



# The Effect of Compassion-Focused Therapy of Mothers on the Self-Esteem of Preschool Children

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**Abstract:** *This study intended to investigate the effect of compassion-focused therapy of mothers on the self-esteem of preschool children in Isfahan within 2018. To this end, a quasi-experimental study was conducted following a test-retest and follow-up scheme. The statistical population included all mothers of preschool pupils amongst which 30 mothers with low self-esteemed children were targeted based on convenience sampling method, which were randomly assigned to two groups of 15 as experimental and control. The experimental group received twelve 90-minute compassion- focused therapy, while no intervention was given to the control group. Assessment tools included a demographic questionnaire and self-esteem inventory. Data were analyzed using repeated measures ANOVA. According to the results, there was a statistically significant difference between the self-esteem scores of experimental and control groups in the pre-test, post-test and follow-up, indicating that the mean self-esteem score was higher in the experimental group than control group in the post-test and follow-up compared to the pre-test stage. Therefore, there was a significant difference between experimental and control group ( $P < 0.05$ ). The observed scores of the one-month follow-up were closer to those of post-test. In general, it was found that compassion- focused therapy of mothers had a statistically significant effect on the self-esteem of preschool children because parental mental health and parental relationship quality could significantly affect the quality of life of their children.*

**Keywords:** *Mental Health, Compassion-Focused Training for Mothers, Self-Esteem, Children, Parents*

## INTRODUCTION

Childhood is a prominent stage of one's psychological growth and social development in life. This period necessitates maintaining emotional balance, understanding the value of the self, acquiring essential social skills in friendship, and learning how to possess a healthy and effective life as the most important needs of children and adolescents. Therefore, it is felt necessary to help children grow and develop their required social skills for an efficient and productive life in the society. Moreover, childhood may be associated with the feeling of confusion, low self-esteem, self-deficiency, negative self-concept, anxiety and aggression due to the emergence of certain biological and non-biological problems that will lead to decreased social interactions and normal activities (Dadpour et al., 2012).

Self-esteem is the extent to which one has a subjective evaluation, approval and acceptance of their own worth. As a critical requirement, self-esteem plays a vital role in the processes of life since it contributes to one's personal health, growth and natural being state behavior. Thus, lack of positive self-esteem ceases one's psychological development. Indeed, self-esteem acts as a conscious immune system that provides necessary strength and capacity for one's life. Low self-esteem reduces one's flexibility against problems (Torqi et al., 2012). The most key factor for a desirable personality growth in children and adolescents is self-esteem.

Strong will, decision-making power, innovation, creativity, mental health and psychological wellbeing are directly associated with self-esteem. Self-esteem is the state of one's consideration of the self as a worthy and competent person who successfully meets initial challenges of life since he deserves happiness. There is a positive relationship between one's self-esteem and self-empowerment i.e. the lower the self-esteem, the lower one's image of self-empowerment will be, whereas the higher the self-esteem, the higher one's image of self-empowerment and self-worth. The potential impact of self-esteem on one's health and wellbeing is why it has become an area of interest to researchers. For instance, French and Wargo have defined self-esteem as a cultural shield against anxiety (Dadpour et al., 2012).

Compassion-focused therapy (CFT) approach is a novel type of treatment that serves as an interventional measure to eliminate a variety of such psychological disorders as depression, anxiety, schizophrenia, low self-esteem and diffidence. Comparing CFT with medication therapy has brought strong evidences for CTF effectiveness. Generally, it seems that the compassion- focused therapy of mothers and its impact on enhancing the self-esteem of children can help the development of such domains, marking the need for further investigations. Accordingly, the present study aimed at addressing whether CFT of mothers has any effect on the self-esteem of preschool pupils aged 4-6 years?

Qaffarian and Khayatan (2018) studied the effect of CFT on the self-concept and self-expression of junior highschool girls. They found that compassion-focused therapy did not have any significant effect on the self-concept of highschool girls while significantly affecting their self-expression ( $P < 0.05$ ), the results of which was not persistent in the follow-up period. In other words, CFT improved students' self-expression. Zhang et al. (2018) evaluated the mediating role of self-compassion and conditional self-worth in the relationship between embarrassment and symptoms of depression. To this end, they targeted 109 African-American subjects aged 18-64 years. They found that there was a significant correlation between embarrassment and symptoms of depression with self-compassion acting as a mediator, while conditional self-worth did not mediate the relationship between embarrassment and depression. Barry et al. (2015) investigated the relationship between self-compassion and narcissism, self-confidence and aggression in adolescents. The results were indicative of a statistically significant negative relationship between adolescents' self-compassion and their feeling of narcissism and aggression while there was a significant positive correlation between self-compassion and self-confidence in adolescents. In a longitudinal investigation into the effect of self-compassion on the negative self-esteem of 2448 Australian adolescents, Marshal et al. (2015) found that self-compassion mediated the impact of self-esteem on mental health. That is to say the higher one's self-compassion, the less the negative effect of low self-esteem on their mental health will be.

In contrast to the current CBT<sup>1</sup>, the Compassion-focused therapy (CFT) highly regards the role of positive emotions in the treatment process. Furthermore, it accentuates the enhancement of one's interaction with their psychological disorders. CFT training is mainly given to mothers since children cannot properly perceive the concept of compassion, for its abstract nature, and mother is the first person whom children are interacting with, who plays a crucial role in their physical and psychological development and who acts as an important factor in the health or illness of children. Thus, as less has been studied in this area so far, the conduction of the present study seemed necessary. Finally, with respect to the importance of children's mental health and significance of parental role esp. mothers in its achievement, compassion-focused therapy for mothers seems to help children improve their self-esteem.

## Materials and Methods

This quasi-experimental study was conducted following a test-retest and follow-up scheme. The statistical population included all mothers of preschool pupils in Isfahan within 2018, amongst which 30 mothers with low self-esteemed children were targeted based on convenience sampling method, which were randomly

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<sup>1</sup> Cognitive-Behavioral Therapy

assigned to two groups of 15 as experimental and control. The inclusion criteria involved preschool children with low self-esteem, without any physical and psychological disorders that may disturb the intervention as well as mothers without any depression and emotional disorders or use of any psychological medications as diagnosed by a psychiatrist. Simultaneity of two disorders, absenteeism for more than 2 interventional sessions and incomplete questionnaire were regarded as the exclusion criteria. Assessment tools included a demographic questionnaire and self-esteem inventory for checking the self-esteem of children in Azizi Moqaddam preschool.

The demographic questionnaire consisted of such information as children’s sex, age etc. The 20-item self-esteem inventory (SEI) developed by Azizi Moqaddam (2007), assessed the degree of self-esteem in preschool children. SEI was completed by parents. Items were allocated to various aspects of self-esteem: a) all items were related to overall self-esteem, b) items 6-9 were related to social self-esteem, c) items 10-13 were related to educational self-esteem, d) items 14-17 were related to family self-esteem, and e) items 18-20 were related to physical self-esteem. SEI was based on a 4-point scale, from very high, high to low and very low, to evaluate children’s overall, social, educational, family and physical self-esteem. Scoring was indicative of the degree of self-esteem as scores 20-33 stood for low self-esteem, 33-50 indicated moderate self-esteem and >50 showed high self-esteem in children. Azizi Moqaddam’s (2007) SEI was considered to be highly valid as evaluated by several master students in educational management and psychology. Once completed by all 30 respondents, the reliability of SEI was estimated on the basis of Cronbach Alpha in SPSS. Accordingly, the self-esteem inventory had a high reliability coefficient: 0.87 for overall reliability, 0.44 for social aspect, 0.78 for educational aspect, 0.75 for family aspect and 0.60 for physical aspect of the inventory as reported by Azizi Moqaddam (2007). In this study, however, the observed reliability was equal to 0.68 for overall self-esteem, 0.61 for social self-esteem, 0.74 for educational self-esteem, 0.67 for family self-esteem and 0.70 for physical self-esteem.

To administer the test, all mothers were asked to complete the SEI. Afterwards, the experimental group received twelve 90-minute compassion-focused training for 6 weeks, 2 sessions each, based on the theoretical foundations and principles of CFT (Ranjbar and Nouri, 2016), while no intervention was given to the control group. Once intervention accomplished, SEI was re-administered to be completed by the experimental and control group in the post-test stage. Participants were thoroughly informed of the purpose and process of research and their consent reached before administration. Table (1) has briefed each training session.

**Table 1:** Compassion-Focused Therapy (CFT)

Session	Session Summary
1 <sup>st</sup> Session	<p style="text-align: center;">Giving a preface to CFT</p> <ul style="list-style-type: none"> <li>- Making introductions between members and therapist, expressing mutual expectations, setting group rules, establishing therapeutic interactions and heeding the narratives of other participants, empathizing with each other,</li> <li>- Briefing the participants on emotions and CFT approach (esp. mindfulness and compassion)</li> <li>- Training and practicing mindful-breathing exercises.</li> </ul>
2 <sup>nd</sup> Session	<p style="text-align: center;">Three-ring Model</p> <p>Think of times you were stuck in a threat loop feeling endangered. The hazard could be physical while they’d often been social (interaction with others) or psychological (based on our thoughts). Now think of a recent situation that activated your threat system, what was your physical feeling?</p> <ul style="list-style-type: none"> <li>- What reactions happened in your body when you felt threatened?</li> <li>- What emotions you had when you felt threatened?</li> <li>- What thoughts crossed your mind?</li> </ul>
3 <sup>rd</sup> Session	<p style="text-align: center;">An introduction to compassion</p> <ul style="list-style-type: none"> <li>- Review of previous session</li> <li>- Definition of compassion: What is compassion?</li> </ul>

	<ul style="list-style-type: none"> <li>- Introducing compassionate mind approach (attention, thinking, reasoning, imagination, motivation, behavior and emotion), drawing a workout chart, Think of times you felt threatened or angry. Suppose something has irritated you, got you away from your goal or made you feel unsecured and endangered.</li> </ul>
4 <sup>th</sup> Session	<p style="text-align: center;">The bewildered mind</p> <ul style="list-style-type: none"> <li>- Introducing the old and new mind</li> <li>- Introducing negative and threatening emotions (aggression, anxiety and fear) from the perspective of three-ring system, old and new mind</li> <li>- Practice: three-ring model and relaxation breathing</li> </ul>
5 <sup>th</sup> Session	<p style="text-align: center;">Spectrum of emotions</p> <ul style="list-style-type: none"> <li>- Evaluating such emotions as depression, anxiety and aggression from the view of the compassionate mid</li> <li>- Exploring, understanding and practicing various kind of emotions</li> <li>- Reviewing home practices, giving feedback and discussion</li> </ul>
6 <sup>th</sup> Session	<p style="text-align: center;">Training how to change the pattern of a bewildered and troublesome mind</p> <ul style="list-style-type: none"> <li>- Reviewing old patterns and reactions of the old and new mind to the problems and obstacles</li> <li>- Presenting components of compassion</li> <li>- Evaluating a recent emotion based on the components of compassion</li> </ul>
7 <sup>th</sup> Session	<p style="text-align: center;">Practice of working emotional habits</p> <ul style="list-style-type: none"> <li>- Introducing compassion skills</li> <li>- Compassionate thinking and behavior</li> <li>- Practice of making a safe and secure space</li> </ul>
8 <sup>th</sup> Session	<p style="text-align: center;">Blaming behavior/mind vs. compassionate behavior/mind</p> <ul style="list-style-type: none"> <li>- Retaining compassion skills, explaining the role of compassion in directing the mind towards how to think and react</li> <li>- Practice of self-criticism, causes and consequences</li> <li>- Teaching compassionate vs. critic mind/behavior</li> <li>- Evaluating types of reaction to failures and obstacles (critic vs. compassionate style)</li> </ul>
9 <sup>th</sup> Session	<p style="text-align: center;">Integration of changes in a compassionate structure</p> <ul style="list-style-type: none"> <li>- Practice of making an ideal self-compassion</li> </ul> <p>Breathe in with calm and compassionate rhythm. Imagine being in a safe place with all sounds, feelings and sceneries. Remind yourself that this safe place is yours and feeling yourself being there is amazing. This is the place where you'd like to be. Meet your compassionate self-image, there. How would you like this ideal image of a compassionate and caring person to be? How would you like it to speak with you? What other features do you like to see in this image? What kind of relationship would you like to have with this compassionate image?</p>
10 <sup>th</sup> Session	<p style="text-align: center;">Fear of self-compassion</p> <ul style="list-style-type: none"> <li>- Identifying inhibitory thoughts that impede the development and practice of self-compassion</li> </ul>
11 <sup>th</sup> Session	<p style="text-align: center;">Developing self-compassion and compassion towards others</p> <ul style="list-style-type: none"> <li>- Process of empathy</li> <li>- Process of forgiveness</li> </ul>
12 <sup>th</sup> Session	<p style="text-align: center;">Developing Compassion towards others</p> <p style="text-align: center;">Practicing empathy towards others</p> <p style="text-align: center;">Practicing forgiveness towards others</p> <p style="text-align: center;">Positive growth and helping others</p>

Descriptive and inferential statistics were used for data analysis. The former involved such measures as mean, SD and frequency percentage while the latter concerned repeated measures ANOVA using SPSS, version 22, software.

**Ethical Considerations**

To observe ethical considerations, the subsequent steps were followed: 1. Researchers introduced themselves to the participants and briefly elaborated on the purpose, process, procedure, advantages and disadvantages of participating in the study. 2. Participants’ informed consent was reached for the completion of questionnaires. 3. Participants were ensured of the confidentiality of information and privacy policy. 4. Participants were allowed to withdraw from or leave the study whenever they would like to. 5. Participates were ensured that their names and personal information would not be disclosed whilst implementing, analyzing, reporting and publishing the data.

**Results**

Demographic variables included sex, age, number of children and maternal education, as displayed in Table (2) bellow:

**Table 2:** Frequency distribution of demographics

	Variables	Frequency	Percentage	Total
<b>Sex</b>	Male	15	50	30
	Female	15	50	
<b>Age of Children</b>	4 years	2	6.7	30
	5 years	14	46.7	
	6 years	12	40	
	≥7 years	2	6.7	
<b>No. of Children</b>	1	16	53.3	30
	2	8	26.7	
	3	2	6.7	
	≥4	4	13.3	
<b>Age of Mothers</b>	19-24 years	10	33.3	30
	25-30 years	7	23.3	
	31-36 years	6	20	
	37-41 years	5	16.7	
	≥41 years	2	6.7	
<b>Education of Mothers</b>	Undergraduate or Diploma	3	10	30
	Associate Degree	11	36.7	
	Bachelor’s Degree	8	26.7	
	Master’s Degree or Postgraduate	7	23.3	
	Not Reported	1	3.3	

As shown in Table (3), the number of participants as well as the mean and SD of self-esteem in pre-test, post-test and follow-up have been presented for both the case and control groups.

**Table 3:** Mean and SD of case and control self-esteem in pre-test, post-test and follow-up

Aspect	Group	No	Pre-test		Post-test		Follow-up	
			Mean	SD	Mean	SD	Mean	SD
<b>Social Self-esteem</b>	Case	15	9.60	2.29	10.47	1.88	10.47	1.88
	Control	15	9.13	2.38	9	2.50	8.87	2.58
<b>Educational Self-esteem</b>	Case	15	9.73	2.21	10.40	1.95	10.27	1.90
	Control	15	9.27	2.08	9.13	2.06	9.13	2.06
<b>Family Self-esteem</b>	Case	15	9.93	1.90	10.47	1.68	10.33	1.67
	Control	15	11	1.89	11.07	1.75	11	1.81

<b>Physical Self-esteem</b>	Case	15	7.93	2.12	8.27	1.66	8.13	1.72
	Control	15	6.87	1.88	7	1.64	6.93	1.58
<b>Overall Self-esteem</b>	Case	15	50.93	5.67	53.87	4.59	53.20	4.53
	Control	15	47.80	4.45	47.67	3.88	47.32	3.63

Shapiro-Wilk test and Levene’s test were respectively used for assessing the normal distribution of dependent variables and equality of variance. Table (4) has displayed the presumed data normalization and variance equality. Accordingly, the assumption that the mean self-esteem scores are normalized in all three pre-test-post-test and follow-up was confirmed letting the results be generalized to the intended society ( $P>0.05$ ). Levene’s test results showed that the F-value was not significant. Therefore, it can be stated that the experimental and control groups had an equal variance of scores in self-esteem variables between which, there was not any statistically significant difference. This means that parametric tests were not limited to use. The assumption of variance equality was confirmed as well. According to the results of Box’s M test, the CFT’s homogeneity of covariance was statistically significant at  $>0.05$  probability level, implying that the assumption of covariance homogeneity was also confirmed.

**Table 4:** Results of Shapiro-Wilk, Levene’s and Box’s M test

Variable	Test	Scheme	Statistics	F	Box Test	DF	DF 1	DF 2	P-value
<b>Self-Esteem</b>	<b>Shapiro-Wilk</b>	Pre-test	0.97	-	-	30	-	-	0.80
		Post-test	0.96	-	-	30	-	-	0.39
		Follow-up	0.97	-	-	30	-	-	0.64
	<b>Levene</b>	Pre-test	0.95	0.78	-	30	1	28	0.38
		Post-test	0.97	0.86	-	30	1	28	0.35
		Follow-up	0.97	0.98	-	30	1	28	0.33
<b>Box’s M</b>			0.77	5.328	-	6	5680.30	0.58	

Tables (5) and (6) has respectively presented the results of Mauchly’s test of Sphericity and ANCOVA.

**Table 5:** Results of Mauchly’s test of sphericity

Variable	Intragroup Effect	Mauchly’s Test of Sphericity	Chi-Square	DF	P-value
Social Self-Esteem	Measurement Time	0.29	32.61	2	0.001
Educational Self-Esteem	Measurement Time	0.28	33.98	2	0.001
Family Self-Esteem	Measurement Time	0.28	33.58	2	0.001
Physical Self-Esteem	Measurement Time	0.34	28.70	2	0.001

That the result of Mauchly’s test of sphericity remained at  $P=0.001$  implies that sphericity condition was violated and subsequently rejected as multivariate statistics do not necessarily require to observe sphericity. Thus, presuming the lack of sphericity, Greenhouse-Geisser correction test was used to assess the score factor for educational and social self-esteem in 3 repeated measures. This result confirmed the effect of CFT of mothers on the educational and social self-esteem of students ( $P<0.05$ ). However, CFT of mothers did not have any significant impact on the family and physical self-esteem of children. In other words, the results of ANCOVA and repeated measures ANOVA showed that the differences were not statistically significant in neither the factor of pre-test, post-test and follow-up nor interaction of time and group factors ( $P>0.05$ ).

**Table 6:** Results of ANCOVA

Variable	Test	Statistics	F	DF	P-value	Eta-Squared	Statistical Power	
<b>Social Self-</b>	Test Time	Wilks’ Lambda	0.66	6.69	2	0.004	0.33	0.88

<b>esteem</b>	Time*Group	Wilks' Lambda	0.59	9.11	2	0.001	0.40	0.96
<b>Educational Self-esteem</b>	Test Time	Wilks' Lambda	0.68	6.13	2	0.006	0.31	0.85
	Time*Group	Wilks' Lambda	0.54	11.29	2	0.001	0.45	0.98
<b>Family Self-esteem</b>	Test Time	Wilks' Lambda	0.76	4.13	2	0.027	0.23	0.68
	Time*Group	Wilks' Lambda	0.89	1.53	2	0.23	0.10	0.29
<b>Physical Self-esteem</b>	Test Time	Wilks' Lambda	0.79	3.41	2	0.048	0.20	0.59
	Time*Group	Wilks' Lambda	0.96	0.49	2	0.61	0.036	0.12

According to repeated measures ANOVA, there was a significant difference between the scores of educational and social self-esteem in pre-test, post-test and follow-up ( $P < 0.05$ ). Moreover, there was a significant relationship between the score factors (pre-test, post-test and follow-up) and groups (case and control) in terms of educational and social self-esteem ( $P < 0.05$ ). These findings were indicative of the significant effect of CFT of mothers on enhancing the educational and social self-esteem of children. Thus, multivariate comparison indicated that educational and social self-esteem score was higher in the case than control group in the post-test and follow-up compared to the pre-test stage i.e. there was a statistically significant difference between the self-esteem scores of case and control groups in the pre-test, post-test and follow-up ( $P < 0.05$ ). The statistical power at  $> 0.70$  was representative of the accuracy of the significance level for these impacts (Table 7).

**Table 7:** Results of repeated measures ANOVA for self-esteem with three replication

Variable		Sum of Squares	DF	Mean Squares	F	P-value	Eta-Squared	Statistical Power
<b>Social Self-esteem</b>	Test Time	2.28	1.17	1.94	6.90	0.010	0.19	0.76
	Time*Group	5.75	1.17	4.98	17.34	0.001	0.38	0.99
<b>Educational Self-esteem</b>	Test Time	1.15	1.16	0.99	4	0.048	0.12	0.52
	Time*Group	2.75	1.16	2.36	9.53	0.003	0.25	0.88
<b>Family Self-esteem</b>	Test Time	1.40	1.16	1.19	2.61	0.11	0.085	0.37
	Time*Group	0.95	1.16	0.81	1.78	0.19	0.060	0.27
<b>Physical Self-esteem</b>	Test Time	0.82	1.20	0.68	1.86	0.18	0.062	0.28
	Time*Group	0.15	1.20	0.12	0.35	0.59	0.012	0.092

## Discussion and Conclusion

This study aimed at investigating the effect of CFT of mothers on the self-esteem of preschool children. ANOVA showed that CFT for mothers had a significant impact on enhancing the self-esteem of children. Additionally, the self-esteem score was higher in the case than control group in the post-test and follow-up compared to the pre-test stage i.e. there was a statistically significant difference between the self-esteem scores of case and control groups in the pre-test, post-test and follow-up ( $P < 0.05$ ), according to the results of multivariate comparison. Mauchly's test of sphericity confirmed the effectiveness of CFT of mothers on the self-esteem of children ( $P < 0.05$ ).

Interventional self-compassion therapy for mothers of low self-esteemed children assisted mothers to stop old behavioral patterns and start new ones by empowering them in mental dimensions and allowing further self-recognition. Besides, it let mothers identify their thoughts and behavior towards themselves and become more flexible in the recognition of their emotions and reactions towards their own state and the self so as to be more compassionate to their children and family. Gilbert (2005) stated that self-compassion, as a kind of relationship with the self, can improve one's satisfaction with various dimensions of their own self. The satisfaction helped mothers react more flexibly to the problems and be more open to challenges. In general, self-compassion therapy protocol for mothers emphasized the improvement of one's self-help and peace of

mind in different life events. The therapy succored mothers to more seriously rehabilitate themselves against challenges by training them how to overcome problems by presenting appropriate exercises like imagination of a safe place or imagination of a place where the compassionate self was met. Since mothers became compassionately-conscious, they could give themselves and others another chance to compensate for their most-criticized-for interpersonal relationship and reinforce their self-compassion state in social, family and psychological relationships. Self-compassion therapy for mothers of 4-6-year-old children aided them to reduce interpersonal conflicts through intimacy and empathy in life by training them how to create and maintain compassion and kindness for oneself in case of hardship, despair and failure or how to refrain from hardening at times of discomfort and encounter with undesirable aspects of one's individual personality (self-criticism and self-judgement). Finally, it can be inferred that as mothers learn compassionate attention, reasoning, behaviors and emotional experiences (Gilbert, 2009), self-compassion therapy eliminates feelings of alienation from others or loneliness in discomfort while raising consciousness of personal attitudes towards one's self-awareness and mindfulness. These issues have encouraged the mothers of low self-esteem children to become more altruistic and committed to forgive and sustain in life. It also helped the perpetrator get rid of the feeling of loneliness caused by disturbed relationships to be re-establish. Therefore, CFT for mothers can incline them to create more intimate relationship with their children, family members and other people through an unbiased standpoint towards interpersonal problems. Generally, it can be induced that CFT for mothers enhanced self-esteem in 4-6-year-old children.

According to repeated measures ANOVA, CFT for mothers significantly affected educational and social self-esteem of children. Moreover, multivariate comparison indicated that educational and social self-esteem score was higher in the case than control group in the post-test and follow-up compared to the pre-test stage i.e. there was a statistically significant difference between the self-esteem scores of case and control groups in the pre-test, post-test and follow-up ( $P < 0.05$ ). Mauchly's test of sphericity confirmed the effectiveness of CFT for mothers on the self-esteem of children ( $P < 0.05$ ). However, CFT for mothers did not have any significant impact on the family and physical self-esteem of children. In other words, the results of ANCOVA and repeated measures ANOVA showed that the differences were not statistically significant in neither the factor of pre-test, post-test and follow-up nor interaction of time and group factors ( $P > 0.05$ ). The findings of this study was consistent with the results of Moradpour et al. (2013) who found that self-knowledge and self-expression skills training had a significant positive impact on the overall adaptability, its components (e.g. social, family and emotional adaptability) and self-esteem of mothers to mentally-retarded children. Kristian Neff et al. (2011) indicated that self-compassion was associated with better emotional flexibility and more resilient self-esteem while including higher self-assessment, self-defense and self-confidence than self-esteem. According to Marshal et al. (2015), self-compassion mediated the effect of self-esteem on mental health. That is to say the higher one's self-compassion, the lesser the negative effect of low self-esteem on their mental health. To elaborate the results, one who is self-compassion, tries to protect the self from the experience of suffering. Thus, self-compassion leads to compromised behaviors in order to improve and maintain mental health. Based on the results, CFT for mothers resulted in higher self-esteem and mental health and wellbeing in children. In other words, highly self-esteemed mothers had highly self-esteemed children as well. The theory of dependency regulations of self-worth and self-efficacy asserted that one's success in the sphere of self-respect dependencies was associated with increased self-respect and self-efficacy towards the challenges left behind. That is to say, one whose respect is dependent on their academic/educational competent not only receives approvals from others but also feels higher self-worth as he succeeds in academic achievements; he may also feel more self-efficient in his challenges successfully left behind and become less anxious in his re-encounter with such educational challenges. Self-esteem enhances general wellbeing and happiness in mothers. Self-esteem has a significant relationship with academic success and motivation for progress. Appropriate parental behaviors are an important factor affecting self-esteem and self-worth in children in



their path to adolescence. Academically, self-worth-dependent self-esteem increased academic achievements. Self-worth is a vital resource for motivation.

Compassion develops when one is able to perceive the nature of suffering, capacities and value of compassion and has the opportunity to practice it and ensure its fulfillment (Gilbert, 2014 cited in Ranjbar and Nouri, 2016). In fact, home circumstances activate the threat system. As one feels threatened, their physical feelings are so stressed out that will result in pain, digestive problems, headache, sleep disorders and the sense of being trapped if prolonged; Far few ways do they find, asking for help becomes demanding for them, they safeguard and may feel lonely and anxious. Compassion towards the self and others moderates the threat system meaning that the threatened person may experience negative emotions but is not defeated by them, he keeps himself away to get assured that he can cope with the negative emotions and reach a state of physical relaxation so as to find various coping strategies to deal with the hardship. When one is aware of the threat and security system, their mind-relaxing system is reinforced, negative emotions decrease and positive emotions arise. Thus, mothers should learn how to better interact with their children and stop transferring negative emotions to them in order to nourish a mentally-healthy child who can control his anger and show high self-esteem. As a consequence, CFT for mothers improved self-esteem in 4-6-year-old children.

Like many other studies, the present research had its own limitations as bellow:

1. Since the mothers of 4-6-year-old children were solely targeted in this study, the findings should be cautiously generalized to other age cased.
2. Convenience sampling method left definitive conclusion for further prospective studies on the research hypotheses.
1. Longer follow-up was not possible with respect to the conditions of mother and the child.

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