Transitional bodies: a qualitative investigation of postpartum body self-compassion

Erica Woekel & Vicki Ebbeck

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Self-compassion encompasses the three components of kindness, common humanity and mindfulness, and involves reducing one’s own suffering that can stem from personal inadequacies as well as the desire for one’s own health and well-being. The current investigation uniquely focused on the relevance of self-compassion to postpartum women coping with their changing bodies. Eighteen postpartum women participated in a one-on-one interview at the beginning and end of one month, and maintained journals between the two interviews. Themes emerged within the three components of self-compassion and an additional theme served as a motivational mechanism for taking care of one’s self through positive health behaviours (such as making exercise a priority). Kindness was described as being non-judgemental towards themselves and their bodies, along with having a self-focused moment or mental break. Common humanity was seen as the connection with other new mothers as well as people in general at the personal (interacting with similar others on a daily basis), abstract (there are other people going through what I am going through) and virtual (such as online social networking sites) levels. Mindfulness emerged with regard to a balanced perspective regarding emotions and thoughts, as well as the temporary nature of the changes (this too shall pass). These postpartum women related to and found meaning in using a self-compassionate perspective, although they also shared examples where they lacked self-compassion. The findings inform researchers who currently know little about body self-compassion while advocating positive health behaviour strategies through a caring and nurturing approach.

Keywords: postnatal; body image; body satisfaction; physical activity; coping
with the physical alterations. The present investigation aimed to describe the relationship between postpartum women, their bodies and positive health behaviours (such as exercise and eating) with a specific focus on self-compassion that offers a healthy approach to managing life’s challenges.

Body changes in motherhood

Motherhood can be a difficult time for women as a plethora of changes occurs within their lives and bodies. Rallis et al. (2007) examined the body image of postpartum women longitudinally (over the first year) and found women at six months postpartum had the most negative feelings and lowest body satisfaction in comparison to pregnancy, 1 month and 12 months after birth. Heinburg and Guarda (2002) discussed that postpartum body dissatisfaction and negative emotions towards one’s body could be due to unrealistic weight loss and body shape expectations as women assume that they will return to their pre-pregnancy body.

Recent qualitative research has examined the body images of postpartum women within a variety of different contexts. For example, Clark et al. (2009a) looked at body attitudes and mood in 10 pregnant and 10 postpartum women during the first 12 weeks postpartum. They found that during pregnancy women suspend their body pressures or ideals and are able to adapt well to a changing pregnant body. However, after birth women had a more difficult time with their fluctuating body.

Upton and Han (2003) conducted ethnographic interviews with eight postpartum women as these mothers reflected retrospectively on their pregnancy experience and their current postpartum body within the first year after birth. They found that these mothers had a difficult time regaining their sense of self after the delivery of their baby and felt an increased pressure to get their body back. Many of the women interviewed described a shift in personal identity from pregnancy to postpartum in that they went from pregnant to ‘fat’ and the majority of the women stated that there was a lot of pressure socially and internally to regain their previous shape, size and weight.

Both quantitative and qualitative research concludes that women are experiencing emotional distress and having negative perceptions of their body postpartum (Upton and Han, 2003; Patel et al. 2005; Rallis 2007; Clark et al. 2009a). During this time of body transition, women might also employ negative health behaviours such as engaging in reducing food intake or obligatory/excessive exercise, with the focus on improving body dissatisfaction (Clark et al. 2009b). In hopes of encouraging positive health strategies and perceptions of one’s body, implications for postpartum women could stem from the literature on self-compassion. If mothers experience negative body image, a more compassionate attitude towards one’s self in general, and one’s body specifically, could be beneficial.

Self-compassion

According to Neff (2003a), self-compassion involves a non-judgemental perspective to one’s pain, shortcomings and failures. Fundamentally, this approach looks at the idea of compassion, a heart-felt connection to others and their situations or sufferings, and demonstrates that attitude towards oneself. Neff (2003a, 2009a) suggests that self-compassion is comprised of three components. The first component is kindness toward the self where self-criticism and judgement is replaced with forgiveness
and understanding. The second component, common humanity, focuses on how people perceive themselves as part of a shared human experience rather than feeling separate and isolated from others. The third component is mindfulness that pertains to having a balanced awareness to the present experiences in contrast to over-identifying with them.

Neff and colleagues have empirically shown that self-compassion is related to positive cognitions and coping (Neff 2004, Neff and Vonk 2009). In 2004, Neff reported that individuals who score high on self-compassion also tend to experience less self-criticism, neurotic perfectionism, depression and anxiety, as well as greater life satisfaction, social connectedness and emotional intelligence. Neff and Vonk (2009) found that self-compassion contributed unique variance beyond self-esteem to variables such as self-worth stability, self-worth contingency, social comparison, public self-consciousness, anger and need for cognitive closure. Therefore, with these known benefits of self-compassion, adopting a self-compassionate attitude towards the body in a time of transition (e.g. after having a baby) would seem to be advantageous.

Self-compassion has begun to receive increasing attention in the physical domain. For example, Magnus et al. (2010) examined the relationship between self-compassion and exercise motivation in 252 young adult women. Self-compassionate attitudes were associated with more intrinsic motivation levels and less social physique anxiety. Self-compassion was also inversely related with obligatory exercise in that exercisers with higher self-compassion were less likely to perceive being physically active as a requirement. For female exercisers who participated because of body and appearance concerns, Magnus et al. (2010) suggested that self-compassion could act as a safeguard for women who rely heavily on personal evaluation. Mosewich and colleagues (2011) examined self-compassion in 151 young female athletes with regard to self-conscious emotions and self-evaluative thoughts and behaviours. Both self-compassion and self-esteem were negatively associated with social physique anxiety, objectified body consciousness, body surveillance and body shame. It was discussed by the authors that self-compassion and self-esteem may play different roles for self-evaluative thoughts and behaviours but similar roles with emotions.

To date, there are limited studies that have examined body image and self-compassion. Wasyliw et al. (2012) examined body image and self-compassion in college females and found that self-compassion mediated body preoccupation and depressive symptoms while controlling for self-esteem. Berry and colleagues’ (2010) qualitative research examined the actions and thoughts of five compassionate female exercisers with regard to Neff’s conceptual framework. They found agreement with the emergent themes and the components of self-compassion through appreciating one’s unique body (kindness), taking ownership of one’s body (mindfulness), engaging in less social comparison (kindness, common humanity and mindfulness) and the importance of others (common humanity) (Berry et al. 2010).

Berry et al. (2010) established a foundation to better understand body image in exercising women who display a self-compassionate attitude; nevertheless, many questions remain to be answered to realise the potential of self-compassion in relation to the body image issues experienced by women and how these connect to positive health behaviours. The current study examined body self-compassion in postpartum women as this period is when women experience anxiety, depression, as well as physical and emotional hardship in regard to their changing body (Howell
et al. 2006, Daley et al. 2007). As body image disturbances can lead to extreme exercise patterns, disordered eating and mental health issues, it is important to better understand the postpartum population in hopes of ultimately devising comprehensive coping strategies (Cash and Pruzinsky 2002, Heinberg and Guarda 2002, Martin and Lichtenberger 2002, Gjerdingen et al. 2009).

**Purpose**

The purpose of this research was to explore the meanings of and experiences with self-compassion that pertain to one’s postpartum body. This study examined the research questions: what was the role, if any, that the three components of self-compassion recognised in the literature (Neff 2003a) had in how postpartum women viewed their bodies?; and were there any examples of self-compassion that did not align with kindness, common humanity and mindfulness?

**Method**

**Paradigm and personal background**

This research was guided by an interpretivist paradigm in which the understanding of symbolic interactionism was used to interpret meaning. Symbolic interactionism examines the basis for meaning through individual connections to objects or things, social interaction and the interpretation of the social context one is a part of (Blumer 1969). Through interaction with these postpartum women, we created meaning of situations and our perceptions were influenced by a shared language and communication (Charmaz 1980). We are coming from a relativist ontology perspective in which we believe that understanding was developed socially and experientially through the conversations with these mothers (Sparkes and Smith 2009). The subjective epistemology allowed the researchers and participants to co-create the social meaning and environment based on their interactions that was conducive to understanding their perspective of motherhood, body image and self-compassion (Cohen and Crabtree 2006).

As the researcher cannot be separated from the research, the view of the mothers’ experiences comes through the personal and professional lens of the primary researcher (Smith 2009, Smith and Caddick 2012). As the primary researcher, my interest for the topic on postpartum body image and self-compassion stems from personal experience and the journey through body dissatisfaction both before and after birth. I am a mother of two young children and although that is only one aspect that shapes and defines my sense of self, I also struggle with the body that has never returned to its pre-pregnancy shape. Although motherhood is something I would never change nor regret, which echoes the voices of the mothers interviewed, it seems important to dialogue about the body changes and how it affects one’s health both mentally and physically. Dialogue with other mothers outside of the research context, created a sense that I was not alone in my feelings, that we had a ‘shared humanity’ about this time of bodily transition and yet rarely talked about how to cope with it. While introduced to the concept of self-compassion, I slowly began to apply it to my body and circumstances. It was through self-compassion that an empathy arose to my body and current situation. This process, although difficult, assisted me on my journey to flee from the judgement of my shortcomings and learn to care for myself at a physical and mental level, thus formulating the
idea for this research. I conducted all interviews, collected the journal entries, and my role as a mother provided a connection between the participants and myself. By having ‘mom status’, I was able to join the conversation with the research participants as a fellow mother or insider, which broke down barriers during the conversations. Fieldnotes served as a ‘reality check’ to gain insight into the research process through my perceptions during data collection (Hammersley and Atkinson 1995, Berg 2009).

**Participants**

Women within the first-year postpartum (0–12 months) were selected for this study due to the exploratory nature of examining self-compassion in this population and the fact that this timeframe was consistent with other research (Rallis et al. 2007, Clark et al. 2009b). After obtaining University Institutional Review Board approval, recruitment for the study was conducted through announcements at local baby classes, fliers at children stores and local hospitals, and personal connections (Berg 2009). To be consistent with other qualitative research on postpartum women, a sample of 15–20 participants was determined prior to the start of this study (Patel et al. 2005, Clark et al. 2009a). Twenty women agreed to participate, although two women decided after the first interview not to continue due to time constraints, which resulted in a final sample size of 18 women. These participants were 0–12 months postpartum, within a 30 mile radius from a university within the Northwestern USA where the study was conducted, English speaking, able to access to the internet for weekly journal submissions, and available for two 1–1.5 h interviews. Participants were given a $15 gift card to a local toy shop as a token of appreciation for their time and efforts.

**Procedures**

Each postpartum woman participated in a one-on-one interview with the first author at the beginning and end of one month, and maintained a weekly journal between the two interviews. After each participant agreed to take part in the research study, a time was established for the primary researcher and participant to meet and conduct the first interview. Private interview locations were determined by the interviewee and were mainly conducted in the participant’s home or in a meeting room on the university campus. The interviews followed a semi-structured interview guide (see Appendix A) with the use of probes to allow and encourage rich and thick description from these mothers (Smith and Caddick 2012). The interview guide was sufficiently broad to gain perspective of the interviewee while allowing the mothers the freedom to express their own point of view and expand on their personal situations and perspectives (Berg 2009, Smith and Caddick 2012). The questions used within the interview were pilot tested prior to the start of the research project on two postpartum women not involved in the main data collection. These two postpartum women assisted in the clarity of the interview guide while also giving feedback with regard to the understandability of self-compassion as explained by the researchers.

At the first interview, the primary researcher received informed consent and demographic information, and then began the conversation with each woman regarding her attitudes towards her body, changes she had noticed after the birth of
the baby and the positive or negative impacts on her. Because body image is multifaceted (Cash and Pruzinsky 2002), questions focused not only on the women’s physical bodies but also emotions, values, attitudes and beliefs towards their changing bodies. Next the participants completed the self-compassion scale (SCS; Neff, 2003b). The SCS was completed to give insight to the self-compassion levels of the participants to allow for a full description of the sample engaged in this study. In addition, a record of the different levels of self-compassion could further inform about the nature of self-compassion such as whether, for example, women ranked high on the trait-like SCS might describe moments of low or moderate self-compassion during their day-to-day lives. Furthermore, completing the measure introduced the women to self-compassion and provided an initial understanding of the components that would be discussed during the interview. The 26-item SCS is comprised of six subscales: kindness, common humanity, mindfulness, judgement, isolation and over-identification. The total score was calculated by reverse coding the negative subscales, summing each subscale and then averaging the composite score (Neff 2009c). The total score for the current sample ranged from 1 to 5 ($M=3.27$, $SD=0.67$) and showed good internal consistency ($\alpha=0.94$).

After completion of the SCS, the participants were given an explanation of the conceptualisation of self-compassion and asked to give some practical examples of what they were currently doing in their daily lives to be self-compassionate as it pertained to their bodies. Active listening techniques (such as leaning forward, head nodding, verbal confirmation and open body language) were used at all interviews to engage the researcher and the mother in the conversation (Smith and Caddick 2012). At the end of the session, the mothers were given a note card with the words and brief descriptions of kindness, common humanity and mindfulness on it. The researcher asked that the note card be placed in a visible location (e.g. a bathroom mirror or on the refrigerator) so the women were able to reflect on each component. The notecards served as a reminder of what self-compassion was in the hope that these mothers would remember to regularly reflect on the components in relation to their bodies and current circumstances. In addition, height and weight were measured at the end of the interview by the primary researcher so that BMI could be calculated.

Within the next month, the participants submitted weekly journal entries to the primary researcher via email. Participants were asked to consider the three components of self-compassion in regard to their body and provide personal examples of how they were (or were not) compassionate to themselves in the previous week. By engaging in journaling and posting the note cards in a visible location, these women were going through a process of self-monitoring and reactivity as they were spending time reflecting on their bodies and lives. Each participant needed to complete at least two of the four journal entries to remain in the study (a stipulation established by the researchers prior to the start of data collection) and of the 18 participants, 13 completed all four journals (72%), four completed three journal entries (22%) and one completed two journal entries (6%).

A follow-up interview was conducted (after one month but no later than six weeks from the first interview). At the follow-up interview, the initial interview as well as the journal entries were discussed to ensure the researcher understood all examples provided and the context of the dialogue and text (Creswell 1998, Berg
This second conversation also allowed each participant to share any additional thoughts or experiences that may have emerged over time since the last meeting. At the end of each one-on-one interview, the researcher completed field-notes about the conversation with the interviewee as well as researcher perceptions.

Data analysis
Demographic data and SCS scores were analysed in Stata 10. For the qualitative data, we followed the five phases for thematic analysis proposed by Smith and Caddick (2012). Immersion (Phase 1) occurred through the primary researcher conducting all of the interviews that were digitally recorded and transcribed verbatim. Weekly journaling completed by the participants was also analysed to provide context to these women’s experiences. Immersion and familiarisation with the data continued prior to analysis with the primary researcher relistening and reading the transcripts and journals. All text (interviews and journaling) were then imported into NVIVO8 and deductively coded based on Neff’s components of self-compassion (Phase 2 generating initial codes). NVIVO8 was used as an organisational tool for the plethora of data (257 pages of transcription and 55 pages of journals). Deductive reasoning was used as the research questions focused on the perspectives and insights of these mothers and if they could relate to the idea of self-compassion specific to their body. The general components of self-compassion (kindness, common humanity and mindfulness) were used as a conceptual framework for the emergent meaning of major and minor themes and thematic saturation (Berg 2009). The primary researcher coded for initial codes based on the components of self-compassion while also being mindful of new and developing themes within the data that were outside of these three components. The three main themes were then coded into appropriate sub-themes (Phase 3 searching and identifying themes) derived from the emerging categories within each of the general themes of self-compassion. Phase 4 (reviewing themes) included the second researcher reviewing the coded data while suggesting and challenging the arrangement of the codes. This phase consisted of multiple sessions of reviewing thematic coding to ascertain the final codes. Coding themes were revised in a process of consensual agreement between the researchers in conjunction with Neff’s definition of each component of self-compassion to produce the final results of defining and naming the themes (Phase 5 defining and naming themes). Pseudonyms were used within writing up the results to provide anonymity to the postpartum participants.

Results
The postpartum women that participated in this study ranged from 24 to 38 years of age ($M=31.28$, $SD=4.45$) and 1 to 10 months postpartum ($M=5.50$, $SD=3.21$). All of the participants were married and well educated. These mothers ranged between having one to four children ($M=2.11$, $SD=0.96$) and their BMI ranged from 19.17 to 32.51 ($M=25.67$, $SD=3.35$). Table 1 provides the descriptive information (demographics, interests towards and patterns of involvement in exercise) on these mothers along with their total SCS scores ($M=3.28$, $SD=0.67$) and self-compassion categories (Neff 2009c).

These mothers described their lives as ‘busy’ and ‘hectic’ as they were in a constant role of caring for others. Brenda stated that: ‘You don’t make time for
Table 1. Descriptive information of participants ($N = 18$).

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th># of kids</th>
<th>Months after birth (1st interview)</th>
<th>Working outside of home</th>
<th>Education</th>
<th>Interests</th>
<th>Exercise patterns</th>
<th>BMI</th>
<th>SCS score</th>
<th>SCS category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saba</td>
<td>37</td>
<td>3</td>
<td>2</td>
<td>Yes</td>
<td>College</td>
<td>Friends, scuba</td>
<td>Not regular, use video on demand, walking</td>
<td>32.51</td>
<td>4.09</td>
<td>High</td>
</tr>
<tr>
<td>Jessica</td>
<td>28</td>
<td>2</td>
<td>10</td>
<td>No</td>
<td>College</td>
<td>Running</td>
<td>Non-existent</td>
<td>36.70</td>
<td>3.21</td>
<td>Med</td>
</tr>
<tr>
<td>Lauren</td>
<td>30</td>
<td>2</td>
<td>5</td>
<td>No</td>
<td>College</td>
<td>Card games, magazine exercises</td>
<td>Random</td>
<td>26.45</td>
<td>2.72</td>
<td>Med</td>
</tr>
<tr>
<td>Brenda</td>
<td>26</td>
<td>2</td>
<td>10</td>
<td>No</td>
<td>College</td>
<td>Scrubooking, cards</td>
<td>Non-existent</td>
<td>29.85</td>
<td>2.16</td>
<td>Low</td>
</tr>
<tr>
<td>Kayla</td>
<td>24</td>
<td>3</td>
<td>2</td>
<td>Yes</td>
<td>College</td>
<td>Scrubooking, outdoors</td>
<td>Non-existent</td>
<td>28.88</td>
<td>4.16</td>
<td>Low</td>
</tr>
<tr>
<td>Clara</td>
<td>35</td>
<td>3</td>
<td>1</td>
<td>No</td>
<td>College</td>
<td>College</td>
<td>3days weights, will start cardio soon</td>
<td>27.44</td>
<td>2.74</td>
<td>Med</td>
</tr>
<tr>
<td>Erin</td>
<td>28</td>
<td>2</td>
<td>5</td>
<td>Yes</td>
<td>Graduate</td>
<td>College</td>
<td>3–4days/wk</td>
<td>26.15</td>
<td>3.21</td>
<td>Med</td>
</tr>
<tr>
<td>Nicki</td>
<td>25</td>
<td>3</td>
<td>1</td>
<td>No</td>
<td>Graduate</td>
<td>College</td>
<td>3–4days/wk</td>
<td>28.04</td>
<td>2.21</td>
<td>Low</td>
</tr>
<tr>
<td>Ashley</td>
<td>28</td>
<td>2</td>
<td>3</td>
<td>Yes</td>
<td>Graduate</td>
<td>College</td>
<td>3–4days/wk</td>
<td>28.88</td>
<td>3.35</td>
<td>Med</td>
</tr>
<tr>
<td>Sara</td>
<td>27</td>
<td>1</td>
<td>8.5</td>
<td>Yes</td>
<td>Associates Degree</td>
<td>No</td>
<td>3days weights, will start cardio soon</td>
<td>26.44</td>
<td>2.77</td>
<td>Med</td>
</tr>
<tr>
<td>Maria</td>
<td>33</td>
<td>2</td>
<td>4</td>
<td>Yes</td>
<td>Bachelors</td>
<td>Quilt, sewing</td>
<td>Very little, but trying</td>
<td>19.17</td>
<td>4.28</td>
<td>Low</td>
</tr>
<tr>
<td>Morgan</td>
<td>29</td>
<td>1</td>
<td>9</td>
<td>Yes</td>
<td>Bachelors</td>
<td>Scrubooking, outdoors, history, dependant</td>
<td>Limited Weather</td>
<td>28.94</td>
<td>2.58</td>
<td>Med</td>
</tr>
<tr>
<td>Miranda</td>
<td>31</td>
<td>2</td>
<td>10</td>
<td>Yes</td>
<td>Bachelors</td>
<td>Soccer, outdoors, interest, knitting</td>
<td>None</td>
<td>25.04</td>
<td>3.09</td>
<td>Med</td>
</tr>
<tr>
<td>Susan</td>
<td>38</td>
<td>2</td>
<td>3.5</td>
<td>Yes</td>
<td>Bachelors</td>
<td>Decorating, cooking, hobbies</td>
<td>None</td>
<td>24.68</td>
<td>2.30</td>
<td>Low</td>
</tr>
</tbody>
</table>
Table 1. (Continued).

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th># of kids</th>
<th>Months after birth (1st interview)</th>
<th>Working outside of home</th>
<th>Breastfeeding</th>
<th>Education</th>
<th>Interests</th>
<th>Exercise patterns</th>
<th>BMI</th>
<th>SCS score (1–5)</th>
<th>SCS category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trina</td>
<td>33</td>
<td>4</td>
<td>8</td>
<td>No</td>
<td>No</td>
<td>High school graduate</td>
<td>Skating, scrapbooking, Outdoors, volleyball</td>
<td>Thinking about it</td>
<td>22.50</td>
<td>3.75</td>
<td>High</td>
</tr>
<tr>
<td>Carmen</td>
<td>35</td>
<td>1</td>
<td>4</td>
<td>No</td>
<td>Yes</td>
<td>Graduate</td>
<td>Triathlons, reading</td>
<td>Walk 3×/wk, v-ball 1×/wk</td>
<td>25.21</td>
<td>3.58</td>
<td>High</td>
</tr>
<tr>
<td>Jasmine</td>
<td>35</td>
<td>1</td>
<td>8.5</td>
<td>Part-time</td>
<td>Yes</td>
<td>Bachelors</td>
<td>'Regularly irregular'</td>
<td>Walk with baby most days</td>
<td>22.55</td>
<td>3.50</td>
<td>Med</td>
</tr>
<tr>
<td>Amy</td>
<td>31</td>
<td>1</td>
<td>7.5</td>
<td>No</td>
<td>Yes</td>
<td>Graduate</td>
<td>Cooking, hiking, knitting</td>
<td>Walk with baby most days</td>
<td>26.97</td>
<td>4.08</td>
<td>High</td>
</tr>
</tbody>
</table>

Note: SCS category: low = 1 to < 2.5, medium = 2.5–3.5, high = 3.5–5 (Neff, 2009c).
yourself, you make time for everybody else but not for you’. Ashley stated that the focus on herself had shifted after the birth of her children: ‘For me I feel like I don’t give myself a lot of liberty to spoil myself after the kids were born’. Carmen stated, however, that with the help of social support she was able to maintain some time for herself to exercise: ‘I think it helps a lot that I’ve set this time aside for myself, with a schedule, otherwise it’s too easy to let everything else take priority’. All-in-all, these women focused on taking care of their family, their spouse and even their pets before themselves.

The focus of the interviews was on the three components (kindness, common humanity and mindfulness) of self-compassion. Qualitative themes that emerged within kindness pertained to the women choosing to be non-judgemental with regard to themselves and their bodies, and taking a self-focused moment. Common humanity themes centred on the connections these women had with others at a personal, an abstract and a virtual level. Themes on mindfulness were reflected in a balanced perspective of one’s emotions and the idea that the body changes were part of a temporary experience. The data also showed that these women lacked self-compassion and engaged in self-criticism, social comparison and over-identification. A final theme that emerged from the data focused on the general and overriding motivation to take care of and be compassionate to one’s self.

**Kindness**

**Being non-judgemental**

Being non-judgemental reflected that these postpartum women were recognising their flaws and imperfections, and mentally choosing not to worry or obsess about them. Maria, a mother of two who was very frustrated with her postpartum body, at her follow-up interview demonstrated her non-judgement with: ‘Every time I looked in the mirror I tried to think “not bad” instead of “holy fatness!” and it worked pretty well’. During the four weeks of considering self-compassion, Maria stated that she got better at relating to herself in a less harsh and kinder manner. Sara, mother of one at her follow-up interview stated: ‘I am not as hard on myself as I feel like I am sometimes. Or maybe just being cognizant of it (being self-compassionate) helps me to avoid being overly self-critical’. Nicki, mother of three stated: ‘I’m more aware that it will be okay and I don’t have to be mean to myself just because I don’t like the way I look right now. I can just accept it and work on it’. Self-compassion was portrayed as beneficial to these moms at the follow-up interview and although at times it was difficult to not be overly critical, it was a helpful way to view themselves. Whether it was a skipped exercise workout, eating poorly or not returning to their pre-pregnancy body, these postpartum women chose not to be overly critical of where they were at. Jessica, a mother of two that weighed herself each day stated:

> I finally did get on the scale and when I saw a gain I did tell myself that it wasn’t a big deal and I knew what I had to do to get back on track. I made a real attempt to let it roll off my back and focus on different and more important parts of my life. (Follow-up interview)

**A self-focused moment**

Having a ‘self-focused moment’ was seen as an essential part of maintaining composure and being kind to one’s self. This ‘mental break’ or ‘mental nap’ as
described by some women provided an outlet to do something that was focused on the women themselves. Whether it was exercising, reading, showering, playing music, watching television, sitting or taking a bath; these moments were essential to show kindness while allowing these mothers to separate from the ongoing demands of each day. Maria, mother of two, stated that she invoked kindness by: ‘walking to the mailbox, well, walking very slowly to the mailbox’, as this moment would allow her to step outside and take a break. The women were able to describe these acts of self-kindness at the first interview and yet they seemed to make more time for these ‘self-focused moments’ of kindness through their actions during the research process.

Other women described this time as not necessarily separate from their children or others. Erin, mother of two at her initial interview, explained: ‘my “me” time I associate with non-work time, but it can be me enjoying a walk with my son too’. Lauren, mother of two, describes her self-focused moment in a weekly journal entry as she takes a ‘mommy time-out’ to focus on her fingernails amongst the daily routine: ‘I gave the kids a bath but I painted my fingernails at the same time … I may only get one or two done but that’s all right’. Even though Lauren did not get much accomplished she was able to do something for herself while in the company of her children. Clara, a full-time teacher, exercise instructor and mother of four, initially described self-kindness by stating:

To actually sit down with a cup of coffee that is hot and not cold. Sometimes I just need to sit with a cup of coffee and look at the paper and just be. I might have two kids on my lap but I’m sitting.

Occasionally, a self-focused moment was perceived as a way to pamper and treat one’s self. This was done through shopping, food (such as chocolate, cookies, mochas, or ice cream), relaxing lotions, massages, buying or wearing jewellery and putting on make-up or doing one’s hair. These behaviours were used to reward the postpartum women if they had accomplished their goals, or if they needed to take a break to be kind. Each of these examples show that although a moment for self-kindness is important, it can be incorporated throughout one’s daily life and for many of these mothers, it was needed to refresh and refocus.

**Lack of self-compassion: self-criticism**

As these postpartum women underwent many body changes, they also shared times where it was difficult to show kindness and they lacked self-compassion towards their bodies. These were primarily described with frustrations about weight, shape, body fat distribution and acne. Brenda, mother of two, described this criticism with regard to her weight loss at her first interview: ‘I gained 52 lb with her. I’ve lost all the baby weight, and it’s only been five and a half months, and I should be very proud of myself, but I still see those things’. Although Brenda showed a lot of progress in regard to weight loss, she also was not able to focus on the improvements that she had made over a relatively short period of time. Encouragingly, Brenda did describe at her follow-up interview that a self-compassionate perspective was helpful in how she was beginning to view her transitional body. Maria, mother of two, also demonstrated a sense of frustration towards her body in her first interview: ‘I think every time I take a shower I look at myself and think “holy cow, this is
awful’ and I tell myself that I look horrible’. As a point of interest, Maria was highly critical of her body at the beginning of this research and then started to move to non-judgemental thoughts with regard to her reflections in the mirror suggesting that a self-compassionate perspective can improve the way one views one’s body.

Common humanity

Personal connections

The women frequently perceived common humanity as a form of social support. The connection with others on a daily basis assisted them to be encouraged and get through their day. With additional probing with regard to common humanity, they also saw other postpartum women as going through similar situations and emotions in regard to their bodies. Maria stated: ‘When I look at myself almost five months postpartum and still have this protruding stomach, I felt good knowing I wasn’t alone in the stomach flab arena’. Although Maria connected more with others that she knew, Miranda explained: ‘even if you’re not real close to people, just knowing that there are other people going through what you’re going through’ was a source of comfort. Maria also acknowledged her introverted personality with common humanity during her follow-up interview by stating: ‘One of the “ah ha” moments I had was that there’s got to be other people out there like me, but because they are like me, they like to stay home’.

Although these participants felt more connected to other mothers in regard to common humanity, they also saw themselves in relation to other people who were dealing with body issues. Erin, a regular exerciser and health conscious mother of two, stated in her follow-up interview: ‘I am reminded that so many people have struggles with their weight, are unhappy with their bodies, and are struggling much more than I am just trying to lose those extra pregnancy pounds’. With an overwhelming amount of people trying to lose weight, Erin reflected on her body experience and how it was connected to the greater shared human experience.

Virtual connections

An interesting finding among these women was the dialogue in regard to virtual support. Whether it was through an online nutrition logging site, medical inquiries or social networking sites, these women found connection and support with others as they experienced their changing bodies. Carmen shared in her follow-up interview: ‘once in a while Facebook is good for reminding me that others are in similar situations. It made me laugh when a friend’s first postpartum jog was “jiggly”’. Carmen was athletic and was able to identify with this comment as she was also incorporating running into her daily activities and these virtual connections assisted in understanding that others were going through the same experiences and that she was not alone.

Lack of self-compassion: comparison to others

The mothers also perceived other mothers as a point of comparison to gauge how they were doing with regard to their body. Brenda stated: ‘I definitely compare myself with lots of people, whether I know them or not, I sit there and I’m like,
how is it that I weigh this, and you weigh that and I look so different’. For Brenda, weight was something that she was highly cognizant of and consistently talked about as she was a member of Weight Watchers. At weekly weigh-ins, she found herself comparing her weight with other participants instead of focusing on her own progress. Susan, a mother of two that felt ‘consumed’ by motherhood, explained a situation where she felt inadequate due to comparing with other mothers:

They all seem to be more successful than I was, because they were all nicely dressed and a lot of them seem to have jobs. So it’s hard to not just go okay, this is odd. And I have friends who have had kids recently and it’s hard to not make that comparison.

These forms of comparison with other women was most often seen as a negative reflection of what the women were or were not doing, or what they were doing ‘wrong’. However, some women also perceived this form of comparison with others as positive since they did not have ‘their’ problems. This was not done in a gloating or egotistical way, but rather as an empathetic and thankful notion of where these postpartum women were currently at.

**Mindfulness**

**Balanced emotional perspective**

Awareness of one’s emotions allowed these women to experience their thoughts and feelings, but also not permit themselves to be consumed by them. By being aware of one’s current emotions and circumstances or situations, these women identified when they were going through a difficult time and acknowledged it while not dwelling on the negative aspects of the situation. Trina, a stay at home mother of four, described on her third week of journaling: ‘I know I’ve stayed calm and even have found humour in situations with the kids that I could have easily got upset or blown out of proportion’. She found that when she acknowledged her anxiety and frustration in regard to her emotions, she was also able to let these emotions go more quickly while finding humour in the present experience. Jasmine, a mother of one that had some experience with therapy and coping explained: ‘My feelings are okay, no matter what they are’. Whether she was frustrated, mad, sleep deprived or stressed, Jasmine acknowledged her feelings instead of dismissing them and was aware of her situation. Miranda sums up this component of mindfulness:

Because it’s so easy to get into a rut and to feel gross and fat and lazy and inadequate or whatever, and just not happy with yourself or where you are in life. It’s definitely good to be aware and to think about your thoughts toward yourself and to not let negative thoughts take over your head, your actions, and your life. But it’s easy to get into a rut and to be ‘blah.’ (Follow-up interview)

**Balanced temporary perspective**

The postpartum women also saw their experiences as a transitory time within their lives. Dialogue, whether internal or external, that stated: ‘I just had a baby’, ‘I’m just trying to endure this’ or ‘this too shall pass’, demonstrated that these women saw their experience of their changing bodies and current situations as being temporary. These women shared that they also could put the present in context and their
Susan shared her frustration with the process of the transition by saying: ‘In spite of where I am, I know that I am where I need to be, but it’s still hard’. Through the acknowledgement by Susan that this point in her life was difficult, it was also seen as a season that she would endure. It is also noteworthy that these women saw the 6–9 month mark as a benchmark for this temporary experience.

**Lack of compassion: over-identification**

With regard to mindfulness, these mothers also experienced many examples of over-identification. Whether it was in regard to their bodies, kids, partners or current circumstances, the majority of these women would get ‘worked up’ and consumed with their emotions and it would spill over into other aspects of their daily lives. Lauren, during the process of packing and moving explained in her journals: ‘I have had almost no patience or compassion for myself at all. This week has been full of negativity’. Here, a hectic situation was difficult and instead of Lauren acknowledging her frustration and anxiety, her lack of patience flowed into all of the other aspects of her life. In dealing with moments of frustration, Jasmine stated that she over-identified with her emotions by: ‘complaining about my life to others and snapping at people that I never snap at’. Kayla stated that her over-identification with emotions lead to an emotional breakdown even after 4 weeks of practicing self-compassion:

> I feel that I do a really good job of handling things and then I can’t do it anymore and I have a day or a few days where I am just really overwhelmed, feel behind, feel crazy, and it’s usually, my poor husband (sigh), I usually take it out on him.

**A caring motivation**

A final theme emerged from the data that does not fit into the three components (kindness, common humanity and mindfulness) yet aligns with self-compassion as a caring perspective to one’s self and body that is a source of motivation for change. As most of these women were the primary caregiver for their child(ren), they acknowledged that they do not always give themselves the care and self-compassion they need, although this concept was something they would continue to strive toward. Jasmine described one example of self-care during her fourth week of journaling: ‘I made a special point to not over-schedule my days. It works and this has been a much more relaxing week’. With working part-time and being a full-time stay-at-home parent, over-commitment was stressful and led to anxiety that transferred to her child. Therefore, by learning to say ‘no’ to certain things Jasmine was able to show self-compassion.

Lauren explained that she cared for her body by not participating in emotional eating: ‘Instead of going into the kitchen to eat when I’m stressed out, I go in there and get my glass of water in a big tall water bottle’. Susan demonstrated her caring motivation during her second week of journaling by stating: ‘making exercise a priority was hard for me, but I knew it would help me feel better mentally and physically’. Kayla explained her caring motivation for herself:
To be okay with being overweight right now but not letting that be an excuse not to treat myself right. So exercising and eating right and then trying to wear things that I feel good in so I have a good attitude about my body.

This theme with regard to caring motivation was also described by other participants as ‘being firmer on their exercise goals’, ‘not stepping on the scale’, ‘trying to look nicer and not wear sweats all the time’ and ‘eating well and eating enough’. Miranda explained in her journals:

I am not ashamed of the way I look. But I do wish I looked better. It’s hard not to expect instant results from exercise. I’ve been keeping with my running routine. I should run tomorrow, but that may be hard because I think I’m coming doing with a cold. I’ll do my best.

Miranda wanted to continue towards her exercise goals of running three days a week however, to care for her body, she needed to take a break. In her follow-up interview, she explained that she missed her run the next day and she felt that that was a way she was able to show compassion to herself through allowing the body to heal. Once feeling better, she continued towards her running goal. In all cases, these women were motivated to engage in healthy behaviours out of a sense of caring and compassion for themselves.

Talking about and thinking in terms of a self-compassionate attitude for some of these women was a paradigm shift from how they had previously related to themselves. Jessica, a daily-scale weigher, was excited about what she had gained from the study and stated in her follow-up interview: ‘I wish I had learned this (self-compassion) eight to ten years ago, that would have saved me a lot of grief I was giving myself’. Moreover, these postpartum women benefited from the process of self-reflection and observing themselves. Erin stated: ‘I am thinking about myself and my actions/attitudes towards my body more than I would otherwise and it’s more of a reminder to myself that I should think about me sometimes’. Overall these women were able to relate to the concept of self-compassion and while seeing its practical applicable to their bodies and daily lives.

Discussion

Postpartum women are a unique population as they are in a transitional and dynamic time with regard to their physical self and personal identity. These busy postpartum women were other-centred and focused on their children, family and work before themselves. Self-compassion examines being caring to one’s self during perceived hardship and in dealing with feelings of inadequacy (Neff et al. 2007a). The purpose of this research was to explore how postpartum women connected to the components of self-compassion with regard to their physical selves and their changing appearance. The mothers in this study were able to relate to and provide practical as well as meaningful examples with regard to all three components of self-compassion (kindness, common humanity and mindfulness). These women not only related the components of self-compassion to their bodies but also used these ideas when dealing with difficult situations with their child(ren) or partners. Importantly, each of the participants, regardless of low, moderate or high self-compassion category, stated that using a self-compassionate perspective was a beneficial approach to how they viewed themselves.
A prominent theme throughout this research focused on the postpartum women being non-judgmental towards themselves and their physical appearance. Neff (2004) stated that self-compassion allows people to focus on being less critical of themselves. She stated ‘one of the most important ways we can be kind to ourselves involves changing our critical self-talk’ (Neff 2011, p. 51). This concept resonated with these mothers and their changing bodies as there were many times where they were judgemental and critical of their bodies and consumed by their emotions. After being introduced to the notion of self-compassion, the women noticed their imperfections and instead of being harsh with themselves, redirected their thoughts onto something else. This theme of non-judgement also aligns with Berry and colleagues (2010) theme of appreciating one’s unique body. The mothers were able to be grateful for their current situations and bodies while also choosing to be less harsh or critical of themselves. By choosing to be non-judgemental, these women were kinder to themselves and their bodies as they did not dwell on their shortcomings.

A unique finding within the component of kindness for the postpartum women was the need to take time within their daily routines to focus on themselves. Neff (2009a) described the component of kindness as being understanding and soothing to the self. Whether this moment was in solitude or with their family, these mothers’ desired moments of self-focused time to allow themselves to relax, rejuvenate or refocus. This helps to understand the perspective of the mothers who felt that there was less of a focus on them and that to show self-kindness they needed a ‘mommy time-out’ within the context of their daily lives.

The mothers found their social network was a major contributing factor to their connection with other mothers. These women saw their acquaintances, friends and family as a tangible connection to self-compassion and primarily focused on their personal connections as a link to a shared human experience. This finding aligns with Neff (2003a) as these women saw their support system as a mechanism to realise that others feel the same frustrations and have setbacks with regard to their bodies. Berry and colleagues (2010) also noted that body self-compassion was an individual process that was facilitated by social interactions. These women saw their social relationships (either in person or online) as a form of connection to others, however, similar to Berry et al. the mothers primarily focused on tangible support from others as a mechanism for describing their shared human experience. The virtual connection aligns with Neff’s (2003a) component of common humanity but highlights how electronic mediums can serve to remind individuals their experience is indeed part of the broader human condition. A social support network (whether in person or virtual) was essential for this acknowledgement of common humanity as it gave these women the reassurance that others felt the same during times of difficulty or frustration about their bodies and they were not alone.

A balanced perspective of emotions was reflected with these postpartum women and they accepted where they were currently at, while also recognising that they were having difficulty with their bodies, emotions and current circumstances. Mindfulness is described as the ‘non-judgemental acceptance of what’s occurring at the present moment’ (Neff 2011, p. 80) and these women managed to be aware of their feelings and situations but did not always take action. An interesting component with regard to mindfulness that emerged from this data was the theme that pertained to the transient nature of postpartum. Consistent with Neff’s notion of mindfulness, these mothers understood and accepted their current circumstances, however, the
balanced perspective and tendency not to be overly consumed by what was happen-
ing stemmed from the knowledge that what they were experiencing was temporary. Neff (2011) explained that an important component of mindfulness examines the ‘here and now’. These postpartum women looked at their current self and bodies while also recognising there would be change over the course of the next year. That is, they were accepting of the here and now because they were anticipating that the moments and feelings would change. Future research could explore if tolerance for the existing situation tends to lessen as changes associated with postpartum are perceived as more permanent after the first year.

The theme capturing a caring motivation does not reflect a particular component of self-compassion; however, it does align with a self-compassionate perspective (Neff 2003a). Neff’s (2011) construct of self-compassion focuses on changing our mindset of how we relate to ourselves to reflect a caring perspective. By engaging in a caring perspective, these women were motivated by self-compassion to engage in healthy behaviours. The behaviours that they were participating in through running, walking, time management, mindful eating or getting outside to breathe the fresh air, were in response to their desire for a healthy well-being (Neff et al. 2007b). This concept also reflects Magnus et al.’s (2010) findings on exercise and motivation as these postpartum women did not see their positive health behaviours as obligatory but rather they were prompted to take care of themselves. Also, these women were motivated to achieve their goals for health and well-being based on a caring perspective rather than their physical self-image (Neff 2009b, 2011).

These women demonstrated and gave examples of their lack of compassion with regard to being self-critical, engaging in social comparison and over-identifying with their emotions and circumstances. Self-criticism that occurred was usually in the form of self-dialogue and evaluation, which corresponds with Neff’s (2011) assertion that individuals are more harsh towards themselves. These women also lacked compassion as they would compare themselves and their bodies to that of other people to evaluate their progress and felt inadequate due to this comparison. This was observed as an upward comparison in which the mothers would compare themselves with others, whether they knew them or not, however, they mainly saw other mothers as the basis for comparison. Over-identification was linked with being consumed with one’s emotions and circumstances (Neff 2003a) and for these post-partum mothers they over-identified with having a bad day, a child’s poor behaviour, being frustrated with their present moment, not fitting into clothing and not exercising. Thus, even though the women could relate to the components of self-compassion and provide examples of enacting self-compassion, it was evident that they were not always successful at assuming a self-compassionate attitude.

With this research on self-compassion, thematic coding was at times difficult due to the integration of the three components of self-compassion. During the data analysis, there were examples and statements made by the participants that integrated two or three components of self-compassion, which made it difficult sometimes to tease apart kindness, common humanity and mindfulness. Lauren stated: ‘I looked at myself in the mirror this morning and felt good about the way I looked (although I still have frustrations with my skin being crazy right now, but really, who doesn’t)’. This comment incorporates kindness with regard to how she felt about her body, mindfulness as she was aware of her temporary emotions and frustrations with her skin, as well as common humanity through the idea that others have similar frustrations about their body imperfections. Sabra’s journal explained:
When I look at my thin friends I try to be kind to myself and remind myself I will be dieting the rest of my life and this was just a temporary setback to my skinny life ahead.

Sabra compared her body to her peers and instead of being judgemental to her body, she focused on a kind attitude. She was also mindful of her current circumstances and emotions in regard to her bodily changes and acknowledged the temporary experiences. With this example, there is also a lack of self-compassion as Sabra exclaims that she will be dieting the rest of her life, which was perceived as an overidentification with emotions about constantly watching her food intake. It is also noteworthy that Sabra scored high on the SCS, although she provided many examples of low self-compassion throughout her journals and interviews. These examples of integration among the components of self-compassion are consistent with Neff (2003a) where which she explains ‘while these aspects of self-compassion are conceptually distinct, and are experienced differently at the phenomenological level, they also interact so as to mutually enhance and engender one another’ (p. 89).

The majority of self-compassion research has focused on quantifying and categorising the distinct components of self-compassion; however, qualitatively the findings from the present study suggest that the overlap and interplay of the constructs must be continually examined. A direction for future exploration is to continue to examine the interactive nature of kindness, common humanity and mindfulness as well as additional components of self-compassion that might have relevance for various individuals. Due to the qualitative interplay among the components of self-compassion, it is important to address the global and situational nature of self-compassion as individuals relate it to their physical selves. Future research will also need to explore the extent to which self-compassion is malleable as well as what self-compassion means to different people and groups in various situations.

The limitations of this study included the selection process of participants and the postpartum timeframe. For this study, volunteers were selected to participate on a first-come, first-serve basis as long as the individual met all of the inclusion criteria. This sampling procedure can create an over-representation of the sample or leave out particular individuals (Castillo 2009). A self-selection bias is an inherent limitation of using volunteers in a study, although the focus of this investigation was fully representing the experiences of the women interviewed as opposed to generalising to all postpartum women. Certainly, the realities of diverse populations of postpartum women could also be documented in future studies. A second limitation was that these women were all at different times within the postpartum period. The women ranged from 1 to 10 months postpartum and since the postpartum period is dynamic with regard to the changing body (Rallis et al. 2007), this could result in a distinct difference in how women viewed their current postpartum body. Because this research was the first of its kind with regard to self-compassion among postpartum women, examining women throughout the first postpartum year assisted in gaining insight into various moments after birth. It might be insightful in the future, however, to also distinguish women’s experiences within the first-year postpartum.

**Further research**

As self-compassion focuses on being less critical and harsh with one’s self, the connection to our physical appearance needs to be further examined. Within an appearance-centred society, the idea of self-compassion could assist how individuals feel and relate to their bodies. With that being said, future directions of this research
could focus on improving one’s sense of self and body image through a self-compassionate intervention programme. Recent intervention research shows that a mindful self-compassion programme is beneficial to participants and their well-being (Neff and Germer 2013). This type of intervention programme could also prove helpful for other populations specifically if it can practically change and improve individual health behaviours. During times of major body transitions such as pregnancy and the postpartum period, mothers could benefit from self-compassion in the way that they view their bodies.

The other aspect that needs to be more readily examined is the link between self-compassion and promoting positive health behaviours such as eating and physical activity across the lifespan by using a caring motivational perspective. If one can see healthy activity and eating patterns as an activity that is ‘compassionate’, then it could be more likely that one would engage in healthy behaviours. If one feels guilty about their behaviours (or lack of), they would be more likely to feel shameful. As Adams and Leary (2007) and Wasylkiw et al. (2012) found self-compassion helped lessen the emotional guilt associated with eating while also having a behavioural affect on not over-eating (Adams and Leary 2007). As physical and sedentary activity (whether in excess or none) also has guilt associated with it, self-compassion could be a potential avenue to help individuals motivate themselves to be active through a caring perspective.

**Conclusion**

Women within the first year after birth were able to relate to and provide meaningful examples of self-compassion as it pertained to themselves and their bodies. The women mainly identified with the component of kindness by being non-judgemental to their bodies and having moments of self-focused time. The postpartum women saw their social network as a form of connection to others while also understanding on a more abstract level that their experience with their changing bodies was shared by others. Being aware or mindful of the present moment was more challenging for these postpartum women, however when used, this approach assisted in gaining a balanced perspective during times of stress, frustration and the transitional body. The women in this study provided examples of self-compassion through a caring motivation mindset in which they focused on positive health behaviours from a self-caring perspective. Despite evidence of self-compassion, these mothers also lacked compassion towards themselves and their bodies at times and were critical, harsh in their self-comparisons to others, and consumed with their emotions or circumstance. When they employed self-compassion, the women clearly felt they benefited and they advocated for the use of a self-compassionate approach to ensure that mothers themselves are not forgotten in the process of mothering.

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**Notes on contributors**

Erica Woekel is a postdoctoral fellow in the Department of Epidemiology at the University of Hawaii Cancer Center. She studies physical activity interventions, body image and
motivation in exercisers and has a particular interest in new mothers. She has published articles on these topics and lifetime fitness for health promotion.

Vicki Ebbeck is an associate professor in the School of Biological and Population Health Sciences at Oregon State University. Her research interests are concerned with developing positive self-perceptions in the physical domain. Specifically, she examines the structure, antecedents and consequences of the self. She has published numerous articles on these topics.

References


Appendix A

Interview guide

- What are some characteristics that you value or see as important about your body?
- What is your attitude towards your body?
- When you look in the mirror what are some things you notice about your body?
- Explain what do you like and dislike and why?
- Describe, if any, the changes in attitude towards your body over pregnancy or the postpartum time period. If there was a change, please explain how your attitude towards your body has changed after the birth of your baby?

Explanation of self-compassion to the participants and filling out of the SCS.

- What would a compassionate attitude towards your own body look like for you?
- What are some examples of things that you currently do to be kind or less judgemental to your body?
- What are some examples that you currently do to connect with others in regard to your body or what are some examples that makes you feel isolated from others.
- What are some examples of things that you currently do to be mindful of thoughts and feelings associated with your body or in what ways do you over-identify with your body?

Follow-up interview

Recap weekly journaling and get clarification on any aspects on their weekly journaling tasks.

- What are some meaningful strategies that postpartum women (or you) could suggest in regard to their body, to increase each of the components of self-compassion?
- Now that we know what you are currently doing in regard to kindness toward your body, are there examples of things that you could suggest to help yourself or others in a similar situation be more kind or less judgemental of their body?
- Are there any examples of things you could suggest for others or yourself to be more connected and less isolated from others in regard to your body?
- Are there any examples you could suggest for others to have a more balanced awareness (mindfulness) or be less consumed by emotions in regard to your body?