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UNIVERSITY OF CALIFORNIA SAN DIEGO
CALIFORNIA STATE UNIVERSITY, SAN MARCOS

An Intersectional Examination of Self-Compassion in Single Mother CalWORKs Students of
Color at a Community College

A dissertation submitted in partial satisfaction of the
requirements for the degree of Doctor of Education

in

Educational Leadership

By

Christina Dawber

Committee in charge:

California State University, San Marcos

Manuel Vargas, Chair

University of California San Diego

Shana Cohen
Carolyn Hoffstetter

2019

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The Dissertation of Christina Dawber is approved, and it is acceptable in quality and form for publication on microfilm and electronically:

Chair

University of California San Diego
California State University, San Marcos

2019

DEDICATION

This dissertation is dedicated to my grandmother, who is no longer with us, and my mother. Without your unconditional love, support, sacrifice, and faith in my ability to accomplish great things, I would not have reached such heights in my education. The two of you are the epitome of strength and compassion.

Ramon Chairez, thank you for unconditional love and continuous support in helping me finish this stage of my life. There were many moments in my journey where I felt overwhelmed with stress and it was you who walked me off the ledge. I love you, babe!

Aaren McKinney, I could not have completed this journey without your continuous support. Thank you for the many times you took care of Alex so that I could conduct my research and write. You are the world's best tía!

Dr. Manuel Vargas, thank you for inspiring me to follow my dreams, never swaying me from my vision for this work, and for supporting me in becoming the academic that I am today.

Ultimately, I want to dedicate this work to the women who participated in this study. You dug deep into crevices of your minds and hearts for the sake of furthering our learning and informing critical leadership. For that reason, I will forever be grateful to you.

TABLE OF CONTENTS

SIGNATURE PAGE	iii
DEDICATION	iv
TABLE OF CONTENTS.....	v
LIST OF FIGURES	viii
LIST OF TABLES	ix
VITA.....	x
ABSTRACT OF THE DISSERTATION	xi
CHAPTER 1: Introduction	1
Statement of Problem.....	4
Conceptual Framework.....	7
Purpose of the Study	9
Research Question	9
Overview of the Methods.....	10
Definitions.....	11
Organization of the Study	13
CHAPTER 2: Literature Review	15
Three Components of Self-Compassion	17
Self-Kindness.....	17
Sense of Humanity.....	18
Mindfulness	18
What Self-Compassion Is Not	19
Self-Pity.....	19
Self-Indulgence.....	19
Self-Esteem.....	20
A Closer Look at Self-Compassion and Mental Health.....	22
Chronic Stress.....	22
Shame	23
Anxiety	24
Depression	25
Posttraumatic Stress Disorder.....	26

Self-Compassion Bolsters Resilience	27
Intrapersonal Resilience	27
Interpersonal Resilience	29
Self-Compassion Is Teachable.....	32
Less Self-Compassion in College Students	34
Women College Students Identified	37
Single Mother CalWORKs Students of Color in Community College May Be More Vulnerable to Less Self-Compassion.....	38
Chronic Stress.....	40
Shame	42
Anxiety	44
Depression	46
Posttraumatic Stress Disorder.....	47
Summary	51
CHAPTER 3: Methodology.....	53
Research Questions.....	53
Conceptual Framework and Design.....	54
Participants.....	56
Procedures.....	57
Instrumentation and Data Collection	60
Analysis.....	62
Validity	64
Summary	66
CHAPTER 4: Findings	67
Data Analysis	68
Results.....	75
Common Experiences of Emotional Distress.....	75
Common Ways of Relating to Oneself During Experiences of Emotional Distress.....	87
Connections With Self-Compassion.....	94
Summary	99
CHAPTER 5: Discussion.....	102

Significance of the Study	102
Discussion	103
Intersectionality	103
Self-Compassion.....	112
Overview of Results.....	117
Implications for Education Leaders and Researchers.....	120
Limitations and Future Considerations.....	123
Recommendations for Future Research.....	124
Conclusion	126
APPENDIX A. Individual Interview	128
APPENDIX B. Take-Home Journal	131
APPENDIX C. Demographic Questionnaire.....	132
APPENDIX D. Participant Recruitment Email	133
APPENDIX E. Confirmation Email to Selected Participants.....	135
APPENDIX F. Informed Consent Form.....	136
APPENDIX G. Mental Health Resource List.....	139
APPENDIX H. Focus Group Questions	140
APPENDIX I. Thank You Email Communication to Non-Selected Participant.....	143
APPENDIX J. Thank You Email Communication to Waitlist Participants	144
REFERENCES	145

LIST OF FIGURES

Figure 3.1: Intersectional approach model	54
Figure 4.1: Intersectionality of emotionally distressful experiences	87
Figure 4.2: Self-compassion-related responses	100

LIST OF TABLES

Table 4.1: First Coding Cycle and Quote Examples	71
Table 4.2: Second Coding Cycle and Quote Examples	72
Table 4.3: Third Coding Cycle and Quote Examples	74
Table 4.4: Fourth Coding Cycle and Quote Examples	74
Table 4.5: Fifth Coding Cycle and Quote Examples	76

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ABSTRACT OF THE DISSERTATION

An Intersectional Examination of Self-Compassion in Single Mother CalWORKs Students of Color at a Community College

by

Christina Dawber

Doctor of Education in Educational Leadership

University of California San Diego, 2019
California State University, San Marcos, 2019

Professor Manuel Vargas, Chair

Self-compassion has been shown to bolster resilience (Leary, Tate, Adams, Batts Allen, & Hancock, 2007), intrinsic motivation (Neff, Hsieh, & Dejithirat, 2005), and a general sense of well-being (Arimitsu & Hofman, 2015) as students cope with academic and life stressors. While research has begun exploring gender as a factor for self-compassion in college students (Lockard, Hayes, Neff, & Locke, 2014; Neff, Pisitsungkagarn, & Hsieh, 2008; Yarnell, Neff, Davidson, & Mullarkey, 2019), and, to a lesser extent, race (Hayes, Chun-Kennedy, Edens, & Locke, 2011; Lockard et al., 2014), there still remains a critical void of literature. Self-compassion researchers who focused on college settings have yet to explore the intersection of gender and race and have failed to consider social class entirely. To address this void of literature, the following phenomenological study explored self-compassion in 10 single mother

California Work Opportunities and Responsibility to Kids (CalWORKs) students of color at a Southern California community college. Through a thematic analysis of individual interviews and take-home journals, four common experiences of emotional distress were identified: (a) Identification as a Welfare Recipient, (b) Academic Performance, (c) Ongoing Welfare-to-Work Requirements, and (d) Restricted Time With Child Dependents. Of these experiences, three elicited connections with intersectional oppression in the areas of gender, race, and social class, with one, Restricted Time With Child Dependents, excluding a connection with racial oppression. Common ways in which participants relate to themselves during these experiences, and in general, showed connections with less self-compassion in the areas of self-judgment and overidentification, with an even split in the area of isolation versus a sense of humanity. Participation in CalWORKs and Cooperative Agencies Resources for Education student support groups and workshops where students openly share personal adversities appeared to mediate this split. Findings from this study offer important implications for the use of an intersectional framework to examine complex topics like self-compassion and offer insight for the development of a group-appropriate self-compassion intervention. The findings also demonstrate a need for welfare reform and for community college leaders to better address the mental health of single mother CalWORKs students of color at their institutions.

CHAPTER 1: Introduction

With self-compassion, individuals offer themselves the same kindness and care they would extend to a loved one. It is a frame of mind that runs contrary to how many of us treat ourselves when we are under emotional distress. When we are caught up in emotional pain, we tend to go to war with ourselves. The body's protective response to perceived danger is fight, flight, or freeze, but when we face emotional challenges, these reactions become a cocktail for self-judgment, self-absorption, and self-isolation (Germer, 2009). A growing body of literature suggests that self-compassion is a healing alternative response that allows us to foster a healthier relationship with ourselves during experiences of emotional distress (Germer, 2009; Neff, 2003a; Neff & Pommier, 2013). Leading researcher on the subject, Kristen Neff (2003a), defined self-compassion as a way to relate to oneself when considering personal inadequacies, failures, mistakes, and painful life circumstances. It is composed of six interrelated components, each with a positive and negative pole: (a) self-kindness versus self-judgment, (b) mindfulness versus overidentification, and (c) a sense of humanity versus isolation (Neff et al., 2018). When the positive components, self-kindness, mindfulness, and a sense of humanity, combine and mutually interact, they form a self-compassionate frame of mind (Lockard, Hayes, Neff, & Lock, 2014; Neff, 2015).

By moving away from common pitfalls during experiences of stress and suffering like self-judgment, overidentification with painful thoughts and emotions, and feelings of isolation, individuals can maintain a healthy equilibrium (Kelly, Zuroff, & Shapira, 2009; Neff, 2003a). Nowhere is this more evidenced than in the link between less self-compassion and chronic stress (J. Crocker, Canevello, Breines, & Flynn, 2010; MacBeth & Gumley, 2012; Neff & Germer, 2013), anxiety, depression (Cox, Fleet, & Stein, 2004; Hutton, Kelly, Lowens, Taylor, & Tai,

2013), and posttraumatic stress disorder (PTSD; Kearney et al., 2013; B. L. Thompson & Waltz, 2008). Less self-compassion has also been associated with negative emotions such as shame (Johnson & O'Brien, 2013) and fear (Miron, Sherrill, & Orcutt, 2015). In large part this is due to individuals with higher levels of self-compassion exhibiting greater resilience (Neff & McGehee, 2010), better emotional coping skills (Neely, Schallert, Mohammed, Roberts, & Chen, 2009; Neff, Hseih, & Dejithirat, 2005) and a greater ability to repair negative emotional states (Neely et al., 2009). Self-compassion has also shown strong associations with life satisfaction, happiness, wisdom, optimism, gratitude, curiosity, creativity, and positive affect (Zessin, Dickhäuser, & Garbade, 2015).

Given the benefit of a self-compassionate frame of mind, researchers have begun exploring groups who may be susceptible to less self-compassion. In these studies, college students have been identified as a population who may struggle with self-compassion (Neely et al., 2009; Neff, Kirkpatrick & Rude, 2007; Wei, Liao, Ku, & Shaffer, 2011), a finding prompted by an increase in occurrence and severity of mental health issues across college campuses (Castillo & Schwartz, 2013; Eisenberg, Gollust, Golberstein, & Hefner, 2007; Hjeltnes, Binder, Moltu, & Dundas, 2015). Data from the 2017 National College Health Assessment II indicated that over one third of college students across the United States had problems functioning because of depression in the last 12 months, and over half said that they felt overwhelming anxiety in the last year (American College Health Association [ACHA], 2017). While some level of stress may be motivating to maintain academic focus and sustain persistence, overwhelming levels of stress, anxiety, and depression, evidenced by panic attacks, feelings of hopelessness, and suicidal thoughts, are detrimental to academic performance and success (Douce & Keeling, 2014). Specifically, mental health issues have been shown to decrease students' intellectual and

emotional flexibility, weaken their creativity, and undermine their interest in new knowledge, ideas, and experiences (Douce & Keeling, 2014).

Recent studies on self-compassion in college settings have given further concentration to women college students (Neff & Germer, 2013; Smeets, Neff, Alberts, & Peters, 2014; Wasylkiw, MacKinnon, & MacLellan, 2012). This is perhaps because women college students report greater mental health issues than college men. Specifically, women college students report higher rates of anxiety, depression, experienced trauma, eating disorders, and suicidal ideation (ACHA, 2017). Some argue that this disproportion in mental health issues may stem from women being more self-critical, using more negative self-talk, and displaying a more ruminative coping style (DeVore & Pritchard, 2013; Leadbeater, Kuperminc, Blatt, & Hertzog, 1999; Nolen-Hoeksema, Larson, & Grayson, 1999). Because women are more prone to some of the maladaptive behaviors associated with lower levels of self-compassion, such as self-judgment and overidentification with painful thoughts and emotions, it should come as little surprise that women college students report less self-compassion than their male counterparts (Lockard, Hayes, Neff, & Locke, 2014; Neff, Pisitsungkagarn, & Hsieh, 2008; Yarnell, Neff, Davidson, & Mullarkey, 2019). In fact, self-compassion scores across 88 studies found that women, in general, have a tendency for less self-compassion than men (Yarnell et al., 2015).

Findings such as these are particularly concerning to institutions of higher education as self-compassion has been shown to bolster psychological well-being and resilience in college students (Hollis-Walker & Colosimo, 2011; Leary, Tate, Adams, Batts Allen, & Hancock, 2007; Neff et al., 2007). A self-compassionate frame of mind equips students with the ability to moderate reactions to negative events and reduce personal distress (Neff & Pommier, 2013; Neff et al., 2007; Smeets et al., 2014). With the exhaustive demands of the college environment often

characterized by high stakes academics, minimal academic support compared to high school, potential social isolation, and financial pressures (Kadison & DiGeronimo, 2004), a student's ability to cope successfully with adversities is critical to their success (Galatzer-Levy, Burton, & Bonnano, 2012).

Fortunately, there is hope for women college students who struggle with mental health. Smeets et al. (2014) recently developed a self-compassion group intervention tailored specifically to undergraduate women. In just 3 weeks, the intervention exhibited improvements in self-compassion, resilience, and well-being, demonstrating that self-compassion is a teachable construct. While these results hold promise for women college students vulnerable to less self-compassion, literature on subpopulations in greater need of self-compassion intervention is still relatively new (Barnett & Sharp, 2016; Neff & McGehee, 2010; Wei et al., 2011). The identification of gender as a factor for a college student's susceptibility to self-compassion's opposing components of self-judgment, overidentification, and isolation is a productive starting point. However, this topic leaves much room for growth. Social factors that extend beyond gender in its simplest form such as the intersection between gender, race, and social class may further complicate the ability of women college students to respond to emotionally distressful experiences with a self-compassionate frame of mind.

Statement of Problem

Despite recent gains in self-compassion research on women college students (Duarte, Ferreira, Trinidad, & Pinto-Gouveia, 2015, Schoenefeld & Web, 2013; Smeets et al., 2014), there remains a gap in the literature. Researchers have yet to explore women college students whose multiple social identities of gender, race, and social class may increase their propensity to experience self-compassion's opposing components: (a) self-judgment, (b) overidentification,

and (c) isolation. The intersectionality perspective contends that an individual's social identities profoundly influence beliefs about and experiences of gender. Subsequently, feminist researchers have come to understand that the individual's social position as reflected in intersecting identities must be at the forefront in any investigation of gender. In particular, gender must be understood in the context of power relations rooted in social identities (Collins, 1990, 2000a; Shields, 2008). Operating under this ideology, single mother California Work Opportunities and Responsibility to Kids (CalWORKs) students of color in community college offer a viable population for study.

The CalWORKs program is California's Temporary Aid for Needy Families (TANF) program and a central component of the state's safety net, providing cash aid to low-income families with children. Women make up the majority participating in CalWORKs at 90.9%, with 92.6% of head of household cases being single mothers, and 80.8% of all participants identifying as a race other than non-Hispanic White (California Department of Social Services, 2016). To move participants of the program toward economic self-sufficiency, CalWORKs is structured as a "work first" program aimed at engaging participants in work activities. For some, work related activities include enrollment in educational institutions. For CalWORKs participants who are able to enroll in postsecondary education due to failed job searches and placements, the institutions in which they enroll must contend with county, state, and/or federal time limits on their educational activities and constraints on approved programs of study (Pizzolato & Olson, 2016b). While competing with these challenges, the community college's affiliated CalWORKs program offers supportive services that respond to the affective, navigational, and developmental needs of welfare-to-work students (Bombach, 2001).

Although mental health issues have yet to be explored for single mother CalWORKs students of color in community college, single mothers participating in welfare-to-work

programs outside of college show high rates of mental health issues. Specifically, research reveals high rates of chronic stress (Hall, Gurley, Sachs, & Kryscio, 1991; Hall, Williams, & Greenberg, 1985), anxiety (Jagannathan, Camasso, & Sambamoorthi, 2010), experiences with shame (Liss, Schiffrin, & Rizzo, 2013), depression (Coiro, 2001), and PTSD (Siefert, Bowman, Heflin, Danziger, & Williams, 2000), all of which have been linked with less self-compassion (Cox et al., 2004; Kearney et al., 2013; MacBeth & Gumley, 2012; Neff & Germer, 2013). Given the exhaustive demands of college life, one might conclude that mental health issues for single mothers of color participating in welfare-to-work programs only intensify once in college.

If the mental health issues of single mothers of color participating in welfare-to-work programs are not enough to yield the attention of self-compassion researchers concentrated on college settings, then low academic persistence rates for these women rightfully do. While the California Chancellor's Office Management of Information Systems Data Mart (n.d.-b) has yet to include student persistence rates in its reporting on CalWORKs programs, the Institute for Women's Policy Research has taken up the subject for single mother college students at large (Kruvelis, Cruse, & Gault, 2017). Findings from their research revealed that just 28% of single mothers across the nation who entered college between 2003 and 2009 received a degree or certificate within 6 years. Other literature cited persistence rates as low as 20% for students participating in welfare-to-work programs in community college, with the majority being women of color (Christopher, 2005; Shaw, Goldrick-Rab, Mazzeo, & Jacobs, 2006; Pearson, 2007; Polakow, Butler, Deprez, & Khan, 2004).

Low completion rates such as these present a host of adverse outcomes as a lack of education and specialized training put low-income women at greater risk for persistent poverty

and unemployment (DeNavas-Walt & Proctor, 2015). For the children in these families, chronic poverty was linked with cognitive impairments, adverse academic development, and adult poverty (Engle & Black, 2008; American Academy of Pediatrics, 2013; J. R. Smith, Brooks-Gunn, & Klebanov, 1997). This is not a social crisis that impacts a single generation but a cyclical one with far-reaching consequences. Longitudinal outcomes such as these not only warrant self-compassion researchers to direct attention to single mother CalWORKs students of color in community college, but that such an investigation carefully consider multifaceted aspects of these women's lives as they navigate higher education, single motherhood, racism, and poverty.

Conceptual Framework

Intersectionality posits that multiple social categories such as gender, race, social class, age, ability, and sexual orientation intersect at the micro level of individual experience to reflect multiple interlocking systems of oppression (Bowleg, 2012). The intersection of multiple oppressed identities is particularly relevant for women of color on welfare in the United States because of the complex and oppressive political and social context in which they live (Reid & Comas-Díaz, 1990). Gender, race, and social class inherently provide the subtext for any discussions that involve the topic of welfare. Public opinion about welfare is implicitly, and often explicitly, colored by assumptions about gender, race, and social class. Broad arguments stemming from the concept of "cultural poverty" illustrate the point that the poor are often suspected of causing their own poverty by violating White middle-class normative behaviors (Murray, 1984). In particular, single mothers, women who have children and no husbands, are viewed as violating dominant sexual norms of U.S. culture.

Despite massive changes in popular culture over the last 50 years that have challenged the mainstream understanding of sexuality, the sexual morality of single mothers is still suspect (Foster, 2008). When single mothers find themselves in need of financial aid from the state, the government is able to dictate changes in behavior in exchange for financial assistance. Social welfare programs in the United States have been used, since their inception, to control the behavior of program recipients. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 was designed with the intention of convincing poor women to marry and to not produce children out of wedlock. Yet, people who apply for other government assistance such as Unemployment Insurance are not subject to marriage incentives and family caps. These types of policies instill a blame the poor mentality (Abramovitz, 1996). When the welfare system is blamed for enabling a “culture of poverty,” the underlying assumption is that welfare recipients are morally degenerate.

A prime example of this is the “welfare queen,” a woman of color who avoids employment and has babies out of wedlock, all for a (very small) welfare payment. The welfare queen is an exquisite example of the need for an intersectional analysis in understanding any social phenomenon involving a single mother of color receiving welfare (Foster, 2008). It would be impossible, therefore, to justly explore self-compassion in single mother CalWORKs students of color at a community college without employing an intersectional lens that considers gender, race, and social class. The interconnected forces of sexism, racism, and classism that single mother CalWORKs students of color at a community college face lead to unique hardships and constraints on everyday life experiences and influence how these students relate to themselves.

Purpose of the Study

This study intended to fill a gap in literature on self-compassion in women college students by giving attention to a subgroup pointedly marked by intersectional oppression. Single mother CalWORKs students of color at a community college may be subject to oppressive and marginalizing social messages and experiences that influence their sense of self-worth.

Subsequently, self-compassion—a practice centered on feeling worthy of self-kindness and a sense of interconnectedness—may be perceived by these women college students as a foreign and unworkable practice. The purpose of this study, therefore, was to explore self-compassion, as a phenomenon, in single mother CalWORKs students of color at a community college. In doing so, the study sheds light on common experiences of emotional distress and ways in which these women college students relate to themselves during emotionally distressful experiences.

Research Question

The overarching research question that guided this study was: What does self-compassion, as a phenomenon, look like in single mother CalWORKs students of color at a community college? The following subquestions facilitated research of the main question:

1. What are common experiences of emotional distress for single mother CalWORKs students of color at a community college?
2. Do common experiences of emotional distress for single mother CalWORKs students of color at a community college have an intersectional component attached to race, gender, and social class?
3. How do single mother CalWORKs students of color at a community college relate to themselves during experiences of emotional distress?

4. Do the ways that single mother CalWORKs students of color at a community college relate to themselves during experiences of emotional distress connect with self-compassion's three components: (a) self-kindness versus self-judgment, (b) mindfulness versus overidentification, and (c) common humanity versus isolation?

Because single mother CalWORKs students of color in community college may socially identify as women of color of low social class, it was the researcher's hypothesis that common experiences of emotional distress for participants in this study would have intersectional components attached to race, gender, and social class. Furthermore, because self-compassion is associated with better mental health (Neely et al., 2009; Neff et al., 2005) and single mothers participating in welfare-to-work programs at large report high rates of mental health issues (Adler et al., 1994; Coiro, 2001; Jagannathan et al., 2010), the researcher further hypothesized that participants in this study relate to themselves during experiences of emotional distress in ways that would connect with all three opposing components of self-compassion: (a) self-judgment, (b) overidentification, and (c) isolation. This assumption was only strengthened by findings revealing low persistence rates for single mother college students (Kruvelis et al., 2017) and students participating in welfare-to-work programs (Christopher, 2005; Pearson, 2007; Polakow et al., 2004; Shaw et al., 2006). Because self-compassion is positively associated with student resilience (Neff et al., 2005; Smeets et al., 2014; Terry, Leary, & Mehta, 2013), low persistence rates may further indicate less self-compassion in this segment of the women college student population.

Overview of the Methods

A phenomenological study informed the overarching question and subquestions of this study. The study focused on individual interviews and take-home journals with 10 single mother

CalWORKs students of color at a southern California community college. The purpose behind this criterion was to explore the possibility of race, gender, and social class as components of intersectionality influencing experiences of emotional distress and ways of self-relating in response to emotional distress. The individual interview (see Appendix A) was approximately 60 minutes in length and was conducted in-person and digitally recorded. The take-home journal took place over a consecutive 7-day period and consisted of responses to four self-reflective questions in hand-written format (see Appendix B). Data collected from the individual interviews were transcribed verbatim with any personal identifying information (e.g., names of children, locations) removed. Pseudonyms were ascribed to participants to protect their real identities. Data collected from the take-home journal were left in their original hand-written format. Data from both points of collection were comprehensively coded for themes and subthemes that aligned with the research questions. Validity of the study was enhanced through five strategies: (a) triangulation (Creswell, 2014), (b) prolonged engagement (Creswell, 2013), (c) clarifying research bias (Creswell, 2013), (d) member checking (Creswell, 2014), and (e) peer debriefing (Creswell, 2014). Each of these measures are thoroughly described in Chapter 3.

Definitions

To offer greater clarity to the reader, a selection of terms used throughout the investigation are defined. CalWORKs is California's version of the federal TANF program. CalWORKs provides temporary cash assistance (48 months) to meet basic family needs. It also provides education, employment, and training programs to assist families move toward self-sufficiency. Components of CalWORKs include time limits on eligibility, work requirements, supportive services to encourage program participation, and parental responsibility (California Department of Social Services, 2016).

Emotional distress is defined as a highly unpleasant emotional reaction (“Emotional distress,” n.d.). In Chapter 4, the researcher will describe how experiences were substantiated as emotionally distressful. *Single mother* refers to a person who identifies as a woman and has been classified as single head-of-household by the California Department of Health and Human Services. *Woman of color* refers to a person who identifies as a woman and a person of color, a term used primarily in the United States to describe any person who is not White. The term encompasses all non-White people, emphasizing common experiences of systemic racism (Franklin, Boyd-Franklin, & Kelly, 2006). *Race* is used to describe distinctions drawn from physical characteristics such as facial features, skin color, hair color, and body build (Gore, Leuwerke, & Metz, 2016). *Gender* refers to characteristics that a culture or a society defines as feminine or masculine. Gender is not the same as sex, which refers to biological rather than cultural differences (World Health Organization, 2015). *Social class* refers to social standing and prestige based on education, income, or occupation (American Psychological Association, Task Force on Socioeconomic Status, 2007).

The term, *intersectionality*, coined by legal scholar Kimberlé Crenshaw, refers to the “multicomponentality” of subjects’ lived experiences (Crenshaw, 1989). As a construct, intersectionality captures the idea that social identities—identities that stem from group membership (Ashmore, Deaux, & McLaughlin-Volpe, 2004)—are organizing features of social relationships and that these social identities mutually establish, reinforce, and naturalize one another (Anthias & Yuval-Davis, 1983; Collins, 1990; Crenshaw, 1991), creating both oppression and opportunity for the individual. While intersectionality speaks to a breadth of social identities (e.g., gender, race, sexuality, ability, age, social class, immigrant status), for the purposes of this study, only race, gender, and social class were explored.

Organization of the Study

A brief overview of self-compassion, including its impact on mental health and well-being, and populations vulnerable to less self-compassion, is offered in Chapter 1. A focal point is single mother CalWORKs students of color in community college, a student group who may be particularly vulnerable to less self-compassion. Evidence to strengthen this claim are high rates of mental health issues for this population outside of college (Adler et al., 1994; Coiro, 2001; Jagannathan et al., 2010), along with low rates of academic persistence for single mother students (Kruvelis et al., 2017) and students participating in welfare-to-work programs (Christopher, 2005; Pearson, 2007; Shaw et al., 2006). The feminist concept of intersectionality, as it relates to gender, race, and social class, is introduced as a context for the study's conceptual framework.

Current literature is examined in Chapter 2 to: (a) conceptualize self-compassion and identify the effects of less self-compassion on mental health and well-being; (b) explore the rise in mental health issues among college students with special attention given to women college students; and (c) build a case for single mother CalWORKs students of color in community college, a subgroup that may be more vulnerable to less self-compassion. To preface this study, the conceptual framework of intersectionality in Chapter 3, and the design that supported and guided the study is presented. It follows with a description of the study participants and the procedures that were used to collect qualitative data. It ends with a discussion on how data were analyzed to answer the research questions and steps taken to ensure research validity.

Common experiences of emotional distress for participants in this study are covered in Chapter 4, with consideration given to intersectionality, as they relate to gender, race, and social class, within those experiences. Self-directed language is thoroughly explored to elucidate how

participants relate to themselves during common experiences of emotional distress with special attention given to self-compassion's three components: (a) self-kindness versus self-judgment, (b) mindfulness versus over-identification, and (c) a sense of humanity versus isolation. The meaning of findings is presented in Chapter 4, and the significance of this study is addressed in Chapter 5. Chapter 5 closes with an overview of results, implications for education leaders and researchers, limitations and future considerations, and recommendations for future research.

CHAPTER 2: Literature Review

Self-compassion has received increased attention in recent years, with over 200 journal articles and dissertations since 2003 examining the topic. While Western psychologists have only recently given credence to self-compassion, the construct is central to over 2,500 years of Buddhist tradition (Neff, 2003a, 2003b). Growing curiosity on self-compassion largely stems from a trend toward merging Buddhist constructs such as mindfulness with Western psychological approaches (Brach, 2003; Kornfield, 1993; Neff, 2003b; Salzberg, 1997). While mindfulness has received greater scholarly interest than self-compassion, the two concepts are intimately related (Neff, 2003b; Neff & Dahm, 2014). Mindfulness refers to the ability to pay attention to one's present-moment experience in a nonjudgmental way (Bishop et al., 2004). Self-compassion also involves identifying negative self-relevant emotions in mindfulness; however, it also entails generating feelings of kindness toward oneself and recognizing the interconnected nature of the human experience (Germer & Neff, 2013; Neff & Dahm, 2014). Where mindfulness tends to focus on one's internal experience (e.g., sensations, emotions, thoughts), self-compassion focuses on the individual as the experiencer.

For example, in the case of chronic back pain, mindfulness might be directed at fluctuating pain sensations (e.g., tension in the muscles or a hot sensation), whereas self-compassion would focus on the person who is suffering from the back pain. Self-compassion emphasizes soothing and comforting the self when distressing experiences arise, remembering that such experiences are part of being an imperfect human (Neff & Germer, 2013). While this frame of mind could benefit anyone, it may be particularly beneficial to individuals prone to habitual emotional distress such as single mother CalWORKs students of color in community college (T. C. Cheng, 2007; Fein & Beecroft, 2006; Hamilton & Scrivener, 2012).

Neff (2003a, 2003b), a leading researcher in self-compassion studies, described self-compassion as the treatment of oneself with care and concern when considering personal inadequacies, failures, mistakes, and painful life situations. In essence, self-compassion is the act of giving ourselves the same kindness, support, and care we would give to a good friend (Neff, 2011). Instead of denying our pain with a “stoic just grin and bear it approach” (Neff, 2011, p. 4), we stop to offer ourselves soothing and comfort in moments of suffering. To better understand this concept, it is helpful to consider first what it means to practice compassion more generally (Neff & Dahm, 2014). From a Buddhist perspective, compassion is an expression of kindness and care toward others during moments of suffering. According to Salzberg (1997), we include ourselves in the circle of compassion because to do otherwise would create a false sense of separate self.

Compassion, framed as an emotion, is the felt response to perceived suffering that involves an authentic desire to ease distress (Goetz, Keltner, & Simon-Thomas, 2010). By opening our awareness to the suffering of others and not avoiding or disconnecting from it, feelings of kindness toward others and a desire to alleviate their suffering emerges (Wispe, 1991). Rather than rush past that homeless man as you walk down the street, for example, you actually pause to consider how hard his life must be. By acknowledging that the man is in emotional pain, you may find yourself more compelled to ease his discomfort. The moment you see the man as an actual human being who is suffering, your heart aligns with his; compassion literally means “to suffer with.” You are stepping out of your usual frame of reference and viewing the world from the vantage point of another (Neff & Dahm, 2014). At the core of compassion is recognition of a shared humanity with another person. Self-compassion, therefore, involves being touched by and open to one’s own suffering so that emotional healing through

self-kindness can occur. Thus, self-compassion is simply compassion directed inwardly (Neff & Germer, 2017).

Three Components of Self-Compassion

Drawing on Buddhist literature, researchers have identified three parallel components of self-compassion, which are each defined through two opposite poles: (a) self-kindness versus self-judgment, (b) mindfulness versus overidentification, and (c) a sense of humanity versus isolation (Brach, 2003; Kornfield, 1993; Neff, 2003b; Salzberg, 1997). While these components are distinct, they mutually affect one another synergistically. Combined, they form a dynamic system that represents a self-compassionate frame of mind (Neff, Whittaker, & Karl, 2017).

Self-Kindness

Self-kindness refers to gentle, understanding, and supportive treatment of oneself. Rather than harshly judging oneself for personal shortcomings, the self is offered warmth and unconditional acceptance (even though certain behaviors may be identified as unproductive and in need of modification). In a similar fashion, when life circumstances evoke stress, rather than immediate attempts to control or solve them, a self-compassionate response entails offering oneself comfort first (Neff & Germer, 2017). In many ways, this runs contrary to Western culture, which places great emphasis on being kind to others, but focuses little on being kind to ourselves. When we are at fault or fail in some way, we often use harsh language with ourselves—“You’re so weak! You’re a failure!”—language we would not consider using with a loved one, or even someone unfamiliar (Neff & Dahm, 2014). In fact, when asked directly, most people report that they are kinder to others than they are to themselves, even when circumstances stem from forces outside our control (Neff, 2003a).

Sense of Humanity

One of the most adverse effects of harsh self-judgment is that it tends to make us feel isolated. Feelings of isolation have large negative consequences for psychological well-being (Neff, 2011), with effects greater for women (Rohde, D'Ambrosio, Tang, & Rao, 2016). The sense of humanity in self-compassion involves acknowledging that humans are imperfect beings, that all people fail, make mistakes, and have serious life challenges. No human being is exempt of these experiences. Self-compassion connects one's own imperfect condition to the shared human condition so that features of the self are considered from a general, inclusive perspective (Neff & Germer, 2017). Rather than egocentrically feeling as if "I" am the only one who has failed or is in emotional pain, one takes a connected perspective to personal shortcomings and individual struggles, which lessens feelings of isolation and creates a greater perception of connectedness (Neff & Dahm, 2014).

Mindfulness

Mindfulness, the third component of self-compassion, involves being aware of one's present moment experience of suffering. Painful thoughts and emotions are approached with clarity and balance rather than avoidance or amplification (K. W. Brown & Ryan, 2003). In mindfulness, one resists the impulse to run away with a dramatic storyline about negative aspects of the self or one's life experience—a process that Neff (2003b) terms *overidentification*. This type of rumination narrows our focus and exaggerates implications for self-worth (Nolen-Hoeksema, 1991). When we avoid impulses to overidentify, we do not get caught up and swept away by aversive reactions (Bishop et al., 2004). Instead, we provide ourselves the mental space to approach our difficulties with greater clarity, perspective, and emotional equanimity (Baer, 2003; Shapiro, Carlson, Astin, & Freedman, 2006).

What Self-Compassion Is Not

To more fully understand self-compassion as a construct, it is important to distinguish it from what it is not. Self-compassion is frequently misinterpreted and given synonymous meaning with self-pity, self-indulgence, and self-esteem. While this confusion is easily understood, when self-pity, self-indulgence, and self-esteem are carefully deconstructed, their differences from self-compassion become clear.

Self-Pity

Despite common confusion, self-compassion and self-pity are fundamentally different. Self-pity is a solipsistic process in which individuals become absorbed in their own problems and forget that others are also experiencing difficult life circumstances (Neff et al., 2005). In these moments, interconnectedness is overlooked (Neff, 2011). This type of tunnel vision causes us to feel isolated and cut off from others when considering our suffering and failures, generating the belief that “I am the only one having a difficult time.” It is because of this thought process that studies reveal self-pity emphasizes egocentric feelings of separation and exaggerates degrees of personal distress (Neff, 2011, 2012). Self-compassion, on the other hand, allows us to see the related experiences of self and other without distortion or disconnection. By thinking about what others are going through, we can put our own experiences into greater perspective (Neff, 2012) and foster a connected mindset that alleviates emotional suffering (Neff & Dahm, 2014).

Self-Indulgence

An even greater block to self-compassion is a belief that it is self-indulgent to be kind to oneself. Neff and Seppala (2016) argue that a common reason people are not more self-compassionate is because they believe they need to be harshly self-critical to accomplish their goals. There is a commonly held belief that self-compassion undermines motivation and

encourages overindulgence (Gilbert, McEwan, Matos, & Ravis, 2011). Contemporary studies in self-compassion reveal quite the opposite (Breines & Chen, 2012; Neely et al., 2009). People with higher levels of self-compassion have less motivational anxiety and engage in fewer self-handicapping behaviors (Sirois, 2014; J. G. Williams, Stark, & Foster, 2008). Perhaps these findings stem from self-compassionate individuals employing greater discriminating wisdom and less self-judgment (Kornfield & Goldstein, 1987).

To understand these findings more thoroughly, it is helpful to consider the contrast that Buddhist theology presents between judgment and discriminating wisdom. Self-judgment is a narrow, rigid categorization process that defines an individual as good or bad based upon personal actions or performances. Dissimilarly, discriminating wisdom, which is associated with self-compassion, evaluates the positive and negative qualities of actions, but does so with a compassionate understanding of the dynamic, multifaceted, and situational factors that influence these actions. By doing so, performance is not taken as an indicator of self-worth (Kornfield & Goldstein, 1987; Neff et al., 2005). In a series of experimental studies on undergraduates, Breines and Chen (2012) used mood induction to engender feelings of self-compassion for personal weaknesses, failures, and past transgressions. Results demonstrate that self-compassion is associated with a greater motivation to change for the better, try harder to learn, and avoid repeating past mistakes. Other research has also shown self-compassion to be linked with perceived self-efficacy, personal initiative, and intrinsic motivation (Neff et al., 2005; Neff et al., 2007).

Self-Esteem

Self-compassion is also commonly confused with self-esteem. Because the two constructs are more closely related than self-pity and self-indulgence, both have been more

widely researched (Gilbert & Irons, 2005; Leary et al., 2007; Neff & Davidson, 2016). Self-compassion and self-esteem are both associated with a more positive self-image. However, self-compassion is linked to the ability to experience positive emotions toward oneself without having to protect or strengthen one's self-image. One of the stark advantages of self-compassion over self-esteem is that self-compassion is not based on the performance evaluations of self and others, or congruence with ideal standards (Neff et al., 2005). Instead, self-compassion circumvents the entire self-evaluation process, with focus placed on feelings of kindness and understanding toward oneself and the recognition of one's shared experience.

A lack of self-evaluation in self-compassionate frame of mind does not mean that compassionate individuals cannot discern the quality of their own performance. Instead, it means that performance evaluations are not personalized and that the self is not valued in accordance with outcomes of evaluation. Because of this absence in self-compassion, it does not require feeling above average to provide emotional equilibrium when dealing with personal inadequacies (Neff & Knox, 2017). As a result, self-compassion generates more consistent healthy functioning (Neff & Vonk, 2009), unlike self-esteem, which fluctuates with performance outcomes (Kernis, Paradise, Whitaker, Wheatman, & Goldman, 2000).

Research reveals that self-compassion also produces less narcissism, anger, and public self-consciousness than self-esteem (Neff, 2011). Because self-compassion lacks the comparative qualities in self-esteem, it offers similar psychological health benefits associated with positive affect while avoiding self-esteem's more problematic aspects (Neff, 2011). Unsurprisingly, college students higher in self-compassion report fewer negative emotions, less extreme reactions, and greater acceptance of negative self-relevant emotions. These findings

come despite habitual exposure to performance evaluations and peer competition—common experiences within college settings (Leary et al., 2007).

A Closer Look at Self-Compassion and Mental Health

A growing body of literature reveals that less self-compassion, described as a tendency for self-compassion's three opposing components—self-judgment, overidentification, and isolation—is linked with a number of psychopathologies (MacBeth & Gumley, 2012; Neff, 2010; Neff & Germer, 2013) and negative emotions (Johnson & O'Brien, 2013; Miron et al., 2015). The majority of these studies incorporated the use of the self-compassion scale (Neff, 2003a), a 26-item measure of self-compassion's dispositional components. However, several researchers have broadened methods to include behavioral observation (Sbarra, Smith, & Mehl, 2012) and mood induction (Breines & Chen, 2012; Leary et al., 2007). Despite differing methods, all studies point to self-compassion's inverse relationship with mental health.

Chronic Stress

A growing body of research shows that less self-compassion is linked to increased levels of perceived stress (Neely et al., 2009; Sirois, 2014). Lazarus and Folkman's (1984) cognitive transaction model of stress highlights the central role of cognitive and behavioral responses in worsening or lessening the stress response. Adaptive coping responses are those that successfully remove or reduce the stressor by cognitively changing its appraisal or by making direct behavioral modifications. Individuals with less self-compassion may appraise stressors in a way that frames them as more negative and threatening, which disallows engagement in effective behavioral responses that reduce the stressor (Sirois, Kitner, & Hirsch, 2015; Terry & Leary, 2011). A common response to stress is to blame events on one's own actions or failings, which can cyclically contribute to additional stress and even experiences of shame—both of which

impede healthy adjustment (Johnson & O'Brien, 2013). A self-compassionate response, on the other hand, is shown to lessen stress by reducing coping that fosters negative emotional responses to stressors, promoting adaptive behavioral or appraisal-based reactions (Sirois, Davis, & Morgan, 2006).

Shame

Reoccurring, or chronic, negative responses to stressors have been closely linked to experiences of shame (Holsboer, 2000; Kim, Thibodeau, & Jorgensen, 2011). Shame is a common and complex psychological construct that consists of cognitive (self-attacking thoughts), behavioral (submissive facial and postural expressions and social withdrawal), and affective components (emotional pain). Although individuals may initially feel pain in response to a negative interpersonal occurrence, when reoccurring, they have the capacity to pervade an individual's sense of self (Kaufman, 1985). Individuals with less self-compassion have an increased tendency for dysfunctional interpretations of negative events, thus causing them to experience greater effect to the psycho-physiological threat system. A result is increased cortisol release and experiential changes that motivate behavioral withdrawal such as shame and reduced positive affect (Gilbert & Irons, 2005; Rockcliff, Gilbert, McEwan, Lightman, & Glover, 2008).

In women, shame has been highly studied in relation to body dissatisfaction (Grippio & Hill, 2008; D. M. Lewis & Cachelin, 2001; Tiggemann, 2004; Tiggemann & Lynch, 2001). Body dissatisfaction is defined as a negative evaluation of one's body that involves a perceived discrepancy between an individual's assessment of her actual and ideal body (Cash & Szymanski, 1995). Body dissatisfaction and body shame are so common in women in Western societies that the phenomenon has been labeled "normative discontent" (Franko & Striegel-Moore, 2002; Rodin, Silberstein, & Striegel-Moore, 1985). Women low in self-compassion have

been shown to experience greater body shame—feeling one is a bad person if sociocultural body standards are not met (McKinley, 2006a, 2006b). While shame is common to body dissatisfaction, the emotion can occur in reaction to almost any personal shortfall if it is important to a person’s self-esteem, social status, and sense of belonging (Dickerson, Gruenewald, & Kemeny, 2004; T. Thompson, Sharp, & Alexander, 2008). As such, individuals with less social and economic capital, such as low-income women of color, may be particularly susceptible to shame. Offering hope to shame-prone populations, Johnson and O’Brien (2013) found that in shame-prone college students, fostering self-compassion may limit the tendency of negative events to activate the threat system, which is instantiated by feelings of shame and negative affect.

Anxiety

Less self-compassion has also been consistently associated with higher levels of anxiety (Barnard & Curry, 2011; Neff, 2003a, 2009; Neff et al., 2007). Self-judgment as a core feature of low self-compassion, has been linked to social phobia, an acute anxiety disorder (Cox et al., 2004; Cox et al., 2000). Self-compassion as a protective mechanism against anxiety becomes clear when one considers that self-compassionate individuals accept both the positive and negative aspects of life when encountering negative events, such as personal rejection, academic difficulties, and unfavorable evaluations (Leary et al., 2007). Thus, it comes as little surprise that multivariate and univariate analyses show self-compassion to be a robust and important component of mindful-based interventions for anxiety (Van Dam, Sheppard, Forysth, & Earleywine, 2011). By responding to situations with equanimity and compassion, those who practice self-compassion have been shown to better regulate negative psychological affect (Neff & Germer, 2013; Shapira & Mongrain, 2010). Findings such as these resonate with an earlier

experiment by Gilbert and Irons (2005), which found that self-compassion can activate the self-soothing and attachment system, therefore helping to reduce feelings of anxiety and isolation when faced with personal inadequacies.

Depression

Similar to anxiety, self-criticism, a core feature of low self-compassion, has also been shown to predict depressive symptoms (Barnard & Curry, 2011; MacBeth & Gumley, 2012). Epidemiological studies have found that feeling worthless was among the top two symptoms predicting depression (N. Breslau, Roth, Rosenthal, & Andreski, 1996; Dryman & Eaton, 1991; Murphy et al., 2002; Roberts, Shema, Kaplan, & Strawbridge, 2000). In a study of medical students, self-criticism was shown to predict depression 2 years later in women and 10 years later in men (Brewin & Firth-Cozens, 1997). Other negative aspects of less self-compassion, such as overidentification with painful thoughts and emotions and isolation, have shown positive association with symptoms of depression and loneliness (Krieger, Altenstein, Baettig, Doerig, & Holtforth, 2013; Van Dam et al., 2011).

In an expansive study on major depressive disorder, Ehret, Joorman, and Berking (2015) found that increased self-criticism and decreased self-compassion can place individuals at increased risk for experiencing depression repeatedly or chronically over the course of a life span. By moving individuals away from harsh self-judgment, self-compassion intervention programs have shown improvement in psychological health and well-being among individuals with depression (Gilbert & Irons, 2005; Hoffman, Grossman, & Hinton, 2011; Neff & Germer, 2013).

Posttraumatic Stress Disorder

Posttraumatic stress disorder, or PTSD, is a psychopathology that has been consistently linked with depression (Cougler, Feldner, Keough, Hawkins, & Fitch, 2010; Rytwinski, Scur, Feeny, & Youngstrom, 2013). The two reflect related components of emotional distress (Cascardi, O’Leary, & Schlee, 1999). Three symptom groups commonly found in PTSD include: (a) arousal, (b) avoidance, and (c) intrusions (National Collaborating Centre for Mental Health, 2005). These three categories parallel the stress response to *external* threat—fight-flight-freeze—along with a less self-compassionate reaction to *internal* threat—self-judgment, overidentification, and isolation (Germer & Neff, 2015). Thus, it should come as little surprise that in war veterans, a population with a greater propensity for PTSD (Magruder & Yeager, 2009; Stimpson, Thomas, Weightman, Dunstan, & Lewis, 2003), less self-compassion was associated with PTSD symptom severity and functional disability (Dahm et al., 2015; Hiraoka et al., 2015). Individuals with lower levels of self-compassion are less able to cope with upsetting events because they respond to their suffering in a more reactive, unbalanced way (Germer & Neff, 2015; Vettese, Dyer, Li, & Wekerle, 2011).

Research on the benefits of self-compassion to PTSD sufferers extends beyond military populations. In a study of undergraduate students who met criteria for PTSD (mostly with adult traumas such as accidents or deaths), B. L. Thompson and Waltz (2008) found that self-compassion protected against the development of PTSD by decreasing avoidance of emotional discomfort and facilitating desensitization. In support of self-compassion as an important source of coping, Rockcliff et al. (2008) found that a brief self-compassion exercise lowered individuals’ levels of the stress hormone cortisol. Self-compassion has also been shown to

increase heart-rate variability, which is associated with a greater ability to self-soothe when stressed (Porges, 2007).

Self-Compassion Bolsters Resilience

Given the connection between self-compassion and mental health, the association between self-compassion and resilience (Allen & Leary, 2010; Smeets et al., 2014; Yarnell & Neff, 2013), a core feature of psychological well-being (García-Izquierdo, Pedro, Ríos-Risquez, & Sánchez, 2018; Masten, Best, & Garmezy, 1990), is clear. Resilience in its broad form has a variety of purposes in every day discourse; however, in the discipline of psychology, researchers have identified two types of resilience: (a) intrapersonal, and (b) interpersonal giving each specific meaning.

Intrapersonal Resilience

Born out of the positive psychology movement, intrapersonal resilience speaks to the many ways in which individuals cope with adversity (Masten, 2001). Early researchers on the subject, Masten et al. (1990), defined intrapersonal resilience as the process of, aptitude for, or outcome of successful adaptation despite challenging or threatening circumstances. As studies on intrapersonal resilience have evolved, it has come to be measured by constitutional variables like personality and temperament in addition to specific skills sets like problem solving (Campbell-Sills, Cohan, & Stein, 2006; Kirkpatrick, Stant, Downes, & Gaither, 2008; Masten, 2001; McCarthy, Fouladi, Juncker, & Matheny, 2006).

As an interactionalist framework, intrapersonal resilience is the complex interaction between an individual and their environment, which they can influence by using protective factors defined as the personal qualities or contexts that predict positive outcomes under stressful conditions (Egeland, Carlson, & Sroufe, 1993). Rather than a single trait or skill, intrapersonal

resilience is the cumulative effect of multiple protective, or resilience, factors that allow an individual to be successful despite adversity (Egeland et al., 1993; Masten, 2001). Intrapersonal resilience has been shown to assist college students with mental health issues to cope more effectively with the complexities of college learning and improve college retention (Hartley, 2011, 2013).

In a growing body of research on college undergraduates, self-compassion appears to facilitate intrapersonal resilience by moderating reactions to negative events (Smeets et al., 2014). For example, in a series of experimental studies, Leary et al. (2007) asked undergraduates to: (a) recall unpleasant events; (b) imagine hypothetical situations about failure, loss, and humiliation; (c) perform an embarrassing task; and (d) disclose personal information to another person who responded with ambivalent feedback. Results indicated that students who were high in self-compassion demonstrated fewer extreme reactions, less negative emotions, more accepting thoughts, and a greater tendency to put their problems into perspective than students who were low in self-compassion, while at the same time acknowledging their own responsibility. Self-compassion is also shown to be an important source of eudaimonic happiness, which involves finding purpose and meaning in one's life rather than seeking pleasure and avoiding pain (Neff & Knox, 2017).

Self-compassion does not avoid pain but rather embraces it with good will and loving kindness, generating a sense of well-being that is centered on the experience of being fully human. In this way, self-compassion resonates with Maslow's (1968) and Roger's (1961) notions of emotional health, which emphasize unconditional self-acceptance and ambition to reach one's full potential. Thus, self-compassionate students are more likely to report having more intrinsic motivation to grow and understand new material (mastery orientation) and are less likely to focus

on avoiding negative performance evaluations (performance orientation) in their academic work (Neff et al., 2005). Self-compassionate students also experience greater self-efficacy (Iskender, 2009), are less afraid of failure, and show more confidence about their abilities than students who lack a self-compassionate mindset (Smeets et al., 2014; J. G. Williams et al., 2008).

Interpersonal Resilience

Over time, focus on resilience has extended from intrapersonal resilience to include the concept of interpersonal resilience, a key indicator of adaption (K. Black & Lobo, 2008; Nichols, 2013). Researchers have found that in addition to personal qualities, social characteristics exist that allow an individual or a social group to deal with serious stressors in a manageable way (Miller & Stiver, 1997; Russell & Cutrona, 1991; Wilks, 2008). In a largely qualitative study, J. V. Jordan (2013) explored the decisions of young women in developing friendships and romantic relationships. Central to her conception of resilience, J. V. Jordan expanded the relational cultural theory (RCT) of development and resilience. This theory postulates that people experience individual growth through and toward connection and that wanting to participate in a relationship that fosters such growth is the core motivation in life (J. V. Jordan, 1997; J. V. Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). J. V. Jordan et al. (1991) described growth-fostering connections as those characterized by mutual empathy and mutual empowerment. In African American mothers on welfare, relational practices, rather than internal traits, have been identified as a contributor of resilience (Sparks, 1999). This finding is in line with other studies that show how close and stable relational bonds are essential to psychological health and well-being (La Guardia, 2007; Lidy & Kahn, 2006).

In higher education, relational connections are a critical variable that improve the odds of academic persistence (Hartley, 2013; Ramsay, Jones, & Barker, 2007; Center for Community

College Student Engagement, 2009). Interpersonal resilience, chiefly described as social support (Hartley, 2011), has been positively associated with a student's college adjustment (Lidy & Kahn, 2006; Swenson, Nordstrom, & Hiester, 2008). According to Tinto's (1975) theory of student departure, a well-established theory with strong empirical backings, one of the key determinants of academic persistence is social integration (Pascarella & Terenzini, 2005). Tinto (1975) theorized that students enter college with background characteristics, and once in college, their persistence largely depends on how they employ these characteristics to connect with peers and teachers. Academic persistence is the complex interplay between the student and their ability to integrate academically, referring to student's motivation to attend class and study, and socially, referring to student's subjective sense of fitting in the university. Relatedness and interconnectedness are key features of a student's ability to fit into an academic institution. In fact, social support has been shown to elicit greater correlations than psychological belief factors in academic persistence (Van Stone, Nelson, & Niemann, 1994).

In nontraditional college student populations such as single mothers participating in welfare-to-work programs in community college, social support, both on and off campus, shows significance in academic persistence. Single mother students participating in welfare-to-work programs often speak of sustained relationships as key to their continuation in college (Austin & McDermott, 2003; Pizzolato & Olson, 2016a, 2016b). Support, encouragement, and assurance provided by academic counselors, family members, friends of the family, and peers have been cited by single mother students participating in welfare-to-work programs as contributing to their continuance in college (Cerven, 2013). In Pizzolato, Olson, and Monje-Paulson's (2017) study on CalWORKs students in community college, participants identified supportive relationships with a peer, counselor, advisor, or instructor as altering the way they perceive themselves.

Campus relationships were shown to facilitate their epistemological development by applying terms like capable and smart to the women. Although a small gesture, for many of the women, this was the first time anyone had told them they were capable and smart. These new self-concepts were reinforced through continued social interactions, perhaps contributing also to intrapersonal resilience.

In recent years, self-compassion researchers have given explicit attention to interpersonal resilience. In these studies, individuals with greater self-compassion have been shown to exhibit greater interpersonal resilience (Allen & Leary, 2010; J. Crocker & Canevello, 2008; Yarnell & Neff, 2013). Perhaps this is because self-compassion acknowledges that personal needs are valid and worthy of attention just as others' needs are valid and worthy. It allows people to remain interconnected and avoid self-centeredness without negating the self (Neff & Vonk, 2009). Consequently, self-compassion has been associated with the tendency to apologize and repair past relationship harms (Breines & Chen, 2012; Howell, Dopko, Turowski, & Buro, 2011). It is also linked to greater relationship satisfaction and attachment security (Neff & Beretvas, 2013).

J. Crocker and Canavello (2008) suggest that self-compassionate people have more compassionate goals in relationships, such as providing social support and engendering trust. Self-compassionate individuals are also more likely to have fulfilled needs for autonomy, competence, and relatedness (Neff, 2003a), which suggests that they may also be more likely to have positive relationship interactions. In a study of college undergraduates that examined self-compassion and the needs of self and other, higher levels of self-compassion were related to lesser likelihood to self-subordinate needs and greater authenticity, lower levels of emotional turmoil, and higher levels of relational well-being (Yarnell & Neff, 2013).

Self-Compassion Is Teachable

Perhaps the most promising finding to surface from recent investigations on self-compassion is that a self-compassionate frame of mind can be cultivated. Mental health issues and lower levels of resilience, linked to less self-compassion, can be mediated by increasing an individual's ability to experience the three synergetic components of self-compassion: (a) self-kindness, (b) mindfulness, and (c) a sense of humanity (Albertson, Neff, & Dill-Shackleford, 2014; Arch et al., 2014; Bluth, Roberson, & Gaylord, 2015). One such example includes results from mindfulness-based stress reduction (MBSR; Kabat-Zinn, 1990). The program incorporates formal and informal meditation practices designed to help an individual during experiences of stress and suffering to access the ability to be nonjudgmental, patient, present, and aware. MBSR has been shown to significantly increase self-compassion while reducing symptoms of stress, anxiety, and depression, along with negative emotion experiences (Birnie, Speca, & Carlson, 2010; Goldin & Gross, 2010; Grossman, Niemann, Schmidt, & Walach, 2004).

Some researchers have proposed that self-compassion may be a key mechanism by which mindfulness-based interventions such as MBSR improve well-being (Baer, 2010; Hölzel et al., 2011; Raab, Sogge, Parker, & Flament, 2015). In support of this argument, Shapiro, Astin, Bishop, and Cordova (2005) found that for health care professionals who participated in the MBSR program, self-compassion levels and quality of life increased significantly and that self-compassion mediated reductions in stress. Similarly, Kuyken et al. (2010) examined the effects of mindfulness-based cognitive therapy (MBCT) on relapse in depression and found that increases in self-compassion, but not mindfulness, reduced the link between cognitive reactivity and depressive relapse.

Although mindfulness-based interventions have been shown to increase self-compassion, these programs give little attention to teaching self-compassion explicitly and focus primarily on teaching techniques to improve mindfulness. Acceptance and commitment therapy shifts the focus from mindfulness to self-compassion by encouraging an accepting, compassionate response to our own pain. Acceptance and commitment therapy has shown successful application with trauma treatment and has led to broad use in the treatment of PTSD (Batten & Hayes, 2005; Orsillo & Batten, 2005; Varra & Follette, 2004). In another effort to target the cultivation of self-compassion, Paul Gilbert (2010) developed a therapeutic approach to increasing self-compassion in clinical populations: compassion-focused therapy. Compassion-focused therapy incorporates the use of several imagery and experiential exercises to enhance an individual's abilities to extend feelings of safeness, reassurance, and understanding toward themselves. Compassion-focused therapy elicited positive results in the treatment of a diverse group of clinical disorders such as depression and eating and bipolar disorders (Gilbert, 2010; Goss & Allan, 2010; Lowens, 2010).

Shortly after compassion-focused therapy's introduction to clinical settings, Neff and Germer (2013) introduced an 8-week group intervention called mindful self-compassion to a nonclinical sample of community adults. Mindful self-compassion incorporates a variety of interpersonal exercises (e.g., being each other's compassionate observer), guided meditations (e.g., mindfulness and loving-kindness meditations), and informal practices (e.g., placing one's hand over one's heart in moments of suffering and repeating memorized self-compassion phrases) to improve the use of self-compassion in daily life. When compared to a wait-list control group, participants practicing MSC reported significantly greater increases in self-

compassion, compassion for others, mindfulness, life satisfaction, and significantly greater decreases in stress, anxiety, depression, and emotional avoidance.

Positive results from the use of MSC have recently prompted the development of an abbreviated version of MSC, one designed to enhance resilience and well-being in female undergraduate students over a 3-week period (Smeets et al., 2014). Findings from the 3-week self-compassion intervention show significantly larger gains in self-compassion (21% compared with participants in an active control group focusing on time management skills). To provide comparative insight into the scale of this increase, Neff and Germer (2013) obtained a 43% increase with the use of a longer 8-week MSC program. Results from the 3-week self-compassion intervention are promising as they suggest that a short self-compassion program can be effective, although perhaps not to the same degree as a longer intervention. In addition, its unique design, which is geared toward helping women university students to respond in a healthy way to emotional distress associated with undergraduate student life, carries positive implications for its use with other undergraduate women student populations such as single mother CalWORKs students of color in community college.

Less Self-Compassion in College Students

Smeets et al.'s (2014) use of MSC on undergraduate women is part of an emerging trend in self-compassion studies toward a focus on college students (Chang et al., 2017; Denckla, Consedine, & Bornstein, 2017; Kelly & Stephen, 2016; Smeets et al., 2014), an interest perhaps sparked by an increasing number of college students reporting mental health issues (ACHA, 2017; Castillo & Schwartz, 2013; Hjeltnes et al., 2015). According to the 2006 National Survey of Counseling Center Directors, 91.6% of respondents believed that the number of students with severe psychological problems had increased in recent years. In a 2012 report by the National

Alliance for Mental Health, of the students who are no longer attending college, 64% said it was due to a mental health related issue (Gruttadaro & Crudo, 2012). Exposure to traumatic events is also relatively common among college students (Frazier et al., 2009; Read, Ouimette, White, Colder, & Farrow, 2011). Vrana and Lauterbach (1994) found that 84% of college students report experiencing at least one traumatic event of sufficient intensity to potentially elicit PTSD.

Even ordinary stressors attributed to college life can prove highly problematic to a student's mental health, particularly in the first year of college. Studies on the mental health of college students in their first year reveal a rapid decline in psychological and social well-being and a rapid increase in psychological distress and cognitive-affective vulnerabilities (Conley, Kirsch, Dickson, & Bryant, 2014; Wyatt, Oswald, & Ochoa, 2017). Some argue that this may be due to significant changes in identity, responsibility, life style, social milieus, and sometimes living arrangements that often accompany the first-year experience (Gall, Evans, & Bellerose, 2000; Terry et al., 2013). Other studies on mental health show psychological setbacks persisting beyond the first-year experience (Blanco et al., 2008; P. J. Jones, Park, & Lefevor, 2018). A survey by the ACHA's National College Health Assessment (2016) found that 48.7% of college students, a sample which included continuing students, felt more than average stress from their academic load with 17% reporting a diagnosis of anxiety disorder within the last 12 months.

Colleges and universities are currently struggling to adequately address the increasing number of students with mental health issues (Nolan, Ford, Kress, Anderson, & Novak, 2005; T. B. Smith et al., 2007). In the past, due to insufficient mental health resources, a common response by campus providers was to disclaim responsibility for students suffering from mental health issues and to suggest an academic withdrawal (Mowbray et al., 2006). This trend, however, dramatically changed in 1990 with the Americans With Disabilities Act (ADA), which

ensures that individuals with mental illness have access to the same opportunities as individuals without disabilities (Kiuvara & Huefner, 2008). Since the implementation of ADA, responsibility has been restored to colleges to more adequately support students whose mental health issues may impair their ability to succeed.

Self-compassion researchers have joined efforts with institutions of higher education to identify coping mechanisms that could aid students in more effectively responding to the many challenges of the college experience. Within the context of the college experience, goal regulation has been found to be an important factor in psychological health and well-being. Students must establish, juggle, and achieve valuable, competing goals and recover from disappointment when goals are not met (Neely et al., 2009). Bandura (1997) contends that the pursuit of value driven goals and their attainment are essential components of adaptive self-regulation that contribute positively to overall health and well-being. However, Wrosch, Scheier, Miller, Schulz, and Carver (2003) argue that an important factor of goal regulation is also an individual's ability pull away from goals that are unachievable or no longer meaningful and redirect their attention toward alternative, more achievable goals. The ease with which individuals disengage from particular goals and reengage in alternative goals is predictive of lower levels of perceived stress, intrusive thoughts, and feelings of helplessness. In a cross-sectional study, self-compassion was shown to contribute to students' goal reengagement and presents as a reliable correlate of students' reported well-being (Neely et al., 2009).

Self-compassion's unique focus on emotional regulation has also been shown to reduce the negative influence of academic stress (e.g., limited goal progress, academic burnout) on academic performance and negative affect (Neff et al., 2005). It does this by enabling students to see situations surrounding failure clearly without the loss of perspective that is generated from

excessive self-judgment, overidentification with one's experience, and feelings of isolation (Neff et al., 2005). Operating as an effective emotional regulation strategy, self-compassion neutralizes negative emotional patterns and engenders more positive feelings of kindness and connectedness. Moving away from common pitfalls associated with less self-compassion, college students show a greater tendency for adaptive attitudes toward learning and responding to failure (Neff et al., 2005). The significant relationship between less self-compassion and mental health issues in college students (Leary et al., 2007; Terry et al., 2013) suggest that the concept of self-compassion must be considered when looking at groups more prone to mental health issues, such as women college students (ACHA, 2016).

Women College Students Identified

To more adequately address the mental health of more vulnerable college student populations, self-compassion researchers have begun isolating groups who may struggle with this affective response. Women college students have received considerable attention in these concentrated efforts (Neff & Germer, 2013; Smeets et al., 2014). This focus may be the result of college women reporting higher levels of academic and life pressures (ACHA, 2017; Brougham, Zail, Mendoza, & Miller, 2009; Misra, McKean, West, & Russo, 2000) and eliciting more mental health challenges than college men (ACHA, 2017; Brougham et al., 2009; Leadbeater et al., 1999; Misra et al., 2000; Nolen-Hoeksema et al., 1999). Women college students report higher rates in diagnosis of anxiety and depression (ACHA, 2017) and vulnerability factors related to PTSD (N. Breslau, Davis, Andreski, & Peterson, 1991; Norris, 1992). In addition, women college students are more likely than men to engage in eating disorders (ACHA, 2016) and experience suicidal ideation (Brownson, Drum, Smith, & Burton Denmark, 2011).

Some researchers argue that higher levels of stress and mental health issues could in part stem from women being more self-critical, using more negative self-talk, and displaying a more ruminative coping style (DeVore & Pritchard, 2013; Leadbeater et al., 1999; Nolen-Hoeksema et al., 1999). Because women are more prone to maladaptive behaviors associated with lower levels of self-compassion, it should come as little surprise that women college students score lower in levels of self-compassion than men students (Neff, 2003a; Neff & McGehee, 2010; Neff et al., 2008). In fact, a meta-analysis (Yarnell et al., 2015) that examined self-compassion scores across 88 studies found that women, in general, have a tendency for less self-compassion than men. While this study reveals only small differences in the average levels of self-compassion between genders and was not exclusive to college students, it is still a meaningful difference that merits an exploration of how women college students cognitively and emotionally respond to experiences of personal inadequacies and life difficulties. It is also important to consider how varied social identities within womanhood may impact those responses.

Single Mother CalWORKs Students of Color in Community College May Be More Vulnerable to Less Self-Compassion

Intersectionality is a concept that considers the unique positions that exist for people based on multiple axes of social division (e.g., race or ethnicity, gender, and social class; Collins & Bilge, 2016; Hurtado, 1989). Intersectionality recognizes that subordinate identities can only be experienced simultaneously within an individual (West & Fenstermaker, 1996). The focus in intersectional studies has thus been placed on the experiences of members of a combined group (Hurtado & Stewart, 1997). The intersection of race, gender, and social class identities is particularly important for low-income women of color because of the complex and oppressive political and social context in which they live (Reid & Comas-Díaz, 1990). Identities are unique

concepts that are meaningful aspects of one's self-concept (Deaux, 1993). As such, they may impact the way an individual relates to themselves during experiences of emotional distress.

To date, no studies have explored self-compassion in college students through an intersectional lens. It could be argued that greater rates of psychological distress (Hayes, Chun-Kennedy, Edens, & Locke, 2011), depression, and anxiety for low-income women of color in the United States (Hayes et al., 2011), alone, warrant such consideration. Yet most self-compassion studies that explore cultural difference examine college students outside of the United States. Examples of this are Ozdemir and Seef's (2017) study that examined factors of self-compassion in Syrian university students and Joeng et al.'s (2017) study that explored self-compassion as a mediator for anxiety and avoidance attachment in Korean university students. While these studies offer valuable insight into self-compassion and cultural difference, their findings come from countries that lack a historically racial consciousness (Omi & Winant, 2014). As such, their findings on cultural difference may not transcend to discussions on race in the United States, a country where racism is heavily embedded in the fabric of the nation (W. D. Jordan, 1974; Omi & Winant, 2014) and where racial inequality, more so than cultural inequality, continues to persist (Ball, 2011; Bonilla-Silva, 2017).

In one of the few attempts to date to address a void in race discussions on self-compassion in college students, Lockard et al. (2014) examined group differences in self-compassion based on gender and race at centers for collegiate mental health. The authors' findings reveal significant difference in gender, with women students showing less self-compassion than men students, but a lack of significant difference in self-compassion based on race. While race was examined in the study, social class was excluded from consideration. Perhaps this is because data were collected at 4-year institutions, which due to a selective

entrance design, house fewer low socioeconomic status (SES) students than community colleges (Carnevale, Smith, & Strohl, 2010). Given the exclusion of social class in this study, race when intersected with social class, may influence self-compassion. With such a question yet to be answered, single mother CalWORKs students of color in community college present a viable population for study. Because these students are not only women of color but also poor, single mothers, their complex identities may involve experiences with oppression that influence their practice of self-compassion.

The oppressive nature of being a single mother CalWORKs student of color in community college may lead this segment of women college students to experience unique difficulties and obstacles associated with their gender, race, and social class (e.g. motherhood guilt, racism, financial hardship, and welfare stigmatization). With this in mind, it would be impossible to consider mental health issues associated with less self-compassion for single mother CalWORKs students of color without employing an intersectional lens. By revisiting chronic stress, shame, anxiety, depression, and PTSD through a lens of intersectionality, the ways in which single mother CalWORKs students of color at a community college may be more susceptible to self-compassion's opposing components of self-judgment, isolation, and overidentification becomes clear.

Chronic Stress

In current literature, single mother students participating in welfare-to-work programs often speak of perpetual stress (Austin & McDermott, 2003; Fein & Beecroft, 2006). This should come as little surprise as a life in poverty brings with it several unique sources of stress, including economic deprivation as one of the most obvious and common. The lives of poor, single mothers tend to be punctuated by severe disruptions and personal crisis that come with

living in impoverished, high-crime areas, including threats from bill collectors, loss of housing, incarceration, family fragmentation, and victimization (LeBlanc, 2003; Mulia & Schmidt, 2003). The adverse effects of poverty on mental and physical health is well documented (Baum, 2007; Ross & Mirowsky, 2001; Seccombe, 2002; Waitzman & Smith, 1998; Wandersman & Nation, 1998). While one would assume that the small block grant and educational support offered through TANF programs might alleviate chronic stress for single mothers, current literature reveals the contrary. Policies enforced through sanctions that reduce or remove benefits for noncompliant recipients have shown to heighten chronic stress for those receiving TANF (T. C. Cheng, 2007; Nelson & Purnell, 2003; Pizzolato & Olson, 2016).

Under the punitive design of TANF, single mothers are pressured to find employment to continue receiving aid, even if they are attending a postsecondary institution full-time. For those attending college in states that offer educational support through the CalWORKs program, such as California, single mothers not only rely heavily on cash aid through TANF but also on textbook assistance and subsidized childcare (California Department of Social Services, 2016). A persistent fear of losing these ancillary services may prove overwhelmingly stressful. It is understandable, therefore, that the combination of meeting work and school requirements alongside family responsibilities has shown to elicit chronic stress among single mother students participating in welfare-to-work programs (T. C. Cheng, 2007; Fein & Beecroft, 2006; Hamilton & Scrivener, 2012; Hildebrandt, 2002). While studies such as these shed light on the impact of environmental challenges uniquely faced by single mothers participating in welfare-to-work programs in community college, they overlook how these students respond to themselves when they fail to meet such expectations. Self-compassion's opposing components of self-judgment,

overidentification, and isolation may be common pitfalls for single mother CalWORKs students of color at a community college as they respond to chronic stress.

Shame

Like chronic stress, experiences with shame may be common for single mother CalWORKs students of color in community college. B. Brown (2006) describes shame as gender-responsive phenomenon as women more than men are prone to shame after experiences of personal failure. Researchers have found that perceived personal failure may elicit self-oriented negative self-appraisal and the usage of self-blame, both of which significantly associated with shame-related experiences (Tilghman-Osborne, Cole, Felton, & Ciesla, 2008). To understand this association more fully requires a deconstruction of the emotion. Shame is as an elaborate emotional reaction that is closely associated with complex sociocognitive processes such as self-awareness and self-evaluation. The emotion is defined as an intense, painful, and frequently incapacitating experience involving feelings of inferiority and critical self-judgment (Tangney & Dearing, 2002; Wong & Tsai, 2007). When shamed, an individual self-criticizes or gives negative self-evaluation that may cause a persistent and damaged self-image (P. R. Crocker et al., 2014).

Shame studies reveal that women (H. Lewis, 1976; Severino, McNutt, & Feder, 1987), and in particular mothers (B. Brown, 2004; Liss et al., 2013), are more prone to experiences of shame. This could, in part, stem from women exhibiting greater negative self-criticism (DeVore & Pritchard, 2013; Leadbeater et al., 1999) accompanied by a fear of negative self-appraisal common to the motherhood experience (Liss et al., 2013). For single mother CalWORKs students of color at a community college, stigma attached to single motherhood (e.g., single mothers devalue the traditional family unit; Jarrett, 1996), along with motherhood guilt (e.g.,

I'm not spending as much time with my children as I should; Liss et al., 2013), may increase their propensity to feel shame. Furthermore, the evaluative nature of the college experience may exacerbate feelings of shame. Failure in academic performance, particularly when failure occurs repetitively, has been shown to elicit shame in undergraduate students (M. Lewis, 2003). Given the multiple roles juggled by single mother CalWORKs students of color at a community college, academic failure may at times be unavoidable.

When considering the influence of these shame-related factors on the mental health of single mother CalWORKs students of color at a community college, one must also consider the impact of welfare stigmatization and the shame it generates. A primary school of thought has emerged that views welfare receipt itself as an external stressor that leads to feelings of shame among those receiving public assistance (Rank, 1994b; Walker & Bantebya-Kyomuhendo, 2014). Besley and Coate (1992) explain that the psychological distress seen in public assistance recipients are the result of society's resentment toward individuals who decide to go on welfare and are benefited by the mandatory taxation on those who are employed. Frequently, public assistance recipients are stigmatized and labeled as failures who are unfit for social and parental roles (Ensminger, 1979; Jarret, 1996; Nicolas & JeanBaptiste, 2001; Rank, 1994a). Single mothers enrolled in public assistance programs often describe being subjected to stigmatizing attitudes from several sources, including family, friends, neighbors, employers, the media, and even individuals within welfare agencies (Jarret, 1996; Nicolas & JeanBaptiste, 2001; Rank, 1994a; Rogers-Dillon, 1995).

Research shows that it is common for single mothers participating in welfare-to-work programs to internalize general societal perceptions of welfare receipt and to ascribe feeling low status to being on welfare (Cole & Lejeune, 1972; Marshall, 1982). This experience is more

common for recipients holding traditional societal beliefs about the causes of poverty. Public assistance recipients who value a “blame the poor” mentality are more likely to internalize shame (Coser, 1965). A sense of personal failure and self-blame common to public assistance recipients (Ensminger, 1995) could make single mother CalWORKs students of color at a community college more prone to less self-compassion’s self-judgment.

Anxiety

Material deprivation associated with use of public assistance programs, along with imposed pressures under welfare reform, may make single mother CalWORKs students of color at a community college more prone to anxiety. Increased rates of clinical anxiety in individuals upon entering public assistance programs strengthens such claims (Jagannathan et al., 2010). While college women in general report higher rates of anxiety than men students (ACHA, 2016), income is one of the strongest predictors for mental health disorders which includes generalized anxiety (Holzer, Shea, Swanson, & Leaf, 1986; Regier et al., 1993). In the National Survey of America’s Families, 35% of low-income families reported having poor mental health in at least one of four areas, including anxiety, depression, loss of emotional control, and psychological well-being (Zedlewski, 1999). High rates of anxiety have been found among poor women, particularly those who have been exposed to traumatic experiences in their lives, such as adult and childhood abuse, crime victimization, and rape (Bassuk, Browne, & Buckner, 1996; Bassuk, Weinreb, et al., 1996; Brooks & Buckner, 1996; Miranda & Green, 1999).

These experiences, combined with single-parenting responsibilities, financial stress, malnutrition, improper medical care, and inadequate housing arrangements associated with a life of poverty, erode psychological health and well-being (Hall, Williams, & Greenberg, 1985; Peden, Rayens, Hall, & Grant, 2004). For single mother CalWORKs students of color at a

community college, race may also play a predictive role in their experiences with anxiety. Communities of color tend to experience more persistent and debilitating mental health issues often due to poorer access to care; inappropriate care; and higher environmental, economic, and social risk factors (J. Breslau, Kendler, Su, Gaxiola-Aguilar, & Kessler, 2005; D. R. Williams, 2018). Researchers have begun pointing to the significance of gendered racism, a social risk factor, in the disproportionate number of women of color impacted by mental health issues (Perry, Harp, & Oser, 2013; Stevens-Watkins, Perry, Pullen, Jewell, & Oser, 2014; Watson, DeBlaere, Langrehr, Zelaya, & Flores, 2016).

Gendered racism, a form of discrimination that includes the intersections of racial and gender oppression, is related to higher levels of psychological distress, particularly among Black women (Thomas, Witherspoon, & Speight, 2008). Women of color theorists suggest that the double minority status of gender and ethnicity places Black women at higher risk for anxiety than their Caucasian counterparts (Comas-Díaz & Greene, 1994; Greene, 1994). The receipt of welfare may amplify susceptibility to anxiety as anxiety disorders have been shown to be a personal barrier to self-sufficiency in long-term public assistance recipients (Taylor & Barusch, 2004). While this topic has yet to be explored in single mother CalWORKs students of color in community college, experiences of extreme poverty and chronic stress associated with single motherhood (Avison, Ali, & Walters, 2007; Broussard, Joseph, & Thompson, 2012), coupled with academic pressures, may increase anxiety susceptibility. If such a connection exists, then single mother CalWORKs students of color at a community college may be even more prone to less self-compassion's overidentification and isolation, trait features of anxiety disorders (e.g., social phobia, generalized anxiety disorder; Mayo Clinic, n.d.).

Depression

Given the propensity for single mother CalWORKs students of color at a community college to experience shame and anxiety, they may be more prone to depression. One of the most common pathologies to present with shame and anxiety is depression (Gilbert, 1992, 1998a, 1998b; Price & Sloman, 1987). Self-criticism and self-blame, which are closely linked with shame, show significant association with depressive symptoms (Gilbert, 2000; Gilbert & Irons, 2005; Zuroff, Santor, & Mongrain, 2005). Shame is considered a major cause of rumination, a key feature in depression, especially if people focus on damage done to self-esteem and their lack of control (Beck, Emery, & Greenberg, 2005). This may help to explain higher rates of depression in women participating in public assistance programs (Coiro, 2001; Dooley & Prause, 2002; Jayakody, Danziger, & Pollack, 2000; Lehrer, Crittenden, & Norr, 2002; Petterson & Friel, 2001).

Adding complexity to the welfare stigma experienced by women of color receiving welfare is the pressure that welfare-to-work programs place on women to obtain employment, despite inadequate education and training to enter to the labor market. For those who fail to move from welfare-to-work, depression has been shown to be highly prevalent with generalized anxiety disorder appearing to overlap (Siefert et al., 2000). Wilson, Ellwood, and Brooks-Gunn's (1995) findings of less depressive symptoms in women immediately following their exit from welfare programs reinforce such claims. Ensminger (1995) found that low-income individuals who never enrolled for welfare reported lower levels of psychological distress than current welfare recipients. Depressive symptoms may be exacerbated by specific and modifiable risk factors related to poverty, gender, and race such as experiences of gender and race discrimination such as living in a hazardous neighborhood and poverty status, which have been found to predict

major depression beyond traditional risk factors in mothers receiving public assistance (Siefert et al., 2000).

Mothers of young children are at particular risk; studies of maternal depression in pediatric primary care settings found rates ranging from 12% to 47% (Heneghan, Silver, Bauman, Westbrook, & Stein, 1998). Estrogen cyclicity may enhance vulnerability to the effects of exposure to stressors and hence to depression (Seeman, 1997). Mothers with several young children, single mothers, and mothers in poverty are at an even higher risk for depression (Heneghan et al., 1998; Hobfoll, Ritter, Lavin, Hulsizer, & Cameron, 1995). Other studies have expanded on these discussions to show additional environmental factors such as increases in roles, demands, and time conflicts associated with depression in single mothers receiving public assistance (Backels & Meashey, 1997; Mallinckrodt & Leong, 1992; Roehl & Okun, 1984). The college experience, which embodies these factors, may make single mother CalWORKs students of color at a community college more prone to depression, and therefore, more susceptible to less self-compassion's self-judgment, overidentification, and isolation.

Posttraumatic Stress Disorder

When considering depression in single mother CalWORKs students of color at a community college, it is also important to look at PTSD, a common and co-occurring mental health disorder in women on welfare (Siefert et al., 2000). Generally, PTSD is associated with high rates of other psychiatric comorbidities with around 50% of individuals with PTSD meeting criteria for three or more other psychiatric diagnoses, commonly affective disorders (mainly depression), and other anxiety disorders (Brady, Killeen, Brewerton, & Lucerini, 2000). PTSD is particularly common among women who have experienced violence (Crowell & Burgess, 1996; L. Jones, Hughes, & Unterstaller, 2001). In a meta-analysis of the impact of intimate partner

violence (IPV) on mental health status and subsequent psychological well-being, Golding (1999) found that the prevalence of PTSD among survivors of IPV ranged from 31% to 84.4% (see also Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Perez & Johnson, 2008).

Research shows that two thirds of women receiving public assistance have experienced domestic violence at some time in their adult lives (Browne & Bassuk, 1997; Tolman & Raphael, 2000). A survey of female TANF recipients found that 54% of respondents may have needed domestic violence-related services at some point during a 3-year period (Meisel, Chandler, & Rienzi, 2003). Research on welfare-to-work programs in Texas found high rates for women reporting current violence from a partner, ranging from 67.3% to 69.2% (Honeycutt, Marshall, & Weston, 2001). Some argue that these numbers may be much higher as women in domestic violence relationships usually do not voluntarily disclose information about abuse to service providers (Ellsberg, Heise, Pena, Agurto, & Winkvist, 2001; Hamberger & Phelan, 2004). Gondolf (1998) and M. D. Smith (1994) argue that women frequently deny or minimize their own experiences of domestic violence, because coping with distressing feelings generated by domestic violence can be difficult. It is also common for survivors and those currently in the throes of domestic violence to connect embarrassment and shame to their experience (McNutt, Carlson, Gagen, & Winterbauer, 1999).

The connection between poverty and domestic violence has been well established (Gelles, 1997; Hotaling & Sugarman, 1990; Raphael & Tolman, 1997; Tjaden & Thoennes, 2000). Poverty interacts with violence in women's lives in ways that go beyond many of our common perceptions, such as increased stress that financial insecurity places on individual relationships. At a larger level, poverty and gender inequity intersect and structurally reinforce partner violence by constraining women's choices through society's failure to provide adequate

options for necessities, such as affordable housing or subsidized child care for low-income families (Crenshaw, 1991; Purvin, 2007; Sullivan, Basta, Tan, & Davidson, 1992). Women from economically disadvantaged backgrounds often remain in abusive relationships longer due to greater and faster downward spirals of resource loss, where initial loss begets future loss (Hobfoll & Lilly, 1993). Victims of domestic violence may lose money, shelter, or social relationships because of leaving the abusive relationship. Research indicates that women who leave abusive relationships experience high levels of resource loss and that resource constraints limit their ability to cope. This, in turn, has been shown to lead to significant levels of psychological distress (Beeble, Bybee, & Sullivan, 2010) as many survivors of domestic violence lack the educational, financial, and social resources necessary to heal adequately from the trauma they endured (Sullivan et al., 1992).

Race can complicate the relationship between poverty and domestic violence further. Women of color are more likely to experience domestic violence (Benson & Fox, 2004; M. C. Black et al., 2011; Caetano, Field, Ramisetty-Mikler, & McGrath, 2005; Richie, 2000) with low-income women of color experiencing higher rates (Cunradi, Caetano, Clark, & Schafer, 2000; Hampton, Williams, & Magarian, 2003; Rennison & Welchans, 2000; Straus, Gelles, & Steinmetz, 2006). In particular, African Americans are victims of domestic violence at a rate more than 20% higher than White victims (Morgan & Truman, 2014). Some researchers have brought attention to differences in bruising presentation in such discussions (Holbrook & Jackson, 2013; Scafide, Sheridan, Campbell, DeLeon, & Hayat, 2013; Thavarajah, Vanezis, & Perrett, 2012). Victims of color have increased melanin at the skin surface, which reduces visibility of subcutaneous damage. This is important given that the identification and documentation of violence-related injuries, such as bruising, are associated with more successful

legal interventions such as arrest and prosecution (Buel & Hirst, 2009; Rambow, Adkinson, Frost, & Peterson, 1992). In a comprehensive study, Deutsch et al. (2017) found that service providers believe race to be a significant factor in obtaining successful legal results for a victim; while some attributed this disparity to injury visibility, others felt racial tensions between victims and law enforcement were to blame.

In general, the prevalence of PTSD is higher among women than men (Tjaden & Thoennes, 2000), with women of color experiencing higher rates. A recent meta-analysis focused on Hispanics found consistent support for elevated rates of PTSD onset and severity among Hispanics relative to non-Hispanic Whites (Alcántara, Casement, & Lewis-Fernandez, 2013). In a nationally representative U.S. sample, PTSD was found to be greatest among Blacks (Alegría et al., 2013). In addition to being more prone to domestic violence (M. C. Black et al., 2011), women of color may experience additional trauma from exposure to multiple forms of discrimination and oppression (Watson et al., 2016). H. L. Cheng and Mallinckrodt (2015) found that perceived racist experiences are directly related to higher levels of PTSD symptoms among Black and Latino undergraduates.

In a broader study (Lowe, Okubo, & Reilly, 2012), persons of color who experienced racism commonly describe symptoms of PTSD, such as extreme emotional distress, hyper-arousal, avoidance, intrusion, and distrust. While criteria for PTSD in the diagnostic and statistical manual of mental disorders (DSM-5; American Psychiatric Association, 2013) are restricted to direct trauma, which includes exposure to death, threatened death, actual or threatened serious injury, actual or threatened sexual violence (American Psychiatric Association, 2013), recent studies have begun looking at insidious trauma (Lowe et al., 2012; Miles-McLean et al., 2015; Szymanski & Balsam, 2011; Watson et al., 2016). Insidious trauma

is inherently identity-based and directed at those with marginalized identities by persons who hold power and privilege (Root, 1992, 2001). Root (1992, 2001) contends that these experiences may include repeated discrimination and objectification. Though it has yet to be explored, insidious trauma coupled with academic pressure and the transition into college may exacerbate PTSD symptom severity for single mothers CalWORKs students of color at a community college. If such a connection exists, then single mother CalWORKs students of color at a community college may be even more prone to less self-compassion's self-judgment, overidentification, and isolation.

Summary

Self-compassion is a response that allows individuals to cope more adequately with emotional distress (Kelly et al., 2009; Neff, 2003a). By responding to suffering with self-kindness, mindfulness, and a recognition of one's humanity, significant mental and emotional health improvements ensue (Arimitsu & Hofman, 2015; Kelly et al., 2009; Neff, 2003a). Self-compassion's opposing components (self-judgment, overidentification, and isolation) are associated with several mental health issues such as chronic stress (MacBeth & Gumley, 2012), anxiety (Cox et al., 2004), feelings of shame (Johnson & O'Brien, 2013), depression (Hutton et al., 2013), and PTSD (Kearney et al., 2013; B. L. Thompson & Waltz, 2008). Contributing to these findings is the established connection between self-compassion and resilience (Smeets et al., 2014; Yarnell & Neff, 2013), a core feature of psychological health (Egeland et al., 1993; Masten, 2001).

A recent wave of scholarly literature has begun identifying populations who may struggle with this affective response to develop group-appropriate self-compassion interventions. From it, women (Yarnell et al., 2015) and more specifically women college students (Neff & McGehee,

2010; Neff et al., 2008) have been identified. Yet as these studies move forward, they have yet to consider how intersectional oppression may interfere with a college woman's ability to experience self-compassion. This study, therefore, fills a gap in recent self-compassion literature by considering single mother CalWORKs students of color at a community college as a group of women college students pointedly marked by intersectional oppression. The significance of their marginalized and oppressive experiences, evidenced by greater mental health issues for women participating in welfare-to-work programs (Coiro, 2001; Dooley & Prause, 2002; Jagannathan et al., 2010), suggests that this segment of the women college student population may be more prone to opposing components of self-compassion such as self-judgment, overidentification, and isolation. The following study was centered on the notion that if self-compassion research is to advance with inclusivity and equity in its study of women college students, it must consider intersectionality and the role it plays in the experience of self-compassion.

CHAPTER 3: Methodology

This exploratory study used a qualitative phenomenological approach to gain insight into self-compassion, as a phenomenon, in single mother CalWORKs students of color at a community college. Chapter 3 begins with the conceptual framework and design that supported and guided the study. It follows with a description of study participants and the procedures used to collect qualitative data. The chapter closes with a discussion on how data were analyzed to answer the research questions and strategies used to ensure validity of the data.

Research Questions

This study was conducted to answer the overarching research question: What does self-compassion, as a phenomenon, look like in single mother CalWORKs of color at a community college? The following subquestions were used to facilitate research of the main question:

1. What are common experiences of emotional distress among single mother CalWORKs students of color at a community college?
2. Do common experiences of emotional distress for single mother CalWORKs students of color at a community college have an intersectional component attached to race, gender, and social class?
3. How do single mother CalWORKs students of color at a community college relate to themselves during experiences of emotional distress?
4. Do the ways single mother CalWORKs students of color at a community college relate to themselves during experiences of emotional distress connect with self-compassion's three components: (a) self-kindness versus self-judgment, (b) mindfulness versus overidentification, and (c) a sense of humanity versus isolation?

Conceptual Framework and Design

A feminist framework informed the methodological process and analysis with particular attention given to the concept of intersectionality—the interaction of multiple identities and experiences of exclusion and subordination (Remedios & Snyder, 2015). Mason’s (2010) intersectional approach model for policy and social change illuminates how structural oppression can be all encompassing and jointly associated with oppressive outcomes for multiple social categories (see Figure 3.1). Intersectionality, however, is not exclusive to structural oppression; it includes interactions in terms of power between gender, race, and other categories of difference in individual lives, which also include social practices and cultural ideologies (Cho, Crenshaw, & McCall, 2013; McCall, 2005; Shields, 2008). Crenshaw (1989) argued that theorists must take intersectionality into account to show how social categories interact to shape the multiple dimensions of women of color experiences.

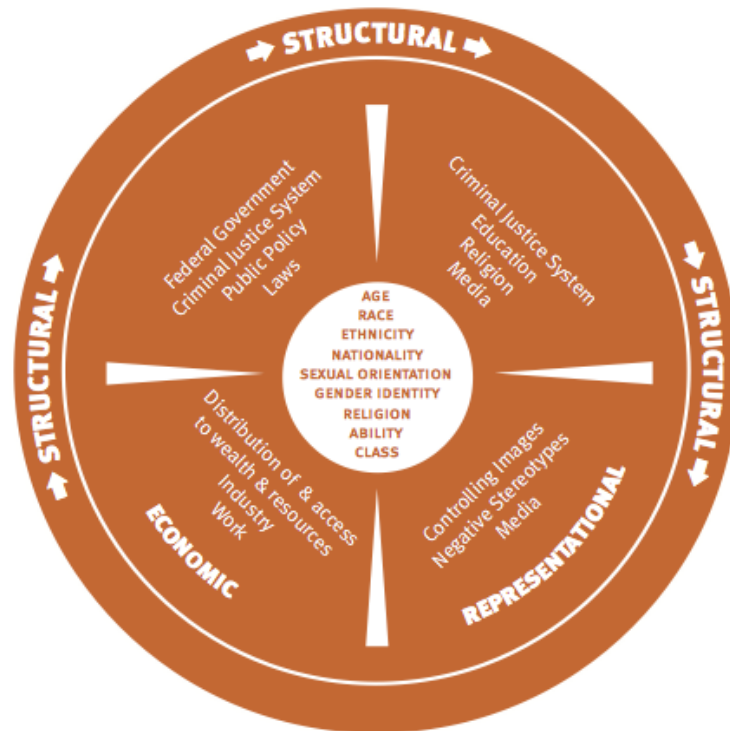


Figure 3.1: Intersectional approach model for policy and social change (Mason, 2010, p. 6).

From a theoretical standpoint of intersectionality, the potential use of focusing on the experiences of women of color becomes clear. Stressing the interconnectedness of group experiences and collective knowledge, this approach gives way to the significance of women of color's experiences for generating new questions, concerns, and interpretations (Collins, 2000b). Centering work on the experiences of women of color can provide new vantage points not just on the woman of color experience but on basic concepts used to define that experience. An example of this is in Black feminist standpoint epistemology—the significance of using paradigms of intersectionality in interpreting social phenomena (Anthias & Yuval-Davis, 1992; Collins, 2002). Centering on Black women's experiences generates not only new knowledge but also new perspectives on such knowledge (Collins, 2000b). Applying this theory to U.S. Black women community leaders, scholars argue that such women hold and use different views of what constitutes the political from those used by Black men in similar positions (Collins, 2000a, 2000b). This finding highlights the potential for intersectional identities to alter views within a singularly oppressed group.

For single mother CalWORKs students of color at a community college, their educational experiences and the value they place on their education, may be markedly different than other women college students. Regular experiences with poverty and the welfare-to-work program may add additional layers and dimensions. Feminization of poverty posits that women of color are more likely to be the sole head of household for a family, which adds to the complexity of the economic and social pressures they bear (Adair & Dahlberg, 2003). The intersection of stressors associated with single motherhood, racism, poverty, and welfare-to-work may make single mother CalWORKs students of color at a community college more prone to self-compassion's opposing components of self-judgment, overidentification, and isolation. While studies on social

factors that may influence self-compassion in college students give attention to gender (Lockard et al., 2014; Neff et al., 2008; Yarnell et al., 2019) and, to a lesser extent, race (Hayes et al., 2011; Lockard et al., 2014), they exclude single motherhood, poverty, and welfare from their discourse. In addition, paradigms of intersectionality are virtually absent from interpretations of self-compassion in differing student populations.

To fill a void in the literature, intersectionality drove this inquiry to consider multiple dimensions of a participant's collective experience. To more fully describe intersectional forces that influence emotional distress for single mother CalWORKs students of color at a community college and the ways these students relate to themselves when experiencing emotional distress, this study used a phenomenological design of inquiry. Phenomenological research comes from philosophy and psychology where the researcher describes the lived experiences of individuals about a phenomenon as described by the participants (Giorgi, 2009; Moustakas, 1994). In short, phenomenology is the study of essences—essence of perception and essence of consciousness. It is a philosophy which claims that the world exists before reflection. Phenomenological research is not about finding knowledge, but instead, describing it (Moustakas, 1994). This study used rich narratives to describe self-compassion, as a phenomenon, in single mother CalWORKs students of color at a community college.

Participants

Participants in this study included 10 single mother CalWORKs students in community college identifying as women of color. In a demographic questionnaire, participants were asked to identify their race (see Appendix C). Six participants identified as Hispanic/Latina, two identified as African American, one identified as Asian, and the last identified as Native American and Latina. While White women are part of the CalWORKs program, the majority of

students who participate in the program are women of color. Likewise, women in dual-parent households are also CalWORKs students, but make up a small minority. For the sake of capturing the broader CalWORKs student experience, this study targeted criteria for the majority of students participating in this program statewide, single mothers of color (California Community College Chancellors Office, 2010).

To further enhance the reflection of state-wide CalWORKs demographic data in study participants, the researcher considered specific racial demographics. Racial demographics for CalWORKs students of color state-wide are as follows: (a) Hispanics (42%), (b) African American (15.19%), (c) Asian (5.46%), (d) Native American (0.61%), (e) Filipino (0.60%), and (f) Pacific Islander (0.35%; California Community College Chancellor's Office, n.d.-b). Racial demographics for CalWORKs students of color within the sample pool demonstrate a similar makeup: (a) Hispanic/Latina (60%), (b) African American (20%), (c) Asian (1%), and (d) Native American and Latina (1%). Because of this close symmetry, with the exception of Filipino and Pacific Islander students (who are a small segment of the program population at the institution where the study was conducted and expressed no interest in participating in the study), the researcher concluded that she had a representative sample.

Procedures

The purpose of this study was to describe common experiences of emotional distress for single mother CalWORKs students of color at a community college and common ways these students relate to themselves when experiencing emotional distress. Self-compassion is a frame of mind embedded in the affective phenomenon of human suffering. The experienced significance of its three components depends on the personal, social, and cultural orientation of the individual (A. Akin & Akin, 2017; Birkett, 2014; Phillips & Ferguson, 2013; Yarnell et al.,

2019). It would be nearly impossible to fully explore the phenomenon of self-compassion without the social and humanistic approach of a qualitative study.

To articulate and amplify experiences surrounding self-compassion for participants and the context influencing those experiences, this study consisted of two phases of phenomenological data collection: (a) individual interview, and (b) take-home journal. The openness of several questions within the individual interview and take-home journal were purposed to allow for responses that addressed the presence or absence of self-compassion. It was the researcher's hypothesis, based on her common knowledge as a CalWORKs counselor, that participants undergo significant and frequent experiences of emotional distress and that the ways they relate to themselves when experiencing emotional distress place them in direct opposition to a self-compassionate frame of mind.

Again, lending from the researcher's common knowledge and consultation with other CalWORKs counselors and existing literature on the topic, the researcher further postulated that emotional distress common to this segment of women college students would have intersecting components related to gender, race, and social class. Some of those experiences may include maternal guilt, racial microaggressions, and welfare stigma. As stated in Chapter 1, it was the researcher's overarching hypothesis that the ways in which participants relate to themselves when experiencing emotional distress would align with all three contrasting components of self-compassion: (a) self-judgment, (b) overidentification, and (c) isolation. Despite these assumptions, the researcher framed her interview and take-home journal questions with neutrality to preclude her hypotheses from influencing the integrity of data collected.

To recruit participants for this study, the researcher sent an email (see Appendix D) to all 21 Cooperative Agencies Resources for Education (CARE) students at the college where she is

employed. CARE is a supplemental component of the Extended Opportunities and Services Program that offers additional supportive services to program students, who are single heads of welfare households with child dependents (California Community College Chancellors Office, n.d.-a). The researcher believed that the CARE program would prove a fruitful channel for recruitment because all CARE students are single, head-of-household, and all CARE students except for one at the institution from which participants were recruited were also participants in the CalWORKs program. The recruitment email sent to students described the nature of the study, eligibility for participation, and commitment involved for full participation. In the email, students were also informed that participation in this study was strictly voluntary and that it would in no way impact participation in the CARE and CalWORKs programs or services rendered through these programs. Students interested in participating in this study were vetted for CalWORKs participation and self-identification as a woman of color before selection.

Because this study would create a financial inconvenience for participants as participants would have to travel to campus for the individual interview, to return their take-home journal, and to participate in the focus group for member checking, the researcher offered participants a \$45 stipend to defray transportation costs. The incentive distribution schedule was also included in the recruitment email and carried out at the end of each participant contact with \$15 issued. Of the 11 CARE students of color who responded to the recruitment email, 10 were participants in the CalWORKs program. These 10 were selected for participation in the study and emailed a confirmation letter (see Appendix E). Prior to the initiation of data collection, each was asked to complete an informed consent form (see Appendix F).

Instrumentation and Data Collection

Phase 1 (Individual Interview)

Data from the individual interview were collected from July through October, 2018. A 60-minute recorded semi-structured interview was conducted with each participant (see Appendix A). The interview began with a series of four scenarios that may elicit emotional distress for single mother CalWORKs students of color in community college. Scenarios were shaped around experiences both the researcher and two other CalWORKs counselors in her region frequently observe as causing emotional distress to single mother CalWORKs students of color in community college. They are also experiences often described as causes of emotional distress in research on student mothers participating in welfare-to-work programs (Fein & Beecroft, 2006; Hamilton & Scrivener, 2012; Jarret, 1996). The purpose behind this segment of the interview was two-fold: (a) to generate present moment reactions for more detailed experiential responses, and (b) to particulate responses for a stronger comparative analysis.

The set of questions that followed the scenario section considered self-compassion's three components: (a) self-kindness versus self-judgment, (b) a sense of common humanity versus isolation, and (c) mindfulness versus overidentification (Brach, 2003; Kornfield, 1993; Neff, 2003b; Salzberg, 1997). Responses to these questions, aligned with each of self-compassion's opposing poles, gathered data on how participants in general relate to themselves during experiences of emotional distress. The first two questions, designed by the researcher, considered Neff and Germer's (2017) descriptions of self-kindness versus self-judgment and mindfulness versus overidentification. The latter questions, derived from Pauley and McPherson's (2010) qualitative study on the experience and meaning of compassion and self-compassion for individuals with depression or anxiety, explored the concept of isolation versus a

sense of humanity. At the end of Phase 1, participants were provided with a list of on- and off-campus mental health resources in the event the study evoked psychological distress that required support from a mental health professional (see Appendix G).

Phase 2 (Take-Home Journal)

Data were collected immediately following Phase 1, between July and November 2018, through a take-home journal that spanned 7 consecutive days. The take-home journal provided participants with short reflective essay questions (see Appendix C) for the purpose of capturing broader, deeper, and more inclusive data on experiences surrounding self-compassion. The researcher did not prompt participants to look exclusively at experiences of emotional distress but instead guided them to describe experiences perceived as emotionally impactful. The reason for this distinction was the researcher's interest in capturing authentic and dissuaded responses from participants. Another purpose behind the take-home journal, much like the scenario section of the individual interview, was to get as close as possible to real-time descriptions of emotional distress and language used toward oneself in response to emotional distress. It was the researcher's hope that this method would also yield less inhibited descriptions as participants could use the take-home journal at will and in their natural environment without direct observation from the researcher. In this sense, the take-home journal used principles found in an ethnographic approach. Ethnographic research purposes itself at getting close to the activities and everyday experiences of its participants. In doing so, it captures authentic and indigenous meaning in what experiences and activities mean to the participants (Emerson, Fretz, & Shaw, 1995).

Analysis

A data analysis was conducted to answer the following overarching research question: What does self-compassion, as a phenomenon, look like in single mother students CalWORKs students of color at a community college? To accomplish this, the researcher used an approach similar to the thematic analytical procedure described by Braun and Clarke (2006). According to these authors, thematic analysis is a method for identifying, analyzing, and reporting patterns or themes within data. After audio recordings of interviews were transcribed verbatim with potentially identifying content removed (e.g., names and organizational affiliations), the researcher analyzed data between and across transcripts and hand-written take-home journals for emergent themes and subthemes. To maintain alignment with the questions in this study, the researcher conducted her analysis in stages that mirrored the sequence of the research subquestions.

A first set of themes was developed for common experiences of emotional distress across all 10 participants. These themes were further disaggregated based on their attachment to gender, race, and social class experiences. An example of this would be experienced microaggressions on campus causing participants to feel inferiority based on their identities as women of color. Thus, in this case campus microaggressions would be identified as a theme for experiences of emotional distress and coded under gender and race. A second set of themes and subthemes was developed for the ways that participants relate to themselves when experiencing the emotional distress identified. To do this, the researcher disaggregated data based on common types of language used when relating to oneself during experiences of emotional distress. Where relevant, the researcher developed subthemes for language used when relating to oneself. The purpose behind this additional measure was to offer greater organization and a deeper description of findings. An

example of this measure would be *Negative Self-Descriptor* identified as a theme for common language used when relating to oneself during an experience of emotional distress. If participants commonly described themselves as bad mothers, then bad mother would be identified as a subtheme under types of language used when relating to oneself.

Themes for common types of language used along with responses to the latter individual interview questions exploring how participants in general respond to emotional distress were then disaggregated based on their attachment to self-compassion's three components: (a) self-kindness versus self-judgment, (b) mindfulness versus overidentification, and (c) a sense of humanity versus isolation (Brach, 2003; Kornfield, 1993; Neff, 2003b; Salzberg, 1997). Of self-compassion's six possibilities—self-kindness, self-judgment, mindfulness, overidentification, a sense of humanity, and isolation—those identified as common were identified as themes. An example of this would be participants using the statement, “I feel alone.” This statement would be coded as a theme under common language used when relating to oneself during an experience of emotional distress and coded under self-compassion's opposing component isolation.

Data analysis involved two sequential methods: (a) a human-driven analysis to identify themes, and (b) the use of Dedoose qualitative software to verify the accuracy of counts for participant quotes. Themes and subthemes from each transcript and take-home journal were first identified. They were then compared across all transcripts and journals to form a comprehensive list. Exploratory comments by the researcher were noted, including descriptive, linguistic, and conceptual aspects. Identified themes and subthemes are presented in actual language used by the participants in Chapter 4 to construct a collective narrative on self-compassion.

Validity

There were a number of validation strategies used in this study. The first was *triangulation*—a process used to verify information by using more than one data collection point (Merriam, 2009). The researcher collected data from both an individual interview and a take-home journal to verify her findings, thereby adding to their validity. The second was what Creswell (2013) notes as “prolonged engagement and persistent observation” (p. 250), which involves building trust with participants and learning the culture. As a community college CalWORKs counselor for 7 years who works in close collaboration with her local county, the researcher is privy to common experiences of emotional distress for single mother CalWORKs students of color at a community college along with county regulations that may influence those experiences. This position aided her in giving meaning to data collected. Furthermore, because the researcher has worked closely with the majority of the participants in this study for a significant period of time, trust between her and the participants may have been established, lending to the quality of data collected.

A third and important validation strategy is to ensure that the researcher’s bias is clearly stated (Creswell, 2013). As noted, the researcher is a community college CalWORKs counselor who works directly with the participants. Although this may have enabled participants to speak more candidly and provided the researcher a foundational understanding of data collected, her previous contact with the participants opened the door to potentially swayed interpretations. To reduce the likelihood of this occurring, the researcher performed data analysis with a mindful attempt at objectivity. An example of this was in the researcher’s analysis of common experiences of emotional distress for participants. The researcher did not make assumptions in this area; instead, she only coded experiences that participants explicitly connected to negative

emotions. A similar approach was employed at all intervals of the thematic analysis process identifying themes that were explicit in the data and clearly stating the researcher's assumptions when any connections were implied. To further enhance her objective approach to data analysis the researcher exercised the validation strategies that follow to extend data interpretation beyond the researcher's singular lens.

A fourth validation strategy, *member checking* (Creswell, 2013), was employed to address the researcher's previously described concerns of her own bias and to ensure credibility of this study. Nine participants from the original 10 took part in a 60-minute focus group that was audio-recorded and purposed with verifying the researcher's findings (see Appendix H). No additional themes were added after the focus group. This method was enhanced through the use of a fifth validation measure, having an outside investigator or *peer debriefer* review and ask questions about the qualitative study so that the account resonates with people other than the researcher (Creswell, 2014). The peer debriefer also analyzed findings for their attachment to the three intersectional components under consideration: (a) gender, (b) race, and (c) social class. The peer debriefer selected for this task holds a PhD in multicultural education with an emphasis on social justice. At the time of this study she held the position of diversity, equity, and inclusion trainer.

Given the peer debriefer's area of specialty, the researcher tapped into her expertise to validate the study's findings on gender, race, and social class and to determine if any relevant themes were absent from discussion. Because the intersectionality of emotionally distressful experiences was often implicit in the data, it was critical for the researcher to use this validation measure, which is endorsed by Creswell (2014) and Emerson et al. (1995), for a more thorough and accurate interpretation of findings. Upon conclusion of this latter validation measure, no

additional themes were added. However, at the suggestion of the peer debriefer, critical race theory in education (Zamudio, Russell, Rios, & Bridgeman, 2011), and stereotype threat theory (Good, Aronson, & Inzlicht, 2003; Steele & Aronson, 1995) were included in a discussion on the meaning of a finding associated with race.

Summary

This research study used a phenomenological approach to explore self-compassion in single mother CalWORKs students of color at a community college. Qualitative data were collected through a 60-minute individual interview and a 7-day take-home journal. Data from these collection methods were analyzed to elucidate themes and subthemes around common experiences of emotional distress and common ways in which participants relate to themselves during experiences of emotional distress. Special attention was given to the intersectionality of emotionally distressful experiences, specifically race, gender, and social class. In addition, the connection between types language used when relating to oneself during experiences of emotional distress with self-compassion's two opposite poles: (a) self-kindness versus self-judgment, (b) mindfulness versus overidentification, and (c) a sense of humanity versus isolation was explored. Triangulation, prolonged engagement, clearly stating the researcher's bias, member checking, and peer debriefing were used as measures for validating themes and subthemes and to thoroughly explore the research questions.

CHAPTER 4: Findings

This chapter details findings from a phenomenological study of 10 participants, all single mother CalWORKs students at a community college identifying as women of color. The objective for the study was for each participant to complete both phases of data collection, which included a 60-minute individual interview and a 7-day take home journal. At the end of data collection, 10 participants completed a 60-minute individual interview and nine participants returned their take-home journal. While the researcher's objective was not met, data analysis still approached thematic saturation (Aiken, Dillaway, & Mevs-Korff, 2015). Distinct themes and subthemes, rich in detail, were identified for participants' experiences of emotional distress and ways in which they relate to themselves during such experiences. Data collection also elicited sufficient detail to explore the concepts of intersectionality and self-compassion.

A phenomenological design using an intersectional analysis was selected for this study to highlight shared experiences surrounding self-compassion with the intention of constructing a collective narrative. The focus of phenomenological research is to discover and understand a central phenomenon (Denzin & Lincoln, 2005; Moustakas, 1994). In this type of inquiry, the researcher focuses on investigating others' experiences, both personal (individual experiences) and social (individual interactions with others; Connelly & Clandinin, 2000), and using those experiences as a guide to capture and retell the stories of the participants in a style that represents individual lives without losing their voices (Creswell, 2008). In this sense, findings from the investigation primarily through direct quotes given by the participants are presented in Chapter 4. An intersectional lens was employed to ensure that the complexity of participants' social relations within a context of self-compassion was not reduced to a single analytical category, thus honoring the full experience of participants.

The following overarching question guided this research: What does self-compassion, as a phenomenon, look like in single mother CalWORKs students of color at a community college?

The following subquestions were used to facilitate the research of the main question:

1. What are common experiences of emotional distress among single mother CalWORKs students of color at a community college?
2. Do common experiences of emotional distress among single mother CalWORKs students of color at a community college have an intersectional component attached to race, gender, and social class?
3. How do single mother CalWORKs students of color at a community college relate to themselves when experiencing emotional distress?
4. Do the ways that single mother CalWORKs students of color at a community college relate to themselves during experiences of emotional distress connect with self-compassion's three components: (a) self-kindness versus self-judgment, (b) mindfulness versus overidentification, and (c) a sense of humanity versus isolation?

Data Analysis

The experiences of student participants serve as the unit of analysis in Chapter 4. Prior to data analysis, the researcher anticipated that the take-home journal would yield the greatest data both in quantity and quality. This assumption was grounded in the belief that the journal would offer participants a less restricted mechanism by which to express their inner thoughts and feelings. The researcher believed that a participant's ability to complete the journal at will and without direct observation by the researcher would generate less inhibition on the part of participants as they expressed themselves through writing. With the exception of four participants who submitted lengthy take-home journal entries, the majority of participants

submitted brief entries with some as short as a single paragraph. It was also common for participants to describe their emotions in journal entries as “feeling good” or “feeling bad” rather than identifying the specificities of their emotional state.

The greatest detail in the take-home journals was given to descriptions of life situations including locations, who did what, who said what, and other similar expressions. The most consistent absence in the journals was a participant’s response to the question: What are your thoughts about yourself as a result of this experience? Limited data gathered from the take-home journal may have been the result of a participant’s fatigue or busy schedule, which were experiences expressed by participants in both the take-home journal and the individual interview. Contrary to the researcher’s assumption, the individual interview proved to be the most fruitful form of data collection. This may have been because participants committed to a full 60-minute block of time to complete the individual interview and also because the researcher asked probing questions to ensure self-directed language was thoroughly explored.

The four scenarios in the individual interview proved effective in identifying common experiences of emotional distress and common ways in which participants relate to themselves during the emotionally distressful experiences identified. Either participants could personally identify with a scenario or a scenario served as a trigger for participants to share a related experience. For example, none of the participants, except for one, could personally identify with the scenario asking them to imagine being publicly identified as a welfare recipient in a class. However, this scenario triggered five participants during the individual interview to share negative experiences surrounding the use of an Electronic Benefits Transfer (EBT) card and to describe thoughts and emotions attached to being publicly identified as a public-assistance recipient in a grocery store. The researcher’s concern that the individual interview scenarios

would sway participants to identify only those experiences associated with the scenarios was dismissed by no additional experiences identified as common through the take-home journal and the focus group.

Data analysis was conducted in five sequential stages after the transcription of individual interviews and the replacement of original names with pseudonyms. In the first stage, individual interviews and take-home journals were analyzed to identify common experiences of emotional distress. Experiences of emotional distress were classified as such based on their attachment to negative emotions, including anger, sadness, shame, and embarrassment. In keeping with a grounded theory approach to data analysis (Creswell, 2013), the researcher did not begin this process with an established set of negative emotions. Instead, she identified negative emotions as they emerged through her analysis. A chart was used to track negative emotions attached to a particular experience. Once experiences with negative emotional attachment were identified, they were disaggregated by theme with separate headers used in the chart. Table 4.1 provides a sample within one theme to illustrate this process. Four themes were identified as common experiences of emotional distress for participants, which include: (a) Identification as a Welfare Recipient, (b) Ongoing Welfare-to-Work Requirements, (c) Academic Performance, and (d) Restricted Time With Child Dependents. Experiences of emotional distress were identified as common if they exhibited more than one count across participants. Negative emotions used to classify experiences under the four themes identified include: (a) embarrassment, (b) shame, (c) sadness, (d) anger directed inwardly, (e) frustration, (f) fear, and (g) stress to the degree of anxiety.

To enhance the meaning of themes for common experiences of emotional distress, a second stage of analysis was conducted during which three additional columns were added to the

Table 4.1: First coding cycle and quote examples to the question: What are common experiences of emotional distress for single mother CalWORKs students of color at a community college?

Discussions About Late Monthly Verification Form – Individual Quotes	Anxiety	Fear	Nervousness	Stress	Frustration
It's scary. Because it's like how are you going to get your bills paid that month? (Isabel, September 11, 2018)					
I get kind of nervous because I know I am crossing a fine line of opportunity that I looked for, and I might lose it. (Luz, July 5, 2018)					
They can deduct your amount for whatever reason, it becomes stressful. (Cinthia, July 11, 2018)					
I got \$514 because they counted by child support against me. You can't survive on that. It's just frustrating. (Monique, July 12, 2018)					
Fear from everywhere. Anxiety everywhere. Thinking about it right now is giving me anxiety. (Yesenia, July 5, 2018)					

chart previously described. These columns were then used to track the connection of common experiences of emotional distress to gender, race, and social class. Table 4.2 provides a sample to illuminate how experiences were classified under the three categories of gender, race, and social class. Identification as a Welfare Recipient, Ongoing Welfare-to-Work Requirements, and Academic Performance showed connections with gender, race, and social class. Restricted Time With Child Dependents demonstrated connections with gender and social class. These findings, along with negative emotions attached to experiences of emotional distress, are described later in the chapter through direct quotes by participants. To offer greater clarity, frequencies for negative emotions and attachments to gender, race, and social class are presented with descriptions.

Table 4.2: Second coding cycle and quote examples to the question: Do common experiences of emotional distress among single mother CalWORKs students of color at a community college have an intersectional component attached to race, gender, and social class?

Discussions About Identification as a Welfare Recipient – Individual Quotes	Gender	Race	Social class
A lot of people think, especially when they look at you as an African American, with the stereotypes of us, they think that I’m lazy and that I don’t want to be a productive member of society. (Cassandra, October 2, 2018)			
Because of Trump, people now think that all Mexicans are rapists, they’re abusing the system, they’re killers, and they’re gang members. (Yesenia, July 5, 2018)			
Basically they think that if you’re of color, you aren’t from this country. (Luz, July 5, 2018)			
We’re just living off the system, you know, and we’re just going to pop out another kid. (Monique, July 12, 2018)			
You’re conditioned as a minority to think that you’re less than, even though people say that’s not how it is anymore. (Daniela, September 4, 2018)			
Oh, they’re probably really poor and uneducated. (Isabel, September 11, 2018)			

In a third stage of analysis, individual interviews and take-home journals were examined to identify themes for self-directed language used in response to the four experiences of emotional distress previously described: (a) Identification as a Welfare Recipient, (b) Academic Performance, (c) Ongoing Welfare-to-Work Requirements, and (d) Restricted Time With Child Dependents. Self-directed language was perceived as a mechanism by which the researcher could capture the essence of how participants relate to themselves when experiencing emotional distress. Self-directed language was prompted by the following individual interview statement: Identify any thoughts you might have about yourself in this moment; and the following take-home journal question: What are your thoughts about yourself as a result of this experience? This stage of data analysis used a second chart which involved a two-fold process. First, self-directed language was disaggregated under each experience of emotional distress to which it was

connected. Second, all self-directed language was carefully analyzed and disaggregated a second time by theme with four themes emerging through this process: (a) Thoughts of Regret, (b) Negative Self-Descriptors, (c) Perceived Judgment by Others, and (d) Negative Thoughts on the Future. Similar to the first stage of data analysis, the researcher did not begin this process with an established set of themes for terms used. Instead, she identified themes as they emerged through her analysis. Table 4.3 provides a sample from the chart to illustrate this process.

In a fourth stage of analysis, themes for self-directed language were further disaggregated into subthemes to provide greater clarity and detail. For example, Negative Self-Descriptors were disaggregated into two subthemes: (a) perceiving oneself to be incapable of accomplishments, and (b) perceiving oneself to be a bad mother. Each subtheme was identified as it emerged through analysis. Themes and subthemes were identified as such if corresponding statements were expressed by more than one participant. Table 4.4 provides a sample from the chart to illustrate this process. Common subthemes with their exact frequencies are described later in the chapter.

In a fifth stage of data analysis, individual interviews and take-home journals were examined to identify themes for self-compassion's three components: (a) self-kindness versus self-judgment, (b) mindfulness versus overidentification, and (c) a sense of humanity versus isolation. To identify themes, the researcher looked at individual quotes under the themes for terms identified in Stage 2 along with quotes in response to the last set of content questions of the individual interview. Each of these questions connected with one of self-compassion's components and served to further explore how participants relate to themselves during experiences of emotional distress. A chart was used again to track quotes that connected to one of self-compassion's six possible categories: (a) self-kindness, (b) self-judgment, (c)

Table 4.3: Third coding cycle and quote examples to the question: How do single mother CalWORKs students of color in community college relate to themselves during experiences of emotional distress?

Discussions About Academic Performance – Individual Quotes	TR	NSD	PJO	NTF
You should have kept going. By now, you would have been done with everything. Your children would have a better life. (Isabel, September 11, 2018)				
Generally, the conversation I have with myself is, why didn't you take care of this before you became an adult? Why are you 33 years old and sitting in a classroom. (Cinthia, July 11, 2018)				
I should have made more time to study, I should have made more time to realize where I'm going wrong, and it just makes me angry. (Yesenia, July 5, 2018)				
I think all the thoughts of just not being good enough, or not being able to accomplish anything would come up. (Jessica, September 11, 2018)				
Disappointed. It makes me feel disappointed and like, I should've just completed school all the way through the first time. (Marisa, October 5, 2018)				
When a "F" comes back and as my classes keeping getting harder, I have to ask myself, am I really going to be able to pull this off if I can't do it right now? (Daniela, September 4, 2018)				

Note. TR = Thoughts of Regret; NSD = Negative Self-Descriptors; PJO = Perceived Judgment by Others; NTF = Negative Thoughts on the Future

Table 4.4: Fourth coding cycle and quote examples to further enhance interpretation of responses to the question: How do single mother CalWORKs students of color in community college relate to themselves during experiences of emotional distress?

Negative Self-Descriptors – Individual Quotes	Incapable of Accomplishments	Bad Mother	Worthless
Restricted Time With Child Dependents: In situations like that I usually tell myself that I'm a bad mom. A good mom is supposed to always put their children before everything and anything. (Leticia, October 5, 2018)			
Restricted Time With Child Dependents: I feel sad. Pretty much that I'm a bad mom. Society tells you that as a mom, you're supposed to be dressed nice and have it all together. (Yesenia, July 5, 2018)			
Restricted Time With Child Dependents: I'm a shitty mom. That I should be with my kids. You know, but then again there's always, I'm trying to do what's best for my kids. (Jessica, September 11, 2018)			
Identification as a Welfare Recipient: I can't accomplish anything. It makes me feel worthless. (Jessica, September 11, 2018)			
Identification as a Welfare Recipient: It makes me really doubt myself . . . that I can't make it off of the system . . . off of welfare . . . that I can't succeed in life. (Yesenia, July 5, 2018)			

mindfulness, (d) overidentification, (c) sense of humanity, and (f) isolation. Table 4.5 provides a sample from the chart to illustrate this process. At the end of this final stage of data analysis, three themes were identified: (a) Self-Judgment, (b) Overidentification, and (c) an even distribution for a Sense of Humanity and Isolation. The three themes identified represent the majority for each of self-compassion's three components, with the exception of Sense of Humanity versus Isolation, which demonstrated a split down the middle with five participant quotes connecting to each. Themes for self-compassion with their exact frequencies are described later in the chapter.

Results

Chapter 4 achieved its primary objective by gathering and analyzing data to address in a substantive manner the overarching research question: What does self-compassion, as a phenomenon, look like for single mother CalWORKs students of color at a community college? The discussion that follows describes findings from the data analysis under each of the research subquestions. In doing so, it explores common experiences of emotional distress for participants with consideration given to the concept of intersectionality—how gender, race, and social class intersect at the micro level of individual experience to reflect multiple interlocking systems of oppression (Bowleg, 2012). The discussion that follows also highlights common ways that participants relate to themselves during experiences of emotional distress, along with their connections to self-compassion's three components: (a) self-kindness versus self-judgment, (b) mindfulness versus overidentification, and (c) a sense of humanity versus isolation.

Common Experiences of Emotional Distress

The themes Identification as a Welfare Recipient, Academic Performance, Ongoing Welfare-to-Work Requirements, and Restricted Time With Child Dependents were identified as

Table 4.5: Fifth coding cycle and quote examples to the question: Do the ways single mother CalWORKs students of color at a community college relate to themselves during experiences of emotional distress connect with self-compassion’s three components: (a) self-kindness versus self-judgment, (b) mindfulness versus overidentification, and (c) a sense of humanity versus isolation?

Individual Quotes	SK	SJ	MA	OI	SH	I
A lot of people my age aren’t parents and if they are, they’re not really single parents or if they are, a lot them have parents to help them. It’s a lot easier for them to feel relieved. (Marisa, October 5, 2018)						
I tend to judge myself a lot. Yeah. I really do. I’m my biggest critic. I think that’s why I shut down my emotions because if I go there with them, then I judge myself, and that just makes it worse. (Yesenia, July 5, 2018)						
Hearing her story made me feel better. Not that she was in aguish, but that she too was struggling with being a mom and being a student, and that the tug-of-war I was experiencing was real. (Luz, July 5, 2018)						
I remember my daughter asked me to play and I got really frustrated with myself. It just makes me angry because I’m like, why couldn’t I have just finished school before I had her? (Jessica, September 11, 2018)						
It’s scary to know if I missed something or I didn’t make the deadline, they might delay the money. And then what happens if they delay the money? Is my landlord going to be okay with me paying the rent late? (Leticia, October 5, 2018)						

Note. SK = self-kindness; SJ = self-judgment; MA = mindfulness; OI = overidentification; SH = sense of humanity; I = isolation

common experiences of emotional distress for participants. Each experience discussed includes a description of negative emotions connected to that experience to substantiate it as emotionally distressful. With consideration for multiple interlocking systems of oppression associated with these experiences, the themes Identification as a Welfare Recipient, Ongoing Welfare-to-Work Requirements, and Academic Performance showed attachments to oppression associated with gender, race, and social class. The theme Restricted Time With Child Dependents showed attachments to gender and social class oppression but excluded racial oppression. Attachments are described under the experience of emotional distress to which they correspond. The following discussion responds to the research subquestions: (a) What are common experiences of emotional distress among single mother CalWORKs students of color at a community college?

and (b) Do these common experiences of emotional distress have an intersectional component attached to race, gender, and social class?

Identification as a Welfare Recipient. In the first scenario of the individual interview, participants were asked to close their eyes and imagine that a White classmate had just identified them, publicly, as having been seen walking into a welfare office with their children. When participants were asked if they had personally experienced a similar situation, all 10 participants said no. However, at the end of her individual interview, one participant who initially said no, described an experience that shared parallels with the scenario. This participant, Monique,¹ explained:

Another CalWORKs student and I had a social problems class together last summer. The professor at the start of class said, “You might want to get the book used. It’s better than getting it new.” She (the other CalWORKs student) said, “I’m on CalWORKs so I have to get my book new.” I thought to myself, oh my God, if you turn and say she is too. I’m going to die. I’m dropping the class right now.

When asked why she was concerned with the other student identifying her as a CalWORKs student, Monique replied:

It’s embarrassing. My thing is, my personal stuff is my personal stuff. I could care less if you know I have kids, pretty much every class knows I have children. But, how I get my . . . I don’t know. It’s still embarrassing when you’re on welfare because immediately the stereotypes come up.

Triggered by the first scenario of the individual interview, another participant, Marisa, also shared an outlying experience connected to being identified as a welfare recipient. While hers was less related to the first scenario of the individual interview, it still shares parallels as she expressed emotional distress at being identified as a welfare recipient. As Marisa described:

I had an employer fill out an employment identification form. I remember taking her the form and she didn't necessarily say anything, but the look on her face when she asked me, “What is this for?” I remember that look. I tried to explain to

¹ The names of participants have been changed for confidentiality purposes.

her well, it's so that the county can go ahead and help me with childcare so that I am able to work, and you know, become self-sufficient. With that look on her face, she asked me, "Am I going to have to constantly be doing this, like filling out these papers?" I just felt her energy was a little bit judgmental. She kind of changed a little bit like her attitude towards me when I had tried to explain to her what that [employment verification form] was for. . . . Almost like, "you [with emphasis] receive welfare." I just felt judged.

Feeling negatively judged was an experience that was pervasive throughout responses to the first scenario of the individual interview. Only with the other participants, including Monique, it was connected to the use of an EBT card. Experiences surrounding the use of an EBT card were mentioned by five participants during the individual interview, resurfaced in the take-home journal for one participant, and brought up for the first time in the take-home journal by another. In both the individual interview and the take-home journal, participants vividly described trips to the grocery store to purchase food for their families and the negative emotions that ensued as they used their EBT card. The most common emotions described by participants when speaking to the use of an EBT card were embarrassment and shame. These emotions were frequently described by participants in conjunction with one another. As one participant, Yesenia, shared in her journal:

While I was at the market, I felt really uncomfortable today, since there were more people than usual at the market. I felt like all eyes were on my shopping cart. I also assumed that people knew right away that I am an EBT user. I do feel embarrassed and ashamed just because of the stigma people usually think of with people on welfare. It was one of those days where I knew I felt ashamed for not being able to provide for my family, angry as well. I honestly wanted to just walk out and come back, but I knew I had to buy the food right there and then since I barely had any gas. So, even feeling the way I felt, I had to hold [onto] my pride and keep on shopping.

Two participants did not explicitly state feeling embarrassed; however, they alluded to the emotion by describing a desire to conceal their use of an EBT card. As one participant, Maria, explained:

I go to the market, or the store, and I pop out that EBT [card], and I feel like everyone's eyes are on me. Even if they're not, I feel like I have to cover it, because I know there's always someone out there, and I don't want to waste time arguing with everyone and trying to change their view. It really does bring me down knowing that I'm always being judged.

All 10 participants, including the four who did not mention the use of an EBT card, expressed that the mere possibility of others finding out that they are welfare recipients generated feelings of embarrassment and shame. Two participants even used the word, secret to describe the experience of receiving public assistance. Five of the participants cried while describing their embarrassment and shame in receiving public assistance. When one participant, Daniela, was asked if she might experience other emotions upon being identified as a welfare recipient besides the shame and embarrassment she described, her eyes welled up with tears and she stated, "My first immediate feelings as well as thoughts are embarrassment and shame. I think those two would be so overwhelming that I don't think there would be room for much more emotion." Five participants intersected the subjects of race and social class when speaking about the negative judgment by others. As one participant, Maria, explained:

The stereotype is you're another young colored mom. It doesn't matter. You could be Black or Mexican, it doesn't matter. It's just, "Oh you would do that." If you're Mexican, people think, "Oh of course she would have a kid. I bet she shares a room with seven other Mexican people too. She probably doesn't work and [she] is only on assistance and taking away our tax money."

Faithe, another participant, echoed negative judgments attached to her race:

A lot of people think, especially when they look at you as an African American, with the stereotypes of us, they think that I'm lazy and that I don't want to be a productive member of society. It's hurtful to see and know that stereotype is there. And that's not the case. The reason I get assistance is to help me so I can take care of my kids and still go to school to pursue my education. It's not something that I'm trying to get for the rest of my life. I'm not trying to abuse the system. I want to be someone productive in society where I won't have to use social services as a means to take care of my family.

Two of the participants talked about how the current political climate fuels negative judgments attached to their race as a public assistance recipient. One participant, Luz, said, “People now think that if you are of color, you’re not from this country.” She went on to explain how this perception lends to the belief that people of color are abusing a system that is intended for its citizens. Maricela talked about how the current Trump Administration perpetuates negative stereotypes of Mexicans, stating, “Now, Mexicans are seen as rapists, killers, gang members, and abusers of the system.” Maricela went on to express a fear triggered by these negative perceptions around her Mexican identity:

It [negative stereotypes of Mexicans] makes me nervous because I don’t know what they [Caucasian Donald Trump supporters] might do. I don’t know if they’re gonna be mad about me getting welfare and then take it to a whole other level— Let’s do something to her or if we see her kids. . . . And, you just don’t know. If I was outed in class, I’d probably be nervous to go to class every day.

Maricela later described a recent news report where a man of color was assaulted by two Caucasian men for receiving CalFresh² services. Her thoughts while listening to the report were, “You’re going to beat him up because he’s hungry and getting food. Okay. What will you do to me because I’m actually receiving *money* [emphasis] off the government, off of taxes?” Another participant alluded to sexual promiscuity when describing perceived judgment by others, incorporating the intersection of gender. As Monique described:

I feel like I’m always on the defensive because there’s still that stereotype that people on welfare are lazy. We’re just living off the system. And you know, there’s always that stereotype that we’re just going to pop out another kid, things like that.

² CalFresh, formally known as the Food Stamp Program, is a federally-funded program that assists low-income individuals with the purchase of food. Nationally, the program is called SNAP, the Supplemental Nutritional Assistance Program. CalFresh benefits are issued on an EBT card that works like a debit card and can be used at grocery stores and farmers’ markets that accept EBT (California Department of Social Services, n.d.).

Academic Performance. In the second scenario of the individual interview, participants were asked to close their eyes and imagine that a professor had just returned an exam with an “F” in a class where they found themselves struggling. Nine of the 10 participants said they could personally identify with this experience. All of the participants except one shared their struggles with previous classes taken at the college. Common emotions described by participants in response to the second scenario of the individual interview were sadness and anger, specifically anger directed inwardly, with three participants expressing both emotions. Sadness was described by five participants and was attached to a belief in oneself as a failure. As one participant, Leticia, explained:

I feel sad because I feel like a failure. My issue is that I always try to push for that A. Right now with Chemistry and the labs, it's getting hard for me. There's so many formulas to learn and you have to do things in a certain way. If I can't understand something, then I feel like I'm dumb and a failure. That's one of my main things, I push to not fail. So it really throws me off when I do.

Sadness attached to the belief of herself as a failure was echoed by another participant, Daniela. In her disclosure, she also spoke to her gender-related experience as a single mother and financial constraints she endured, a social class-related experience:

Sadness comes over me. And I get . . . well, I feel so defeated and so sad. It makes me feel like a failure. And, I just want to give up. I mean with the sadness, even if I can muster up the courage to just suck it up, those feelings linger. It's not just like, ugh! I'm pissed at myself. I put my test away, and I go off to my next class, and later, I'm fine. No, those feelings linger for days, where it's just like, Do I go to my next class? Do I go home later and revise the notes I was planning to? Do I even bother studying tomorrow? That one F coming back makes me feel like a failure, especially when I've done my best, which is not the same for everybody, especially when you have a kid, especially when you work, your best may not be as much as someone else who is just going to school and living at mom and dad's house. That's entirely different, and having a part-time job at Panera, not as much stress going on there.

In addition to sadness, anger was also described by six participants, specifically anger directed inwardly. As one participant, Jessica, explained:

I think I would feel anger and frustration with myself. I think all of the thoughts of not being good enough, or not being able to accomplish anything would come up. Those thoughts come from my childhood with my mom. She was very critical. And then, my relationship with my girls' dad was also very emotionally damaging. I think those thoughts are always in the back of my head when I'm not able to do something.

Another participant, Yesenia, also expressed feelings of anger directed inwardly. Like Daniela, Yesenia also expressed her gender-related experience as a single mother:

I feel angry because I know I can. I can make more time to study, I can make more time to figure out where I'm going wrong. It just makes me angry because I know I can get this. There are some things that are just a part of life. I get that I have kids and I have to take care of them, and at times, they get sick. But then I get angry because I'm like, I just want to do my homework. I just want to focus on this. And other times, I get distracted, sometimes just for 5 minutes on my phone, and then I'm like, I shouldn't have even looked at that message. So then I get angry at myself for looking at it. But at the same time, it could have been an emergency with my girls. And, being a single mom, I'm the only one who tends to them in those situations.

In addition to talking about her gender-related experiences as a single mother, Daniela later talked about her race in the classroom as a contributor to her underperformance:

When I went to a school, everybody was White. There was no one other Mexicans. . . . Nothing. It was all White kids. So that carries with you, but even without that experience, I think in general you're conditioned as the minority to be less than [the others], even though people say that that's not how it is anymore, but you can't walk into, especially a place of higher education, and claim to be a part of their group. It's at least that way for me. I come in knowingly, very well, that I need to sit in the back and not participate in class discussions. That's where it's comfortable, and if there is a professor that is wanting to have a more interactive class where there's a lot of discussion, most of the kids like me won't speak up. I feel like they, like me, don't want to be too loud, and don't want to be too presumptuous with how they include themselves in the discussion because it so easily can be looked at like, "Ugh, another smart aleck student of color."

When Daniela was asked by the researcher if she ever speaks up in class, she replied:

At times I push myself to, but I've learned to adapt. I camouflage myself to go unnoticed as much as possible. This lessens your chances of bad things

happening. I've learned to speak with what I call a "White person voice." In this voice I don't hear myself, I hear a made-up version of myself, maybe even a cartoon version. I remember being told by my brother that we need to do this because sometimes, that's the only way White people will see us.

Ongoing Welfare-to-Work Requirements. In the third scenario, participants were asked to close their eyes and imagine that their employment case manager (ECM) had just contacted them to say that they had not received their monthly verification form and that they needed it immediately or the participants would risk being sanctioned. Nine participants shared that they could personally identify with this experience. Common emotions described by participants in response to the scenario were frustration, stress often to the degree of anxiety, and fear. Like the first interview scenario that prompted half of the participants to discuss their use of an EBT card, this scenario also prompted participants to discuss another related experience. Three participants added the requalification processes for the welfare-to-work program to the discussion. Emotions attached to this experience paralleled emotions shared in response to being contacted for a late monthly verification form.

Frustration was an emotion expressed by three participants. One participant, Monique, shared her experience with turning in a monthly verification form late to the county and the frustration she experienced:

They don't understand it. The 5th sneaks up on you. You could have a million things due. Say the 5th falls on a Friday. That is the same day your online homework is usually due and you'll probably be taking a test that day too. My ECM called me on the 8th, annoyed, talking about how I needed to turn in hours. She doesn't take into consideration that maybe I've just been slammed with having to read a 75-page chapter and needed to take full notes. Or maybe, I had an essay due that coincided with the 5th of the month. It's so frustrating.

Stress was an emotion expressed by three participants. Another participant, Daniela, alluded to feeling both frustrations and stress:

Within the past 2 months that I have had her [ECM], I have gotten letters saying that I didn't send my stuff [monthly verification forms] and my cash aid is going to drop. I have to follow-up with her [ECM], and sometimes she'll take a week or two to get back to me to be like, "Oh, no. Your case is in good standing. You can disregard the letter." I'm just like, do you not understand how much stress that causes me?

Anxiety was an emotion mentioned by two participants. Yesenia, another participant, described the anxiety that the monthly reporting to the county causes her:

I feel a lot of anxiety when somebody says, "Oh, get it done right now." Just that feeling of like, I have other things to do. Like, relax. I do come to school, and I have kids. I just experience a lot of anxiety to get things over with. Like I tell myself, "Oh, let's make a list." And then sometimes, I'm like, nope. You have to just get it done right now.

One participant, Daniela, incorporated the subject of race when describing the difficulty of ongoing welfare-to-work requirements:

It's almost like they [society] don't want you to succeed. It's almost like we're a laughingstock. It's like you have a whole bunch of White older guys sitting around a table saying, "Oh, we'll give them our tax money as long as they do X, Y, Z, and somehow magically find the pot of gold at the end of the rainbow, only then will we give them their money."

Nine participants went on to explain how the possibility of being sanctioned for not carrying out ongoing welfare-to-work requirements often led to experiencing fear. The fear described by participants was attached to extreme circumstances such as potential homelessness, a social class-related experience. As Leticia, another participant, shared in her take-home journal:

Knowing that your cash aid can be taken away for any little reason, is scary. It's really, really scary. Like today, I had to turn in my packet with the welfare office, and it's scary to know if I missed something or I didn't make the deadline, they might delay the money. And then what happens if they delay the money? Is my landlord going to be okay with me paying the rent late? It's usually scary for me every month because the cash aid we get doesn't even cover my other bills, so I'm constantly thinking, where am I going to get the other money? I already work part-time. If I go to work full-time then I'll have to drop out of school and I won't have any time for my kids. The fear is constant.

Restricted Time With Child Dependents. In the fourth and last scenario of the individual interview, participants were asked to close their eyes and imagine that they are seated at their kitchen table writing a final course assignment that is due in the morning. While working on the assignment, the participant's child walks up to her and mentions that she has not played with her or him all week. The child then asks if the two of them can go to the park together to play. Feeling pressured to complete the assignment, the participant tells her child that she cannot take her or him to the park that day. All 10 participants emphatically agreed that this is a frequently occurring experience in their home. Nine shared that they often feel torn between spending quality time with their child or children and completing an assignment for school, with their children often taking the back seat to academic obligations. When asked to describe how such experiences make them feel, participants described sadness and anger directed inwardly with three participants using both descriptors. Anger directed inwardly was described by five participants. As one participant, Jessica, explained, "I remember my daughter asked me to play and I got really frustrated with myself. It just makes me angry because I'm like, why couldn't I have just finished school before I had her?" While crying, another participant, Yesenia, explained how she gets angry with herself:

It just makes me feel really angry. I can't even think of the vocabulary to express it. A lot of pain and a lot of anger toward myself. I want to spend time with my kids. I also don't want to be up all night working on homework. If I stay up all night, then I'm cranky in the morning, and I don't want to be cranky towards them because it's not their fault.

Another emotion described by participants was sadness. For nine participants, sadness was tied to feeling that their children were missing out on ideal childhood experiences because they are the only ones who could provide them. Single motherhood experiences were identified as gender-related. For two participants, they also discussed public transportation putting a strain on

their children. This experience was identified as a social class-related experience as participants did not have the financial means to purchase a vehicle despite their desires. As one participant, Marisa, described:

It makes me feel sad. I feel like it's not good for him, it's not healthy that we are always on such a tight schedule. We don't get to have fun. Sometimes he tells me, "I want to have fun. We don't have fun. Mommy, your mean." That doesn't feel good. I don't like it. I don't want to wake him up extra early in the morning to get to his school then my school on time. I don't want to have to take him out in the rain or when it's really hot outside to catch the bus. Sometimes we don't get home on the bus until 10:00 PM, then I have to wake him up early the next morning. [pause]. I wish I could afford a car so that I don't have to do that. It just makes me feel bad.

Another participant, Luz, expressed feeling conflicted in her sadness:

I feel sad. It's a double-edged sword. I'm sad that I can't be there for my kids as much as I would like but I also want to show them the importance of finishing school. I want to be the best example for my kids, but at the same time, that means missing time spent with them. There are times, especially during the summer or late at night, where they just want to cuddle or read another story, and I have to tell them, "You have to go to sleep. I got to do my homework now." I spend my time that way, telling my kids, "You've got to give me this time." And they are like, "no" or "no, we just want you to read us another story." It makes me sad because sometimes they just want me to hold them. I think, I'm never going to get this moment with them back. They are never going to be small again.

Across the individual interviews and the take-home journals, the themes Identification as a Welfare Recipient, Academic Performance, Ongoing Welfare-to-Work Requirements, and Restricted Time With Child Dependents were discussed with negative emotional attachment by at least two participants, establishing these experiences as common. Negative emotions described by participants across all four identified experiences of emotional distress were: (a) embarrassment, (b) shame, (c) sadness, (d) anger directed inwardly, (e) frustration, (f) fear, and (g) stress to the degree of anxiety. Findings from this study further suggest experiences of emotional distress common to participants connect with oppression in the social categories: (a) gender, (b) race, and (c) social class. Specifically, Figure 4.1 illustrates how the themes

Identification as a Welfare Recipient, Academic Performance, and Ongoing Welfare-to-Work Requirements intersect with gender, race, and social class oppression. It also demonstrates how the theme Restricted Time With Child Dependents intersects with gender and social class oppression. Furthermore, identified experiences of emotional distress to which these categories attach appear continuous as evidenced by language such as always and constant. This latter finding leads to the postulation that the intersectional oppression experienced by participants in this study is also pervasive.

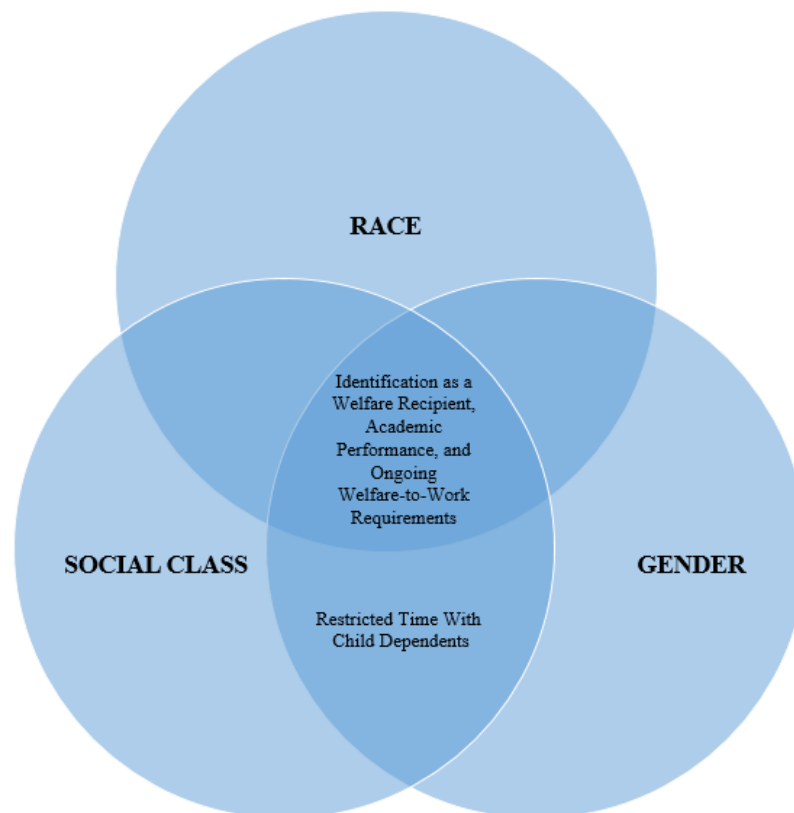


Figure 4.1: Intersectionality of emotionally distressful experiences.

Common Ways of Relating to Oneself During Experiences of Emotional Distress

The following four themes were identified as common ways participants relate to themselves during the experiences of emotional distress described as: (a) Thoughts of Regret, (b) Negative Self-Descriptors, (c) Perceived Judgment by Others, and (d) Negative Thoughts on the

Future. In the discussion that follows, themes are carefully deconstructed to explore beliefs held about oneself during the four experiences identified as causing emotional distress. To enhance the meaning of themes, direct quotes are described in the context of emotionally distressful experiences to which they correspond. Responses to the latter individual interview questions that specifically connect to self-compassion are included at the end of this chapter to strengthen connections between commonly held beliefs about oneself and self-compassion's three components: (a) self-kindness versus self-judgment, (b) mindfulness versus overidentification, and (c) a sense of humanity versus isolation. The following themes described respond to the research subquestion: How do single mother CalWORKs students of color at a community college relate to themselves during experiences of emotional distress?

Thoughts of Regret. Common language used by participants when describing the ways they speak to themselves during emotionally distressful experiences were thoughts of regret (i.e., I/you could have . . . , I/you should have . . . , why didn't you . . .). This type of language was used when participants spoke about identification as a welfare recipient, academic performance, and restricted time with child dependents. Common thoughts of regret were attached to completing college education earlier and spending more time studying.

Completed college education earlier. In response to the first individual interview scenario, when participants were asked to close their eyes and imagine being publicly identified as a welfare recipient in a class, five participants expressed regret for not having completed their college education earlier. Earlier was expressed in reference to completing college before having children. As one participant, Isabel, put it:

I'm pretty harsh with myself. When I graduated from high school, I thought, okay, I'm going to go to college, but then I got promoted to a manager at McDonalds. At the time, I preferred the money to going to college and I knew I would get more money if I worked more hours. That stopped me from going to

school. Every time I think about that, I tell myself, why didn't you just go to school? You should have kept going. By now, you would have been done with everything. Your children would have had a better life.

Daniela, another participant, expressed regret in missing out on a traditional university experience by attending college after having her son:

There's this show on Netflix called *Dear White People*. I look at that show, and I think, I wish I could have gone another route. I wish I could have gone away to university, not necessarily far away, but had a chance to live in a dorm and had educated debates with other people of color. But in this scenario, in my scenario, I'm in the welfare program and I have a child.

Three participants mentioned feeling self-conscious about being older than peers when sharing thoughts of regret for not having completed their education earlier. One participant, Cinthia, alluded to this sentiment in her disclosure:

Generally, the conversation I have with myself is, why didn't you take care of this before you became an adult? Why are you 33-years-old sitting in a classroom with a bunch of 20-year-olds dealing with this? If you had done what you were supposed to do in the beginning, you wouldn't be in this situation and you wouldn't be going through this and feeling embarrassed of your situation now.

Spent more time studying. In response to the second individual interview scenario, where participants were asked to close their eyes and imagine that their professor has just returned an exam with an F, eight participants expressed thoughts of regret for not having spent more time studying. With eyes welled up with tears, one participant, Luz, responded to the scenario with visible emotion:

I've been there. I know that I need to give myself more grace [paused while crying]. These are probably childhood tears of why aren't, why aren't you doing good? Why aren't you studying more? If you would have studied harder, things would have been different.

In response to the last individual interview scenario, when participants were asked to close their eyes and imagine that their child asked them to play at the park, but they cannot go because they must complete a final assignment for a class, seven participants expressed thoughts of regret for

not having studied when their child or children were at school or in day care. As one participant, Monique, shared:

It makes me feel sad. One of my sons is still in that cuddly stage so of course I want to cuddle with him. It makes me feel bad. The thoughts are, I want to play with you, but I also need to get this assignment done. I usually start thinking, I should have done this earlier because I had a couple hours when they were at school to study. But at the same time [pause] I have four boys, I need that peace before they come home.

Another participant, Yesenia, shared similar thoughts of regret:

It makes me angry because I know I could have found more time to study while I was at work so that I could give her [daughter] my full attention. And, it just makes me mad because my parents didn't have enough time for me. I don't want to be like that with her.

Negative Self-Descriptors. In addition to thoughts of regret, participants use negative self-descriptors as common language when describing the ways they speak to themselves during emotionally distressful experiences (e.g., I am . . . , I feel like a . . .). This type of language was used when participants spoke about restricted time with their children, academic performance, and identification as welfare recipients. In descriptions of the latter, participants began with perceptions of negative judgments by others followed by negative self-descriptors. Perhaps this suggested an internalization of perceived judgment by others. Common negative self-descriptors were attached to believing oneself to be a bad mother and incapable of accomplishments.

Bad mother. In response to the last individual interview scenario where participants were asked to close their eyes and imagine that they were unable to play with their child because they needed to complete a final assignment that was due in the morning, eight participants expressed believing themselves to be bad mothers. One participant, Leticia, expressed her perception of a bad mother when talking about her inability to spend as much time with her children as she would like:

In situations like that, I usually tell myself that I'm a bad mom. A good mom is supposed to always put their children before everything and anything. If I procrastinated with finishing a paper, then I'm not. My kids should always come first. If I'm not giving them that time, then I don't really know what I'm doing. I usually try to finish my work before my son gets out of school. That way I'm with him in the afternoons, but it gets hard with school sometimes to do that. It makes me feel sad because the only thing I should really worry about succeeding in is being a good parent to my kids at all times and I'm not.

Another participant, Yesenia, also expressed believing herself to be a bad mother:

I feel sad. Pretty much that I'm a bad mom. Society tells you that as a mom you're supposed to be dressed nice and have it all together. And I don't. Like this ponytail I have today, this is me every day. I don't wear makeup, and these are my clothes that I wear. People assume that as a mom you're supposed to cook and always have a clean house. I have two small girls and I work and go to school, I can't always do those things, and it just makes me feel bad.

Daniella, another participant, shared similar sentiments:

I definitely don't feel like I'm doing a great job. It's back to the negative self-talk. I'm not measuring myself up to other moms, but measuring myself up to the mom I want to be. My standards have always been high in that regard. For me, it has always been this picture of a Martha Stewart mom. We should bake cookies together. We should read books before bed. It might not be realistic, but half of that is plausible. At least half. Maybe not a perfect herb garden or something, but half of that I feel I should be making happen. Instead, I'm producing a quarter of that if I'm lucky. Like last night, I made my son PB and J for dinner again because I didn't have the time to make a full meal and that was all we had. And being a minority, taking him to the grocery store wasn't an option because people judge you thinking, "Why is your kid up at 8 o'clock?" [pause] I feel like I'm failing at everything. He's my kid. He's the one thing I'm not supposed to suck at, and I'm failing him as a mother.

Incapable of accomplishments. In response to the first individual interview scenario where participants were asked to close their eyes and imagine being publicly identified as a welfare recipient in a class, four participants expressed believing themselves to be incapable of accomplishments. These statements were frequently tied to perceived judgment by others associated with receiving public assistance. As one participant, Jessica, vividly described:

I feel like I'm shit. Honestly, that is just my own personal perception of myself. I can't really provide for my children. I feel like I'm not good enough and that I

can't accomplish anything. It makes me feel worthless. Really, just that I'm not good enough.

Another participant, Yesenia, expressed how negative judgments from others for receiving public assistance lends to a similar belief:

The judgment brings me down. It makes me really doubt myself . . . that I can't make it off of the system, off of welfare . . . that I can't succeed in life. One time, I remember actually cussing at myself saying, "Fuck, when are you going to get your life together?" Sometimes I'll try to encourage myself. I'll say things like, "You can do this. Screw them. You're not the only one. Don't worry, you're going to make it." But then other times, I tell myself, "When are you going to get your shit together, Yesenia?" I mean, others are judging me. How can I not judge myself?

Perceived Judgment by Others. In addition to negative self-descriptors used by participants during emotionally distressful experiences, it was also common for participants to perceive judgment by others (e.g., they think that I am . . .). Perceived judgment by others was expressed by all 10 participants in both the individual interview and the take-home journal when describing the experience of being identified as a welfare recipient. Participants painfully described being viewed as lazy and taking advantage of the system, as evidenced by expressed emotion by eight participants. These statements were not disaggregated into subthemes as lazy and taking advantage of the system because all mentions by participants included both descriptors. For six participants, these negative descriptions were intertwined with the subject of race as one participant, Cassandra, expressed earlier under the theme, Identification as a Welfare Recipient. Another participant, Cinthia, also spoke of her race when sharing others' negative perceptions of her:

The stereotype is you're another young colored mom. It doesn't matter. You could be Black or Mexican, it doesn't matter. It's just, "Oh you would do that." When you're Mexican, people think, "Oh of course she would have kids. I bet she shares a room with seven other Mexican people too. She probably doesn't work and is only on assistance and taking away our tax money."

Negative Thoughts on the Future. Adding to the themes described, negative thoughts on the future were described by participants as they spoke about experiences of emotional distress. Negative thoughts on the future came in the form of, “I won’t be able to . . .” In each disclosure, negative thoughts on the future were connected to negative outcomes. Negative thoughts on the future were expressed by nine participants when speaking about ongoing welfare-to-work requirements and two participants when speaking about academic performance. With ongoing welfare-to-work requirements, negative thoughts on the future were attached to a loss of support. With academic performance, negative thoughts on the future were connected to personal inadequacy in future endeavors.

Loss of support. In response to the third individual interview scenario where participants were asked to close their eyes and imagine being contacted by their ECM about a late monthly verification form, nine participants expressed negative thoughts connected to losing necessary support to sustain themselves and their children. As one participant, Yesenia, explained:

If I lose my cash aid or it goes down, is my landlord going to be okay with me paying the rent late? It’s usually scary for me every month because the cash aid we get doesn’t even cover my other bills, so I’m constantly thinking, where am I going to get the other money? I already work part-time. If I go to work full-time, then I’ll have to drop out of school and I won’t have any time for my kids.

Another participant, Marisa, shared:

I’m a single parent, so it’s not just about me. I gotta make sure that I’m able to feed another human being, clothe another human being, get him to and from school. I want to make sure that my son can go to preschool and have some sort of structured development. It’s scary to think that I could lose his childcare or my bus pass if I don’t report my hours right.

Personal inadequacy in future endeavors. In response to the second individual interview scenario where participants were asked to close their eyes and imagine that a professor had just returned an exam with a failing grade, four participants expressed thoughts of believing

themselves to be personally inadequate in future endeavors. As one participant, Isabel, explained:

I feel like a failure. I've been in that situation, so I know how it feels. I feel sad because I think: Okay, if I can't pass this test, am I going to be able to do other things? Like, can I function at home? Will I be able to function at a job later if I can barely function at school?

Another participant, Daniela, also expressed believing herself to be personally inadequate in future endeavors:

When a "F" comes back and my classes keep growing harder and more complex, I have to ask myself, am I really going to be able to pull this off if I can't do it right now? I feel that way a lot, and it's a lot of effort to try to deter those thoughts.

Findings for how participants relate to themselves during experiences of emotional distress reveal thoughts of regret, negative self-descriptors, perceived judgment by others, and negative thoughts on the future as commonly held beliefs. Thoughts of regret showed the greatest significance in mention across all participants. The phrases, "I should have" and "I could have," were used 88 times across participants in both the individual interview and the take-home journal. The attachment of these beliefs to self-compassion's three components: (a) self-kindness versus self-judgment, (b) mindfulness versus overidentification, and (c) a sense of humanity versus isolation are addressed in the following section. To enhance the meaning of these findings, responses to the latter individual interview questions, which further explore responses to emotional distress and specifically tie to self-compassion, are explored.

Connections With Self-Compassion

The latter questions of the individual interview were attached to self-compassion's three components: (a) self-judgment, (b) a lack of mindfulness, and (c) isolation. These questions were

fashioned to further understand how participants relate to themselves when experiencing emotional distress. Common responses to these questions provide a more comprehensive understanding of themes previously described and address the research subquestion: Do the ways these students relate to themselves when experiencing emotional distress connect with self-compassion's three components: (a) self-kindness versus self-judgment, (b) mindfulness versus overidentification, and (c) common humanity versus isolation? Of self-compassion's six possible categories—self-kindness, self-judgment, mindfulness, overidentification, sense of humanity, and isolation—three themes for self-compassion were identified: (a) Self-Judgment, (b) Overidentification, and (c) an even distribution for a Sense of Humanity and Isolation.

Self-Judgment. In the first question linked to the theme Self-Judgment, participants were asked the following: When you make mistakes, get things wrong, or do not succeed in the way you would have liked, how easy or difficult do you find it to exclude self-judgment from your thoughts? All but one participant shared that they experience difficulty with excluding self-judgment from their thoughts when they experience the types of emotional distress described. These findings align with the previous themes of Negative Self-Descriptors and Thoughts of Regret, both of which involved self-judgment. Based on feelings of shame attached to the theme Perceived Judgment by Others, it is presumable that a process of internalizing perceived judgment by others exists for participants.

One participant, Daniela, vividly described the way she judges herself during experiences of emotional distress:

I think it's almost impossible not to judge myself. In those moments, it's really, really hard not to judge myself. And, it's not like I can talk to people about what's going on because I feel like I'm complaining, and whiny. So when I'm feeling like that, and I don't have an outlet, it's hard for me to not judge myself because that's what I do. Being aware of what I'm seeing and feeling without judgment, that's hard. To rationalize in that moment, it's almost impossible. It has to be on a

really, really good mood day, which is so rare. And when I have all these things going on, finding the time to sit there and say, “it’s fine” or “we’ll get through this” . . . that’s hard to do.

Another participant, Cassandra, shared, “I’m always judging myself. I don’t know if it’s a cultural thing, but I’m always judgmental with myself. Especially when I fall short, I’m constantly judging myself.” When asked by the researcher what Cassandra meant by a “cultural thing.” Cassandra explained, “African American women. We can be very judgmental with ourselves. We are very hard on ourselves as a culture.” Another participant, Yesenia, described what her judgment often looks like:

I tend to judge myself a lot. Yeah. I really do. I’m my biggest critic. I think that’s why I shut down my emotions because if I go there with them, then I judge myself, and that just makes it worse. Like if I’m scared, I say things in an angry voice to myself like, “Yesenia, why are you being scared? You grew up in the neighborhood, you shouldn’t be scared.” Being nice to myself isn’t something I really do.

Overidentification. In a second question tied to overidentification, participants were asked the following: During difficult experiences, do you tend to amplify, avoid, or repress your emotions? Or, do you tend to do none of these things? Overidentification is not exclusive to getting lost in a storyline attached to negative emotions, but also an unwillingness to observe negative thoughts and emotions with openness and clarity (Neff & Germer, 2017). Five participants expressed that they do not acknowledge their emotions when they surface; instead, they repress them. Four participants expressed that they avoid their emotions, offering descriptions that paralleled the repression of emotions. Repressing emotions was often attached by participants to believing that they need to repress their emotions to persist, along with a desire to protect their children from their true feelings. These findings align with the theme Negative Thoughts on the Future. Fearful thoughts expressed by participants often existed in a storyline, a

feature of Overidentification, where thoughts of losing cash assistance and childcare assistance would beget future losses such as housing or the ability to attend college.

Repression of emotions, a feature of Isolation, was candidly described by one participant,

Cassandra:

I think I repress my emotions. I try not to think about how I'm feeling and dwell on it, I just keep moving forward. When I was married, then we separated, and I was left to raise the kids, I didn't look at the demise of my marriage, I didn't focus on my situation and everything that was going on, I just knew I had to take care of my kids, that I needed to be strong for them. So, I focused on my kids and kept moving forward.

Another participant, Monique, also explained how she represses her emotions for the sake of her children:

Repress only because the boys don't like to see me cry so I have to put on a tough exterior for them. I don't want them to know what's really going on. Like when we were homeless, and we were at a hotel with vouchers from the County. I didn't want them to know that I didn't know where we were going next and that I was afraid, so I repressed all my emotions about it and made it a . . . "Yay, it's a hotel!" [experience] for my boys.

Another participant, Luz, also expressed repressing her emotions to protect her children:

I think I repress my emotions. It's hard because I worry about scaring my kids. I don't want the kids to see. And, I definitely don't share them [emotions] with other people because then I've put them in an awkward position where now they are feeling sorry for me, which is something I don't want. I'm a big girl. I can handle this. [pause] So, yeah, I just shut them down and keep pushing on.

Isolation. In a set of questions tied to Isolation, participants were asked the following: Do you feel as if you share similar experiences to other people? In other words, do you think that the sorts of experiences you've had, in general, are experiences that happen to others? If so, is it helpful when you are experiencing something upsetting or challenging to think that you are not the only person who has experienced this? Why or why not? Responses from participants to these questions were split down the middle with half stating that they felt alone in their

experiences and that these thoughts are reoccurring. The other half of participants expressed beliefs that their experiences are shared by others and that such beliefs provide them solace when they are suffering. One participant, Marisa, shared that she felt alone in her experiences:

A lot of people my age aren't parents and if they are, they're not single parents or if they are, a lot them have parents to help them. It's a lot easier for them to feel relieved because they know that they have someone to help them, and I don't. I feel a lot more pressure because if I can't do it, no one else will, and this little person needs to eat. This little person needs to grow. He needs to develop and be happy and live in a loving environment.

Another participant, Cinthia, echoed Marisa's sentiments of feeling alone in her experiences, which also showed attachment to less self-compassion's component, self-judgment:

I think everybody's life is different. Nobody shares the same story. Everybody's story is different. I mean, yeah, everybody experiences common emotions like sadness, guilt, frustration, anger, but as far as life situations go, I can't say that anyone has ever been in situations that I've been in. I don't know anybody who is going through what I'm going through and doing what I'm doing. It's always, they did it before having kids or they didn't do it at all. Most people move forward. I just moved backwards.

The five participants who expressed a belief that they share similar experiences with others spoke to the fact that workshops and support groups with other student mothers receiving public assistance aided this belief. As one participant, Luz, explained:

There was one situation where I did a workshop here on campus for students on academic probation in CalWORKs. We were talking about our transcripts and grades. One the moms was struggling with school because her daughter was struggling in school. She said that people looked at her badly because how could she be so selfish to continue going to school when her daughter was struggling. Something along those lines. It was very hard for her to be able to keep going to school and be a mom too. Hearing her story made me feel better. Not that she was in aguish, but that she too was struggling with being a mom and being a student, and that the tug-of-war I was experiencing was real.

Yesenia, another participant, echoed a similar belief:

Yeah, I think the CARE/CalWORKs support circles on campus really help with that because now I know that I'm not the only one. It makes me feel really, really good. I mean, it makes me feel bad that they're going through the same thing that I am, but then it also makes me feel good to know that we're not the only ones, that were in it together.

Responses to the latter individual interview questions that further explore how participants relate to themselves during experiences of emotional distress showed attachment to the areas of Self-Judgment and Overidentification, with a split down the middle for Sense of Humanity and Isolation. These connections were strengthened by commonly held beliefs about oneself in response to the four experiences of emotional distress described earlier in the chapter. The latter split between Sense of Humanity and Isolation appeared to be mediated by a participant's attendance at CARE and CalWORKs student workshops and support groups. For those who expressed a sense of common humanity, hearing disclosures by other students struggling with similar life circumstances fostered the following beliefs: her personal experiences were valid, she was not alone in her suffering, and that she had someone to turn to for emotional support who would not judge her. Findings on the ways participants relate to themselves during experiences of emotional distress as they connect with less self-compassion's three components—self-judgment, overidentification, and isolation—are illustrated in Figure 4.2. The illustration also demonstrates the synergy of less self-compassion's three components as several ways of relating to oneself appear to connect with more than one component.

Summary

The data analysis process afforded the researcher the opportunity to present data findings from this study. Themes and subthemes that surfaced from participant responses were the result of careful analysis to ensure that a collective narrative was constructed and that it authentically represented the participants' experiences. Chapter 4 covered common experiences of emotional

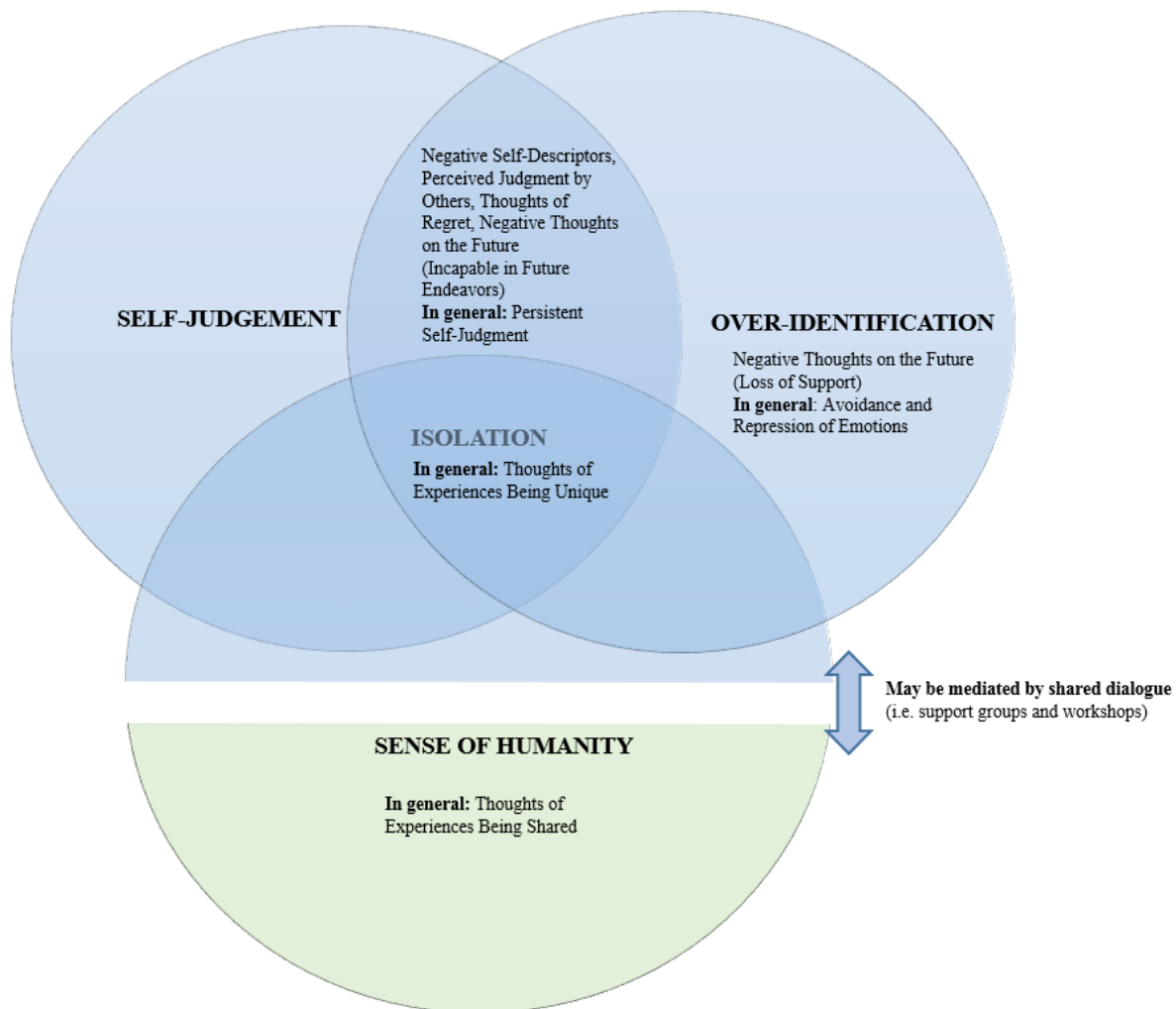


Figure 4.2: Self-compassion-related responses.

distress with a discussion of their attachments to negative emotions. Findings revealed the following themes for common experiences of emotional distress across all participants: (a) Identification as a Welfare Recipient, (b) Academic Performance, (c) Ongoing Welfare-to-Work Requirements, and (d) Restricted Time With Child Dependents. The intersectional categories of gender, race, and social class showed connections across the themes Identification as a Welfare Recipient, Academic Performance, and Ongoing Welfare-to-Work Requirements. The theme Restricted Time With Child Dependents excluded connection with the intersectional category of race.

Self-directed language was also explored to elucidate beliefs held during common experiences of emotional distress with four themes identified: (a) Thoughts of Regret, (b) Negative Self-Descriptors, (c) Perceived Judgment by Others, and (d) Negative Thoughts on the Future. These findings, along with responses to the latter individual interview questions tied to self-compassion's three components, were analyzed for connections across all six self-compassion categories: (a) self-kindness, (b) self-judgment, (c) mindfulness, (d) overidentification, (e) common humanity, and (f) isolation. Findings demonstrated that across all participants, common connections were with Self-Judgment and Overidentification, with a split down the middle in the areas of Sense of Humanity and Isolation. Findings that addressed this latter split revealed that collective dialogue with other students sharing similar life circumstances may lessen the tendency for feelings of isolation ascribed to less self-compassion.

Chapter 5 extends this study addressing its significance and the meaning of findings presented in Chapter 4. Specific attention is given to the intersectionality of emotionally distressful experiences and ways of relating as they connect to self-compassion. Chapter 5 also provides an overview of results, implications for education leaders and researchers, limitations and future considerations, and recommendations for future research.

CHAPTER 5: Discussion

This final chapter begins with the significance of the study. It explores the meaning of findings from Chapter 4, which addressed the following research subquestions through analysis of relevant quotes:

1. What are common experiences of emotional distress among single mother CalWORKs students of color at a community college?
2. Do common experiences of emotional distress for single mother CalWORKs students of color at a community college have an intersectional component attached to race, gender, and social class?
3. How do single mother CalWORKs students of color at a community college relate to themselves during experiences of emotional distress?
4. Do the ways single mother CalWORKs students of color at a community college relate to themselves when experiencing emotional distress connect with self-compassion's three components: (a) self-kindness versus self-judgment, (b) mindfulness versus overidentification, and (c) a sense of humanity versus isolation?

The chapter closes with an overview of the results, implications for education leaders and researchers, limitations and future considerations, and recommendations for future research.

Significance of the Study

The majority of state public assistance programs that support educational advancement, such as CalWORKs, operate in compliance with institutional and state policies (Bos, Scrivener, Snipes, & Hamilton, 2001; Fein & Beecroft, 2006; Hamilton et al., 2001; Karoly et al., 2015). CalWORKs and similar programs offer a welfare-to-work pathway through postsecondary education, but tie cash assistance and education support services to strict hourly participation

requirements. Accordingly, participants must follow directions closely or risk losing benefits due to noncompliance (Hasenfeld, Ghose, & Larson, 2004; Schram, Soss, Fording, & Houser, 2009). Unfortunately, this often means that counseling, advisement, and mentoring are developed around program compliance rather than employing an inside-out approach that addresses the unique experiences and needs of single mothers of color, who make up the majority served by these programs (Pizzolato, 2003; Pizzolato et al., 2017). The researcher, therefore, employed an oppositional approach that gave single mother CalWORKs students of color at a community college a space to share their struggles and to highlight what they need to move forward in a healthy way.

Discussion

Chapter 5 delves into the existing literature on intersectionality specific to race, gender, and social class and self-compassion's three synergetic components: (a) self-kindness versus self-judgment, (b) mindfulness versus overidentification, and (c) common humanity versus isolation. In doing so, it further explores the attachment of emotionally distressful experiences described by participants to intersecting forms of oppression. It also expands on the connection between the ways participants relate to themselves during experiences of emotional distress and self-compassion's three components. The discussion that follows provides greater awareness and understanding for self-compassion, as a phenomenon, in single mother CalWORKs students of color at a community college.

Intersectionality

The first part of this discussion expounds on findings from two of the research subquestions: (a) What are common experiences of emotional distress among single mother CalWORKs students of color at a community college? and (b) Do common experiences of

emotional distress for single mother CalWORKs students of color at a community college have an intersectional component attached to race, gender, and social class? In doing so, it carefully examines forces of intersectionality specific to race, gender, and social class within common experiences of emotional distress for participants. The purpose behind the discussion that follows is to look at self-compassion, as a phenomenon, from a holistic vantage point that not only considers the ways that participants relate to themselves during experiences of emotional distress but the complexity and multidimensionality of those experiences.

Feminist theory for a long time has recognized that the social and economic circumstances women of color must negotiate are formed by the intersection of distinct axes of power—in this case race, gender, and social class (Glenn, 1985; Hooks, 1984; King, 2016). The relationships of privilege and oppression that define these axes create multiple vulnerabilities and intensified experiences of discrimination for women of color (Burnham, 2001; Parent, DeBlaere, & Moradi, 2013; Remedios & Snyder, 2015). With this in mind, the researcher examined common experiences of emotional distress addressed in Chapter 4 with greater consideration for how race, gender, and social class oppression influence and shape those experiences for single mother CalWORKs students of color at a community college. The researcher argues that some of intersectionality's features may be unknown to the participants, perhaps contributing to greater emotional distress as participants unknowingly assume ownership for their intersectionality oppressed state.

Race. Findings from the study demonstrated that race alone has the power to yield feelings of inferiority and degradation as one participant spoke about isolating and silencing herself in class because of her racial identity. Her statement addresses distinct features of stereotype threat. Stereotype threat has been described as being at risk of confirming a negative

stereotype about one's group as a self-characteristic. Stereotype threat occurs when an individual's current environment may trigger a heightened sensitivity to concerns and self-doubts, reaffirming a society-based negative stereotype about a particular group. This heightened sensitivity to environmental cues may in turn trigger anxiety or distractive thoughts which interfere with cognitive processing (Steele & Aronson, 1995) as demonstrated by the participant, Daniela, describing her overly self-conscious state in the classroom and a desire to assimilate to Whiteness when communicating.

Similar to theories on stereotype threat, critical race theory, offers a race-conscious approach to understanding educational inequality (Cho, 2009; Zamudio et al., 2011). Critical race theorists argue that students of color confront an expectation that they represent their race, an expectation not placed upon White students. One of the benefits of Whiteness is that it allows a person to take a position as an individual, rather than as a member of a group where one White person represents all White people (Zamudio et al., 2011). This type of experience was highlighted by the participant, Daniela, when describing her concerns over validating stereotypes of people of color as contentious by sharing oppositional opinions in the classroom.

As intersectional theorists purport, racial oppression is further compounded by the social class oppression experienced by women of color (Moraga & Anzaldúa, 2015; Zinn & Dill, 1996). Amid vivid descriptions of being identified as a welfare recipient, many participants brought together their racial and social class identities. In these descriptions, being a woman of color was specifically intertwined with public opinion of welfare recipients as lazy and abusing the system. One participant even attached sexual promiscuity and having multiple children out of wedlock to sweeping opinion on women of color receiving public assistance. Other participants blamed the current U.S. administration for popular views on public assistance recipients as

undocumented Mexican immigrants who, along with abusing a welfare system intended for its citizenry, bring with them unlawful activity such as gang membership and drug use. The literature reveals that social opinion on women of color receiving welfare are commonly interwoven with perceptions of immoral conduct (Abramovitz, 1996; Foster, 2008).

The racialization of welfare and its attachment to immorality is not a new phenomenon. During the Reagan administration, characteristics of welfare recipients as individuals void of morality were personified in a racialized portrayal of public assistance recipients as *welfare queens*. Through this racialized personification, welfare became synonymous with being an African American woman, unmarried, and having multiple children (Kohler-Hausmann, 2007; Loesche-Scheller, 1995). Evidence of the entrenchment of this ideology in public knowledge and discourse can be found in a groundbreaking study titled, *The Welfare Queen Experiment* (Gilliam, 1999). In the study, randomly assigned White college student participants were twice as likely to ascribe negative welfare stereotypes to an African American mother versus a White mother. Findings such as these suggest that White women and women of color experience welfare stigmatization in fundamentally different ways. For women of color, racism is a persistent and broad component of the welfare experience (Remedios & Snyder, 2015). Their social identities as public assistance recipients become shorthand evidence that they devalue economic independence, married life, and conventional norms (Jarret, 1996).

At its core, the racialization of welfare fails to acknowledge the social, political, and economic forces that contribute to the marginalization of women of color who receive public assistance. Rather than acknowledge inequitable systems that contribute to the use of public assistance by women of color, a welfare recipient's ascribed identity as a flawed person becomes entirely her own fault. Participants in this study demonstrated this connection as they described

the embarrassment and shame they attached to being identified as welfare recipients, specifically when using the EBT card.

Research has found that shame can be such a powerful emotion that skews one's ability to identify positive personal qualities and acts of agency—self-perception of competence—in daily operations (Marsh-McDonald & Schroeder, 2012). An example of this is in the absence of a sense of agency described by participants in this study. Across the interviews and take-home journals, participants frequently spoke about their multi-directed responsibilities to provide for their families yet failed to acknowledge the skillset they possess to meet these responsibilities. Adding further weight to experienced shame, participants in this study are at the preface of a college-degree completion and sustainable employment. Because they have yet to meet normative social goals such as these, they are denied the social rewards that come with them, including self-esteem and feelings of pride (Tracy, Robins, & Tangney, 2007).

Gender. Restricted time with child dependents was highlighted as another experience of emotional distress for study participants. Emotions attributed to this experience were sadness and anger directed inwardly. Participants commonly described thoughts of regret for not having completed their homework while their children were in daycare or at school and believing themselves to be bad mothers for allowing academic responsibilities, such as homework, to interrupt quality time with their children. One could argue that this is a gender-responsive phenomenon as it is unique to the motherhood experience. Historically, motherhood has been synonymous with homemaker and caregiver. Adding to these prescriptions are the broad gender-role expectations for women to be in a romantic relationship and to meet feminine standards of beauty (Bartky, 2003; DePaulo & Morris, 2006; Efthim, Kenny, & Mahalik, 2001; Gillespie & Eisler, 1992; Sanchez & Broccoli, 2008).

For single mother CalWORKs students failing to conform to these ideals, social disapproval and self-devaluation may become an inherent part of their daily lives. Self-directed anger described by the majority of participants lends credence to such claims. Participants frequently described their educational pursuits undermining their primary role, which is to always put their children first. Several participants described how their inability to consistently provide home-cooked meals for their children, maintain a clean home, put effort into their physical appearance, and spend substantial quality time with their children diminished their self-worth.

Current literature reveals that the “motherhood myth” is a primary source of maternal guilt (Rotkirch, 2009). Mothers often report feeling guilty for an inability to meet either their own or societal expectations about high maternal investment in their children (Seagram & Daniluk, 2002; Sutherland, 2010; Wall, 2010). Recent studies suggest that while mothers in qualitative studies typically use the term guilt to describe their emotional experience, it may be more accurate to describe their emotional experience as shame (Liss et al., 2013; Sutherland, 2010). Shame is a more appropriate description of such feelings because it represents a more global negative self-evaluation (Tangney, 2002; Tangney, Stuewig, & Mashek, 2007).

While study participants did not directly identify their emotional state as shame when speaking about restricted time with their children, their emotional descriptions of anger directed inwardly may suggest shame as a valid emotion. Mothers commonly associate not being an “ideal” mother with self-perceptions of being an inadequate or “bad” mother (Polasky & Holahan, 1998), both of which were common self-descriptors used by participants. Discrepancies between self and personal ideals and internalized socially sanctioned ideals of motherhood are associated with psychological effects, which include anxiety, depression, role conflict, and poor

coping skills (Polasky & Holahan, 1998). In line with these findings was an intense sadness described by participants as they shared their belief that they are bad mothers. The literature on this topic further suggests that women who are more socially self-conscious report greater self-discrepancies in motherhood (Calogero & Watson, 2009). Because participants may experience a high susceptibility to racialized welfare stigma, as evidenced by their accounts, their social self-conscious state may lead to greater self-discrepancies in motherhood.

Pressure experienced by single mother CalWORKs students of color at a community college may extend beyond socially sanctioned ideals of motherhood. The design of welfare-to-work programs places an unfair burden on single mothers. Under the CalWORKs program and in adherence with federal welfare policy, single mothers receiving benefits with school-aged children must participate in a work-related activity for 30 hours per week. Two parent households, on the other hand, are only required to complete a shared 35 hours per week (California Department of Social Services, 2016).

Congressional proponents of the 1996 welfare reform were not shy in enacting welfare policies that burden single mothers with greater participation requirements. First on a long list of congressional findings for reform legislation included the idea that marriage is the foundation of a successful society. The law noted that the number of people receiving Aid to Families with Dependent Children had tripled since 1965 and that over two thirds of them were children (Chappell, 2010). It stated that the 9.3 million children receiving public assistance was closely linked to the increase in births to unmarried women, which had nearly tripled between 1970 and 1991. Welfare reform was intended to promote marriage and discourage out of wedlock births, which were blamed for a host of society's ills, including gang violence, teen pregnancies, and low Scholastic Achievement Test scores (M. Brown, 1999; Chappell, 2010).

In effect, welfare reform has resulted in an affliction exclusive to single mothers as they tirelessly work to remain welfare-to-work program compliant. In this instance, participants frequently spoke about feeling anger directed inwardly for failing to parent their children adequately according to their own and societal ideals; yet in the same breath, they spoke about a multitude of responsibilities necessary to adhere to welfare-to-work requirements. The structure of welfare-to-work programs, in and of itself, restricts the amount of time that a single mother can spend with her children. Adding to this pressure are high family role responsibilities without adequate emotional and social support, which are common experiences for single mothers as they single-handedly perform dual parent roles (Hodgson, Dienhart, & Daly, 2001; McKie, 1993). Single mother CalWORKs students of color at a community college operate under oppressive mechanisms that lead to reproach from multiple directions including normative societal ideals on motherhood that fail to acknowledge the reality of women and more specifically, single mothers, and the inequitable design of welfare-to-work, which places its greatest burden on single mothers.

Social class. Study participants identified ongoing welfare-to-work requirements as an experience of emotional distress. The majority of participants described monthly reporting of participation hours to the county as an exhaustive and tedious process, ascribing to it emotions such as stress, anxiety, and fear. The quarterly requalification process for continued aid was attached to these same emotions, as participants feared that failure to submit information correctly or a required form could result in reduced aid or no aid at all. Although it was not mentioned by participants in the interview and take-home journal, a required home visit to initiate public assistance under San Diego's Project 100% may contribute to these emotions. San Diego's Project 100% consists of an unannounced visit to an applicant's home by a welfare fraud

investigator (Sanchez v. San Diego County, 2006). The visit may involve a simple walk-through or searches of closets, medicine cabinets, drawers, refrigerators, and mail. Applicants can refuse a home search, but if they do, they are deemed ineligible to receive aid (Swan, Shaw, Cullity, & Roche, 2008).

More than 50 years ago, Professor Charles Reich (1963) wrote that it “undermines the purposes of welfare provision to violate the sanctity of the home and degrade and humiliate recipients” (p. 1360). Yet today, some of the key tactics of welfare policies are to regulate the home and to degrade welfare recipients to such a level that they are discouraged from using welfare (Ricucci, 2005). The fact that participants failed to mention home visits in their narratives on welfare may be the result of participants not being new to welfare-to-work programs, thus making a home visit a fleeting memory.

Lost in the contemporary understanding of welfare is a connection between welfare and well-being, specifically, collective economic well-being. Many of the current welfare policies and practices fail to support the actual welfare of low-income mothers and their children (Gustafson, 2009). The public desire to deter and punish welfare cheating has overshadowed efforts to provide economic security to vulnerable members of society (Kohler-Hausmann, 2007). Over the last several decades, criminal law enforcement goals and strategies have become tightly intertwined with the welfare system. Antifraud campaigns frame welfare recipients, who are already burdened in public discourse by intersecting stigmas of race, gender, and social class, as deceptive criminals or at the very least, as a suspect population (Gustafson, 2012; Kohler-Hausmann, 2007).

The criminalization of welfare recipients is perhaps most visible in the State of California, one of the most aggressive states for investigating and prosecuting welfare fraud

cases (Gustafson, 2009). Before a payment is even issued, a welfare applicant is photographed and finger printed. Punitive rules that govern the welfare system are reviewed and the applicant is informed that she will undergo state scrutiny otherwise restricted to criminal offenders. Personal information is entered into the welfare system's database, which may be accessed by law enforcement officers without any basis for suspicion that the recipient has engaged in any wrongdoing (Gustafson, 2009). As participants in this study revealed, scrutinizing tactics such as these persist after entering the welfare system.

Policies such as those described assume a latent criminality among the poor. They stigmatize, surveil, and regulate families under a veil of social support. Nowhere are the negative effects of these policies and practices more apparent than in a longitudinal study of 3,600 women showing a clear association between entering welfare and increased depression (Dooley & Prause, 2002). In a similar study on psychological well-being, welfare entry was linked to loss of self-esteem in single-parent women, due possibly to the shaming effects of welfare stigma (Nichols-Casebolt, 1986). These kinds of connections were validated in this study as participants ascribed negative emotions such as embarrassment, shame, stress, anxiety, and fear to the welfare experience.

Self-Compassion

The second part of this discussion extends the exploration of self-compassion, as a phenomenon, in single mother CalWORKs students of color at a community college. In doing so, it carefully examines literature on self-compassion in conjunction with common themes and subthemes revealed in Chapter 4. Themes and subthemes addressed include types of language used when relating to oneself during common experiences of emotional distress and responses to the latter individual interview questions specifically tied to self-compassion's three components.

The discussion that follows will expound on findings in Chapter 4 to more thoroughly answer the research subquestions: (a) How do single mother CalWORKs students of color at a community college relate to themselves during experiences of emotional distress? and (b) Do the ways single mother CalWORKs students of color at a community college relate to themselves during experiences of emotional distress connect with self-compassion's three components: (a) self-kindness versus self-judgment, (b) mindfulness versus overidentification, and (c) a sense of humanity versus isolation?

Self-judgment. One of self-compassion's opposing components is harsh self-judgment. It is in opposition to offering oneself kindness and understanding when faced with personal failures and suffering (Neff, 2003a, 2009). In Chapter 4, when participants described personally distressful experiences, Thoughts of regret with negative attachments and negative self-descriptors were used most frequently. Thoughts of regret came in two primary forms: (a) broadly, for not having completed their college education sooner; and (b) specifically, for not having spent more time studying for an individual assignment or exam. Negative self-descriptors were also identified in two areas: (a) believing oneself to be a bad mother, and (b) believing oneself to be incapable of accomplishments. As suggested, one could assume that perceived judgment by others could also be classified under self-judgment as participants attached feelings of shame to receiving welfare, suggesting an internalization of perceived judgment by others. This suggestion is aligned with studies that conceptualize self-compassion as a particularly useful strategy in regulating shame (Daye, Webb, & Jafari, 2014; Johnson & O'Brien, 2013).

In response to the latter individual interview question—When you make mistakes, get things wrong, or do not succeed in the way you would have liked, how easy or difficult do you find it to exclude self-judgment from your thoughts?—nine participants expressed difficulty with

excluding self-judgment from their thoughts. In these statements, self-judgment was commonly described as harsh and persistent. Participants also described concealing these types of struggles out of concern that others may perceive them as “complainers” or “habitually negative.” The overidentified manner in which participants described their responses to personal suffering and their apprehension to share that suffering with others demonstrates the systematic interaction between self-compassion’s opposing components: (a) self-judgment, (b) overidentification, and (c) isolation (Neff et al., 2018).

Overidentification. Another opposing component of self-compassion is overidentification, which sits in opposition to mindfulness. Self-compassion requires that individuals take a mindful and balanced approach to negative emotions so that feelings are neither exaggerated nor suppressed. This requires a willingness to observe negative thoughts and emotions with openness and clarity, so that they are held in mindful awareness. In contrast, overidentification refers to overidentifying with painful thoughts and emotions, often getting caught up and swept away by negative reactivity, which typically comes in the form of a dramatic storyline (Neff, 2003b). In Chapter 4, participants frequently expressed Negative Thoughts on the Future when describing personally distressful experiences. Negative thoughts on the future were attached to poor academic performance and ongoing welfare-to-work requirements. These thoughts came in two primary forms: (a) personal inadequacy in future endeavors attached to poor academic performance, and (b) loss of support attached to ongoing welfare-to-work requirements. In the individual interview and take-home journals, participants vividly described a fear of losing support necessary to sustain themselves and their children, such as submitting a late monthly verification form or failing to submit necessary information or documentation during recertification for public assistance.

Participants also expressed that receiving a substandard grade on an exam or in a class led to concern that they would perform inadequately in future classes or that they would underperform in a targeted career. In both areas, participants expressed ruminative tendencies, exhibited by described worry and imagined hypothetical situations. Similar to ongoing welfare-to-work requirements, negative thoughts on the future often spiraled into other areas such as reduced or late aid leading to an inability to pay rent on time, which would lead to homelessness for themselves and their children. Like negative self-judgment, participants spoke about how these thoughts are constant and pervasive.

In response to the latter individual interview question—During difficult experiences, do you tend to amplify, avoid, or repress your emotions? Or, do you tend to do none of these things?—half of participants expressed that they do not acknowledge their emotions when they surface; instead, they repress them. Four participants expressed that they avoid their emotions all together, offering similar descriptions to acts of emotional repression. Rationales offered by participants for repressing or avoiding emotions were to maintain a perceptibly unaffected exterior for their children and a belief that they need to repress their emotions to move forward, specifically to provide for their children. These rationales align with self-induced pressure attached to motherhood, specifically the need to care for and nurture offspring.

According to Smeets et al. (2014), overidentification tends to narrow one's focus and exaggerate implications for self-worth. While aspects of self-compassion are experienced differently and are conceptually distinct, they tend to engender one another. For example, the detached and accepting stance of mindfulness lessens self-judgment. Similarly, interrupting self-judgment lessens the impact of negative affect making it easier to maintain balanced awareness of one's thoughts and emotions (Neff, 2016). The susceptibility of participants to judge

themselves harshly during experiences of emotional distress may strengthen overidentification during these experiences for some of the participants.

Isolation versus a sense of humanity. The last opposing component of self-compassion is isolation, which sits in opposition to a sense of humanity. It involves recognizing that humans are imperfect beings and that failure, at times, is inevitable for us all. Making mistakes and undergoing serious life challenges is part of the human experience. Self-compassion connects one's flawed condition to the shared human condition (Neff, 2009). In doing so, features of the self are considered from a broad and inclusive perspective. Conversely, when humans fail to acknowledge that their individual experiences are part of the larger human experience, they become more separated and isolated in their moments of suffering. Much like the relationship between self-judgment and overidentification, realizing that suffering and personal failures are shared with others lessens harsh self-judgment and self-blame (Smeets et al., 2014).

Given the susceptibility for participants to experience social isolation and heightened self-consciousness attached to race, gender, and social class oppression, feelings of isolation appear to be a common experience for single mother CalWORKs students of color at a community college. Strengthening such claims are findings within this study that suggest participants attach social disapproval, avoidance tendencies, and feelings of shame to experiences surrounding their identification as a welfare recipient. Interestingly, responses to the latter individual interview questions—Do you feel as if you share similar experiences to other people? In other words, do you think that the sorts of experiences you have had, in general, are experiences that happen to others? If so, is it helpful when you are experiencing something upsetting or challenging to think that you are not the only person who has experienced this? Why/why not?—yielded a split down the middle. Half of participants expressed frequent

thoughts of being alone in their suffering and that their experiences are unique from others. Responses specifically included thoughts that other single mothers have more familial support or that other parents completed their education before having children. The other half of participants expressed beliefs that their suffering is shared by other single mother CalWORKs students in a community college and that they are not alone in their struggle.

A distinction between these two very different perspectives fell on a participant's involvement in CalWORKs and CARE student support groups and workshops held on campus. Participants attributed their sense of humanity to hearing other single mother CalWORKs students disclose difficult life circumstances to which they could closely identify. As one participant stated, "I felt like we are in it together." Johnson and O'Brien (2013) suggest that a common sense of humanity, as expressed by participants, can lessen the perceived need for behavioral withdrawal and social isolation. In line with these findings, participants shared that because other support group and workshop participants experienced similar life challenges, they felt validated in their suffering and experienced a greater willingness to share details surrounding their own life circumstances and emotional state without a fear of social reproach. Findings such as these impart credit to the potential benefits of collective dialogue with other single mother CalWORKs students of color in community college since they appear to foster a sense of humanity among this group of women college students.

Overview of Results

Findings from this study demonstrated common experiences of emotional distress for single mother CalWORKs students of color at a community, including the themes Identification as a Welfare Recipient, Academic Performance, Ongoing Welfare-to-Work Requirements, and Restricted Time With Child Dependents. In addition to identifying common experiences of

emotional distress, this study was purposed with identifying facets of intersectional oppression that may impact those experiences. Findings from this inquiry yielded connections in all three areas under investigation: (a) gender, (b) race, and (c) social class, highlighting both their intensity and pervasiveness. For gender, common forms of oppression experienced by single mother CalWORKs students of color in this study included a lack of emotional and financial resources ascribed to the single motherhood experience, greater welfare-to-work requirements primarily experienced by single mothers, and negative societal prescriptions of women on welfare. For race, the most common form of oppression experienced by single mother CalWORKs students of color in this study was a racialized perception of welfare recipients as lazy and abusing the system. For social class, single mother CalWORKs students of color in this study frequently spoke about their financially oppressed state, which included fears of eviction and challenges with paying bills. They also described the intense burden that excessive county reporting places on them, which the literature reveals is chiefly due to a latent criminalization of the poor.

To extend the scope of this study, the researcher also explored how single mother CalWORKs students of color at a community college relate to themselves during experiences of emotional distress that were identified as common. Beliefs held during experiences of emotional distress were analyzed to identify common themes, which include: (a) Thoughts of Regret, (b) Negative Self-Descriptors, (c) Perceived Judgment by Others, and (d) Negative Thoughts on the Future. Specifically, thoughts of regret were ascribed to completing one's education sooner and spending more time studying. Negative self-descriptors primarily came in the form of believing oneself to be a bad mother and incapable of accomplishments. Perceived judgment by others was specific to one's identification as a welfare recipient with judgments in the form of being lazy

and abusing the system. Negative thoughts on the future were chiefly related to a loss of support and personal inadequacy in future endeavors. Quotes presented in Chapter 4, which include language such as constant and always, revealed the ruminative nature of those beliefs described.

To thoroughly investigate self-compassion, the primary topic under study, the researcher analyzed responses to the latter individual interview questions that further explored ways in which participants relate to themselves during experiences of emotional distress coupled with the previous themes and subthemes described. The following three themes emerged for single mother CalWORKs student of color at a community college within the context of self-compassion: (a) self-judgment, (b) overidentification, and (c) a split down the middle for a sense of humanity and isolation. More specifically, self-judgment, a component of less self-compassion, was identified as a sweeping experience. Self-judgment was demonstrated in thoughts of regret, negative self-descriptors, fearful thoughts, and an internalization of perceived judgment by others. In addition to fearful thoughts being classified as self-judgment, they were often attached to storylines, a common feature of less self-compassion's overidentification.

Another important feature of overidentification is emotional repression or avoidance, which single mother CalWORKs students of color in this study commonly described. Despite an expressed awareness that emotional repression or avoidance is an unhealthy behavior, value was placed on repressing or avoiding emotions as it was believed to protect their children and aid in persistence during difficult times. Feelings of isolation, a component of less self-compassion, was expressed by half of the single mother CalWORKs students of color in this study. Feelings of isolation were commonly attributed to the belief that they are alone in their types of suffering which were connected to poverty, single motherhood, and pursuit of a college education. For those who expressed opposing beliefs in this area, counter beliefs were supported through

participation in support groups and workshops with similar students. Participation in these activities appeared to validate experiences of suffering and generate a sense of humanity.

In conclusion, this study revealed that intersectional oppression impacts the ways that single mother CalWORKs students of color at a community college relate to themselves during emotionally distressful experiences. Not only does this finding offer education leaders critical insight as they tend to the emotional needs of their more marginalized student populations, but it emphasizes the importance of considering intersectionality as a conceptual framework when researching self-compassion in women college students.

Implications for Education Leaders and Researchers

These findings demonstrate a need for mental health intervention on behalf of community college leaders serving single mother CalWORKs students of color in their district. Research demonstrates a positive association between a self-compassionate frame of mind and academic persistence and psychological well-being (Hollis-Walker & Colosimo, 2011; Leary et al., 2007; Neff et al., 2007), two areas community colleges have been charged with addressing (American Disabilities Act, 1990; Foundation for California Community Colleges, n.d.). While existing self-compassion interventions show a void of consideration for intersectional oppression, three self-compassion interventions that separately target women undergraduates (Smeets et al., 2014), shame-prone college students (Johnson & O'Brien, 2013), and trauma survivors (Germer & Neff, 2015) may have positive implications for single mother CalWORKs students of color in community college. It could be argued that because these samples share parallels with this group of women students as evidenced in both the literature and findings from this study, at the very least, they warrant an attempt by community college leaders.

If self-compassion researchers join efforts to address the mental health of this student population, findings from this study offer important insight for the development of a group-appropriate self-compassion intervention. Findings from this study demonstrate that participant involvement in CalWORKs and CARE student support groups and workshops where personal adversities are openly shared appears to mediate feelings of isolation in participants. Given the attachment of perceived isolation to experiences with shame (J. V. Jordan, 1989; Wurmser, 1981), a common emotion described by participants, shared dialogue may also prove fruitful in reducing shame experiences. Popular shame researcher, Brené Brown (2012), offers critical insight into the shame experience. In her book, *Daring Greatly*, Brown explains, “If we can share our story with someone who responds with empathy and understanding, shame can’t survive” (p. 75). Brown’s (2012) statement illuminates the use of shared dialogue to a group-appropriate self-compassion intervention.

If shared dialogue were integrated into a self-compassion intervention for this group, the use of mindful anti-oppression pedagogy may enhance positive results. As the findings suggest, intersectional oppression was highly embedded in common experiences of emotional distress for participants. Mindful anti-oppression pedagogy is a contemplative practice that draws from mindfulness education and social justice teaching to encourage authentic discussions about oppressive systems. It is a practice that encourages students to explore their experiences both with compassion and critical inquiry (Berila, 2015). Developing a greater understanding for the ways in which oppressive systems operate and responding to one’s oppression from a collective and self-compassionate stance may reduce beliefs of culpability for one’s oppressed state and perceptions of being singularly oppressed.

While it is imperative to the mental health of single mother CalWORKs students of color in community college to cultivate a greater level of self-compassion, this need should in no way over-shadow the significance of the very mechanisms of oppression that may generate less self-compassion. Equipping single mother CalWORKs students of color to respond in a healthy way to intersectional oppression without addressing the oppression itself merely perpetuates injustice by placing responsibility for change on the oppressed rather than changing the oppressive conditions. Therefore, it is critical that community college leaders take charge in advocating on behalf of single mother CalWORKs students of color to change welfare policies that criminalize the poor (Kohler-Hausmann, 2007), place greater participation requirements on single parents (California Department of Social Services, 2016), and fail to acknowledge and remediate racist underpinnings in their application that have existed since their inception (Chappell, 2010).

Along with the practical implications addressed, findings from this study offer important implications for theory. Researchers until now have yet to consider intersectionality as a conceptual framework for the complex study of self-compassion. Little research exists on potential group-level differences in self-compassion with none extending beyond that to explore why group differences exist (or not; Yarnell et al., 2015). As self-compassion research evolves in these two areas, a lens of intersectionality may offer greater understanding for self-compassion in individuals with intersectional identities. The intersectionality model posits that multiple social categories: (a) gender, (b) race, (c) social class, (d) age, (e) ability, (f) sexual orientation, and (g) others intersect at the micro level of individual experience to reflect multiple interlocking systems of oppression (Bowleg, 2012). When looking at beliefs held and experiences within marginalized communities, it is critical to consider how oppression and more specifically, intersectional oppression, may obscure one's ability to feel worthy of self-kindness and a broad

sense of interconnectedness. Higher rates of mental health issues in women students, students of color (Hayes et al., 2011), and students who identify as gay or lesbian (Hayes et al., 2011), strengthen the need for a critical examination of the ways in which oppressed groups suffer and how they respond to that suffering.

Limitations and Future Considerations

Data collected in this study were highly sensitive in nature. Participants were asked to disclose cognitive and emotional behaviors that may have been attached to feelings of embarrassment, guilt, or shame. Prior to data collection, the researcher was concerned that these connections would result in withheld or edited responses from participants. With this in mind, it was the researcher's hope that she had established a rapport of trust with participants as their CalWORKs counselor that would lend to greater vulnerability and feelings of safety during the research process. The data revealed that this may have proved true as participant responses to the individual interview were both candid and comprehensive. All 10 participants exercised vulnerability and courage to inform this study with quality data.

While the researcher's positionality may have contributed to more candid responses from the participants, it also opened the door to internal bias. To address potential bias from the researcher, several validity measures were employed including a focus group with original participants to check out preliminary themes and the use of a peer debriefer to analyze the nature of the study and conclusive themes and subthemes. These measures, described in Chapter 3, resulted in a more objective analysis of data with findings that held both authentic meaning for participants and lucidity for a peer debriefer.

An unforeseen limitation that presented itself was in the take-home journal. The researcher assumed that the take-home journal would yield more ample and personal data than

the interview, as participants could complete the take-home journal without time restriction, at-will, and without direct observation from the researcher. As stated in Chapter 4, several of the take-home journals were returned with brief responses, many failing to answer the writing prompts completely. Perhaps this may have been due to fatigue and busy schedules described by participants. An audio-recorded journal, which would require less time and physical exertion on the part of participants, may yield more quality data from a take-home journal in a future study. It might also benefit data collection in this area to include daily text reminders to participants with a note about completing daily journal entries with comprehensive responses that address all of the journal questions.

The last and perhaps most obvious limitation was the number of participants that took part in this study and a lack of Filipino and Pacific Islander race representation identified in state-wide data on this student population. Only 10 participants were selected for this study due to time constraints, none of whom were Filipino or Pacific Islander due to low enrollment of this populace at the institution and a lack of interest in participating in this study. While generalizations were made for the phenomenon of self-compassion in this population, they only serve as basis for future studies that may include larger and more diverse sample pools.

Recommendations for Future Research

If researchers wish to extend this study, there are four directions that might prove fruitful for a more comprehensive exploration of self-compassion in single mother CalWORKs students of color. The first, as previously stated, is to expand the sample pool. A small representative sample pool served the purpose of this study, offering detailed and candid narratives that address experiences of emotional distress and the ways in which participants relate to themselves during such experiences. Still, gathering data from a larger and more diverse sample may further

validate and perhaps even extend the themes addressed in this study. Second, if such a study were undertaken, it would also prove valuable to collect data from geographic regions outside of southern California. Given the high cost of living in southern California, emotional distress connected to a reduction or loss of cash assistance, may prove less significant for future participants residing outside of southern California.

It is also important to consider that when the researcher explored the connection of intersectionality and emotional distress, she exclusively looked at race, gender, and social class as she believed the three to be the most pertinent social identities to this population. If researchers wish to extend this study, they might also consider sexual orientation and gender identity. Balsam, Molina, Beadnell, Simoni, and Walters (2011) and Riggs (2007) explain that minority sexual orientation (e.g., lesbian, gay, bisexual) or gender identity (e.g., transgender) are important categories within intersectionality as people of color may be or feel excluded from the lesbian, gay, bisexual, transgender, queer or questioning, and intersex community and events, often seen as primarily White (e.g., Balsam et al., 2011; Riggs, 2007). Others have noted a conflict between racial or ethnic and sexual orientation identities (Chan, 1995; Icard, 1986; Sarno, Mohr, Jackson, & Fassinger, 2015). In this study, one participant acknowledged her bisexual identity in her take-home journal, describing the validation of her sexual identity and the emotional relief she experienced when she attended an ethnically diverse gay pride parade. While the sexual identity of participants did not prove to be a common theme in this study, this single disclosure warrants consideration for components of lesbian, gay, bisexual, transgender, queer or questioning, and intersex oppression in a study of larger magnitude.

Conclusion

This study was shaped by my own experience supporting students as a CalWORKs counselor for a community college. In the 7 years I have served in this role, I have frequently found myself reflecting on conversations with my single mother students and thought, “these women are so strong, and yet they are so hard on themselves.” In an eager search to remedy the harsh self-judgment that I observed, I fell upon the practice of self-compassion. I reveled in its simplicity and the hope that it offered my students in changing the ways they relate to themselves in their dark hours of suffering. As I went deeper into the self-compassion literature, I found myself stunned by a lack of consideration for intersectional oppression. How could I offer my students a mechanism by which to heal, if I did not fully understand why and how they suffer?

This dissertation was purposed with these fundamental questions in mind. Its design was centered on gaining insight into self-compassion, as a phenomenon, in single mother CalWORKs students of color at a community college. Through the use of narrative analysis and thematic coding of interview and take-home journal results, combined with exploring the foundational principals of intersectional and self-compassion theories, an understanding of this phenomenon was garnered. Findings from this study demonstrate that single mother CalWORKs students of color at a community college experience common emotional distress in the following four areas: (a) Identification as a Welfare Recipient, (b) Academic Performance, (c) Ongoing Welfare-to-Work Requirements, and (d) Restricted Time With Child Dependents. These four areas are influenced by intersectional oppression regularly endured by participants in the categories of gender, race, and social class.

Common ways that these participants relate to themselves during experiences of emotional distress show primary association with a lack of self-compassion in the areas of self-

judgment and overidentification with painful thoughts and emotions. These connections were displayed through four types of common self-directed language used by participants: (a) Thoughts of Regret, (b) Negative Self-Descriptors, (c) Perceived Judgment by Others, and (d) Negative Thoughts on the Future, along with broader approaches to self-relating. An unforeseen finding that emerged from the study was that isolation, an experience thought to be common for this population, may be mediated by collective dialogue with students sharing similar life circumstances. Findings from this study not only offer a foundational understanding for future research on the subject, they equip community college leaders with knowledge to more effectively and sensitively respond to mental health barriers that may obstruct psychological health and well-being, academic persistence, and degree completion for the single mother CalWORKs students of color served by their districts.

While much could be said about information garnered on self-compassion as a phenomenon, through this study the willingness of participants to share their own stories, in their own words, is a courageous act in vulnerability that deserves acknowledgment. These students dug deep into crevices of their minds and hearts for the sake of furthering our learning and informing critical leadership. For that reason, I am wholeheartedly thankful to the students who participated in this study.

APPENDIX A

Individual Interview

START RECORDER

I want to start by thanking you for taking time out of your busy schedule to speak with me. We have an hour set aside for our conversation today.

Before we begin, I want you to know that I will be audio recording our conversation and transcribing it at a later date. You will have access to this transcription upon request.

Some of our conversation will include topics around experiences of emotional state. All the questions that I will ask are completely voluntary and you have the option to skip any question you do not wish to answer.

Should any of the topics cause you to experience some emotional discomfort, please know that you may stop or pause the interview and/or recording at any time. If you chose, I can walk you over to the college's Behavioral Health Counseling Services at that time. Here is a list of mental health resources that include the college's Behavioral Health Counseling Services and off-campus counseling and psychological services. I will take a moment now to read these resources to you, then provide you a written copy.

You, as a specific named individual, will not be identified in this study. However, your ideas will be summarized and generalized, and non-identifying quotations may be used.

To maintain your confidentiality, a pseudonym will be assigned to you. I encourage you to refrain from using real names during this interview. But, should real names be mentioned, they will be edited in the interview transcript to protect identities.

Do you have any questions before we begin?

(Interview Questions)

We will begin with the scenario section of this interview. I am going to read three different scenarios to you, then ask you follow-up questions related to each scenario. Please answer each question with as much detail as you can.

(pause)

1. I want you to close your eyes and imagine the following scenario. You walk into a class 10 minutes before it begins. Your professor is standing at the front of the class preparing for his lecture. Five students, who are White, are seated in the front row quietly talking with each other. As you sit down in the front row next to this group of students, a female student turns to you and says loudly, "I think I saw you yesterday! You were walking into the welfare office at the county's building with your child/ren." You look around and realize that the other students in the class and the professor are looking at you. You turn to the student and acknowledge that it was you and your child/ren she saw, then sit quietly at your desk.

(pause)

- a) Identify any thoughts you might have about yourself in this moment.
- b) Describe each of the thoughts you just identified.
- c) How do those thoughts make you feel? Explain.

(pause)

2. I want you to close your eyes and imagine the following scenario. You are enrolled in a class that has presented you with several challenges. You are struggling to understand the content, having a difficult time keeping up with the homework assignments, and did not perform as well as you would have liked on the first exam. At the start of today's class, the professor hands back the second exam with a grade. You look at your exam and see that you have received a "F."

- a) Identify any thoughts you might have about yourself in this moment.
- b) Describe each of the thoughts you just identified.
- c) How do those thoughts make you feel? Explain.

(pause)

3. I want you to close your eyes and imagine the following the following scenario. You are seated in your kitchen writing a final paper for a class that is due early the next morning. Your child walks up to you and says, "Mom, you haven't played with me all week. Can we go to the park today to play together?" While you want to go to the park to play with your child, you tell your child that you cannot go because you must stay home to complete the paper.

- a) Identify any thoughts you might have about yourself in this moment.
- b) Describe each of the thoughts you just identified.
- c) How do those thoughts make you feel? Explain.

(pause)

4. Do you have anything else you would like to share in response to the scenario section of this interview?
5. Are there any other experiences of emotional distress frequently experienced by you that you would like to share?

(pause)

Now that we have completed the scenario section of this interview, we will move forward with other questions.

Self-Kindness Versus Self-Judgment

6. When you make mistakes, get things wrong, or do not succeed in the way you would have liked, how easy or difficult do you find it to exclude self-judgment from your thoughts?

Mindfulness Versus Overidentification

7. During difficult experiences, do you tend to amplify, avoid, or repress your emotions? Or, do you tend to do none of these things? Explain.

Sense of Humanity Versus Isolation

8. Do you feel as if you share similar experiences to other people? In other words, do you think that the sorts of experiences you've had, in general, are experiences that happen to others? If so, is it helpful when you are experiencing something upsetting or challenging to think that you are not the only person who has experienced this? Why/why not?

(pause)

9. We have talked about a number of different topics and ideas today that have all linked together in different ways. Are there any other ideas or experiences that we have not thought about that you think would connect to our discussion?
10. Do you have any other thoughts about anything that we have discussed today or any comments to make about the discussion itself?

END RECORDER

Thank you for agreeing to be interviewed by me today. I sincerely appreciate your openness during the interview process. Here is a \$15 transportation stipend to defray the cost of you coming here today by car or public transportation. I will now be giving you a 7-day take home journal, which you will begin tomorrow. You will respond to the questions in the journal each day over the following seven consecutive days at a time and location that is convenient for you. If you wish to stop the journal activity at any time due to emotional discomfort, please do so. In nine days' time, I will contact you by phone to schedule a convenient time for you to return the journal to my office at the college campus. At that time, I will provide you with another \$15 transportation stipend. You do not have to submit 7 daily submissions in order to receive the stipend, however, that is the goal of this phase in the research study.

APPENDIX B

Take-Home Journal

Directions

The attached journal is intended for completion over the next 7 consecutive days. You will begin the journal tomorrow. Please feel free to complete each day's journal entry at a time and location that is convenient for you.

All of the questions in the journal prompt are voluntary. Should any of the questions cause you to experience emotional discomfort, please know that you may stop the journal at any time.

You, as a specific named individual, will not be identified in the study. However, your ideas will be summarized and generalized, and nonidentifying information may be used.

To maintain confidentiality, you are encouraged to refrain from using real names. For example, refer to your child as "my son" or "my daughter" rather than by his or her real name. But, should real names be mentioned, they will be edited in the interview transcript to protect identities.

What to expect

Each day you will receive a reminder text to complete your daily journal entry.

On Day 8, after completion of the 7-day journaling activity, you will receive an email and a phone call from the researcher to schedule a time and date to return the journal to the researcher's office.

You will receive \$15 at that time you return the journal to reduce transportation costs to you for coming to campus.

DAY 1

³Identify an experience (good or bad) from today that had a significant impact on your emotional state.

- a) Describe this experience in detail.
- b) What are your thoughts about yourself as a result of this experience?
- c) What emotions are you experiencing as a result of those thoughts?
- d) Describe the emotions in as much detail as you can.

³ Each of the 7 days had the same prompt.

APPENDIX C

Demographic Questionnaire

Thank you for your interest in participating in my dissertation research project exploring common experiences impacting the emotional state of single mother CalWORKs students of color at a community college, as well as the ways that single mother CalWORKs students of color at a community college relate to themselves during such experiences. All potential participants will need to fill out this Demographic Questionnaire. There are three required questions (to determine eligibility for the study). Those required questions have been marked with an asterisk (*).

Are you 18 or over?*

- Yes
- No

Do you identify as a woman of color?*

- Yes
- No

Are you currently participating in the CalWORKs program?*

- Yes
- No

Please indicate how you self-identify based on the list below. You can select more than one.

- African American
- American Indian/Alaska Native
- Asian
- Filipino
- Hispanic/Latina
- Pacific Islander
- Not listed

Please indicate: _____

APPENDIX D

Participant Recruitment Email

Dear [Participant's Name],

My name is Christina McKinney. I am a CalWORKs Counselor at [institution identified] and a candidate in the Joint Doctoral--EdD--program in Educational Leadership at the University of California, San Diego and California State University, San Marcos. I am seeking ten participants for my study that explores how single mother CalWORKs students of color at a community college respond to themselves during emotionally impactful experiences and the ways that they relate to themselves during such experiences.

This study is strictly voluntary and will in no way impact enrollment in the CARE and CalWORKs programs or services received through these programs. Furthermore, this is a confidential study. The personal identities of participants will be kept confidential.

The study will consist of **1)** a 60-minute individual interview, **2)** a 7-day take home journal, and **3)** a 60-minute focus group with all ten participants. Both the 60-minute individual interview and the 60-minute focus group will take place at [institution identified]. To reduce transportation costs, participants will receive a transportation stipend in the total amount of \$45 as follows: \$15 upon completing the 60-minute interview, \$15 upon returning your 7-day take home journal, and \$15 after participating in the 60-minute focus group.

If you would like to be considered for this study, you will need you to complete and submit the attached documents:

1. **Demographic Questionnaire.** The Demographic Questionnaire helps me understand more about your unique identities. This form also helps me confirm that you meet the additional parameters of the study (at least 18 years of age, a CalWORKs student, and self-identify as a woman of color).

AND

2. **Informed Consent Form.** The Informed Consent Form outlines my research project, the potential risks and benefits, as well as acknowledgement that the study is voluntary and confidential. You must be at least 18 years old to participate in this study, and by signing the Informed Consent Form, you give your written permission to participate in this voluntary and confidential study.

For ease, you can fill in both PDF forms directly. Please print the Informed Consent Form and sign it *before* emailing it back to me.

Upon receipt of your completed Demographic Questionnaire and Informed Consent Form, I will then verify your eligibility for the study. Should you qualify for the study and should there be

open participation slots (10 participants), I will send you an email confirming your participation. I will contact you by phone shortly thereafter to schedule your 60-minute individual interview.

Participation in the study is limited to 10 participants and admission into the study is rolling. The sooner you submit your completed Demographic Questionnaire and signed Informed Consent Form, the more likely you will be selected to participate in this research project.

I am very excited about your participation in the study. Please email me if you have any questions or concerns regarding the study. I would be more than happy to answer them.

Sincerely,

Christina McKinney, MA
Doctoral Candidate, Educational Leadership
University of California, San Diego | CSU San Marcos
[work email given]
[work phone number given]

APPENDIX E

Confirmation Email to Selected Participants

Dear [Participant's Name],

Thank you for submitting your Demographic Questionnaire and signed Informed Consent Form. I have reviewed your Demographic Questionnaire and you qualify for the study.

I will be contacting you by telephone next week to schedule your 60-minute individual interview that will take place in my office at [location identified].

Thank you again for your interest in participating.

Sincerely,

Christina McKinney, MA
Doctoral Candidate, Educational Leadership
University of California, San Diego | CSU San Marcos
[Work phone number given]
[Work email given]

APPENDIX F

Informed Consent Form

Dear Future Participant,

My name is Christina McKinney. I am a doctoral candidate in the Joint Doctoral EdD program in Educational Leadership at the University of California, San Diego and California State University, San Marcos. Thank you for your willingness to participate in my dissertation research project exploring common experiences impacting the emotional state of single mother CalWORKs students of color at a community college, as well as the ways that single mother CalWORKs students of color at a community college relate to themselves during such experiences.

Please read this informed consent form carefully. I encourage you to ask me about any concerns or questions you may have. When you are ready, please sign and return this form to confirm your participation in the study.

STUDY PURPOSE: The purpose of this qualitative study is to explore, through an intersectional lens of gender, race, and social class, common experiences that impact the emotional state of single mother CalWORKs students of color at a community college. The study will also explore common language used by participants as they relate to themselves during such experiences.

NUMBER OF PARTICIPANTS: There will be a total of 10 single mother CalWORKs students (participants), who self-identify as women of color, selected to participate in this study.

PROCEDURES FOR THE STUDY: If you participate in this study, you will be asked to complete and submit the Demographic Questionnaire and the Informed Consent Form. Upon qualifying for the study based on criteria identified through the Demographic Questionnaire, you will be notified by email. The study will consist of **1)** a 60-minute individual interview, **2)** a 7-day take-home journal, and **3)** a 60-minute focus group with all 10 participants. Both the 60-minute individual interview and the 60-minute focus group will take place at [institution identified]. To reduce transportation costs, you will receive a total amount of \$45 transportation stipend as follows: \$15 upon completing the 60-minute interview; \$15 upon returning your 7-day take home journal; and \$15 after participating in the 60-minute focus group.

DEMOGRAPHIC QUESTIONNAIRE AND STUDY PROTOCOL: The attached Demographic Questionnaire will be used to verify your eligibility to participate in the study. All eligible participants must be single mother students actively participating in the CalWORKs program at a community college. They must also self-identify as women of color. The 60-minute individual interview will be audio-recorded in the researcher's campus office at a time that is convenient for you and the researcher to meet. It will consist of semi-structured questions. The 7-day take-home journal will consist of short reflective essay questions that can be completed at a time and location most convenient for you. The 60-minute focus group will take place in a college classroom at a time that is convenient for all 10 participants and the researcher to meet.

RISKS AND INCONVENIENCES: There are minimal risks and inconveniences to participating in this study. The potential risks of participating in the study may include:

1. The on-campus research activities may be inconvenient for you.
2. During all three activities of the study, you will be asked to recall lived experiences that may cause you some emotional discomfort.

3. You may worry about the confidentiality of your identity, and the identities of others, in the study.
4. You may worry about the confidential storage of your personal data by the researcher.

SAFEGUARDS: To minimize these risks and inconveniences, the following measures will be taken:

1. Participation in the study is completely voluntary. The protocols of this study have been made to be as convenient as possible for you. The Informed Consent Form and Demographic Questionnaire are both completed, signed, and submitted online. The individual interview, completion of the 7-day take-home journal, return of the 7-day take home journal, and focus group can be conducted at a time that is convenient for both you and the researcher.
2. There is only one required question in the Demographic Questionnaire to ensure that you meet the criteria of the case study. This required question will be marked by an asterisk. Participants will have the option of not answering the nonrequired questions.
3. The researcher will inform you verbally and in writing of counseling and psychological resources before all three research activities. You will be informed at the beginning of the individual interview, 7-day take-home journal, and the focus group that you may pause the activity at any time, if necessary, for whatever reason.
4. You will be reminded during the directions given for to the individual interview, the 7-day take-home journal, and before the start of the focus group that you should do your best to protect not only your identity, but also the identities of others by not using real names.
5. The researcher will conduct most communication with you via a password-protected email address. Only the researcher will have access to this password-protected email address. Additionally, all data (written and audio) will be divided and stored on a password-protected flash-drive, which will be made available only to the researcher. This password-protected flash-drive will be stored in a locked file cabinet accessible only to the research. Your Informed Consent Form with your real name will be stored on the password-protected flash-drive. Your 7-day take-home journal will be shredded upon completion of transcription, unless you request that it be returned to you.

CONFIDENTIALITY: Your demographic information and narrative responses will be published in the study; however, pseudonyms will be used to maintain confidentiality.

VOLUNTARY PARTICIPATION: Taking part in this study is completely voluntary. Your participation or lack of participation in the study will in no way impact your enrollment in the college's CARE and CalWORKs programs or services you receive from these programs. You may choose to leave the study at any time. Leaving the study will not result in any penalty.

BENEFITS OF TAKING PART IN THE STUDY: Your participation will help add knowledge to current literature on the experiences of single mother CalWORKs students of color in community college.

CONTACT INFORMATION AND SIGNATURES: If you have questions or concerns about the study, I would be happy to address them. To reach me, please call me at [work phone number given] or email me at [work email given]. You may also reach the chair of this study, Dr. Manuel Vargas, Professor of Educational Leadership, at mvargas@csusm.edu. You will be given a copy of this form for your records. If you have any questions about your rights as a participant in this research or if you feel you have been placed at risk, you may contact the CSU San Marcos Institutional Review Board office at irb@csusm.edu or (760) 750-4029.

PARTICIPANT'S CONSENT: By initialing the following statements, you are giving consent to participate in the study. You must be at least 18 years old to give your consent.

- _____ I certify that I am 18 years or older.
- _____ I agree to participate in this research study.
- _____ I agree to submit a 7-day take home journal.
- _____ I agree to be audio-recorded.

Participant Name

Participant Signature

Date

Researcher Name

Researcher Signature

Date

APPENDIX G

Mental Health Resource List

[Institution identified] College Behavioral Health Counseling Services

Locations

[Address and phone number provided for each campus]

CalWORKs Mental Health Services

[Address and phone number provided]

Outside Mental Health Resources

Psychology Today's Therapy Directory

<https://therapists.psychologytoday.com>

Listings for psychologists, psychiatrists, therapists, counselors, support groups, and treatment centers.

Therapist Referral Network

1-800-843-7274

Provides referrals to mental health professionals that accept a variety of insurance plans, including Medicare and Medicaid.

Crisis Hotlines

Crisis Text Line

Text CONNECT to 741741

Free, 24/7 support for those in crisis

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

APPENDIX H

Focus Group Questions

START RECORDER

I want to start by thanking you for taking time out of your busy schedule to speak with me. We have an hour set aside for our conversation today.

Before we begin, I want you to know that I will be audio recording our conversation and transcribing it at a later date. You will have access to this transcription if you so desire.

Some of our conversation will include topics around experiences of emotional state. All the questions that I will ask are completely voluntary. You have the option of not responding to a question. You may also stop or pause the focus group at any time. If necessary and you choose, I can walk with you to the college's Behavioral Health Counseling Services. Upon my return from Behavioral Health Counseling Services, we will continue the focus group with the remaining participants. Here is a list of mental health resources that include the college's Behavioral Health Counseling Services and off-campus counseling and psychological services. I will take a moment now to read these resources to you, then provide you a written copy.

You, as a specific named individual will not be identified in my study. However, your ideas will be summarized and generalized, and non-identifying information may be used.

For identification purposes, please clearly state the pseudonym that was assigned to you before you respond to a question.

To maintain confidentiality, I encourage you to refrain from using real names during the focus group. But, should real names be mentioned, they will be edited in the interview transcript to protect identities.

Focus Group Questions

The first set of questions pertain to common experiences of emotional distress for single mother CalWORKs of color at community college. For the purposes of this study, emotional distress is defined as a state of mental suffering caused by an unpleasant experience. It is typically attached to negative emotions.

1. Identification as a Welfare Recipient was identified as a common experience of emotional distress for participants in this study. [Describe the theme, Identification as a Welfare Recipient] Do you believe this finding is accurate or inaccurate for you? Please explain why you believe that to be true for you.
2. Identification as a Welfare Recipient was identified as an experience that connects with gender, race, and socio-class oppression and/or marginalization, do you agree or disagree with this classification? Please explain.
3. Is there anything else you would like to add to our discussion on Identification as a Welfare Recipient?
4. Academic Performance was identified as a common experience of emotional distress for participants in this study. [Describe the theme, Academic Performance] Do you believe

this finding is accurate or inaccurate for you? Please explain why you believe that to be true for you.

5. Academic Performance was identified as an experience that connects with gender, race, and socio-class oppression and/or marginalization, do you agree or disagree with this classification? Please explain.
6. Is there anything else you would like to add to our discussion on Academic Performance?
7. Ongoing Welfare-to-Work Requirements was identified as a common experience of emotional distress for participants in this study. [Describe the theme, Ongoing Welfare-to-Work Requirements] Do you believe this finding is accurate or inaccurate for you? Please explain why you believe that to be true for you.
8. Ongoing Welfare-to-Work Requirements was identified as an experience that connects with gender, race, and socio-class oppression and/or marginalization, do you agree or disagree with this classification? Please explain.
9. Is there anything else you would like to add to our discussion on Ongoing Welfare-to-Work Requirements?
10. Restricted Time With Child Dependents was identified as a common experience of emotional distress for participants in this study. [Describe the theme, Restricted Time With Child Dependents] Do you believe this finding is accurate or inaccurate for you? Please explain why you believe that to be true for you.
11. Restricted Time With Child Dependents was identified as an experience that connects with gender and socio-class oppression and/or marginalization, do you agree or disagree with this classification?
12. Is there anything else you would like to add to our discussion on Restricted Time With Child Dependents?
13. Are there other experiences of emotional distress outside of those previously identified that you believe to be common and would like to share?
14. Thoughts of Regret was identified as a common way that participants in this study relate to themselves during experiences of emotional distress. [Describe the theme, Thoughts of Regret]. Do you believe this finding is accurate or inaccurate for you? Please explain.
15. Negative Self-Descriptors was identified as a common way that participants in this study relate to themselves during experiences of emotional distress. [Describe the theme, Negative Self-Descriptors] Do you believe this finding is accurate or inaccurate for you? Please explain.
16. Perceived Judgment by Others was identified as a common way that participants in this study relate to themselves during experiences of emotional distress. [Describe the theme, Perceived Judgment by Others]. Do you believe this finding is accurate or inaccurate for you? Please explain.
17. Negative Thoughts on the Future was identified as a common way that participants in this study relate to themselves during experiences of emotional distress. [Describe the theme, Negative Thoughts on the Future]. Do you believe this finding is accurate or inaccurate for you? Please explain.
18. Are there other ways of relating to yourself during experiences of emotional distress that you believe are common and would like to share?
19. Self-Judgment was identified as a common way of relating to oneself during experiences of emotional distress for participants in this study. [Define self-judgment]. Do you believe this finding is accurate or inaccurate for you? Please explain.

20. Overidentification was identified as a common way of relating to oneself during experiences of emotional distress for participants in this study. [Define overidentification]. Do you believe this finding is accurate or inaccurate for you? Please explain.
21. Feelings of Isolation was identified as a common way of relating to oneself during experiences of emotional distress for participants in this study. [Define feelings of isolation] Do you believe this finding is accurate or inaccurate for you? Please explain.
22. Feeling a Sense of Humanity was identified as common way of relating to oneself during experiences of emotional distress for participants in this study who attend CARE and CalWORKs workshops and/or support groups. [Define feeling a sense of humanity]. For those of you that participate in these activities, do you believe this finding is accurate or inaccurate for you? Please explain.

(pause)

23. Is there anything else you would like to add to what was discussed today?

Definitions

Isolation: refers to the belief that “I” am the only one who has failed or am suffering

Self-Judgment: refers to harsh judgment of oneself for personal shortcomings

Self-Kindness: refers to gentle, understanding, and supportive treatment of oneself

Mindfulness: refers to awareness of one’s present moment experience of suffering

Uncomfortable thoughts and emotions are approached with clarity and balance

Overidentification: involves overidentify with uncomfortable thoughts and emotions

Sense of Humanity: involves the acknowledgment that humans are imperfect, that all people fail, make mistakes, and have life challenges

APPENDIX I

Thank You Email Communication to Non-Selected Participant

Dear [Participant's Name],

Thank you for submitting your Demographic Questionnaire and signed Informed Consent Form. I have reviewed your Demographic Questionnaire and, unfortunately, you did not meet the criteria for this study. Both your Demographic Questionnaire and signed Informed Consent Form will be shredded at this time to protect any personal identifying information you provided.

Thank you again for your interest in participating.

Sincerely,

Christina McKinney, M.A.,
Doctoral Candidate, Educational Leadership
University of California, San Diego | CSU San Marcos
[Work phone number given]
[Work email given]

APPENDIX J

Thank You Email Communication to Waitlist Participants

Dear [Participant's Name],

Thank you for submitting your Demographic Questionnaire and signed Informed Consent Form. I have reviewed your Demographic Questionnaire, and you qualify for participation in this study. At this time, I have already confirmed 10 participants for the study, therefore, I have placed your name on the waitlist.

Should a spot become available, I will let you know. If you do not want your information to be kept on an alternate list, please let me know, and I will shred your Demographic Questionnaire and signed Informed Consent Form.

Thank you again for your interest in participating, and should a position become available in the future, I will be in touch.

Sincerely,

Christina McKinney, MA
Doctoral Candidate, Educational Leadership
University of California, San Diego | CSU San Marcos
[Work phone number given]
[Work email given]

REFERENCES

- Abramovitz, M. (1996). *Regulating the lives of women: Social welfare policy from colonial times to the present*. Boston, MA: South End Press.
- Adair, V. C., & Dahlberg, S. L. (2003). *Reclaiming class: Women, poverty and the promise of education in America*. Philadelphia, PA: Temple University.
- Adler, N. E., Boyce, T., Chesney, M. A., Cohen, S., Folkman, S., Kahn, R. L., & Syme, S. L. (1994). Socioeconomic status and health: The challenge of the gradient. *American Psychologist*, *49*, 15-24. doi:10.1037/0003-066X.49.1.15
- Aiken, A. R. A., Dillaway, C., & Mevs-Korff, N. (2015). A blessing I can't afford: Factors underlying the paradox of happiness about unintended pregnancy. *Social Science & Medicine*, *132*, 149-155. doi:10.1016/j.socscimed.2015.03.038
- Akin, A., & Akin, U. (2017). Does self-compassion predict spiritual experiences of Turkish university students? *Journal of Religion and Health*, *56*, 109-117. doi:10.1007/s10943-015-0138-y
- Albertson, E. R., Neff, K. D., & Dill-Shackleford, K. E. (2015). Self-compassion and body dissatisfaction in women: A randomized controlled trial of a brief meditation intervention. *Mindfulness*, *6*, 444-454. doi:10.1007/s12671-014-0277-3
- Alcántara, C., Casement, M. D., & Lewis-Fernandez, R. (2013). Conditional risk for PTSD among Latinos: A systematic review of racial/ethnic differences and sociocultural explanations. *Clinical Psychology Review*, *33*, 107-119. doi:10.1016/j.cpr.2012.10.005
- Alegría, M., Fortuna, L. R., Lin, J. Y., Norris, L. F., Gao, S., Takeuchi, D. T., . . . Valentine, A. (2013). Prevalence, risk, and correlates of posttraumatic stress disorder across ethnic and racial minority groups in the US. *Medical Care*, *51*, 1114-1123. doi:10.1097/MLR.0000000000000007
- Allen, A. B., & Leary, M. R. (2010). Self-compassion, stress, and coping. *Social and Personality Psychology Compass*, *4*, 107-118. doi:10.1111/j.1751-9004.2009.00246.x
- American Academy of Pediatrics. (2013, May 4). *Poverty threatens health of U.S. children*. Retrieved from <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/Poverty-Threatens-Health-of-US-Children.aspx>
- American College Health Association (ACHA). (2016). *American College Health Association-National college health assessment II: Reference group executive summary Spring 2016*. Hanover, MD: Author.
- American College Health Association (ACHA). (2017). *American College Health Association-National college health assessment II: Reference group executive summary Spring 2017*. Hanover, MD: Author.

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- American Psychological Association, Task Force on Socioeconomic Status (2007). *Report of the APA Task Force on socioeconomic status*. Washington, DC: American Psychological Association.
- Americans With Disabilities Act of 1990, 42 U.S.C.A. § 12101 et seq.
- Anthias, F., & Yuval-Davis, N. (1983). Contextualizing feminism—gender, ethnic and class divisions. *Feminist Review*, No. 15, 62-75. doi:10.2307/1394792
- Anthias, F., & Yuval-Davis, N. (1992). *Racialized boundaries: Race, nation, gender, colour and class and the anti-racist struggle*. London, England: Routledge.
- Arch, J. J., Brown, K. W., Dean, D. J., Landy, L. N., Brown, K. D., & Laudenslager, M. L. (2014). Self-compassion training modulates alpha-amylase, heart rate variability, and subjective responses to social evaluative threat in women. *Psychoneuroendocrinology*, 42, 49-58. doi:10.1016/j.psyneuen.2013.12.018
- Arimitsu, K., & Hofmann, S. G. (2015). Cognitions as mediators in the relationship between self-compassion and affect. *Personality and Individual Differences*, 74, 41-48. doi:10.1016/j.paid.2014.10.008
- Ashmore, R. D., Deaux, K., & McLaughlin-Volpe, T. (2004). An organizing framework for collective identity: Articulation and significance of multidimensionality. *Psychological Bulletin*, 130, 80-114. doi:10.1037/0033-2909.130.1.80
- Austin, S. A., & McDermott, K. A. (2003). College persistence among single mothers after welfare reform: An exploratory study. *Journal of College Student Retention: Research, Theory & Practice*, 5, 93-113. doi:10.2190/UQLX-BQX6-BYW0-YT89
- Avison, W. R., Ali, J., & Walters, D. (2007). Family structure, stress, and psychological distress: A demonstration of the impact of differential exposure. *Journal of Health and Social Behavior*, 48, 301-317. doi:10.1177/002214650704800307
- Backels, S., & Meashey, L. E. (1997). Anxiety, depression and the 4.0: Brief therapy with high-achieving, nontraditional female students. *Journal of College Student Psychotherapy*, 12, 45-56. doi:10.1300/J035v12n01_05
- Baer, R. A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*, 10, 125-143. doi:10.1093/clipsy.bpg015
- Baer, R. A. (2010). Self-compassion as a mechanism of change in mindfulness and acceptance-based treatments. In R. Baer (Ed.), *Assessing mindfulness and acceptance processes in clients: Illuminating the theory and practice of change* (pp. 135-153). Oakland, CA: Context Press/New Harbinger.

- Ball, H. (2011). *A defiant life: Thurgood Marshall and the persistence of racism in America*. New York, NY: Three Rivers Press.
- Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: The LGBT People of Color Microaggressions Scale. *Cultural Diversity and Ethnic Minority Psychology, 17*, 163-174. doi:10.1037/a0023244
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York, NY: W. H. Freeman.
- Barnard, L. K., & Curry, J. F. (2011). Self-compassion: Conceptualizations, correlates, & interventions. *Review of General Psychology, 15*, 289-303. doi:10.1037/a0025754
- Barnett, M. D., & Sharp, K. J. (2016). Maladaptive perfectionism, body image satisfaction, and disordered eating behaviors among US college women: The mediating role of self-compassion. *Personality and Individual Differences, 99*, 225-234. doi:10.1016/j.paid.2016.05.004
- Bartky, S. L. (2003). Foucault, femininity, and the modernization of patriarchal power. In R. Weitz (Ed.), *The politics of women's bodies* (pp. 25-45). New York, NY: University Press.
- Bassuk, E. L., Browne, A., & Buckner, J. C. (1996). Single mothers and welfare. *Scientific American, 275*(4), 60-67. Retrieved from <https://www.jstor.org/stable/24993404>
- Bassuk, E. L., Weinreb, L. F., Buckner, J. C., Browne, A., Salomon, A., & Bassuk, S. S. (1996). The characteristics and needs of sheltered homeless and low-income housed mothers. *Jama, 276*, 640-646. doi:10.1001/jama.1996.03540080062031
- Batten, S. V., & Hayes, S. C. (2005). Acceptance and commitment therapy in the treatment of comorbid substance abuse and post-traumatic stress disorder: A case study. *Clinical Case Studies, 4*, 246-262. doi:10.1177/1534650103259689
- Baum, F. (2007). Cracking the nut of health equity: Top down and bottom up pressure for action on the social determinants of health. *Promotion & Education, 14*(2), 90-95. doi:10.1177/10253823070140022002
- Beck, A. T., Emery, G., & Greenberg, R. L. (2005). *Anxiety disorders and phobias: A cognitive perspective*. New York, NY: Basic Books.
- Beeble, M. L., Bybee, D., & Sullivan, C. M. (2010). The impact of resource constraints on the psychological well-being of survivors of intimate partner violence over time. *Journal of Community Psychology, 38*, 943-959. doi:10.1002/jcop.20407
- Benson, M. L., & Fox, G. L. (2004). *When violence hits home: How economics and neighborhood play a role* (NIJ Research in Brief No. 205004). Washington, DC: National Institute of Justice. Retrieved from <http://www.ncjrs.gov/App/publications/abstract.aspx?ID=205004>

- Berila, B. (2015). *Integrating mindfulness into anti-oppression pedagogy: Social justice in higher education*. New York, NY: Routledge.
- Besley, T., & Coate, S. (1992). Understanding welfare stigma: Taxpayer resentment and statistical discrimination. *Journal of Public Economics*, 48, 165-183. doi:10.1016/0047-2727(92)90025-B
- Birkett, M. (2014). Self-compassion and empathy across cultures: Comparison of young adults in China and the United States. *International Journal of Research Studies in Psychology*, 3(1), 25-34. doi:10.5861/ijrsp.2013.551
- Birnie, K., Speca, M., & Carlson, L. E. (2010). Exploring self-compassion and empathy in the context of mindfulness-based stress reduction (MBSR). *Stress and Health*, 26, 359-371. doi:10.1002/smi.1305
- Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., & Devins, G. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice*, 11, 230-241. doi:10.1093/clipsy.bph077
- Black, K., & Lobo, M. (2008). A conceptual review of family resilience factors. *Journal of Family Nursing*, 14, 33-55. doi:10.1177/1074840707312237
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., . . . Stevens, M. R. (2011). *The national intimate partner and sexual violence survey (NISVS): 2010 summary report*. Atlanta, GA: National Center for Injury Prevention and Control. Retrieved from <https://stacks.cdc.gov/view/cdc/11637>
- Blanco, C., Okuda, M., Wright, C., Hasin, D. S., Grant, B. F., Liu, S. M., & Olfson, M. (2008). Mental health of college students and their non-college-attending peers: Results from the national epidemiologic study on alcohol and related conditions. *Archives of General Psychiatry*, 65, 1429-1437. doi:10.1001/archpsyc.65.12.1429
- Bluth, K., Roberson, P. N., & Gaylord, S. A. (2015). A pilot study of a mindfulness intervention for adolescents and the potential role of self-compassion in reducing stress. *Explore: The Journal of Science and Healing*, 11, 292-295. doi:10.1016/j.explore.2015.04.005
- Bombach, K. (2001). Moving welfare families into economic self-sufficiency: A model from El Paso Community College. In C. D. Lisman (Ed.), *The community college role in welfare to work* (New Directions for Community Colleges, No. 116, pp. 73-82). San Francisco, CA: Jossey-Bass.
- Bonilla-Silva, E. (2017). What we were, what we are, and what we should be: The racial problem of American sociology. *Social Problems*, 64, 179-187. doi:10.1093/socpro/spx006

- Bos, J., Scrivener, S., Snipes, J., & Hamilton, G. (2001). *Improving basic skills: The effects of adult education in welfare-to-work programs*. Washington DC: U.S. Department of Health and Human Services and the U.S. Department of Education. Retrieved from <https://www.mdrc.org/publication/improving-basic-skills>
- Bowleg, L. (2012). The problem with the phrase women and minorities: Intersectionality—an important theoretical framework for public health. *American Journal of Public Health, 102*, 1267-1273. doi:10.2105/AJPH.2012.300750
- Brach, T. (2003). *Radical acceptance: Embracing your life with the heart of a Buddha*. New York, NY: Bantam.
- Brady, K. T., Killeen, T. K., Brewerton, T., & Lucerini, S. (2000). Comorbidity of psychiatric disorders and posttraumatic stress disorder. *Journal of Clinical Psychiatry, 61*(Suppl7), 22-32. Retrieved from <https://www.psychiatrist.com/Pages/home.aspx>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101. doi:10.1191/1478088706qp063oa
- Breines, J. G., & Chen, S. (2012). Self-compassion increases self-improvement motivation. *Personality and Social Psychology Bulletin, 38*, 1133-1143. doi:10.1177/0146167212445599
- Breslau, J., Kendler, K. S., Su, M., Gaxiola-Aguilar, S., & Kessler, R. C. (2005). Lifetime risk and persistence of psychiatric disorders across ethnic groups in the United States. *Psychological Medicine, 35*, 317-327. doi:10.1017/S0033291704003514
- Breslau, N., Davis, G. C., Andreski, P., & Peterson, E. (1991). Traumatic events and posttraumatic stress disorder in an urban population of young adults. *Archives of General Psychiatry, 48*, 216-222. doi:10.1001/archpsyc.1991.01810270028003
- Breslau, N., Roth, T., Rosenthal, L., & Andreski, P. (1996). Sleep disturbance and psychiatric disorders: A longitudinal epidemiological study of young adults. *Biological Psychiatry, 39*, 411-418. doi:10.1016/0006-3223(95)00188-3
- Brewin, C. B., & Firth-Cozens, J. (1997). Dependency and self-criticism as predictors of depression in young doctors. *Journal of Occupational Health Psychology, 2*, 242-246. doi:10.1037/1076-8998.2.3.242
- Brooks, M. G., & Buckner, J. C. (1996). Work and welfare: Job histories, barriers to employment, and predictors of work among low-income single mothers. *American Journal of Orthopsychiatry, 66*, 526-537. doi:10.1037/h0080202
- Brougham, R. R., Zail, C. M., Mendoza, C. M., & Miller, J. R. (2009). Stress, sex differences, and coping strategies among college students. *Current Psychology, 28*, 85-97. doi:10.1007/s12144-009-9047-0

- Broussard, C. A., Joseph, A. L., & Thompson, M. (2012). Stressors and coping strategies used by single mothers living in poverty. *Affilia*, 27, 190-204. doi:10.1177/0886109912443884
- Brown, B. (2004). *Women & shame: Reaching out, speaking truths & building connection*. Austin, TX: 3C Press.
- Brown, B. (2006). Shame resilience theory: A grounded theory study on women and shame. *Families in Society*, 87, 43-52. doi:10.1606/1044-3894.3483
- Brown, B. (2012). *Daring greatly: How the courage to be vulnerable transforms the way we live, love, parent, and lead*. New York, NY: Avery.
- Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of Personality and Social Psychology*, 84, 822-848. doi:10.1037/0022-3514.84.4.822
- Brown, M. (1999). Race in the American welfare state: The ambiguities of 'universalistic' social policy since the New Deal. In A. Reed, Jr. (Ed.), *Without justice for all: The new liberalism and our retreat from racial equality* (pp. 93-122). Boulder, CO: Westview Press.
- Browne, A., & Bassuk, S. S. (1997). Intimate violence in the lives of homeless and poor housed women: Prevalence and patterns in an ethnically diverse sample. *American Journal of Orthopsychiatry*, 67, 261-278. doi:10.1037/h0080230
- Brownson, C., Drum, D. J., Smith, S. E., & Burton Denmark, A. (2011). Differences in suicidal experiences of male and female undergraduate and graduate students. *Journal of College Student Psychotherapy*, 25, 277-294. doi:10.1080/87568225.2011.605692
- Buel, S. M., & Hirst, E. M. (2009). Obstacles and remedies for criminal and civil justice for victims of intimate partner violence. In C. Mitchell & D. Anglin (Eds.), *Intimate partner violence: A health based perspective* (pp. 429-442). New York, NY: Oxford University Press.
- Burnham, L. (2001). *The wellspring of Black feminist theory* (Working Paper Series, No. 1). Oakland, CA: Women of Color Resource Center. Retrieved from <https://solidarity-us.org/pdfs/cadreschool/fws.burnham.pdf>
- Caetano, R., Field, C. A., Ramisetty-Mikler, S., & McGrath, C. (2005). The 5-year course of intimate partner violence among White, Black, and Hispanic couples in the United States. *Journal of Interpersonal Violence*, 20, 1038-1057. doi:10.1177/0886260505277783
- California Community College Chancellor's Office. (2010). *California Community Colleges CalWORKs Program: 2006-2009* [Program report]. Retrieved from <https://californiacommunitycolleges.cccco.edu/Portals/0/Reports/CalWORKs2010toPrint.pdf>

- California Community College Chancellor's Office. (n.d.-a). *Cooperative Agencies Resources for Education (CARE) Program*. Retrieved from <http://extranet.cccco.edu/Divisions/StudentServices/EOPSCARE.aspx>
- California Community College Chancellor's Office. (n.d.-b). *Management information systems data mart*. Retrieved from https://datamart.cccco.edu/Services/CalWORKs_Status.aspx
- California Department of Social Services. (2016, January). *CalWORKs annual summary, January 2016* [Report]. Retrieved from http://www.cdss.ca.gov/cdssweb/entres/pdf/CW_AnnualSummary2016.pdf
- California Department of Social Services. (n.d.). *CalFresh*. Retrieved from <http://www.cdss.ca.gov/inforesources/calfresh>
- Calogero, R. M., & Watson, N. (2009). Self-discrepancy and chronic social self-consciousness: Unique and interactive effects of gender and real-ought discrepancy. *Personality and Individual Differences, 46*, 642-647. doi:10.1016/j.paid.2009.01.008
- Campbell-Sills, L., Cohan, S. L., & Stein, M. B. (2006). Relationship of resilience to personality, coping, and psychiatric symptoms in young adults. *Behaviour Research and Therapy, 44*, 585-599. doi:10.1016/j.brat.2005.05.001
- Carnevale, A. P., Smith, N., & Strohl, J. (2010). *Help wanted: Projections of job and education requirements through 2018*. Washington, DC: Georgetown University Center on Education and the Workforce. Retrieved from <https://eric.ed.gov/?id=ED524310>
- Cascardi, M., O'Leary, K. D., & Schlee, K. A. (1999). Co-occurrence and correlates of posttraumatic stress disorder and major depression in physically abused women. *Journal of Family Violence, 14*, 227-249. doi:10.1023/A:1022827915757
- Cash, T. F., & Szymanski, M. L. (1995). The development and validation of the Body-Image Ideals Questionnaire. *Journal of Personality Assessment, 64*, 466-477. doi:10.1207/s15327752jpa6403_6
- Castillo, L. G., & Schwartz, S. J. (2013). Introduction to the special issue on college student mental health. *Journal of Clinical Psychology, 69*, 291-229. doi:10.1002/jclp.21972
- Center for Community College Student Engagement. (2009). *Making connections: Dimensions of student engagement, 2009 findings* (2009 CCSSEE Findings). Austin: The University of Texas at Austin, Community College Leadership Program. Retrieved from <https://files.eric.ed.gov/fulltext/ED529077.pdf>
- Cerven, C. (2013). Public and private lives: institutional structures and personal supports in low-income single mothers' educational pursuits. *Education Policy Analysis Archives, 21*(17), 1-27. doi:10.14507/epaa.v21n17.2013

- Chan, C. S. (1995). Issues of sexual identity in an ethnic minority: The case of Chinese American lesbians, gay men, and bisexual people. In A. D'Augelli & C. Patterson (Eds.), *Lesbian, gay, and bisexual identities over the lifespan: Psychological perspectives* (pp. 87-101). New York, NY: Oxford Press.
- Chang, E. C., Yu, T., Najarian, A. S. M., Wright, K. M., Chen, W., Chang, O. D., . . . Hirsch, J. K. (2017). Understanding the association between negative life events and suicidal risk in college students: Examining self-compassion as a potential mediator. *Journal of Clinical Psychology, 73*, 745-755. doi:10.1002/jclp.22374
- Chappell, M. (2010). *The war on welfare: Family, poverty, and politics in modern America*. Philadelphia: University of Pennsylvania Press.
- Cheng, H. L., & Mallinckrodt, B. (2015). Racial/ethnic discrimination, posttraumatic stress symptoms, and alcohol problems in a longitudinal study of Hispanic/Latino college students. *Journal of Counseling Psychology, 62*, 38-49. doi:10.1037/cou0000052
- Cheng, T. C. (2007). Impact of work requirements on the psychological well-being of TANF recipients. *Health & Social Work, 32*, 41-48. doi:10.1093/hsw/32.1.41
- Cho, S. (2009). Post racialism. *Iowa Law Review, 94*, 1589-1649. Retrieved from <https://ilr.law.uiowa.edu/>
- Cho, S., Crenshaw, K. W., & McCall, L. (2013). Toward a field of intersectionality studies: Theory, applications, and praxis. *Signs: Journal of Women in Culture and Society, 38*, 785-810. doi:10.1086/669608
- Christopher, K. (2005). Welfare recipients attending college: the interplay of oppression and resistance. *Journal of Sociology and Social Welfare, 32*, 165-185. Retrieved from <https://wmich.edu/socialworkjournal>
- Coiro, M. J. (2001). Depressive symptoms among women receiving welfare. *Women & Health, 32*, 1-23. doi:10.1300/J013v32n01_01
- Cole, S., & Lejeune, R. (1972). Illness and the legitimation of failure. *American Sociological Review, 37*, 347-356. doi:10.2307/2093473
- Collins, P. H. (1990). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Boston, MA: Unwin Hyman.
- Collins, P. H. (2000a). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment* (2nd ed.). New York, NY: Routledge.
- Collins, P. H. (2000b). Gender, black feminism, and black political economy. *Annals of the American Academy of Political and Social Science, 568*, 41-53. doi:10.1177/000271620056800105

- Collins, P. H. (2002). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. New York, NY: Routledge.
- Collins, P. H., & Bilge, S. (2016). *Intersectionality*. Malden, MA: Polity Press.
- Comas-Díaz, L., & Greene, B. (Eds.). (1994). *Women of color: Integrating ethnic and gender identities in psychotherapy*. New York, NY: Guilford Press.
- Conley, C. S., Kirsch, A. C., Dickson, D. A., & Bryant, F. B. (2014). Negotiating the transition to college: Developmental trajectories and gender differences in psychological functioning, cognitive-affective strategies, and social well-being. *Emerging Adulthood, 2*, 195-210. doi:10.1177/2167696814521808
- Connolly, F. M., & Clandinin, D. J. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco, CA: Jossey-Bass.
- Coser, L. A. (1965). The sociology of poverty: To the memory of Georg Simmel. *Social Problems, 13*, 140-148. doi:10.2307/798899
- Cougle, J. R., Feldner, M. T., Keough, M. E., Hawkins, K. A., & Fitch, K. E. (2010). Comorbid panic attacks among individuals with posttraumatic stress disorder: Associations with traumatic event exposure history, symptoms, and impairment. *Journal of Anxiety Disorders, 24*, 183-188. doi:10.1016/j.janxdis.2009.10.006
- Cox, B. J., Fleet, C., & Stein, M. B. (2004). Self-criticism and social phobia in the US national comorbidity survey. *Journal of Affective Disorders, 82*, 227-234. doi:10.1016/j.jad.2003.12.012
- Cox, B. J., Rector, N. A., Bagby, R. M., Swinson, R. P., Levitt, A. J., & Joffe, R. T. (2000). Is self-criticism unique for depression? A comparison with social phobia. *Journal of Affective Disorders, 57*, 223-228. doi:10.1016/S0165-0327(99)00043-9
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. In K. T. Bartlett & R. Kennedy (Eds.), *Feminist legal theory: Readings in law and gender* (pp. 139-167). New York, NY: Routledge.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 43*, 1241-1299. Retrieved from <https://www.stanfordlawreview.org/>
- Creswell, J. W. (2008). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage.

- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Thousand Oaks, CA: Sage.
- Crocker, J., & Canevello, A. (2008). Creating and undermining social support in communal relationships: The role of compassionate and self-image goals. *Journal of Personality and Social Psychology, 95*, 555-575. doi:10.1037/0022-3514.95.3.555
- Crocker, J., Canevello, A., Breines, J. G., & Flynn, H. (2010). Interpersonal goals and change in anxiety and dysphoria in first-semester college students. *Journal of Personality and Social Psychology, 98*, 1009-1024. doi:10.1037/a0019400
- Crocker, P. R., Brune, S. M., Kowalski, K. C., Mack, D. E., Wilson, P. M., & Sabiston, C. M. (2014). Body-related state shame and guilt in women: Do causal attributions mediate the influence of physical self-concept and shame and guilt proneness. *Body Image, 11*, 19-26. doi:10.1016/j.bodyim.2013.08.002
- Crowell, N. A., & Burgess, A. W. (1996). *Understanding violence against women*. Washington, DC: National Academy Press.
- Cunradi, C. B., Caetano, R., Clark, C., & Schafer, J. (2000). Neighborhood poverty as a predictor of intimate partner violence among Caucasian, African American, and Hispanic couples in the United States: A multilevel analysis. *Annals of Epidemiology, 10*, 297-308. doi:10.1016/S1047-2797(00)00052-1
- Dahm, K. A., Meyer, E. C., Neff, K. D., Kimbrel, N. A., Gulliver, S. B., & Morissette, S. B. (2015). Mindfulness, self-compassion, posttraumatic stress disorder symptoms, and functional disability in US Iraq and Afghanistan war veterans. *Journal of Traumatic Stress, 28*, 460-464. doi:10.1002/jts.22045
- Daye, C. A., Webb, J. B., & Jafari, N. (2014). Exploring self-compassion as a refuge against recalling the body-related shaming of caregiver eating messages on dimensions of objectified body consciousness in college women. *Body Image, 11*, 547-556. doi:10.1016/j.bodyim.2014.08.001
- Deaux, K. (1993). Reconstructing social identity. *Personality and Social Psychology Bulletin, 19*, 4-12. doi:10.1177/0146167293191001
- DeNavas-Walt, C., & Proctor, B. D. (2015). *Income and poverty in the United States: 2014* (Current Population Report P60-252). Washington, DC: Government Printing Office.
- Denckla, C. A., Consedine, N. S., & Bornstein, R. F. (2017). Self-compassion mediates the link between dependency and depressive symptomatology in college students. *Self and Identity, 16*, 373-383. doi:10.1080/15298868.2016.1264464
- Denzin, N. K., & Lincoln, Y. S. (2005). *Handbook of qualitative research*. Thousand Oaks, CA: Sage.

- DePaulo, B. M., & Morris, W. L. (2006). The unrecognized stereotyping and discrimination against singles. *Current Directions in Psychological Science, 15*, 251-254. doi:10.1111/j.1467-8721.2006.00446.x
- Deutsch, L. S., Resch, K., Barber, T., Zuckerman, Y., Stone, J. T., & Cerulli, C. (2017). Bruise documentation, race and barriers to seeking legal relief for intimate partner violence survivors: A retrospective qualitative study. *Journal of Family Violence, 32*, 767-773. doi:10.1007/s10896-017-9917-4
- DeVore, R., & Pritchard, M. E. (2013). Analysis of gender differences in self-statements and mood disorders. *VISTAS: Effective Counseling Interventions, Tools, and Techniques*. Alexandria, VA: American Counseling Association. Retrieved from https://scholarworks.boisestate.edu/psych_facpubs/209/
- Dickerson, S. S., Gruenewald, T. L., & Kemeny, M. E. (2004). When the social self is threatened: Shame, physiology, and health. *Journal of Personality, 72*, 1191-1216. doi:10.1111/j.1467-6494.2004.00295.x
- Dooley, D., & Prause, J. (2002). Mental health and welfare transitions: Depression and alcohol abuse in AFDC women. *American Journal of Community Psychology, 30*, 787-813. doi:10.1023/A:1020253002468
- Douce, L., & Keeling, R. (2014). *A strategic primer on college student mental health*. Washington, DC: American Council on Education. Retrieved from <https://www.apa.org/pubs/newsletters/access/2014/10-14/college-mental-health.pdf>
- Dryman, A., & Eaton, W. W. (1991). Affective symptoms associated with the onset of major depression in the community: Findings from the US National Institute of Mental Health Epidemiologic Catchment Area Program. *Acta Psychiatrica Scandinavica, 84*, 1-5. doi:10.1111/j.1600-0447.1991.tb01410.x
- Duarte, C., Ferreira, C., Trindade, I. A., & Pinto-Gouveia, J. (2015). Body image and college women's quality of life: The importance of being self-compassionate. *Journal of Health Psychology, 20*, 754-764. doi:10.1177/1359105315573438
- Efthim, P. W., Kenny, M. E., & Mahalik, J. R. (2001). Gender role stress in relation to shame, guilt, and externalization. *Journal of Counseling & Development, 79*, 430-438. doi:10.1002/j.1556-6676.2001.tb01990.x
- Egeland, B., Carlson, E., & Sroufe, L. A. (1993). Resilience as process. *Development and Psychopathology, 5*, 517-528. doi:10.1017/S0954579400006131
- Ehret, A. M., Joormann, J., & Berking, M. (2015). Examining risk and resilience factors for depression: The role of self-criticism and self-compassion. *Cognition and Emotion, 29*, 1496-1504. doi:10.1080/02699931.2014.992394

- Eisenberg, D., Gollust, S. E., Golberstein, E., & Hefner, J. L. (2007). Prevalence and correlates of depression, anxiety, and suicidality among university students. *American Journal of Orthopsychiatry*, *77*, 534-542. doi:10.1037/0002-9432.77.4.534
- Ellsberg, M., Heise, L., Pena, R., Agurto, S., & Winkvist, A. (2001). Researching domestic violence against women: methodological and ethical considerations. *Studies in Family Planning*, *32*, 1-16. doi:10.1111/j.1728-4465.2001.00001.x
- Emerson, R. M., Fretz, R. I., & Shaw, L. L. (1995). *Writing ethnographic fieldnotes. Chicago guides to writing, editing, and publishing*. Chicago, IL: University of Chicago Press.
- Emotional distress. (n.d.). In *Merriam-Webster's online dictionary* (11th ed.). Retrieved from <https://www.merriam-webster.com/legal/emotional%20distress>
- Engle, P. L., & Black, M. M. (2008). The effect of poverty on child development and educational outcomes. *Annals of the New York Academy of Sciences*, *1136*, 243-256. Retrieved from <https://nyaspubs.onlinelibrary.wiley.com/doi/pdf/10.1196/annals.1425.023>
- Ensminger, M. E. (1979). *Welfare status and feelings of psychological distress*. Washington, DC: American Sociological Association.
- Ensminger, M. E. (1995). Welfare and psychological distress: A longitudinal study of African America urban mothers. *Journal of Health and Social Behavior*, *36*, 346-359. doi:10.2307/2137324
- Fein, D. J., & Beecroft, E. (2006). *College as a job advancement strategy: Final report on the new visions of self-sufficiency and lifelong learning project*. Cambridge, MA: ABT Associates.
- Foster, C. (2008). The welfare queen: Race, gender, class, and public opinion. *Race, Gender & Class*, *15*, 162-179. Retrieved from <http://www.jstor.org/stable/41674659>
- Foundation for California Community Colleges. (n.d.). *California Guided Pathways Project*. Retrieved from <https://www.caguidedpathways.org/>
- Franklin, A. J., Boyd-Franklin, N., & Kelly, S. (2006). Racism and invisibility: Race-related stress, emotional abuse and psychological trauma for people of color. In L. V. Blitz & M. P. Greene (Eds.), *Racism and racial identity: Reflections on urban practice in mental health and social services* (pp. 9-30). Binghamton, NY: Haworth Maltreatment and Trauma Press.
- Franko, D. L., & Striegel-Moore, R. H. (2002). The role of body dissatisfaction as a risk factor for depression in adolescent girls: Are the differences Black and White? *Journal of Psychosomatic Research*, *53*, 975-983. doi:10.1016/S0022-3999(02)00490-7
- Frazier, P., Anders, S., Perera, S., Tomich, P., Tennen, H., Park, C., & Tashiro, T. (2009). Traumatic events among undergraduate students: Prevalence and associated symptoms. *Journal of Counseling Psychology*, *56*, 450-460. doi:10.1037/a0016412

- Galatzer-Levy, I. R., Burton, C. L., & Bonanno, G. A. (2012). Coping flexibility, potentially traumatic life events, and resilience: A prospective study of college student adjustment. *Journal of Social and Clinical Psychology, 31*, 542-567. doi:10.1521/jscp.2012.31.6.542
- Gall, T. L., Evans, D. R., & Bellerose, S. (2000). Transition to first-year university: Patterns of change in adjustment across life domains and time. *Journal of Social and Clinical Psychology, 19*, 544-567. doi:10.1521/jscp.2000.19.4.544
- García-Izquierdo, M., Pedro, M., Ríos-Risquez, M. I., & Sánchez, M. I. S. (2018). Resilience as a moderator of psychological health in situations of chronic stress (burnout) in a sample of hospital nurses. *Journal of Nursing Scholarship, 50*, 228-236. doi:10.1111/jnu.12367
- Gelles, R. J. (1997). *Intimate violence in families*. Thousand Oaks, CA: Sage.
- Germer, C. K. (2009). *The mindful path to self-compassion: Freeing yourself from destructive thoughts and emotions*. New York, NY: Guilford Press.
- Germer, C. K., & Neff, K. D. (2013). Self-compassion in clinical practice. *Journal of Clinical Psychology, 69*, 856-867. doi:10.1002/jclp.21923
- Germer, C. K., & Neff, K. D. (2015). Cultivating self-compassion in trauma survivors. In V. M. Follette, J. Briere, D. Rozelle, J. W. Hopper, & D. I Rome (Eds.), *Mindfulness-oriented interventions for trauma: Integrating contemplative practices* (pp. 43-58). New York, NY: Guilford Press.
- Gilbert, P. (1992). *Depression: The evolution of powerlessness*. New York, NY: Guilford Press.
- Gilbert, P. (1998a). What is shame? Some core issues and controversies. In P. Gilbert & B. Andrews (Eds.), *Shame: Interpersonal behavior, psychopathology and culture* (pp. 3-38). New York, NY: Oxford University Press.
- Gilbert, P. (1998b). Shame and humiliation in the treatment of complex cases. In N. Tarrier, G. Haddock, & A. Wells (Eds.), *Treating complex cases: The cognitive behavioural approach* (pp. 241-271). Chichester, England: Wiley.
- Gilbert, P. (2000). The relationship of shame, social anxiety and depression: The role of the evaluation of social rank. *Clinical Psychology & Psychotherapy, 7*, 174-189. doi:10.1002/1099-0879(200007)7:3<174::AID-CPP236>3.0.CO;2-U
- Gilbert, P. (2010). An introduction to compassion focused therapy in cognitive behavior therapy. *International Journal of Cognitive Therapy, 3*, 97-112. doi:10.1521/ijct.2010.3.2.97
- Gilbert, P., & Irons, C. (2005). Focused therapies and compassionate mind training for shame and self-attacking. In P. Gilbert (Ed.), *Compassion: Conceptualisations, research and use in psychotherapy* (pp. 263-325). London, England: Routledge.

- Gilbert, P., McEwan, K., Matos, M., & Ravis, A. (2011). Fears of compassion: Development of three self-report measures. *Psychology and Psychotherapy: Theory, Research and Practice, 84*, 239-255. doi:10.1348/147608310X526511
- Gillespie, B. L., & Eisler, R. M. (1992). Development of the feminine gender role stress scale: A cognitive-behavioral measure of stress, appraisal, and coping for women. *Behavior Modification, 16*, 426-438. doi:10.1177/01454455920163008
- Gilliam, F. D., Jr. (1999). The “welfare queen” experiment: How viewers react to images of African-American mothers on welfare. *UCLA: Center for Communications and Community*. Retrieved from <https://escholarship.org/uc/item/17m7r1rq>
- Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Pittsburgh, PA: Duquesne University Press.
- Glenn, E. N. (1985). Racial ethnic women's labor: The intersection of race, gender and class oppression. *Review of Radical Political Economics, 17*(3), 86-108. doi:10.1177/048661348501700306
- Goetz, J. L., Keltner, D., & Simon-Thomas, E. (2010). Compassion: An evolutionary analysis and empirical review. *Psychological Bulletin, 136*, 351-374. doi:10.1037/a0018807
- Goldin, P. R., & Gross, J. J. (2010). Effects of mindfulness-based stress reduction (MBSR) on emotion regulation in social anxiety disorder. *Emotion, 10*, 83-91. doi:10.1037/a0018441
- Golding, J. M., 1999. Intimate partner violence as a risk factor for mental disorders: A meta-analysis. *Journal of Family Violence, 14*, 99-132. doi:10.1023/A:1022079418229
- Goldrick-Rab, S., Harris, D., Mazzeo, C., & Kienzl, G. (2009). *Transforming America's community colleges: A proposal to expand opportunity and promote economic prosperity. Blueprint for American prosperity*. Washington, DC: Brookings Institution.
- Gondolf, E. (1998). Appreciating diversity among battered women. In E. W. Gondolf (Ed.), *Assessing woman battering in mental health services* (pp. 113-131). Thousand Oaks, CA: Sage.
- Good, C., Aronson, J., & Inzlicht, M. (2003). Improving adolescents' standardized test performance: An intervention to reduce the effects of stereotype threat. *Journal of Applied Developmental Psychology, 24*, 645-662. doi:10.1016/j.appdev.2003.09.002
- Gore, P. A., Leuwerke, W., & Metz, A. J. (2016). *Connections: Empowering college and career success*. New York, NY: Bedford/St. Martin's.
- Goss, K., & Allan, S. (2010). Compassion focused therapy for eating disorders. *International Journal of Cognitive Therapy, 3*, 141-158. doi:10.1521/ijct.2010.3.2.141

- Greene, B. (1994). African American women. In L. Comas-Díaz & B. Greene (Eds.), *Women of color: Integrating ethnic and gender identities in psychotherapy* (pp. 10-29). New York, NY: Guilford.
- Grippo, K. P., & Hill, M. S. (2008). Self-objectification, habitual body monitoring, and body dissatisfaction in older European American women: Exploring age and feminism as moderators. *Body Image, 5*, 173-182. doi:10.1016/j.bodyim.2007.11.003
- Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of Psychosomatic Research, 57*, 35-43. doi:10.1016/S0022-3999(03)00573-7
- Gruttadaro, D., & Crudo, D. (2012). *College students speak: A survey report on mental health*. Arlington, VA: National Alliance for Mental Health. Retrieved from https://www.nami.org/About-NAMI/Publications-Reports/Survey-Reports/College-Students-Speak_A-Survey-Report-on-Mental-H.pdf
- Gustafson, K. (2009). The criminalization of poverty. *Journal of Criminal Law and Criminology, 99*, 643-716. Retrieved from <https://jclclaw.northwestern.edu/>
- Gustafson, K. S. (2012). *Cheating welfare: Public assistance and the criminalization of poverty*. New York: New York University Press.
- Hall, L. A., Gurley, D. N., Sachs, B., & Kryscio, R. J. (1991). Psychosocial predictors of maternal depressive symptoms, parenting attitudes, and child behavior in single-parent families, *Nursing Research, 40*, 214-220. doi:10.1097/00006199-199107000-00006
- Hall, L. A., Williams, C. A., & Greenberg, R. S. (1985). Supports, stressors, and depressive symptoms in low-income mothers of young children. *American Journal of Public Health, 75*, 518-522. doi:10.2105/AJPH.75.5.518
- Hamberger, L. K., & Phelan, M. B. (2004). *Domestic violence screening and intervention in medical and mental healthcare settings*. New York, NY: Springer.
- Hamilton, G., Freedman, S., Gennetian, L. A., Michalopoulos, C., Walter, J., Adams-Ciardullo, D., . . . Brooks, J. (2001). *How effective are different welfare-to-work approaches? Five-year adult and child impacts*. New York, NY: Manpower Demonstration Research.
- Hamilton, G., & Scrivener, S. (2012). *Increasing employment stability and earnings for low-wage workers-lessons from the Employment Retention and Advancement (ERA) Project* (OPRE Report, 19). doi:10.2139/ssrn.2067302
- Hampton, R., Williams, O., & Magarian, L. (2003). Violence against women in the African-American community: An analysis of social and structural factors. *Violence Against Women, 9*, 533-537. doi:10.1177/1077801202250450

- Hartley, M. T. (2011). Examining the relationships between resilience, mental health, and academic persistence in undergraduate college students. *Journal of American College Health, 59*, 596-604. doi:10.1080/07448481.2010.515632
- Hartley, M. T. (2013). Investigating the relationship of resilience to academic persistence in college students with mental health issues. *Rehabilitation Counseling Bulletin, 56*, 240-250. doi:10.1177/0034355213480527
- Hasenfeld, Y., Ghose, T., & Larson, K. (2004). The logic of sanctioning welfare recipients: An empirical assessment. *Social Service Review, 78*, 304-319. doi:10.1086/382771
- Hayes, J. A., Chun-Kennedy, C., Edens, A., & Locke, B. D. (2011). Do double minority students face double jeopardy? Testing minority stress theory. *Journal of College Counseling, 14*, 117-126. doi:10.1002/j.2161-1882.2011.tb00267.x
- Heneghan, A. M., Silver, E. J., Bauman, L. J., Westbrook, L. E., & Stein, R. E. (1998). Depressive symptoms in inner-city mothers of young children: Who is at risk? *Pediatrics, 102*, 1394-1400. doi:10.1542/peds.102.6.1394
- Hildebrandt, E. (2002). The health effects of work-based welfare. *Journal of Nursing Scholarship, 34*, 363-368. doi:10.1111/j.1547-5069.2002.00363.x
- Hiraoka, R., Meyer, E. C., Kimbrel, N. A., DeBeer, B. B., Gulliver, S. B., & Morissette, S. B. (2015). Self-compassion as a prospective predictor of PTSD symptom severity among trauma-exposed US Iraq and Afghanistan war veterans. *Journal of Traumatic Stress, 28*, 127-133. doi:10.1002/jts.21995
- Hjeltnes, A., Binder, P. E., Moltu, C., & Dundas, I. (2015). Facing the fear of failure: An explorative qualitative study of client experiences in a mindfulness-based stress reduction program for university students with academic evaluation anxiety. *International Journal of Qualitative Studies on Health and Well-Being, 10*, 1-14. doi:10.3402/qhw.v10.27990
- Hobfoll, S. E., & Lilly, R. S. (1993). Resource conservation as a strategy for community psychology. *Journal of Community Psychology, 21*, 128-148. doi:10.1002/1520-6629(199304)21:2<128::AID-JCOP2290210206>3.0.CO;2-5
- Hobfoll, S. E., Ritter, C., Lavin, J., Hulsizer, M. R., & Cameron, R. P. (1995). Depression prevalence and incidence among inner-city pregnant and postpartum women. *Journal of Consulting and Clinical Psychology, 63*, 445-453. doi:10.1037/0022-006X.63.3.445
- Hodgson, J., Dienhart, A., & Daly, K. (2001). Time juggling: Single mothers' experience of time-pressure following divorce. *Journal of Divorce & Remarriage, 35*, 1-28. doi:10.1300/J087v35n01_01
- Hoffmann, S. G., Grossman, P., & Hinton, D. E. (2011). Loving-kindness and compassion meditation: Potential for psychological intervention. *Clinical Psychology Review, 13*, 1126-1132. doi:10.1016/j.cpr.2011.07.003

- Holbrook, D. S., & Jackson, M. C. (2013). Use of an alternative light source to assess strangulation victims. *Journal of Forensic Nursing, 9*, 140-145. doi:10.1097/JFN.0b013e31829beb1e
- Hollis-Walker, L., & Colosimo, K. (2011). Mindfulness, self-compassion, and happiness in non-meditators: A theoretical and empirical examination. *Personality and Individual Differences, 50*, 222-227. doi:10.1016/j.paid.2010.09.033
- Holsboer, F. (2000). The corticosteroid receptor hypothesis of depression. *Neuropsychopharmacology, 23*, 477-501. Retrieved from <https://www.nature.com/npp/>
- Hölzel, B. K., Lazar, S. W., Gard, T., Schuman-Olivier, Z., Vago, D. R., & Ott, U. (2011). How does mindfulness meditation work? Proposing mechanisms of action from a conceptual and neural perspective. *Perspectives on Psychological Science, 6*, 537-559. doi:10.1177/1745691611419671
- Holzer, C. E., Shea, B. M., Swanson, J. W., & Leaf, P. J. (1986). The increased risk for specific psychiatric disorders among persons of low socioeconomic status. *American Journal of Social Psychiatry, 6*, 259-271. Retrieved from <https://psycnet.apa.org/>
- Honeycutt, T. C., Marshall, L. L., & Weston, R. (2001). Toward ethnically specific models of employment, public assistance, and victimization. *Violence Against Women, 7*, 126-140. doi:10.1177/10778010122182352
- Hooks, B. (1984). *Feminist theory: From margin to center*. Cambridge, MA: South End Press.
- Hotaling, G. T., & Sugarman, D. B. (1990). A risk marker analysis of assaulted wives. *Journal of Family Violence, 5*, 1-13. doi:10.1007/BF00979135
- Howell, A. J., Dopko, R. L., Turowski, J. B., & Buro, K. (2011). The disposition to apologize. *Personality and Individual Differences, 51*, 509-514. doi:10.1016/j.paid.2011.05.009
- Hurtado, A. (1989). Relating to privilege: Seduction and rejection in the subordination of White women and women of color. *Signs: Journal of Women in Culture and Society, 14*, 833-855. Retrieved from <http://signsjournal.org/>
- Hurtado, A., & Stewart, A. J. (1997). Through the looking glass: Implications of studying Whiteness for feminist methods. In M. Fine, L. Weis, L. C. Powell, & L. M. Wong (Eds.), *Off White: Readings on race, power, and society* (pp. 297-311). New York, NY: Routledge.
- Hutton, P., Kelly, J., Lowens, I., Taylor, P. J., & Tai, S. (2013). Self-attacking and self-reassurance in persecutory delusions: A comparison of healthy, depressed and paranoid individuals. *Psychiatry Research, 205*, 127-136. doi:10.1016/j.psychres.2012.08.010
- Icard, L. D. (1986). Black gay men and conflicting social identities: Sexual orientation versus racial identity. *Journal of Social Work & Human Sexuality, 4*(1-2), 83-93. doi:10.1300/J291v04n01_10

- Iskender, M. (2009). The relationship between self-compassion, self-efficacy, and control belief about learning in Turkish university students. *Social Behavior and Personality: An International Journal*, *37*, 711-720. doi:10.2224/sbp.2009.37.5.711
- Jagannathan, R., Camasso, M. J., & Sambamoorthi, U. (2010). Experimental evidence of welfare reform impact on clinical anxiety and depression levels among poor women. *Social Science & Medicine*, *71*(1), 152-160. doi:10.1016/j.socscimed.2010.02.044
- Jarrett, R. L. (1996). Welfare stigma among low-income, African American single mothers. *Family Relations*, *45*, 368-374. doi:10.2307/585165
- Jayakody, R., Danziger, S., & Pollack, H. (2000). Welfare reform, substance use, and mental health. *Journal of Health Politics, Policy and Law*, *25*, 623-652. doi:10.1215/03616878-25-4-623
- Joeng, J. R., Turner, S. L., Kim, E. Y., Choi, S. A., Kim, J. K., & Lee, Y. J. (2017). Data for Korean college students' anxious and avoidant attachment, self-compassion, anxiety and depression. *Data in Brief*, *13*, 316-319. doi:10.1016/j.dib.2017.06.006
- Johnson, E. A., & O'Brien, K. A. (2013). Self-compassion soothes the savage ego-threat system: Effects on negative affect, shame, rumination, and depressive symptoms. *Journal of Social and Clinical Psychology*, *32*, 939-963. doi:10.1521/jscp.2013.32.9.939
- Jones, L., Hughes, M., & Unterstaller, U. (2001). Post-traumatic stress disorder (PTSD) in victims of domestic violence: A review of the research. *Trauma, Violence, & Abuse*, *2*, 99-119. doi:10.1177/1524838001002002001
- Jones, P. J., Park, S. Y., & Lefevor, G. T. (2018). Contemporary college student anxiety: The role of academic distress, financial stress, and support. *Journal of College Counseling*, *21*, 252-264. doi:10.1002/jocc.12107
- Jordan, J. V. (1989). *Relational development: Therapeutic implications of empathy and shame* (Work in Progress No. 39). Wellesley, MA: Stone Center Working Paper Series.
- Jordan, J. V. (1997). A relational perspective for understanding women's development. In J. V. Jordan (Ed.), *Women's growth in diversity: More writings from the Stone Center* (pp. 9-42). New York, NY: Guilford.
- Jordan, J. V. (2013). Relational resilience in girls. In S. Goldstein & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 73-86). Boston, MA: Springer.
- Jordan, J. V., Kaplan, A. G., Miller, J. B., Stiver, I. P., & Surrey, J. L. (1991). *Women's growth in connection: Writings from the Stone Center*. New York, NY: Guilford Press.
- Jordan, W. D. (1974). *The White man's burden: Historical origins of racism in the United States*. New York, NY: Oxford University Press.

- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your mind to face stress, pain and illness*. New York, NY: Dell.
- Kadison, R., & DiGeronimo, T. F. (2004). *College of the overwhelmed: The campus mental health crisis and what to do about it*. San Francisco, CA: Jossey-Bass.
- Karoly, L. A., Bozick, R., Davis, L. M., Kitmitto, S., Turk-Bicakci, L., Bos, J. M. . . . Blankenship, C. (2015). *Evaluation of the SB 1041 reforms to California's CalWORKs program: Background and study design*. Santa Monica, CA: RAND Corporation.
- Kaufman, G. (1985). *Shame: The power of caring* (Rev. ed.). Cambridge, MA: Schenkman.
- Kearney, D. J., Malte, C. A., McManus, C., Martinez, M. E., Felleman, B., & Simpson, T. L. (2013). Loving-kindness meditation for posttraumatic stress disorder: A pilot study. *Journal of Traumatic Stress, 26*, 426-434. doi:10.1002/jts.21832
- Kelly, A. C., & Stephen, E. (2016). A daily diary study of self-compassion, body image, and eating behavior in female college students. *Body Image, 17*, 152-160. doi:10.1016/j.bodyim.2016.03.006
- Kelly, A. C., Zuroff, D. C., & Shapira, L. B. (2009). Soothing oneself and resisting self-attacks: The treatment of two intrapersonal deficits in depression vulnerability. *Cognitive Therapy and Research, 33*, 301-313. doi:10.1007/s10608-008-9202-1
- Kernis, M. H., Paradise, A. W., Whitaker, D. J., Wheatman, S. R., & Goldman, B. N. (2000). Master of one's psychological domain? Not likely if one's self-esteem is unstable. *Personality and Social Psychology Bulletin, 26*, 1297-1305. doi:10.1177/0146167200262010
- Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry, 52*, 1048-1060. doi:10.1001/archpsyc.1995.03950240066012
- Kim, S., Thibodeau, R., & Jorgensen, R. S. (2011). Shame, guilt, and depressive symptoms: A meta-analytic review. *Psychological Bulletin, 137*, 68-96. doi:10.1037/a0021466
- King, D. K. (2016). Multiple jeopardy, multiple consciousness: The context of a Black feminist ideology. In B. Landry (Ed.), *Race, gender and class* (pp. 36-57). New York, NY: Routledge.
- Kirkpatrick, M. A., Stant, K., Downes, S., & Gaither, L. (2008). Perceived locus of control and academic performance: Broadening the construct's applicability. *Journal of College Student Development, 49*, 486-496. doi:10.1353/csd.0.0032
- Kiuhara, S. A., & Huefner, D. S. (2008). Students with psychiatric disabilities in higher education settings: The Americans With Disabilities Act and beyond. *Journal of Disability Policy Studies, 19*, 103-113. doi:10.1177/1044207308315277

- Kohler-Hausmann, J. (2007). "The crime of survival": Fraud prosecutions, community surveillance, and the original "welfare queen." *Journal of Social History, 41*, 329-354. Retrieved from <http://www.jstor.org/stable/25096482>
- Kornfield, J. (1993). The Buddhist path and social responsibility. *ReVision, 16*, 83-86. Retrieved from <http://www.revisionpublishing.org/>
- Kornfield, J., & Goldstein, J. (1987). *Seeking the heart of wisdom*. Boston, MA: Shambhala.
- Krieger, T., Altenstein, D., Baettig, I., Doerig, N., & Holtforth, M. G. (2013). Self-compassion in depression: Associations with depressive symptoms, rumination, and avoidance in depressed outpatients. *Behavior Therapy, 44*, 501-513. doi:10.1016/j.beth.2013.04.004
- Kruvelis, M., Cruse, L. R., & Gault, B. (2017). *Access to higher education, investing in single mother's higher education, student parent success initiative*. Washington, DC: Institute for Women's Policy Research.
- Kuyken, W., Watkins, E., Holden, E., White, K., Taylor, R. S., Byford, S., . . . Dalgleish, T. (2010). How does mindfulness-based cognitive therapy work? *Behaviour Research and Therapy, 48*, 1105-1112. doi:10.1016/j.brat.2010.08.003
- La Guardia, J. G. (2007). On the role of psychological needs in healthy functioning: Integrating a self-determination theory perspective with traditional relationship theories. In J. V. Wood, A. Tesser, & J. G. Holmes (Eds.), *The self and social relationships* (pp. 27-48). New York, NY: Psychology Press.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer.
- Leadbeater, B. J., Kuperminc, G. P., Blatt, S. J., & Hertzog, C. (1999). A multivariate model of gender differences in adolescents' internalizing and externalizing problems. *Developmental Psychology, 35*, 1268-1282. doi:10.1037/0012-1649.35.5.1268
- Leary, M. R., Tate, E. B., Adams, C. E., Batts Allen, A., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Journal of Personality and Social Psychology, 92*, 887-904. doi:10.1037/0022-3514.92.5.887
- Lehrer, E., Crittenden, K., & Norr, K. F. (2002). Depression and economic self-sufficiency among inner-city minority mothers. *Social Science Research, 31*, 285-309. doi:10.1016/S0049-089X(02)00002-9
- Lewis, D. M., & Cachelin, F. M. (2001). Body image, body dissatisfaction, and eating attitudes in midlife and elderly women. *Eating Disorders, 9*, 29-39. doi:10.1080/106402601300187713
- Lewis, H. (1976). *Psychic war in men and women*. New York: New York University Press.

- Lewis, M. (2003). The role of the self in shame. *Social Research: An International Quarterly*, 70, 1181-1204. Retrieved from <https://muse.jhu.edu/journal/644>
- Lidy, K. M., & Kahn, J. H. (2006). Personality as a predictor of first-semester adjustment to college: The mediational role of perceived social support. *Journal of College Counseling*, 9, 123-134. doi:10.1002/j.2161-1882.2006.tb00099.x
- Liss, M., Schiffrin, H. H., & Rizzo, K. M. (2013). Maternal guilt and shame: The role of self-discrepancy and fear of negative evaluation. *Journal of Child and Family Studies*, 22, 1112-1119. doi:10.1007/s10826-012-9673-2
- Lockard, A. J., Hayes, J. A., Neff, K., & Locke, B. D. (2014). Self-compassion among college counseling center clients: An examination of clinical norms and group differences. *Journal of College Counseling*, 17, 249-259. doi:10.1002/j.2161-1882.2014.00061.x
- Loesche-Scheller, B. (1995). *Reparations to poverty: Domestic policy in America ten years after the great society* (Vol. 289). New York, NY: Peter Lang.
- Lowe, S. M., Okubo, Y., & Reilly, M. F. (2012). A qualitative inquiry into racism, trauma, and coping: Implications for supporting victims of racism. *Professional Psychology: Research and Practice*, 43, 190-198. doi:10.1037/a0026501
- Lowens, I. (2010). Compassion focused therapy for people with bipolar disorder. *International Journal of Cognitive Therapy*, 3, 172-185. doi:10.1521/ijct.2010.3.2.172
- MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review*, 32, 545-552. doi:10.1016/j.cpr.2012.06.003
- Magruder, K. M., & Yeager, D. E. (2009). The prevalence of PTSD across war eras and the effect of deployment on PTSD: A systematic review and meta-analysis. *Psychiatric Annals*, 39, 778-788. doi:10.3928/00485713-20090728-04
- Mallinckrodt, B., & Leong, F. T. (1992). Social support in academic programs and family environments: Sex differences and role conflicts for graduate students. *Journal of Counseling & Development*, 70, 716-723. doi:10.1002/j.1556-6676.1992.tb02154.x
- Marsh-McDonald, C. M., & Schroeder, S. (2012). Women in transition: A qualitative analysis of definitions of poverty and success. *The Qualitative Report*, 17(46), 1-22. Retrieved from <https://nsuworks.nova.edu/tqr/vol17/iss46/1>
- Marshall, N. (1982). The public welfare system: Regulation and dehumanization. In D. Belle (Ed.), *Lives in stress: Women and depression* (pp. 96-108). Beverly Hills, CA: Sage.
- Maslow, A. H. (1968). *Toward a psychology of being*. New York, NY: Van Nostrand.

- Mason, N. C. (2010). *Leading at the intersections: An introduction to the intersectional approach model for policy & social change*. New York, NY: Women of Colour Policy Network.
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*, 227-238. doi:10.1037/0003-066X.56.3.227
- Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology, 2*, 425-444. doi:10.1017/S0954579400005812
- Mayo Clinic. (n.d.). *Social anxiety disorder*. Retrieved from <https://www.mayoclinic.org/diseases-conditions/social-anxiety-disorder/symptoms-causes/syc-20353561>
- McCall, L. (2005). The complexity of intersectionality. *Signs: Journal of Women in Culture and Society, 30*, 1771-1800. doi:10.1086/426800
- McCarthy, C. J., Fouladi, R. T., Juncker, B. D., & Matheny, K. B. (2006). Psychological resources as stress buffers: Their relationship to university students' anxiety and depression. *Journal of College Counseling, 9*, 99-110. doi:10.1002/j.2161-1882.2006.tb00097.x
- McKie, C. (1993). An overview of lone parenthood in Canada. In J. Hudson & B. Galaway (Eds.), *Single parent families: Perspectives on research and policy*. Toronto, Ontario, Canada: Thompson Educational.
- McKinley, N. M. (2006a). The developmental and cultural contexts of objectified body consciousness: A longitudinal analysis of two cohorts of women. *Developmental Psychology, 42*, 679-687. doi:10.1037/0012-1649.42.4.679
- McKinley, N. M. (2006b). Longitudinal gender differences in objectified body consciousness and weight-related attitudes and behaviors: Cultural and developmental contexts in the transition from college. *Sex Roles, 54*, 159-173. doi:10.1007/s11199-006-9335-1
- McNutt, L. A., Carlson, B. E., Gagen, D., & Winterbauer, N. (1999). Domestic violence screening in primary care: Perspectives and experiences of patients and battered women. *Journal of the American Women's Medical Association, 54*(2), 85-90. Retrieved from <https://www.amwa-doc.org/publications/>
- Meisel, J., Chandler, D., & Rienzi, B. M. (2003). Domestic violence prevalence and effects on employment in two California TANF populations. *Violence Against Women, 9*, 1191-1212. doi:10.1177/1077801203255861
- Merriam, S. B. (2009). *Qualitative research: A guide to design and interpretation*. San Francisco, CA: Jossey-Bass.

- Miles-McLean, H., Liss, M., Erchull, M. J., Robertson, C. M., Hagerman, C., Gnoleba, M. A., & Papp, L. J. (2015). "Stop looking at me!" Interpersonal sexual objectification as a source of insidious trauma. *Psychology of Women Quarterly*, *39*, 363-374. doi:10.1177/0361684314561018
- Miller, J. B., & Stiver, I. P. (1997). *The healing connection*. New York: NY: Guilford Press.
- Miranda, J., & Green, B. L. (1999). The need for mental health services research focusing on poor young women. *Journal of Mental Health Policy and Economics*, *2*, 73-80. doi:10.1002/(SICI)1099-176X(199906)2:2<73::AID-MHP40>3.0.CO;2-3
- Miron, L. R., Sherrill, A. M., & Orcutt, H. K. (2015). Fear of self-compassion and psychological inflexibility interact to predict PTSD symptom severity. *Journal of Contextual Behavioral Science*, *4*, 37-41. doi:10.1016/j.jcbs.2014.10.003
- Misra, R., McKean, M., West, S., & Russo, T. (2000). Academic stress of college students: Comparison of student and faculty perceptions. *College Student Journal*, *34*, 236-246. Retrieved from <https://www.projectinnovation.com/college-student-journal.html>
- Moraga, C., & Anzaldúa, G. (Eds.). (2015). *This bridge called my back: Writings by radical women of color*. Albany: State University of New York Press.
- Morgan, R. E., & Truman, J. L. (2014). *Nonfatal domestic violence 2003-2012*. Washington, DC: Bureau of Justice Statistics, U.S. Department of Justice. Retrieved from <https://www.bjs.gov/>
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Mowbray, C. T., Megivern, D., Mandiberg, J. M., Strauss, S., Stein, C. H., Collins, K. D., . . . Lett, R. (2006). Campus mental health services: Recommendations for change. *American Journal of Orthopsychiatry*, *76*, 226-237. doi:10.1037/0002-9432.76.2.226
- Mulia, N., & Schmidt, L. A. (2003). Conflicts and trade-offs due to alcohol and drugs: Clients' accounts of leaving welfare. *Social Service Review*, *77*, 499-522. doi:10.1086/378326
- Murphy, J. M., Nierenberg, A. A., Laird, N. M., Monson, R. R., Sobol, A. M., & Leighton, A. H. (2002). Incidence of major depression: Prediction from subthreshold categories in the Stirling County Study. *Journal of Affective Disorders*, *68*, 251-259. doi:10.1016/S0165-0327(00)00334-7
- Murray, C. A. (1984). *Losing ground: American social policy, 1950-80*. New York, NY: Basic Books.
- National Collaborating Centre for Mental Health. (2005). *Post-traumatic stress disorder: The management of PTSD in adults and children in primary and secondary care*. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/21834189>

- Neely, M. E., Schallert, D. L., Mohammed, S. S., Roberts, R. M., & Chen, Y. J. (2009). Self-kindness when facing stress: The role of self-compassion, goal regulation, and support in college students' well-being. *Motivation and Emotion, 33*, 88-97. doi:10.1007/s11031-008-9119-8
- Neff, K. D. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity, 2*, 223-250. doi:10.1080/15298860309027
- Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*, 85-101. doi:10.1080/15298860309032
- Neff, K. D. (2009). The role of self-compassion in development: A healthier way to relate to oneself. *Human Development, 52*, 211-214. doi:10.1159/000215071
- Neff, K. D. (2010). Review of the mindful path to self-compassion: Freeing yourself from destructive thoughts and emotions. *British Journal of Psychology, 101*, 179-181. doi:10.1348/000712609X475289
- Neff, K. D. (2011). Self-compassion, self-esteem, and well-being. *Social and Personality Compass, 5*, 1-12. doi:10.1111/j.1751-9004.2010.00330.x
- Neff, K. D. (2012). The science of self-compassion. In C. Germer & R. Siegel (Eds.), *Wisdom and compassion in psychotherapy: Deepening mindfulness in clinical practice* (pp. 79-92). New York, NY: Guilford Press.
- Neff, K. D. (2015). *Self-compassion. The proven power of being kind to yourself*. New York, NY: Harper Collins.
- Neff, K. D. (2016). The Self-Compassion Scale is a valid and theoretically coherent measure of self-compassion. *Mindfulness, 7*, 264-274. doi:10.1007/s12671-015-0479-3
- Neff, K. D., & Beretvas, S. N. (2013). The role of self-compassion in romantic relationships. *Self and Identity, 12*, 78-98. doi:10.1080/15298868.2011.639548
- Neff, K. D., & Dahm, K. A. (2014). *Self-compassion: What it is, what it does, and how it relates to mindfulness. Mindfulness and self-regulation*. New York, NY: Springer.
- Neff, K. D., & Davidson, O. (2016). Self-compassion: Embracing suffering with kindness. In I. Ivtzan & T. Lomas (Eds.), *Mindfulness in positive psychology* (pp. 37-50). New York, NY: Routledge.
- 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*, 28-44. doi:10.1002/jclp.21923
- Neff, K. D. & Germer, C. K. (2017). Self-compassion and psychological well-being. In J. Doty (Ed.), *Oxford handbook of compassion science* (pp. 371-386). New York, NY: Oxford University Press.

- Neff, K. D., Hsieh, Y., & Dejithirat, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and Identity, 4*, 263-287. doi:10.1080/13576500444000317
- Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality, 41*, 139-154. doi:10.1016/j.jrp.2006.03.004
- Neff, K. D., & Knox, M. (2017). Self-compassion. In V. Zeigler-Hill & T. Shackelford (Eds.), *Encyclopedia of personality and individual differences* (pp. 561-573). New York, NY: Springer.
- Neff, K. D., Long, P., Knox, M. C., Davidson, O., Kuchar, A., Costigan, A., . . . Breines, J. G. (2018). The forest and the trees: Examining the association of self-compassion and its positive and negative components with psychological functioning. *Self and Identity, 17*, 627-645. doi:10.1080/15298868.2018.1436587
- Neff, K. D., & McGehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity, 9*, 225-240. doi:10.1080/15298860902979307
- Neff, K. D., Pisitsungkagarn, K., & Hsieh, Y. P. (2008). Self-compassion and self-construal in the United States, Thailand, and Taiwan. *Journal of Cross-Cultural Psychology, 39*, 267-285. doi:10.1177/0022022108314544
- Neff, K. D. & Pommier, E. (2013). The relationship between self-compassion and other-focused concern among college undergraduates, community adults, and practicing mediators. *Self and Identity, 12*, 160-176. doi:10.1080/15298868.2011.649546
- Neff, K. D., & Seppala, E. (2016). Compassion, well-being, and the hypo-egoic self. In K. W. Brown & M. R. Leary (Eds.), *Oxford handbook of hypo-egoic phenomena: Theory and research on the quiet ego* (pp. 189 -202). New York, NY: Oxford University Press.
- Neff, K. D., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality, 77*, 23-50. doi:10.1111/j.1467-6494.2008.00537.x
- Neff, K. D., Whittaker, T., & Karl, A. (2017). Evaluating the factor structure of the self-compassion scale in four distinct populations: Is the use of a total self-compassion score justified? *Journal of Personality Assessment, 99*, 596-607. doi:10.1080/00223891.2016.1269334
- Nelson, L., & Purnell, R. (2003). *Opening doors to earning credentials: Supporting CalWORKS students at California community colleges. An exploratory focus group study*. Retrieved from the Manpower Demonstration Research Corporation website: <http://www.mdrc.org>
- Nichols, W. C. (2013). Roads to understanding family resilience: 1920s to the twenty-first century. In D. S. Becvar (Ed.), *Handbook of family resilience* (pp. 3-16). New York, NY: Springer.

- Nichols-Casebolt, A. (1986). The psychological effects of income testing income-support benefits. *Social Service Review, 60*, 287-302. Retrieved from <https://www.journals.uchicago.edu/toc/ssr/current>
- Nicolas, G., & JeanBaptiste, V. (2001). Experiences of women on public assistance. *Journal of Social Issues, 57*, 299-309. doi:10.1111/0022-4537.00214
- Nolan, J. M., Ford, S., Kress, V. E., Anderson, R. I., & Novak, T. C. (2005). A comprehensive model for addressing severe and persistent mental illness on campus: The new diversity initiative. *Journal of College Counseling, 8*, 172-179. doi:10.1002/j.2161-1882.2005.tb00084.x
- Nolen-Hoeksema, S. (1991). Responses to depression and their effects on the duration of depressive episodes. *Journal of Abnormal Psychology, 100*, 569-582. doi:10.1037/0021-843X.100.4.569
- Nolen-Hoeksema, S., Larson, J., & Grayson, C. (1999). Explaining the gender difference in depressive symptoms. *Journal of Personality and Social Psychology, 77*, 1061-1072. doi:10.1037/0022-3514.77.5.1061
- Norris, F. H. (1992). Epidemiology of trauma: Frequency and impact of different potentially traumatic events on different demographic groups. *Journal of Consulting and Clinical Psychology, 60*, 409-418. doi:10.1037/0022-006X.60.3.409
- Omi, M., & Winant, H. (2014). *Racial formation in the United States*. New York: NY: Routledge.
- Orsillo, S. M., & Batten, S. V. (2005). Acceptance and commitment therapy in the treatment of posttraumatic stress disorder. *Behavior Modification, 29*, 95-129. doi:10.1177/0145445504270876
- Ozdemir, B., & Seef, N. (2017). Examining the factors of self-compassion scale with canonical commonality analysis: Syrian sample. *Eurasian Journal of Educational Research, 70*, 19-36. doi:10.14689/ejer.2017.70.2
- Parent, M. C., DeBlaere, C., & Moradi, B. (2013). Approaches to research on intersectionality: Perspectives on gender, LGBT, and racial/ethnic identities. *Sex Roles, 68*, 639-645. doi:10.1007/s11199-013-0283-2
- Pascarella, E. T., & Terenzini, P. T. (2005). *How college affects students* (Vol. 2). San Francisco, CA: Jossey-Bass.
- Pauley, G., & McPherson, S. (2010). The experience and meaning of compassion and self-compassion for individuals with depression or anxiety. *Psychology and Psychotherapy: Theory, Research and Practice, 83*, 129-143. doi:10.1348/147608309X471000
- Pearson, A. F. (2007). The new welfare trap: Case managers, college education, and TANF policy. *Gender & Society, 21*, 723-748. doi:10.1177/0891243207306381

- Peden, A. R., Rayens, M. K., Hall, L. A., & Grant, E. (2004). Negative thinking and the mental health of low-income single mothers. *Journal of Nursing Scholarship*, *36*, 337-344. doi:10.1111/j.1547-5069.2004.04061.x
- Perez, S., & Johnson, D. M. (2008). PTSD compromises battered women's future safety. *Journal of Interpersonal Violence*, *23*, 635-651. doi:10.1177/0886260507313528
- Perry, B. L., Harp, K. L., & Oser, C. B. (2013). Racial and gender discrimination in the stress process: Implications for African American women's health and well-being. *Sociological Perspectives*, *56*, 25-48. doi:10.1525%2Fsop.2012.56.1.25
- Petterson, S. M., & Friel, L. V. (2001). Psychological distress, hopelessness and welfare. *Women & Health*, *32*, 79-99. doi:10.1300/J013v32n01_04
- Phillips, W. J., & Ferguson, S. J. (2013). Self-compassion: A resource for positive aging. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, *68*, 529-539. doi:10.1093/geronb/gbs091
- Pizzolato, J. E. (2003). Developing self-authorship: Exploring the experiences of high-risk college students. *Journal of College Student Development*, *44*, 797-812. doi:10.1353/csd.2003.0074
- Pizzolato, J. E., & Olson, A. B. (2016a). Exploring the relationship between the three components of self-authorship. *Journal of College Student Development*, *57*, 411-427. doi:10.1353/csd.2016.0052
- Pizzolato, J. E., & Olson, A. B. (2016b). Poverty and knowing: Exploring epistemological development in welfare-to-work community college students. *Review of Higher Education*, *39*, 571-596. doi:10.1353/rhe.2016.0025
- Pizzolato, J. E., Olson, A. B., & Monje-Paulson, L. N. (2017). Finding motivation to learn: Exploring achievement goals in California community college CalWORKs students. *Journal of Adult Development*, *24*, 295-307. doi:10.1007/s10804-017-9267-8
- Polakow, V., Butler, S. S., Deprez, L. S., & Kahn, P. (Eds.). (2004). *Shut out: Low income mothers and higher education in post-welfare America*. Albany: State University of New York Press.
- Polasky, L. J., & Holahan, C. K. (1998). Maternal self-discrepancies, interrole conflict, and negative self affect among married professional women with children. *Journal of Family Psychology*, *12*, 388-401. doi:10.1037/0893-3200.12.3.388
- Porges, S. W. (2007). The polyvagal perspective. *Biological Psychology*, *74*, 116-143. doi:10.1016/j.biopsycho.2006.06.009
- Price, J. S., & Sloman, L. (1987). Depression as yielding behavior: An animal model based on Schjelderup-Ebbe's pecking order. *Ethology and Sociobiology*, *8*(1, Suppl), 85-98. doi:10.1016/0162-3095(87)90021-5

- Purvin, D. M. (2007). At the crossroads and in the crosshairs: Social welfare policy and low-income women's vulnerability to domestic violence. *Social Problems*, *54*, 188-210. doi:10.1525/sp.2007.54.2.188
- Raab, K., Sogge, K., Parker, N., & Flament, M. F. (2015). Mindfulness-based stress reduction and self-compassion among mental healthcare professionals: A pilot study. *Mental Health, Religion & Culture*, *18*, 503-512. doi:10.1080/13674676.2015.1081588
- Rambow, B., Adkinson, C., Frost, T. H., & Peterson, G. F. (1992). Female sexual assault: Medical and legal implications. *Annals of Emergency Medicine*, *21*, 727-731. doi:10.1016/S0196-0644(05)82788-X
- Ramsay, S., Jones, E., & Barker, M. (2007). Relationship between adjustment and support types: Young and mature-aged local and international first year university students. *Higher Education*, *54*, 247-265. doi:10.1007/s10734-006-9001-0
- Rank, M. (1994a). A view from the inside out: Recipients' perception of welfare. *Journal of Sociology and Social Welfare*, *21*(2), 27-47. Retrieved from <https://scholarworks.wmich.edu/jssw/>
- Rank, M. (1994b). *Living on the edge: The realities of welfare in America*. New York, NY: Columbia University Press.
- Raphael, J., & Tolman, R. M. (1997). *Trapped by poverty, trapped by abuse: New evidence documenting the relationship between domestic violence and welfare*. Chicago, IL: Taylor Institute.
- Read, J. P., Ouimette, P., White, J., Colder, C., & Farrow, S. (2011). Rates of DSM-IV-TR trauma exposure and posttraumatic stress disorder among newly matriculated college students. *Psychological Trauma: Theory, Research, Practice, and Policy*, *3*, 148-156. doi:10.1037/a0021260
- Regier, D. A., Farmer, M. E., Rae, D. S., Myers, J. K., Kramer, M., Robins, L. N., . . . Locke, B. Z. (1993). One-month prevalence of mental disorders in the United States and sociodemographic characteristics: The epidemiologic catchment area study. *Acta Psychiatrica Scandinavica*, *88*, 35-47. doi:10.1111/j.1600-0447.1993.tb03411.x
- Reich, C. A. (1963). Midnight welfare searches and the Social Security Act. *Yale Law Journal*, *72*, 1347-1360. Retrieved from <https://www.yalelawjournal.org/>
- Reid, P. T., & Comas-Díaz, L. (1990). Gender and ethnicity: Perspectives on dual status. *Sex Roles*, *22*, 397-408. doi:10.1007/BF00288160
- Remedios, J. D., & Snyder, S. H. (2015). How women of color detect and respond to multiple forms of prejudice. *Sex Roles*, *73*, 371-383. doi:10.1007/s11199-015-0453-5
- Rennison, C. M., & Welchans, S. (2000). *Intimate partner violence* (NCJ 178247). Washington, DC: U.S. Department of Justice.

- Riccucci, N. (2005). *How management matters: Street-level bureaucrats and welfare reform*. Washington, DC: Georgetown University Press.
- Richie, B. (2000). A black feminist reflection on the antiviolence movement. *Signs: Journal of Women in Culture in Society*, 25, 1133-1137. doi:10.1086/495533
- Riggs, D. W. (2007). Recognizing race in LGBTQ psychology: Power, privilege and complicity. In V. Clarke & E. Peel (Eds.), *Out in psychology: Lesbian, gay, bisexual, trans, and queer perspectives* (pp. 59-76). West Sussex, England: John Wiley & Sons.
- Roberts, R. E., Shema, S. J., Kaplan, G. A., & Strawbridge, W. J. (2000). Sleep complaints and depression in an aging cohort: A prospective perspective. *American Journal of Psychiatry*, 157, 81-88. doi:10.1176/ajp.157.1.81
- Rockcliff, H., Gilbert, P., McEwan, K., Lightman, S., & Glover, D. (2008). A pilot exploration of heart rate variability and salivary cortisol responses to compassion-focused imagery. *Clinical Neuropsychiatry*, 5, 132-139. Retrieved from <http://hdl.handle.net/10545/622861>
- Rodin, J., Silberstein, L., & Striegel-Moore, R. (1985). Women and weight: A normative discontent. In T. B. Sonderegger (Ed.), *Psychology and gender: Nebraska symposium on motivation, 1984* (pp. 245-307). Lincoln: University of Nebraska Press.
- Roehl, J. E., & Okun, M. A. (1984). Depression symptoms among women reentering college: The role of negative life events and family social support. *Journal of College Student Personnel*, 25, 251-254. Retrieved from <http://www.myacpa.org/JCSD>
- Rohde, N., D'Ambrosio, C., Tang, K. K., & Rao, P. (2016). Estimating the mental health effects of social isolation. *Applied Research in Quality of Life*, 11, 853-869. doi:10.1007/s11482-015-9401-3
- Rogers, C. R. (1961). *On becoming a person*. Boston, MA: Houghton Mifflin.
- Rogers-Dillon, R. (1995). The dynamics of welfare stigma. *Qualitative Sociology*, 18, 439-456. doi:10.1007/BF02404490
- Root, M. P. (1992). Reconstructing the impact of trauma on personality. In L. S. Brown & M. Ballou (Eds.), *Personality and psychopathology: Feminist reappraisals* (pp. 229-265). New York, NY: Guilford.
- Root, M. P. (2001). Women of color and traumatic stress in "domestic captivity": Gender and race as disempowering statuses. In A. J. Marsella, M. J. Friedman, E. T. Gerrity, & R. M. Scurfield (Eds.), *Ethnocultural aspects of posttraumatic stress disorder* (pp. 363-387). Washington, DC: American Psychological Association.
- Ross, C. E., & Mirowsky, J. (2001). Neighborhood disadvantage, disorder, and health. *Journal of Health and Social Behavior*, 42, 258-276. doi:10.2307/3090214

- Rotkirch, A. (2009). Maternal guilt. *Evolutionary Psychology*, 8, 90-106. Retrieved from <http://www.epjournal.net/filestore/EP0890106.pdf>
- Russell, D. W., & Cutrona, C. E. (1991). Social support, stress, and depressive symptoms among the elderly: Test of a process model. *Psychology and Aging*, 6, 190-201. doi:10.1037/0882-7974.6.2.190
- Rytwinski, N. K., Scur, M. D., Feeny, N. C., & Youngstrom, E. A. (2013). The co-occurrence of major depressive disorder among individuals with posttraumatic stress disorder: A meta-analysis. *Journal of Traumatic Stress*, 26, 299-309. doi:10.1002/jts.21814
- Salzberg, S. (1997). *Lovingkindness: The revolutionary art of happiness*. Boston, MA: Shambala.
- Sanchez v. County of San Diego, 464 F.3d 916 (9th Cir. 2006).
- Sanchez, D. T., & Broccoli, T. L. (2008). The romance of self-objectification: Does priming romantic relationships induce states of self-objectification among women? *Sex Roles*, 59, 545-554. doi:10.1007/s11199-008-9451-1
- Sarno, E. L., Mohr, J. J., Jackson, S. D., & Fassinger, R. E. (2015). When identities collide: Conflicts in allegiances among LGB people of color. *Cultural Diversity and Ethnic Minority Psychology*, 21, 550-559. doi:10.1037/cdp0000026
- Sbarra, D. A., Smith, H. L., & Mehl, M. R. (2012). When leaving your ex, love yourself: Observational ratings of self-compassion predict the course of emotional recovery following marital separation. *Psychological Science*, 23, 261-269. doi:10.1177/0956797611429466
- Scafide, K. R., Sheridan, D. J., Campbell, J., DeLeon, V. B., & Hayat, M. J. (2013). Evaluating change in bruise colorimetry and the effect of subject characteristics over time. *Forensic Science, Medicine, and Pathology*, 9, 367-376. doi:10.1007/s12024-013-9452-4
- Schoenefeld, S. J., & Webb, J. B. (2013). Self-compassion and intuitive eating in college women: Examining the contributions of distress tolerance and body image acceptance and action. *Eating Behaviors*, 14, 493-496. doi:10.1016/j.eatbeh.2013.09.001
- Schram, S. F., Soss, J., Fording, R. C., & Houser, L. (2009). Deciding to discipline: Race, choice, and punishment at the frontlines of welfare reform. *American Sociological Review*, 74, 398-422. doi:10.1177/000312240907400304
- Seagram, S., & Daniluk, J. C. (2002). "It goes with the territory": The meaning and experience of maternal guilt for mothers of preadolescent children. *Women & Therapy*, 25, 61-88. doi:10.1300/J015v25n01_04
- Secombe, K. (2002). "Beating the odds" versus "changing the odds": Poverty, resilience, and family policy. *Journal of Marriage and Family*, 64, 384-394. doi:10.1111/j.1741-3737.2002.00384.x

- Seeman, M. V. (1997). Psychopathology in women and men: Focus on female hormones. *American Journal of Psychiatry*, *154*, 1641-1647. doi:10.1176/ajp.154.12.1641
- Severino, S. K., McNutt, E. R., & Feder, S. L. (1987). Shame and the development of autonomy. *Journal of the American Academy of Psychoanalysis*, *15*, 93-106. doi:10.1521/jaap.1.1987.15.1.93
- Shapira, L. B., & Mongrain, M. (2010). The benefits of self-compassion and optimism exercises for individuals vulnerable to depression. *Journal of Positive Psychology*, *5*, 377-389. doi:10.1080/17439760.2010.516763
- Shapiro, S. L., Astin, J. A., Bishop, S. R., & Cordova, M. (2005). Mindfulnessbased stress reduction for health care professionals: Results from a randomized trial. *International Journal of Stress Management*, *12*, 164-176. Retrieved from doi:10.1037/1072-5245.12.2.164
- Shapiro, S. L., Carlson, L. E., Astin, J. A., & Freedman, B. (2006). Mechanisms of mindfulness. *Journal of Clinical Psychology*, *62*, 373-386. doi:10.1002/jclp.20237
- Shaw, K. M., Goldrick-Rab, S., Mazzeo, C., & Jacobs, J. A. (2006). *Putting poor people to work: How the work-first idea eroded college access for the poor*. New York, NY: Russell Sage Foundation.
- Shields, S. A. (2008). Gender: An intersectionality perspective. *Sex Roles*, *59*, 301-311. doi:10.1007/s11199-008-9501-8
- Siefert, K., Bowman, P. J., Heflin, C. M., Danziger, S., & Williams, D. R. (2000). Social and environmental predictors of maternal depression in current and recent welfare recipients. *American Journal of Orthopsychiatry*, *70*, 510-522. doi:10.1037/h0087688
- Sirois, F. M. (2014). Procrastination and stress: Exploring the role of self-compassion. *Self and Identity*, *13*, 128-145. doi:10.1080/15298868.2013.763404
- Sirois, F. M., Davis, C. G., & Morgan, M. S. (2006). "Learning to live with what you can't rise above": Control beliefs, symptom control, and adjustment to tinnitus. *Health Psychology*, *25*, 119-123. doi:10.1037/0278-6133.25.1.119
- Sirois, F. M., Kitner, R., & Hirsch, J. K. (2015). Self-compassion, affect, and health-promoting behaviors. *Health Psychology*, *34*, 661-669. doi:10.1037/hea0000158
- Smeets, E., Neff, K., Alberts, H., & Peters, M. (2014). Meeting suffering with kindness: Effects of a brief self-compassion intervention for female college students. *Journal of Clinical Psychology*, *70*, 794-807. doi:10.1002/jclp.22076
- Smith, M. D. (1994). Enhancing the quality of survey data on violence against women: A feminist approach. *Gender & Society*, *8*, 109-127. doi:10.1177/089124394008001007

- Smith, T. B., Dean, B., Floyd, S., Silva, C., Yamashita, M., Durtschi, J., & Heaps, R. A. (2007). Pressing issues in college counseling: A survey of American College Counseling Association members. *Journal of College Counseling, 10*, 64-78. doi:10.1002/j.2161-1882.2007.tb00007.x
- Smith, J. R., Brooks-Gunn, J., & Klebanov, P. K. (1997). Consequences of living in poverty for young children's cognitive and verbal ability and early school achievement. In G. J. Duncan & J. Brooks-Gunn (Eds.), *Consequences of growing up poor* (pp. 132-189). New York, NY: Russell Sage.
- Sparks, E. (1999). *Against all odds: Resistance and resilience in African American welfare mothers* (No. 81). Newton, MA: Stone Center, Wellesley College.
- Steele, C. M., & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African-Americans. *Journal of Personality and Social Psychology, 69*, 797-811. doi:10.1037/0022-3514.69.5.797
- Stevens-Watkins, D., Perry, B., Pullen, E., Jewell, J., & Oser, C. B. (2014). Examining the associations of racism, sexism, and stressful life events on psychological distress among African-American women. *Cultural Diversity and Ethnic Minority Psychology, 20*, 561-569. doi:10.1037/a0036700
- Stimpson, N. J., Thomas, H. V., Weightman, A. L., Dunstan, F., & Lewis, G. (2003). Psychiatric disorder in veterans of the Persian Gulf War of 1991: Systematic review. *British Journal of Psychiatry, 182*, 391-403. doi:10.1192/bjp.182.5.391
- Straus, M. A., Gelles, R. J., & Steinmetz, S. (2006). *Behind closed doors: Violence in the American family*. New Brunswick, NJ: Transaction Press.
- Sullivan, C. M., Basta, J., Tan, C., & Davidson, W. S., II (1992). After the crisis: A needs assessment of women leaving a domestic violence shelter. *Violence and Victims, 7*, 267-275. Retrieved from <https://www.springerpub.com/violence-and-victims.html>
- Sutherland, J. (2010). Mothering, guilt and shame. *Sociology Compass, 45*, 310-321. doi:10.1111/j.1751-9020.2010.00283.x
- Swan, R. S., Shaw, L. L., Cullity, S., & Roche, M. (2008). The untold story of welfare fraud. *Journal of Sociology & Social Welfare, 35*, 133-151. Retrieved from <https://scholarworks.wmich.edu/jssw/>
- Swenson, L. M., Nordstrom, A., & Hiester, M. (2008). The role of peer relationships in adjustment to college. *Journal of College Student Development, 49*, 551-567. doi:10.1353/csd.0.0038
- Szymanski, D. M., & Balsam, K. F. (2011). Insidious trauma: Examining the relationship between heterosexism and lesbians' PTSD symptoms. *Traumatology, 17*(2), 4-13. doi:10.1177/1534765609358464

- Tangney, J. P. (2002). Self-conscious emotions: The self as a moral guide. In A. Tesser, D. A. Stapel, & J. V. Wood (Eds.), *Self and motivation: Emerging psychological perspectives* (pp. 97-117). Washington, DC: American Psychological Association.
- Tangney, J. P., & Dearing, R. L. (2002). *Emotions and social behavior: Shame and guilt*. New York, NY: Guilford Press.
- Tangney, J. P., Stuewig, J., & Mashek, D. J. (2007). Moral emotions and moral behavior. *Annual Review of Psychology*, *58*, 345-372. doi:10.1146/annurev.psych.56.091103.070145
- Taylor, M. J., & Barusch, A. S. (2004). Personal, family, and multiple barriers of long-term welfare recipients. *Social Work*, *49*, 175-183. doi:10.1093/sw/49.2.175
- Terry, M. L., & Leary, M. R. (2011). Self-compassion, self-regulation, and health. *Self and Identity*, *10*, 352-362. doi:10.1080/15298868.2011.558404
- Terry, M. L., Leary, M. R., & Mehta, S. (2013). Self-compassion as a buffer against homesickness, depression, and dissatisfaction in the transition to college. *Self and Identity*, *12*, 278-290. doi:10.1080/15298868.2012.667913
- Thavarajah, D., Vanezis, P., & Perrett, D. (2012). Assessment of bruise age on dark-skinned individuals using tristimulus colorimetry. *Medicine, Science and the Law*, *52*, 6-11. doi:10.1258/2Fmsl.2011.011038
- Thomas, A. J., Witherspoon, K. M., & Speight, S. L. (2008). Gendered racism, psychological distress, and coping styles of African American women. *Cultural Diversity and Ethnic Minority Psychology*, *14*, 307-314. doi:10.1037/1099-9809.14.4.307
- Thompson, B. L., & Waltz, J. (2008). Self-compassion and PTSD symptom severity. *Journal of Traumatic Stress*, *21*, 556-558. doi:10.1002/jts.20374
- Thompson, T., Sharp, J., & Alexander, J. (2008). Assessing the psychometric properties of a scenario-based measure of achievement guilt and shame. *Educational Psychology*, *28*, 373-395. doi:10.1080/01443410701665873
- Tiggemann, M. (2004). Body image across the adult life span: Stability and change. *Body Image*, *1*, 29-41. doi:10.1016/S1740-1445(03)00002-0
- Tiggemann, M., & Lynch, J. E. (2001). Body image across the life span in adult women: The role of self-objectification. *Developmental Psychology*, *37*, 243-253. doi:10.1037/0012-1649.37.2.243
- Tilghman-Osborne, C., Cole, D. A., Felton, J. W., & Ciesla, J. A. (2008). Relation of guilt, shame, behavioral and characterological self-blame to depressive symptoms in adolescents over time. *Journal of Social and Clinical Psychology*, *27*, 809-842. doi:10.1521/jscp.2008.27.8.809

- Tinto, V. (1975). Dropout from higher education: A theoretical synthesis of recent research. *Review of Educational Research*, 45, 89-125.
doi:10.3102%2F00346543045001089
- Tjaden, P. G., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence* [Research report]. Atlanta, GA: U.S. Department of Justice. Retrieved from <https://stacks.cdc.gov/view/cdc/21858>
- Tolman, R. M., & Raphael, J. (2000). A review of research on welfare and domestic violence. *Journal of Social Issues*, 56, 655-682. doi:10.1111/0022-4537.00190
- Tracy, J. L., Robins, R. W., & Tangney, J. P. (Eds.). (2007). *The self-conscious emotions: Theory and research*. New York, NY: Guilford Press.
- Van Dam, N. T., Sheppard, S. C., Forsyth, J. P., & Earleywine, M. (2011). Self-compassion is a better predictor than mindfulness of symptom severity and quality of life in mixed anxiety and depression. *Journal of Anxiety Disorders*, 25, 123-130.
doi:10.1016/j.janxdis.2010.08.011
- Van Stone, N., Nelson, J. R., & Niemann, J. (1994). Poor single-mother college students' views on the effect of some primary sociological and psychological belief factors on their academic success. *Journal of Higher Education*, 65, 571-584.
doi:10.1080/00221546.1994.11778521
- Varra, A. A., & Follette, V. M. (2004). ACT with posttraumatic stress disorder. In S. C. Hayes & K. D. Strosahl (Eds.), *A practical guide to acceptance and commitment therapy* (pp. 133-152). Boston, MA: Springer.
- Vettese, L. C., Dyer, C. E., Li, W. L., & Wekerle, C. (2011). Does self-compassion mitigate the association between childhood maltreatment and later emotional regulation difficulties? A preliminary investigation. *International Journal of Mental Health and Addiction*, 9, 480-491. doi:10.1007/s11469-011-9340-7
- Vrana, S., & Lauterbach, D. (1994). Prevalence of traumatic events and post-traumatic psychological symptoms in a nonclinical sample of college students. *Journal of Traumatic Stress*, 7, 289-302. doi:10.1007/BF02102949
- Waitzman, N. J., & Smith, K. R. (1998). Separate but lethal: The effects of economic segregation on mortality in metropolitan America. *Milbank Quarterly*, 76, 341-373.
doi:10.1111/1468-0009.00095
- Walker, R., & Bantebya-Kyomuhendo, G. (2014). *The shame of poverty*. New York, NY: Oxford University Press.
- Wall, G. (2010). Mothers' experiences with intensive parenting and brain development discourse. *Women's Studies International Forum*, 33, 253-263.
doi:10.1016/j.wsif.2010.02.019

- Wandersman, A., & Nation, M. (1998). Urban neighborhoods and mental health: Psychological contributions to understanding toxicity, resilience, and interventions. *American Psychologist, 53*, 647-656. doi:10.1037/0003-066X.53.6.647
- Wasyliw, L., MacKinnon, A. L., & MacLellan, A. M. (2012). Exploring the link between self-compassion and body image in university women. *Body Image, 9*, 236-245. doi:10.1016/j.bodyim.2012.01.007
- Watson, L. B., DeBlaere, C., Langrehr, K. J., Zelaya, D. G., & Flores, M. J. (2016). The influence of multiple oppressions on women of color's experiences with insidious trauma. *Journal of Counseling Psychology, 63*, 656-667. doi:10.1037/cou0000165
- Wei, M., Liao, K. Y. H., Ku, T. Y., & Shaffer, P. A. (2011). Attachment, self-compassion, empathy, and subjective well-being among college students and community adults. *Journal of Personality, 79*, 191-221. doi:10.1111/j.1467-6494.2010.00677.x
- West, C., & Fenstermaker, S. (1996). Doing difference. In E. N. Chow, D. Wilkinson, & M. B. Zinn (Eds.), *Race, class, & gender: Common bonds, different voices* (pp. 357-384). Thousand Oaks, CA: Sage.
- Wilks, S. E. (2008). Resilience amid academic stress: The moderating impact of social support among social work students. *Advances in Social Work, 9*, 106-125. doi:10.18060/51
- Williams, D. R. (2018). Stress and the mental health of populations of color: Advancing our understanding of race-related stressors. *Journal of Health and Social Behavior, 59*, 466-485. doi:10.1177/0022146518814251
- Williams, J. G., Stark, S. K., & Foster, E. E. (2008). Start today or the very last day? The relationships among self-compassion, motivation, and procrastination. *American Journal of Psychological Research, 4*, 37-44. Retrieved from <https://www.mcneese.edu/ajpr>
- Wilson, J. B., Ellwood, D. T., & Brooks-Gunn, J. (1995). Welfare-to-work through the eyes of children. In P. L. Chase-Lansdale & J. Brooks-Gunn (Eds.), *Escape from poverty* (pp. 63-86). New York, NY: Cambridge University Press.
- Wispe, L. (1991). *The psychology of sympathy*. New York, NY: Plenum.
- Wong, Y., & Tsai, J. (2007). Cultural models of shame and guilt. In J. L. Tracy, R. W. Robins, & J. P. Tangney (Eds.), *The self-conscious emotions: Theory and research* (pp. 209-223). New York, NY: Guilford Press.
- World Health Organization. (2015). *What do we mean by 'sex' and 'gender'?* Retrieved from <http://www.who.int/gender/whatisgender/en/>
- Wrosch, C., Scheier, M. F., Miller, G. E., Schulz, R., & Carver, C. S. (2003). Adaptive self-regulation of unattainable goals: Goal disengagement, goal reengagement, and subjective well-being. *Personality and Social Psychology Bulletin, 29*, 1494-1508. doi:10.1177/0146167203256921

- Wurmser, L. (1981). *The mask of shame*. Baltimore, MD: Johns Hopkins University Press.
- Wyatt, T. J., Oswalt, S. B., & Ochoa, Y. (2017). Mental health and academic performance of first-year college students. *International Journal of Higher Education, 6*, 178-187. doi:10.5430/ijhe.v6n3p178
- Yarnell, L. M., & Neff, K. D. (2013). Self-compassion, interpersonal conflict resolutions, and well-being. *Self and Identity, 12*, 146-159. doi:10.1080/15298868.2011.649545
- Yarnell, L. M., Neff, K. D., Davidson, O. A., & Mullarkey, M. (2019). Gender differences in self-compassion: Examining the role of gender role orientation. *Mindfulness, 10*, 1136-1152. doi:10.1007/s12671-018-1066-1
- Yarnell, L. M., Stafford, R. E., Neff, K. D., Reilly, E. D., Knox, M. C., & Mullarkey, M. (2015). Meta-analysis of gender differences in self-compassion. *Self and Identity, 14*, 499-520. doi:10.1080/15298868.2015.1029966
- Zamudio, M., Russell, C., Rios, F., & Bridgeman, J. L. (2011). *Critical race theory matters: Education and ideology*. New York, NY: Routledge.
- Zedlewski, S. (1999). *Work activity and obstacles to work among TANF recipients*. Washington, DC: The Urban Institute.
- Zessin, U., Dickhäuser, O., & Garbade, S. (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology: Health and Well-Being, 7*, 340-364. doi:10.1111/aphw.12051
- Zinn, M. B., & Dill, B. T. (1996). Theorizing difference from multiracial feminism. *Feminist Studies, 22*, 321-331. doi:10.2307/3178416
- Zuroff, D. C., Santor, D., & Mongrain, M. (2005). Dependency, self-criticism, and maladjustment. In S. J. Blatt, J. S. Auerbach, K. N. Levy, & C. E. Schaffer (Eds.), *Relatedness, self-definition, and mental representation: Essays in honor of Sidney J. Blatt* (pp. 75-90). London, England: Routledge.