifically, "The Effortful Control Child" was found to have significantly higher early self-compassion on factor 1 (Positive SCS-EC). This outcome makes sense given that effortful control is a cognitive capacity related to mindfulness, and mindfulness serves as one of three facets of self-compassion (Rothbart et al., 1994; Eisenberg & Morris, 2002; Neff, 2003a). The effortful control child can sustain their attention for long periods of time while working on projects and can easily enjoy their work. This child also shows awareness of their situation and can adapt when plans alter (Sleddens et al., 2012).

We also found an association between "Negative/Affectivity" temperament style and early self-compassion scores for their children. As expected, the positive subscale of the SCS-EC showed a negative relationship with negative affectivity and the opposite significant relationship was found with the negative subscale of early self-compassion. The negative affectivity child shows their frustration and becomes easily distressed and is difficult to calm when upset (Sleddens et al., 2012). Themes of early over-identification and self-criticism appear in this style of temperament. One possible explanation for this finding is that children who are easily distressed and not easily calmed may also be less likely to engage in less mindful-awareness, self-soothing, and other positive coping methods that promote self-compassion. When these early positive coping skills are nonexistent or deficient in some way, we expect to find the child to be less emotionally regulated (Eisenberg et al., 1993; Eisenberg & Morris, 2002) and less self-compassionate.

The last temperament style assessed was "The Surgency Child", who are children described as easily excitable, full of energy, quick-moving on the playground, and eager to meet new faces (Sleddens et al., 2012). Neither factor of early self-compassion was related to the surgency temperament style.

Internalizing behaviors. Items were selected from the CBCL to represent internalizing behaviors that parents reported their children aged 3 to 5 years old to have demonstrated within the past two months. Although internal consistency was poor for this adapted 6-item measure of internalizing behavior in early childhood, confirmatory factor analysis revealed this scale to have excellent fit indices. As hypothesized, internalizing behaviors including anxiety, withdrawal, self-conscious embarrassment, and rapid mood fluctuation were significantly related to both positive and negative subscales of the SCS-EC. This finding is not surprising given that highly self-compassionate adults and adolescents tend to have significantly lower anxiety, isolating tendencies, and depressive symptoms in comparison to those with low self-compassion (Neff, 2003a; Muris et al., 2016; Stolow et al., 2016).

Self-Compassion Socialization Process

In the current study, it was expected that both factors of the early self-compassion scale would be significantly related to parent self-compassion and results revealed this to be true. It was also hypothesized that early emotion regulation would be significantly associated with parent emotion regulation. A significant association between parent expressive suppression and early childhood emotion regulation emerged. Expressive suppression was assessed by asking parents about their tendency to keep their emotions to themselves and this area of emotion dysregulation was negatively related to the ERC measure for early childhood emotion regulation. The cognitive reappraisal factor of the ERQ was assessed by asking parents how well they are

able to mentally reframe problems and stress in ways that are beneficial. The cognitive reappraisal subscale was not significantly associated with child emotion regulation.

Additionally, Pearson's correlations coefficients were calculated to explore the hypothesis that child and parent empathy would be related. Significant associations between female and mother self-esteem levels have been noted in previous research (Sharifi et al., 2011) and a similar association was expected in early childhood; however, no association was found. In future studies, dyadic analysis will be conducted to examine the direct influence of parental attributes on early childhood characteristics.

Although parent gender was not assessed, about 13% of participants received the survey directly from the Primary Investigator (PI) of the research and the PI recruited only to mothers. Also, approximately 76.2% of the remaining sample received access to the survey through social media postings to mom-group pages. It can, therefore, be assumed the majority of surveys were completed by females and we can cautiously interpret the findings of emotion-related socialization as being between mothers and their children.

The findings of the current study are consistent with Eisenberg, Cumberland and Spinrad's (1998) logic that along with culture and context, parent emotion-related behaviors significantly influence the development of child emotion-related characteristics and behaviors. Characteristics that undergo this transmission process have been called emotion-related socialization behaviors (ERSBs; Spinrad et al., 2020). When parents model of a self-compassionate lifestyle and coach children kindly, with positive coping methods rather than with harshness, children experience a similar level of self-compassion to that of their parent.

Self-compassion does not emerge in adolescence without previous priming, and research supports this. Longitudinal research implies that children as young as 9 years old improve in self-

compassion scores after only three months and this was without any intervention or treatment plan (Stolow et al., 2016). In another longitudinal study, self-compassion was found to moderate the association between self-esteem and mental health from 9th to 10th grade (Marshall et al., 2015). Self-compassion serving as a mediator between attachment and mindfulness, well-being, and several other positive identifiers of overall emotional stability suggests attachment as a key antecedent to early emerging self-compassion (Neff & McGehee, 2010; Vettese et al., 2011; Hollis-Walker, & Colosimo, 2011; Westphal et al., 2016).

Strengths, Limitations and Future Directions

This research is relevant for positive social and emotional well-being in early childhood, but does not claim to be conclusive. Limitations included a relatively small and predominantly Caucasian sample for confirmatory factor analysis. Although it is likely that most participating parents were female based on recruitment sources (Facebook mom groups), parent gender was not assessed. Failure to collect this information limited the analysis since we were unable to evaluate specific gender-of-parent with gender-of-child associations. This would have allowed for making comparisons between parent and child characteristics that would have permitted greater exploration of a socialization process. There were also issues with global fit detected on several scales. Collecting data during the COVID-19 outbreak was advantageous in many ways but likely led to some selection bias because parents who felt they had enough time to complete a survey during COVID-19 are the ones who participated.

As anticipated, fit indices for the SCS-EC were adequate for both factors and all original self-compassion components from Neff's original scale were included in this adapted scale for young children. Self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification are all included as positive or negative coping methods demonstrative of

emerging self-compassion in early childhood. Construct, concurrent and convergent validity were determined and all internal consistencies were all acceptable except for the CBCL Internalizing Behaviors scale.

Future directions for this research will involve qualitative and quantitative assessments with parents and their children. A child task and longitudinal design are needed to test construct validity in greater depth and to understand better what aspects of self-compassion first emerge, how it changes over time, and what main factors contribute to this change over time. A longitudinal design should also provide more understanding about how self-compassion is socialized from parent to child over time. Attachment style between parent and child must be examined to understand truly how the attachment relationship influences the congruence between parent and child self-compassion. Parent and child mental health are additional factors that will need to be examined with early emerging self-compassion in order to fully conceptualize its impact. Implications of this research pertain to both clinical and educational settings, and the long-term goal of this research is to incorporate self-compassion into early therapeutic practice and the development of social-emotional curricula for early childhood programs.

CHAPTER VI

CONCLUSION

Research shows that multiple facets of emotional stability, including emotion regulation, improve with regular practice of self-compassion and early childhood is arguably a time in life when these protective factors are most needed. By tracking early positive and negative emotions and coping strategies related to areas of emerging self-compassion, we were able to gain a better understanding of this resilient-related characteristic in early childhood. With this research, we introduce an important conversation about emerging self-compassion and its socialization. As a successful resilience mechanism for improving emotional well-being, self-compassion has the potential to become an excellent alternative to self-esteem as a goal of parenting strategies in early childhood. With this preliminary scale (SCS-EC), we can now identify and evaluate demonstrations of self-compassion in early childhood.

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TABLES

Table 1

Descriptive Statistics for SCS-EC Items

Item		M	SD	Min	Max	Skewness	Kurtosis
Positive SCS-EC Factor 1							
1.	My child quickly tries again when they fail at something that is important to them.	3.72	.820	2	5	-.329	-.312
2.	My child treats themselves the way they would treat a friend.	3.88	.822	2	5	-.355	-.392
3.	When my child is upset or disappointed they tend to seek out peers or family (such as mom, dad) for comfort and affection, more than for attention.	4.19	.861	1	5	-.994	.733
4.	My child shows openness to problem-solving strategies when dealing with negative feelings.	3.37	.859	2	5	-.016	-.690
5.	My child tends to recover quickly when their feelings are hurt.	3.78	.761	2	5	-.421	.055
Negative SCS-EC Factor 2							
1.	My child tends to doubt their own abilities when they attempt something new or challenging.	3.31	.881	1	5	-.283	.128
2.	When my child has trouble accomplishing a task they tend to give up quickly.	3.15	.863	1	5	-.286	-.293
3.	My child becomes easily frustrated with themselves when they approach a task that is clearly too challenging for them.	2.98	.949	1	5	-.120	-.841
4.	When my child fails at a task they are unlikely to make a second attempt.	3.77	.907	1	5	-.426	-.316
5.	My child tends to withdraw from others when sad or disappointed.	3.281	1.064	1	5	-.197	-.760

Table 2

Demographic Sample Characteristics with the SCS-EC

Variable	n	Percentage	Factor 1 Positive SCS-EC	Factor 2 Negative SCS-EC
Age				
3 years vs Others	49	28.7%	.21**	-.22**
4 years vs Others	70	40.9%	.00	.02
5 years vs Others	51	29.8%	-.21**	.20*
Gender				
Male	77	44.8%		
Female	95	55.2%	.099	-.00
Parent Ethnicity				
White/Caucasian	145	84.8%	-.03	.01
African American	4	2.3%	.10	-.12
Hispanic	4	2.3%	.09	.02
Asian American	5	2.9%	-.06	.02
Other	13	7.6%	.00	.02
Income				
< annual $40,000 vs all others	23	13.37%	.04	.00
> annual $70,000 vs all others	111	64.5%	-.07	.03
Daily hours Prior to COVID-19				
20 + Hrs. with child prior vs Others	28	16.37%	-.20	-.05
10-20 Hrs. with child vs Others	63	36.84%	.12	-.01
Under 10 Hrs. with child vs Others	79	46.20%	-.11	.056
Daily hours During COVID-19				
20 + Hrs. with child vs Others	84	49.12%	.134	-.23*
10-20 Hrs. with child vs Others	65	38%	-.056	.147
Under 10 Hrs. with child vs Others	21	12.29%	-.071	.087
Total	171			

Note: The total n for gender and COVID-19 categories are 172 and 170, respectively. ** Correlation at .01 level (two-tailed).

Table 3

Pilot Testing Goodness-of-Fit Indicator Model Comparisons for Factor 1

Fit Indices	Model 1	Model 2	Model 3
Chi-Square *p* value	0.00	0.00	0.44
RMSEA estimate	0.15	0.02	0.00
RMSEA upper bound	0.19	0.19	0.15
CFI	0.69	0.83	1.00
SRMR	0.10	0.07	0.04

Table 4

Pilot Testing Goodness-of-Fit Indicator Model Comparisons for Factor 2

Fit Indices	Model 1	Model 2	Model 3
Chi-Square *p* value	0.01	0.11	0.97
RMSEA estimate	0.10	0.08	0.00
UB	0.14	0.14	0.00
CFI	0.83	0.94	1.00
SRMR	0.09	0.07	0.03

Table 5

Goodness-of-Fit Model Comparisons for Positive and Negative Factors of the SCS-EC

Model	χ^2	RMSEA	RMSEA Upper bound	CFI	TLI	SRMR
Positive Subscale						
1	. 002	.104	.152	.905	.842	.056
2	.810	.000	.06	1.000	1.054	.018
Negative Subscale						
1	.001	.096	.135	.937	.905	.050
2	.119	.066	.137	.983	.967	.026
Combined Scale	.000	.076	.102	.922	.900	.054

Table 6

CFA Factor Loadings for the SCS-EC

Factor 1 Item Loadings		Factor 2 Item Loadings	
1	.586	1	.720
2	.557	2	.757
3	.484	3	.739
4	.546	4	.660
5	.550	5	.303

Table 7

Goodness-of-Fit Indices for Parent and Child Emotion-Related Scales

Measures	α	χ²	RMSEA	CFI	TLI	SRMR
Early Childhood						
Factor 1. Positive SCS -EC	.726	.810	.000	1.000	1.054	.018
Factor 2. Negative SCS-EC	.756	.119	.066	.983	.967	.026
Emotion Regulation Checklist (ERC)	.729	.015	.070	.932	.899	.053
EmQue: attention to the feelings of others	.686	.008	.150	.932	.797	.057
Self-Esteem (Kiddy KINDL)	.792	.462	.000	1.000	1.005	.013
Emotional Well-Being (Kiddy KINDL)	.609	.046	.110	.943	.828	.037
Internalizing behaviors (CBCL)	.490	.900	.000	1.0	1.183	.026
Parents						
Self-Compassion – Short Form (SCS-SF)	.859	.000	.070	.937	1.916	.050
Cognitive Reappraisal (CR) factor	.869	.001	.116	.957	.928	.037
Expressive Suppression (ES) factor	.800	.081	.094	.986	.958	.024
Toronto Empathy Questionnaire (TEQ)	.836	.000	.074	.872	.845	.066

Table 8

Pearson's Correlations for Hypotheses Testing

Hypotheses Testing	N	SCS-EC Factor 1 r(p)	SCS-EC Factor 2 r(p)	ERC	Early Empathy
Validity					
Construct Validity with SCS-SF	171	.297**	-.322**		
Convergent Validity with ERC	171	.624**	-.436**		
Concurrent Validity with Self-Esteem	170	.495**	-.443**		
Concurrent Validity with Emotional Well-Being	170	.380**	-.458**		
Concurrent Validity with Empathy	168	.042	.005		
Correlations with emotion-related characteristics					
Effortful Control Temperament	171	.178*	-.125		
Negative/Affectivity Temperament	171	-.344**	.354**		
Internalizing behaviors	172	-.334**	.457**		
Preliminary Evidence of a Socialization Process					
Parent Self-Compassion	157	See Construct Validity			
Parent Cognitive Reappraisal	152			.116	
Parent Expressive Suppression	151			-.158*	
Parent Empathy	155				.113

** Correlation at .01 level (two-tailed).

APPENDIX B

SCS-EC 2-FACTOR MODEL

In this brief survey, please respond with the answer that best describes how often your child demonstrates the following behavior:

1. My child treats themselves the way they would treat a friend. (SK)
2. When my child is upset or disappointed they tend to seek out peers or family (such as mom, dad) for comfort and affection more than for attention. (CH)
3. My child quickly tries again when they fail at something that is important to them. (M)
4. My child shows openness to problem-solving strategies when dealing with negative feelings. (M)
5. My child tends to recover quickly when their feelings are hurt. (M)
6. My child tends to doubt their own abilities when they attempt something new or challenging. (SJ)
7. When my child has trouble accomplishing a task they trend to give up quickly. (SJ)
8. My child becomes easily frustrated with themselves when they approach a task that is clearly too challenging for them. (SJ)
9. My child tends to withdraw from others when sad or disappointed. (I)
10. When my child fails at a task they are unlikely to make a second attempt. (OI)

Coding Key:
SK = Self-Kindness item
CH = Common Humanity item
M = Mindfulness item
SJ = Self-Judgment item
I = Isolation item
OI = Over-Identification item

APPENDIX C

KEY DIFFERENCES BETWEEN SELF-COMPASSION AND SELF-ESTEEM

Self-Compassion (SC)	Self-Esteem (SE)
- Provided method of recovery through kindness practiced towards the self, an understanding of the shared human experience and nonjudgmental awareness of negative aspects of the personality (Neff, 2003b; Neff & Vonk, 2009).	- No provided method of recovery from low self-esteem or feelings of low self-worth (Neff & Vonk, 2009).
- Self-compassion is not associated with narcissism (Neff, 2003a).	- Several measures of self-esteem have been were revealed to correlate positively with narcissism including the Rosenberg SE Scale, Berger's Self-Acceptance Scale, Self-Determination Scale, and basic psychological needs subscales Autonomy, Competence and Relatedness (Neff, 2003a).
- Self-acceptance driven by self-kindness, common humanity and mindfulness driven (Neff, Kirkpatrick & Rude, 2007).	- Self-acceptance driven by performance evaluations and social comparison (Neff, Kirkpatrick & Rude, 2007).
- Buffers against anxiety when faced with an ego-threat (Neff, Kirkpatrick & Rude, 2007).	- Does NOT buffer against anxiety when faced with an ego-threat (Neff, Kirkpatrick & Rude, 2007).
- Theorized to activate the self-soothing system, which allows for greater intimacy and effective emotional coping (Gilbert, 1989).	- Theorized to promote superiority or inferiority for the purpose of establishing social rank, which can activate the threat system (Gilbert & Irons, 2005).

APPENDIX D

SUPPORTING LITERATURE BEHIND MEASURE DEVELOPMENT OF THE SCS-EC

Self-Compassion Facet	Self-Kindness	Common Humanity	Mindfulness
Supporting Literate	Social Learning Theory (Bandura, 1977). Perspective-taking by 18 months and early empathy development (Repacholi, & Gopnik, 1997; Ensink & Mayes, 2010). Program teaching prosocial skills versus more self-focused control group (Flook et al., 2015).	Young children gravitate toward caregivers during distressful moments, while older children look to peers or problem-solve (Bernzweig et al., 1993; Eisenberg & Morris, 2002).	Demonstrated through effortful control in early childhood and assessed in multiple recent studies (Kochanska et al., 2000; Flook et al., 2015; Harpin et al., 2016).
Self-Compassion Facet	**Self-Judgment**	**Isolation**	**Over-Identification**
Supporting Literate	Early negative affect at 20 during unsolvable task predicted by maternal sensitivity (Zentall, 2010). Significant association between maternal self-criticism and criticisms of their child (Gravener et al., 2012).	Children who engaged in social withdrawal were at higher risk for experiencing peer difficulties (Coplan & Weeks, 2010). Frustration in language development indicative of social withdrawal in early childhood (Stansbury & Zimmermann, 1999).	Emerging self-views and self-evaluations are impacted by caregiver feedback. Negative feedback can lead to an underestimation of one's abilities (Gravener et al., 2012).

APPENDIX E

SELF-COMPASSION IN ADULTHOOD COMPARED TO EARLY CHILDHOOD

Self-Compassion Element	Adult SC (abstractly reported)	Adult Scale item	Early Childhood SC (concretely observed)	Child Scale Items
Self-Kindness	Extending love and patience toward oneself during emotional pain.	When I'm going through a very hard time, I give myself the caring and tenderness I need. I'm kind to myself when I'm experiencing suffering.	Early child demonstrations of kind treatment toward themselves, similar to what is extended toward peers.	My child treats themselves they would treat a friend.
Common Humanity	Positive cognitive reappraisal during challenges in acknowledging that disappointment and failure is shared by all humans.	When times are really difficult, I tend to be tough on myself.	Seeking out social resources (i.e., attachment figure) during challenging or distressful situations.	When my child is upset or disappointed, they tend to seek out peers or family (such as mom, dad) for comfort and affection, more than for attention.
Mindfulness	Maintaining emotional balance, and a healthy perspective of the situation without blowing things out of proportion.	When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.	Effortful control demonstrated in calming oneself down during distress, openness to problem-solving.	My child shows openness to problem-solving strategies when dealing with negative feelings.
Self-Judgment	Toughness toward oneself about flaws and shortcomings.	When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world. When I fail at something that's important to me, I tend to feel alone in my failure.	Low confidence in abilities, self-doubt during challenges.	My child tends to doubt their own abilities when they attempt something new or challenging.

Isolation	Feeling separate and cut off from the world and detached from the experiences of others.	When something painful happens, I try to take a balanced view of the situation. When I'm feeling down I try to approach my feelings with curiosity and openness.	Preference for aloneness during emotional distress, social withdrawal.	My child tends to withdraw from others when sad or disappointed.
Over-identification	Tendency to blow issues out of proportion and over-identify with failure. Feeling consumed by failure.	When something upsets me, I get carried away with my feelings. When I fail at something important to me I become consumed by feelings of inadequacy.	Low likelihood to 'try again' after failure, refusal to solve the problem.	When my child fails at a task, they are unlikely to make a second attempt.

APPENDIX F

INSTITUTIONAL REVIEW BOARD APPROVAL

Oklahoma State University Institutional Review Board

Date: 12/13/2019
Application Number: HS-19-65
Proposal Title: Adaptation and Validation of a Scale for Measuring Self-Compassion in Early Childhood

Principal Investigator: Jillian Bailey
Co-Investigator(s):   ISAAC WASHBURN
Faculty Adviser: Amy
Payton
Project Coordinator:
Research Assistant(s):

Processed as:
Expedited Category:

Status Recommended by Reviewer(s): Approved Approval Date:
12/13/2019

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

This study meets criteria in the Revised Common Rule, as well as, one or more of the circumstances for which <u>continuing review is not required.</u> As Principal Investigator of this research, you will be required to submit a status report to the IRB triennially.

The final versions of any recruitment, consent, and assent documents bearing the IRB approval stamp are available for download from IRBManager. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be approved by the IRB. Protocol modifications requiring approval may include changes to the title, PI, adviser, other research personnel, funding status or sponsor, subject population composition or size, recruitment, inclusion/exclusion criteria, research site, research procedures and consent/assent process or forms.
2. Submit a status report to the IRB when requested
3. Promptly report to the IRB any harm experienced by a participant that is both unanticipated and related per IRB policy.
4. Maintain accurate and complete study records for evaluation by the OSU IRB and, if applicable, inspection by regulatory agencies and/or the study sponsor.
5. Notify the IRB office when your research project is complete or when you are no longer affiliated with Oklahoma State University.

If you have questions about the IRB procedures or need any assistance from the Board, please contact the IRB Office at 405-744-3377 or irb@okstate.edu.

Sincerely,
Oklahoma State University IRB

VITA

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