RESEARCH ARTICLE

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Received: 11.11.2022
Acceptance: 01.02.2023
DOI: 10.18521/ktd.1202613

Konuralp Medical Journal
e-ISSN1309–3878
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Self-Compassion in Depression and Anxiety Disorders

ABSTRACT

Objective: The purpose of this study was to determine the levels of self-compassion, psychological well-being, and self-esteem in patients suffering from depression and anxiety disorders, as well as the relationship between them.

Method: The study included 100 patients with depressive disorders and 100 patients with anxiety disorders who applied to Afyonkarahisar Health Sciences University Psychiatry Outpatient Clinic and agreed voluntarily to participate in the study, and also 100 healthy controls. Sociodemographic data form, Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), Psychological Well-Being Scale (PWBS), Self-Compassion Scale (SCS) and Rosenberg Self-Esteem Scale (RSES) were applied to the participants.

Results: According to the findings of the scales applied to the groups; there was a statistically significant difference between the groups in terms of well-being, self-esteem, and self-understanding (p<0.001). The distribution of median values (m(Q1-Q3)) of self-understanding levels by groups is as follows; depression group (60(48-72)), anxiety disorders group (71(58-84)) and healthy control group (93(88-97)). In the Pearson correlation analysis, it was determined that self-compassion showed the strongest correlation with self-esteem in the depression group (r=0.594, p<0.001).

Conclusion: As a result of the strong correlations between psychological well-being and self-esteem, it has been determined that it is critical to prioritize self-compassion in depression and anxiety disorders accompanied by depressive symptoms.

Keywords: Anxiety Disorders, Depression, Self-Esteem, Self-Compassion.

Depresyon ve Anksiyete Bozukluklarında Öz-Anlayış

ÖZET

Amaç: Bu çalışma depresyon ve anksiyete bozuklukları hastalarında öz anlayış, psikolojik iyi oluş ve benlik saygısı düzeylerini tespit etmek ve aralarındaki ilişkiyi belirlemek amacıyla yapılmıştır.

Gereç ve Yöntem: Afyonkarahisar Sağlık Bilimleri Üniversitesi Psikiyatri polikliniğine ayaktan başvuran ve çalışmaya gönüllü olarak katılmayı kabul eden 100 depresyon, 100 anksiyete bozukluğu hastası ile 100 sağlıklı kontrol çalışmaya dahil edilmiştir. Katılımcılara; sosyodemografik veri formu, Beck Anksiyete Ölçeği (BAÖ), Beck Depresyon Ölçeği (BDÖ), Psikolojik İyi Oluş Ölçeği (PİOÖ), Öz Anlayış Ölçeği (ÖZAN) ve Rosenberg Benlik Saygısı Ölçeği (RBSÖ) uygulanmıştır.

Bulgular: Tüm gruplara uygulanan ölçeklerin analiz sonucuna göre; iyi oluş, benlik saygısı ve öz anlayış düzeylerinin gruplar arasında istatistiksel olarak anlamlı farklılığa sahip olduğu belirlendi (p<0.001). Öz anlayış düzeylerinin median değerlerinin (m(Q1-Q3)) gruplara göre dağılımı şu şekildedir; depresyon grubu (60(48-72)), anksiyete bozuklukları grubu (71(58-84)) ve sağlıklı kontrol grubu (93(88-97)). Pearson korelasyon analizinde öz anlayışın en güçlü korelasyonu depresyon grubundaki benlik saygısı ile gösterdiği tespit edildi (r=0.594, p<0.001).

Sonuç: Psikolojik iyi oluş ve benlik saygısı ile gösterdiği güçlü korelasyonlar sonucunda, depresyon ve depresif belirtilerin eşlik ettiği anksiyete bozukluklarında öz anlayışa öncelik verilmesinin önemli olduğu belirlenmiştir.

Anahtar Kelimeler: Anksiyete Bozuklukları, Depresyon, Öz Saygı, Öz Anlayış.

INTRODUCTION

Self-compassion is being kind and understanding towards oneself in difficult experiences. It is an emotional regulation strategy that makes the individual conscious of pain and realizes suffering as a universal human experience rather than seeing it as the individual's own. Self-compassion, which requires an individual to evaluate their emotions and thoughts without judgment, is made up of three major components: self-kindness, common humanity, and mindfulness (1). Self-compassionate people recognize that difficulties and mistakes are universal. As a result, the individual's mistakes and difficulties would not be viewed as personal failures, but rather as evidence of their own humanity (2).

It is known that coldness towards oneself, which is characterized by the intense negative components of self-compassion, has a strong relationship with psychopathology, especially with anxiety and depression, and with the various effects to quality of life (3,4). It has been observed that patients who are followed up with a diagnosis of major depression show a lower level of self-compassion even when they are in remission, compared to individuals who have never had depression (5). Furthermore, a study discovered that while depression predicted lack of self-compassion, depressive symptoms did not predict lack of self-compassion, and it was suggested that lack of self-compassion did not occur as a result of depression (6). Self-compassion is thought to protect individuals from depression and anxiety (7–9). As a result of a study with a small sample of 10 people with any of the diagnoses of anxiety disorder and depression, it was seen that all of the participants stated that they found self-compassion meaningful but had difficulty in realizing it (10). It has been revealed that treatments that aid in the development of self-compassion contribute to the reduction of depression symptoms (2).

Self-esteem, on the other hand, encompasses both positive and negative attitudes toward one's own. It is composed of the concepts of self-love and self-efficacy (11). Self-love arises when people evaluate themselves as good or bad. The concept of self-efficacy is the individual's feeling of seeing oneself as effective and in control. In other words, self-esteem stems from how people perceive themselves and how they perceive their abilities (12). Self-compassion is a source of positive self-respect, just like self-esteem. When people behave with understanding towards and perceive themselves as part of a whole, they feel more valuable, accepted and safe. There are also places where self-respect and self-compassion diverge. For example, individuals with high self-compassion have a lower rate of comparing themselves with other individuals than individuals with high self-esteem. That is, self-esteem is more concerned with comparing oneself with others, rather than being in a relationship with others (13,14). It has been suggested that self-esteem can predict self-compassion, although there are situations where they resemble and differ from each other. But the opposite is not true (15). There is a reciprocal relationship between self-esteem and depression and anxiety; low self-esteem can cause depression and anxiety, or it can be seen as a result of depression and anxiety (16).

Psychological well-being is defined as self-actualization and living a meaningful life in the face of existential difficulties such as establishing quality relationships (17). Evaluating the sub-dimensions of self-acceptance, environmental dominance, autonomy, positive relationships with others, life purpose and personal development together give information about the individual's psychological well-being (18). It is known that self-compassion correlates positively with well-being (19).

Individuals with high self-compassion are expected to have higher self-esteem, less exposure to stressful life events, high levels of psychological well-being, and low levels of depression and anxiety, according to the above theoretical information and related research. Although research on self-compassion has intensified in international literature in recent years, it has been noted that most of these studies have been conducted on non-clinical samples, and there are limited studies on this subject in our country. In the current study, our hypothesis is that there is a difference in terms of self-compassion in patients with depression and anxiety disorder, that there is lower self-compassion in the depression clinic than in the anxiety disorder. This has the same effect on self-esteem and psychological well-being levels at the same rate.

MATERIAL AND METHODS

The Ethics Committee Approval was obtained from the Afyonkarahisar Health Sciences University, Clinical Research Ethics Committee in 11/06/2020 with the number 2021/115. Written informed consent was prepared according to the principles of the Declaration of Helsinki before the study and obtained from all the participants included in the study. A total of 216 patients, aged between 18-65, who were admitted to the Afyonkarahisar Health Sciences University Faculty of Medicine, Department of Psychiatry Outpatient Clinic, consecutively between 01.03.2021 and 01.09.2022, who were diagnosed with major depression or anxiety disorder according to the DSM-5 criteria and receiving outpatient treatment were included in the study. However, according to the exclusion criteria, 13 people were excluded from the study due to systemic disease and 3 people due to other psychiatric comorbidities, and the study was completed with the remaining 200

patients and 100 healthy controls who voluntarily agreed to participate in the study.

The study inclusion criteria were: being between 18 and 65 years of age and having a diagnosis of major depression or anxiety disorder and giving consent to participate in the study. ***Exclusion criteria were:*** having any of the chronic systemic diseases, comorbid psychiatric disorders, or severe neurological impairments, and also being pregnant at the time of the study.

SCID-5 (Structured Clinical Interview According to the DSM-5), a clinical interview structured according to the DSM-5 (Diagnostic and Statistical Manual for Psychiatric Disorders), which was published by the American Psychiatric Association in 2013, has been implemented. In addition; the sociodemographic data form, Beck Anxiety Inventory, Beck Depression Scale, Psychological Well-Being Scale, Self-Compassion Scale and Rosenberg Self-Esteem Scale were applied.

Instruments of Assessment

1. Sociodemographic data form: This form consists of questions including sociodemographic information such as age, gender, educational level, and job status.

2. Beck Anxiety Inventory: It is a self-report scale developed by Beck et al. (20) in 1988. The total score of the scale, which consists of 21 items, is used to determine the level of anxiety. The Turkish validity and reliability were evaluated by Ulusoy et al. (21).

3. Beck Depression Scale: This scale, which has a total score ranges from 0 to 63, is a self-assessment scale consisting of 21 items in 4-point Likert structure. The Turkish validity and reliability of this scale, which was developed by Beck et al. (22) in 1961, was performed by Hisli in 1989 (23).

4. Psychological Well-Being Scale: Consisting of eight items, the Psychological Well-Being Scale defines important elements of human function, from positive relationships to feelings of efficacy, to having a meaningful and purposeful life. The Turkish validity and reliability of the scale developed by Diener et al. (24) was performed by Telef (25).

5. Self-Compassion Scale: The original Self-Compassion Scale consists of 26 items and 6 subscales. Respondents in the scale are asked to rate how often they act in relation to the stated situation on a 5-point Likert-type scale ranging from “Almost never=1” to “Almost always=5”. The Turkish reliability and validity study of the Self-Compassion scale developed by Neff (26) was conducted by Deniz, Kesici and Sümer (27). The Turkish Self-Compassion Scale, unlike the original, shows a one-dimensional structure.

6. Rosenberg Self Esteem Scale: It was developed by Rosenberg (28) in 1965 as a one-dimensional scale with 10 items. The Turkish adaptation of the scale was made by Çuhadaroğlu (29).

Statistical Analysis

The obtained data were evaluated with the SPSS version 25 package program (SPSS Inc., Chicago, IL, USA). The Shapiro-Wilk test was used to determine the distribution characteristics of the variables. Continuous variables with normal distribution were presented as mean and standard deviation values. Non-normal variables were expressed as median and 25-75 percentile (Q1-Q3) values. Correlation between scales were analyzed using the Pearson correlation test. P value less than 0.05 was considered statistically significant.

RESULTS

A total of 300 volunteers, including 100 depression patients, 100 anxiety patients, and 100 healthy volunteers, were included in the study. The mean age of the depression group was 34.7±11.4, the anxiety group was 35.1±12.5, and the healthy control group was 31.6±8.9. Female participants comprised 76% of the depression group, 68% of the anxiety group, and 64% of the healthy control group. Other sociodemographic data of the groups are shown in Table 1.

When the results of the clinical scales applied to the groups were evaluated, it was observed that there was a statistically significant difference between all groups in all scales. The distribution of median values (m(Q1-Q3)) of self-understanding levels by groups is as follows; depression group (60(48-72)), anxiety disorders group (71(58-84)) and healthy control group (93(88-97)). The median values of all the scales applied to the participants according to the groups are shown in Table 1 and Figure 1. In the Pearson correlation analysis performed with age and scale scores, it was determined that self-compassion value showed a strong positive correlation with self-esteem ($r=0.594$, $p<0.001$) and an inverse correlation with depression level ($r=-0.541$, $p<0.001$). In anxiety disorder patients, it was found that the strongest correlation of self-compassion was with the depression score negatively ($r=-0.586$, $p<0.001$), and the second strongest correlation was with the level of self-esteem ($r=0.576$, $p<0.001$). In healthy controls, it was observed that the strongest correlation with self-compassion was self-esteem ($r=0.586$, $p<0.001$). Correlation levels in patients with depression are given in Table 2, correlation levels in patients with anxiety disorder are given in Table 3, and correlation levels in healthy controls are given in Table 4.

Table 1. Sociodemographic variables and scales scores of all groups

		Groups			
		Depression	**Anxiety**	**Control**	
		n	**n**	**n**	**p**
Gender	**Female**	76	68	64	0.174
	Male	24	32	36	
Marital status	**Single**	55	44	47	0.283
	Married	45	56	53	
Level of education	**Primary-secondary school**	37	32	6	<0.001*
	High school	34	34	46	
	University	29	34	48	
Employment status	**Student**	19	14	13	0.368
	Employed	35	42	53	
	Housewife	32	31	27	
	Unemployed/Retired	14	13	7	
Age	**Mean±sd**	34.7±11.4	35.1±12.5	31.6±8.9	0.104
Psychological Well-Being Scale	**Median (Q1-Q3)**	34(24-42)	40(34-38)	47(44-50)	<0.001* p_a: <0.001 p_b: <0.001 p_c: <0.001
Self-Compassion Scale		60(48-72)	71(58-84)	93(88-97)	<0.001* p_a: 0.001 p_b: <0.001 p_c: <0.001
Rosenberg Self-Esteem Scale		24(21-28)	28(25-32)	34(31-36)	<0.001* p_a: <0.001 p_b: <0.001 p_c: <0.001
Beck Anxiety Inventory		21(11-32)	26(18-33)	4(2-5)	<0.001* p_a: 0.65 p_b: <0.001 p_c: <0.001
Beck Depression Inventory		30(21-37)	16(10-23)	4(3-6)	<0.001* p_a: <0.001 p_b: <0.001 p_c: <0.001

*: p<0.01; p_a: Depression - Anxiety disorders; p_b: Depression - Healthy controls; p_c: Anxiety disorders - Healthy controls

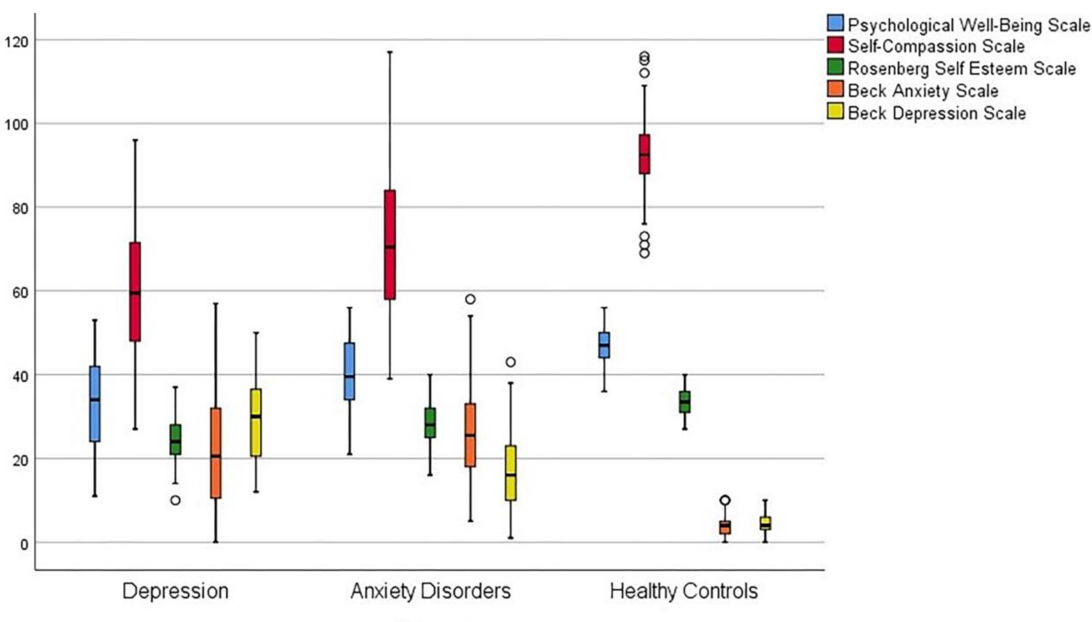

Figure 1. The scales used according to the patient groups and the healthy control group

Table 2. Pearson Correlation between scales scores of depression group

Pearson Correlation		Age	Psychological Well-Being Scale	Self-Compassion Scale	Rosenberg Self-Esteem Scale	Beck Anxiety Inventory	Beck Depression Inventory
Age	r	1					
	p						
Psychological Well-Being Scale	r	-.027	1				
	p	.787					
Self-Compassion Scale	r	.099	.402**	1			
	p	.328	.000				
Rosenberg Self-Esteem Scale	r	.151	.572**	.594**	1		
	p	.135	.000	.000			
Beck Anxiety Inventory	r	-.040	-.360**	-.422**	-.434**	1	
	p	.694	.000	.000	.000		
Beck Depression Inventory	r	.055	-.540**	-.541**	-.491**	.701**	1
	p	.585	.000	.000	.000	.000	

**. Correlation is significant at the 0.01 level (2-tailed).

Table 3. Pearson Correlation between scales scores of anxiety disorders group

Pearson Correlation		Age	Psychological Well-Being Scale	Self-Compassion Scale	Rosenberg Self-Esteem Scale	Beck Anxiety Inventory	Beck Depression Inventory
Age	r	1					
	p						
Psychological Well-Being Scale	r	.211*	1				
	p	.035					
Self-Compassion Scale	r	.198*	.457**	1			
	p	.049	.000				
Rosenberg Self-Esteem Scale	r	.147	.566**	.576**	1		
	p	.144	.000	.000			
Beck Anxiety Inventory	r	.012	-.443**	-.468**	-.540**	1	
	p	.905	.000	.000	.000		
Beck Depression Inventory	r	-.273**	-.530**	-.586**	-.603**	.676**	1
	p	.006	.000	.000	.000	.000	

*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).

Table 4. Pearson Correlation between scales scores of healthy control group

Pearson Correlation		Age	Psychological Well-Being Scale	Self-Compassion Scale	Rosenberg Self-Esteem Scale	Beck Anxiety Inventory	Beck Depression Inventory
Age	r	1					
	p						
Psychological Well-Being Scale	r	-.018	1				
	p	.858					
Self-Compassion Scale	r	.173	.306**	1			
	p	.086	.002				
Rosenberg Self-Esteem Scale	r	-.049	.390**	.586**	1		
	p	.626	.000	.000			
Beck Anxiety Inventory	r	-.088	-.477**	-.424**	-.351**	1	
	p	.386	.000	.000	.000		
Beck Depression Inventory	r	.127	-.329**	-.314**	-.236*	.605**	1
	p	.209	.001	.001	.018	.000	

*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).

DISCUSSION

According to the findings of this study, which sought to investigate differences in self-compassion levels in depression and anxiety disorders, as well as the relationship of self-compassion with self-esteem and well-being, self-compassion was lower in both anxiety disorder patients and depressed patients compared to healthy controls. In all groups, it was observed that self-compassion was more strongly correlated with self-esteem than well-being. In addition, in both the depression and anxiety groups, self-compassion was found to be strongly and inversely correlated with the depression score.

The finding that self-compassion was lower in patient groups compared to healthy controls is in line with previous studies (30). The higher levels of self-compassion in patients with anxiety disorders compared to patients with depression suggest that depression has a significant effect on self-compassion. The strong correlation between self-compassion and depression levels in the patient groups in the correlation analysis method further supported this conclusion. In studies investigating the relationship between depression and self-compassion, it has been suggested that individuals with high self-compassion reduce self-criticism and negative self-evaluation (31). In cases where self-criticism and negative self-evaluation decrease, individuals' self-esteem is expected to increase. Considering that self-esteem is also lower in depression patients among the findings of the study, it would not be wrong to say that self-compassion is more effective in depression patients than in anxiety patients. Many studies in the literature support low self-esteem in patients with depression (16,32,33).

Another interesting finding from our research is that depressive symptoms in anxiety disorder patients predict self-compassion more than anxiety. While anxiety symptoms are more prominent in anxiety disorder patients, the fact that accompanying depressive symptoms are more related to self-compassion is significant in terms of the individual's emotional regulation ability. There is difficulty in emotional regulation in both depression and anxiety disorders. It is known that depressed patients, in particular, avoid negative emotions through rumination, self-blame, and suppression methods (34,35). On the other hand, depressive complaints accompanying anxiety disorders increase the difficulties of emotional regulation (36). In this regard, the stronger correlation between the self-compassion and depression score in patients with anxiety disorder is consistent with the literature. In other words, depressive symptoms added to anxiety disorders will cause a decrease in self-compassion stronger than anxiety symptoms. Alternatively, anxiety disorder patients with low self-compassion will exhibit more depressive symptoms.

Self-compassion can reduce the negative emotional impact of mistakes and failures, making it easier for an individual to achieve one’s life goals. In other words, balancing one's positive and negative experiences leads to psychological well-being (37). According to our findings, patients with depression had the lowest well-being score, implying that the depressed individual could not achieve well-being due to the effect of self-compassion. However, since our study is a cross-sectional study, it is difficult to determine which is the cause and which is the result between depressive symptoms, self-compassion and psychological well-being. The individual may show less compassion for himself with the effect of the depressive symptoms he experiences, his well-being may decrease as a result, or he may show a tendency to depressive symptoms due to low self-compassion and psychological well-being levels.

Our study has limitations in that it is a cross-sectional study, the clinical scales used in the study are self-rating scales, and the sub-headings of anxiety disorders are not addressed. Even so, the study's large sample size and the fact that it is one of the few studies comparing depression and anxiety disorder patients in terms of self-compassion are valuable aspects of our research.

CONCLUSION

The level of self-compassion decreases in depression and anxiety disorders. This is associated with self-esteem and well-being. As a result, it has been determined that it is critical to bring self-compassion to the forefront of the strong correlations it demonstrates with psychological well-being and self-esteem in depression and anxiety disorders accompanied by depressive symptoms. Cohort follow-up studies with the addition of psychotherapeutic interventions for self-compassion to the treatment are expected to lighten the topic.

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