The role of self-compassion in mental health indicators in working age and older adults : Clinical study of NHS Talking Therapies service users

Alexandra Schmidt[1], Darya Gaysina[1], Clara Strauss[1,2] and Nick Grey[1,2]
[1]School of Psychology, University of Sussex, [2]Sussex Partnership NHS Foundation Trust

US UNIVERSITY OF SUSSEX   PR✴PEL   MentalHealth ResearchUK

Introduction

- Compassion (for self) is conceptualised as a cognitive, affective and behavioural process in response to suffering[1]
- Self-compassion previously linked to mental health outcomes in older adults and as moderator in relationship between physical and mental health indicators[2]
- Some evidence of association between self-compassion and mental health in a clinical population[3,4], but research into this association in older adults is scarce

Research aims

- Identify differences in levels of self-compassion between age groups in a clinical population
- Investigate associations between self-compassion and mental health indicators, and whether these differ between age groups

Methods

Participants

Patients on waiting list to receive psychological treatment were recruited from 21 NHS Talking Therapy Services across England as part of an ongoing study: **PR**edictors **O**f **P**sychological tr**E**atment outcomes for common menta**L** health problems in NHS Talking Therapies Services (**PROPEL**), see full protocol here:

Total N = 1,218, *M*age = 43.0 (SD = 16.9)

Working age adults N = 1,067, *M*age = 38.8 (SD = 13.6)
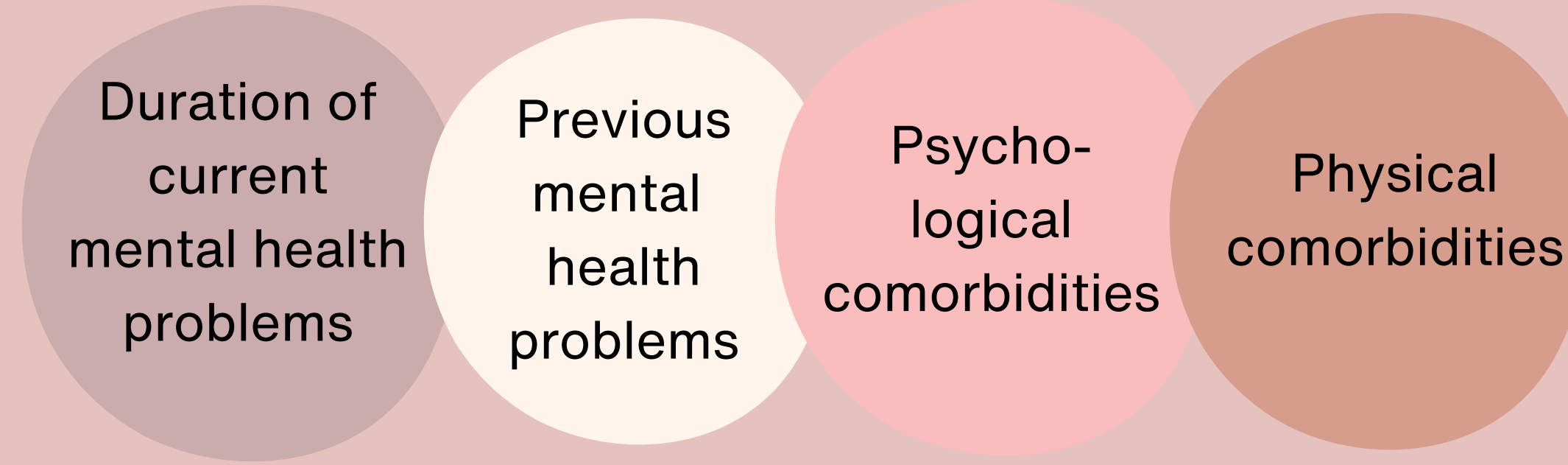
Older adults N = 151, *M*age = 72.0 (SD = 6.0)

Measures

Sussex-Oxford Compassion for the Self Scale (SOCS-S)[5], a 20-item measures comprised of 5 sub-scales. A sum score was created with values ranging from 20 - 100.

Recognising suffering — e.g. "I notice when I'm feeling distressed."

Understanding the universality of suffering — e.g. "I understand that feeling upset at times is part of human nature."

Feeling for the person suffering — e.g. "When bad things happen to me, I feel caring towards myself."

Tolerating uncomfortable feelings — e.g. "When I'm upset, I can let the emotions be there without feeling overwhelmed."

Acting or being motivated to act to alleviate suffering — e.g. "When I'm upset, I do my best to take care of myself."

Mental health indicators
Self-reported by participants in the baseline questionnaire

- Duration of current mental health problems
- Previous mental health problems
- Psycho-logical comorbidities
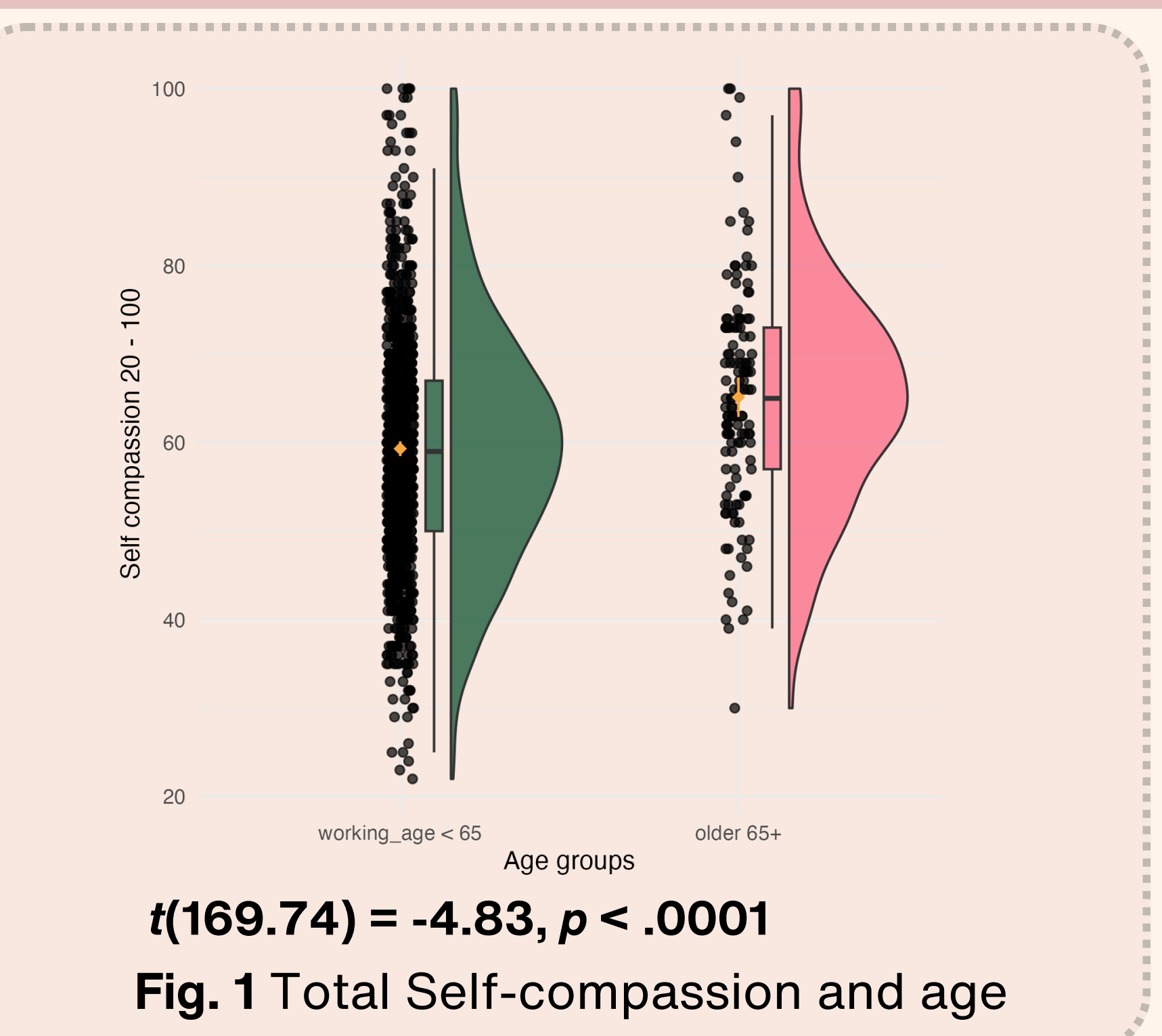- Physical comorbidities

Analytical approach

- Independent t-tests for age and group differences
- Logistic regression analyses for associations between self-compassion and mental health indicators and moderation effects of age
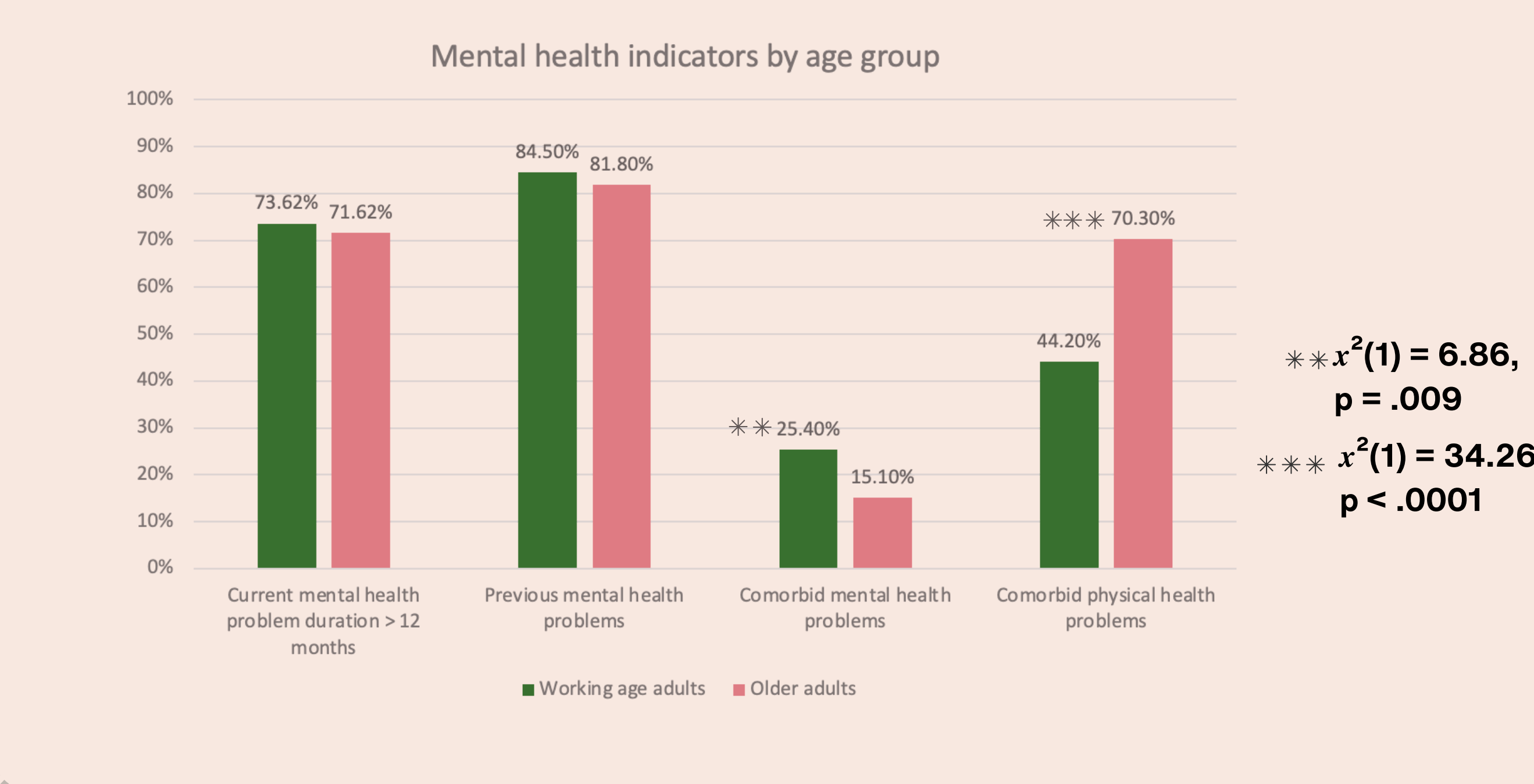
Results

Self-compassion and age

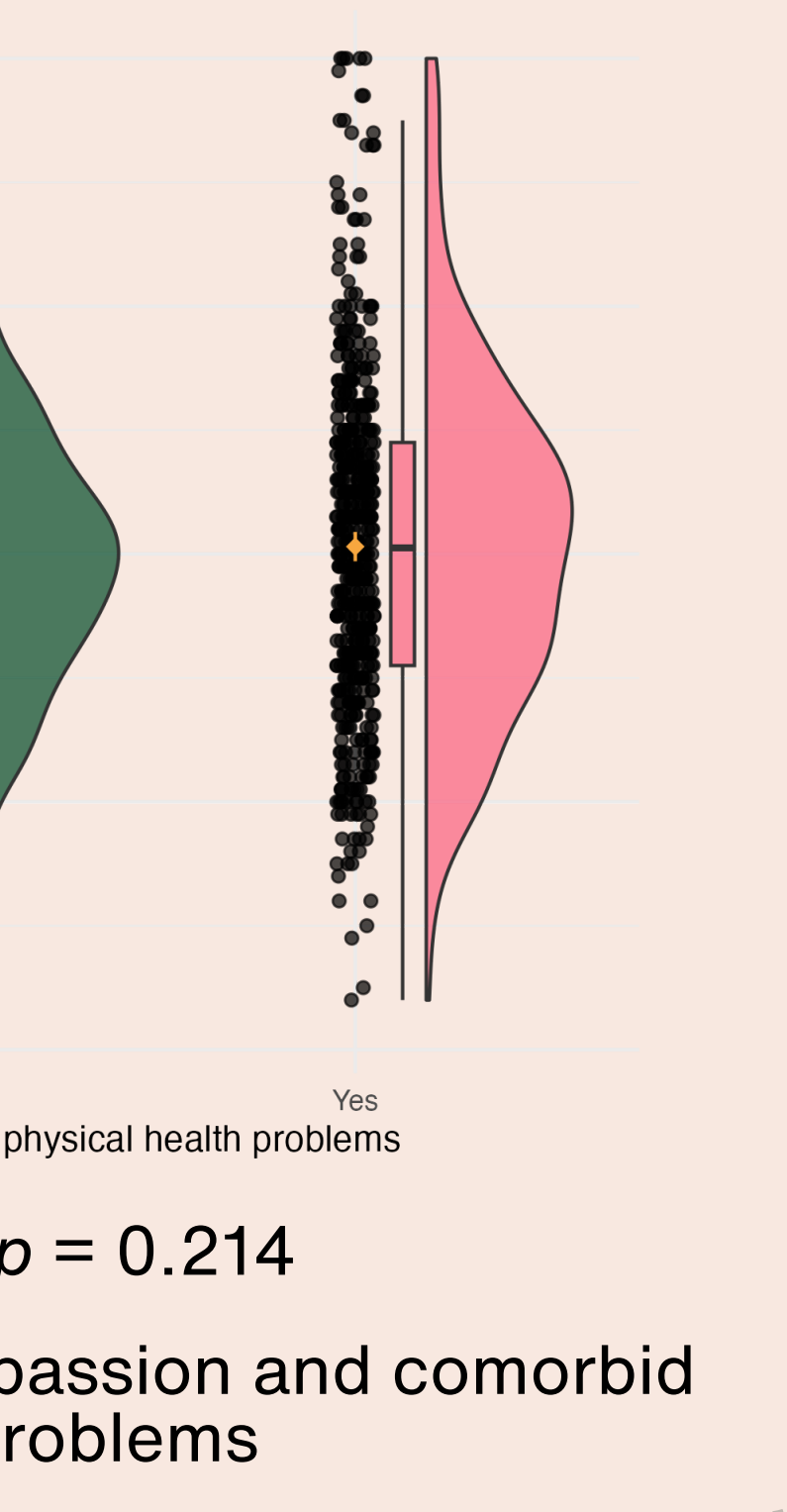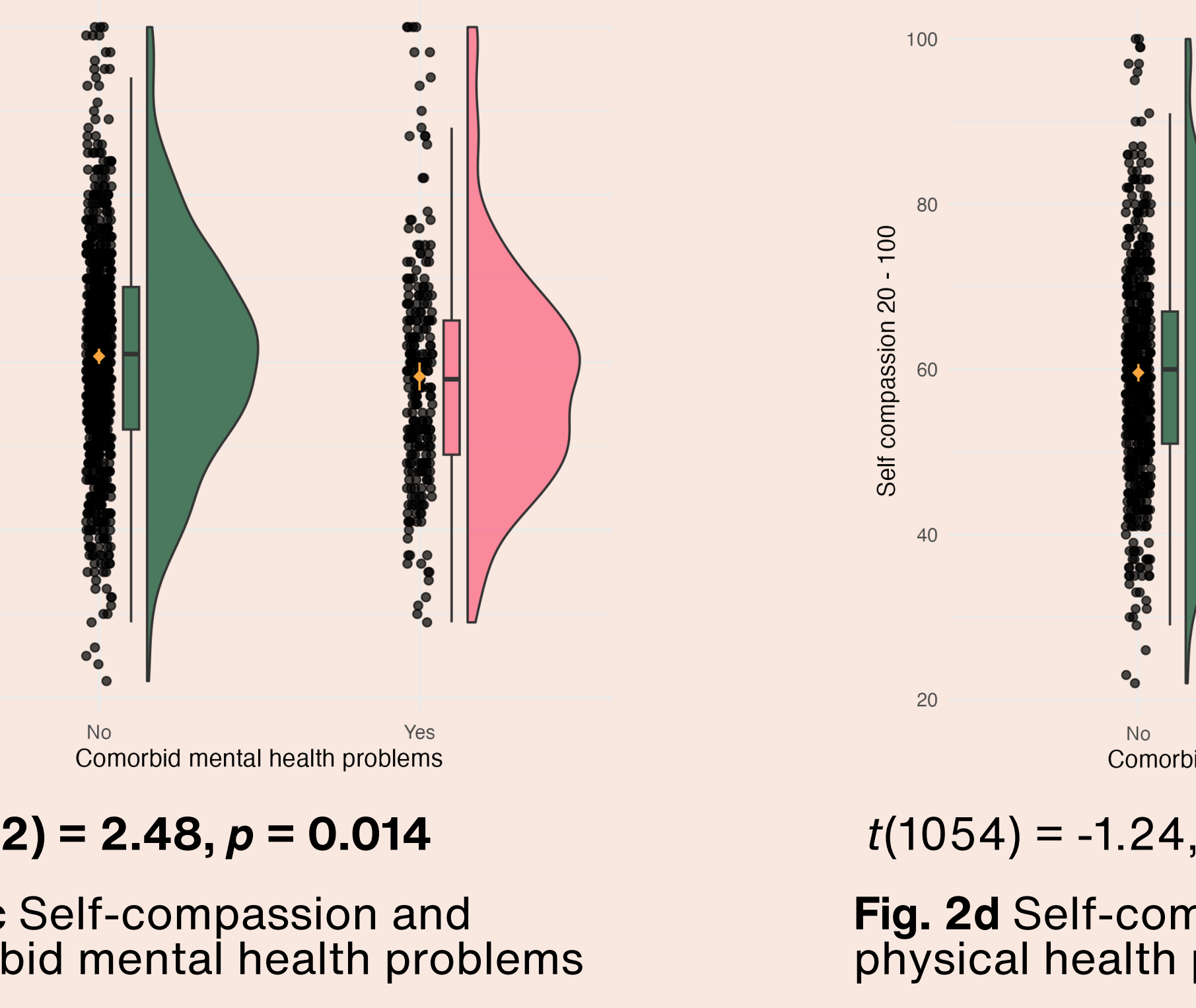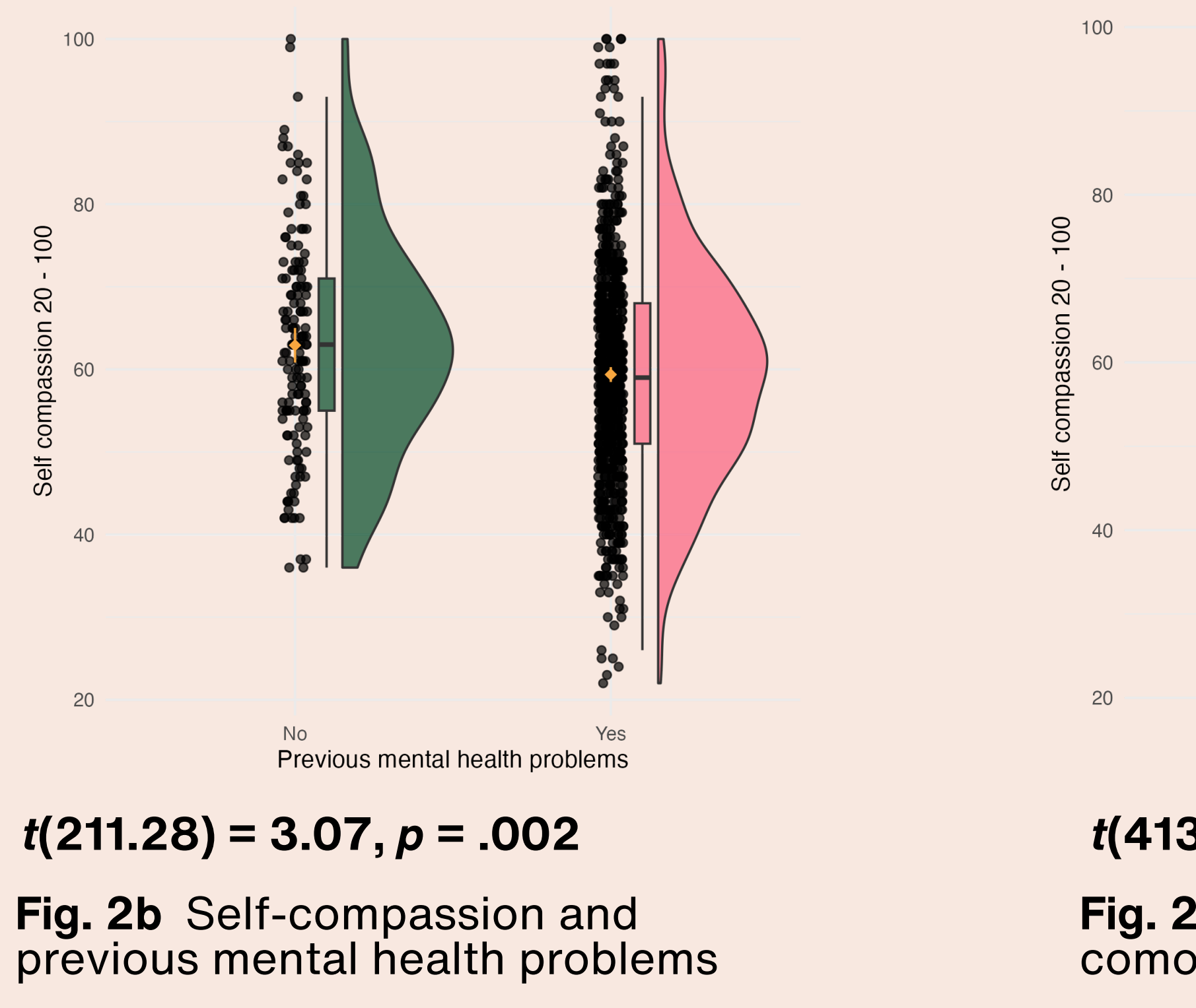Older adults had significantly higher scores than working age adults in four of five sub-scales:
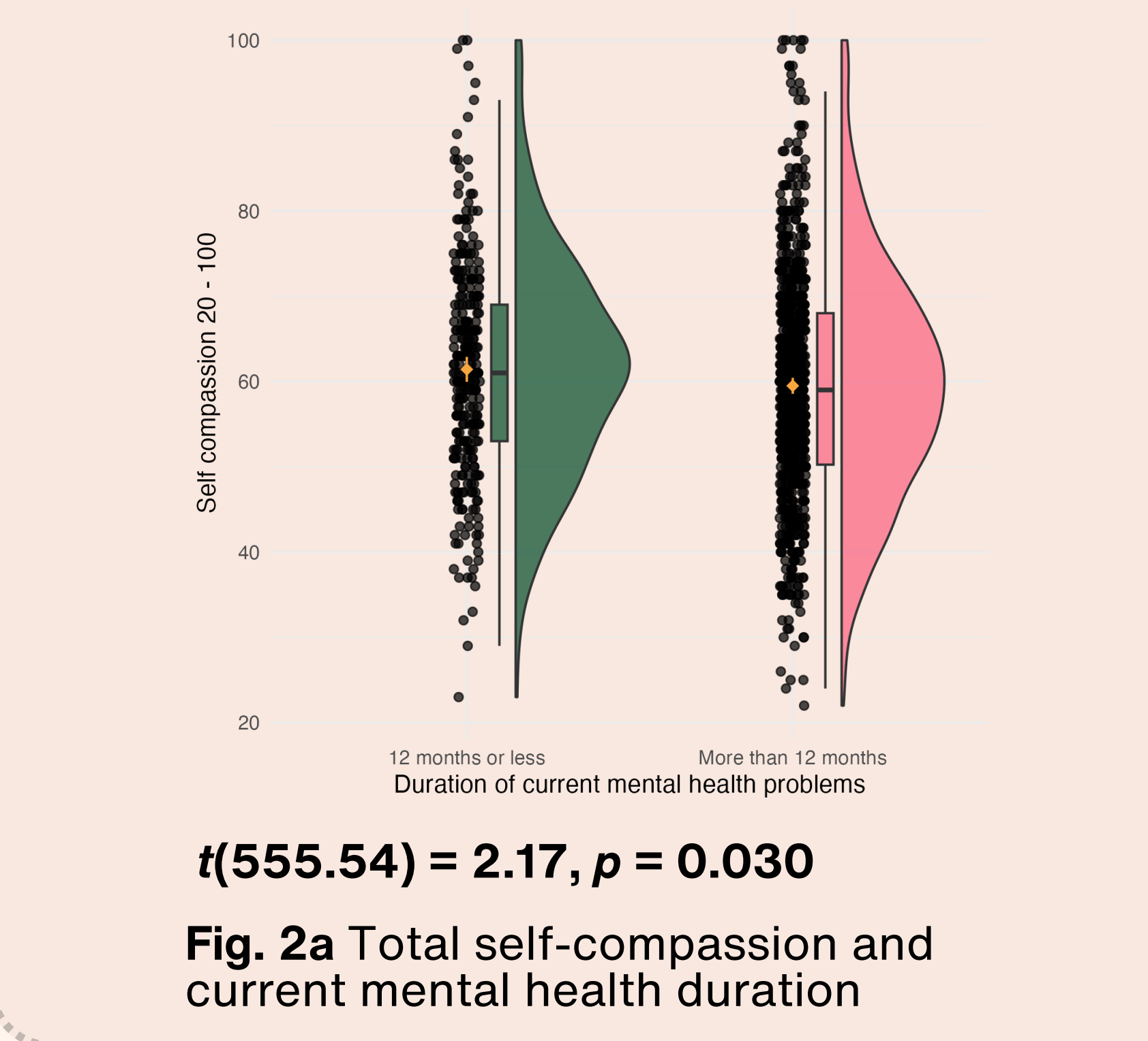
Recognising suffering: $t(176.11) = -3.12$, $p = .002$

Understanding the universality of suffering: $t(171.89) = -0.60$, $p = .553$

Feeling for the person suffering: $t(163.58) = -3.59$, $p < .0001$

Tolerating uncomfortable feelings: $t(161.07) = -5.14$, $p < .0001$

Acting or being motivated to act to alleviate suffering: $t(166.0) = -5.14$, $p < .0001$

$t(169.74) = -4.83$, $p < .0001$
Fig. 1 Total Self-compassion and age

Mental health indicators and age

Mental health indicators by age group

- Working age adults
- Older adults

$**$ $x^2(1) = 6.86$, p = .009

$***$ $x^2(1) = 34.26$, p < .0001

Self-compassion and mental health indicators

$t(555.54) = 2.17$, $p = 0.030$
Fig. 2a Total self-compassion and current mental health duration

$t(211.28) = 3.07$, $p = .002$
Fig. 2b Self-compassion and previous mental health problems

$t(413.2) = 2.48$, $p = 0.014$
Fig. 2c Self-compassion and comorbid mental health problems

$t(1054) = -1.24$, $p = 0.214$
Fig. 2d Self-compassion and comorbid physical health problems

Self-compassion and age in mental health indicators

	Current mental health problem duration	Previous mental health problems	Comorbid mental health problems	Comorbid physical health problems
Self-compassion	OR = 0.99, 95% CI [0.98, 0.99], p = .04	OR = 0.98, 95% CI [0.97, 0.99], p = .004	OR = 0.99, 95% CI [0.98, 0.99], p = .03	OR = 1.00, 95% CI [0.99, 1.01], p = .62
Age	OR = 1.00, 95% CI [0.67, 1.52], p = .99	OR = 0.89, 95% CI [0.55, 1.50], p = .65	OR = 0.55, 95% CI [0.32, 0.90], p = .02	OR = 2.84, 95% CI [1.92, 4.26], p < .001
Self-compassion * age	NS†	NS†	NS†	NS†

†Interactions between self-compassion and age were not statistically significant, results reported mutually adjusted for self-compassion and age.

Discussion & conclusion

- Self-compassion was significantly higher in older adults than in working age adults in a clinical population
- Self-compassion associated with longer mental health problem duration, recurrence and psychological comorbidities in cross-sectional analyses, regardless of age
- However, these relationships may be bi-directional; future research should explore these longitudinally
- The findings could have important implications for clinical practice and may indicate that increasing self-compassion could be an important point of focus during treatment, especially for patients with more persistent/severe problems.

Next steps

Explore link of self-compassion and symptom severity for common mental health problems and as predictor of psychological treatment outcomes

References

1. Strauss, C., Taylor, B. L., Gu, J., Kuyken, W., Baer, R., Jones, F., & Cavanagh, K. (2016). What is compassion and how can we measure it? A review of definitions and measures. Clinical psychology review, 47, 15-27

2. Tavares LR, Vagos P, Xavier A. The role of self-compassion in the psychological (mal)adjustment of older adults: a scoping review. International Psychogeriatrics. 2020:1-14.

3. Athanasakou, D., Karakasidou, E., Pezirkianidis, C., Lakioti, A. and Stalikas, A. (2020) Self-Compassion in Clinical Samples: A Systematic Literature Review. Psychology, 11, 217-244. doi: 10.4236/psych.2020.112015.

4. Galili-Weinstock, L, Chen, R, Atzil-Slonim, D, Bar-Kalifa, E, Peri, T, Rafaeli, E. The association between self-compassion and treatment outcomes: Session-level and treatment-level effects. J Clin Psychol. 2018; 74: 849–866.

5. Gu, J., Baer, R., Cavanagh, K., Kuyken, W., & Strauss, C. (2020). Development and Psychometric Properties of the Sussex-Oxford Compassion Scales (SOCS). Assessment, 27(1), 3–20. https://doi.org/10.1177/1073191119860911