



SELF-COMPASSION, COMPASSION, AND GRATITUDE IN CRISIS LINE VOLUNTEERS

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Table of Contents

ABSTRACT	2
INTRODUCTION.....	4
METHODS.....	7
DESIGN	7
PARTICIPANTS AND PROCEDURE.....	7
MATERIALS.....	8
<i>Self-Compassion.....</i>	<i>8</i>
<i>Compassion.....</i>	<i>9</i>
<i>Gratitude.....</i>	<i>9</i>
DATA ANALYSIS.....	9
RESULTS	10
DESCRIPTION OF THE STUDY GROUP.....	10
SELF-COMPASSION, COMPASSION, AND GRATITUDE LEVELS AMONG CRISIS LINE VOLUNTEERS	11
SELF-COMPASSION, COMPASSION, AND GRATITUDE IN REGARD TO SOCIO-DEMOGRAPHIC AND WORK-RELATED VARIABLES.....	12
RELATION BETWEEN SELF-COMPASSION, COMPASSION AND GRATITUDE	14
IS THE RELATIONSHIP BETWEEN SELF-COMPASSION AND COMPASSION MODERATED BY GRATITUDE?.....	14
DISCUSSION.....	15
STRENGTHS AND LIMITATIONS.....	19
CONCLUSION	20
REFERENCES.....	21

Abstract

Background

Crisis line services have been an essential resource for people that struggle with their mental health for years. Crisis line volunteers can add to a stranger's mental well-being, however, what is known about characteristics that can help crisis line workers to cope with their demanding job? It is important to find factors that may help them deal with the stressors their job poses to ensure that the mental health of crisis line volunteers is not neglected. Research has shown that self-compassion, compassion, and gratitude can enhance life satisfaction and that these concepts are connected.

Aim

Previous research has not been able yet to explain how self-compassion, compassion, and gratitude are related to one another in the context of crisis line volunteers. This research aimed to understand how these concepts are connected in regard to crisis line volunteers and whether gratitude moderated the relationship between self-compassion and compassion.

Methods

A total of 593 participants (*Mean Age* = 60.9, *SD* = 13.2) were recruited from three different crisis line services in the Netherlands to take part in an online survey. The questionnaire included the Self-Compassion Scale-Short Form, the Compassionate Engagement and Action Scales, and the Gratitude Questionnaire-Six Item Form. The Kruskal-Wallis H Test was used to compare subgroups, and Spearman's Rho Correlation was used to calculate associations between socio-demographic and work-related variables and self-compassion, compassion, and gratitude. Furthermore, correlations between self-compassion, compassion, and gratitude were estimated by calculating the Pearson Correlation. To examine if gratitude moderated the relationship between self-compassion and compassion in crisis line volunteers, a moderation analysis was used.

Results

Pearson correlations revealed that self-compassion is significantly but weakly related to compassion ($r = .13, p = .001$). A significant moderate correlation was established between self-compassion and gratitude ($r = .32, p = .000$) and compassion and gratitude ($r = .31, p =$

.000). However, no significant moderation effect could be established ($R^2\text{-change} = .0007$, $F(1,589) = .46$, $p = .493$).

Conclusion

The current study could not establish gratitude as a moderating factor for the relationship between self-compassion and compassion, however, significant relations were found between these variables. Additionally, it was established that certain socio-demographic and work-related variables influence self-compassion, compassion, and gratitude in crisis line volunteers. It was also found that self-compassion, compassion, and gratitude levels were rather high in the study population, which leads to the conclusion that these characteristics might be essential for crisis line volunteers. As self-compassion, compassion, and gratitude seem to be very important for crisis line volunteers, further research is needed to understand what influences these variables and what might enhance them, as they can be contributing factors to the mental well-being of crisis line volunteers.

Keywords: Self-Compassion, Compassion, Gratitude, Crisis Line Volunteers

Introduction

Crisis line volunteers offer important services to people who might not have access to conventional psychological help, or for people who want to seek help anonymously. The volunteers can be reached via telephone or a chat, and the goal is to provide emotional support for individuals' in crisis (Aguirre & Bolton, 2013). Studies show that crisis intervention methods, such as a crisis hotline, successfully decrease suicidality, psychological suffering, and feelings of hopelessness (Gould, Kalafat, HarrisMunfakh, & Kleinman, 2007).

Crisis line volunteers speak to individuals who are experiencing mental health issues, are at risk of suicide, and hear descriptions of horrible life events and are, therefore, frequently exposed to distress (Kitchingman, Wilson, Caputi, Wilson, & Woodward, 2018). Their role is to listen and to support the individual in need to manage his or her crisis. Emphasis lies on listening empathically and on containing the caller's distress. However, these calls may not only be distressing to the callers but can also take a mental toll on the volunteers. As a consequence of continually providing care to others in distress, helpers may suffer stress themselves. Studies have shown that some volunteers are experiencing a range of problems, including increased symptoms of anxiety and depression (Kitchingman, Wilson, Caputi, Wilson, & Woodward, 2018). Volunteers additionally reported symptoms of burnout, and compassion fatigue (Kitchingman, Wilson, Caputi, Wilson, & Woodward, 2018). Therefore, it is important to focus on the mental well-being of crisis line volunteers and to find factors that could improve their mental health.

Working as a crisis line volunteer can be very demanding, and volunteers are faced with many difficult tasks, for example, calming someone down that has experienced something very traumatizing (Kitchingman, Caputi, Woodward, Wilson, & Wilson, 2018). Therefore, volunteers need to possess certain characteristics that do not only aid them to succeed in their work but also have a positive influence on their mental health. In this study, the focus lies on three of these factors, namely self-compassion, compassion, and gratitude. Below these characteristics and how they relate to each other will be explained.

Self-compassion has been described as an attitude that is important to every personal experience of suffering and that entails three components: (1) self-kindness vs self-judgment, (2) a sense of common humanity vs isolation, and (3) mindfulness vs over-identification (Neff, 2003). Self-kindness refers to extending tenderness, kindness, and understanding to oneself in the face of suffering rather than harshness and self-criticism. A sense of common humanity denotes seeing one's failures and painful experiences as part of the large human

experience rather than feeling isolated and cut-off of the rest of humanity. The mindfulness component involves maintaining a balanced awareness of the painful experiences instead of over-identifying with painful thoughts and emotions. Research has shown that self-compassion may help individuals to regulate their difficult emotions such as stress, anxiety, and depressive symptoms (Lopez, Sanderman, Ranchor, & Schroevers, 2017). Self-compassion is also related to improvements in self-reported indicators of positive affectivity, such as greater happiness, optimism, and life satisfaction.

Studies show that caregivers who are more self-critical and, therefore, less self-compassionate, tend to experience more stress (Durkin, Beaumont, Hollins Martin, & Carson, 2016). While engaged in stressful and mentally challenging tasks, it can be easy for volunteers with low self-compassion to neglect their own emotional and psychological needs, which makes them prone to compassion fatigue or burnout. Due to the positive effect that self-compassion can have on one's mental well-being, it is an essential characteristic of crisis line volunteers, as their mental well-being sometimes suffers under the demands that their line of work entails.

Another important characteristic of crisis line volunteers is compassion. Compassion entails recognizing another's distress and attempting to alleviate it (Beaumont, Durkin, Hollins Martin, & Carson, 2016). Empathy, distress tolerance, and kindness have been defined as key attributes of compassion. Being compassionate towards the callers creates an authentic atmosphere for the individuals in crisis where they can feel supported and cared for by the volunteer. Research has shown that showing compassion towards another in need reduces perceived psychological distance, which adds to the authentic atmosphere of the call (Stellar et al., 2017). In regard to compassion improving mental health, a study by Stellar et al. (2017) showed that elevated levels of compassion are related to lower levels of compassion fatigue and burnout, which crisis line volunteers struggle with.

Gratitude is an additional important characteristic of crisis line volunteers. Gratitude has been described as an emotion that arises when one notices and appreciates the benefits that one has received (Petrocchi & Couyoumdjian, 2015). According to Petrocchi and Couyoumdjian (2015), gratitude can promote prosocial behavior, which is important for volunteers, as the core of their work is to help strangers. Gratitude has also been linked to enthusiasm and attentiveness (Robbins, 2003). This is very important for crisis line volunteers, as they need to respond to every call with attention and enthusiasm so that the caller feels as they are talking to someone who truly cares about them. Gratitude has also shown to improve mental health by, for example, increasing satisfaction in life, optimism,

and positive moods (Robbins, 2003).

Now begs the question, how are these three concepts related? Gratitude has been related to self-compassion and compassion, and studies show that self-compassion is associated with an increase in gratitude (Albertson, Neff, & Dill-Shackleford, 2014). Other research shows that gratitude has led people to be less critical of themselves, which shows an increase in self-compassion (Petrocchi & Couyoumdjian, 2015). Therefore, it can be said that gratitude and self-compassion interact with each other and are related to one another. Studies also show that there is a relationship between gratitude and compassion. Both gratitude and compassion lead to an increase in prosocial and caring behavior, and gratitude does not only lead to being more compassionate with oneself, but also with others.

Additionally, studies show that self-compassion is linked to a variety of positive outcomes, including increased mental well-being and compassion (Durkin, Beaumont, Hollins Martin, & Carson, 2016). In an fMRI study, it was found that self-compassion activates similar brain regions as showing compassion towards others (Lopez, Sanderman, Ranchor, & Schroevers, 2017). Another study found positive correlations between compassion for others and self-compassion (Neff & Pommier, 2013). So, even though research has shown that compassion for others and self-compassion involve similar brain regions and that the individuals who are more compassionate towards others could be more compassionate towards themselves, there is still a limited understanding of how these concepts influence each other and what could add to their relationship, especially in the context of crisis line volunteers.

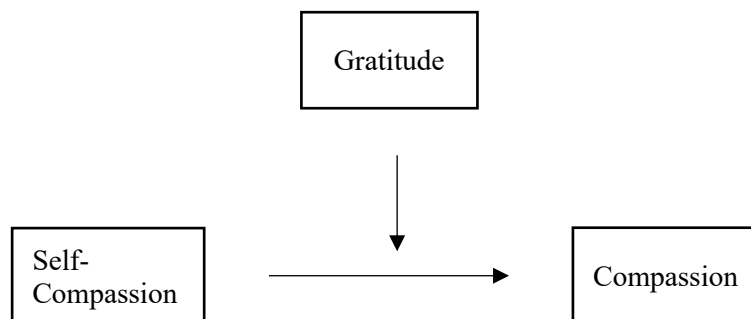
As described above, self-compassion, compassion, and gratitude may be very important to the work of a crisis line volunteer. Self-compassion can aid the mental health of volunteers, compassion adds to the quality of care of the volunteers, and gratitude enhances both. Research has shown that these important concepts seem to be related to one other, however, no factors have been found yet that might, for example, enhance the relationship between self-compassion and compassion. Additionally, no research has been done yet that examines the relationship between self-compassion, compassion, and gratitude in the context of crisis line volunteers, and therefore, that will be the focus of this study. It is important to examine this because figuring out how crisis line volunteers can increase the relationship between self-compassion and compassion, could enhance their mental well-being, which sometimes suffers due to their work-related stress. It is also important to make sure that crisis line volunteers show enough self-compassion because this may influence their ability to show compassion to callers, and therefore, the quality of their work. Due to the establishment that

gratitude can enhance both self-compassion and compassion, this study will examine gratitude as a moderating variable on the relationship between self-compassion and compassion and therefore, the research question is ‘To what extent does gratitude moderate the relationship between compassion and self-compassion in crisis line volunteers?’. The following are sub-questions that arise from the research question: ‘How high are self-compassion, compassion and, gratitude levels among crisis line volunteers? To what extent do socio-demographic and work-related variables influence self-compassion, compassion, and gratitude? To what extent is self-compassion related to compassion? To what extent is gratitude related to compassion? To what extent is self-compassion related to gratitude?’.

Based upon previous research findings, it can be expected to find a relationship between all three concepts, self-compassion, compassion, and gratitude. Additionally, it is expected to find that gratitude, the moderating variable, enhances the relationship between self-compassion and compassion.

Figure 1

Model of the investigated moderation effect showing the relationship between self-compassion and compassion moderated by gratitude.



Methods

Design

The study was a cross-sectional design using an online survey between November and December 2019. Additionally, this study is part of bigger research, which was carried out by Renate Willems and it was possible to use the data collected by her for this study.

Participants and Procedure

Ethical approval was granted by the Ethics Committee from the Faculty of Behavioral, Management and Social Sciences at the University of Twente. Participants included 593

crisis line volunteers that were recruited from three different organizations in the Netherlands. The three organizations from which the participants were recruited include ‘The Listen Line’ ($N = 543$), ‘113 Suicide Prevention’ ($N = 39$), and ‘MIND Korrelation’ ($N = 11$).

The Listen Line is a crisis line service, operated by volunteers who have received training to be non-judgmental, empathetic, respectful, and caring (de Luisterlijn, n.d.). This organization applies the principle of non-intervention, which entails that no therapeutic intervention is applied and only a listening ear is provided. 113 Suicide Prevention aims to reduce and prevent suicidality in people in need (113 Zelfmoordpreventie, n.d.). They hope to increase the self-reliance of people in need and to help them to deal with suicidality. 113 Suicide Prevention offers telephone and online assistance for people with suicidal thoughts and their loved ones. This care is available 24/7, it is anonymous and free of charge. The care is provided by volunteers, professionals, and students who are trained or undergoing training as a mental health worker. MIND Correlation is a crisis line service seeking to help people that are dealing with psychological problems (MIND Korrelatie, n.d.). Their service is provided via telephone or online contact and callers or chatters will receive practical tips, individual advice, or personal feedback. Their care is provided by a team of mental health workers and volunteers with a relevant bachelor or master education.

All crisis line volunteers of the three organizations ($N = 593$) received a link to the questionnaire from the organization in November 2019. By clicking on the link, the respondents were given further explanation of the survey. Then they were able to click through to the informed consent form. After giving their consent, respondents could fill in the questionnaire. After two and four weeks, the crisis line workers received a reminder e-mail. The questionnaire was closed at the end of December.

Materials

An online survey was applied. The questions related to various topics. Relevant for this study were self-compassion, compassion, and gratitude. Demographic questions were asked, related to the participant’s age, gender, work status (volunteer or paid worker), training level, experience, and working hours. For an overview of the wording and answering options of these questions, see Table 1 in the results section.

In order to measure *self-compassion*, the Self-Compassion Scale-Short Form was used. It is a 12-item questionnaire developed by Raes, Pommier, Neff, and Van Gucht (2010) and it had a near perfect correlation with the long version of the questionnaire when examining total scores ($r = 0.97$). The items were statements like ‘I try to be understanding

and patient towards those aspects of my personality I don't like.' Participants were able to indicate on a five-point Likert scale how often they engage in behavior like stated in the item, a one being almost never and a five being almost always. Scores could range from 12 to 60 and higher scores indicated more self-compassion. Certain items were recoded and following that, a self-compassion score was computed for every respondent by summing the scores on the separate items. The Cronbach's alpha for the Self-Compassion Scale-Short Form in the current study was .79, which represents acceptable internal consistency.

In order to measure *compassion*, the Compassionate Engagement and Action Scales were used. It was developed by Gilbert et al. (2017) and consists of 39 items in total. The whole questionnaire consists of three subscales, however, for this study, only the subscale 'Compassion to others' was relevant and researched. It consists of 13 items and the statements were slightly adapted so that they related to the work of the crisis line volunteers. The questionnaire includes statements like 'When callers get upset or sad about things... I am motivated to feel their grief and to start working on it.'. Participants were asked to indicate how much the statements relate to them when callers are distressed on a ten-point Likert scale, one being never and ten being always. Here, scores could range from 13 to 130 and higher scores indicated more compassion. After recoding some items, a compassion score was computed for every respondent by summing the scores on the separate items. The Cronbach's alpha for the Compassionate Engagement and Actions Scales was .72 in the current study, which represents acceptable internal consistency.

In order to measure *gratitude*, the Gratitude Questionnaire-Six Item Form was used, which was developed by McCullough, Emmons, and Tsang (2002). It consists of six items and incorporates statements like 'I have many things in life to be thankful for.'. Participants were asked to indicate how much they agree with these statements on a seven-point Likert scale, one meaning strongly disagree and seven meaning strongly agree. The scores could range from six to 42 and higher scores on these items indicated more gratitude. After recoding some items, a gratitude score was computed for every respondent by summing the scores on the separate items. The Cronbach's alpha for the Gratitude Questionnaire-Six Item Form was .62 in the current study, which represents questionable internal consistency. However, the Cronbach's alpha could not be improved by removing an item and as the questionnaire is validated, it was still used for this research.

Data Analysis

In order to research the relevant questions of this study, the statistical tool SPSS was used.

Descriptive statistics were performed in order to calculate the means, standard deviations, minimum and maximum scores, and the range. Following that, comparisons between subgroups (gender, work status, training level) were made with the Kruskal-Wallis H Test and associations with ordinal variables (age, experience, work hours) were computed using the Spearman's Rho Correlation. The Kruskal Wallis H Test is a nonparametric test that can be used to determine whether any statistically significant differences between two or more groups exist. The Spearman's Rho Correlation is a nonparametric test that measures the strength of an association between two variables. It can be used for variables measured at the ordinal level.

Additionally, the correlations between the variables self-compassion, compassion, and gratitude were estimated, by calculating the Pearson Correlation between the different variables. Correlation values can range from 1 and -1. A value between 0 and .3 demonstrates a weak correlation, whereas a value between .3 and .5 indicates a moderate correlation. A strong correlation is established when the value is above .5 (Lachenbruch & Cohen, 1989).

To examine if gratitude moderated the relationship between self-compassion and compassion in crisis line volunteers, a moderation analysis was used. In order to carry out the moderation analysis, a program by Andrew F. Hayes named 'Process' was used (Hayes & Rockwood, 2017). In the course of the moderation analysis, an interaction term was created, made up of the scale scores of self-compassion and gratitude. It was analyzed whether that interaction term had a significant association with the dependent variable, compassion. The results of the analyses could be labeled as significant when $p = < 0.05$.

Results

Description of the Study Group

Table 1 illustrates the socio-demographic and work-related variables of the participants. Participants included 593 crisis line volunteers and the age ranged from 18 to 87, with an average age of 60.9 ($SD = 13.2$). It should be noted that most of the participants were 66 years or older. The majority of the participants were female and have been working as a crisis line volunteer for one to three years. Most of the participants were volunteers and did not get paid for working at the crisis line. Additionally, most of the participants did not receive any professional training in health care or psychology before working as a crisis line volunteer and most of them work four to six hours a week.

Table 1*Socio-demographic and work-related Characteristics of Participants (N = 593)*

Item	Category	Frequency	%
Age	18 to 25	20	3.5
	26 to 35	25	4.2
	36 to 45	21	3.5
	46 to 55	81	13.7
	56 to 65	180	30.4
	66 and up	266	44.9
Gender	Female	426	71.8
	Male	166	28
	Other	1	.2
Work Status	Volunteer	563	94.9
	Paid Worker	30	5.1
Professional Training in Care	Received Training	234	39.5
	No Training	359	60.5
Experience at the Crisis Line	Less than a year	134	22.6
	1 to 3 years	204	34.4
	3 to 6 years	93	15.7
	6 to 10 years	63	10.6
	More than 10 years	99	16.7
Work Hours	Less than 4 hours per week	104	17.5
	Between 4 and 6 hours per week	414	69.8
	Between 6 and 8 hours per week	35	5.9
	Between 8 and 10 hours per week	9	1.5
	More than 10 hours per week	31	5.2

Self-Compassion, Compassion, and Gratitude Levels among Crisis Line Volunteers

Means, standard deviations, minimum and maximum scores, and the range were computed for the variables self-compassion, compassion, and gratitude in order to get an insight into the distribution and variance of the data. The results are displayed in Table 2. It can be seen that

self-compassion, compassion, and gratitude levels among crisis line volunteers are rather high, as the means are fewer standard deviations away from the maximum scores than from the minimum scores.

Table 2

Mean, Standard Deviation, Minimum, Maximum, and Range (N = 593)

Variable	Mean	SD	Minimum	Maximum
Self-Compassion [12-60]	43.3	5.4	23	60
Compassion [13-130]	99.8	11.0	67	127
Gratitude [6-42]	34.4	4.6	12	42

Self-Compassion, Compassion, and Gratitude in regard to socio-demographic and work-related Variables

In Table 3, the means and standard deviations for self-compassion, compassion, and gratitude for categorical variables such as gender, work status, and training level are displayed.

Additionally, the results of the Kruskal-Wallis H Test can be found in Table 3 and the results of the Spearman's Rho Correlation are demonstrated in Table 4.

Self-compassion. Here, significant differences were found in regard to work status. It can be seen that participants who work voluntarily at a crisis line seem to be the most self-compassionate. Males and females did not differ significantly with regard to self-compassion. Additionally, no significant differences were found between participants that received professional training in care and participants that did not receive professional training. A significant positive correlation was established between age and self-compassion, which indicates that self-compassion increases with age. No significant correlations were established between self-compassion, experience, and work hours.

Compassion. Significant differences were found between participants that received training before working as a crisis line volunteer and participants that received no training. It can be seen that participants that received training seem to be more compassionate. Males and females and volunteers and paid workers did not differ significantly in regard to compassion. Furthermore, no significant correlations were established between compassion, age, experience, and work hours.

Gratitude. No differences were found between females and males. It was found that volunteers and paid workers and participants that received professional training in care and participants that did not receive professional training did not differ significantly with regard

to gratitude. Moreover, no significant correlations were established between gratitude, age, experience, and work hours.

Table 3

Results of Kruskal-Wallis H Test (N = 593)

Differences between subgroups, in regard to Self-Compassion, Compassion and Gratitude

Variable	Category	Self-Compassion			Compassion			Gratitude		
		Mean	SD	P ¹	Mean	SD	P ¹	Mean	SD	P ¹
Gender	Female	43.1	5.3	.206	99.8	11.2	.904	34.4	4.7	.547
	Male	43.8	5.7		100.0	10.4		34.4	4.6	
Work Status	Volunteer	43.4	5.4	.017	99.9	11.1	.752	34.4	4.6	.566
	Paid	41.1	4.9		99.2	8.7		34.8	5.1	
	Worker									
Professional Training in Care	Received Training	43.7	5.4	.171	100.9	11.3	.049	34.5	4.8	.352
	No Training	43.1	5.4		99.1	10.7		34.2	4.5	

¹ differences between groups were tested with the Kruskal Wallis H Test

Note. One participant was excluded in the Gender Differences Analysis, due to a missing value (N = 592).

Table 4

Spearman's Rho Correlation between Self-Compassion, Compassion, and Gratitude and socio-demographic and work-related Variables (N = 593)

Variable	Age	Experience at the Crisis Line	Work Hours
Self-Compassion	.08*	-.01	-.04
Compassion	-.01	.03	.05
Gratitude	-.07	-.05	-.05

* $p < .05$.

Relation between Self-Compassion, Compassion, and Gratitude

In order to find out whether self-compassion, compassion, and gratitude are significantly associated with each other, a Pearson correlation was carried out. The results are displayed in Table 5. It was found that there was a weak but significant association between self-compassion and compassion. Furthermore, a significant moderate correlation was established between self-compassion and gratitude and compassion and gratitude.

Table 5

Pearson Correlation between Self-Compassion, Compassion, and Gratitude (N = 593)

Variable	Self-Compassion	Compassion	Gratitude
Self-Compassion	1	.13**	.32**
Compassion	.13**	1	.31**
Gratitude	.32**	.31**	1

** $p < .01$.

Is the relationship between Self-Compassion and Compassion moderated by Gratitude?

Due to the existing relationship between the variables, further analysis with gratitude as a moderating variable was possible. A moderation analysis with gratitude as the moderating variable was carried out. The results can be found in Table 6. Firstly, the moderation analysis indicated that there was no significant relationship between self-compassion as the independent variable and compassion as the dependent variable. Secondly, the model revealed that there was no significant association between the moderator variable gratitude and the dependent variable compassion. Finally, and most importantly, the model showed that the interaction term was also not significantly related to the dependent variable and therefore, it was not possible to establish gratitude as a moderator.

Table 6*Results of Moderation Analysis (N = 593)**Compassion as Dependent Variable, Self-Compassion as Independent Variable,
and Gratitude as Moderator*

Model	Unstandardized					
	Coefficients					
	<i>B</i>	<i>Std. Error</i>	<i>t</i>	<i>p</i>	<i>F</i>	<i>R</i> ²
Self-Compassion	-.30	.55	-.54	.585		
Gratitude	.23	.69	.33	.738		
Self-Compassion x Gratitude	.01	.01	.68	.493	.46	.00

Discussion

This research focused on self-compassion, compassion, and gratitude and their relationship studied in a population of crisis line volunteers. The goal was to find out more about the relationship between these variables and how they influence each other. Additional analysis was conducted in order to see how crisis line volunteers differ in the variables of interest and whether self-compassion, compassion, and gratitude are associated with socio-demographic and work-related variables.

First, it was determined how high self-compassion, compassion, and gratitude levels are among crisis line volunteers to answer the first sub-question. Self-compassion and compassion levels were considered as rather high. Even though there is not much research about self-compassion and compassion levels among crisis line volunteers, Raab (2014) established that self-compassion and compassion levels are rather high among caregivers, as they are important characteristics for their line of work. This can be applied to crisis line volunteers since the core of their work is taking care of others and their mental health. Additionally, gratitude levels were found to be rather high as well. This is also in line with previous research, as studies have shown that gratitude can be a motivating factor for crisis line volunteers (Aguirre & Bolton, 2013). Working as a crisis line volunteer is a way for the individuals to show their gratitude for their life, or maybe they have made use of crisis line services themselves before and are grateful for that. These findings suggest that self-compassion, compassion, and gratitude are essential characteristics of crisis line volunteers.

Secondly, the data was further explored to see whether differences can be found between groups with respect to socio-demographic and work-related variables and self-compassion, compassion, and gratitude. It was also researched whether an association between socio-demographic and work-related variables and self-compassion, compassion, and gratitude can be established. It was found that crisis line workers that work voluntarily seem to be more self-compassionate than paid crisis line workers. This could be explained by the motivation of crisis line volunteers. Research shows that motivating factors of being a crisis line volunteer include a deeper understanding of the human condition and interconnectedness (Aguirre & Bolton, 2013). This could be linked to Neff's (2003) understanding of self-compassion, where having a sense of common humanity is very important. According to Aguirre and Bolton (2013), self-awareness can also act as a motivating factor for volunteers, and self-awareness is a crucial aspect of self-compassion (Neff, 2003). Additionally, a significant correlation was established between self-compassion and age, which showed that self-compassion increases with age. This is in line with previous findings, as age has been associated with an increase in self-compassion (Werner et al., 2012). This might suggest that self-compassion unfolds through the course of development, possibly as a result of greater emotional maturity. As you get older, one has more life experiences to draw upon, and dealing with the hardships of life puts an individual in touch with humanity, and these experiences may elevate self-compassion. It was also found that crisis line volunteers that received specialized training in health care or psychology seem to be more compassionate. This might add to the development notion. What volunteers might lack in emotional maturity, the training could make up for so that volunteers understand how important it is to recognize another person's distress and trying to help them. This is especially important for crisis line volunteers, as their work entails being empathetic and helpful towards strangers.

Then, it needed to be established whether there is an association between self-compassion and compassion in order to answer the third sub-question. It was found that there seems to be a significant relationship between the two variables, though a weak one. The finding that a significant relationship exists between the two variables is in line with previous research, as it has been established that self-compassion is related to compassion (Neff & Pommier, 2013). However, it was expected to find a stronger relationship between these two variables, as previous research points to that. Studies by Longe et al. (2010) showed that self-compassion stimulates certain parts of the brain that have been associated with compassion. Additionally, it was found that when instructing individuals to be more self-compassionate,

similar neuronal activity occurs as when feeling empathy for others. This finding suggests that the tendency to react to suffering with caring concern is a general process which can be applied to both oneself and others. That way, self-compassion and other-focused concern go hand in hand. However, other studies have found no significant association between self-compassion and compassion (Lopez, Sanderman, Ranchor, & Schroevers, 2017). This suggests that self-compassion and compassion might not interact with each other and that it is possible to be compassionate towards others but not towards the self, and vice versa. It can be seen that the relationship, if there is one, between self-compassion and compassion, is not yet fully explored and cannot be fully understood by now. Further in-depth research is needed to investigate the rather complicated association between these two variables. As self-compassion and compassion are both contributing factors to mental well-being, it is of importance to understand if and how these variables interact with each other.

Additionally, the relationship between gratitude and compassion was studied in order to answer the fourth sub-question. Hereby, a significant moderate association between the variables was established. This finding is also in line with previous research, as gratitude has been linked to compassionate, prosocial behavior (Robbins, 2003). Research has shown that being compassionate towards other people and caring for them, which volunteers have done plenty after working at a crisis line for several years, can enhance gratitude (Kelly, Runge, & Spencer, 2015). This association might be explained by the notion that gratitude can be seen as a prosocial affect. Gratitude is a response to behaviors that have contributed to one's welfare, and it might motivate behaviors as such in return (McCullough, Emmons, and Tsang, 2002). It can be concluded that more research can be done in regard to gratitude and where it stems from. It might be interesting to research, for example, the relationship between having experience as a crisis line volunteers and how that influences their gratitude.

To answer the fifth sub-question, the relationship between self-compassion and gratitude was studied. It was possible to establish a significant association between the two variables. This is congruent with previous research, as studies have shown that self-compassion can lead to an increase in gratitude and vice versa. (Albertson, Neff, & Dill-Shackleford, 2014). Self-compassion and gratitude have both been associated with an increase in mental-wellbeing and life satisfaction, which might explain why the two are connected (Wu, Chi, Lin, & Du, 2018). Feeling gratitude includes recognizing and accepting that we need, or needed, the support of an external source to reach our goal, which means accepting that one is not entirely self-reliant. This might reduce the sense of inadequacy and self-criticism that often arises when realizing our limitations, while increasing acceptance of

our shared humanity, which is an important facet of self-compassion (Neff, 2003; Petrocchi & Couyoumdjian, 2015). So, it can be seen that self-compassion and gratitude interact with each other on the path towards mental well-being. However, future research is needed to study this relationship more in-depth to understand, for example, how self-compassion influences gratitude.

To answer the final research question of this study, a moderation analysis was carried out using self-compassion as the independent variable, compassion as the dependent variable, and gratitude as the moderator. It was established that there is no significant association between the variables and, most importantly, that gratitude does not moderate the relationship between self-compassion and compassion. It cannot be clearly said whether this is in line with previous research or not, as a study like this has not been done before. However, previous studies do suggest that there are relations between all these variables, as stated above, but this study could not confirm that. But why? First, it is important to understand the population that was studied, as the findings might be explained by the stressors that crisis line volunteers need to deal with. Crisis line volunteers suffer an immense amount of stress, and in addition to their already very stressful work, they are faced with some unique challenges. Crisis line volunteers are unable to observe non-verbal communication cues or anticipate or control the types of contacts they receive. Volunteers are also unable to track the development of the help-seeker, due to the anonymous nature of the call. Furthermore, crisis line workers usually have less training to prepare for their role and are less likely to have access to supervision than workers in registered professional roles (Kitchingman, Caputi, Woodward, Wilson, & Wilson, 2018). All these different stress factors that crisis line volunteers are confronted with could lead to compassion fatigue (Stamm, 2012). Compassion fatigue has been described as the consequence of being exposed to clients who have had traumatic experiences and being empathetic towards them (Howlett & Collins, 2014). While the volunteers try to view the world from the perspective of the suffering, they suffer with them. This can overwhelm the volunteers and they might experience significant trauma or suffering in response to helping the callers. Volunteers might also feel helpless and as if their work is not making any difference. Studies have included reports that individuals that suffer from compassion fatigue have lost sight of taking care of themselves, which might indicate a decrease in self-compassion (Jenkins & Warren, 2012). A decrease in self-compassion could also lead to a decline in gratitude, as the two variables are connected. This shows that the consequences of working as a crisis line volunteers influence their self-compassion, compassion, and gratitude. That means that results from research where these variables were

studied in a population of crisis line volunteers should be taken with a grain of salt. As this study includes volunteers with many years of experience working at a crisis line, the possibility of having participants that suffer from compassion fatigue cannot be excluded. However, this does not change or discredit the results, but it is a factor that needs to be considered. Based on this study alone, it cannot be inferred that gratitude does not moderate the relationship between self-compassion and compassion. More research in this domain is needed to answer the question whether gratitude moderates the relationship of self-compassion and compassion and it should be controlled for compassion fatigue to make sure that nothing is clouding the variables.

Strengths and Limitations

Certain strengths and limitations of this research need to be considered when interpreting the results. A definite strength of this study was the sample size. This study had a very large sample size, with 593 participants, and it can be concluded that the sample size was representative of the population that was studied. Another strength that can be mentioned is that the data was collected quantitatively, which provides advantages in easy analysis and repetition. Additionally, as it was an online survey, there was no personal contact or involvement with the participants during data gathering, which prevented possible bias. Due to that, objectivity and rationality were ensured (Carr, 1994).

A limitation of this study includes the questionnaires and their adaptation. The questionnaires were originally in English, but they were adapted and translated to Dutch for the sake of this study. However, only the Self-Compassion Scale-Short Form was validated in Dutch (Raes, Pommier, Neff, & Van Gucht, 2010), and as the other two questionnaires are not validated in Dutch, the possibility that the questions were not understood as intended needs to be considered. Furthermore, participants were recruited from three different organizations that all have different focal points in regard to helping strangers. This was not addressed when analyzing and interpreting the results and it might be of importance since experiences vary from organization to organization and that could influence participant responses. Furthermore, this study relied on subjective self-report measures, and it needs to be considered if more objective physiological measures such as fMRIs might be more appropriate to confirm findings. Social-desirability bias might also play a role in the compassion levels, as it is socially recognized to have high levels of other-focused concern (Neff & Pommier, 2013). Some disadvantages of the quantitative nature of this study need to be mentioned, for example, according to Sifle and Melling (2012) quantitative research is

more attuned to contextless universals, however, that is not given in the case of crisis line volunteers. Here, it might be especially important to take the context into account. As already mentioned, compassion fatigue might play a central role in explaining the results and is an important variable in the context of crisis line volunteers. Additionally, a qualitative study might be more appropriate here, to get a better insight into the psyche of crisis line volunteers and to understand how self-compassion, compassion, and gratitude are connected and what factor compassion fatigue plays. Lastly, it is important to consider that this study was of cross-sectional nature, which might entail some disadvantages. In a cross-sectional study, all measurements are obtained at a single point in time (Sedgwick, 2014). When interpreting the results of this study, this is important to remember, as self-compassion, compassion, and gratitude are variables that are susceptible to the participant's emotional state, which can vary.

Conclusion

In conclusion, it can be said that even though not all effects were found to be significant in this study, still valuable insights were made. It was found that gratitude does not moderate the relationship between self-compassion and compassion, however, self-compassion, compassion, and gratitude still need to be related, as the correlation analysis demonstrated. Additionally, it is not yet clear if there are factors that could enhance self-compassion, compassion, and gratitude in crisis line volunteers, which is important to know, as they can all contribute to the mental well-being of crisis line volunteers. Therefore, further research is needed to discover more about self-compassion, compassion, and gratitude with respect to crisis line volunteers. Important for further research is making sure that nothing is clouding the authenticity of the results, such as compassion fatigue. Further research could also investigate how compassion fatigue might influence the variables of interest. It is important to know whether compassion fatigue might, for example, lead to a decrease in self-compassion, compassion, and gratitude because, as stated above, all three variables are important for the mental health of crisis line volunteers. Understanding how compassion fatigue influences these variables could lead to developing preventive measures for crisis line volunteers, to intercept the devastating effects of compassion fatigue.

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