



Factors Affecting the Interaction Based on Compassion and Shame in Mother-Child Relationship: A Qualitative Study

Shahla Zamani Foroushani¹ , Tayebah Sharifi^{2*} , Ahmad Ghazanfari³ ,
Mohammad Reza Abedi⁴ , Azam Naghavi⁵

1. PhD student, Department of Psychology, Shahrekord Branch, Islamic Azad University, Shahrekord, Iran
2. Associate Professor, Department of Psychology, Shahrekord Branch, Islamic Azad University, Shahrekord, Iran
3. Associate Professor, Department of Psychology, Shahrekord Branch, Islamic Azad University, Shahrekord, Iran
4. Professor, Department of Psychology, Shahrekord Branch, Islamic Azad University, Shahrekord, Iran
5. Assistant Professor, Department of Psychology, Shahrekord Branch, Islamic Azad University, Shahrekord, Iran

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***Corresponding Author:**

Tayebe Sharifi

Email:

sharifi_ta@yahoo.com

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Abstract

Introduction: The first years of life are a critical period for a child due to the development of basic functions such as behavior, emotions, and motivation. The child needs an environment conducive to growth and development. This environment is built through effective parental care. The present study aimed to identify the factors affecting compassion or shame in mother-child interaction.

Methods: The study was an applied one in terms of its objectives and qualitative as a grounded theory method was used for data collection. The participants were 12 mothers with 2 to 7-year-old children selected via theoretical sampling. The data were collected using in-depth and exploratory interviews with the participants. The collected data were recorded, coded, and placed into main categories. Afterward, the initial codes were identified and the categories addressing the mother-child interaction based on compassion and shame were identified using axial coding.

Results: Analysis of the qualitative data revealed that the mother-child interaction includes categories such as "parenting styles, induction of compassion, induction of shame, fear of compassion, receiving compassion from others, self-compassion, and coping styles".

Conclusion: The findings of the present study can contribute to developing training programs for promoting compassion-based mother-child interaction, preventing the induction of shame by the mother, and improving the mother-child relationship. Counselors, psychologists, nurses, and midwives can also use the insights from this study to develop training programs for mothers.

Keywords: Compassion, Shame, Mother-child interaction, Parent education, Grounded theory, Mental health

Introduction

The mother-child interaction plays a central role in the child's peace and security. Thus, a positive and responsive mother-to-child interaction is a prerequisite to the child's normal development and adaptation. Persistent threats to the mother-child interaction will adversely affect the child's level of adjustment and ability to communicate with the

outside world (1). Parent-child interaction is a complex and multidimensional phenomenon and is formed through the interaction of several key factors such as attitudes, parental acceptance, behavior control and management, sense of social competence and self-control, level of parenting knowledge and skills, self-confidence, and effective



parental practices in raising the child, creating an environment with minimal conflict, the quality of the parent-child relationship, and the mother's emotional care of the child (2).

Parent-child interaction is a set of observable behaviors that can be considered as an indicator of the development of secure attachment, an emotional bond between parent-child, and the child's sense of security about the caregiver (3). Thus, one of the important concepts related to parenting styles and mother-child interaction is the concept of attachment. The child's attachment to the mother determines the lasting effects that underlie the child's subsequent relationship with the parents and also his/her social and emotional relationships (4). Compassion is one of the human abilities developed through behaviors based on attachment and group belonging (5). Compassion includes a set of emotional, cognitive, and motivational elements that are involved in creating opportunities for growth and change along with tenderness and care (6). Gilbert believes that the concept of compassion is developed based on kindness along with a deep awareness of the suffering of individuals and other living beings as well as a desire or effort to get rid of it. This definition covers two important aspects of this concept: The first aspect is passion which refers to the sensitivity and awareness of the presence of suffering and its causes, and the second dimension is healing, which refers to motivation and commitment to take actions to relieve the sufferings that we go through (7).

All human beings face events in their daily lives in which they experience feelings of failure, inadequacy, and incompetence. These experiences followed by self-evaluations invoke some emotions in people. Some of these emotions, such as shame and guilt, are self-conscious emotions that are evoked by self-reflection and self-evaluation (8). Shame and guilt are conscious emotions that are behaviorally, cognitively, and emotionally distinct (9). The focus is not on the self in feelings of guilt, but on a particular aspect of the individual's behavior. In contrast, when a person feels shame, the center of attention is on the self. Thus, the person may experience feelings of worthlessness and insignificance which may cause the person to want to escape from the situation or hide himself/herself (10).

Parents' treatment of their children or parenting practices can potentially invoke conscious emotions in them. Parenting styles and parental training in

which children's behavior and actions are evaluated negatively play a key role in children becoming prone to shame (11). Harrison showed that parenting styles adopted by parents are related to feelings of shame and guilt in their children (12). Moreover, Akbag and Imamoglu reported that families that do not function well contribute to the formation of shame in their children (13).

Dubois-Comtois et al. examined behavioral problems in middle childhood to predict the role of maternal distress, child attachment, and mother-child interactions. They also examined the factors affecting mother-child interaction. The participants in this longitudinal study were 243 French-speaking people. The results showed that the mother's psychological distress and her control attachment style would predict less social adjustment of the child and more clinical problems in the later stages of childhood (14). Akai examined enhancing parenting during infancy and found a variety of factors including parental characteristics such as age, mental status, education, household factors, marital relationships, attitudes and values, the mother's perception of early relationships, and broader factors such as culture, social resources and support, and socioeconomic conditions affect parents' behaviors (15).

In Iran, few studies have explored how Iranian mothers interact with their children and the factors affecting it. Zare et al. observed Iranian mother-child interaction in a playing situation. The observational data of parent-child interaction in Iranian mothers in this qualitative study revealed three separate behavioral and verbal patterns: positive, negative, and facilitative verbal and non-verbal behaviors (16). In another study, Zare et al. identified parenting beliefs and parent-child interaction patterns in Iranian mothers and identified in-depth parenting beliefs, other importance, collectivism, individualism, freedom, motherly responsibility, remorse, supremacy, monopoly, fear of loss, and the father as a powerful symbol (17). Shokoohi-Yekta also reported that the rate of controlling behaviors and attachment in Iranian mothers is very high. Moreover, physical affection in Iranian mothers is so low that sometimes parents are so involved in their child's intellectual development that they ignore more basic needs such as the need to touch their child (18).

Overall, previous studies have shown that the care and affection we receive as children will affect our genetic maturity, brain development, and our

kindness and compassion in the future (19). Moreover, the inability to process and understand suffering, unhappiness, and the needs of others leads to many problems in interpersonal relationships (20). On the other hand, research shows that the pathological roots of feelings of shame are related to the experience of attachment in childhood, and feelings of shame tend to emerge from the experience of the first stage of a child's life in response to rejection or separation from caregivers (21). Thus, the effect that parents have on their children can be obvious or imperceptible, effective or ineffective, and destructive (22).

Recent studies on compassion have focused on finding a link between parenting styles and child empathy and compassion levels (23) and the relationship between secure attachment in childhood and the ability and capacity for compassion in adulthood (19). Rostami et al. found that the experience of childhood abuse is associated with lower compassion and less mental health in adulthood (24). Self-compassion is also significantly associated with having compassion for others, and people with high self-compassion resolve their interpersonal conflicts by considering their own and others' needs. These people accept the help, support, or kindness of others and do not feel embarrassed, anxious, guilty, or tormented by the kindness of others. In contrast, some people have difficulty receiving compassion from others and feel anxious or even ashamed of people approaching and being kind to them (25). The use of a qualitative approach to addressing interaction based on compassion or shame in Iranian mothers can be justified because compassion and shame can vary from community to community, from group to group, and from person to person. Thus, the role of cultural and contextual factors in experiencing feelings of shame and guilt (26) and the lack of extensive studies on compassion, feelings of shame, and guilt in the mother-child relationship highlight the significance of performing qualitative studies in this area because quantitative studies do not allow for a deep understanding of people's thoughts and ideas. In contrast, qualitative methods can effectively explore people's attitudes toward behaviors, enabling more detailed interpretations of the effects of behaviors (27). Accordingly, the present study aims to examine the factors affecting the interaction based on compassion or shame in the mother-child relationship.

Methods

The present study was an applied one in terms of its

objectives and qualitative as a grounded theory method was used for data collection. Grounded theory is used when the researcher aims to formulate a new theory or modify an existing theory to explain factors/processes underlying people's interactions (28). The research population included all mothers of children aged 2 to 7 years in kindergartens and preschools in Tehran in the school year 2017-2018. The participants were selected using theoretical sampling because this sampling technique fits the grounded theory method and it is possible to simultaneously perform the research procedures including collecting basic information from the participants, content analysis and classification, and extracting the related themes. Sampling and data collection continue until the data are saturated and no new information or theme emerges with additional interviews with the participants (29). The participants in this were women aged at least 18 years who had at least one 2-7-year-old child in one of the kindergartens and preschools in Tehran.

To comply with ethical considerations, the researcher obtained a permit to attend the kindergartens and preschool centers. She also provided the participants with some information about the objectives of the study and the procedure that would be taken to conduct the interviews. Moreover, the participants were informed that they would be free to attend or refuse to attend the interviews and that their identities and information would remain confidential. Before conducting the interviews, informed consent was obtained from the participants and they were told that they would be free to leave the study at any stage if they wished so.

Given the exploratory nature of this study, the data were collected through non-structured and in-depth interviews. The interviews began with a general question about the mother's relationship with the child. The next questions were then asked based on the issues discussed by the interviewee and the interviewer. When the participant was digressing from the main subject, he/she was directed to focus on the main subject by the interviewer using clue words. Probing questions (e.g. "Can you explain more" or "Can you give an example") were also asked during the interview to elicit more information and clarify any ambiguity in the participants' statements.

The method proposed by Corbin and Strauss was used to analyze the data (30). To this end, transcripts of the recorded interviews were immediately typed in ATLAS.ti software. The content of the transcripts

was then reviewed several times to gain a general understanding of it. Afterward, the themes hidden in the manuscripts were extracted in collaboration with subject-matter experts. Accordingly, the main themes were extracted by constantly comparing the data, transcribing the text of the interviews, conceptualization, interpreting, and theorizing. The content of the interviews was coded and analyzed before conducting the next interview. Finally, open, axial, and selective coding procedures were performed.

In open coding, the text of each interview was read several times and the main codes were extracted from the participant's statements or implicit codes (the researcher's interpretation of the statements). The codes, which were conceptually similar to each other, were then classified into a single category. The primary codes were refined after each interview and consistent and homogeneous codes were placed under a larger theme, and this process was repeated many times until the primary codes with similar meanings were organized into related categories and subcategories. In axial coding, the primary codes and categories extracted through open coding were compared with each other. Then, the similar codes were merged, and the related categories were organized around a common axis. To clarify the categorization process and eliminate any inconsistencies in the interpretation, the researcher repeatedly returned to the data and then compared each category with other categories to ensure that the resulting categories are distinct from each other. Then, focusing on the conditions underlying the phenomenon in question, the context in which the phenomenon occurred, the strategies adopted to control the phenomenon, selective coding, and the main variable were identified.

The reliability and adequacy of the data were checked through peer checking by experts in the field. Moreover, the text of the interviews was reviewed by the members of the research team and an expert in the field of qualitative research to confirm the accuracy of the coding procedure. To increase the generalizability of the findings to other situations, the participants were selected from women of all socio-economic levels living in different districts of Tehran. After transcribing the interviews, the transcripts were read several times to come up with a general impression of their content. The extracted themes were also reviewed and discussed by the members of the research team. As more interviews were conducted, the previously

identified theme became clearer and refined, and sometimes a new theme emerged. To clarify any possible ambiguity, categorize the themes, and resolve any inconsistency and problem in the interpretations, the researchers recurrently referred to the data and the findings.

A total of 12 women including 8 housewives and 4 employed women were interviewed. The participants' age ranged from 24 to 41 years. Moreover, 3 women had a master's degree, 5 had a bachelor's degree, 3 had a high school diploma, and 1 had an associate degree.

Results

Analysis of the data from the interviews revealed 21 subcategories and 7 main categories including "parenting styles, induction of compassion, induction of shame, fear of compassion, receiving compassion from others, self-compassion, and coping styles". Table 1 presents the primary codes, subcategories, and categories identified in this study.

Parenting styles are one of the categories and one of the causal conditions in the mother-child interaction. Four parenting styles were reported by the participants in this study: Authoritarian, authoritative, permissive, and uninvolved.

Authoritative style: "I prefer to keep my word when my son asks me for something but it is not in his best interest and I object to it. I will explain the reason to him once, but I will not argue anymore and I won't give up" (The mother of a 5-year-old boy).

Authoritarian style: "Discipline is very important to me. I think a good child listens to their parents. I hate spoiled children" (The mother of a 3-year-old girl).

Permissive style: "My daughter is very smart. I think we should let kids enjoy their childhood. I am always busy clearing away the mess left by my daughter. She throws all things out of cupboards and cabinets, but it's okay, she is a kid" (The mother of a 5-year-old girl).

Uninvolved style: "I don't feel like playing with her. She has a much better relationship with her father. We do not have a good relationship at all. I spend most of my time reading books or playing with my phone. My daughter either plays for herself or watches movies. She does not like watching cartoons. She gets movies from the nearby video rental shop and watches them" (The mother of a 7-year-old girl).

Table 1. The extracted codes, subcategories, and categories

Primary codes	Subcategories	Categories
Flexibility, strictness, and authority, obedient and submissive, disregard for basic needs, indifference, instability, control, acceptance of the child, dialogue, logic, expectations, law and regulation, restrictions, perfectionism, power, freedom of action, support	Authoritarian Authoritative Permissive Uninvolved	Parenting styles
Establishing an intimate relationship, understanding the child's age requirements, supporting the child, listening to the child, speaking gently, paying attention to the suffering behind the behavior, recognizing the child's needs, expressing love and affection to the child, creating a sense of security, caressing, acknowledging the child's feelings, acceptance of the child's emotions, games and entertainment, fun, empathy, compassion	Intimacy and caress Tolerance of distress Sensitivity to suffering Acknowledging the child's emotions	Induction of compassion
Blame, punishment, humiliation, ridicule, feeling of guilt, aggression, fear of God, trying to suppress thoughts and feelings, inattention to the child's feelings, unawareness of the child's feelings, lack of understanding of the child, unrealistic expectations for age-appropriate behavior, negative verbal behavior, creating a feeling of insecurity, not giving the child a chance, denying the child's feelings, being sensitive to the child's behaviors, oversensitivity to etiquette and observance of manners, the mother's reactive behavior, the mother's impatience, controlling thoughts and feelings	Inducing feelings of guilt and shame Avoidance Sensitivity to behavior The failure to acknowledge emotions	Induction of shame
Being spoiled and rude, unrealistic expectations, dependence, lack of independence, clumsiness, submissiveness, incompetence, exploitation	Being abused Dependence	Fear of compassion
Relationship with the mother, relationship with the husband, lack of goodwill behind others' kind behavior, fake kindness, not always being available, anxiety and embarrassment, worthlessness, the experience of love, critical mother and husband, public judgment and opinions	The mother's childhood experiences The relationship with the husband and others	Receiving compassion from others
To look out for oneself, recognize and meet one's own needs, give priority to others, blame oneself, have high expectations of oneself, feel weak, incompetence	Self-compassion Self-judgment	Self-compassion
Competition, struggle, calmness, satisfaction, worry, fear, passion, the actualization of all talents, being the best, cautious and timid, values, masking, isolation, alertness, negativity, anxiety, extreme control, reassurance, vitality, joy	Motivational Defensive Security	Coping styles

Another theme and consequence of the mother-child interaction was the induction of compassion/induction of shame. Inducing compassion means communicating kindly and without judgment with caress. The induction of compassion was categorized into intimacy and caress, sensitivity to suffering, tolerance of distress, and acknowledgment of emotion. In contrast, the induction of shame refers to establishing a connection that is accompanied by the induction of feelings of inferiority, powerlessness, and evil. The induction of shame covered subthemes of guilt and shame, sensitivity to behavior, avoidance, and disapproval of emotion.

The participants in this study stated intimacy and caress by the mother would lead to a positive relationship and create a safe environment for interaction with the child: "I talk to my daughter about my dreams and interests. She talks about her dreams and what she wants to do in the future and where she will live" (The mother of a 3-year-old girl). Furthermore, the participants stated that

some behaviors committed by the mothers may lead to the feeling of shame in the child: "Sometimes I tell him we're doing our best and spending lots of money for you. It was not like that before" (The mother of a 6-year-old boy). "When he lies, I argue with him, saying that it's a sinful act and God no longer loves you" (The mother of a 5-year-old boy). Moreover, the participants indicated that stressing the opinions of others about the child's behavior, the importance of others' satisfaction with the child, and how the child is judged by others may cause external shame in their children: "I ask my son to behave in a way that he becomes a role model for other children and other people always praise him. I blame him for his misbehavior and warn him about other people's judgment. I don't like people to think that I haven't disciplined my child correctly" (The mother of a 5-year-old boy). "He tries to keep everyone satisfied" (The mother of a 6-year-old boy).

Sensitivity to suffering means paying attention to the suffering and the message behind the child's

behavior: *"When his dad and I are talking, he starts getting mischievous and throws away his things. Then we find out that he wants us to pay attention to him"* (The mother of a 5-year-old boy). Conversely, sensitivity to behavior means paying attention to the appearance of the behavior regardless of the cause of the behavior: *"She is very stubborn. She wants to do everything herself. Then she spoils everything"* (The mother of a 3-year-old girl).

Tolerance of distress is an alternative to avoidance. Tolerance of distress refers to the conscious and active embrace of inner experiences without trying in vain to change their form or frequency: *"I prefer to be rational and not get caught up in my feelings in any situation. Sometimes I may seem cold and unsympathetic, but this is not the case. I prefer to deal with things rationally, not emotionally, and thus my relationship with my daughter has improved a lot"* (The mother of a 3-year-old girl). Avoidance, on the other hand, means running away from or suppressing thoughts and feelings: *"When I get angry, I lose control, or when I'm upset, or even during menstruation, and when my son makes the slightest mistake, I yell at him and then I feel regret"* (The mother of a 5-year-old boy).

The participants stated that they acknowledged their children's emotions by empathizing with them: *"When she falls on the ground, I don't ask her to get up or it did not hurt at all. I say, Darling, let me hug you. You got hurt"* (The mother of a 3-year-old girl). Some participants stated that in situations where the child experiences unpleasant and painful feelings, instead of confirming the child's emotions and feelings, they try to embolden the child or redirect their attention to something else: *"I tell her not to be afraid, or go and sleep alone"* (The mother of a 6-year-old girl), *"When she falls, I try to distract her so that she forgets it and stops crying"* (The mother of a 3.5-year-old girl).

The data in this study also indicated that receiving compassion from others, fear of compassion, and self-compassion were other intervening factors in the process of mother-child interaction. Childhood experiences and relationships with the husband and others were also related to receiving compassion from others: *"My mother was very strict and punished me when I did something wrong"* (The mother of a 7-year-old girl). *"I have a good*

relationship with those around me. I had a good family whose members loved each other and now, thanks to God, I have a very good and kind husband" (The mother of a 3-year-old girl). Fear of compassion includes being abused and dependent: *"I do not like to have a clumsy child, especially because he is a boy. I want to raise him into a strong man who can build an independent life for himself. I fear that he will turn into a spoiled and dependent boy if I hug and caress him too much or develop a girlish character. I know many children in our immediate family who are very dependent on their mothers"* (The mother of a 3-year-old boy). *"Sometimes when others are very kind to me, I feel bad. I feel I'm not as good as they think. Because I cannot often do anything for them and compensate their love and this is very bad"* (mother of a 7-year-old girl).

Self-compassion covered two themes including self-kindness and self-judgment, as was stated by the participants in this study: *"I always look out for myself. I take time for myself and charge myself"* (The mother of a 3-year-old girl). *"Sometimes when I get stuck in a relationship with my son, I feel like I'm a very bad and incompetent mother"* (The mother of a 2.5-year-old boy).

Coping styles accounted for another theme that emerged in the mother-child relationship. The coping styles identified in this study were motivational, defensive, and security styles. Mothers with a motivational style tend to experience emotions such as excitement and pleasure. These mothers encourage their children to compete, to do their best, to constantly search and consume, and to achieve the best: *"I like my child to always be the best. I tell her to do her best to always be famous among her friends and family."* Mothers with a defensive style are usually on the alert and waiting for a negative event to happen at any given time. These mothers are more likely to experience emotions such as anxiety, anger, and disgust and engage in behaviors such as fight and flight: *"I feel that the community has become very insecure for girls. I'm all worried that something bad will happen to my daughter. That's why I take care of her so much. But my husband says I have made her too dependent on me and I should let her be independent, but I'm afraid"* (The mother of a 5-year-old girl). Mothers who follow a security style are not defending against threats and problems and do not need to achieve anything

special or do something special. However, they experience a sense of inner satisfaction and a sense of security. Such a person is not looking for anything and is not struggling; It has a kind of inner peace that is completely different from excitement, enthusiasm, or the pursuit of success. Such a state is also different from the feeling of low intimidation, which is associated with fatigue or a kind of emptiness (31): *"I don't care for my daughter to be a top student or not. I practice English with my daughter, and both of us enjoy this exercise with the game. My goal is to spend more time with my daughter, not to learn the language"* (The mother of a 3-year-old girl).

Following the grounded theory, the findings of the present study indicated that "coping styles" and "parenting styles" serve as causal conditions, "receiving compassion from others, self-compassion,

and fear of compassion" serve as intervening factors, and "induction of compassion/induction of shame" were the outcomes in the mother-child relationship. Figure 1 shows the paradigm model of interaction based on compassion or shame in the mother-child relationship.

Discussion

This qualitative study was conducted using the grounded theory method to identify the factors affecting the interaction based on compassion or shame in the mother-child relationship. The data from in-depth interviews with 12 Iranian women revealed 7 themes in the mother-child relationship including parenting styles, induction of compassion, induction of shame, fear of compassion, receiving compassion from others, self-compassion, and coping styles.

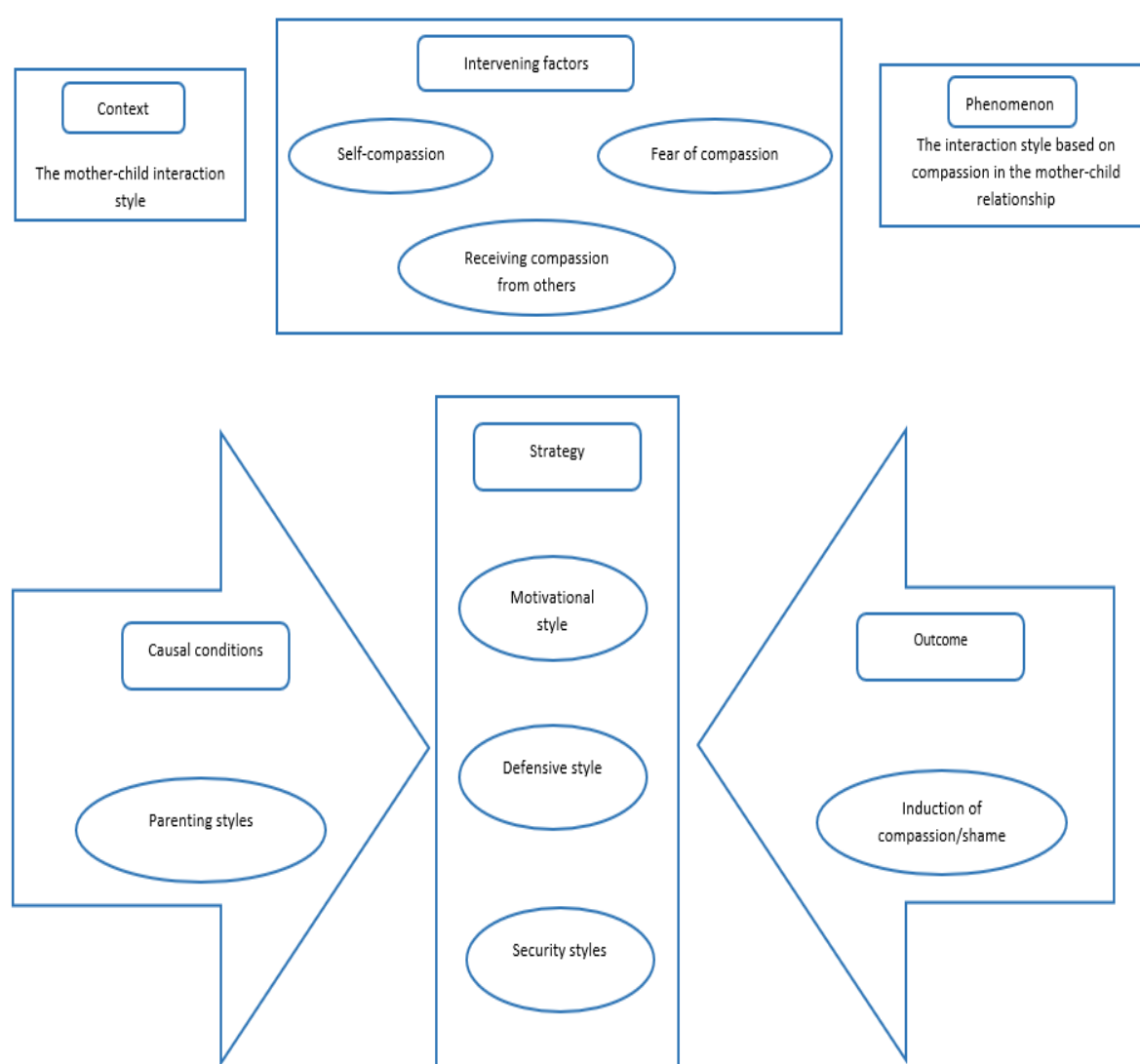


Figure 1. The paradigm model of interaction based on compassion/shame in the mother-child relationship

A review of the categories and subcategories extracted in the present study and their comparison with existing approaches and models indicated that the observed categories largely include all previous patterns in mother-child interaction including responsiveness, non-responsiveness, democratic or authoritarian, emotional involvement/non-involvement, freedom or control, acceptance or rejection, domination or submission, strictness or submissiveness, care and empathy versus rejection and indifference, four authoritative, authoritarian, submissive, and uninvolved parenting styles, the quality of the parent-child relationship, and parental expectations and aspirations. A new issue that was addressed in this study but has remained unnoticed in previous studies was the role of parents in creating compassion or shame in children, which is associated with factors such as fear of compassion, self-compassion, receiving compassion from others, and paying attention to motivational, defensive, and security coping styles.

According to the compassion-based therapy model, childhood experiences lead to the formation of major fears and concerns within the individual. These worries and fears will lead to the development of specific coping styles in a person that leads to weaknesses and unwanted consequences. These consequences themselves lead to the formation of new fears and concerns, and this vicious cycle continues. Thus, the characteristics of participation in compassion (e.g. caring for well-being, sensitivity, empathy, sympathy, tolerance of distress, and not being judgmental) are formed differently from one person to another. As a result, the mother's childhood experiences, as well as the experiences of receiving compassion from others in the past and present play a significant role in the mother-child interaction patterns. Compassion-based therapy uses the skills of attention, perception, reasoning, behavior, sensory experience, and compassion to try to strengthen the components of the attribute (participation) (32). Improving these skills in mothers can play an important role in enhancing the mother-child relationship.

The findings of this study indicated that parenting styles are causal conditions for interacting with compassion. Parenting styles are standard child-rearing patterns that are characterized by specific parenting habits and responses to children's behaviors (33). Among parenting styles, it is only the authoritative style whereby parents treat their children logically and flexibly,

encourage communication and discussion, and provide an environment full of acceptance, conversation, and emotional communication, while at the same time enacting clear disciplinary principles and rules (34). This style is very close to compassion-based interaction. In compassion-based interaction, despite the openness and awareness of suffering, kindness, and avoidance of blame and criticism, one of the main needs of the child is the need for realistic restrictions. Parenting styles interact with other factors such as receiving compassion from others, fear of compassion, and self-compassion, which play an important role in the mother-child interaction.

Receiving compassion from others, self-compassion, and fear of compassion are intervening factors that have a special effect on the mother-child interaction. Research shows that we pay attention to threats more and faster than pleasant situations and events. This is because our brains are designed to be more sensitive to threats than rewards, and this tendency manifests itself more when we are focused on threats in a brain state. As a result, we need to work against such a tendency and learn how to pay attention to the kindness of others and live with it (35).

Compassion can be considered one of the ways to think about increasing growth and recognizing the characteristics of well-being and personal growth and the skills that fit the social context and are responsive to that context. In a compassion-based interaction style, mothers are motivated to strive to increase their own and their child's well-being and are open to caring, finding satisfaction, and receiving compassion. They can also think about the needs of themselves and their child that will help them actualize their talents. In fact, the acquisition of inner compassion requires conditions that facilitate the feeling of security and peace, and exploratory behavior and thus can lead to the induction of compassion in the mother (35).

According to the compassion-based therapy model, childhood experiences lead to the formation of major fears and concerns within the individual. These worries and fears will lead to the development of specific coping styles in a person that leads to weaknesses and unwanted consequences. These consequences themselves lead to the formation of new fears and concerns, and this vicious cycle continues. Thus, the characteristics of participation in compassion (e.g. caring for well-being, sensitivity, empathy, sympathy, tolerance of distress, and not being judgmental) are formed differently from one

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The induction of compassion/induction of shame was identified in this study as a consequence of the mother-child interaction. Children need the mother's emotional support and compassionate interaction. A study conducted at Emory University showed that a child's emotional intelligence is the product of displaying parents' emotional intelligence skills, not their personal experience of emotional stress. Furthermore, Guttman et al. at the University of Washington performed a detailed analysis of the interactions between parents and how they treat their children. The results showed that children in families with more emotional abilities solve their emotional problems better (36). The pattern of compassion/shame is related to the fact that humans have evolved to create a good sense of self in the minds of others (7). We are all born with the need to connect with the minds of others and to be cared for. This need is manifested in such things as the desire for social connection, acceptance, desirability, appreciation, and worth (5). If we achieve these goals, our world will be much safer and our threat system will be shut down. In contrast, when we are not valued and wanted, we will be rejected, or have to deal with problems alone. This situation can lead to engaging coping behaviors and safety-seeking strategies, low openness to others, inability to be intimate with others, and vulnerability to emotional disorders in the individual. Moreover, the way we experience close relationships, whether caring and receptive or rejecting and annoying, has a significant effect on how we see ourselves in the minds of others, and this perspective also has a special effect on our sense of security in the world. Inducing shame causes the child to feel inadequate in trying to achieve their goals, question their integrity, and feel ashamed, thus leading to feelings of shame in adolescence and adulthood. It also leads the child to believe that he/she is not lovable and valuable and has some kind of inner flaw, and this belief

can have a devastating effect on the formation and establishment of intimate relationships in adulthood. In contrast, instilling compassion will strengthen the emotional bond between mother and child. This promotes the feeling of intimacy, gentleness, and warmth in the mother-child relationship and will eventually lead to a compassion-based interaction.

The present study focused only on mothers living in Tehran. Therefore, the findings of the study can be generalized to women in other cities of Iran only upon further investigation and validation. As another limitation, this study was conducted on mothers of children aged 2 to 7 years. Thus, future studies must address mothers with adolescent children. Nevertheless, the results of the present study can be used as a framework for future studies.

Conclusion

The findings of this study have two practical and theoretical implications. Theoretically, this study tried to identify the factors affecting the interaction based on compassion or shame in the mother-child relationship using a qualitative grounded theory approach, which has not yet been considered by researchers in Iran. For this reason, this study can be a turning point in attracting the attention of researchers to the subject. Practically, the model developed in this study can be used to formulate training programs for mothers with 2 to 7-year-old children. Besides, a special training program can be prepared for pregnant women to start teaching the correct parenting principles from pregnancy. Thus, the insights from this study can be used to train child and family psychologists, healthcare staff, nurses, and midwives who are in close contact with mothers.

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Conflict of Interest

The authors reported no conflict of interest in this study.

References

- Nadali H, Besharat MA, Rostami R, Bahrami Ehsan H. The effectiveness of mother-child attachment-based intervention in enhancing preschoolers' attachment security. *Dev Psychol (Journal Of Iranian Psychologists)*. 2016; 12(48):343-54. [In Persian].
- Pourmohammadreza Tajrishi M, Ashouri M, Afrouz GA, Arjmand Nia AA, Ghobari Bonab B. The effectiveness of positive parenting program (Triple-P) training on interaction of mother-child with intellectual disability. *Archives of Rehabilitation*. 2015; 16(2):128-37. [In Persian].
- Awde N. The influence of cultural values on the parent-child interaction patterns of families from an Asian background. *Arecls*. 2009; 6:1-17.
- Bowlby J. *Loss: Sadness, and Depression*. vol. 3. London: Hogarth Press; 1980.
- Gilbert P. Introducing compassion-focused therapy. *Advances in Psychiatric Treatment*. 2009; 15(3):199-208. doi: 10.1192/apt.bp.107.005264.
- Jazaieri H, McGonigal K, Jinpa T, Doty JR, Gross JJ, Goldin PR. A randomized controlled trial of compassion cultivation training: Effects on mindfulness, affect, and emotion regulation. *Motivation and Emotion*. 2014; 38(1):23-35. doi: 10.1007/s11031-013-9368-z.
- Gilbert P. *Compassion focused therapy: Distinctive features*. England, UK: Routledge; 2010.
- Tangney J. *Shame and guilt (Emotions and social behavior)*. New York, United States: The Guilford Press; 2003.
- Cherry MG, Taylor PJ, Brown SL, Rigby JW, Sellwood W. Guilt, shame and expressed emotion in carers of people with long-term mental health difficulties: A systematic review. *Psychiatry Res*. 2017; 249:139-51. doi: 10.1016/j.psychres.2016.12.056.
- Cavalera C, Pepe A. Social emotions and cognition: Shame, guilt, and working memory. *Procedia-Social and Behavioral Sciences*. 2014; 112:457-64. doi: 10.1016/j.sbspro.2014.01.1189.
- Mills RS, Arbeau KA, Lall DI, De Jaeger AE. Parenting and child characteristics in the prediction of shame in early and middle childhood. *Merrill-Palmer Quarterly*. 2010; 56(4):500-28. doi: 10.1353/mpq.2010.0001.
- Harrison TL. *Parenting styles and self-forgiveness: Are guilt and shame mediators?*. Tennessee, United States: Trevecca Nazarene University; 2012.
- Akbag M, Imamoglu SE. The prediction of gender and attachment styles on shame, guilt, and loneliness. *Educational Sciences: Theory and Practice*. 2010; 10(2):669-82.
- Dubois Comtois K, Moss E, Cyr C, Pascuzzo K. Behavior problems in middle childhood: the predictive role of maternal distress, child attachment, and mother-child interactions. *J Abnorm Child Psychol*. 2013; 41(8):1311-24. doi: 10.1007/s10802-013-9764-6.
- Akai CE. *Enhancing Parenting During Infancy: An Intervention Project for At-risk Mothers*. Indiana, United States: University of Notre Dame; 2005.
- Zare H, Tahmassiyan K, Pakdaman S, Ardakani ND, Rahimi T. Observing Iranian mother-child interaction in a playing situation. *Journal of Family Research*. 2016; 12(45):7-25. [In Persian].
- Zare H, Tahmassian K, Pakdaman S, Davari Ardakani N, Rahimi T. Observing Iranian mother-child interaction in a playing situation. *Journal of Family Research*. 2016; 12(1):7-25. [In Persian].
- Shokoohi Yekta M, Akbari Zardkhaneh S, Parand A, Mahmoudi M, Mashrouti P. Effect of teaching problem solving to mothers on family processes and parenting styles. *Quarterly Journal of Child Mental Health*. 2016; 3(1):29-40. [In Persian].
- Gillath O, Shaver PR, Mikulincer M. An attachment-theoretical approach to compassion and altruism. In P. Gilbert (Ed.). *Compassion: Conceptualizations, reseaech, and use in psychotherapy*. London: Brunner-Routledge; 2005. pp. 133-159.
- Liotti G, Gilbert P. Mentalizing, motivation, and social mentalities: Theoretical considerations and implications for psychotherapy. *Psychol Psychother*. 2011; 84(1):9-25; discussion 98-110. doi: 10.1348/147608310X520094.
- Passanisi A, Sapienza I, Budello S, Giaimo F. The relationship between guilt, shame and self-efficacy beliefs in middle school students. *Procedia-Social and Behavioral Sciences*. 2015; 197:1013-7. doi: 10.1016/j.sbspro.2015.07.295.
- McGraw P. *Family first: Your step-by-step plan for creating a phenomenal family*. New York: Simon and Schuster; 2004.
- Eisenberg N, VanSchyndel SK, Hofer C. The association of maternal socialization in childhood and adolescence with adult offsprings' sympathy/caring. *Dev psychol*. 2015; 51(1):7-16. doi: 10.1037/a0038137.
- Rostami M, Abdi M, Heidari H. Correlation of childhood maltreatment, self-compassion and mental health in married people. *Journal of fundamentals of mental health*. 2014; 16(61):73-61. [In Persian].
- Yarnell LM, Neff KD. Self-compassion, interpersonal conflict resolutions, and well-being. *Self and Identity*. 2013; 12(2):146-59. doi: 10.1080/15298868.2011.649545.
- Zhang D. Cultural differences in shame and guilt

- between American and Chinese preschoolers. Master Thesis. Fort Collins, Colorado: Colorado State University; 2011.
27. Strauss A. Grounded theory in practice. California, United States: Sage Publication; 1997.
 28. Cheah CS, Chirkov V. Parents' personal and cultural beliefs regarding young children: A cross-cultural study of aboriginal and Euro-Canadian mothers. *J Cross Cult Psychol.* 2008; 39(4):402-23. doi: 10.1177/0022022108318130.
 - Gall M. Educational research: An introduction. London, England: Pearson; 2006.
 29. Corbin J. Basics of qualitative research: Techniques and procedures for developing grounded theory. California, United States: Sage Publication; 2014.
 30. Gilbert P. The origins and nature of compassion-focused therapy. *Br J Clin Psychol.* 2014; 53(1):6-41.
 31. Tirch D. The ACT practitioner's guide to the science of compassion: Tools for fostering psychological flexibility. United States: New Harbinger Publications; 2014.
 32. Coplan RJ, Hastings PD, Lagace Seguin DG, Moulton CE. Authoritative and authoritarian mothers' parenting goals, attributions, and emotions across different childrearing contexts. *Parenting.* 2002; 2(1):1-26. doi: 10.1207/S15327922PAR0201_1.
 33. Pourmohseni Koluri F, Tehranizadeh M. An investigation of the role of behavioral-brain systems and perceived parenting styles in students perfectionism. 2015; 23(4):43-54. [In Persian].
 34. Cheng FK. Compassion-focused therapy: The CBT distinctive features series. *Ment Health Relig Cult.* 2014; 17(2):219-21. doi: 10.1080/13674676.2012.755617.
 35. Gottman JM, Katz LF, Howon C. Parental meta-emotion philosophy and the emotional life of families: Theoretical models and preliminary data. *J Fam Psychol.* 1996; 10(3):243-68. doi: 10.1037/0893-3200.10.3.243.