

ORIGINAL ARTICLE

Empowering Single Mothers through Creative Group Counselling: An Effective Intervention to Improve Mental Wellbeing

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ABSTRACT

Introduction: Single parent families, especially, those headed by single mothers are becoming increasingly common around the world especially in Malaysia. Single mothers generally suffer from poorer mental health, job discrimination, abuse and neglect. Hence, they often experience high anxiety, depression, and stress. This calls for research to empower their mental wellbeing. The present study examined the effectiveness of creative group counselling in increasing self-compassion, and decreasing depression, anxiety and stress among single mothers. **Methods:** A quasi experimental pre-test post-test design was employed in the study. Research participants consisted of 36 single mothers placed in two experimental and two control groups. The instruments used were Self-Compassion Scale and Depression Anxiety and Stress Scale. A self-compassion module was developed that comprised creative therapeutic activities which was administered to the participants in the experimental groups via a 7-session group counselling programme. Participants in the control groups, on the other hand, took part in guidance activities. Semi structured interviews were also performed to gather feedback on the impact of the creative intervention from three single mothers. **Results:** Findings revealed that creative group counselling successfully increased the level of self-compassion among single mothers. Additionally, the depression, stress and anxiety scores of single mothers were lower after joining the group counselling programme. Furthermore, three themes emerged from the present study which are i) be kind to oneself; ii) mistakes are part of life; and iii) self-transformation. **Conclusion:** It is evident that the implementation of creative group counselling improves the mental wellbeing of single mothers.

Keywords: Group counselling, Self-compassion, Depression, Anxiety, Stress

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INTRODUCTION

Single parent families, especially, those headed by single mothers are becoming increasingly common around the world (1). They report greater degrees of sadness, fatigue and stress in childrearing, compared to partnered mothers (2). Besides that, they are often marginalized and excluded by society due to heavy stigma and mistaken beliefs on their positions in the community (3). Society often assumes that a single mother is an unwed mother with multiple children and is economically disadvantaged (4). Hence, their social identity is often devalued in the society. In reality, the general definition of single mothers are (a) widows raising their children responsibly; (b) divorced women given physical custodies of their children; (c) women

and their children who are financially neglected by their respective partners; (d) women with disabled or ill partners who need constant care; (e) women raising adopted children without any assistance from partners; (f) women with children who are in the process of getting divorced; or (g) unwed women with children (5).

In Malaysia, the main events that lead to single motherhood are divorce or death of a partner (6). It is believed that there are approximately 235,240 single mothers in Malaysia which is equivalent to 1.7% of the total population of the nation (6). There is also a growing number of unwed young mothers who opt to continue with their pregnancy. This unique subpopulation is attracting the attention of the Malaysian government as numerous shelter homes are being opened to physically care for these women (7). Single mothers are generally believed to have lower socioeconomic status, poorer mental health status, health related disparities and more hospital admissions than the general population. As some of them are victims of job discrimination,

abuse and neglect, they often experience high anxiety, depression, and emotional stress (3, 8).

Additionally, single mothers strive to care for their children without much thought for their own mental and emotional wellbeing. They usually have low self-compassion (9). Given the association between self-compassion and mental health, the connection between self-compassion and resilience (10, 11), a core feature of psychological well-being (12) is clear. Hence, it is expected that increasing single mothers' level of self-compassion, could potentially improve their intrapersonal and interpersonal resilience in dealing with adversity and adapting with the community.

A plethora of research have shown that single mothers are more susceptible to chronic depression, stress and anxiety (13). This might be related to their financial stability as in Malaysia, poverty rates are higher among female headed households across all ethnicities (14). Recent research has also revealed that a substantial number of single mothers, especially those who are from the low socioeconomic group, suffer from depression and suicidal thoughts due to their inability to cope with stress and life conflicts (15, 16). These research support past studies which revealed that more than half of the poor mental health cases reported among single mothers were those who had lower SES (3, 16). Although not all single mothers are poor, most single mothers reported financial hardship as their most pressing problem (8, 17). Consequently, single mothers are often forced to work long hours or take on a second job to support their children resulting in poorer mental health. Hence, the present study focuses on the mental wellbeing of single mothers from lower socioeconomic backgrounds, particularly their self-compassion and mental health.

The term self-compassion signifies one who is kind and thoughtful towards oneself in the face of challenges, failures or mistakes rather than heavily criticizing oneself (18). It also refers to the capacity to make failure a platform to improve oneself. Most studies show that the greater the degree of self-compassion, the better the mental health status and coping skills among single mothers (9). This is particularly important as the cultivation of self-compassion has been linked to the drop in the levels of depression, stress and anxiety (19, 20). Self-compassion permits one to be more conscious of one's suffering and to be kind and caring towards oneself (21). Translating this work with single mothers would signify that if single mothers are more self-compassionate towards themselves, they could be better equipped to extract meaning from their personal experiences and feel less overwhelmed by their difficulties (22).

Self-compassion has three main elements which are self-kindness, common humanity and mindfulness (18). Self-kindness denotes the capability of single mothers to understand themselves without criticism when facing

challenges or failure (23). The second element, common humanity, describes all humans as those who have gone through failure and accepted challenges as part of their life rather than negatively assuming that they have failed (24). Mindfulness, the third element, is an aspect that establishes self-regulated attention where one focuses on the present and has an open attitude (24).

Preliminary studies on self-compassion have shown empirical evidences of the effectiveness of group counselling in assisting women with low self-esteem and low confidence, and in providing a positive impact in clients' self-formation. For example, it was found that provision of a physical centre for group counselling can reduce stress and depression, and even increase self-esteem (25, 26). Furthermore, counselling in centres or shelters have a positive impact on single mothers who face difficulties in achieving a balance of physical, spiritual, intellectual and emotional aspects (27). This is because the support and guidance provided through counselling in such shelters develop their confidence and self-love to comfortably situate themselves as members of a community.

Nevertheless, there is a dearth of research on group counselling that focuses on self-compassion for single mothers. There are, however, a handful of studies that effectively used group therapies to increase self-compassion among other unique groups. A research by Newsome and colleagues, for example, assessed the impacts of mindfulness group among college students who in the end, successfully increased self-compassion, and decreased perceived stress (28). A more recent study by Held and Owens tested the effects of self-compassion coaching on homeless veterans which led to significant drops in trauma-related guilt (19). A related study that conducted a brief self-compassion training to impart essential self-compassion skills to clients in treatment for substance abuse revealed a substantial rise in self-compassion and a decline in shame and trauma-related guilt (29). These studies show that group work based on self-compassion enhances the psychological wellbeing of individuals and therefore, holds a lot of potential for these single mothers too.

A look at the gap in the research clearly indicates the need for a study that looks to empower single mothers with the intention of improving their self-compassion and mental health using creative arts in counselling (30, 31). Therefore, the present research aims to explore the effects of creative intervention of group counselling for single mothers in improving their mental wellbeing and their attempts at coping with the impacts of financial hardship. Creative arts in group counselling were used instead of general group work (32) because the focus is on empowering single mothers through self-compassion in a shelter. In order to carry out this study, three research questions were formed which are:

1. What is the level of self-compassion, depression,

anxiety and stress among single mothers in a women's shelter?

2. Is there a significant difference in self-compassion, depression, anxiety and stress among single mothers after the implementation of creative group counselling?

3. What are the single mothers' perception of and experience with creative group counselling?

MATERIALS AND METHODS

Research design

A quasi experimental pre-test post-test design was adopted because it fits the nature and purpose of the present research. In particular, it requires a pre-test and post-test for both treated (experimental) and comparison (control) groups, and groups that are not created through random assignment.

Research sample

A total of 36 participants who were single mothers among a total of 56 women were recruited from a women's shelter, located in a suburban coastal town in Selangor, through purposive sampling method. This shelter is governed by the Selangor Islamic Religious Council (Majlis Agama Islam Selangor or MAIS). The main criteria for selection of single mothers are; they are occupants of a women's shelter, have children or are pregnant, are not supported by their partner and are not diagnosed with any mental disorders. These single mothers were placed in two experimental (n=18) and two control (n=18) groups (i.e., 9 participants in each group). After two months, three single mothers were selected and interviewed from the creative group counselling programme. The selection criteria are highest attendance, involved in 90% of group counselling activities, and aged above 18 years old.

The minimum sample size to conduct an effective analysis of pre-test post-test design is 10 to 15 participants (33). It is noted that a sample size of three participants is adequate for a qualitative research especially if it involves novel theoretical insights (34). As such, the sample size of 36 participants in the pre-test post-test survey and three participants in the interview study is sufficient for the present research.

Instruments

Two psychological measures and one interview protocol were used in this research. The first measure is the Self Compassion Scale (SCS) which was constructed to evaluate an individual's overall self-compassion using a six-factor model, assessing positive (self-kindness, common humanity and mindfulness) and negative factors (over-identification, self-judgement and isolation) (18). It contains 26 items and utilizes a five-point Likert scale ranging from 1 (almost never) to 5 (almost always). This questionnaire has demonstrated satisfactory reliability and validity across different cultures (18, 23). The

second measure is the Depression Anxiety Stress Scale (DASS-21) which was designed to gauge the level of depression, anxiety and stress of individuals. It consists of 21 items and uses a four-point Likert scale ranging from 0 (did not apply to me at all) to 3 (applied to me very much or most of the time). This instrument has shown high validity and reliability among the Western and Asian populations (35, 36). The Interview Protocol, the third measure, was created based on the third research question and resulted in five probing questions (i.e., two questions on participants' feedback on how they perceive the programme and three questions on their experience being in the programme).

Procedure

The present research was performed according to established ethical guiding principles and had obtained necessary approvals from the shelter's authorities (e.g., Ar-Riqab Department, MAIS). Informed consents and assents were collected from all participants and they agreed to participate in this programme on a voluntary basis. No incentives were given to any participants for participating in the programme.

The first phase involved the administration of pre-test survey questionnaires (i.e., the SCS and DASS-21) to measure the levels of self-compassion, depression, anxiety and stress of single mothers. Then, the participants are divided into two experimental and two control groups. For the experimental groups, the self-compassion module was used for the implementation of creative group counselling. This module was developed based on the self-compassion sub-domains in the Malaysian context (37). The module comprised a total of 10 creative art-based activities (e.g., expressive arts drawing, emotion-focused reflective writing and colouring, and singing a motivational song) and these activities were divided into seven sessions. Table 1 summarizes the content of the module with its activities and Figure 1 presents the participants' output in Activity 3 (Who am I?).

For the control groups, the ladies participated in general group activities and exercises (32). Both the creative group counselling and guidance group programmes were conducted in seven sessions for three days and two nights. For every session, each group had nine participants, one professional counsellor and two undergraduate counselling students, respectively. At the end of the programme, the researchers administered the SCS and DASS-21 (post-test) to examine the effectiveness of the creative group counselling programme.

In order to enrich and substantiate the pre- and post-test findings, the second phase involved the use of semi-structured interviews to explore the perceptions and experiences of three selected single mothers after their participation in the creative group counselling programme. Through this method, personal feelings

Table 1: Module content based on R.A.F.I.D.A.H. model of creative group counselling

Session Number	Group Process	Activities	Synopsis
One	Rapport building using RESPECTFUL model.	1) Let's get to know each other	Counsellor explains the purpose of the group and ethical guidelines. Group members briefly introduce themselves using a musical chair game.
		2) Dive deeper	Group members get to know each other better through the RESPECTFUL model (religious/spiritual identity, economic class, sexual identity, psychological maturity, ethnicity, chronological/developmental challenges, threats to wellbeing, family background, unique physical characteristics, location of residence and language differences) (38).
		3) Who am I?	Group members are asked to draw themselves with their family members and/or loved ones on a piece of paper. Thereafter, each member discusses their drawing.
Two	Attending to feelings and thoughts & anticipating conflicts and resistance	4) Colour my emotions	Each group member is given a picture of a human body and is asked to colour it (based on their emotions – sad, happy, angry and frustrated). Group members discuss their emotion-focused colouring work and counsellor explains how to positively cope with stress by changing the way we react to stressor.
Three	Finding possible causes-consequence of actions	5) My image	Group members are asked to write down their (a) negative automatic thoughts and (b) problematic behaviours/actions. Thereafter, view it in a positive manner (e.g. I am not able to raise my baby alone - I have family and friends to help me).
Four	Initiating possible solutions or plans of actions	6) This is my story	Each group member is asked to write down and share their personal stories on their life experiences using a reflective case vignette and how they ended up in the shelter. Other members suggest ways to solve or cope better with their issues.
		7) ABC Model	Counsellor explains the ABC (activating event, belief and consequences) model by Albert Ellis. Group members are asked to complete the ABC sheet to recognize their negative beliefs and reframe it into psychologically healthy ways of thinking.
Five	Deciding on the best course of action	8) You can do it	Group members are asked to write their typical behaviour before entering their shelter, what they learned from group counselling and their hopes for the future. Thereafter, the group motivates each other to make positive changes in their lives. The group sings a motivational song together.
Six	Acting on the action plan	9) My life's direction	Group members are asked to list down their fears. Counsellor and group members discuss ways to handle these conflicts. Thereafter, they state their life goals on post it notes and discuss about it with the group.
Seven	Harnessing hope and optimism for self-empowerment	10) Best wishes	A piece of card with each group member's name is passed around for others to write words of encouragement. After which, each member takes turns to share their final thoughts before termination.



Figure 1: Participants' work during group counselling (Activity 3- Who am I). Group members are asked to draw themselves with their family members on a piece of paper. Thereafter, each member presents their drawings to the group.

and meanings of the participants can be described in depth. Finally, the digitally recorded interviews were transcribed verbatim for data analysis.

Data analyses

Data from the questionnaires were examined using SPSS 23 for descriptive and inferential statistical analyses. Using Braun and Clarke's analytic framework, the verbatim transcripts from the three interviews were thematically analysed (39).

RESULTS

Demographic characteristics

Table II presents demographic information (age,

Table II: Demographic characteristics

Demographic Characteristics	Total number (N=36)	Percentage (%)
Age		
15-20	26	72.2
21-26	8	22.2
27-32	1	2.8
33-38	1	2.8
Ethnicity		
Malay	34	94.4
Indian	2	5.6
Marital Status		
Divorced/Separated	11	30.6
Unwed	23	63.9
Widowed	2	5.6
Education Background		
Completed primary school education	11	30.6
Completed lower secondary school	7	19.4
Completed high school	18	50.0
Total Household Income (MYR-Malaysian Ringgit)		
Less than MYR 1,500	26	72.2
MYR 1,501 – 3,000	5	13.9
MYR 3,001 – 4,500	2	5.6
MYR 4,500 and above	3	8.3
Total Number of Children		
0 (pregnant)	25	69.4
1	7	19.4
2	2	5.6
3	2	5.6
Duration of Occupancy in the Shelter (months)		
3-6	33	91.7
7-10	3	8.3

ethnicity, marital status, education background, total household income, total number of children and duration of occupancy in the shelter) of the 36 participants in the present research. Majority of the participants were in between the ages of 15-20 years old (72.2%), Malays (94.4%), unwed mothers (63.9%), completed high school education (50.0%), are pregnant (69.4%) and have been living in the shelter home for 3 to 6 months (91.7%).

Level of self-compassion, depression, anxiety and stress The first research question aims to uncover the level of self-compassion, depression, anxiety and stress of single mothers in a women’s shelter. The scoring guide for SCS states that a score between 1-2.5 signifies a low level of self-compassion, a score between 2.5 to 3.5 signifies a moderate level of self-esteem, and a score between 3.5 to 5.0 signifies a high level of self-compassion (18). After analysing the SCS scores for the pre-test, it was revealed that the level of self-compassion was moderate among single mothers in the women’s shelter (M =3.27, N =36).

According to the scoring instructions of DASS-21, individuals with depression scores between 14 to 20 have moderate levels of depression, anxiety scores between 15 to 19 have severe levels of anxiety and stress scores between 15-18 have mild stress level (40). The DASS-21 scores revealed that the single mothers’ level of depression was moderate (M =15.50, N =36), while their anxiety was severe (M =16.67, N =36) and stress was mild (M =17.56, N =36).

Effectiveness of the creative group counselling programme

To address the second research question (is there a significant difference in self-compassion, depression, anxiety and stress among single mothers after the implementation of group counselling?), two statistical tests were administered. First, Analysis of Covariance (ANCOVA) was applied to analyse if there was a noteworthy difference in the self-compassion scores between the experimental and control groups. Results showed that there was a significant difference in mean of self-compassion [$F(1, 33) = 8.232, p = 0.007$] between the groups. The partial Eta Squared number denotes the effect size and ought to be compared with Cohen’s guiding principles (0.2 represents a small effect size, 0.5 signifies a moderate effect size, and 0.8 demonstrates a large effect size) (41). It is clearly seen that the effect size for the experimental group is small (0.200). Hence, there is a significant effect of creative group counselling on the level of self-compassion among single mothers. Table III displays the main results from the ANCOVA.

Table III: ANCOVA results summary of the SCS scores in the experimental and control groups

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	2.725 ^a	2	1.362	21.983	.000	.571
Intercept	.115	1	.115	1.861	.182	.053
Pre-test	2.682	1	2.682	43.287	.000	.567
Group	.510	1	.510	8.232	.007	.200
Error	2.045	33	.062			
Total	391.547	36				
Corrected Total	4.770	35				

The second test was paired samples t-test which was used to assess pre-post change in the experimental groups (two groups that underwent the creative group counselling programme) for both SCS and DASS-21. Table IV presents results from the paired samples t-test.

The paired samples t-test in Table IV shows that the research result for self-compassion is significant ($t = -2.788, df = 17, p < 0.05$). Thus, the null hypothesis is rejected and it is established that there is a difference in the level of self-compassion before and after joining the creative group counselling programme. The mean scores for self-compassion among single mothers are higher after joining the group counselling programme as shown in Table V. Table V also depicts that among the subscales of self-compassion, all except self-kindness and common humanity reported an increase in mean scores.

The paired samples t-test in Table IV displays that the research result for depression is significant ($t = 2.999, df = 17, p < 0.05$). Thus, the null hypothesis is rejected and it is established that there is a significant difference in the level of depression before and after joining the creative group counselling programme. The mean scores for depression among single mothers are lower after joining the group counselling programme as shown in Table VI. The research result for anxiety is also significant ($t = 3.250, df = 17, p < 0.05$). Hence, the null hypothesis is rejected and it is established that there is a significant difference in the level of anxiety before and after joining the creative group counselling programme. The mean

scores for anxiety among single mothers are lower after joining the group counselling programme as shown in Table VI.

In addition to that, the research result for stress is significant too ($t = 2.829, df = 17, p < 0.05$). Thus, the null hypothesis is rejected and it is established that there is a significant difference in the level of stress before and after joining the creative group counselling programme. The mean scores for stress among single mothers are lower after joining the group counselling programme as shown in Table VI.

Perception and experience of single mothers after the programme

To address the third research question - What are the single mothers' perception of and experience with creative group counselling? - text data from the three interviews were thematically analysed to uncover the experiences and perceptions of selected participants of the programme. Findings of the interviews were based on their feelings and thoughts before and after the intervention programme. Pseudonyms were used to conceal the participants' identities and thereby, maintain their privacy and confidentiality. The participants' overall responses indicated that the creative group counselling had a positive impact on them. Three themes emerged from their responses:

Be Kind to Oneself

All participants understood that they have to care for themselves as they need to be in a good state (physical

Table IV: Paired samples t-test results of pre and post-test data from SCS and DASS-21 for the experimental groups

Pair (pre-test - post-test)	Paired Differences				t	df	Sig. (2- tailed)	
	Mean	Standard Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower				Upper
Self-compassion	-0.154	0.234	0.055	-0.270	-0.037	-2.788	17	.013
Depression	5.333	7.546	1.779	1.581	9.086	2.999	17	.008
Anxiety	5.333	6.962	1.641	1.871	8.796	3.250	17	.005
Stress	4.889	7.332	1.728	1.243	8.535	2.829	17	.012

Table V: Means and standards deviations for SCS pre and post-test (experimental group, n=18)

Score	Mean		Standard Deviation	
	Pre-test	Post-test	Pre-test	Post-test
Total Self-Compassion	3.16	3.31	0.22	0.87
Self-Kindness	3.89	3.59	0.73	0.82
Common Humanity	3.86	3.67	0.79	0.85
Mindfulness	3.61	3.63	0.91	0.92
Self-Judgment	2.61	2.98	0.79	1.21
Isolation	2.38	3.17	0.99	0.99
Over-identification	2.56	2.86	0.89	1.12

Table VI: Means and standards deviations for DASS-21 pre and post-test (experimental group, n=18)

Score	Mean		Standard Deviation	
	Pre-test	Post-test	Pre-test	Post-test
Depression	16.22	10.89	13.00	10.85
Anxiety	17.11	11.78	10.39	9.58
Stress	18.11	13.22	12.16	11.84

and psychological) to care for their children. Self-care helps one to build inner strength to perform one's job well. Additionally, taking care of oneself, the most important person in one's child's life, is paramount to being the best parent one can be.

"Before this, I always put my children first and care for them. After the programme, I learned that I must care about myself. If I fail to do so, I noticed that I lose control of myself and it would affect my children in a negative way. I hate for this to happen so I must love myself."
(Sophie, 18 years old, student)

The participants are also able to tend to their own self-care and acknowledge all the different needs they are experiencing which include physical, emotional and relational self-care. They also became more grateful for the support (family, friends and financial) they had.

"I can control my temper and say no to drugs."

(Maya, 19 years old, unemployed)

"I am thankful and there are many people who are worse off than me. I realize that I have a lot of support from my family and friends."

(Anna, 18 years old, student)

Mistakes are Part of Life

All the participants were aware that it was normal to make mistakes. The most important thing was to forgive themselves and not to repeat mistakes. They were also able to empathize with others and feel for them.

"It is common for humans to make mistakes. We need to forgive ourselves and move on. Do not trust people easily. Family is the foundation to everything. No matter your gender, you should not resort to child abandonment and flushing them down the toilets. My children are very docile. Everything comes from God and I am grateful for what I have."

(Sophie, 18 years old, student)

"By participating in the group counselling session, I learn to let go of my negative feelings, my depression, my sadness, and I feel relief after sharing my stories with the group. After doing this then I realize that I should love myself more and avoid repeating the same mistakes."

(Anna, 18 years old, student)

Self-Transformation

The participants were able to change in a positive manner and reflect on the future. They viewed the group counselling programme as a form of education for self-improvement. They had also gained insight and accepted their past choices.

"I think the programme is needed as it is a form of education to us. When we are by ourselves, we tend to blame others. There was a time when I kept blaming other people and when I have been in the same position as they are, I know that it is my choice to have my baby alone."

(Maya, 19 years old, unemployed)

"When I was sentenced here, I thought my life was ruined and full of regrets but my experience in the group counselling sessions brings hopes and promises to embrace life and improve the quality of my life."

(Anna, 18 years old, student)

These qualitative findings have shed some light on the pre-and-post survey findings as well as provided empirical evidence regarding the effectiveness of the intervention programme using a creative group counselling approach. In particular, their overall perceptions and experiences showed that they have become more self-compassionate individuals who can accept their past mistakes and work towards self-transformation to become mentally healthy mothers.

DISCUSSION

The discoveries of the present research showed that the implementation of the creative group counselling module had positive impacts as there was a rise in the degree of self-compassion and a decline in the level of depression, anxiety and stress among single mothers. Contrary to the findings by Hamid and Salleh, single mothers were found to be comfortable sharing their problems through counselling (42). Hence, there is a need to further improve counselling services and promotion in order to attract and motivate more single mothers to seek counselling and develop social support networks. Other supporting studies also revealed that group therapy is effective in decreasing symptoms of depression and anxiety (43-45).

The results of the present study are also in accordance with findings by MacBeth and Gumiey, where high self-compassion helps to reduce the levels of stress, anxiety and depression (46). Numerous other studies also showed that education groups and group counselling programmes improve mood, anxiety and self-esteem among single parents especially single mothers (47-49). Based on the DASS-21 pre-test scores, the single mothers in the shelter experienced stress and severe anxiety. These symptoms may be caused by the participants not being able to adapt to the culture and the atmosphere of the shelter. Besides that, the symptoms may also be caused by the fact that most of the single mothers were pregnant teenagers who were forced to take up the responsibility as a mother at a young age.

Furthermore, there was only a small significant difference between the experimental and control groups in the self-compassion scores in the present research. This is probably because past studies have reported that the six-factor model does not fit the self-compassion scale. Scholars argue that the validation process of the scale is flawed and it has limited evidence in its psychometric properties (50). Nonetheless, at present, the SCS is the only instrument of self-compassion available from existing literature.

Nevertheless, the supplementing interviews carried out by the researchers supported the findings of the quantitative analysis in which the creative group counselling programme had a positive impact on the level of self-compassion among single mothers living in a shelter. The participants showed that they possessed more self-appreciation and accepted the essence of their tribulations after the group counselling programme. Additionally, the programme provided the opportunity for single mothers to come together, express their thoughts and share their experiences with each other. Through the sharing sessions, the single mothers were found to be more grateful and appreciative of their current lives. They were also more empowered to transform themselves to create meaningful changes with both strength and grace.

However, this research is not free of limitations. First, the self-report questionnaire (DASS-21 and SCS) raises the issues of social desirability bias in which participants may distort their answers in a favourable direction. Second, most of the participants were pregnant teenagers (between the ages of 15-20 years old) and were Malays. Hence, the findings are not generalizable towards the whole population of single mothers in Malaysia. Consequently, future researches should ensure that participants are from a wide range of backgrounds (e.g. marital status e.g. widowed, divorced, abandoned, etc. and other ethnicities). Future studies should also include more participants in the follow-up interviews to ensure more saturation of data.

Despite these limitations, it is believed that the present research provides meaningful insights into attitudes and behaviours of single mothers for policy makers and stakeholders to plan further initiatives and programmes for the empowerment of single mothers, especially those in shelters or centres. Results from both quantitative and qualitative analyses also provided empirical evidence towards the effectiveness of the group counselling programme based on the self-compassion module. Future research should consider using the module to other disadvantaged populations such as orphans, victims of domestic violence, and victims of abuse and neglect (especially among children and teenagers).

CONCLUSION

It is clear that the implementation of creative group counselling involving qualified counsellors and facilitators promotes mental and emotional wellbeing among single mothers. The group counselling programme also indirectly created a support group for single mothers to come together, share their experiences and learn from each other. Future studies should look into raising awareness among the society to reduce stigmatization towards single mothers and provide them with adequate social support that they need to positively move on with their lives.

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