"Self-compassion interventions: Qualitative and quantitative impact"

Day:	Time:	Track:
Friday 13th July 2018	10:45 – 12:00	Clinical Applications

For more than a decade the benefits of self-compassion, that is the recognition of one's suffering and the desire to alleviate it and to treat oneself kindly when experiencing difficulties, have been widely studied. Previous research, mostly cross-sectional, has shown that self-compassion is associated with lower levels of psychological symptoms and improved well-being. Accordingly, self-compassion based interventions have been developed and investigated: so far, several RCTs have showed that these interventions significantly reduce psychological symptoms. The aim of this symposium is to first have a critical look at the assessment of self-compassion and its role in psychological functioning, by making the distinction between the presence of self-compassion and its absence in terms of self-coldness. The second aim of this symposium is to present quantitative and qualitative results on the benefits of compassion-focused interventions. In addition, a participant's perspectives on the benefits of compassion-focused interventions will be shared.

Symposium overview

Presenter 1 **Maya Schroevers** - A Critical Examination of the Relationship between Self-compassion and Depressive Symptoms

Presenter 2 **Terri Messman-Moore** - The Role of Fear of Self-Compassion and Mindfulness Facets in Psychological Outcomes Related to Child Maltreatment in University Women

Presenter 3 **Marion Spijkerman** - Compassion-focused therapy as guided self-help for enhancing public mental health: A randomised controlled trial

Presenter 4 **Rhoda Schuling** - Branches of compassion: affective processes in participants' experiences with Mindfulness-Based Compassionate Living

Chair: *Maya Schroevers*

A Critical Examination of the Relationship between Self-compassion and Depressive Symptoms

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Background and objectives. Self-compassion has proved to be beneficial for individuals' wellbeing, particularly it has been associated to lower levels of depressive symptoms. The purpose of this study was to further explore the association between self-compassion, as measured by the Self-Compassion Scale (SCS), and depressive symptoms in a community sample. We explored the association of depressive symptoms with the SCS's total score, the SCS's six subscales, and the SCS's positive and negative items (referred to as self-compassion and self-coldness, respectively). In addition, we explored the predictive ability of the self-compassion, self-coldness, and the SCS's six subscales on depressive symptoms, both cross-sectionally and over one-year period of time. Finally, we tested the moderating role of self-compassion on the association between self-coldness with depressive symptoms.

Methods. The data was collected in a large representative sample of community adults (N = 734). The 24-item Dutch version of the Self-Compassion Scale was used to measure self-compassion. The SCS contains 12 positively formulated items that measure three subscales: self-kindness, common humanity, and a mindful approach to suffering, and 12 negatively formulated items that measure three subscales: self-judgment, isolation, and over-identification. Depressive symptoms were assessed with the Center of Epidemiologic Studies Depression Scale.

Results. Results showed that the SCS's negative items and subscales were more strongly related to depressive symptoms than the SCS's positive items and subscales. Accordingly, self-coldness was a stronger predictor of depressive symptoms, cross-sectionally and over one-year time, compared to self-compassion. Particularly, the feeling of being isolated showed to be the strongly associated to depressive symptoms. We did not find substantial evidence for a moderating role of self-compassion on the association between self-coldness and depressive symptoms.

Discussion and conclusion. The strong relationship between self-compassion and depressive symptoms suggested in previous studies could be mainly accounted by the SCS's negative items that measure a hard and cold response to the self. Future research needs to determine the added value of assessing self-coldness, whether it is or not an essential part of self-compassion, and how both self-compassion and self-coldness can be intervened upon by compassion-focused interventions.

The Role of Fear of Self-Compassion and Mindfulness Facets in Psychological Outcomes Related to Child Maltreatment in University Women

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Background and Objectives: There is emerging evidence child maltreatment is associated with low levels of self-compassion (SC), which predicts psychological distress, substance use, and suicidality. However, additional research suggests fear of self-compassion (FSC) may show even stronger associations with distress such as PTSD, compared to SC and mindfulness. Unfortunately, earlier studies either failed to assess FSC or to examine a range of child maltreatment (or types of maltreatment separately), focusing mostly on sexual and physical abuse. Therefore, the main objective of the current study was to examine the individual role of five child maltreatment types in SC and FSC, and secondly, to determine which mindfulness variables showed the strongest association with psychological distress.

Method: Data were collected from 351 women attending a public university in the Midwestern U.S. Using anonymous surveys, history and severity of childhood maltreatment was assessed with the CTQ, mindfulness facets were assessed with the FFMQ, SC and FSC were assessed with the SCS and the FCS respectively, and distress was assessed with the DASS-21.

Results: Rates of child maltreatment ranged from 10.2% to 29.7%. Child emotional abuse (CEA), and emotional and physical neglect (CEN, CPN) showed the strongest correlations (r's -.25 to -.13) with describing experience, acting with awareness, and nonjudgment; maltreatment was not correlated with observing experience or nonreactivity. Facets of SC showed a similar, inconsistent pattern with child maltreatment, although the most frequent correlations occurred for neglect and CEA. Although all forms of child maltreatment were correlated with FSC (r's .19-.34), in a regression model only CSA history, CEA severity, and CPN severity predicted FSC (Adjusted R^2 = .22). FSC, nonreactivity, and acting with awareness predicted depression, anxiety, and stress; in addition, nonjudgment predicted anxiety and stress, and isolation predicted depression and stress (Adjusted R^2 = .36-.45).

Discussion and Conclusion: Findings suggest a pervasive negative impact of child maltreatment on mindfulness, SC, and FSC in college women. Importantly, FSC predicted all forms of psychological distress after considering child maltreatment and other mindfulness constructs. Future research should continue to focus on the role of FSC in predicting distress among adults with histories of child maltreatment.

Compassion-focused therapy as guided self-help for enhancing public mental health: A randomised controlled trial

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Background and objectives. Although previous studies show promising results for compassion-focused therapy (CFT), larger-scale trials including long-term follow-up data are needed to establish its effectiveness in improving well-being and psychological distress. In the present study, the effectiveness of CFT as guided self-help in the context of public mental health was evaluated in a two-arm parallel randomised controlled trial (Netherlands Trial register NTR5413).

Methods. Adults with a low to moderate level of well-being were recruited in the general Dutch population and randomised to CFT (n = 121) or a waitlist control group (n = 122). Participants completed measures of well-being and psychological distress at baseline, post-intervention (three months) and three- and nine-month follow-up. The primary outcome was well-being, assessed with the Mental Health Continuum - Short Form (MHC-SF). Secondary outcomes were depressive and anxiety symptoms, stress, self-compassion, self-criticism, self-reassurance, positive and negative affect, and gratitude.

Results. Compared to the waitlist control group, the CFT group showed superior improvement on well-being at post-intervention (Cohen's d = .53, 95% CI: .27 – .79, p < .001) and three-month follow-up (d = .39, 95% CI: .13 – .65, p < .001). No significant moderators were found. Furthermore, the intervention group showed significantly greater improvements on all secondary outcome measures up to three-month follow-up. At nine-month follow-up, improvements on all measures were either retained or amplified among CFT participants.

Discussion and conclusions. CFT as guided self-help proved successful in enhancing well-being and reducing psychological distress in an adult community sample, hence shows promise as a public mental health strategy.

Branches of compassion: affective processes in participants' experiences with Mindfulness-Based Compassionate Living

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Background: In a large, randomised trial (N=122) comparing Mindfulness Based Compassionate Living to treatment-as-usual, MBCL was found to reduce depressive symptoms in an adult population suffering from recurrent depressive symptoms. As MBCL was offered as a follow-up to MBCT, the study provided an excellent opportunity to explore the possible differences in experiences with and working mechanisms of these two interventions with a subset of participants. This was the aim of the current, qualitative study.

Methods: Within one month of completing MBCL, a subsample of the RCT participants (n=22) partook in qualitative, in-depth, one-on-one interviews. Variety within the subsample was sought based on gender, age, current and previous depressive symptoms and (non)completion of the intervention. The interviews were transcribed at verbatim and analysed using the repetitive comparative method, whereby quotations in the interviews related to differences in experience to MBCT as well as experienced effects were coded by two independent researchers. Codes were then grouped in themes, and as long as the interviewees continued to supply new information the interviews continued. After 22 interviews, the researchers felt saturation of information was reached.

Results: this study is still being analysed. We will be able to present results by the time of the conference.