Using Photovoice to Explore the Role of Self-Compassion in Mothers Post–COVID-19 Pandemic

Kelly Emelianchik-Key, Adriana C. Labarta, Clara Bossie, Carman S. Gill

Self-compassion, or the ability to show oneself kindness in challenging situations, has various advantages for mental well-being and psychological health, encompassing three interrelated elements: self-kindness, common humanity, and mindfulness. Mothers are an often-overlooked population who face numerous mental health challenges because of socially constructed ideals of motherhood. Therefore, mothers may encounter obstacles in developing self-compassion amid the demands of motherhood, related societal pressures, and other contextual factors, such as the COVID-19 pandemic. This research study utilized a photovoice methodology to investigate how mothers with children ages 5 to 12 experience self-compassion post–COVID-19 pandemic. The findings revealed four main themes with 13 subthemes, illustrating the distinct challenges and benefits associated with self-compassion for mothers. The authors conclude with implications for counseling, including the need for interventions that promote self-compassion and wellness for mothers from culturally and racially diverse communities.

Keywords: **mothers, motherhood, self-compassion, photovoice, wellness**

Intensive mothering, a term coined by Hays (1996), refers to the socially constructed expectation of motherhood that a mother must meet unrealistic standards to be deemed a good mother. Although societal roles have evolved over the past 30 years, with many mothers working full-time, the unrealistic ideal of motherhood has remained unchanged (Chae, 2014; Forbes et al., 2020; Lamar et al., 2019; Prikhidko & Swank, 2018). Intensive mothering demands that mothers be the central, self-sacrificing caregivers who devote extensive time, energy, and resources to their children's needs (Hays, 1996). Forbes et al. (2021) asserted that the fact that "the expectations of mothers remain primarily unchanged despite advances made in gender equality in the U.S. as a result of feminist critiques suggests the expectations of mothers are deeply engrained in the fabric of society" (p. 271).

Research indicates that mothers from diverse backgrounds (e.g., race, ethnicity, social class, job status) endorse unrealistic beliefs about intensive mothering (Forbes et al., 2020), though cultural ideals, lack of resources, and structural barriers could impact the extent to which diverse communities endorse intensive mothering (Lankes, 2022). Living up to intensive mothering standards causes mothers to put children (and often the whole family) before their own mental and physical health (Elliot et al., 2015). Mothers who cannot live up to this ideal often face physical and mental health consequences, such as exhaustion, overwhelming anxiety, feelings of isolation and inadequacy, identity challenges and loss of self, self-criticism, and shame and guilt (Forbes et al., 2021; Prikhidko & Swank, 2018). They are also more likely to experience depression, anxiety, and decreased life satisfaction (Forbes et al., 2020; Prikhidko & Swank, 2018).

These pressures may lead mothers to engage in counseling to seek support, build realistic expectations, develop coping skills, and create a working family system that relies on more than one

Kelly Emelianchik-Key, PhD, NCC, ACS, LMFT, LMHC-QS, is an associate professor at Florida Atlantic University. Adriana C. Labarta, PhD, NCC, ACS, LMHC, is an assistant professor at Florida Atlantic University. Clara Bossie, MS, ACS, LMFT-QS, is a doctoral candidate at Florida Atlantic University and Owner and Clinical Director of Wisely Wellness LLC. Carman S. Gill, NCC, ACS, LCMHC, is a professor and department chair at Florida Atlantic University. Correspondence may be addressed to Kelly Emelianchik-Key, Department of Counselor Education, Florida Atlantic University, 777 Glades Rd. Bldg. 47, Rm. 275, Boca Raton, FL 33431-0991, Kemelian@fau.edu.

person to meet the needs of a child. Wellness, a cornerstone for effective counseling practice, focuses on the optimal health and well-being of the mind, body, and spirit, allowing individuals to live life more fully (Myers & Sweeney, 2004; Neff & Germer, 2013). Relatedly, maternal health strategies help support the physical, emotional, and mental health of mothers (Mitchell et al., 2018). Research suggests that mothers may benefit from focusing less on developing coping skills and more on developing maternal wellness strategies, such as having a plan and asking for help, which can impact the overall family system and functioning (Currie, 2018). The body of research on maternal wellness promotion in the counseling literature is not extensive, and there is a notable gap in empirical studies investigating how mothers' well-being has been affected in the aftermath of the COVID-19 pandemic.

Dual Roles of Motherhood Post-Pandemic

The COVID-19 outbreak was declared a pandemic in early March 2020. In late 2021, the World Health Organization (WHO) reported approximately 4.5 million deaths, with over 650,000 deaths in the United States alone (WHO, 2021). The COVID-19 pandemic's impact ranged from being a manageable inconvenience for some to causing severe loss of lives and livelihoods for others, cutting across class, ethnic, and national boundaries (Park, 2021). As the COVID-19 pandemic became an inevitable daily reality, it increasingly highlighted pre-existing social disparities, including limited access to health care and education, which disproportionately affect marginalized communities. This was evident in the higher rates of cases, hospitalizations, and deaths among these groups (Centers for Disease Control and Prevention [CDC], 2020).

In a society already emphasizing intensive mothering, COVID-19 worsened gender inequalities, forcing women to take on additional home and childcare responsibilities, including homeschooling. More women left jobs because of these role changes (Alon et al., 2020; Bureau of Labor Statistics, 2021) and experienced higher rates of exhaustion, anxiety, and depression (Davenport et al., 2020; Grose, 2021). According to Grose's (2021) article in *The New York Times*, 69% of mothers reported adverse health effects from COVID-19 pandemic–related stress, compared to 51% of fathers. The pandemic also intensified job disparities, with women facing more job losses and slower recovery than men, pre– and post–COVID-19 pandemic (Lofton et al., 2021). In dual-income households, mothers assumed greater childcare responsibilities than fathers, a trend that persisted throughout the COVID-19 pandemic (Zamarro et al., 2020). Hupkau and Petrongolo (2020) predicted that an unequal division of labor will perpetuate inequalities in parental roles. Although remote work allows women to balance work and family, it can dilute their workplace presence and negatively impact their careers. Increased domestic labor has led to worsening emotional and financial health for U.S. mothers (Bahn et al., 2020; Ruppanner et al., 2021). Therefore, addressing the intersection of motherhood and mental health is crucial for effectively addressing the post–COVID-19 pandemic impact.

Self-Compassion and Motherhood

Given the prevalent challenges that mothers faced before, during, and after the COVID-19 pandemic, counselors need evidence-based approaches to promote wellness in community and clinical settings. Self-compassion comprises three dichotomous yet related components: mindfulness versus overidentification, common humanity versus isolation, and self-kindness versus self-judgment (Neff & Germer, 2013). Mindfulness is an evidence-based approach that entails nonjudgment and accepting one's experiences rather than overidentifying or suppressing emotions (Neff, 2011). Common humanity describes the interconnectedness of the human experience and allows individuals to recognize pain and failure as universal struggles. Finally, self-kindness requires treating oneself with kindness, support, and understanding rather than engaging in self-criticism in response to life's challenges (Neff, 2011).

Research has consistently linked lower levels of self-compassion with a range of mental health issues, including depression and anxiety (Han & Kim, 2023; Neff, 2011). As such, self-compassion may represent a powerful wellness construct because of its effectiveness in treating mental health concerns like anxiety, depression, stress, eating concerns, rumination, and self-criticism (Ferrari et al., 2019). Self-compassion may also represent an effective coping mechanism for mothers experiencing post-traumatic stress symptoms after childbirth (Mitchell et al., 2018), postpartum depression (Fonseca & Canavarro, 2018), and insecure attachment and parenting stress (Moreira et al., 2015; Neff, 2011). Furthermore, self-compassion may help mothers increase mental health, mindful parenting (Moreira et al., 2015; Neff, 2011), and the "ability to respond to the challenges of parenting in ways that are more sensitive and resilient" (Psychogiou et al., 2016, p. 897). Beyond individual benefits, emerging research has considered the intergenerational impacts of self-compassion (Carbonneau et al., 2020; Lathren et al., 2020). Mothers with greater self-compassion may better tolerate difficult emotions through kindness and nonjudgment, thereby better supporting their children in navigating distressing emotional experiences (Lathren et al., 2020).

Present Study

Because of the potential for new roles, increased responsibilities, and decreased support during and post–COVID-19 pandemic, mothers are at greater risk for mental health concerns (Bahn et al., 2020; Ruppanner et al., 2021). We believe that self-compassion is a promising tool for wellness-based counseling with mothers. Although the previous examples presented in our literature review reflected a few benefits of this practice, we sought to further explore the role and impact of self-compassion in mothers' lives post–COVID-19 pandemic. In this study, we utilized photovoice, a method within community-based participatory research (CBPR) that draws on feminist theory, in order to better understand, empower, raise consciousness, create dialogue, and produce social change on behalf of mothers struggling with mental health and wellness post–COVID-19 pandemic (Wang, 1999; Wang & Burris, 1997).

Method

Grounded in feminism, critical pedagogy, and photography (Wang & Burris, 1997), photovoice is one of several qualitative research methods in CBPR that allows individuals to express their beliefs about community and social issues using photos and personal descriptions. This robust methodology promotes social action, diversity, and advocacy within communities (Smith et al., 2010; Wang & Burris, 1997). Photovoice assumes that participants are the experts in their own lives, with the research process involving three unique components: (a) facilitating a partnership within the community, developing a research question, and training; (b) reflecting on the images, adhering to critical pedagogy while using a structured analytical framework consisting of five questions, called SHOWeD, to guide the analysis and promote meaningful change; and (c) disseminating the findings within the community (Wang & Burris, 1997).

In counseling, photovoice has the power to promote critical ideologies and reflective dialogue that allows for the constructivist creation of meaning around a social construct, promoting social justice and advocacy within the community (Sackett & Jenkins, 2015; Wester et al., 2021). Additionally, research demonstrates that photovoice fosters team building, social skills, self-efficacy, social connectedness, friendship, empowerment, and a sense of community (Wang & Burris, 1997; Wilson et al., 2007). Scholars in the counseling profession have called for the use of photovoice to promote community and advocacy and investigate interventions for issues that inhibit client growth (Sackett & Jenkins, 2015).

Because of this call, the strong ties to critical pedagogy, and the underpinnings of feminist theory, we used a photovoice methodology to explore the following research question: How do mothers in our community understand, experience, and enact self-compassion in their daily lives in a post–COVID-19 pandemic world?

Participants

For the present study, the inclusion criteria indicated that participants must (a) be 18 years of age or older, (b) have no history of a personality disorder diagnosis and no severe symptoms of mental illness (e.g., suicidal ideation or psychosis), and (c) have at least one child in the home between the ages of 5 and 12. The rationale for selecting this age range was based on neurological data demonstrating differences in brain development for children over 5 (van der Kolk, 2014) and in Erikson's psychosocial stages of development that document differences in individuals over 12 (Orenstein & Lewis, 2021). Our target sample size was eight to 12 participants, which was determined based on the standard for photovoice methodology (Wang & Burris, 1997), but additionally, the goal was to capture the depth and breadth of each individual analysis.

After excluding participants who did not complete the study or follow the study guidelines, the final sample consisted of eight women aged 30 to 42 ($M = 37.25$). Seven participants self-identified as White/Caucasian; one identified as Asian and White/Caucasian. All eight participants indicated that they were married. Participants were asked about their employment status and were given the option to select all applicable options. Five participants selected part-time employment, three marked stay-at-home parent, one indicated being employed full-time, and one indicated being self-employed. Regarding education level, four participants reported earning a bachelor's degree or higher, two reported completing some college, one reported completing trade school, and one declined to respond. Lastly, concerning mental health concerns, two participants reported struggling with anxiety and depression, one reported struggling with attention-deficit hyperactivity disorder symptoms, three declined to respond, and two denied any mental health concerns.

Procedure

After receiving IRB approval, we collaborated with two local community mental health agencies, including one nonprofit agency and one for-profit agency. These community-based mental health agencies allowed us to advertise and recruit mothers who met the criteria and demonstrated interest in this research. We shared electronic flyers via social media with the study information, including the design, purpose, and participant expectations (i.e., taking photos and discussing the meaning behind them in focus groups). We also provided a small allotment to compensate for participants' costs, such as internet or cell phone data use. The for-profit agency also offered free self-compassion books to all participants who completed the study. Participants could receive this resource by providing their email addresses after their final interview.

After completing an informed consent form, each participant participated in a 45–60-minute psychoeducational focus group led by one or more members of our research team, where they learned the basic components of self-compassion (i.e., self-kindness, common humanity, and mindfulness) and engaged in discussions about self-compassion with other group members. These psychoeducational groups consisted of two to four participants because of the scheduling needs of participants. Our overarching research question for the study was shared and we engaged in dialogue about changes experienced because of the COVID-19 pandemic. At the end of the session, we provided participants with information about taking photos, directions, and information to assist in maintaining

confidentiality (e.g., avoid taking photos of self or others to protect confidentiality). The participants had 10 days to take or select photos to visually describe self-compassion in their own lives. Following, each participant was asked to caption them with a title, respond to the SHOWeD questions, which are unique to the methodology, and send them to us via email. The SHOWeD questions consisted of the following: 1) What do you *see* in the photo? 2) What is *happening* in your photograph? 3) How does this photo capture self-compassion in your *own* life? 4) *Why* does this photo contribute to the challenge, concern, or strengths that exist in self-compassion? and 5) What can mental health professionals or others *do* to help foster and support self-compassion in mothers? (Wang & Burris, 1997).

Each participant completed a follow-up photovoice session in which we placed participants' top two selected photos on a slideshow with their corresponding captions. We followed outlined guidelines for the second photovoice session (Wang & Burris, 1997; Wester et al., 2021) while focusing on the two photos each participant selected, which were used to establish themes. Most of the second photovoice sessions were held individually to give mothers more scheduling flexibility and prevent further attrition. Although these in-depth, semi-structured interviews were individual, participants were encouraged to engage in dialogue with our research team regarding other participants' photos and captions in order to create shared meaning. Once the meeting ended, we transcribed the entire discussion while focusing on the participants' meaning of the photos.

Data Analysis

This study used photovoice, a methodology within CBPR (Wang, 1999; Wang & Burris, 1997), and interpretative phenomenological analysis (IPA) to explore participants' experiences within interview transcripts and photographs (Burton et al., 2017; Griffin & May, 2012). The study emphasized collaboration between researchers and community members throughout the research process, from defining research questions to disseminating findings. This approach ensured the research was relevant to and beneficial for the community it aimed to serve. The feminist framework underpinned the entire process, influencing the focus on gender issues and power dynamics, emphasizing participants' voices and lived experiences, and promoting social change and empowerment (Wang, 1999). IPA was utilized as the primary analytical approach, aligning with the study's aim to explore how participants make sense of their experiences (Burton et al., 2017). Participants were viewed as experts in their own experiences, and the analysis focused on understanding their perspectives.

Following the IPA procedures of Griffin and May (2012), the analysis began with thorough familiarization with the data, followed by initial coding, developing emergent themes, searching for connections, and looking for patterns across cases. Recurring patterns and key concepts were identified in each transcript, photo, and responses to the SHOWeD questions. Relationships between themes found in the written dialogue and patterns in photos were extracted, always keeping in mind the true meaning expressed by the participants. We engaged in a double hermeneutic process, interpreting the participants' interpretations of their experiences. Interpretive themes were developed to analyze deeper meaning. All four of us met weekly during the coding process to discuss each step and reach a consensus before moving on to each next step (Larkin & Thompson, 2011).

Role of the Researcher and Trustworthiness

Trustworthiness is critical in qualitative research. To promote transparency as the research team, we identified our backgrounds and identities, which could impact the study (Creswell, 2020). Our team consisted of four members: three coders and one auditor. Kelly Emelianchik-Key (associate professor), Adriana C. Labarta (assistant professor), and Carman S. Gill (full professor) served as coders and

were all counselor educators at Florida Atlantic University during the research process. They are each licensed mental health counselors, National Certified Counselors, and Approved Clinical Supervisors; Emelianchik-Key is also a licensed marriage and family therapist. Emelianchik-Key and Gill identify as White females and Labarta identifies as Latina. Emelianchik-Key also identifies as a mother, which was a critical piece of the study and important to consider to prevent bias. The auditor, Clara Bossie, is a White female and a counselor education doctoral student at Florida Atlantic University; she is a licensed marriage and family therapist with specialized training in dialectical behavioral therapy and as a Mindful Self-Compassion (MSC) teacher. She is also the owner and clinical director of a private practice.

Emelianchik-Key, Labarta, and Gill have extensive experience in qualitative research and coded the data, while Bossie served as an external auditor because of her specialized MSC training in order to provide additional perspectives and feedback, enhancing trustworthiness (Creswell & Báez, 2020). As a team, we discussed biases and assumptions throughout the research and data analysis process, maintaining an audit trail. Peer validation was used to promote trustworthiness (Larkin & Thompson, 2011) while noting intersectionality and privilege within the team. Member checking was conducted after developing the final themes, with participants providing feedback. No objections were raised, and two of the participants responded noting they agreed with the results.

Results

The findings that emerged from the discussion of the SHOWeD questions, participant photos, and corresponding captions included four overarching themes with 13 subthemes. Theme 1, Challenges With Self-Compassion, included subthemes Permission and Justification, Making Time, Self-Worth, and Understanding Self-Compassion. Theme 2, Isolation Versus Common Humanity, included subthemes Social Media, Desire for Connection, and Self-Criticism. Theme 3, Awareness and Education, included the subthemes Self-Awareness, Acknowledgment From Self and Others, and Psychoeducation. Theme 4, Mindfulness, included subthemes Open Awareness, One-Pointed Awareness, and Tactile Experiences.

Theme 1: Challenges With Self-Compassion

The initial theme revolved around mothers' obstacles and difficulties with integrating self-compassion into their daily lives. These challenges encompassed permission giving, allocating time, grappling with feelings of self-worth, and distinguishing between self-compassion and self-care. The subtheme of Permission and Justification encompassed the hurdles mothers encounter when attempting to incorporate self-compassion into their lives. A common rationale for practicing self-compassion was the significant impact it may have on their children and families. Mothers expressed challenges with practicing self-compassion "just because" and sought justifications for their practice. The second subtheme of Making Time underscored the challenge of making time for self-compassion amid juggling various roles and responsibilities as a mother. Moreover, this subtheme emerged during our study because of the difficulty in finding mothers to participate amidst their many demands. Rather than making time for themselves, mothers described examples of wedging acts of self-compassion into everyday activities, such as morning coffee and reflective moments in the car during Little League practice.

The third subtheme of Self-Worth underscored mothers' difficulties in recognizing their value, particularly as they navigate societal and familial expectations of the "perfect" mother. Participants expressed sentiments of needing to validate or "prove" their worthiness. The last subtheme of Understanding Self-Compassion shed light on the difficulty of discerning between self-care and self-compassion. Participants frequently equated self-care activities with self-compassion, failing to distinguish between them and often neglecting their needs. The self-compassion practices described

by participants were not entirely directed toward their well-being, as evidenced by self-care activities and compassion practices that primarily sought to extend warmth and kindness to others rather than focusing on themselves. Examples from these subthemes are in Table 1.

Table 1

Participant Quotes Related to Subthemes of Theme 1: Challenges With Self-Compassion

Subthemes	Participant Quote
Permission and Justification	**Participant 3:** "It's been really important for me to find time for myself to do things that I want to do. But then I feel like sometimes, as a mom, you feel like everything revolves around your family, and then, when you take time away from that, it's like you're being selfish."
Making Time	**Participant 2:** "It's hard to remember sometimes when you're on autopilot. Yeah, or things happen like one after another, and then you don't have that awareness right away sometimes."
Self-Worth	**Participant 3:** "I feel like I'm always trying to prove that what I do is important. And it's not only proving that to other people, but I need to feel it myself."
Understanding Self-Compassion	**Participant 1:** "I think even like understanding self-compassion can be kind of strange, because nowadays it's self-care. Everyone calls it 'self-care.' It seems like just everyone is getting their nails done or paying for expensive facials, or whatever, because it's self-care. I think that's kind of more of like a superficial thing, where self-compassion is more internal . . . you have to like, you know, be self-aware to know how to be self-compassionate."

Theme 2: Isolation Versus Common Humanity

The second theme highlighted one of the central components of the self-compassion model: Isolation Versus Common Humanity (Germer & Neff, 2019; Neff & Germer, 2013). This theme showcased the contrast between participants' longing for connection while engaging in behaviors that fostered disconnection. The first subtheme was Social Media, including its positive and negative impacts. A significant aspect was the experience of social comparisons, which either provided participants with understanding and validation or left them feeling isolated and separate from others, resulting in self-criticism. Social media had both helpful and harmful influences on participants' well-being.

The second subtheme of Desire for Connection reflected participants' deep longing to connect with others and to feel heard, valued, and acknowledged for their efforts. This is especially true when navigating parenting challenges to avoid feelings of isolation. The last subtheme was Self-Criticism. Self-criticism captured instances in which mothers engaged in or exhibited self-critical language. Participants frequently engaged in cognitive distortions such as overgeneralizing, ruminating on "should haves," and making self-judgments. This tendency toward self-criticism often led to narratives and expressions of isolation or feeling excluded from a group or family. Participant quotes for each of these subthemes are found in Table 2.

Table 2

Participant Quotes Related to Subthemes of Theme 2: Isolation Versus Common Humanity

Subthemes	Participant Quote
Social Media	**Participant 2:** "I think the reason self-compassion isn't as popular is because a lot of the mainstream help we easily come across makes a profit on people feeling like they're not good enough. Self-compassion doesn't count on people needing to take a big action to make a change in their lives."
Desire for Connection	**Participant 5:** "The overall experience was good. . . . It's always nice to hear that you're not the only person juggling a thousand things and trying to make sense of it."
Self-Criticism	**Participant 6:** "Sometimes we all feel like we're alone in the things that we're doing and the things that we're dealing with because we can't feel like we can talk about it cause then we're a failure. And that's like one of the biggest things for moms."

Theme 3: Awareness and Education

The third theme encapsulated participants' journey toward cultivating heightened self-awareness regarding the importance of self-compassion, alongside a plea for counselors to provide enhanced education and incorporate strengths-based, empowering approaches for mothers. The first subtheme of Self-Awareness involved participants recognizing the significance of self-compassion and their ability to prioritize time for engaging in self-compassion and self-care. Participants acknowledged that seeking help is permissible and that the shaming associated with being unable to manage everything should not occur. The second subtheme of Acknowledgment From Self and Others centered around the desire to be recognized and valued for their many roles as mothers, spouses, breadwinners, etc., while embracing self-kindness and self-validation. The last subtheme of Psychoeducation emerged as participants emphasized the necessity for greater awareness and understanding of self-compassion and its relevance in daily life. Specifically, they stressed the importance of making this knowledge more accessible for mothers and the need for others to be educated about the challenges mothers face. Example quotes from these subthemes are in Table 3.

Theme 4: Mindfulness

The fourth theme explored the various methods by which participants incorporated mindfulness activities as part of their practice of self-compassion. The first subtheme, Open Awareness, addressed the specific ways participants engaged in mindfulness activities that allowed them to become more aware of the entire environment. Some participants participated in mindfulness activities that heightened their awareness of their surroundings, although this engagement focused more on relationship mindfulness than self-compassion. The second subtheme of One-Pointed Awareness described participants' mindfulness practices with focused awareness, concentrating solely on one aspect of the present moment. They fully immersed themselves in the mindfulness practice, recognizing it as a means of personal growth. The last subtheme of Tactile Experiences illustrated participants' self-soothing or grounding practices involving multiple senses, particularly touch, sensation, smell, and profound observation. These practices typically occurred in the morning and often included enjoying coffee, gardening, or immersing oneself in nature. A sample quote from each subtheme is in Table 4.

Table 3

Participant Quotes Related to Subthemes of Theme 3: Awareness and Education

Subthemes	Participant Quote
Self-Awareness	**Participant 7:** "We'd taken a picture of my daughter's little emotion dolls, or like some animals . . . I'm like, 'well, that's perfect.' Because you know, we all have these emotions. . . . So that really stood out to me, because that's something that I've really learned becoming a parent and a mom . . . we are going to have these emotions. It's okay to have emotions and that's something I've been, you know, trying to teach my kids to a lot of the time . . . that was a big self-compassion thing that stood out to me was, you know, letting myself feel like, you know, anger or frustration, or all the other ones that were lined up in that picture."
Acknowledgment From Self and Others	**Participant 3:** "I think, that just hearing like, 'Hey, I see you. I see that you're working hard, and you're doing great,' you know. So I think that that's what moms need to hear."
Psychoeducation	**Participant 8:** "Just educating mothers more on like the postpartum journey and normalizing, you know, postpartum depression and postpartum anxiety. . . . I don't necessarily feel like I was properly educated while I was pregnant, and then postpartum on, you know, how much you, your hormones and everything, it affects you mentally, especially in this world with social media. And you know, everyone's perfect. And you know, everyone wakes up the next day after, you know, not sleeping with a newborn all night and being exhausted. And you're supposed to look perfect and act perfect. And you know, I just wish there was more acceptance and kind of education and normalizing the raw journey of postpartum."

Table 4

Participant Quotes Related to Subthemes of Theme 4: Mindfulness

Subthemes	Participant Quote
Open Awareness	**Participant 8:** "I do struggle a lot with my body image as a woman. And just, you know, after you have children and your body changes. So, for me, this photo is also really powerful in that aspect, because I've been doing a lot of work with that as well as just not being as hard on myself. And you know, normally, I would be like super uncomfortable at the beach, and especially because it was like a packed day. It was Mother's Day, wearing a bathing suit, and I just didn't give a shit, and it was really cool. And I just, I think, because I was just so immersed with my family and being present."
One-Pointed Awareness	**Participant 2:** "Just paying attention to your body. And if I feel I'm breathing a little shallow, sometimes I notice I'm holding my breath, and sometimes I notice that my shoulders are up here, and that's usually my little sign to like, okay . . . this doesn't feel good. Let's fix this for a minute. Do something."
Tactile Experiences	**Participant 4:** "We just moved into this house 6 months ago, and I love flowers. And you know, I missed my old house with like my garden, so I had to start over. . . . That's like my thing. I literally go out there and do that every single morning. I mean, sometimes it's 3 minutes, sometimes it's 15 minutes, but mainly it's 5 minutes. But that's where I was like, yeah, that's my time. You know, where I don't bring the phone out there with me."

Data Presentation to Stakeholders

Consistent with CBPR goals and photovoice procedures (Wang & Burris, 1997; Wester et al., 2021), we sought to promote change and advocate for mothers by sharing our findings with stakeholders. The stakeholders included the nonprofit community-based agency and private practice that helped recruit participants, and a group of local counselors affiliated with a large community agency who could further increase awareness, co-create meaning, and facilitate change. The study participants were invited to join our meeting with stakeholders who participated in a presentation of the findings, including PowerPoint slides illustrating the primary themes and participant photos. The last question of the SHOWeD method was especially considered: "What can mental health professionals or others do to help foster and support self-compassion in mothers?" We engaged in a collaborative dialogue on implementing the study's findings into practice, which are further elaborated in the discussion section of this manuscript.

Discussion

Mothers, often serving as the backbone of their families, face silent battles with mental health and identity, heightened by sociocultural ideals and other contextual factors like the recent COVID-19 pandemic's isolating conditions (Chae, 2014; Davenport et al., 2020; Grose, 2021; Neff, 2011; Prikhidko & Swank, 2018). Mothers' quiet struggles illuminate an alarming need for more mental health support tailored to the unique experiences of motherhood. Our study explored mothers' experiences post–COVID-19 pandemic with cultivating self-compassion using photovoice, revealing four overarching themes: (a) Challenges With Self-Compassion, (b) Isolation Versus Common Humanity, (c) Awareness and Education, and (d) Mindfulness.

The first theme suggests that mothers' challenges with self-compassion are deeply entangled in the daily realities of motherhood and exacerbated by societal ideals. These difficulties extend beyond finding time (which was extremely limited) for self-care; instead, they reflect more profound issues of how mothers perceive and treat themselves amid overwhelming external expectations, often compromising their well-being and prioritizing their children and families (Forbes et al., 2021; Lamar et al., 2019). Feminist theory recognizes how gendered expectations of motherhood create structural time poverty, but the lack of self-compassionate practices calls attention to the systemic issues about women's unpaid labor and societal expectations. The subtheme of Permission and Justification manifested itself through the notion of self-compassion to "model it" for their children rather than themselves, which aligns with previous research (Lathren et al., 2020). A complex interplay of self-neglect and societal pressures led mothers to conflate the concept of self-care with self-compassion. Consequently, mothers frequently and erroneously equate self-care activities with self-compassion. This misunderstanding underscores the need for psychoeducation on self-compassion in counseling. Although self-care is essential to address one's immediate needs, self-compassion embodies a more profound, forgiving, and accepting approach to our limitations and failures (Neff, 2011).

The second theme, Isolation Versus Common Humanity, highlights one of the primary components of the self-compassion model (Germer & Neff, 2019; Neff & Germer, 2013) and extends prior research on the impact of social comparison and media on mothers (Chae, 2014; Prikhidko & Swank, 2018). Participants described a dichotomy between the desire to connect with others while grappling with social comparison, thus leading to feelings of inadequacy and isolation. Participants acknowledged the benefits of social media (e.g., accessibility) while simultaneously struggling with the overwhelmingly "positive" and "happy" images in contrast to content addressing the challenges of motherhood. Mothers sought authentic, meaningful connections beyond social media and surface-level interactions.

This finding underscores the need for counselors to foster nonjudgmental and compassionate spaces for mothers to connect on their shared experiences and struggles. Additionally, intentional engagement in mindfulness is critical for feelings of isolation that stem from social media usage. This approach can encourage mothers to become more aware of the images they engage with and facilitate the positive benefits of social media. Feminist frameworks emphasize the importance of recognizing personal struggles as connected to broader social patterns, so difficulties connecting with common humanity may also reflect the individualistic messaging mothers receive about "doing it all."

Awareness and Education, the third theme of our study, was at the forefront of our interviews with participants. Mothers expressed excitement about the construct of self-compassion, leading to critical discussions on the need for more psychoeducation on this practice. Given the abundant research that supports self-compassion as a means of developing mental health and wellness (Ferrari et al., 2019; Fonseca & Canavarro, 2018; Lathren et al., 2020; Mitchell et al., 2018; Moreira et al., 2015), greater access to treatment and resources is crucial to mitigate mothers' challenges to practicing self-compassion, particularly at the community level. For instance, counselors can use social media platforms to provide psychoeducation on self-compassion, share helpful resources, and foster supportive communities that challenge the "illusion of perfection" (Neff, 2011, p. 70).

The fourth theme underscores how Mindfulness and Self-Compassion are inextricably linked (Neff, 2011; Neff & Germer, 2013). Regardless of how mothers practiced mindfulness (e.g., Open Awareness, One-Pointed Awareness, or Tactile Experiences), it allows them to connect more deeply with their experiences by accepting difficult emotions, becoming more aware of their environment, or engaging the senses. However, it is essential to note that mindfulness and self-compassion do not automatically co-occur. Neff and Dahm (2015) indicated:

> It is possible to be mindfully aware of painful thoughts and feelings without actively soothing and comforting oneself or remembering that these feelings are part of the shared human experience. Sometimes it takes an extra intentional effort to be compassionate toward our own suffering, especially when our painful thoughts and emotions involve self-judgments and feelings of inadequacy. (p. 130)

Neff and Dahm's assertion highlights that while mindfulness fosters awareness, self-compassion requires additional intentionality, particularly in the face of self-judgment. Building on this, counselors play a vital role in educating mothers on the all-encompassing practice of self-compassion, which goes beyond mindful awareness to include self-kindness and a recognition of common humanity. This is especially important in addressing societal and cultural expectations that are contrary to "slowing down," being kind to oneself, and recognizing one's connection with others.

Implications for Counselors

The findings of this study illuminate the need for a multifaceted approach to helping mothers cultivate self-compassion and wellness. Although most participants' narratives did not explicitly address self-compassion practices and connection to the COVID-19 pandemic, counselors should carefully consider how the additional responsibilities and stressors that emerged during this period may have become normalized and integrated into mothers' daily lives. The minimal direct pandemic references in participants' responses may be telling, suggesting that what began as temporary adaptations to crisis have potentially evolved into enduring expectations and workload increases for mothers. This has important implications for how counselors conceptualize and address maternal stress, role strain, and work–life integration in their practice.

Counselors must establish trust, safety, and rapport with mothers to discuss challenging topics such as self-doubt, isolation, and self-worth. Counselors can demonstrate the differences between self-compassion and self-care. For example, although self-care may help to temporarily disconnect after a difficult day (e.g., watching an entertaining television series), self-compassion encourages mothers to become curious about their inner emotional experiences (mindfulness), utilize sources of support (common humanity), and respond to uncomfortable emotions with acceptance and warmth (self-kindness). Counselors may consider various approaches to integrating self-compassion into their work and communities, from offering courses as an MSC-trained teacher (Germer & Neff, 2019) to utilizing *The Mindful Self Compassion Workbook: A Proven Way to Accept Yourself, Build Inner Strength, and Thrive* (Neff & Germer, 2018) and online resources available through the Center for Mindful Self-Compassion. MSC integrates the practice of mindfulness with the nurturing qualities of self-compassion, creating a potent approach for cultivating emotional resilience. MSC combines mindfulness with nurturing self-compassion to build emotional resilience, improving overall physical wellness while reducing anxiety, depression, and burnout (Germer & Neff, 2019), making it especially valuable for mothers with limited mental health access.

Therapeutic modalities that explore underlying factors contributing to mothers' reluctance or hesitation to engage in self-compassion practices, such as past experiences, societal expectations, or cultural influences, may increase the effectiveness of programs like MSC. Our participants indicated deeply ingrained negative beliefs about themselves, which can hinder their ability to practice self-compassion. Counselors can help mothers identify and challenge these beliefs, encouraging them to develop more compassionate and realistic self-perceptions through insight-oriented practices, such as Socratic questioning, motivational interviewing, and self-reflective practices.

Though MSC offers therapeutic benefits, it's not therapy itself. Unlike our study participants who were prepared for vulnerability, counselors must recognize that mothers come with varying needs. Germer and Neff (2019) emphasized that effective MSC delivery depends on a client's tolerance zone, which includes being in a safe, challenged, or overwhelmed state, with optimal learning occurring in safe or challenged states where clients can progress through acceptance stages while maintaining emotional regulation. Opening oneself to self-compassion may lead to "backdraft," when individuals encounter previously suppressed painful emotions (Germer & Neff, 2019). Although most mothers can embrace self-compassion practices immediately, some in clinical populations may need deeper therapeutic work as preparation (Neff & Germer, 2018). In addition to the challenges and pressures of motherhood, mothers may arrive with various co-occurring issues such as grief, mental health concerns, complex trauma, or other shame-invoking experiences lying just below the surface (Neff, 2011). It is important that counselors are prepared to utilize evidence-based treatment approaches to help mothers fully access self-compassion practices and handle potential backdrafts.

Theoretical Integration

Integrating a self-compassion–informed approach into counseling is greatly enhanced by drawing from evidence-based approaches that align with the construct of self-compassion, such as acceptance and commitment therapy (ACT), compassion-focused therapy (CFT), mindfulness-based cognitive therapy (MBCT), dialectical behavior therapy (DBT), and Adlerian theory. These therapeutic models support the development of self-compassion, a key aspect of MSC, by promoting emotional resilience, self-awareness, and adaptive coping mechanisms. Gilbert (2014) developed CFT to explicitly target self-criticism and shame while promoting the cultivation of self-compassion through exercises designed to enhance compassionate self-awareness. CFT provides structured techniques to cultivate a kind and

understanding inner voice, benefiting clients with harsh self-judgment. Similarly, Adlerian theory's holistic social perspective emphasizes social connectedness and community feeling (Adler, 1938), aligning with MSC's principle of common humanity that recognizes suffering as a shared human experience. By fostering a sense of belonging and encouraging clients to develop self-compassion within the context of their social relationships, Adlerian theory enhances the application of MSC in promoting overall well-being. Moreover, third-wave cognitive-behavioral models are widely praised for integrating validation, mindfulness, and self-acceptance that support self-compassion–informed counseling. ACT's emphasis on mindfulness and acceptance aligns with self-compassion by encouraging clients to accept their thoughts and feelings without judgment and commit to values-based actions (Hayes et al., 2006). This approach promotes a compassionate stance toward oneself, central to Germer and Neff's (2019) MSC program. By fostering curiosity and kindness toward internal experiences, ACT helps integrate self-compassion practices into daily life (Hayes et al., 2006). MBCT combines cognitive strategies with mindfulness practices, making it a natural ally to MSC. By teaching clients to recognize and break free from patterns of depressive rumination, MBCT enhances clients' ability to respond to difficult emotions with mindfulness and self-compassion (Segal et al., 2018). This supports clients in emotional balance and resilience, essential components of MSC (Segal et al., 2018). Lastly, DBT and MSC share core principles. DBT's mindfulness emphasis and dialectical approach of balancing acceptance with change aligns with MSC, offering robust tools for navigating emotional turbulence through self-acceptance and compassion (Linehan, 2014).

Multicultural Considerations and Future Implications

One important consideration is that we recruited participants from local mental health agencies, with the final sample being predominantly White. Participation challenges arose primarily for women of color recruited via social media, including declining participation and dropout because of time constraints. Forbes et al. (2020) noted that the experience of intensive mothering was consistent across various maternal demographics (i.e., race, ethnicity, social class upbringing, relationship status, number of children, and job status). However, Lankes (2022) distinguished that the significance and impact of intensive mothering can vary depending on cultural ideals, resource availability, and structural barriers. This means that mothers from marginalized or underserved communities who face heightened societal stressors and systemic barriers may experience impediments to engaging in self-care practices and accessing mental health resources. Thus, the compounding effects of racism, discrimination, and the unique pressures associated with motherhood can exacerbate mental health challenges and diminish opportunities for cultivating self-compassion and well-being (Condon et al., 2022). Counselors must provide culturally responsive care that acknowledges their clients' unique, intersectional identities and the historical and current context of oppression and marginalization. Overall, counselors can advocate for policies and systemic changes for underserved mothers, such as by offering self-compassion workshops for mothers in the community, thus increasing access to services.

Community Conversations

After completing the study, we sought expert validation by presenting our findings to a local community agency through a research presentation and interactive dialogue. We invited clinicians with expertise in self-compassion, family counseling, parenting, women's issues, and vulnerable populations to share their reactions based on clinical experiences and to offer recommendations. The attending clinicians validated the four overarching themes of our study, sharing stories of motherhood marked by self-criticism, judgment, and expectation. Participants were also invited to this meeting as part of our CBPR methodology. Clinicians who identified as professionals and mothers resonated with the study's themes, sharing personal narratives that aligned strongly with our findings. They discussed strategies

to help their clients, particularly mothers, practice self-compassion, including curating social media feeds (e.g., Instagram) to avoid disempowering content that perpetuates comparison and self-criticism. Additionally, they emphasized the importance of psychoeducation from a systems perspective, suggesting mindfulness and self-compassion as powerful tools for family wellness, and acknowledged the challenges and strengths of mothers. Although no participants opted to attend because of scheduling challenges (finding time was an overarching challenge for participants throughout the study), final thoughts and comments on how this information can impact our work was discussed with community clinicians. Overall, these discussions affirmed the study's findings and support the need for ongoing research and advocacy initiatives to raise awareness and increase access to self-compassion practices for mothers.

Following expert validation, a nationally recognized treatment center invited us to co-host an experiential seminar open to counselors and community members. The seminar, held in an underserved community, provided an overview of the study's findings, self-compassion principles, and experiential exercises. We distributed learning materials to participants, and we offered recommendations for integrating self-compassion into daily life, family relationships, and clinical practice. As part of our ongoing efforts to disseminate the findings and advance community advocacy, the research team presented the results at a national conference, which sparked further conscious conversations, reinforcing our commitment to supporting mothers in underserved communities.

Limitations and Future Research

The present study is not without limitations. Although the nature of photovoice calls for focus groups (Wang & Burris, 1997; Wilson et al., 2007), we decided to meet with participants in smaller groups or individually to accommodate busy schedules. Although the format provided flexibility, the individual interviews can limit dialogue and community building. Additionally, our participants were too busy to attend our community meetings—a crucial component of CBPR. Future research can replicate our study using focus groups, which may provide additional insights into mothers' self-compassion practices. Researchers may want to consider providing childcare to assist with finding time. Another limitation was a lack of racial and ethnic diversity, as our sample mainly included White women connected to counseling communities. Future research can explore the experiences of mothers with diverse racial, sexual, affectional, and marital backgrounds with self-compassion through photovoice. Mothers with intersecting identities face additional challenges, such as discrimination and systemic inequities, further impacting mental health and parenting stress (Condon et al., 2022). Wellness interventions, like self-compassion skills, could help bridge health disparities for diverse mothers.

Conclusion

Self-compassion is essential for psychological well-being. Mothers face numerous mental health challenges due to societal expectations and contextual factors, such as post–COVID-19 pandemic shifts in work–life balance, and may encounter obstacles in cultivating self-compassion. The findings reveal the unique challenges and benefits of self-compassion for mothers and the mismatch between the understanding of self-compassion and its practice in daily life. A comprehensive and multidimensional approach is necessary to assist mothers in developing self-compassion and promoting their overall well-being. Counselors must find ways to educate clients and foster this critical skill in mothers, who can often be overlooked, overburdened, and unintentionally undervalued.

References

Adler, A. (1938). *Social interest: A challenge to mankind*. Faber & Faber.

Alon, T., Doepke, M., Olmstead-Rumsey, J., & Tertilt, M. (2020). *The impact of COVID-19 on gender equality* (Working Paper 26947). National Bureau of Economic Research. https://doi.org/10.3386/w26947

Bahn, K., Cohen, J., & van der Meulen Rodgers, Y. (2020). A feminist perspective on COVID-19 and the value of care work globally. *Gender, Work, & Organization*, *27*(5), 695–699. https://doi.org/10.1111/gwao.12459

Bureau of Labor Statistics. (2021). *The employment situation—January 2021* (Publication No. USDL-21-0142). https://www.bls.gov/news.release/archives/empsit_02052021.pdf

Burton, A., Hughes, M., & Dempsey, R. C. (2017). Quality of life research: A case for combining photo-elicitation with interpretative phenomenological analysis. *Qualitative Research in Psychology*, *14*(4), 375–393. https://doi.org/10.1080/14780887.2017.1322650

Carbonneau, N., Goodman, L. C., Roberts, L. T., Bégin, C., Lussier, Y., & Musher-Eizenman, D. R. (2020). A look at the intergenerational associations between self-compassion, body esteem, and emotional eating within dyads of mothers and their adult daughters. *Body Image*, *33*, 106–114. https://doi.org/10.1016/j.bodyim.2020.02.007

Centers for Disease Control and Prevention. (2020). *COVID-19 hospitalization and death by race/ethnicity*. https://stacks.cdc.gov/view/cdc/97937

Chae, J. (2014). "Am I a better mother than you?" Media and 21st-century motherhood in the context of the social comparison theory. *Communication Research*, *42*(4), 503–525. https://doi.org/10.1177/0093650214534969

Condon, E. M., Barcelona, V., Ibrahim, B. B., Crusto, C. A., & Taylor, J. Y. (2022). Racial discrimination, mental health, and parenting among African American mothers of preschool-aged children. *Journal of the American Academy of Child & Adolescent Psychiatry*, *61*(3), 402–412. https://doi.org/10.1016/j.jaac.2021.05.023

Creswell, J. W., & Báez, J. C. (2020). *30 essential skills for the qualitative researcher*. SAGE.

Currie, J. L. (2018). *Managing motherhood: A new wellness perspective*. Springer.

Davenport, M. H., Meyer, S., Meah, V. L., Strynadka, M. C., & Khurana, R. (2020). Moms are not ok: COVID-19 and maternal mental health. *Frontiers in Global Women's Health*, *1*. https://doi.org/10.3389/fgwh.2020.00001

Elliott, S., Powell, R., & Brenton, J. (2015). Being a good mom: Low-income, Black single mothers negotiate intensive mothering. *Journal of Family Issues*, *36*(3), 351–370. https://doi.org/10.1177/0192513X13490279

Ferrari, M., Hunt, C., Harrysunker, A., Abbott, M. J., Beath, A. P., & Einstein, D. A. (2019). Self-compassion interventions and psychosocial outcomes: A meta-analysis of RCTs. *Mindfulness*, *10*(8), 1455–1473. https://doi.org/10.1007/s12671-019-01134-6

Fonseca, A., & Canavarro, M. C. (2018). Exploring the paths between dysfunctional attitudes towards motherhood and postpartum depressive symptoms: The moderating role of self-compassion. *Clinical Psychology & Psychotherapy*, *25*(1), e96–e106. https://doi.org/10.1002/cpp.2145

Forbes, L. K., Donovan, C., & Lamar, M. R. (2020). Differences in intensive parenting attitudes and gender norms among U.S. mothers. *The Family Journal*, *28*(1), 63–71. https://doi.org/10.1177/1066480719893964

Forbes, L. K., Lamar, M. R., & Bornstein, R. S. (2021). Working mothers' experiences in an intensive mothering culture: A phenomenological qualitative study. *Journal of Feminist Family Therapy*, *33*(3), 270–294. https://doi.org/10.1080/08952833.2020.1798200

Germer, C. K., & Neff, K. (2019). *Teaching the mindful self-compassion program: A guide for professionals*. Guilford.

Gilbert, P. (2014). The origins and nature of compassion focused therapy. *British Journal of Clinical Psychology*, *53*(1), 6–41. https://doi.org/10.1111/bjc.12043

Griffin, A., & May, V. (2012). Narrative analysis and interpretative phenomenological analysis. In C. Seale (Ed.), *Researching society and culture* (3rd ed., pp. 441–458). SAGE.

Grose, J. (2021, February 4). America's mothers are in crisis. *The New York Times*. https://www.nytimes.com/spotlight/working-moms-coronavirus

Han, A., & Kim, T. H. (2023). Effects of self-compassion interventions on reducing depressive symptoms, anxiety, and stress: A meta-analysis. *Mindfulness*, *14*, 1553–1581. https://doi.org/10.1007/s12671-023-02148-x

Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research and Therapy*, *44*(1), 1–25. https://doi.org/10.1016/j.brat.2005.06.006

Hays, S. (1996). *The cultural contradictions of motherhood*. Yale University Press.

Hupkau, C., & Petrongolo, B. (2020). Work, care and gender during the COVID-19 crisis. *Fiscal Studies*, *41*(3), 623–651. https://doi.org/10.1111/1475-5890.12245

Lamar, M. R., Forbes, L. K., & Capasso, L. A. (2019). Helping working mothers face the challenges of an intensive mothering culture. *Journal of Mental Health Counseling*, *41*(3), 203–220. https://doi.org/10.17744/mehc.41.3.02

Lankes, J. (2022). Negotiating "impossible" ideals: Latent classes of intensive mothering in the United States. *Gender & Society*, *36*(5), 677–703. https://doi.org/10.1177/08912432221114873

Larkin, M., & Thompson, A. R. (2011). Interpretative phenomenological analysis in mental health and psychotherapy research. In D. Harper & A. R. Thompson (Eds.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 99–116). Wiley.

Lathren, C., Bluth, K., & Zvara, B. (2020). Parent self-compassion and supportive responses to child difficult emotion: An intergenerational theoretical model rooted in attachment. *Journal of Family Theory & Review*, *12*(3), 368–381. https://doi.org/10.1111/jftr.12388

Linehan, M. M. (2014). *DBT® skills training manual*. Guilford.

Lofton, O., Petrosky-Nadeau, N., & Seitelman, L. (2021). Parents in a pandemic labor market (Working Paper No. 2021-04). Federal Reserve Bank of San Francisco. https://doi.org/10.24148/wp2021-04

Mitchell, A. E., Whittingham, K., Steindl, S., & Kirby, J. (2018). Feasibility and acceptability of a brief online self-compassion intervention for mothers of infants. *Archives of Women's Mental Health*, *21*, 553–561. https://doi.org/10.1007/s00737-018-0829-y

Moreira, H., Gouveia, M. J., Carona, C., Silva, N., & Canavarro, M. C. (2015). Maternal attachment and children's quality of life: The mediating role of self-compassion and parenting stress. *Journal of Child and Family Studies*, *24*, 2332–2344. https://doi.org/10.1007/s10826-014-0036-z

Myers, J. E., & Sweeney, T. J. (2004). The indivisible self: An evidence-based model of wellness. *Journal of Individual Psychology*, *60*(3), 234–245. https://core.ac.uk/download/pdf/149232976.pdf

Neff, K. (2011). *Self-compassion: The proven power of being kind to yourself*. HarperCollins.

Neff, K. D., & Dahm, K. A. (2015). Self-compassion: What it is, what it does, and how it relates to mindfulness. In B. D. Ostafin, M. D. Robinson, & B. P. Meier (Eds.), *Handbook of mindfulness and self-regulation* (pp. 121–137). Springer. https://doi.org/10.1007/978-1-4939-2263-5_10

Neff, K. D., & Germer, C. K. (2013). A pilot study and randomized controlled trial of the mindful self-compassion program. *Journal of Clinical Psychology*, *69*(1), 28–44. https://doi.org/10.1002/jclp.21923

Neff, K., & Germer, C. (2018). *The mindful self-compassion workbook: A proven way to accept yourself, build inner strength, and thrive*. Guilford.

Orenstein, G. A. & Lewis, L. (2021). *Erikson's stages of psychosocial development*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK556096

Park, J. (2021). Who is hardest hit by a pandemic? Racial disparities in COVID-19 hardship in the U.S. *International Journal of Urban Sciences*, *25*(2), 149–177. https://doi.org/10.1080/12265934.2021.1877566

Prikhidko, A., & Swank, J. M. (2018). Motherhood experiences and expectations: A qualitative exploration of mothers of toddlers. *The Family Journal*, *26*(3), 278–284. https://doi.org/10.1177/1066480718795116

Psychogiou, L., Legge, K., Parry, E., Mann, J., Nath, S., Ford, T., & Kuyken, W. (2016). Self-compassion and parenting in mothers and fathers with depression. *Mindfulness*, *7*, 896–908. https://doi.org/10.1007/s12671-016-0528-6

Ruppanner, L., Tan, X., Carson, A., & Ratcliff, S. (2021). Emotional and financial health during COVID-19: The role of housework, employment and childcare in Australia and the United States. *Gender, Work, & Organization, 28*(5), 1937–1955. https://doi.org/10.1111/gwao.12727

Sackett, C. R., & Jenkins, A. M. (2015). Photovoice: Fulfilling the call for advocacy in the counseling field. *Journal of Creativity in Mental Health, 10*(3), 376–385. https://doi.org/10.1080/15401383.2015.1025173

Segal, Z., Williams, M., & Teasdale, J. (2018). *Mindfulness-based cognitive therapy for depression* (2nd ed). Guilford.

Smith, L., Davis, K., & Bhowmik, M. (2010). Youth participatory action research groups as school counseling interventions. *Professional School Counseling, 14*(2), 174–182. http://www.jstor.org/stable/42732946

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin.

Wang, C. C. (1999). Photovoice: A participatory action research strategy applied to women's health. *Journal of Women's Health, 8*(2), 185–192. https://doi.org/10.1089/jwh.1999.8.185

Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education & Behavior, 24*(3), 369–387. https://doi.org/10.1177/109019819702400309

Wester, K. L., Wachter Morris, C. A., Trustey, C. E., Cory, J. S., & Grossman, L. M. (2021). Promoting rigorous research using innovative qualitative approaches. *Journal of Counseling & Development, 99*(2), 189–199. https://doi.org/10.1002/jcad.12366

Wilson, N., Dasho, S., Martin, A. C., Wallerstein, N., Wang, C. C., & Minkler, M. (2007). Engaging young adolescents in social action through photovoice: The Youth Empowerment Strategies (YES!) Project. *The Journal of Early Adolescence, 27*(2), 241–261. https://doi.org/10.1177/0272431606294834

World Health Organization. (2021, May). *The true death toll of COVID-19: Estimating global excess mortality.* https://www.who.int/data/stories/the-true-death-toll-of-covid-19-estimating-global-excess-mortality

Zamarro, G., Perez-Arce, F., & Jose Prados, M. (2020). *Gender differences in the impact of COVID-19*. Center for Economic and Social Research, University of Southern California. https://www.ktla.com/wp-content/uploads/sites/4/2020/06/ZamarroGenderDiffImpactCOVID-19_061820-2.pdf

nbcc