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Intergenerational Narrative and Pathways to Compassion: A Qualitative Study of Midlife Women's Family Stories

Camille R. Elder *, Ashley M. Fraser, Loren D. Marks and Erin K. Holmes

School of Family Life, Brigham Young University, Provo, UT 84005, USA; ashley_fraser@byu.edu (A.M.F.); loren_marks@byu.edu (L.D.M.); erin_holmes@byu.edu (E.K.H.)
* Correspondence: camille.elder@byu.edu

Abstract

Compassion for self and others could be among the most important indicators for thriving, sustainable relationships. This could be especially true in midlife, when substantial relational renegotiations often occur among women, their children, and aging parents. Little is known about how compassion for self and others is negotiated during this period. The present qualitative study explored compassion and self-compassion among 50 Latter-day Saint women aged 40–70 from six countries. Participants shared stories about mothers or grandmothers and reflected on how those narratives influenced their own lives and current transitions. Inductive and theory-informed coding identified three primary patterns: compassion directed toward self, compassion directed toward mothers, and compassion directed toward both self and mother. Across these patterns, participants evaluated relational context, personal capacity, and perceived need when describing compassionate responses. Rather than functioning as stable traits, compassion and self-compassion appeared in these accounts as context-sensitive processes that shifted with circumstances, available resources, and evolving interpretations of family narratives. These findings suggest that intergenerational narratives can provide a way for women to appraise need and capacity and describe different expressions of compassion and self-compassion. These narratives may inform understanding of resilience, family relationships, and therapeutic practice.

Keywords: compassion; self-compassion; intergenerational relationships; midlife; women

1. Intergenerational Narrative and Pathways to Compassion: A Qualitative Study of Midlife Women's Family Stories

Midlife is increasingly understood not as a fixed age range but as a developmental period characterized by shifting relationships with children, aging parents, and the self (Cytrynbaum et al. 1980; Sargent and Schlossberg 1988). As women navigate these transitions, they often revisit family stories and reinterpret the lives of mothers and grandmothers through the lens of their own experiences. These intergenerational narratives may foster greater contextual understanding, emotional regulation, and compassion for both self and mothers, processes that are consistent with perspectives from compassion science and Bowen Family Systems Theory (Kerr 2019; Seppälä et al. 2017). Although compassion has been associated with healthier relationships and psychological wellbeing, little research has examined how compassion and self-compassion are experienced within women's intergenerational family narratives during midlife. Understanding these experiences may provide insight into the relational processes that help women move beyond blame, strengthen connection, and navigate developmental transitions. The present study explores how

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Latter-day Saint women in midlife experience compassion and self-compassion through stories of mothers and grandmothers, using qualitative inductive, theory-driven methods to better understand the role of intergenerational narratives in fostering compassionate family relationships.

1.1. Relationships with Mothers in Midlife

For women in midlife, relationships are often a central focus and are therefore important to consider in relation to human flourishing. Midlife is currently defined as ages 45–60 (Cambridge n.d.), though many scholars argue that midlife may be better defined by transitions being experienced than by chronological age alone (e.g., Cytrynbaum et al. 1980; Erikson 1950). Not all transitions experienced in midlife are relational, but many are (Sargent and Schlossberg 1988). Children may be leaving home, aging parents may require more care or pass away, and women may reevaluate their identity and life in general (Apter 1995), providing new opportunities for compassion for self and for mothers. This "sandwich" period is associated with both increased risk and reward (DeRigne and Ferrante 2012), particularly for women, who are more likely to care for both younger and older generations. Positively, the literature suggests that midlife is frequently associated with thriving, creativity, self-awareness, personal autonomy, and power (Brown and Kerns 1985). At the same time, many midlife transitions are mixed rather than uniformly positive or negative: children leaving home may bring both loss and increased autonomy, while caring for aging parents may involve fatigue and stress alongside opportunities for greater closeness (Bouchard 2014; Carr and Utz 2020). Ultimately, women's perceptions of transitions, available support, and coping strategies appear to contribute to whether they experience flourishing or suffering during this period (Mitchell and Helson 2016; Sargent and Schlossberg 1988).

Midlife is an important time for mother–daughter relationships. Erikson (1982) suggested that women in midlife are likely to experience "preoccupation" with parent relationships as parents may suddenly require more effort and labor compared to child relationships. Women may also reflect deeply on their mother as their own identities shift through midlife transitions, referencing their mothers' choices and experiences as they navigate their own. Positive relationships with parents have been associated with higher self-esteem among middle-aged daughters (Welsh and Stewart 1995), and positive relationships with mothers in particular have been associated with greater self-esteem and satisfaction in work and family roles (Sholomskas and Axelrod 1986). These findings suggest that mothers may represent particularly meaningful figures through whom women interpret their own developmental experiences, making mother–daughter narratives a valuable context for examining compassion and self-compassion in midlife.

Mother–daughter relationships can also carry substantial complexity. Because these relationships are often emotionally significant and long-standing, closeness and support can coexist with frustration, obligation, disappointment, conflict, or the need for greater autonomy. Research on adult parent–child relationships suggests that tension and ambivalence are common rather than inherently pathological, and may become especially salient as mothers and daughters occupy different developmental positions or renegotiate caregiving, independence, and support (Fingerman 1996; Birditt et al. 2009). In caregiving relationships, positive relationship quality can support mutuality and connection even when conflict is present, whereas more ambivalent or negative relationships may be accompanied by greater burden, conflict, and blame (Rahimi et al. 2016). Relational histories established earlier in life may still shape women's expectations, emotional reactivity, and perceived safety in adulthood. These histories are inherently part of the broader family system in which present-day mother–daughter relationships are embedded.

Adverse childhood experiences (ACEs), including abuse, neglect, and household adversity such as parental mental illness or substance use, are associated with a range of health outcomes in adulthood (Felitti et al. 1998; Hughes et al. 2017). Research also links reported maternal childhood abuse and neglect with adult children's perceived closeness to aging mothers and psychological well-being (Kong and Martire 2019). This literature may help contextualize how a daughter's own childhood experiences shape her appraisals of safety, trust, and capacity in later relationships with her mother. It does not establish that ACE exposure determines compassion; rather, it helps frame how compassion for a parent may coexist with anger, sadness, boundaries, and recognition of past harm.

Because the present sample consists of Latter-day Saint women, it is important to consider the cultural and religious context in which these relationships are experienced. Teachings and doctrines of The Church of Jesus Christ of Latter-day Saints emphasize the importance of family relationships (The Church of Jesus Christ of Latter-Day Saints 1995), and many women in the present sample came of age during a period when marriage and motherhood were strongly emphasized as central aspects of women's identity. These experiences may influence how women approach relational transitions in midlife (Evans 2006).

1.2. Family Systems Theory

A foundational tenet of Family Systems Theory is that deep-seated behaviors, anxieties, and coping styles are passed down through relationship patterns over many generations, accumulating and shifting from grandparents to parents and children (i.e., multigenerational transmission processes). Family Systems Theory also posits that increasing self-regulation, or what Bowen and Kerr called differentiation of self, would increase individual functioning to a point that it would start to impact family systems around it in positive ways (Kerr and Bowen 1988). This could look like an adult daughter realizing that she has been emotionally enmeshed with her mother for many years and working on her own emotional self-reliance to improve an overall family dynamic. Understanding multigenerational processes may help adult daughters contextualize both their mothers' behavior and their own responses, potentially reducing reactivity or blame while still allowing for appropriate differentiation and boundaries. Such contextual understanding may allow a person to increase a positive sense of self and improve levels of differentiation (Kerr 2019).

Additionally, understanding the emotional functioning of previous generations, including how adversity may shape relationships, is important for "helping people get beyond blame and self-blame" (Kerr 2019, p. 120), because individuals can see their own emotional state in context without being dependent upon previous generations' emotional states. The goal of mapping the multigenerational transmission process is to limit personal emotional reactivity and instead see people and situations clearly, which may promote greater self-efficacy and favorable action in the present and future (Kerr and Bowen 1988). Although Bowen's theory did not explicitly theorize compassion, many qualities associated with higher differentiation—including reduced emotional reactivity, greater self-regulation, and the ability to respond thoughtfully to others—closely parallel contemporary conceptualizations of compassion and self-compassion. In this study, family context refers to the relational histories, family roles and transitions, and multigenerational patterns participants drew on when interpreting their mothers' experiences.

1.3. Compassion and Self-Compassion in Intergenerational Relationships

One academic definition of compassion is the "state of concern for the suffering or unmet need of another, coupled with a desire to alleviate that suffering" (Goetz et al. 2010, p. 3). Compassion has been described as involving awareness of suffering, appraisals of

one's feelings and abilities in relation to the suffering, judgments about the person who is suffering in context, and processes that can motivate helping (Goetz and Simon-Thomas 2017). Scholars differ on whether compassion is best understood as an emotion, a motivation, or a trait (Seppälä et al. 2017). These perspectives can be understood as emphasizing different aspects of a process that emerges through interactions among dispositions, emotions, motivations, relationships, and circumstances. Obstacles to compassion may be psychological or environmental, and may include anticipated loss of resources (Goetz et al. 2010). If time, money, or energy feel scarce, individuals may be less likely to help; likewise, when individuals feel inadequate or are suffering themselves, they may feel less able to assist (Weisz and Zaki 2017). Within mother–daughter relationships, awareness of a mother's suffering can occur alongside competing caregiving demands, limited emotional resources, concerns about safety, or a difficult relational history. Earlier adversity may also be relevant to later parent–child relationships: ACEs research links childhood adversity with adult health outcomes, while research on later-life relationships specifically links maternal childhood abuse and neglect with adult children's perceived closeness to aging mothers and well-being (Felitti et al. 1998; Hughes et al. 2017; Kong and Martire 2019).

Self-compassion contains the same elements as other-oriented compassion but is directed at the self. A self-compassionate mindset emphasizes recognition of one's experiences as part of the broader human condition (Neff 2011). Self-compassion includes reducing feelings of isolation associated with personal shortcomings as well as maintaining mindful awareness of one's suffering without engaging in excessive rumination (Germer and Neff 2019). Self-compassion is often the first step in compassion training. Higher emotion regulation may leave more emotional availability for the suffering of others (Weng et al. 2017), and increased self-compassion could counteract barriers to helping by strengthening internal resources and reducing feelings of inadequacy (Seppälä et al. 2017). Additionally, empathic avoidance and compassion fatigue are real, and practicing self-compassion may minimize these effects (Batson 2017). In close family relationships, then, compassion toward another person and compassion toward the self may not always be competing moral outcomes; they may reflect different responses to appraisals of need, capacity, relational history, and boundaries.

Compassion can be developed and increased (Ekman and Ekman 2017), and even short-term compassion training demonstrates differences in prosocial helping (Skwara et al. 2017). While traditional compassion trainings are centered around relationships, much of social science involving compassion has primarily focused on individual emotional and psychological processes. It may therefore be useful to study compassion in family relationships, which provide repeated opportunities for both compassionate and reactive responses to suffering of self and others.

2. Intergenerational Narratives and Contextual Understanding

Developing compassion within family relationships requires more than recognizing another person's suffering; it also involves making sense of that person's experiences and the broader context in which they occurred. One of the primary ways individuals accomplish this is through narratives, which organize life experiences into coherent stories and shape how people understand themselves and their relationships with others (McLean and Pasupathi 2012). The stories we tell ourselves about our intergenerational relations' past, present, and future shape our lives and outcomes (McAdams and McLean 2013). Family-history knowledge has also been associated with identity development, self-esteem, family functioning, and family cohesion, and parent–child conversations about personal events contribute to the development of narrative skills and to how children come to understand and describe themselves (Duke et al. 2008; Fivush et al. 2006; Haydon et al. 2023). Brain

scans of speaker-listener dyads demonstrate that when truly connecting with and sharing in the communication of a story, the listener's brain activity mirrors the speaker's, just with a delay (Stephens et al. 2010). Engaging in storytelling may allow individuals to connect in ways that perspective taking alone may not.

Although narratives about many family members may shape identity, stories about mothers may be especially influential during midlife. As women navigate changing roles with their own children while simultaneously responding to aging parents, maternal relationships often become particularly salient. Revisiting maternal stories may therefore provide a way for women to reinterpret both their mothers and themselves in light of information, roles, and experiences that were not available earlier in life. Understanding these relationships provides an important context for examining compassion within intergenerational narratives.

Current Study

Although prior literature establishes the importance of compassion, family narratives, and intergenerational relationships, it offers little insight into how women in midlife actually experience these processes through stories of their mothers and grandmothers. In particular, little is known about how contextual understanding within maternal narratives relates to compassion directed toward mothers, compassion directed toward the self, or the negotiation of both within ongoing family systems. The current study seeks to explore lived experiences, meanings, and processes of compassion and self-compassion within intergenerational narratives. In doing so, we hope to provide insight into intergenerational connection and compassion for self and others among Latter-day Saint women in midlife across multiple countries.

3. Methodology

3.1. Participants

The data for this project are drawn from the MIDWAYS (Midlife Insights on Development: Women's Adjustment across the Years through Story) Project. MIDWAYS is a multi-national study investigating women experiencing midlife transitions through narrative. Some additional questions (such as the mother/grandmother question for this study) were added to give additional insight. The study currently includes 50 Latter-day Saint women aged 40–70 from six nations, including Denmark (1), England (3), Italy (7), Scotland (7), the United States (26), and Wales (5). Efforts have been made to include diversity in race/ethnicity, nationality, and life experiences. In the United States sample this included efforts to include migrant (9, from 5 countries) and native indigenous (2) individuals. Inclusion criteria included being female, being aged 40–70, having any level of activity in The Church of Jesus Christ of Latter-day Saints (a global Christian denomination), and fluently speaking English, Italian, or Spanish. Participants needed to be willing and able to participate in approximately 2 h of interview and online survey questions.

Participants were informed of the study either by the researchers or by local contacts that the researchers knew through travel, graduate school, or professional development. Contacts forwarded the study flyer to people they knew who met the criteria, with interested individuals contacting the research team directly. Data was collected through semi-structured one-on-one interviews conducted primarily in person (14 on Zoom), lasting approximately 90 min to two hours. Interviews were audio and/or video recorded with participant consent. Ethical and international privacy considerations have been addressed and approved by the Institutional Review Board (IRB#: IRB2025-058) and Chief Privacy Officer at Brigham Young University, as well as Latter-day Saint area authorities in the locations of the study. Participants were compensated 40 USD or their national currency equivalent.

3.2. Data Collection

For this study, one primary question from the longer interview is being investigated: "Think of your mother, grandmother or great-grandmother. Can you think of a story or stories about how they dealt with a transition? (Prompt to share the story if they don't automatically). Does remembering this story affect how you feel about any of your transitions you're facing now?" The transition that the mother/grandmother experienced could be in midlife as well but did not have to be. As far as the authors are aware, this question has never been used in an academic study.

While this was the primary question for the current study, other parts of the interview that mentioned mothers or grandmothers were also coded. For example, participants were asked about "female discipleship," a term familiar to the sample referring to women participants viewed as following Jesus Christ's example and guiding or mentoring them in their faith; 15 participants mentioned their mothers in this context. Mothers and grandmothers also appeared in participants' broader life narratives. On average, participants mentioned them in 2.96 distinct stories before the final question. The mother/grandmother prompt was not asked in four interviews because of time constraints, the semi-structured nature of the interview, or because participants had already addressed it organically. We retained these interviews because all four participants discussed mothers or grandmothers elsewhere, and those accounts included material relevant to the study. These cases therefore involved less standardized elicitation; we acknowledge this as a limitation rather than treating them as directly equivalent to interviews that included the prompt. Other parts of the interviews were considered for context when relevant. Interviewers asked clarifying questions, and several participants took part in post-analysis member checking to increase credibility, particularly participants from different national or cultural backgrounds.

3.3. Data Analysis

Interviews were transcribed using Clip.to because it can transcribe multiple languages within the same interview. The software was tested on several interviews in the languages used in the study and was reported to have greater than 99% accuracy. After transcription, three members of the research team (the primary investigators and the primary author) read and open-coded the data; four undergraduate research assistants later contributed to coding. We treated participants' stories as narrative accounts through which they interpreted family experiences, and used inductive and theory-informed coding to identify patterns across those accounts. The primary question could provide insight into several positive psychological constructs (e.g., hope and resilience) arising in intergenerational relationships; the primary author focused this analysis on compassion. After repeated readings of the transcripts, one undergraduate research assistant and the primary author agreed on codes that reflected both inductive patterns in the interviews and existing theoretical concepts of compassion. Our understanding of compassion was informed by a visual model developed by the first author and loosely organized around Goetz and Simon-Thomas' (2017) framework, considered alongside participants' accounts of their relationships with mothers and/or grandmothers. These components are shown in Figure 1. The interview question invited participants to recall stories involving a mother's or grandmother's transition, struggle, or suffering.



Figure 1. Model of theoretical path to compassionate action.

We did not infer a specific emotional response simply because a participant recalled a story. In the coding, expressions of gratitude or admiration and expressions of frustration were treated as appraisals of the person's suffering in context (Goetz and Simon-Thomas 2017). The action codes captured reported acts of service toward a mother or grandmother and actions directed toward the self. Appraisals alone were not treated as evidence of compassion. For compassion toward another, interpretation considered whether the narrative conveyed concern and a desire to alleviate suffering through stated intent or action. For self-compassion, self-directed action was considered in context and was not treated as evidence solely because it involved prioritizing needs or setting boundaries. Where an excerpt primarily showed appraisal or contextual understanding, we describe it as such rather than treating it as definitive evidence of compassion. After coding each interview, we tallied distinct instances of gratitude/admiration, frustration, action toward self, and action toward mother. We then grouped accounts according to whether they described action directed primarily toward self, toward mother, or toward both. These groups were examined for contextual factors that participants themselves connected to their responses.

4. Findings

Participants' narratives included several components relevant to interpreting compassion and self-compassion. These included appraisals, such as frustration and gratitude/admiration, as well as reported actions toward mothers and toward self. These components did not uniformly co-occur and are not interchangeable: appraisal counts do not by themselves indicate compassionate concern or action. On average, per interview, participants expressed distinct instances of gratitude or admiration 2.6 times, frustration 1.06 times, service or action toward mother 0.72 times, and action toward themselves 1.48 times (total distinct instances of 130, 53, 36, and 74, respectively), as shown in Figure 2. By distinct instances, we mean that if the same specific instance of frustration, admiration, or action appeared multiple times within an interview, it was counted once. Numerical content analysis and frequency counts are descriptive supplements to the qualitative findings; they should not be interpreted as indicators of the importance of a theme or as estimates that would necessarily generalize to other samples.

A numeric content analysis (Marks 2015; Miles and Huberman 1994) of this original coding is shown in Table 1.

These differing combinations of the codes informed three analytic patterns, as shown in Figure 3: (1) action directed primarily toward self, interpreted as self-compassion where supported by the account; (2) compassion directed toward mother; and (3) compassion directed toward both self and mother. The patterns appeared to vary with perceived capacity, relational history, and contextual understanding. Forty percent ($n = 20$) of the family narratives fell into pattern 1, which included three pathways discussed below. Twenty-two percent ($n = 11$) fell into pattern 2, and 28% ($n = 14$) into pattern 3. Ten percent ($n = 5$) did not fit neatly within these patterns, primarily because participants did not describe a specific action following their appraisal of suffering.

Table 1. Women's content analysis.

Theme	No. References	No. Interviews	% Interviews	Avg. References per Interview
Gratitude or Admiration	130	46	92	2.60
Frustration	53	31	62	1.06
Service to mother/grandmother	36	23	46	0.72
Actions for self	74	43	86	1.48

Note. Appraisals alone do not establish compassion; self-directed action or boundaries alone do not establish self-compassion. Interpretation also considered narrative evidence of concern and intent or action to alleviate suffering.

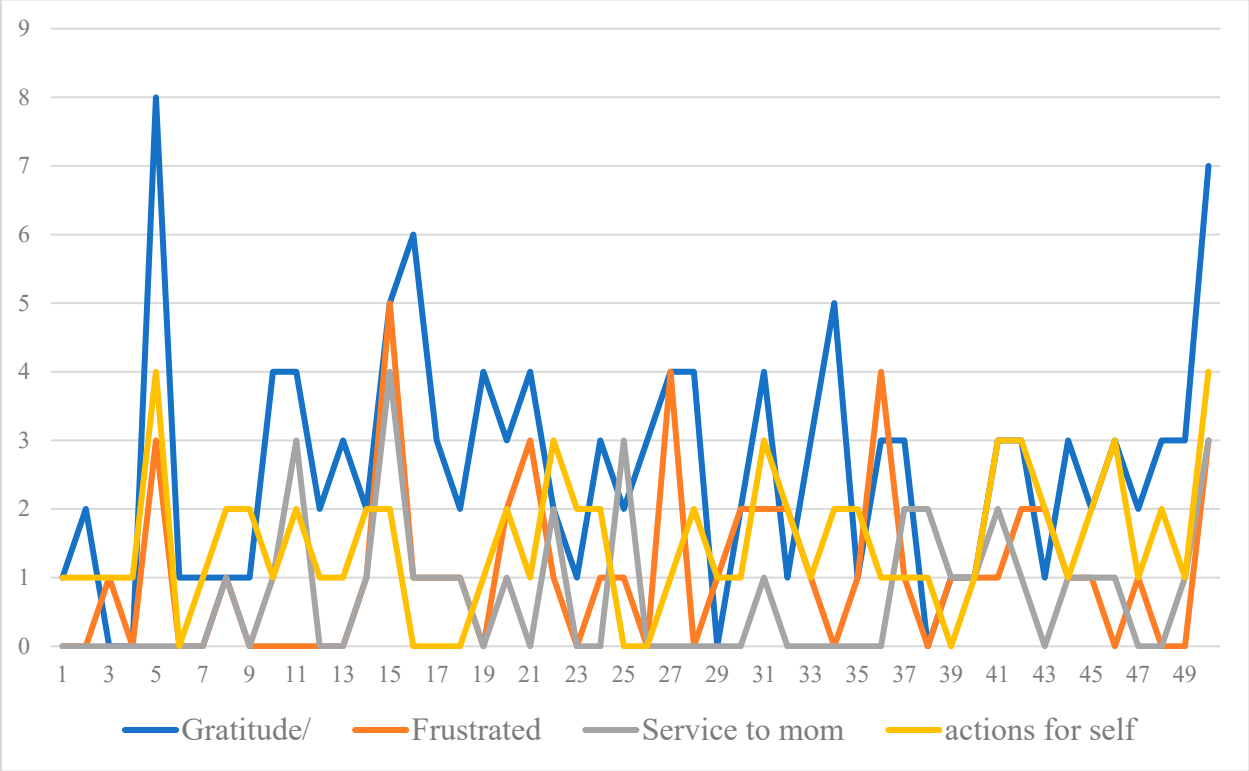


Figure 2. Counts of codes for each interview.

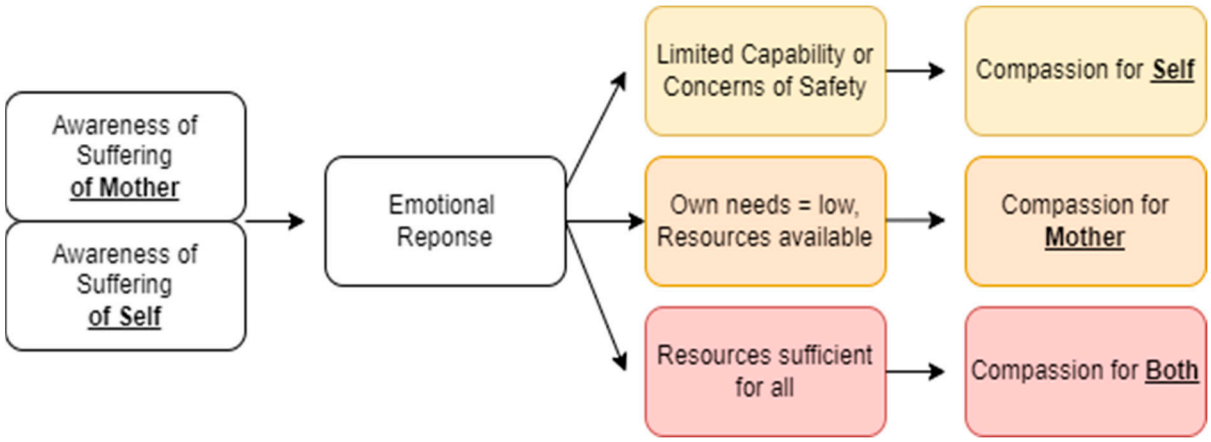


Figure 3. Adjusted theoretical model based on outcomes.

4.1. Theme 1: Compassion Directed Towards Self

Many participants described awareness of their mothers' suffering, but this awareness did not always lead to compassionate action toward the mother. Participants also described evaluating their own emotional and logistical capacity, safety, and relational limits. When perceived capacity was low or relational harm was high, participants described limiting involvement and directing action toward their own needs. The accounts reflected several different circumstances: the daughter felt unable to help sufficiently; the daughter's needs were judged to be greater than her mother's; the mother's suffering was in the past and did not require present action; or betrayal or disappointment led the daughter to set boundaries.

The first pathway to an emphasis of self-compassion consisted of where the daughter felt incapable of helping sufficiently. For example, Julia was a mid-40s United States citizen

who immigrated two decades ago; her mother still lived back in her home country of Mexico. She said,

> I keep telling my mom, I don't like you to be alone. You either come here or I have to go back there. But I don't want to go back there. It's not something that I have in my thoughts… I would like my mom to move. But I don't think she wants to. You cannot make them. She says, "I want to die in my house." Like mom. Why in your house? Choose somewhere else. But, oh well.

Julia's account conveys concern that her mother is alone, frustration about the distance between them, and recognition that she cannot decide for her mother. It illustrates how perceived limits on her ability to help shaped her response. The quoted excerpt does not, by itself, clearly show a compassionate response to Julia's own suffering, so we interpret it primarily as an account of concern, appraisal, and constrained capacity.

In the second pathway, the daughter's needs were judged to be greater than the mothers, so action was directed towards self. Madeline, a woman in her mid-60s living in rural United Kingdom gave one example of this: after years living hours away from home, she decided to move back in with her parents after her husband's infidelity led to divorce, financial struggles, and loneliness. While she later mentioned that her mother was struggling with dementia, her narrative (and her life at the time she lived with her parents) centered almost exclusively on addressing her own struggles rather than her mother's: on finding stability for herself and her kids, and reducing her own suffering, which, as mentioned, had been great prior to moving in with her parents.

> I realized I missed the support system, I think, which I didn't have down there… And as I said, I missed my mum and dad…And it was great for a while, while I was living with mum and dad, because I didn't have to pay high rent. And I shared the gas and the electric and what have you with mum and dad. And I did my own food shopping and we all mixed in. So just me, [youngest son] and the dog with mum and dad. And I could cope on that salary.

Madeline's account shows how she sought stability and support for herself after divorce and financial strain, while also acknowledging her mother's dementia. The quoted material more directly demonstrates practical coping and self-directed action than an explicitly compassionate stance toward herself. We therefore interpret it cautiously as an example of prioritizing her own needs during a period of substantial distress, rather than treating practical self-prioritization alone as proof of self-compassion.

Finally, some participants demonstrated self-compassion by forming strong boundaries with their mothers. This was usually following abuse or abandonment, which was sometimes quite extreme. Throughout her interview, Amber, a 40-something from the central United States described how her father sexually abused her and her sisters as adolescents.

> In some ways it would have been easier if my parents had just split and we could sort of wash our hands of my dad, but my mom was a hundred percent committed to him. So that brings its own challenges to see that your mom is totally committed there.

Amber's boundaries are described as self-protective responses to serious family harm. They may be consistent with caring for her own well-being, but the account is not treated as evidence of self-compassion solely because she set boundaries.

Amber and the other women seemed to mostly be using adaptive efforts to focus on what they could control, or manage what felt out of control. Additionally, it was obvious that across these accounts, participants did not lack awareness of the suffering of others,

past or present. Rather, they described narratives in which appraisals of safety or personal capacity limited the emergence of compassion toward others, resulting instead in actions that protected or buoyed themself.

4.2. Theme 2: Compassion Directed Towards Mother

Participants also engaged in ongoing appraisals of their mothers' experiences, often interpreting behavior in light of broader contextual factors, often due to information coming to light regarding mother's mental health, life circumstances, or intergenerational patterns. These appraisals shaped the extent to which participants experienced compassion toward their mothers. It is important to note, as mentioned in the previous paragraph, that some of the participants whose experiences fit within Theme 1 may also have understood the context of the suffering of their mothers, as described in Theme 2. However, there seems to be some line drawn, where the perceived or real capacities and risks of oneself must be protected. Those with lower risk or greater capacity or control over outcomes within the relationship were able to experience more flexibility in relation to their mothers, and experience and express more admiration and gratitude as described below. For example, Clara, 45, from a beautiful town in Wales, described being frustrated with her mother as an adolescent.

> When we were teenagers, she would never get up. We would get ourselves ready for school. We would have breakfast. We would make it ourselves and we would go off to school because she just physically couldn't get up. But at the time, now looking back, I know it was because she was depressed and she was keeping that secret [that her husband, my father, identified as a woman] and she didn't feel loved because her husband didn't want her... So at the time I was like, oh, she's... like the moodiest mother...Like that's ungrateful now looking back. Actually, mom was holding everything together and mom was holding herself together and she couldn't get out of bed because that's all she could do that day, you know?

Clara described how her understanding of her mother changed over time as she learned more about her family circumstances. The quoted account clearly illustrates a changed contextual appraisal and recognition of her mother's suffering. Because this excerpt does not include a specific desire or action to alleviate that suffering, we present it as contextual understanding rather than as stand-alone evidence of compassionate action.

Examples that fit within Theme 2 weren't without frustration, but stories typically ended in the appraisal of the mother's suffering being greater than their own, and their capacity and resources being great enough to help. Vivienne was a 40-something American living in Scotland. She remarked that her mother,

> lent my brother like half a million dollars, and he didn't ever pay her back, and then he moved in with her... and he didn't pay back, so she ended up selling her house... My finances have really turned around, we've been able to be more generous with her and now it's, she got to the point where she's built this beautiful home. But it was way more money than she had, and so she, we went through this whole thing, and so now we're paying the mortgage, so it's like three thousand dollars a month.

Even though her mother's mortgage was 4 times her own, Vivienne and her husband felt their resources were great enough, and the relationship was worth the cost. "If I want to have a relationship with her and my family, I cannot put parameters on it. This is what we're going to do."

Across these narratives, compassion toward mothers was described alongside participants' efforts to situate their mothers' behavior within broader contexts. Contextual understanding alone, however, does not establish compassion; the accounts in this pattern also included reported concern, a desire to help, or supportive action. Frustration could remain alongside such responses. As Malia, a 40-something Hawaii native, explained,

> [Getting my current job] was really helpful because then I could keep my profession, you know, keep feeling like I can contribute. You are doing something. Because caregiving, at least with my mom, had very little positive rewards to it. I mean, she was not saying, 'Thank you so much for doing this. I appreciate this.' She was not at all. It was like you had to just grit your teeth because she could be so ornery and so mean. And yet, you know, this is not her. And just to see, kind of a shell of what my mom was, being blind and Alzheimer's, you know, that was not her. She was the most outgoing and, kind and giving, and I mean she was always tough.

Overall, participants' narratives suggest that contextual understanding could accompany concern and supportive action toward mothers, even when frustration remained. Understanding did not erase past or present difficulty, and participants' own suffering did not have to be resolved before they could respond to a mother's needs. These accounts illustrate how empathy, perceived capacity, and relational boundaries could coexist.

4.3. Theme 3: Compassion Towards Self and Mother

In some participants' accounts, compassion or concern toward a mother co-occurred with attention to the participant's own needs. Nicole, nearly 50 and living in the central United States, described a strained relationship with her mother. Five years ago, she found a way to help her mother while maintaining boundaries and attending to her own well-being:

> I spent a year and a half going every week [to help her clean out her house]... we built a relationship... I can honestly say I don't resent her anymore. We're not really friends. I don't know that we ever really will be, but, but it really has been a sweet thing that I don't... Resentment really can wear you down. I still love that we were able to spend that time together and I was able to kind of change my own perspective, which is kind of what happens with... relationships with people is that they don't necessarily change. It's your perception of the situation that changes.

This relationship could have become distant because of past strain and resentment. Nicole's account includes a concrete act of support—helping her mother clean out her home over a year and a half—and an expressed intention to be kind while maintaining boundaries. These details provide clearer evidence of concern and action toward her mother alongside attention to her own needs:

> I really want to try to be kind. But there is a difference between being kind and being nice. So being kind, really, it does mean you have boundaries. Being nice means you don't. So, I'm trying to be more kind.

Nicole described kindness as compatible with boundaries. She also said she had friends her mother's age who provided some of the "mother" support she had not received from her own mother. This part of her account reflects attention to her own relational needs; it does not require inferring that her mother acted compassionately toward her. Nicole's reported assistance and stated intention to be kind provide the clearest evidence in this example of a compassionate response toward her mother. Imogen's account, discussed next, illustrates a different pattern: admiration and inspiration in response to her mother's recovery.

> So my parents were both alcoholics. And growing up, we were pretty adversely affected by that in lots and lots of different ways... Throughout my childhood I often saw my mother completely incapacitated. But I also saw her as a functioning alcoholic a lot of the time as well. She held down a job…she cared for my brother. Was it all perfect? Definitely not. Was it an absolute disastrous nightmare for the majority of the time? Yes, it was. But hey-ho if it wasn't for all of that I wouldn't be me. When my father died, my mother just stopped drinking. Cold turkey. Stopped. And she started to look after her…home. The money that had always gone [to] alcohol was now getting used for repairs, for decoration, for new furniture, for holidays with my disabled brother. A complete turnaround when... she walked away from the drink. So remembering that about her, how does that affect me with the transitions that I'm facing now? It makes me feel really positive, because if she could do that, surely I can do what I need to do.

Imogen described how her mother's sobriety changed her view of what might be possible in her own life. Her account clearly conveys admiration and hope drawn from her mother's transformation. In the quoted passage, however, admiration and inspiration do not by themselves demonstrate compassion toward her mother; nor do they establish that her mother's recovery was an act of compassion toward her children. We therefore treat this example as contextual appraisal and a model of change, rather than as stand-alone evidence of compassion toward mother, forgiveness, or relationship repair, although compassion may have also been present.

These accounts illustrate that compassionate responses occur within relationships marked by changing needs, constraints, and histories. Some participants described support for their mothers when they perceived sufficient capacity; others described prioritizing their own needs or setting limits. The patterns reflect participants' accounts of how they appraised need and capacity, rather than a ranking of which response is preferable.

5. Discussion

Participants' narratives suggest that compassion in these relationships was not described solely as an individual trait. Participants connected their responses to perceived need, relational history, available resources, family roles, boundaries, and changing circumstances. This is consistent with viewing compassion as relationally situated and context-sensitive. Because the study draws on daughters' retrospective narratives, it captures how participants understood these relationships; it cannot establish causal effects or represent mothers' perspectives.

Taken together, the themes suggest that participants' expressions of compassion and self-compassion were narrated in relation to perceived suffering, relational history, personal capacity, and current circumstances. In Theme 1, some participants described directing care toward themselves when prior harm, concerns about safety, or limited capacity constrained their involvement with a mother. In Theme 2, participants described understanding a mother's circumstances and offering support when they perceived that they had sufficient capacity, even when frustration remained. Theme 3 included accounts in which participants described both attention to their own needs and compassion or concern toward their mothers. These patterns are consistent with viewing compassion as a context-sensitive process rather than only a stable individual disposition. Because the study draws on daughters' retrospective narratives, however, it captures how participants understood these relationships; it cannot establish causal effects or represent the mothers' perspectives.

The ACEs literature provides a useful context for interpreting some of these accounts, while not serving as a direct measure of compassion in this analysis. Research links child-

hood adversity with adult health outcomes, and research focused on later-life parent–child relationships links reported maternal childhood abuse and neglect with adult children's perceived closeness to aging mothers and well-being (Felitti et al. 1998; Hughes et al. 2017; Kong and Martire 2019). Amber's narrative illustrates how a family relationship can remain shaped by childhood harm and concerns about safety. In such relationships, concern for a parent may coexist with anger, unmet needs, and boundaries; boundaries may be protective without necessarily demonstrating self-compassion. Imogen's account, by contrast, shows how her mother's later sobriety informed Imogen's admiration and hope for her own life. This is evidence of contextual appraisal and inspiration, but it does not by itself establish compassion toward her mother, forgiveness, parental accountability, or relationship repair. Compassion, forgiveness, and reconciliation are related but distinct, and an adult daughter may feel compassion without maintaining a close relationship.

One limitation is that compassion in family relationships is embedded in changing relational systems and cannot be isolated from other influences in this qualitative analysis. Participants' accounts may reflect overlapping factors, including prior relational harm, current caregiving demands, perceived safety, available resources, and changes in a parent's circumstances or behavior. We did not analyze the ACEs data collected in the broader MIDWAYS study and therefore cannot estimate their independent contribution to compassion or self-compassion. The findings should be understood as interpretive patterns in these narratives, not as fixed or exhaustive pathways. The four interviews in which the primary mother/grandmother prompt was not asked also involved less standardized elicitation, although all participants discussed mothers or grandmothers elsewhere in the interview.

The findings should also be considered in light of the sample. Participants were Latter-day Saint women aged 40–70 from six countries, with half of the sample residing in the United States. The study cannot establish whether these patterns apply to women from other religious, cultural, or age groups, nor can it determine how cultural context shaped individual accounts. Future research could examine these questions in larger and more diverse samples. Although the sample was multinational, it should not be taken as evidence that the patterns are universal or primarily relational rather than culturally shaped. The shared religious background of the participants, and potentially the researchers, should not be discounted either. Although the present study was not designed to examine compassion as a specifically religious construct, the potential influence of shared faith and values on the research process cannot be entirely discounted. Future research involving individuals from diverse religious and nonreligious backgrounds could offer further insight into how cultural and religious contexts shape understandings and expressions of compassion and self-compassion.

Some might argue that having space for both compassion and self-compassion would be the best outcome. However, based on these findings, it seems possible that within certain relationships, contexts, and situations, leaving out one or the other might not only be appropriate, but adaptive, and allow for the most positive impact of the resources available to an individual. Additionally, as mentioned previously, feelings of inadequacy or inadequate resources minimize acts of compassion (Seppälä et al. 2017) and it could be that increased self-compassion could become a resource to add to future compassionate action towards others. Notably, most compassion trainings begin with self-compassion, showing that emotion regulation and kindness to the self leaves more emotional availability for the suffering of others (Weng et al. 2017).

On the other hand, it is also possible that appraisals could be miscalculated (e.g., a daughter may perceive her mother's needs as minimal or believe herself incapable when needs are great and resources are more available than believed). More research could potentially include systematic interviewing to better understand perceived need in relation

to reality, as explained by Bowen's theory (Kerr 2019). If a woman's systemic stress is heightened enough to create the perception that either her own needs, her mother's needs, or both are too significant to make contribution to resolving them, it could be possible that the perception of what is needed was really what was overwhelming more than the needs themselves; reducing the expectations of what is really needed may allow for greater compassionate feelings and helping. In fact, this could be what some daughters are doing in their appraisals in Theme 1 when they lean more towards self-compassionate action: they may understand that mother's main needs are met, and phone calls (that were rarely mentioned, and thus rarely coded as compassion to mother) become their way of compassionate helping via emotional support when mother's physical needs are met. Additional questions towards daughters and mothers may lend clarifications to add more nuance and understanding to these findings in future research.

Additionally, it seems that compassion could be fluid, as situations, contexts, and even internal narratives change. Where compassion may be lacking one year, or even one day, it may be present the next as additional context or resources become available. Multiple interviews over the course of different transitions or phases of suffering may provide more information as to how these processes shift, what resources are held most tightly, and how these ideas change across differing struggles, even within the same relationships. Future analysis may also compare how self-compassion and compassion ratings in one's narrative relate to self-reports of each of the constructs by the MIDWAYS participants via the survey portion of the larger study. Further analysis of the interviews at large to examine other constructs and theoretical pathways is also absolutely warranted.

It may also be argued that cleanly extracting compassion from a web of interrelated and contextually relevant constructs is impossible. We agree that, like potentially all other constructs important enough to study in human and family contexts, compassion is not always clearly distinct and fully able to be separated from all related constructs. However, we do hope that despite the lack of distinct separation that the considerations discussed in this paper can be helpful when considering compassion both in academic, therapeutic, and personal matters. Perhaps most impactfully, this research gives additional clues for when desires for compassionate feelings and actions in intergenerational relationships are not congruent. When one does not feel as kind or as helpful as she wishes to be or as she thinks others wish her to be, it may be helpful to evaluate some of the themes in self-reflection. For example, women could ask themselves: Do I have more capacity to help? Is it more impactful for me to focus on self-compassion? What resources am I lacking that I could access that could help remove barriers to compassion and self-compassion? Would remembering stories of loved ones help me find more understanding? Explicitly understanding the contexts surrounding family narratives may allow individuals to be more conscious of the appraisals or judgements, obstacles (both psychological and environmental), and so forth, and how they influence compassionate action for self and others.

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