



Impact of Self-Compassion on Depression and Psychological Well-being among Single Mothers

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ABSTRACT

This study aimed to investigate the effects of self-compassion on depression and psychological well-being among single Korean mothers. Data was collected from 123 unmarried Korean mothers who raised their children in four welfare facilities or at home. Multivariate linear regression was conducted to investigate the effects of positive and negative self-compassion on depression and psychological well-being. Positive self-compassion and negative self-compassion were found to have an impact on the depression and psychological well-being of unmarried mothers. This study's results can be used as evidence to develop intervention programs to reduce depression and improve psychological well-being in single mothers.

Keywords: Self-compassion, Depression, Psychological well-being, Unmarried mothers

1. INTRODUCTION

In recent years, Korean society has witnessed a rise in premarital sexual experiences among unmarried men and women, influenced by the rapid spread of an open sexual culture from Western societies and the pervasiveness of sexual stimuli through mass media. Consequently, the number of single mothers in Korea has been steadily increasing, reaching 23,936 in 2016, 23,065 in 2017, 21,254 in 2018, and 25,265 in 2021 [1]. Furthermore, the recent amendment to the Single Parent Family Support Act [2], which allows single mothers to register their children under their family registry, has contributed to more single mothers opting to raise their children rather than pursuing adoption.

Single mothers face numerous challenges while raising children without being married [3], often struggling to fully embrace parenthood positively [4]. Additionally, they frequently navigate parenting without a support system, endure heightened stress levels compared to other family structures, and are more susceptible to negative emotions, particularly depression [5]. According to the Depression Survey, the prevalence of depression among single mothers increased from 10.5% in 2018 to 12.4% in 2021 [6], surpassing the average prevalence of depression among men and women, which was 5.6% in the 2021 National Health Statistics [7]. Single mothers with infants under the age of 3 tend to experience the highest levels of depression and are less likely to seek professional counseling [8,9]. Despite experiencing depressive symptoms, single mothers responsible for childcare and financial stability often either overlook these symptoms or endure them in solitude [8,9].

Negative emotions, especially depression, can significantly hinder effective parenting [10]. The complex and depressive psychological states experienced by single mothers can lead to emotional struggles, not only during pregnancy and childbirth, but also in parenting, potentially leading to feelings of resentment towards their children [11]. Moreover, depression adversely affects children's health and development [10], indirectly increasing the risk of child abuse and neglect by increasing parenting stress, which may contribute to problematic behaviors and delinquency later in their lives [12]. Therefore, enhancing the emotional connection between single mothers and their children and addressing factors that can mitigate negative emotions, such as depression, during the upbringing of children are crucial aspects.

Psychological well-being refers to an individual's emotional state and subjective experience, reflecting how well they function within society and perceive their life quality [13]. Those with high psychological well-being



typically accept themselves, maintain positive relationships, exhibit self-regulation, and feel in control of their environment [14]. For single mothers, perceived psychological well-being while raising children involves finding joy in their relationship with their children, finding meaning in parenting, and accepting their current circumstances [15]. Therefore, exploring the factors influencing the psychological well-being of single mothers is essential to promoting stable mental health and positive living. One intrapersonal characteristic that significantly impacts psychological well-being is self-compassion, considered a key aspect of positive self-concept [16].

Self-compassion is the ability to respond to distress with caring, kindness, and acceptance instead of harshly judging oneself [17]. It involves maintaining a balanced attitude towards oneself and nurturing without attaching blame to negative aspects [17]. Self-compassion also supports the relinquishment of harmful behaviors and the undertaking of necessary but challenging actions to enhance overall well-being [16]. Several studies have demonstrated that self-compassion is inversely correlated with negative emotions such as depression [18]. Depressed individuals often experience heightened negativity and self-critical thoughts, perceiving themselves as incompetent or worthless [19]. Previous research indicates that self-compassion can reduce depression in mothers of infants and toddlers [20]. However, no studies have specifically investigated the relationship between self-compassion and depression among single mothers. Previous studies have demonstrated that self-compassion significantly enhances psychological well-being [20, 22, 56, 57]. Self-compassion comprises six subfactors [17], organized into three domains and six dimensions: self-kindness versus self-criticism, common humanity versus isolation, and mindfulness versus over-identification [22]. More recently, self-compassion has been conceptualized as two separate factors: positive self-compassion (self-kindness, common humanity, and mindfulness) and negative self-compassion (self-criticism, isolation, and over-identification), rather than a single factor, each considered and measured independently [23, 24]. Therefore, this study aimed to examine the effects of positive and negative self-compassion on depression and psychological well-being among single mothers, using a two-factor structure of self-compassion. Drawing from previous research, higher levels of self-compassion are expected to correlate with greater psychological well-being, although research focused specifically on single mothers is limited. Positive self-compassion is hypothesized to serve as a protective psychological factor for single mothers, potentially reducing depression and promoting positive psychological well-being in their parenting roles. Consequently, this study sought to explore the impact of self-compassion on depression and psychological well-being among single mothers, offering insights that can inform the development of nursing interventions aimed at mitigating depression and enhancing psychological well-being among this demographic in the future.

1.2 Purpose

1. To investigate positive self-compassion, negative self-compassion, depression, and psychological well-being among single mothers.
2. To investigate the correlations between positive self-compassion, negative self-compassion, depression, and psychological well-being among single mothers.
3. To investigate the impact of positive self-compassion and negative self-compassion on depression and psychological well-being among single mothers.

2. METHODS

2.1 Study Design

This study employed a descriptive survey design to examine the impact of self-compassion on depression and psychological well-being among single mothers.

2.2. Subjects and Data Collection

This study involved 123 single mothers who were residents of single mothers' facilities in Cities D and C, as well as single mothers raising children at home, from November 1, 2023, to February 28, 2024. Participants were selected based on their understanding of the study's objectives and voluntary agreement to participate. Inclusion criteria were single mothers raising children outside of marriage.

First, the researcher contacted employees from three facilities in City D and one organization in City C by phone. Upon explaining the study's purpose, the researcher visited these facilities, distributed questionnaires, and collected them immediately upon completion. The questionnaire required approximately 15 minutes to



complete. Single mothers raising children at home were recruited through recruitment notices posted in single mothers' self-help cafés. Questionnaires were distributed to those who contacted the researcher, and completed questionnaires were collected in person. Out of the 128 final questionnaires distributed, 123 were included in the statistical analysis, and five were excluded due to insincere responses.

2.3 Research Tools

2.3.1. Self-compassion

In this study, the Self-Compassion Scale (SCS) developed by [16] was utilized, which has been adapted and standardized into Korean (referred to as K-SCS) by [22]. The self-compassion tool comprises 26 items organized into six subfactors: Self-kindness (5 items), Self-criticism (5 items), Common humanity (4 items), Isolation (4 items), Mindfulness (4 items), and Over-identification (4 items). Responses are rated on a 5-point Likert scale ranging from 1 ("rarely") to 5 ("almost always"). The total score ranges from 26 to 130, with higher scores indicating greater levels of self-compassion. The reliability of the original scale during development was Cronbach's $\alpha = .82$. In the Korean validation study [22], Cronbach's α was reported as $.87$. In the present study, the reliability was Cronbach's $\alpha = .80$ for positive self-compassion and Cronbach's $\alpha = .87$ for negative self-compassion.

2.3.2. Depression

To assess the level of depression among participants, this study utilized The Center for Epidemiologic Studies Depression Scale (CES-D), originally developed by [25] to measure the frequency of depressive symptoms experienced over the past week. The Korean version of the CES-D, validated by Jeon, Choi, and Yang (2001), was employed, comprising 20 questions. Responses are rated on a 4-point Likert scale, ranging from 0 ("rarely") to 3 ("mostly"), yielding a total score range of 0 to 60. Higher scores indicate greater severity of depressive symptoms. In Korea, a score of 16 or higher indicates a "probable" depressive syndrome, while a score of 25 or higher suggests "definite" depressive symptoms, corresponding to major depression [27]. The reliability of the CES-D scale was reported as Cronbach's $\alpha = .91$ in the study by [26] and Cronbach's $\alpha = .74$ in this study.

2.3.3. Psychological Well-being

The instrument utilized in this study to assess psychological well-being is the Psychological Well-Being Scale (PWBS) developed by [13]. The scale, adapted and modified from its original 54-item version by Kim et al., consists of 46 items measuring six psychological dimensions: self-acceptance, positive interpersonal relationships, autonomy, environmental control, purpose in life, and personal growth. Participants respond to each item on a 5-point Likert scale, ranging from 1 ("not at all") to 5 ("very much so"), resulting in a total score ranging from 46 to 230 points. Higher scores indicate greater levels of psychological well-being. In the study by [14], the scale demonstrated a Cronbach's α reliability coefficient of $.81$. In this study, the reliability of the PWBS was Cronbach's $\alpha = .91$.

2.4 Ethical Considerations

Data collection for this study was conducted using a structured questionnaire following approval from the Institutional Review Board (IRB) of the researcher's institution (Approval No: 7001066-202306-HR-041). Participants provided informed consent after receiving explanations about the study's purpose and assurances regarding confidentiality, anonymity, and the exclusive use of data for research purposes.

2.5. Data Analysis

Data analysis was performed using IBM SPSS Statistics 25.0. Descriptive statistics including frequencies, percentages, means, and standard deviations were computed for the participants' general characteristics. Differences in positive self-compassion, negative self-compassion, depression, and psychological well-being across demographic characteristics were analyzed by conducting *t*-tests, one-way ANOVA, and Scheffe post hoc tests where appropriate. Pearson's correlation coefficient was utilized to examine relationships between positive self-compassion, negative self-compassion, depression, and psychological well-being. Additionally, multivariate linear regression analysis was conducted to investigate the impact of self-compassion on depression and psychological well-being among single mothers.

3. RESULTS

3.1 General Characteristics of the Participants

The age distribution of the participants indicated that 49.6% were in their 20s, and 14.3% were in their 40s. The majority identified as irreligious (47.2%). Regarding the age of their children, 49.6% of single mothers were raising children aged five years or younger, while 11.4% were raising children aged 10 years or older. Most



single mothers (95.1%) were raising one child, with 4.9% raising two children. A significant portion (60.2%) reported raising their children without family support. Furthermore, a majority (63.4%) were raising their children in institutional settings, whereas 36.6% were raising their children at home (Table 1).

Table 1. General Characteristics of Participants

(N=123)

Variables	Categories	N (%)	M±SD
Age (years)	20–29	61 (49.6)	
	30–39	48 (39)	
	≥40	14 (14.3)	
Religion	Christian	6 (4.9)	
	Catholic	40 (32.5)	
	Buddhism	19 (15.4)	
	Atheism	58 (47.2)	
Child’s age	1–5	61 (49.6)	
	6–10	48 (39.0)	
	≥10	14 (11.4)	
Number of children	1	117 (95.1)	
	2	6 (4.9)	
Family receiving help	Yes	49 (39.8)	
	No	74 (60.2)	
Place of raising children	Facility	78 (63.4)	
	Home	45 (36.6)	

3.2 Degree of Positive Self-Compassion, Negative Self-Compassion, Depression, and Psychological Well-Being
The participants' mean self-compassion score was 79.3 ± 10.83 . Specifically, the mean score for positive self-compassion was 33.03 ± 6.07 , and for negative self-compassion, it was 39.61 ± 6.07 . The mean depression score was 29.02 ± 6.13 , with 63.4% of participants experiencing “definite” depressive symptoms, defined by a cut-off score of 25 or higher on the depression scale. Participants' psychological well-being score averaged at 101.15 ± 12.33 (Table 2).

Table 2. Mean Score of Positive self-compassion, Negative self-compassion, Psychological well-being, and Depression

(N=123)

Variables	Range	N (%)	Min	Max	Mean±SD
Self-compassion	1–5	123	26.0	130.0	79.3±10.83
SC_Pos	1–5	123	13.0	43.0	33.03±6.07
SC_Neg	1–5	123	15.0	64.0	39.61±7.01
Depression	0–3	123	10.0	60.0	29.02±6.13



Definite depressive symptoms(≥ 25)	0-3	78 (63.4)	16.0	45.0	46.56 \pm 15.87
Non-depressive group (<25)	0-3	45 (36.6)	6.0	15.0	12.87 \pm 6.09
Psychological well-being	1-5	123	64.0	152.0	101.15\pm12.33

Note. SC_Pos: Positive Self-compassion component, SC_neg: Negative Self-compassion component. Definite depressive symptoms cut off: ≥ 25 score: definite depressive symptoms

3.3 Differences in Self-compassion, Depression, and Psychological Well-being by Participants' General Characteristics

Upon examining differences in self-compassion, depression, and psychological well-being, scores across participants' general characteristics, several notable findings emerged. Negative self-compassion: There was a statistically significant difference, with single mothers in their 30s exhibiting higher negative self-compassion scores than those in their 20s and 40s ($F = 5.063, p = .008$).

Depression scores were significantly higher among single mothers with children aged 1-5 years than among those with children aged 6-10 years and children aged 10 years and older ($F = 6.719, p = .002$). Additionally, single mothers whose children were raised at home reported higher depression scores than those whose children were raised in institutional settings, showing a statistically significant difference ($t = -1.511, p = .003$). Scores for psychological well-being were significantly higher among single mothers with children aged 10 years and older than among those with children aged 6-10 years and children aged 1-5 years, showing a statistically significant difference ($F = 3.189, p = .045$) (Refer to Table 3).

Table 3. Self-compassion, Psychological well-being, and Depression according to the General Characteristics of Subjects

Variables	Cate gories	Pos_SC			Neg_SC			Depression			Psychological well-being		
		M \pm SD	t or F	p Sch effe	M \pm SD	t or F	p Sch effe	M \pm SD	t or F	p Sch effe	M \pm SD	t or F	p Sch effe
Age (years)	20-29	34.0 \pm 5.68	2.11 1	.12 6	39.9 \pm 6.1	5.0 63	.008 (a, b > c)	25.6 \pm 7.33	2.9 23	.05 8	101.87 \pm 11.93	.34 2	.711
	30-39	32.6 \pm 6.37			40.9 \pm 8.61			29.35 \pm 4.33			100.0 \pm 1.53		
	≥ 40	30.5 \pm 6.16			32.4 \pm 8.02			25.36 \pm 4.53			102.0 \pm 16.79		
Religion	Chris tian	32.0 \pm 6.03	1.11 2	.12 4	40.3 \pm 3.44	2.4 72	0.6 5	25.17 \pm 5.95	.34 5	.45 6	96.16 \pm 0.68	.81 8	.486
	Cath olic	36.5 \pm 2.87			41.6 \pm 3.05			32.22 \pm 4.97			101.48 \pm 3.97		
	Budd hism	34.7 \pm 4.43			40.3 \pm 3.44			29.63 \pm 6.74			104.32 \pm 8.36		
	Athei sm	30.2 \pm 6.80			37.9 \pm 9.19			27.0 \pm 5.75			100.41 \pm 16.62		
Child's age	1-5	33.5 \pm 6.41	1.15 1	.32 0	39.4 \pm 7.03	.75 9	.47 1	29.68 \pm 5.55	6.7 19	.002 (a > b)	100.98 \pm 10.85	3.1 89	.045 (c > a, b)
	6-10	31.6 \pm 8.10			40.4 \pm 6.41			28.96 \pm 6.94			98.64 \pm 12.91		



	≥10	31.9±5.82			37.8±8.89			21.75±5.68		.c)	111.0±21.18		
Number of children	1	33.2±5.89	1.258	.211	39.9±6.1	-.646	.097	28.99±6.13	-.197	.844	101.54±12.09	1.533	.128
	2	30.0±9.12			40.9±8.7			29.50±6.80			93.67±15.78		
Family receiving help	Yes	33.2±5.64	.284	.777	39.3±6.81	-.389	.945	28.69±8.07	-.172	.864	93.67±15.7894	-.424	.053
	No	32.0±6.37			39.8±7.18			29.23±4.46			93.67±15.7894		
Place of raising children	Home	33.9±4.92	-1.222	.224	39.7±7.71	.251	.945	30.20±4.52	-1.511	.003	101.31±11.56	-1.638	.070
	Facility	33.5±6.62			39.4±5.68			28.33±6.83			97.67±16.78		

(N=123)

3.4 Correlation between Positive Self-compassion, Negative Self-compassion, Depression, and Psychological Well-being

When analyzing the correlation between the positive self-compassion, negative self-compassion, depression, and psychological well-being of single mothers, the following correlations were observed: Depression showed a significant negative correlation with positive self-compassion ($r = -.245, p = .05$) and a significant positive correlation with negative self-compassion ($r = .456, p = .000$). Psychological well-being showed a significant positive correlation with positive self-compassion ($r = .356, p = .000$), a significant negative correlation with negative self-compassion ($r = -.724, p = .05$), and a significant inverse correlation with depression ($r = -.280, p = .000$) (Refer to Table 4).

Table 4. Correlation between Positive Self-compassion, Negative Self-Compassion, Depression, and Psychological Well-Being

(N=123)

Predictors	SC_Pos	SC_Neg	Depression	Psychological well-being
SC_Pos	1	-.608	-.245*	.356**
SC_Neg	-.608	1	.456**	-.724*
Depression	-.245*	.456**	1	-.280**
Psychological well-being	.356**	-.724*	-.280**	1

Note. SC_Pos: Positive Self-compassion component, SC_neg: Negative Self-compassion component.

** $p < 0.01$ * $p < 0.05$

3.5 Multivariate Linear Regression: Depression and Psychological Well-Being

Multivariate linear regression was conducted to examine the effects of positive and negative self-compassion on depression and psychological well-being among single mothers. The age of the child, whether the child was raised in an institution or at home, and single parenting were included as control variables due to their significant differences among the general characteristics. The regression analysis assumptions were verified, and they met all conditions of the regression equation. The Durbin-Watson statistic ranged from 1.508 to 1.609, indicating no autocorrelation between the independent variables. Tolerances for the variables ranged from .724 to .914, all exceeding 0.1, and variance inflation factor (VIF) values ranged from 1.234 to 1.348, well below the



criterion of 10, indicating no multicollinearity issues.

The final multivariate model was statistically significant, explaining 24.1% and 68.3% of the variance in depression and psychological well-being, respectively. Positive self-compassion among single mothers had a significant effect on depression ($\beta = -.441, p = .029$) and psychological well-being ($\beta = -.751, p < .001$). Similarly, negative self-compassion also had a significant effect on depression ($\beta = -.441, p = .029$) and psychological well-being ($\beta = -.751, p < .001$) (Refer to Table 5).

Table 5. Multivariate linear regression, Depression, and Psychological well-being

(N=123)

Predictors	Depression			Psychological well-being		
	β	T	P	β	t	p
SC-Pos	-.441	5.489	.029	1.407	7.958	<.001
SC-Neg	.215	2.723	<.001	-.751	14.701	<.001
R ²	.257			.688		
Adj.R ²	.241			.683		
F(p)	20.420(<.001)			132.395(<.001)		

Adjusted for the child's age and place of raising children

Note. SC_Pos: Positive Self-compassion component, SC_neg: Negative Self-compassion component.

4. DISCUSSION

This study was attempted to determine the level of self-compassion, depression, and psychological well-being among single mothers and to determine the effect of self-compassion on depression and psychological well-being. The average score of the subjects' depression was 29 points. In a study by [28], which used the same tool targeting single mothers, the depression score of single mothers in this study was significantly higher than the depression score of 19.2 points for married foster mothers. And in a study by [29], depression was higher than the depression score of 25.5 for married women. In a study by [30], the score of the depression group of the subjects in this study was higher than the score of 28.7 points for the adolescent depression group. In addition, in [31], study using the same tool, the depression rate among single mothers was 61.9%, and in this study, the depression rate among single mothers was higher at 63.4%. These results show that single mothers do not have the support of their husbands, which is especially important in carrying out their parental role, and must perform the role of parenthood for which they are unprepared and have to take responsibility for childcare and livelihood [3], so they are at a higher risk than married foster mothers. It is believed that they may have experienced more depression [32], said that depression is a common emotion even in normal people, but it lowers self-worth and has a negative impact on psychological adaptation. This can lead to a state of self-depreciation due to depression [33], decrease the efficacy of [34], and have negative consequences for parenting[12]. It seems necessary to continue to pay attention to and study the depression of single mothers in that it can cause depression. The subjects' depression was found to vary depending on the age of the child. Unmarried custodial mothers whose children were 1 to 5 years old showed higher levels of depression compared to unmarried custodial mothers whose children were 6 to 10 years old and those whose children were 10 or older. A study by [6], supported the finding that depression was more severe the younger the children of single mothers were. In addition, the study by [39] also showed that the younger the children were under the age of 3, the higher the level of depression was among single mothers. In addition, research results show that married mothers with infants and young children are prone to depression due to the stress of raising young children [35]. There are many demands placed on mothers during infancy and early childhood, which require continuous attention in raising children, and especially in the case of single mothers, they must invest more time in raising children alone due to low social support [36], so the children are younger and unmarried. It is believed that foster mothers experienced more depression. Therefore, interventions that can reduce



depression for single mothers raising young children will also need to be developed and studied. Already abroad, various national policies are being promoted in recognition of the seriousness of depression among single mothers. In the United States, policies, systems, and services related to depression before and after childbirth are being prepared and implemented by each state using government subsidies [9], and in the United Kingdom, prenatal care that includes depression in single mothers is being implemented through community health projects. Support is provided even when raising children [9]. However, in Korea, screening for depression in single mothers is not mandatory, and even medical professionals are not interested in managing depression in single mothers. The reality is that this is still lacking. Depression in single mothers should be treated with early assessment of depression and intervention based on the results at public health centers or obstetrics and gynecology hospitals, as well as support policies for unwed mothers, starting with prenatal depression.

Depression was higher among single mothers who raised their children at home than among single mothers whose children were raised at a facility. In a facility for single mothers, single mothers in similar situations who live in the same space rely on each other and share the difficulties of performing the role of mother [37]. In addition, while living in a facility and coping with life-threatening events, they exchange information about parenting with each other and become an effective source of support when there are difficulties in parenting [36]. Therefore, it is believed that single mothers living in facilities had lower levels of depression than single mothers raising children at home. I think we need policies that can reduce depression in the community by paying more attention to single foster mothers who raise their children alone in families that are in a blind spot. The average psychological well-being score of the subjects was 101.15 points. In [38] study, although the subjects were different, the score was lower than the psychological well-being score of 132.70 for teenagers from low-income single-parent families who used the same tool. In addition, in the study by [36], the score was lower than the psychological well-being score of 150.20 points for general foster mothers, and it was significantly lower than the psychological well-being score of 146.9 points for married women in [39]. High psychological well-being means accepting oneself as is, maintaining positive interpersonal relationships, controlling one's behavior independently and voluntarily, establishing life goals, and living in a way that develops one's potential [13, 14]. As can be seen from previous studies, it is difficult for unmarried foster mothers to have psychological well-being [40]. single mothers face social prejudice, cold treatment, and have difficulty receiving support from their families of origin when raising their children [12]. In addition, because they must simultaneously raise children and serve as breadwinners, they feel more stress and burden in raising children than married women [41]. Because there are many factors that hinder psychological well-being due to these situations, it is believed that the psychological well-being of single mothers was lower than that of other target groups. Psychological well-being can result in maladaptation or adaptation through flexible coping depending on the psychological resources available to the individual when faced with a stressful situation [18]. The lower the mother's psychological well-being, the more controlling and negative it has on child-rearing [34], so it is necessary to consider factors to increase positive self-esteem by developing programs that can increase the psychological well-being of single mothers. Regarding the psychological well-being score, those whose children were 1-5 years old and 6-10 years old had lower psychological well-being scores than those of single mothers whose daughters were 10 years old or older. In previous studies, the younger the age of married women's children, the lower their psychological well-being [42]. In a study by [15], the younger the children of single mothers, the less psychological well-being they had, and they showed negative attitudes toward raising their children. This means that single mothers are highly dependent on their mothers due to the absence of fathers, and single mothers must bear the burden of raising children alone [3]. The younger the children, the less leisure time they have, and the stress of raising children is higher than that of married women. They receive more than women [15]. In addition, single mothers are responsible for raising children and making a living here are many factors that interfere with achieving psychological well-being by simultaneously performing the role of a parent [15]. Therefore, single mothers are believed to have lower psychological well-being than married women. In particular, it has been reported that single mothers have significant psychological and emotional problems such as carelessness and guilt [9]. On the other hand, the older the child, the more adaptive coping strategies are thought to have been adopted as a result of her adaptation and experience as a mother [43]. The older the child, the less dependent the child is on the mother, so the more adaptive the coping strategy is. It is believed that the older the child is, the higher the psychological well-being is because one can have more time



and the stress on raising children is reduced [10]. Accordingly, it is necessary to systematically organize care and support according to the age of children of unmarried foster mothers and develop programs that can increase psychological well-being.

In this study, the average score of positive self-compassion was 33.03 points. It was a low score compared to the positive self-compassion score of 43.6 points for middle-aged women in a study by [44]. In a study by [46], the positive self-compassion score of adolescents was lower than 39 points. People with high positive self-compassion are able to take good care of themselves, have increased bonds with others, and feel that their experiences are human universals that anyone can experience [18]. Previous studies show that single mothers blame themselves when faced with difficult situations [8], and that single mothers receive low support from their spouses, which are important for performing their parental role [47], it is difficult to positively accept the role as a caregiver [8], so it is likely that positive self-compassion was low compared to other subject groups. Because self-compassion is a positive concept for oneself [16] and a personal area that can be acquired, it is believed that it can effectively serve as a psychological protective factor for single mothers who are responsible for making a living and raising children alone. Since adversity and difficult situations cannot be avoided in people's lives, the ability to cope healthily without panicking even when faced with difficult situations is necessary, and positive self-compassion [16], acts as a buffer to cope with difficulties. And it can be an alternative. Accordingly, it can be said that efforts are needed to cultivate positive self-compassion in consideration of the reality of single mothers in order to be recognized as one of the various family types in the families of unmarried foster mothers and to adapt positively to the community.

In this study, the average score of negative self-compassion was 39.61 points. The score was higher than the negative self-compassion score of 35.32 points for adolescents in a study by [45]. In addition, in the study by [39], the negative self-compassion score of married women was higher than 34 points. People high in negative self-compassion interpret negative events as self-threats and are unable to maintain composure and positive self-emotion while acknowledging their own shortcomings or vulnerabilities rather than reacting defensively [16, 17]. Previous studies show that most single mothers blame themselves from the moment they find out that they are pregnant [8], fear that their children will live like their mothers, and blame themselves [47]. Even after learning the truth, there are many cases where children are raised alone in hiding, disconnected from society [5, 8]. Therefore, it is believed that the negative self-compassion of single mothers was higher than that of other married women. Therefore, by lowering negative self-compassion in single mothers, they can adapt to their maternal role as women [43] by caring for themselves more kindly, understandingly, and gently, and accept their experiences as mothers and relieve painful thoughts and emotions. Anyone can utilize balanced perception and observation without suppression or exaggeration [16,17,43], so it is important to promote positive self-compassion in single mothers. I think so.

In this study, negative self-compassion scores were found to be higher among single mothers in their 20s and 30s compared to those in their 40s. In a study [33], it was found that the younger the mother, the earlier she became a parent, which could be a factor in her lack of preparation for parenthood and aggravating the difficulties of parenting. In the case of single mothers, the younger they are, the more they feel disconnected from peer relationships and isolated [3], and because they are little prepared for the role of parents, they often deprecate themselves when faced with difficult situations while raising children [5]. In addition, young, unmarried foster mothers often over-identify with their children out of fear that their children will be hurt due to social prejudice and live the same life as their mothers when it comes to raising children [52]. Accordingly, it is necessary to come up with a plan to relieve young, single mothers from being exhausted by the developmental tasks, living on their own, and caring for their children. In addition, it is believed that there is a need to develop a systematic program that can reduce negative self-compassion and promote psychological stability and positive emotions in single mothers by age group.

As a result of a multivariate regression analysis examining the effect of self-compassion on depression and psychological well-being of single foster mothers, positive self-compassion had a significant effect on depression and psychological well-being. Specifically, the higher the positive self-compassion, the lower the depression and the higher the psychological well-being. First, the results of this study that the higher the positive self-compassion, the lower the depression [52,53] was consistent with the study. In addition, it was consistent with the research results of [53] that positive self-compassion reduces depression. This means that self-kindness, a sub-concept of positive self-compassion, is not avoiding one's own pain, but rather treating



oneself kindly and gently and taking care of oneself. Like one's own experience, other foster mothers also experience it and live in facilities with similar situations. They feel a sense of connection with single mothers [55] In addition, the difficulties that single mothers experience are common to women in married families, and anyone can feel mistakes or shortcomings while raising children. In other words, we understand that humans are imperfect and have shortcomings, accept failures and mistakes as part of life [1] and recognize the experience of pain [50, 53], it is believed that these elements of positive self-compassion may have reduced the depression of single mothers. If you only emphasize positive self-compassion, you may degenerate into a way of denying, avoiding, or suppressing negative emotions, but self-compassion includes the element of accepting and accepting negative experiences that occur to you [16]. Previous research shows that not all single mothers have only unhappy and negative experiences, but also experience many positive parenthood [3, 9]. Although they face many difficult situations while raising children, they experience positive changes such as depression being reduced because they are with their children, feeling happy for their children, having a stronger sense of responsibility for raising them, and having clearer goals in life [16]. Therefore, it is important to make single foster mothers aware that positive self-compassion is important in mediating depression, and it is necessary to implement interventions to improve positive self-compassion.

The results of this study showed that positive self-compassion had an effect on psychological well-being. This is consistent with previous research showing that positive self-compassion improves psychological well-being[8]. As mothers raise their children, they can face difficulties in any situation and experience psychological pain [12,16]. However, positive self-compassion can serve as a mechanism that can improve the well-being and happiness of unmarried foster mothers throughout their lives. Single mothers positively accept parenthood rather than denying it from the moment they decide to raise children [3], accept the current reality of being a mother as it is, do not suppress or exaggerate painful thoughts and feelings, and maintain a balanced awareness. It is thought that positive self-compassion may have influenced psychological well-being. These elements of positive self-compassion extend to happiness and optimism, including psychological well-being, and promote psychological resilience [18]. Therefore, it is believed that it is necessary to increase the psychological well-being of single mothers by improving their positive self-compassion.

As a result of this study, negative self-compassion had a significant effect on depression and psychological well-being. The higher the negative self-compassion, the higher the depression and the lower the psychological well-being. First, the results of this study, which showed that the higher the negative self-compassion, the higher the level of depression, is consistent with previous research [48]. According to previous research, there are many cases of self-criticism, which is a sub-concept of negative self-compassion, and self-deprecation, thinking that it is all your fault when your child is sick or crying while raising your [1]. In addition, it can be seen that most single mothers are isolated due to a lack of a support system while raising their children, and are highly depressed due to raising children alone [12]. Therefore, single mothers are assessed for negative self-compassion, adopt a kind and understanding attitude toward themselves rather than harshly criticizing themselves in times of pain or difficult situations, and view themselves as separated and isolated from others when they have negative experiences. Rather, interventions should be provided to reduce negative self-compassion and improve positive self-compassion by accepting such experiences as part of human experience and recognizing these experiences in a balanced manner with a mindful attitude rather than excessively identifying with painful thoughts and emotions.

The results of this study, which showed that the higher the negative self-compassion, the lower the psychological well-being, were similar to the results of previous studies [51]. This was in the same context as research results showing that the more severe the self-criticism, the lower the psychological well-being [49,50]. According to previous research, it can be seen that single mothers are harsh and critical of themselves [1]. In addition, single mothers complain of psychological difficulties as they experience psychological conflict about not being 'good mothers' [3]. In the difficult reality of raising children, the burden of the parental role increases in their lives, and they consider their experience as a mother to be theirs alone, leading them to cut themselves off from society [35]. This isolation makes it difficult to form close and trustworthy relationships with others [3], which hinders psychological well-being. They fall into a process of over-identification, become absorbed in their own emotions, find it difficult to take a step back from problematic situations and take an objective perspective, and often tend to deny and exaggerate feelings of regret and guilt toward their children regarding problems that arise in the process of raising them [31]. It can be seen that these negative self-compassion



factors can be factors that lower psychological well-being. Therefore, it is necessary to provide unmarried foster mothers with a protective factor that can increase psychological well-being by lowering negative self-compassion and buffering against emotional problems through positive self-compassion.

Based on the results of this study, it can be used as basic data for the development of interventions to reduce depression and improve psychological well-being by increasing positive self-compassion and lowering negative self-compassion in single mothers in the future. However, because this study only targeted single mothers in some regions, there are limitations that make it difficult to generalize the research results to all single mothers.

5. CONCLUSION

The purpose of this study was to determine the impact of self-compassion on depression and psychological well-being of unmarried foster mothers.

The goal is to reduce depression and improve psychological well-being in single mothers. When the place where children of single mothers were raised was a facility, positive self-compassion and negative self-compassion influenced depression, and age, positive self-compassion, and negative self-compassion of the children of single mothers affected psychological well-being.

Based on the results of this study, the following suggestions are made.

First, because the subjects of this study were sampled from single mothers in some regions, there are limitations in generalizing the research results. In follow-up studies, it is necessary to expand the sampling area and re-verify the research results.

Second, it is believed that if a program that can increase self-compassion among unmarried foster mothers is used, it will be possible to weaken negative emotions such as depression and improve psychological well-being when single mothers raise their children.

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Authors' contributions

All authors contributed toward data analysis, drafting and revising the paper and agreed to be responsible for all the aspects of this work.

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Authors declare that they have no conflict of interest.

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Not Applicable

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Not applicable

Declarations

Authors declare that all works are original and this manuscript has not been published in any other journal.

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