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RESEARCH ARTICLE

Parenting-Related Self-Compassion Scale (P-SCS): Adaptation and Validation in Indonesian Parents

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Abstract:

Background:

Self-Compassion Scale (SCS) is a self-report instrument of self-compassion in the general population. When applied to the parenting context, SCS has limitations in reflecting the difficulties parents face due to the specific characteristic in parenting. This restriction makes it not fully reflect the parenting self-compassion. Therefore, the present study aims to adapt and validate the SCS-modification in parenting (P-SCS) using six steps based on ITC guidance.

Methods:

We analyzed construct validity using factor structure, convergent validity with Rosenberg self-esteem scale (RSES), and reliability using internal consistency. Two hundreds and eight parents were recruited for this study (Mean age = 37.32, SD = 5.113, Female = 191, Male = 17).

Results:

CFA analysis showed that the P-SCS has a fairly good fit model ($\chi^2 / df = 1.781$; $RMSEA = 0.061$; $GFI = 0.87$; $CFI = 0.96$; $NFI = 0.92$; $IFI = 0.96$). Second-order CFA revealed that the six-factor analysis factor approach is more appropriate in analyzing self-compassion compared to the higher-order model. P-SCS has a convergent validity through a moderate correlation with the total RSES score ($r = 0.59$, $p = 0.00$) and fairly good reliability ($Cronbach's\ Alpha = 0.870$).

Conclusion:

In conclusion, P-SCS is a reliable and valid measure of self-compassion in the Indonesian parenting context.

Keywords: Parenting, Self-compassion, Parenting self-compassion, Scale adaptation, Validation, Parenthood.

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1. INTRODUCTION

Challenges and demands vary and fluctuate during parenthood. The demands of educating and fulfilling their children's needs make parenting a stressful experience for parents [1]. Parenting stress is the subjective experience of difficulties that arises when demands exceed the expected and actual resources available to the parents to fulfill their parenting roles [2, 3]. Even though parenting stress is considered normal and is experienced by all parents to some level, it can negatively influence both child development and the parents' health [2]. Research shows that the level of stress

experienced by parents can harm their parenting style [4]. This impact can manifest in authoritarian parenting, lower maternal sensitivity [5], lack of responsiveness and warmth towards their children [6], more harsh reactive caregiving [2], and frequent punishing attitudes [7]. Furthermore, the relationship between parents and children is negatively influenced by parenting stress, which predicts children's nonoptimal cognitive and social-emotional outcomes [2].

On the bright side, the parents' characteristics can affect how they approach stressful life events [8] and implement successful coping strategies [2]. One factor that helps parents cope with some detrimental effects associated with parenting stress is self-compassion [8]. Self-compassion is defined as being open and moved by the suffering experienced by oneself,

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caring and being kind to oneself, understanding and not judging oneself harshly when experiencing failure or facing self-deficiencies, and recognizing that this experience is a normal part of being a human [9]. Self-compassion is a way of dealing with oneself adaptively and positively, without harsh self-assessments or social comparisons, regardless of one's level of performance or self-ability [10 - 13]. Neff [11, 14] conceptualizes self-compassion into six opposing constructs, half of which are positively worded (self-kindness, common humanity, mindfulness), and the other half are negatively worded (self-judgment, isolation, over-identification) [15].

Previous studies have shown that self-compassion is associated with lower levels of negative outcomes, such as depression and anxiety, and higher levels of positive affect [16, 17]. Research on the benefits of self-compassion for parents and their children shows consistent findings in the general population [8, 18 - 20]. Self-compassion in parents is essential in protecting and maintaining psychological well-being in the family [19]. Facilitating parents to develop self-compassion can empower them to face conditions that trigger stress and uncertainty in a better way [18].

Self-compassion is also related to parents' well-being indicators, including higher levels of life satisfaction and lower levels of stress in parents [8]. Self-compassion was negatively correlated to parenting stress, and parenting stress mediated the positive association between self-compassion and child well-being [20]. One of the components of self-compassion, namely mindfulness, played a role in reducing stress and improving parents' well-being [21, 22]. Longitudinal research on depressed mothers and fathers found that parents who cherish themselves tend to use healthier coping strategies to deal with their children's emotions [23].

Most research about self-compassion in the parents' [8, 23 - 26] is generally measured using the Self-Compassion Scale (SCS) [14]. SCS measures six dimensions of self-compassion in a general context. SCS has gone through a validation process that is repeated and empirically tested [27, 28]. SCS has strong convergent and discriminant validity, good test-retest reliability, and does not correlate with the social desirability [29]. Another study found that SCS has an internal consistency coefficient, Cronbach's Alpha = 0.92. Each self-compassion dimension has a coefficient of 0.57 to 0.80 [14], which shows that the items have good quality. Some studies also use the Self-Compassion Scale-Short Form/SCS-SF [30]. However, due to its unidimensional nature and poor reliability in the subscales, SCS-SF is not recommended to be utilized in examining six subscales separately [28].

Referring to the specific characteristics of parents, SCS items that are general could not fully reflect the parenting context. This condition implicates that the self-compassion score measured by SCS is seemingly difficult to be interpreted the same as the parenting self-compassion. Until this study was conducted, the only self-compassion measurement in the parenting context was the adaptation of SCS to the specific

context of parenting for parents of children with type 1 diabetes [15]. In this study, SCS has been adapted to assess parents' self-treatment and responses when facing specific challenges such as managing if their child has type 1 diabetes. This adaptation of a diabetes-specific measure of self-compassion can be more accurate in reflecting parents' responses to their child's diabetes, which may be different from how they face other challenges in their lives. This finding shows a growing need to develop a self-compassion measurement tailored to the context of parenting.

Based on Tanenbaum's recommendation [15] and the need to measure self-compassion in the parenting context, the current study aims to modify, adapt and validate the SCS-modification in the parenting context (Parenting Self-Compassion Scale/P-SCS), using Bahasa Indonesia. The validation process of the measurement used factor analysis and convergent validity. Convergent validity was calculated by correlating SCS and Rosenberg Self-Esteem Scale (RSES). Based on Neff's [14] research, it was hypothesized that self-esteem would have a moderate, positive correlation with self-compassion. In this case, people with a higher level of self-compassion have more self-esteem and *vice versa* [14].

2. METHODS

The modification and adaptation of SCS consist of six stages, referring to the guidelines released by the International Test Commission [31]. The stages are as follows: 1) Pre-Condition, which consists of obtaining permission to use the SCS from the original author, as well as reviewing the construct, factors, and indicators of self-compassion, 2) Test Development, which includes translating (forward and backward translation) and inserting parenting context into SCS items, 3) Confirmation, which includes expert reviews with three experts to generate CVI (Content Validity Index) and cognitive interviews with two mothers of school-aged children to identify items that have a mismatch between the participant's interpretation and adaptation's goals, then to modify these items based on the participants' responses, 4) Administration of the instrument, 5) Psychometric properties analysis, such as reliability and construct validity through CFA and convergent validity with Rosenberg Self-esteem Scale (RSES), and 6) Documentation of the results obtained from the measurement adaptation.

2.1. Participants

In the "administration of the instrument" stage, 208 participants were recruited, of which there were 191 mothers and 17 fathers aged 22 to 52 years ($M = 37.32$, $SD = 5.113$) who had school-aged children (kindergarten to high school). Most of the participants lived in West Java ($N = 100$), are Javanese ($N = 93$), married ($N = 198$), had bachelor's degree or equivalent ($N = 107$), 56% were parents of a boy ($N = 117$), and 43.5% were parents of a girl ($N = 91$). The full distribution of the social-demographics data is shown in Table 1.

Table 1. Distribution of Social-demographics.

N = 208	N	%
Parental role	-	-
Mother	191	91.8
Father	17	8.1
Child's education level	-	-
Elementary School	171	82.2
Kindergarten	20	9.6
Middle School	14	6.7
High School	3	1.5
Current residential province	-	-
West Java	105	50.2
Yogyakarta	35	16.7
DKI Jakarta	21	10
Sumatra	12	5.8
Banten	11	5.3
East Java	7	3.3
Central Java	6	2.9
Molucca	5	2.4
West Borneo	4	1.9
Madura	1	0.5
West Nusa Tenggara	1	0.5
Ethnicity	-	-
Javanese	93	44.5
Sundanese	62	29.7
Minangkabau	11	5.3
Betawi	10	4.8
Melayu	8	3.8
Ambon	5	2.4
Batak	5	2.4
Multiethnicities	4	2
Madurese	2	1
Nusa Tenggara	2	1
Chinese	1	0.5
Marital status		
Married	198	94.7
Divorced	5	2.4
Widowed	4	1.9
Single	1	0.5
Educational background		
Bachelor's degree	107	51.2
Master's degree	30	14.4
Diploma	28	13.4
High school	28	13.4
Middle school	8	3.8
Doctoral degree	4	1.9
Elementary school	3	1.4
Child's sex	-	-
Male	117	56
Female	91	43.5

2.2. Procedure

The data was gathered using an online questionnaire on Google form from October until November 2020. The

participants were recruited through WhatsApp groups and social networking sites, including Facebook and Instagram. The authors also contacted and asked for help from

acquaintances and colleagues who meet the criteria to fill out and distribute the online research questionnaire. Informed consent was given to participants along with the online questionnaire. The participants completed the online questionnaire for approximately 15-30 minutes.

2.3. Measurement

2.3.1. Scale Adaptation: Parenting-Related Self-Compassion Scale (P-SCS)

The original self-compassion scale (SCS) comprised of 26 items, which consisted of six subscales (Mindfulness = 5 items, Overidentification = 5 items, Self-Kindness = 4 items, Self-Judgment = 4 items, Common Humanity = 4 items, Isolation = 4 items). SCS used a Likert scale ranging from 1 (Seldom) to 5 (Often). Items of negative subscales of SCS (Overidentification, Self-Judgment, Isolation) would be reversed. The average of each component would be calculated, then the grand mean was calculated.

The parenting self-compassion scale (P-SCS) was created by adapting the items into the Indonesian context and adding words related to the parenting context in each item. To ensure that participants would respond based on the parenting challenges, the authors included the following introduction to the scale and instruction:

Parenting school-age children are challenging for parents. When you read these 26 statements, think of the difficulties you have experienced in parenting your child whose data you filled in the previous section. Indicate how often you behave in the stated manner by giving a score ranging from 1 (seldom) to 5 (often).

Example of the adapted items included (parenting context was underlined): “When something stressful happens in parenting, I tend to exaggerate the incident.”

2.3.2. Convergent Validity: Rosenberg Self-Esteem Scale (RSES)

This study used 10-item RSES, available in the Indonesian context [32]. RSES is the most common scale used in measuring global self-esteem, and it has good reliability and constructs validity [14]. This scale uses a 4-point Likert scale (Strongly Disagree, Disagree, Agree, and Strongly Agree). The total score is obtained by adding the favorable item scores with the inversely scored unfavorable items. Scoring ranges from 0- to 30, with a score of 30 indicating the highest self-esteem level. The internal consistency of RSES in this sample was 0.75.

2.4. Data Analysis

The data analysis was conducted by testing the reliability and validity. The outliers data were excluded, then a reliability test was conducted using the internal consistency value and Cronbach's Alpha. Reliability values above 0.6 [33] or at least 0.70 [34] are considered good enough for this research.

Furthermore, the validity test was carried out using construct and convergent validity. The construct validity test was conducted through Confirmatory Factor Analysis (CFA)

with SPSS 24 and LISREL 8.70. Several CFA indicators were used to determine whether the measurement has a theoretical model that is supported by the data, such as the RMSEA < 0.08, CFI, IFI, NFI, and GFI > 0.90, and the ratio $\chi^2/df < 2$ [35 - 38]. Then, the item-total correlation coefficient was calculated to examine the items' suitability with the measured construct [39]. Furthermore, convergent validity was obtained by correlating the self-compassion score with the self-esteem score from the Rosenberg Self-Esteem Scale (RSES), which is similar to the step conducted during the development of a self-compassion scale by Neff [14]. The interpretation of correlation coefficients was performed based on the criterion proposed by Guilford [40], which is as follows: < 0.19 = Slight; almost no relationship, 0.20 – 0.39 = Low correlation; definite but small relationship, 0.40 – 0.69 = Moderate correlation; substantial relationship, 0.70 – 0.89 = High correlation; strong relationship, 0.90 – 1.00 = Extreme correlation; reliant relationship.

3. RESULTS

3.1. First Stage: Pre-Condition

In the first stage, permission for scale adaptation was obtained in a written statement from the original SCS author (Kristin Neff, Ph.D.) to use and translate the original SCS for any purpose, including research. This statement can be found in the document of the original SCS [14], which can be downloaded through the official website of self-compassion (<https://self-compassion.org/self-compassion-scales-for-researchers/>) created by Kristin Neff, Ph.D.

3.2. Second Stage: Test Development

The second stage consists of a forward translation of SCS from English to Indonesian by two Indonesian translators who met the English proficiency requirements. Afterward, we conducted an online discussion with two psychology colleagues to determine the translation representing the original items' true meaning. The items were retranslated into English by two other translators who met the English proficiency requirements. Then, we conducted a peer review with four psychology colleagues to discuss the final items that best reflect the construct intended to be measured. After the final items were obtained, the items were adjusted by adding additional instructions related to the context of parenting. For example, an original item in the self-kindness subscale is “when I'm going through a difficult time, I give myself the caring and tenderness I need,” and the modified item is “When I'm going through a difficult time in parenting, I give myself the caring and tenderness I need.” Another example is from the self-judgment subscale, which was originally written as “I'm disapproving and judgmental about my flaws and inadequacies” and modified into “I'm disapproving and judgmental about my flaws and inadequacies in parenting.” The full version of the adjustment can be seen in Appendix 1.

3.3. Third Stage: Confirmation

We tested the Parenting Self-Compassion Scale's content validity in the third stage through an expert review. From the calculation, the item content validity index (I-CVI) ranged

from 0.67 to 1.0, and the scale content validity index (S-CVI/Ave) was 0.97. This result showed that the P-SCS has excellent content validity.

In addition, the qualitative result from the expert review with three clinical psychologists (two are parenting experts, and one has expertise in positive psychology) shows that all the adapted items have shown relevance, clarity, and importance to the constructs being measured, with the feedback to equate the context of the item's adaptation, whether to focus on "the role of parents" or "in parenting." From this result, we decided to equate the context in all items to "parenting."

Two mothers who participated in a one-on-one cognitive interview stated that the items were relatively easy to comprehend while noting that some items related to mindfulness tend to be foreign in the Indonesian context, such as the term "*mencintai diri sendiri*," which is the direct translation of "self-compassion."

3.4. Fourth Stage: Administration of the Instrument

The authors administered the measurement to 220

participants *via* Google form. Initial examination of the descriptive data using the Mahalanobis distance test in SPSS showed 11 multivariate outliers (Mahalanobis probability = $p < 0.001$), which the authors excluded from further analysis. Therefore, the data used is only from 208 participants (191 mothers and 17 fathers).

3.5. Fifth Stage: Analyzing Psychometric Properties

3.5.1. Reliability

Table 2 shows the process of conducting a reliability test, and there were four problematic items (items 3, 5, 7, and 21). Item 3, 7 (common humanity), and 5 (self-kindness) had lower item-total correlation compared to the cut-off based on standard error calculation on 200 participants (2 x standard error, item-total correlation < 0.15). From further analysis, we eliminated these four items, which had a coefficient value smaller than 0.2. Descriptive statistics on the P-SCS items can be seen in Table 2. All the 22 items received mixed responses (1-5) with adequate scores on skewness (from -1 to 0) and kurtosis (from -2 to 2) [41].

Table 2. Descriptive statistics of Parenting Self-Compassion Scale (P-SCS) items.

Item Number	M	SD	Corrected Item-Total Correlation	Item-Total Correlation After Items Deleted*
Self-Kindness				
5 ^a	3.38	1.265	0.204	
12	3.62	1.052	0.443	0.396
19	3.82	0.966	0.403	0.335
23	4.06	0.869	0.443	0.396
26	3.64	0.992	0.339	0.257
Self-Judgement				
1	3.12	1.084	0.382	0.461
8	3.29	1.217	0.494	0.550
11	3.17	1.114	0.379	0.430
16	3.52	1.175	0.513	0.543
21 ^a	3.26	1.163	0.262	
Common Humanity				
3 ^a	4.04	1.042	0.082	
7 ^a	3.86	1.081	0.153	
10	3.88	0.986	0.297	0.206
15	3.62	0.971	0.415	0.327
Isolation				
4	3.99	1.142	0.441	0.502
13	3.41	1.209	0.473	0.519
18	3.50	1.138	0.570	0.608
25	3.56	1.153	0.484	0.529
Mindfulness				
9	3.89	0.957	0.504	0.489
14	4.03	0.965	0.555	0.524
17	3.25	1.029	0.421	0.349
22	3.91	0.971	0.475	0.434
Over-identification				
2	2.70	1.216	0.342	0.409
6	3.71	1.206	0.591	0.641
20	2.53	1.171	0.325	0.393

Item Number	M	SD	Corrected Item-Total Correlation	Item-Total Correlation After Items Deleted*
24	3.80	1.053	0.526	0.562

a. Deleted items: Item 3, 5, 7, 21

P-SCS items have a satisfactory factor loading ($> 0.3, p < 0.05$) and good item-total correlation, which is between 0.20-0.64. These indicators show that the 22 P-SCS items can represent parenting self-compassion and its components. In addition, the item-total correlation for each item is considered quite good in indicating that each P-SCS item measures a similar construct.

3.5.2. Validity

Construct Validity: A factor analysis. Analysis of the P-SCS factor was conducted using the confirmatory factor analysis (CFA) by testing a correlated model of six self-

compassion subscales [14, 27, 28, 42]. The results of the CFA test performed with LISREL 8.70 showed that the P-SCS had a fairly good fit ($X^2 / df = 1.781$; RMSEA = 0.061; GFI = 0.87; CFI = 0.96; NFI = 0.92; IFI = 0.96) with the model proposed by Neff (2003b), as shown in Fig. (1). Several indicators indicated this category, such as the $X^2 / df < 2$, the RMSEA < 0.08 , and GFI, CFI, NFI, and IFI > 0.90 [36 - 38]. These indicators show a fairly suitable model, although the GFI value, an indicator of model suitability, is below 0.90 [38]. However, it is necessary to conduct further model evaluation analysis because the model experienced two error modifications in the mindfulness and over-identification subscale.

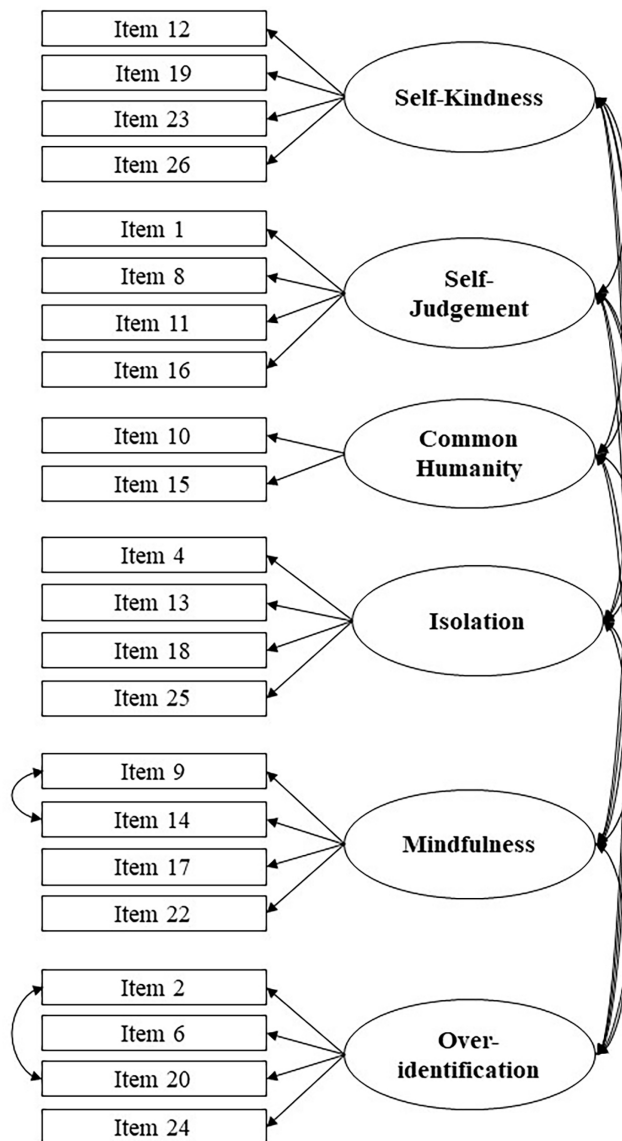


Fig. (1). Single factor model of P-SCS.

Furthermore, second-order CFA is also carried out to find out the higher factors than the six P-SCS factors. The results of the second-order CFA show that the model is not suitable ($\chi^2 / df = 3.19$; RMSEA = 0.10; GFI = 0.78; CFI = 0.90; NFI = 0.86). This is under the meaning that the six-factor analysis factor approach is more appropriate for analyzing the self-compassion construct (model of the relationship between SCS items, subscale factors, and general factors of self-compassion) than the higher-order model [28].

Convergent Validity. Convergent validity is tested by correlating the total P-SCS score and the self-esteem score obtained from the Rosenberg self-esteem scale (RSES). Based on the hypothesis, the total P-SCS score has a significant and moderate correlation with the total RSES score ($r = 0.59$, $p = 0.00$).

4. DISCUSSION

To the best of our knowledge, this is the first study of adapting and validating the SCS-modification in the parenting context (Parenting Self-Compassion Scale/P-SCS) for the Indonesian population. The result showed an agreement between the P-SCS and the SCS theoretical model developed by Neff [14]. The authors found that the P-SCS has intercorrelated six-component model of self-compassion (self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification) [14].

This study found a poor fit in the higher-order model approach on P-SCS. A similar result is also found in various self-compassion studies [15, 43, 44], which considered that a six-factor correlated model and a bifactor model are representatives of investigating the validity of self-compassion in specific populations [28, 42, 45]. Thus, it can be inferred that the higher-order model, is not suitable for analyzing the relationship between factors of general self-compassion and its subscale factors [45].

As hypothesized, this study also indicated that P-SCS is moderately correlated with self-esteem, as measured by the Rosenberg Self-Esteem Scale (RSES). Parents with high self-compassion are more likely to have higher self-esteem than participants with low self-compassion. This relationship is expected because individuals who are being kind to themselves, acknowledge their existence as a part of a more significant human being, and can take a mindful perspective on themselves are more likely to have higher self-worth compared to individuals who criticize themselves harshly, feel trapped in their failures or inadequacies, and over-identify their feelings [9]. In addition, a moderate correlation between self-compassion and self-esteem indicates that they measure different constructs [14].

The authors decided to eliminate four items (item 5; Self-Kindness subscale, item 21; Self-Judgment subscale, and item 3,7 from the Common Humanity subscale) due to the low item-total correlation of these items. A possible explanation for the low item-total correlation is the wording of the items that tend to be foreign in the Indonesian context, such as “try to be loving towards myself” in item 5, and “can be a bit cold-hearted towards me myself” in item 21. Meanwhile, the wording of items 3 (“part of life that all parents experience”)

and 7 (“there are lots of other parents feeling like I am”) of Common Humanity might elicit multiple interpretations, as some parents might view parenting as a unique experience and impose different challenges to each parent (*i.e.*, those who had children with disabilities or illness). The issue with Common Humanity items was also found in the adaptation of SCS for individuals with type 1 diabetes [41] and the parents of children of type 1 diabetes [15]. The authors decided to remove all the Common Humanity items altogether.

This study has several limitations. First, parents who participated in this study were recruited to fill out the unpaid online questionnaire. This way, the participation in this study may be limited to parents who have more time, willingness, and are familiar with the online platform. Second, our sample was dominated by mothers, bachelor’s graduates, and Javanese. These factors may impact the ability to generalize the result of the present study. Therefore, it can be valuable to include more fathers and participants with various educational backgrounds and ethnicities in the research.

CONCLUSION

P-SCS is a reliable and valid measurement to assess self-compassion in Indonesian parents. This measurement provides the parenting context not specifically assessed in the original SCS. The reliability, internal consistency, and validity measures of the P-SCS meet the expected value.

Future studies to assess the validity of the P-SCS should involve more ethnically diverse participants. A larger, more representative sample is recommended for evaluating the suitability of the P-SCS model with SCS and assessing potential differences in parenting self-compassion by various participants’ demographic characteristics, such as the parent’s gender and child age. It is also important to administer more measures to assess the construct validity of the P-SCS, such as parenting stress, self-efficacy, and depressive symptoms. Moreover, future research should consider the changes in parenting self-compassion over time when administered longitudinally (for example, as the child grows up and enters a new developmental stage).

LIST OF ABBREVIATIONS

CVI	= Content Validity Index
I-CVI	= Item Content Validity Index
ITC	= International Test Commission
P-SCS	= Parenting Self-Compassion Scale
RSES	= Rosenberg Self-esteem Scale
SCS	= Self-Compassion Scale
SCS-SF	= Self-Compassion Scale-Short Form
SPSS	= Statistical Package for the Social Sciences
S-CVI/Ave	= Scale Content Validity Index

AUTHORS' CONTRIBUTIONS

BMH conceptualized, designed and prepared the initial draft and framework and interpreted the data. FAA reviewed the measurement adaptation, supervised the findings of the study, made corrections in English, reviewed the manuscript.

All authors discussed the results and contributed to the final manuscript.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Not applicable.

HUMAN AND ANIMAL RIGHTS

Not applicable.

CONSENT FOR PUBLICATION

Respondents were addressed before the survey about the survey's objectives and purposes, and written consent to participate in the study was taken from them.

AVAILABILITY OF DATA AND MATERIALS

Research data can be provided upon request from the corresponding author [F.A.A].

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COMPETING INTEREST

The authors declare that there are no significant competing financial, professional, or personal interests that might have affected the performance or presentation of the work described in this manuscript.

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Table Appendix 1. Self-Compassion Scale (SCS) items: original, translated, and modified.

Item Number	Original Items and Translation	Modified Items (With Parenting Context)
Self-Kindness		
5	I try to be loving towards myself when I'm feeling emotional pain.	I try to love myself when I feel disappointed in parenting.
12	When I'm going through a very hard time, I give myself the caring and tenderness I need.	When I'm going through a very hard time in parenting, I give myself the caring and tenderness I need.
19	I'm kind to myself when I'm experiencing suffering.	When I'm experiencing difficulties in parenting, I comfort myself.
23	I'm tolerant of my own flaws and inadequacies.	I'm accepting my own flaws and inadequacies in parenting.
26	I try to be understanding and patient towards those aspects of my personality I don't like.	I try to be understanding and patient towards those aspects of my personality in parenting that I don't like.
Self-Judgment		
1	I'm disapproving and judgmental about my own flaws and inadequacies.	I'm disapproving and judgmental about my own flaws and inadequacies in parenting.
8	When times are really difficult, I tend to be tough on myself.	When I experience parenting difficulties, I tend to be tough on myself.
11	I'm intolerant and impatient towards those aspects of my personality I don't like.	I'm intolerant and impatient towards those aspects of my personality I don't like in parenting.
16	When I see aspects of myself that I don't like, I get down on myself.	I get down on myself when I see aspects of myself in parenting that I don't like.
21	I can be a bit cold-hearted towards myself when I'm experiencing suffering.	I do not care about my own feelings when I experience difficulties in parenting.
Common Humanity		
3	When things are going badly for me, I see the difficulties as part of life that everyone goes through.	When parenting gets more difficult, I see the difficulties as part of life that all parents experience.
7	When I'm down, I remind myself that there are lots of other people in the world feeling like I am.	When I'm sad and helpless in parenting, I remind myself that there are lots of other parents feeling like I am.
10	When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.	When I feel inadequate in some way related to parenting, I try to remind myself that feelings of inadequacy are shared by most people.
15	I try to see my failings as part of the human condition	I try to see my failings in parenting as part of the human condition.
Isolation		
4	When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.	When I think about my inadequacies in parenting, I feel more separate and cut off from the rest of the world.
13	When I'm feeling down, I tend to feel like most other people are probably happier than I am.	When I'm feeling down in parenting, I tend to feel like most other parents are probably happier than I am.

Item Number	Original Items and Translation	Modified Items (With Parenting Context)
18	When I'm really struggling, I tend to feel like other people must be having an easier time of it.	When I'm really struggling in my parenting, I tend to feel like other parents must be having an easier time of it.
25	When I fail at something that's important to me, I tend to feel alone in my failure.	When I fail at something that's important in parenting, I tend to feel alone in my failure.
Mindfulness		
9	When something upsets me I try to keep my emotions in balance.	When something in parenting upsets me I try to keep my emotions in balance.
14	When something painful happens I try to take a balanced view of the situation.	When something stressful happens in parenting, I try to view the situation from various perspectives.
17	When I fail at something important to me I try to keep things in perspective.	When I fail at something important to me in parenting, I try to view it as a normal thing.
22	When I'm feeling down I try to approach my feelings with curiosity and openness.	When 'I'm feeling down in parenting, I try to approach my feelings with curiosity and openness.
Over-identification		
2	When I'm feeling down I tend to obsess and fixate on everything that's wrong.	When I'm feeling sad thinking about my child, I tend to obsess and fixate on everything that's wrong with my parenting.
6	When I fail at something important to me I become consumed by feelings of inadequacy.	When I fail at something important in parenting, I become consumed by feelings of inadequacy.
20	When something upsets me I get carried away with my feelings.	When I experience something in parenting that upsets me, I get carried away with my feelings.
24	When something painful happens I tend to blow the incident out of proportion.	When something stressful happens in parenting, I tend to exaggerate the incident.

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