

**Self-compassion in the Context of Chronic Illnesses: An Explorative Study**

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## **Abstract**

People suffering from chronic illnesses face a wide range of mental and physical challenges in their daily lives. Self-compassion offers a way of dealing with these adversaries in a more positive and friendly manner. However, the research landscape is scarce in terms of how these individuals experience self-compassion in the context of chronic illnesses. This study attempted to fill this gap in research. A convenience sample of 12 female participants affected by chronic illnesses practiced a range of self-compassion exercises, followed by a semi-structured interview, where participants were asked to share their experiences of self-compassion. Results indicated that self-compassion encompassed four key dimensions: acceptance, putting things into perspective, self-kindness (mental and behavioral), and proactive behavior. The findings complement existing literature by providing concrete examples of mental and behavioral self-compassion experience among chronic patients. Particularly, the findings add to the existing conceptualizations of self-compassion by enriching behavioral dimensions. Further research could build on our findings and identify means to increase understandability and actionability of self-compassion for patients in the context of chronic illnesses.

## **Introduction**

Life with a chronic illness, such as cancer, diabetes, and Crohn's poses serious challenges for the affected individual. Being characterized by a long-term, or even life-long time of suffering, chronic illnesses exert a major impact on all areas of an individual's life, including impaired physical, psychological, social, and occupational functioning (Balderson et al., 2013; Laurin, Moullec, Bacon, & Lavoie, 2012). Several side effects are likely to accompany chronic illnesses.

Depressive disorders are common in the context of chronic illnesses (Herring, Puetz, O'Connor, & Dishman, 2012). In contrast to healthy individuals, depression is two to three times more likely in chronic patients (Abbott et al., 2015). Warner, Roberts, Jeanblanc, & Adams (2017) tested a model of stress and coping in women with at least one chronic illness. They suggest two distinct pathways to depressive symptoms: physical symptoms, pain, and disability on the one hand, and feelings of loneliness on the other hand. Other research not only links a wide range of chronic illnesses to depression, but also to anxiety (Huurre & Aro, 2002), or fears about the future or impact of the isolation more specifically (Westbrook & Viney, 1982). Thus, depressive symptoms depict a major challenge in the context of chronic illnesses.

Moreover, existing literature indicates that people with chronic illnesses often suffer from anxiety (Mullins et al., 2017). Patients with hypertension, asthma, and arthritis exhibit anxiety disorders more frequently compared to healthy controls (Thomas, Jones, Scarinci, & Brantley, 2003). One potential contributor to anxiety is anxiety sensitivity, which decreases vitality, social functioning, and mental functioning (Norman & Lang, 2005).

Other common challenges in the context of chronic illnesses include emotional distress in form of anger and sorrow (Kurpas, Hans-Wytrychowska, Ciaglewic, & Steciwko, 2010), dealing with symptoms including pain (Cooley, 2000), making necessary lifestyle changes (Vahedparast, Mohammadi, & Ahmadi, 2016), management of complex medication regimes (Schaeffer & Müller-Mundt, 2012, Swendeman, Ingram, & Rotheram-Borus, 2009), and seeking helpful medical care (Budge, Carrier, & Boddy, 2012). Consequently, individuals with chronic illnesses struggle with physical, mental, and social demands of their illness, and have to adapt their daily routines accordingly.

A particular resource to deal with all these challenges in a healthy way is self-compassion. Self-compassion involves a stance towards oneself, that is characterized by kindness and non-judgemental acceptance in response to life's adversities (Barnes, Adam, Eke, & Ferguson, 2018). In other words, individuals confront their suffering with openness rather than avoidance to maintain the right distance from their emotions to be able to experience them entirely (Neff, Kirkpatrick, & Rude, 2007).

Neff (2003a) has conceptualized self-compassion as consisting of six main components, organized along three dimensions. Self-kindness versus self-judgment describes the tendency to approach oneself with care and understanding and avoid self-criticism, notably, in situations of pain or failure. Mindfulness versus over-identification refers to the process of deliberately shifting attention to the present moment and creating awareness of one's experiences in a balanced way rather than losing oneself in subjective emotions and cognitions or avoiding them. Eventually, common humanity versus isolation is based on the fact that all humans encounter failure and suffering in their life. Self-compassion is something that is universally shared and stimulates connectivity rather than isolation, however, for many, it is not an intrinsic quality of their personality and does require training (Neff, 2003a; Neff, 2003b).

Many studies investigated the physical and mental benefits of self-compassion and found evidence for its effectiveness in the context of chronic medical conditions (Brion, Leary, & Drabkin, 2014; Sirois & Rowse, 2016). Research shows that self-compassion is related to a reduction in depressive symptoms. In one study, chronic patients attended a group self-compassion based intervention for four weeks and they concluded that depressive symptoms reduced significantly (Brown et al., 2019). Other research found correlational evidence that self-compassion reduces stress in the context

of chronic illnesses, which has been identified as a valuable resource due to the severe challenges these individuals face day to day (Neff, et al., 2007; Costa & Pinto-Gouveia, 2013; Hall, Row, Wuensch, & Godley, 2013). Sirois & Rowse (2016), in their meta-analysis, have demonstrated vigorous links between self-compassion and lower levels of stress and distress in chronic patients. Hence, self-compassion exhibits the potential to reduce depressive symptoms in the context of chronic illnesses.

Furthermore, self-compassion has been shown to be a resource for accepting and adapting to illness-related limitations. Greater use of adaptive coping and less maladaptive coping is a consequence of practicing self-compassion, which, in turn, reduces stress (Sirois, Molnar, & Hirsch, 2015). Edwards et al. (2019) reported that self-compassion fosters pain acceptance and suggested that self-compassion may be a potential adaptive process in individuals with chronic illnesses. Another study with a sample of HIV positive individuals found evidence that self-compassion decreases negative affect and promotes acceptance of their condition (Brion et al., 2018). Interestingly, participants even reported perceiving “benefit in being HIV infected” after engaging in self-compassionate acts (Brion et al., 2018, p. 226). It can be concluded self-compassion is beneficial for managing mental aspects of chronic illnesses.

Additionally, existing literature supports the role of self-compassion for an array of health-related outcomes. Self-compassion has been identified as a significant predictor of increased quality of life in the context of chronic illnesses (Edwards et al., 2019; Pinto-Gouveia, Duarte, Matos, & Fráguas, 2013). Not only does training patients to be more self-compassionate directly promote quality of life, but also adherence behavior (Dowd & Jung, 2017). Brion et al. (2014) support this notion by stressing that self-compassion contributes to strict medical adherence. Eventually, Phillips & Hine

(2019), in their meta-analysis, found evidence that multi-session self-compassion interventions predicted physical health and health behaviors. They stress that single-session interventions did not yield significant effects, suggesting that self-compassion is acquired over time.

Given the evidence associating self-compassion with increased physical and mental health, particularly individuals, who suffer from chronic illnesses can benefit profoundly from practicing it. Challenges can be faced with less trouble, while self-compassion simultaneously contributes to physical and mental well-being.

### **Current Study**

Although ample research exists about the benefits of self-compassion in the context of chronic illnesses, little is known about how patients experience self-compassion. Gaining an understanding of concrete examples of mental and behavioral acts of self-compassion is particularly important, to make self-compassion more understandable and actionable for both patients and health professionals. This knowledge can help to better tailor care programs, designed to help chronic patients in their daily life, to the specific case, i.e. the disease. Both in a physical (e.g. ambulatory care) and virtual (e.g. apps) environment. The purpose of this explorative study is to complement existing literature by providing concrete examples of self-compassion experience. The following research question served as the gateway for this study: “How do individuals suffering from chronic illnesses experience self-compassion?”.

### **Method**

To answer this question, a qualitative research approach was followed, using a semi-structured interview approach. Since the study tried to understand the thoughts, behaviors, and feelings of participants in-depth, a qualitative approach is suitable (Sutton

& Austin, 2015). As little is known about self-compassion experiences and the topic of interest may be particularly sensitive, a semi-structured interview is suitable (Adams, 2010).

### **Participants**

Prior to recruitment, ethical approval was granted by the BMS Ethics Committee of the University of Twente. A convenience sampling, as well as a snowball sampling process was used due to the reticence of the population. Hospitals as well as associations for chronically ill individuals were contacted via mail and asked to share this study with their patients and members, respectively. The response rate generally was very low. Out of 30, inquiries approximately ten responded and only three of them warranted help in the form of sharing the study with potential participants. Besides, friends of the family of the researchers, parents' colleagues, and other acquaintances were informed about the study, both in person and via mobile phone. Responses from associations and participants were mostly positive and participants showed interest in the study and the concept of self-compassion. For further information, including participants' rights and use of data, all were referred to the study's website. They also had the opportunity to ask questions about the study by e-mail or telephone.

Participants were recruited based on the following inclusion criteria: they exhibited a diagnosable chronic illness of the physical type, for example, cancers, cardiovascular diseases (e.g. dysrhythmias), chronic respiratory diseases (e.g. asthma, COPD), or endocrine disorders (e.g. diabetes), they were at least 18 years of age, fluent in German, and willing to practice the exercises. Candidates were excluded for this study if they suffered from a chronic mental (e.g. ADHD, tinnitus) and chronic functional (e.g. blindness) condition. Four respondents opted out prior to study begin. Reasons for that

were an inability to grasp the concept of self-compassion and fear of tearing up psychological problems from the past.

## **Procedure**

If participants decided to take part in the study, they received the informed consent form via mail or post, which included detailed information about the aim and execution of the study, their privacy rights, and the use of data. Participants were asked to return their signed consent form. The study consisted of two distinct steps. In *Step 1*, participants were asked to practice and become acquainted with the concept of self-compassion for one week. Each day they were presented with a new exercise for a maximum of 15 minutes (see Table 1). These served to familiarize them with the different dimensions of self-compassion as this concept may not be familiar to everyone. In *Step 2*, after one week, participants were invited to a one-on-one interview to discuss their experiences with the exercises, which lasted approximately 60 minutes. The interviews were conducted in person, via telephone, or telecommunication applications (e.g. Zoom, Skype) and were recorded using Epic Enterprises' app 'Tape a Call', as well as Apple's app 'Voice Memos'. Data was then transcribed (verbatim), translated into English, and encrypted. All names and personal data to identify respondents were removed to protect confidentiality. Eventually, data was saved on the University of Twente's secure SURFdrive.

## **Materials**

### ***Exercise Booklet***

An exercise booklet was assembled, based on existing (self)-compassion exercises. It consisted of seven (self)-compassion exercises, including two audio-exercises. (see Table 1 for a full overview). Some background information around

the concept of self-compassion was also provided. The type of exercises ranged from visualizations or reflections to guided meditations.

The exercises could be accessed digitally or on paper, based on the participants' preference. The audio-exercises required the participants to possess a technical device (e.g. smartphone or computer) to execute them. In case participants did not have a device to play the exercises, they could receive a CD that included all exercises in audio.

**Table 1**

*Exercises from the Self-compassion Booklet*

Exercise	Type of exercise	Description	Source
How do you treat a friend? (Day 1)	Reflection / Imagination	This exercise asked the participant to think of a difficult situation for others and himself/herself. The participant was encouraged to reflect on his/her behavior in such situations.	C. Germer & K. Neff, The Mindful Self-Compassion Workbook
Three Emotion System (Day 2)	Reflection (Drawing)	This exercise asked the participant to think about his/her feelings within the last weeks and observe how the three emotion systems are represented. The participant was asked to draw these on a sheet of paper.	E. Beaumont & C. Irons, The Compassionate Mind Workbook
Compassionate Body Scan (Day 3)	Guided Meditation (Audio)	This exercise asked the participant to relax and perceive the sensations that occur within his/her body.	N. Tamura, Mitfühlender Body Scan für Jugendliche, adapted from K. Bluth & L. Hobbs, Center for Mindful Self-Compassion
Self-compassion Break (Day 4)	Reflection	This exercise asked the participant to think of a difficult situation and he/she practiced sentences that can help in such situations.	C. Germer & K. Neff, The Mindful Self-Compassion Workbook
Compassionate Friend (Day 5)	Visualization (Audio)	This exercise asked the participant to imagine a companion that stands by his/her side.	N. Tamura, Mitfühlender Freund, adapted from K. Bluth & L. Hobbs, Center

			for Mindful Self-Compassion
Three Flows of Compassion (Day 6)	Reflection (Drawing)	This exercise asked the participant to think about the flows (channels), through which he/she receives and gives self-compassion. The participant was asked to thicken the arrows (channels) in the graphic in the booklet.	Adapted from E. Beaumont & C. Irons, <i>The Compassionate Mind Workbook</i>
Reflection on your day (Day 7)	Reflection	This exercise asked the participant to reflect on his/her day. Six questions, such as “What am I grateful for?” served as guidance.	Adapted from E. Bohlmeijer & M. Hulsbergen, <i>Compassie als sleutel tot geluk</i>

### ***Interview Scheme***

The semi-structured interview consisted of three sections with a total of 35 open-ended and closed questions. The first section focused on the participants' diagnosis and physical condition, and included questions, such as *“When was your condition diagnosed?”* or *“What are ways for you to deal with your condition?”*. The second section targeted their experiences with self-compassion and self-criticism and questions were sometimes very personal. Questions focused on illness-related situations (e.g. *“How do you deal with the limits that your body indicates?”*) and different emotions (e.g. *“How do you normally react when you are angry?”*). Relationships with other individuals were also of interest (e.g. *“Are there times when you find it easier or more difficult to give or receive compassion?”*). The section also contained brief questions about adherence to and evaluation of the exercises. Finally, the third section functioned as a closing, where demographic data (gender, age, marital status, occupation, education) was collected (see Appendix A for the full interview schedule).

### **Data Analysis**

Transcripts were analyzed using ATLAS.ti software (v. 8.2. 24).

A thematic analysis approach was used, following the steps, suggested by Braun & Clarke (2006). Two independent coders familiarized themselves with the data and began to pick fragments to generate initial codes. Initial codes included: illness-related cognitions and behavior, self-care, approach to life, and mental relief. Then, data were scrutinized for themes, and codes were refined and categorized into themes. Eventually, themes were defined, laying the groundwork for producing the report. These steps were adhered throughout the analysis to guarantee exhaustiveness and clarity.

## Results

A subset of 12 participants from a total sample of  $n=19$  was included in this study due to Corona-related time constraints. Respondents were female and exhibited a wide range of chronic diseases (see Table 2). The mean age of the respondents was 46 (SD: 16.02; range 22-66).

**Table 2**

*Demographic Characteristics of Respondents*

Gender	Age	Education	Disease	Employment situation
Female	62	Upper secondary education	HIV/Aids	Retired
Female	53	Lower secondary education	Crohn's disease	Employed
Female	58	Upper secondary education	Asthma	Retired
Female	22	Upper secondary education	Disc Prolapse	Student
Female	35	University degree	Rosacea	Employed

Female	66	University degree	Cancer	Retired
Female	59	Upper secondary education	Bechterew's disease	Retired
Female	46	Upper secondary education	Hashimoto's thyroiditis	Employed
Female	34	Upper secondary education	Diabetes	Employed
Female	37	University degree	Primary hypertension	Employed
Female	23	Upper secondary education	Neurodermatitis	Student
Female	65	University degree	Rheumatism	Employed

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Respondents generally reported (strict) adherence to the exercise schedule, expressed much satisfaction with the exercises and were able to execute them properly. Some also mentioned having acquired completely new insights through the study that already led to life change in a few cases. Several respondents disliked the audio exercises and, particularly, criticized the voice as incongruous and strenuous.

Analysis of the interview transcripts revealed four main themes related to how individuals with chronic illnesses experience self-compassion: (1) acceptance, (2) putting things into perspective, (3) self-kindness, consisting of self-kind thinking and self-kind behavior, and (4) proactive behavior (for a full overview including subthemes, see Table 3).

**Table 3**

*Summary of Self-compassion Themes and Subthemes with respondent spread*

Theme	Subtheme	Respondent spread
Acceptance	Accepting distressing thoughts related to illness	7
	Accepting your physical appearance	4
	Accepting your physical limitations	5
Putting things into perspective	Acknowledging that you are not alone with your pain (illness)	5
	Having a positive perspective on life (illness)	6
	Finding strength or benefit in your illness	4
Self-kind thinking	Acknowledging that things are not easy for you	7
	Being less strict with yourself (lower demands)	4
	Feeling concern and empathy for yourself	8
	Listening to your feelings and needs	7
	Making a connection to your body	7
Self-kind behavior	Doing something enjoyable for yourself	6
	Taking care of yourself (in stressful times) by taking rest	7
	Taking care of yourself (in stressful times) by withdrawing	7
Proactive behavior	Engaging in health-promoting behavior	6
	Guarding personal boundaries (by saying 'no')	6
	Adapting to symptoms	5
	Tackling your situation positively (illness)	5

**Acceptance**

This theme encapsulated an accepting attitude towards the different aspects of an illness, which seemed to exert a positive impact on well-being and life in general.

Generally, respondents underscored that their disease has become a part of their life and body, which had a soothing effect and allowed them to forget about their illness at times.

#### *Accepting Your Physical Appearance*

The first component 'accepting your physical appearance' described an accepting attitude towards one's body and physical expressions of an illness. Over time, concomitant effects (e.g. overweight) were perceived as part of the physique: *"That's simply the outward expression of the disease. [...] I have accepted it over time, that's just the way it is."* or *"I look the way I look, I also accepted that at some point."*

Other respondents described the visible side effects that were caused by measures related to the disorder and how they have handled them:

*I have very large scars, both in the stomach and in the abdominal wall. As long as it doesn't bother me more or less, then I live a completely normal life, so it's normal for me [laughs].*

Similarly, others characterized their attitude towards their appearance as follows:

*When I still had the weight, I never thought it was possible, I always thought: Yes, that's just something you have and I have to deal with it.*

This attitude reflected an acceptance of (disliked) aspects of one's body and having adopted a beneficial manner to handle these.

#### *Accepting Your Physical Limitations*

The second component 'accepting physical limitations' included adhering to personal energy levels: *"In itself, I accept the limits, I mean I don't think that I need to uproot the biggest tree if I really can't do it anymore. [...] But I'm still trying to do what I am good at and I'm just concentrating on it."* It further described shifting attention away

from negative aspects: *“I accept the limitations, so I always think that I can do enough other things.”*. Respondents stressed the importance of and focus on other things that have fallen within their boundaries, instead of exceeding one’s limits. This alluded to an accepting stance towards personal physical capacities. It included refraining from distressing emotions related to the illness-related limitations:

*When I wanted to hike and after a few kilometers I reached my limit and had to recover my knee although I would have liked to hike further. But I wasn’t upset or angry about it, I just accepted it.*

In a similar vein, one respondent delineated: *“I had to call my husband to pick me up because I couldn’t walk back. [...] At the same time, there is no point in getting angry.”*.

Respondents did not perceive value in reacting emotionally to a stressful moment and rather faced it with acceptance in terms of adhering to energy levels.

#### *Accepting Distressing Thoughts Related to Illness (Including Those of Others)*

The third component ‘accepting distressing thoughts related to illness’ included approaching one’s inner life with openness: *“Above all, deal with your inner life and stand by it and do not push it aside and suppress it if it is uncomfortable, but (you) may just go into it.”*. Instead of suppressing negative cognitions, respondents accepted them.

In a similar vein, it also comprised accepting personal mistakes:

*But in the past I was always, say if I forgot my asthma spray at home, then I was really upset and got the asthma spray, today I am more relaxed [...] now I say to myself: “That can happen, wrong handbag.”, so the way you handle it changes a bit.*

Furthermore, acceptance of thought patterns was also experienced in a social setting:

*You can definitely see the looks of the people, but I didn't feel that much shame, because I am not that interested in other people anyway.*

Respondents referred to a tendency to accept possible illness-related thoughts of others.

### **Putting Things into Perspective**

Putting things into perspective entailed possessing a reasonable view on different aspects of life to clarify, acknowledge, or assess the true value, importance, or significance of them. Particularly a feeling of common humanity was identified among the respondent group in this regard.

#### *Acknowledging That You Are Not Alone with Your Pain (Illness)*

The first component of 'acknowledging that you are not alone with your pain' referred to actively recognizing and acknowledging that there are others with a similar condition. This contributed to improved management of some facets of the illness: *"Can be helpful to know that you are not the only person who has complaints and talks about the feelings you have."* Another respondent described how her perception of her being the only sick person changed:

*Often I had the feeling that I am the exception and everybody else does not have this problem. But in reality it is not that way. That is much more pleasant when you hear that other people have such problems and I am not alone with it.*

Moreover, it included realizing that suffering is part of the shared human experience:

*That made me realize that it is quite normal to suffer. I suffer from a slipped disc, but other people suffer in their own individual way. That made it easier for me to accept my own condition. That is simply part of life.*

Respondents perceived a feeling of belongingness, which, in turn, enabled to be compassionate to others with the same problem: *“When you see people, who have a lung disease, who really have to fight for every breath, then of course, because you know the situation yourself - how it can be - then of course you have that compassion and then try to support and help when you can.”*

#### *Having A Positive Perspective on Life (Illness)*

The second component ‘having a positive perspective on life (illness)’ related to adopting a positive outlook on life. The majority of respondents mentioned the importance of approaching their situation positively instead of brooding over negative aspects: *“So that you should keep the good in mind, especially when you tend to feel sorry for yourself. I think there’s a lot more good than you think.”* Concentrating on positive things facilitated handling mental distress. Similarly, it consisted of distancing oneself from self-defeating thoughts:

*You can definitely deal better with these circumstances because you not only see it negatively that you are sick.*

In a similar vein, cultivating positive thoughts were perceived as a means to maintain mental health: *“Especially with a chronic illness, relaxation is even more important, because you have to focus your thoughts on positive things to avoid depression. Positive thoughts are important.”*

Moreover, it entailed a positive stance towards oneself, stressing the importance of abandoning self-directed hostility:

*“It definitely makes life easier if you don’t see yourself as an enemy, but also as a friend.”*

#### *Finding Strength or Benefit in Your Illness*

The third component 'finding strength or benefit in one's illness' described an attitude towards appraising the benefits of an illness. Respondents described how their condition strengthened them: *"Now it's more like: "Ok, I have this illness and I have been through a lot, but the whole thing has also strengthened me."*

It also included an appreciation of life and some participants described that the disease resulted in more life satisfaction: *"I live happier with the disease, not so fast, I enjoy everything more."* Another respondent complemented: *"I can see it as an asset and not as a burden (the illness)."* Eventually, it encompassed learning novel ways of living:

*In a normal daily routine without any illness or anything, you do not go such new ways or don't even open up to such new things.*

### **Self-kind thinking**

Self-kind thinking encapsulated compassionate behavior directed at oneself on a cognitive level and developing a mind-body connection.

#### *Acknowledging That Things Are Not Easy for You*

The first component 'acknowledging that things are not easy for you' described a thought pattern characterized by recognizing a difficult situation: *"It is the moment, which you have to go through now and that goes away again and gets better."* Similarly, other respondents talked about stressful times and expressed acknowledgment of these:

*With myself, I am more critical, (...) but I also have to say that I am divorced, I live with my daughter, my son has already moved out and I had to get back to work-life after 20 years of being a housewife and mother, which nowadays is not that easy.*

Most respondents described acknowledging difficult experiences related to their illness, sometimes quite explicitly: *“This is a difficult and painful moment, acknowledging it then.”*

#### *Making a Connection to Your Body*

The second component ‘making a connection to the body’ included shifting conscious attention to the body. One respondent referred to it as a threat-detection system: *“After so many years you also know the signals of your body so that you can foresee when your body will cause you problems.”* She described a sense of body awareness.

Furthermore, understanding bodily signals helped to overcome stressful situations:

*E.g. at work or when I was shopping, sometimes even when driving a car, it happened to me that I realized: “Something is happening there (in the body). [...] Try to understand what is happening to me right now.*

Respondents described means to handle a difficult moment with more attentiveness to signals from the body.

#### *Being Less Strict with Yourself (Lower Demands)*

The third component ‘being less strict with oneself’ described an attitude characterized by reduced personal demands:

*Now in the last few days, I have to say, e.g. also through such things that I just say: “I could work another hour or two, but no I don’t do that now.”* Similarly, it included lowering personal expectations in a social context:

*In the beginning I went everywhere but now I think it is not necessary to go everywhere.*

In this regard, others described occupation-related experiences:

*You don't always go along with everything, because you are afraid it might cause too much stress.*

Respondents refrained from engaging in activities that are potential stress factors.

#### *Feeling concern and empathy for yourself*

The fourth component 'feeling concern and empathy for oneself' consisted of having a caring attitude and represented an alternative to anger or insult: "*Why should I put myself down like that, maybe berate myself or be angry with myself?*". They emphasized the redundancy of anger concerning her condition.

It was also prevalent in social contexts:

*Pay more attention to myself and treat myself more or less the way I treat other people.*

They described a mindset that emphasized to treat themselves as kindly and lovingly as they would treat other people.

Similarly, it included being caring for oneself:

*I believe with encouraging words.*

*So I try to give myself a lot of sympathy and understanding.*

Respondents expressed understanding regarding their situation.

It further comprised refraining from self-critical behavior:

*"That you do not judge yourself for it."*

#### *Listening to Your Feelings and Needs*

The fifth component 'listening to your feelings and needs' included recognizing one's inner life: *"As I said, I definitely pay more attention to myself, to listen more to myself, listen more to what's going on inside me."*

It also consisted of prioritizing own needs in a social context:

*I've been taking care of myself more. My needs are more important to me right now, and the needs of others tend to take a back seat.*

Respondents described paying attention to their own needs rather than focusing on those of others. In a similar vein, social norms or (personal) expectations were disregarded:

*"To take yourself more important and to be mindful of your needs and not just do what is expected of you."*

### **Self-kind behavior**

Self-kind behavior encompassed the behavioral dimension of self-kindness.

Here, the focus was on taking care of oneself in stressful times on the one hand and engaging in joyful activities on the other hand.

#### *Doing Something Enjoyable for Yourself*

The first component 'doing something enjoyable for yourself' included pursuing hobbies: *"I think that I get a lot of energy from my interests. So it is important for me to take my time for reading or playing the piano."* It also consisted of simple things that elicited happiness: *"The weather is nice, I go home now and do something for me, that is to say, go for a walk, or as I said, sit on the balcony and just have ice cream or whatever."* Respondents described concrete examples of actions that brought joy for themselves.

Further, it encompassed physical activity: *“The exercise in the fresh air is always very good for me.”*

Particularly, one respondent expressed doing something joyful in response to stressful times:

*But I think that my illness educated me to treat myself as good as possible. I learned very early that only when I am doing good things to myself, my situation does become better.*

#### *Taking Care of Yourself (in Stressful Times) by Taking Rest*

The second component ‘taking care of yourself (in stressful times) by taking rest’ encompassed allowing oneself to rest in response to a stressful situation:

*When you get warning signals that you take a break more quickly and think about what is going wrong here and just don’t continue until you are completely exhausted or something comes up, so when you have signs, apply the brakes.*

Respondents illustrated an awareness of signals of the body. In a similar vein, taking rest was perceived as a necessity for illness management:

*I know that stress worsens my situation and therefore I try to get as much rest as possible. For example, through daily rituals like the morning tea that I always make for myself.*

They highlighted taking rest as a means to prevent stress, which was reported to exacerbate the condition.

#### *Taking Care of Yourself (in Stressful Times) by Withdrawing*

The third component ‘taking care of yourself (in stressful times) by withdrawing’ described withdrawing behavior in response to a stressful situation as a means to take

care of oneself: *“When all the stress is there, I could take at least five minutes to just pull back into a quiet corner and think about the whole situation.”*

It also included disengaging from social interactions due to perceived physical discomfort:

*“I then told the person that it is not possible for me to continue this conversation, because I felt really bad at that moment.”*

Similarly, scheduling time for oneself regularly was mentioned: *“Sometimes I need two to three days, just for myself, but I enjoy that.”* Respondents withdrew from social settings in response to personal needs.

### **Proactive Behavior**

Proactive behavior included improving symptom management, increasing health-related outcomes, guarding personal boundaries, and, generally, approaching life positively. It was directed at improving physical and mental health.

#### *Engaging in Health-Promoting Behavior*

The first component ‘engaging in health-promoting behavior’ described (prophylactic) actions and lifestyles that promote positive health outcomes. It included exercising, which positively contributed to their illness: *“Now I am also active three to four times a week, which is also good for me, I can’t say otherwise, that also contributed to my asthma very positively.”*

A healthy and personalized diet also depicted an important component of health-promoting behaviors: *“In any case, I pay a lot of attention to my health. I know which food is good for me. I pay attention to nutrition.”* and seeking help from professionals:

*Then I consciously chose a naturopath, who helped me with my pollen allergy.*

They described that using alternative treatment contributed to their health.

Similarly, other respondents reported applying alternative relaxation techniques:

*In the past, I have been doing autogenic training, because I need the rest a lot.*

#### *Guarding Personal Boundaries (by Saying 'no')*

The second component 'guarding personal boundaries' described self-protective attitudes in response to personal feelings and needs: *"Up to here and not further, if I go on now, then I will make mistakes and will be exhausted and I don't want that."* They reported appraising and adhering to personal physical capacities to avoid exhaustion.

In a similar vein, personal boundaries were also guarded in social interactions:

*The biggest point, in my opinion, is to be able to say 'no', that's a really big problem [laughs]. As soon as someone gives me a hangdog look and says: "Can you (help me), would you (help me), then I am also the one, who does that no matter if I have the time or energy right now."*

Respondents explained the difficulty to reject requests of others despite a lack of energy or time.

Further, it consisted of denying the help of others during stressful times or an illness-related episode:

*That I just say: "I know it is meant well, but I just want to be left alone."*

Respondents described that others are not able to provide help adequately during episodes of their illness.

#### *Adapting to Symptoms*

The third component 'adapting to symptoms' consisted of behavior related to adapting daily life to episodes of the disease: *"Then I try to plan my day around it, so that*

*I know there's a toilet nearby if I need it, so that I can approach everything a bit more relaxed."*

Likewise, it included scheduling time for illness-related measures:

*I already mentioned that this disease forces you to take many hygienic measures, to stand in the bathroom a lot.*

Respondents engaged in behaviors necessary for the management of their condition

In a similar vein, adapting to symptoms entailed restrictive actions in response to symptom expression: *"When the pain is there, I have to limit myself a lot."*

#### *Tackling Your Situation Positively (Illness)*

The fourth component 'tackling one's situation positively' encompassed approaching stressful moments in a positive and constructive way: *"So, now you have to look how you can make the best of it."* Similarly, it included actively tackling a situation:

*I'm always very active, I'm not someone who sits out like this, so when I face a problem, I like to actively tackle it. I am not someone who sits down like this and says: "Come and do it for me!"*

Respondents reported attempting to acquire control over events.

Moreover, it entailed making the best of one's situation:

*"Just deal with it as best as possible and achieve the best possible values without totally restricting everyday life."* They remarked the importance of keeping life restrictions low.

### **Discussion**

The purpose of this study was to explore how individuals experience self-compassion in the context of a physical chronic illness. The results indicate that self-compassion was experienced alongside four key dimensions: acceptance, putting things into perspective, self-kind thinking and behavior, and proactive behavior. In the

context of chronic illnesses, acceptance included accepting one's thoughts, physical appearance, and physical limitations. Putting things into perspective encompassed, among others, adopting a positive attitude and view on life, and finding benefit.

Self-kindness emerged on two different levels, mentally (e.g. acknowledging a difficult situation) and behaviorally (e.g. withdrawing in response to a difficult situation).

Eventually, proactive behavior encompassed self-protective and self-promotive actions, such as guarding personal boundaries and engaging in health-promoting behaviors.

Conclusively, it can be assumed that self-compassion was experienced as an interplay of four distinct dimensions, which built on or amplified each other. Now the findings will be discussed in the light of related literature. These results build on existing conceptualizations of self-compassion, such as those proposed by Neff (2003a), by investigating concrete experiences and expressions of self-compassion.

Self-kindness was found to be a dimension of self-compassion, alluding to an approach to treat oneself as one would treat a friend. Participants described that maladaptive conduct such as self-criticism or insult is avoided and well-being is fostered. Neff (2003a) underscored the importance of such a loving stance towards oneself to cultivate well-being and she particularly stressed the necessity of discarding criticizing tendencies. The current study may complement this finding by providing concrete expressions of self-kindness ordered along two dimensions, i.e. thinking (e.g. lowering personal demands) and behavior (e.g. taking rest). Whereas existing literature mostly describes a tendency to treat oneself kindly and lovingly in difficult situations on a mental level (Barnes et al., 2018), this study was able to identify a range of concrete behaviors. These encompass behavioral acts in response to suffering, like going for a walk or to the cinema, allowing to take rest, listening to feelings and needs, and taking care of the

body. Nonetheless, making it more concrete and actionable can be beneficial to train self-compassion. Training and care programs could take our findings by including a behavioral approach and suggesting concrete examples of actions to promote mental and physical well-being. Participants could be stimulated to create personal incentives for difficult situations.

The findings of this study also point to the importance of recognizing that suffering is part of the common human experience for being compassionate. Particularly individuals with the same condition of all ages were perceived as potent reminders for compassionate behavior. Perceiving congeneric symptoms in another person strengthens connectivity, and shared understanding. At the same time, it profoundly stimulates giving compassion to the other as a result of knowing what he or she undergoes. This fits with the assumption of Kanov et al. (2004) that conceptualizes self-compassion as consisting of three components: noticing, feeling, and responding. 'Noticing' includes being aware of another's suffering and depicts a necessary prerequisite for 'feeling'. 'Feeling' encompasses the emotional response towards that suffering and highlights adopting the other's perspective. Eventually, 'responding' depicts acts directed at alleviating suffering. The findings also seem to converge with Wispe's (1991, as cited in Strauss et al., 2016) conceptualization of compassion that further included the ability to adopt a non-judgemental stance towards other individuals. In accordance with Neff (2003b), most participants mentioned connecting to people with a similar illness, however, only a few described a connection to human nature generally. This may be explained by an inability of healthy individuals to imagine what living with chronic illnesses means. Participants reported that others without a similar condition are not able to understand their suffering and cannot give help adequately during

illness-related episodes. Further research could investigate how chronic patients can benefit more from compassion from healthy others and how reciprocal perspective-taking can be enhanced. Also, patient care programs could organize compassion training groups for individuals with similar conditions to maximize effectiveness.

Moreover, we found putting things into perspective to be an important dimension of self-compassion in this sample. It involved adopting a positive approach and shifting attention away from the negative aspects of life. Specifically, finding strengths or benefits in a difficult situation was helpful for some participants and was described as contributing to their mental well-being. A similar pattern was observed in a sample of breast cancer patients, stating that benefit finding was inversely related to emotional distress (Urcuyo, Boyers, Carver, & Antoni, 2005). Analogous, Siegel & Schrimshaw (2007) found that higher benefit finding in HIV positive individuals is related to less depressive and anxious symptoms and increased positive affect. The findings suggest a potential stress-buffering effect of benefit finding, which could enhance psychological adjustment to chronic illnesses and contribute to mental well-being. However, only a few participants explicitly mentioned being able to find benefits in their illness. One explanation could be that individuals are overly concerned with the symptoms of an illness rather than shifting attention to positive resources. Further, it can be assumed that character traits may play a role in finding benefits. This fits the assumption that benefit finding is predicted by greater optimism (Dunn, Occhipinti, Campbell, Ferguson, & Chambers, 2010), which may imply that low optimism exacerbates self-compassionate acts, particularly of the behavioral type. Future research could investigate self-compassion in individuals low in

optimism targeting how rumination on aspects of the illness can be decreased, and how benefit finding can be promoted among other dimensions of self-compassion.

This study revealed that proactive behavior was experienced as a form of self-compassion. It was expressed in self-protective as well as health-promoting behavior, which converges with previous findings (Abdollahi, Taheri, & Allen, 2020). In a sample of female chronic patients, perceived stress was identified as a negative predictor of self-care. Self-compassion, in contrast, promoted both self-care behavior and stress reduction, suggesting that self-compassion could support the management of physical aspects of chronic illnesses. Similarly, a positive association between self-compassion and health-promoting behaviors (Sirois, Kitner, & Hirsch, 2015) and self-care behaviors and quality of life was found (Goncher, Sherman, Barnett, & Haskins, 2013). Our findings point to a dimension of self-compassion characterized by predominantly behavioral rather than cognitive experiences. One explanation could be that proactive behavior may be a consequence of other mental dimensions of self-compassion that provide the capacities, both physical and mental, to engage in such actions. For instance, accepting one's physical limitations may more likely result in adapting exercising as a means to improve health-related outcomes to personal levels in the context of chronic illnesses. Although self-compassion is embedded in a reasonable body of empirical work, self-compassion interventions are not widely used in the context of chronic illnesses. Nonetheless, they may contain value in improving mental and physical health. Future research could build on our findings to further develop such interventions.

Another interesting observation was that each participant seemed to reflect on complex emotions and experiences with ease. They displayed a high level of awareness

of their inner processes, allowing for a concrete description of situations, cognitions, and behaviors. Gender may be one explanation for this, as our study only included female participants, and females are known to reflect more upon their personality traits compared to males (Csank & Conway, 2004). Nishiguchi, Mori, & Tanno (2018) investigated the relationship between the need for cognition and self-rumination. Their findings revealed a positive association between need for cognition and self-reflection, and highlighted a possible contribution of need for cognition to mental health by decreasing self-rumination and increasing self-reflection. Thus, individuals high in need for cognition may be more likely to benefit from typical self-compassion exercises as they can better recognize internalities. One possible explanation could be that behavioral dimensions (e.g. health-promoting behaviors) of self-compassion may be particularly appealing or effective for individuals low in need for cognition, whereas individuals high in need for cognition may or would benefit more from cognitive dimensions of self-compassion (e.g. acceptance). Further research could investigate self-compassion in individuals lower in need for cognition and how benefit for those can be maximized by accentuating certain components of self-compassion.

For some individuals, however, self-compassion can be a difficult concept to grasp as described by participants that opted out prior to study begin. This could imply that there are barriers for self-compassion, which seems to converge with a qualitative study in a non-clinical sample. Although participants regarded self-compassion as beneficial, they believed it would make them vulnerable and that others would judge them (Campion & Glover, 2017). Gilbert, McEwan, Matos, & Ravis (2011) observed that patients often seem to be fearful of receiving compassion from others and themselves. Together these findings suggest that patients may find self-compassion difficult to

receive. One explanation could be that an interplay of personal characteristics and cultural factors determines reluctance to self-compassion. Since self-compassion is rooted in eastern cultures and understandings, it may be difficult to grasp in western cultures. Future research could focus on how westernized thought patterns regarding self-compassion can be influenced to decrease resistance to it.

### **Strengths & Limitations**

This study has several strengths. First, a sample was acquired covering a wide range of physical chronic illnesses in contrast to similar diseases. This allowed for identifying common themes across diseases in how participants relate to the shared challenges of living with a chronic condition. Further quantitative research could expand on this by finding explicit links between illnesses and particular dimensions of self-compassion as our findings only allow for suggesting rough directions.

Linked to this, there was a gap in the literature referring to how chronic patients experience self-compassion since most studies were correlational in nature. This study generated in-depth information about how self-compassion is experienced in the context of chronic illnesses. This in-depth information can be used to increase chronic patients' ability to grasp and benefit from self-compassion. Consequently, self-compassion training programs or apps may benefit from it as these can be tailored to these specific experiences and recommend concrete actions.

The findings of this study have to be seen in the light of some limitations. The first limitation concerns the sample that only consisted of female participants. Some men initially applied too, but these opted out due to a perceived inability to grasp the concept of self-compassion, which they described. One explanation could be that men's emotional expression and acknowledgment of feelings are influenced by cultural ideas of

masculinity (Pederson & Vogel, 2007), which may create a reluctance to approach emotions and feelings openly. In turn, adherence to traditional male norms inhibits men from engaging in self-compassionate acts (Reilly, Rochlen, & Awad, 2014). Therefore, future research could investigate how to make self-compassion more understandable and receivable for males, taking traditional conceptualizations of men into account. This could be achieved by identifying dimensions of self-compassion that may be particularly appealing to men. One study examined gender differences within the relationship between self-compassion and well-being among adolescents. While girls benefited maximally from common humanity, mindfulness was most beneficial for boys (Sun, Chan, & Chan, 2016), highlighting the importance of gender specificity and suggesting that a rational rather than an emotional component of self-compassion could help to grasp self-compassion in males. Research should focus on finding gender differences in an adult sample and include more men by avoiding emotional indicators and placing more emphasis on mindfulness.

Moreover, due to the recent Covid-19 outbreak, interviews were predominantly conducted via telephone rather than in person. Participants also deliberately decided against video calls due to technical limitations and personal requests and preferred a telephone call. This denied capturing non-verbal data from the participants, such as gestures, posture, or facial expressions, while this is an important and complex aspect of personal interaction (da Silva, Brasil, Guimarães, Savonitti, & da Silva, 2000). Non-verbal information helps to express feelings, emotions, and transmit messages, which are embedded in a certain context. In the same vein, it is of high importance for the interviewer to create a safe environment for the interviewee, where he or she feels

comfortable sharing feelings and personal experiences. This might have not been guaranteed in an impersonal setting.

### **Conclusion**

The purpose of this study was to identify how self-compassion is experienced by patients in the context of chronic illnesses. Based on a qualitative analysis, four key dimensions of self-compassion experiences were found: acceptance, putting things into perspective, self-kindness, and proactive behavior. Our findings complement existing definitions of self-compassion in two ways: we provide concrete examples of cognitive and behavioral experiences of the different dimension of self-compassion, which makes it more understandable and actionable, and add to it by enriching the behavioral dimensions of self-compassion. Self-compassion is known to improve both physical and mental health and improves illness management in the context of chronic illnesses. Fortunately, the skills of self-compassion can be acquired and maintained over time. Thus, we underscore the importance of concretizing experiences of self-compassion to improve training programs for chronic patients. Future research could investigate how self-compassion could be made more tangible and practicable in the context of chronic illnesses.

### References

- Abdollahi, A., Taheri, A., & Allen, K. A. (2020). Self-compassion moderates the perceived stress and self-care behaviors link in women with breast cancer. *Psycho-Oncology*, 29(5), 927-933. doi:10.1002/pon.5369
- Adams, E. (2010). The joys and challenges of semi-structured interviewing. *Community practitioner: the journal of the Community Practitioners' & Health Visitors' Association*, 83(7), 18-21. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/20701187/>
- Balderson, B. H., Grothaus, L., Harrison, R. G., McCoy, K., Mahoney, C., & Catz, S. (2012). Chronic illness burden and quality of life in an aging HIV population. *AIDS Care*, 25(4), 451-458. doi:10.1080/09540121.2012.712669
- Barnes, A., Adam, M. E., Eke, A. O., & Ferguson, L. J. (2018). Exploring the emotional experiences of young women with chronic pain: The potential role of self-compassion. *Journal of Health Psychology*. 1-11. doi: 10.1177/1359105318816509

- Budge, C., Carryer, J., & Boddy, J. (2012). Learning from people with chronic pain: Messages for primary care practitioners. *Journal of Primary Health Care, 4*(4), 306.  
doi:10.1071/hc12306
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. doi: 10.1191/1478088706qp063oa
- Brion, J.M., Leary, M.R., & Drabkin, A.S. (2014). Self-compassion and reactions to serious illness: The case of HIV. *Journal of Health Psychology, 19*(2), 218-229. doi: 10.1177/1359105312467391
- Brown, L., Karmakar, C., Flynn, M., Motin, M. A., Palaniswami, M., Celano, C. M., . . . Bryant, C. (2019). A self-compassion group intervention for patients living with chronic medical illness. *The Primary Care Companion For CNS Disorders, 21*(5).  
doi:10.4088/pcc.19m02470
- Campion, M., & Glover, L. (2016). A qualitative exploration of responses to self-compassion in a non-clinical sample. *Health & Social Care in the Community, 25*(3), 1100-1108.  
doi:10.1111/hsc.12408
- Chen, K.H., Chen, M.L., Lee, S., Cho, H.Y., & Weng, L. (2008). Self-management behaviours for patients with chronic obstructive pulmonary disease: A qualitative study. *Journal of Advanced Nursing, 64*(6), 595-604. doi: 10.1111/j.1365-2648.2008.04821.x.
- Cooley, M.E. (2000). Symptoms in adults with lung cancer: A systematic research review. *Journal of Pain and Symptom Management, 19*(2), 137-153. doi: 10.1016/S0885-3924(99)00150-5

- Costa, J., & Pinto-Gouveia, J. (2013). Experiential avoidance and self-compassion in chronic pain. *Journal of Applied Social Psychology, 43*(8), 1578–1591. doi: 10.1111/jasp.12107
- Csank, P. A., & Conway, M. (2004). Engaging in self-reflection changes self-concept clarity: on differences between women and men, and low- and high-clarity individuals. *Sex Roles, 50*(7/8), 469-480. doi:10.1023/b:sers.0000023067.77649.29
- Dowd, A. J., & Jung, M. E. (2017). Self-compassion directly and indirectly predicts dietary adherence and quality of life among adults with celiac disease. *Appetite, 113*, 293-300. doi:10.1016/j.appet.2017.02.023
- Dunn, J., Occhipinti, S., Campbell, A., Ferguson, M., & Chambers, S. K. (2010). Benefit finding after cancer. *Journal of Health Psychology, 16*(1), 169-177. doi:10.1177/1359105310371555
- Edwards, K. A., Pielech, M., Hickman, J., Ashworth, J., Sowden, G., & Vowles, K. E. (2019). The relation of self-compassion to functioning among adults with chronic pain. *European Journal of Pain, 23*(8), 1538-1547. doi:10.1002/ejp.1429
- Gilbert, P., Mcewan, K., Matos, M., & Ravis, A. (2011). Fears of compassion: Development of three self-report measures. *Psychology and Psychotherapy: Theory, Research and Practice, 84*(3), 239-255. doi:10.1348/147608310x526511
- Goncher, I. D., Sherman, M. F., Barnett, J. E., & Haskins, D. (2013). Programmatic perceptions of self-care emphasis and quality of life among graduate trainees in clinical psychology: The mediational role of self-care utilization. *Training and Education in Professional Psychology, 7*(1), 53-60. doi:10.1037/a0031501

- Herring, M.P., Puetz, T.W., O'Connor, P.J., & Dishman, R.K. (2012). Effect of exercise training on depressive symptoms among patients with a chronic illness: A systematic review and meta-analysis of randomized controlled trials. *Archives of Internal Medicine*, *172*(2), 101-111. doi: 10.1001/archinternmed.2011.696
- Hurre, T. M., & Aro, H. M. (2002). Long-term psychosocial effects of persistent chronic illness. *European Child & Adolescent Psychiatry*, *11*(2), 85-91. doi:10.1007/s007870200015
- Kanov, J. M., Maitlis, S., Worline, M. C., Dutton, J. E., Frost, P. J., & Lilius, J. M. (2004). Compassion in organizational life. *American Behavioral Scientist*, *47*(6), 808-827. doi:10.1177/0002764203260211
- Kurpas, D., Hans-Wytrychowska, A., Ciaglewic, J., & Steciwko, A. (2010). Methods of dealing with chronic illness in patients with disorders of cardiovascular system. *Family Medicine and Primary Care Review*, *12*(3), 712-715. doi: 10.5334/ijic.889
- Laurin, C., Moullec, G., Bacon, S.L., & Lavoie, K.L. (2012). Impact of anxiety and depression on chronic obstructive pulmonary disease exacerbation risk. *American Journal of Respiratory & Critical Care Medicine*, *185*(19), 918-923. doi: 10.1164/rccm.201105-0939PP
- Mullins, A. J., Gamwell, K. L., Sharkey, C. M., Bakula, D. M., Tackett, A. P., Suorsa, K. I., Chaney, J.M., & Mullins, L. L. (2017). Illness uncertainty and illness intrusiveness as predictors of depressive and anxious symptomology in college students with chronic illnesses. *Journal of American College Health*, *65*(5), 352-360. doi:10.1080/07448481.2017.1312415

- Neff, K. D. (2003a). The development and validation of a scale to measure self-Compassion. *Self and Identity*, 2(3), 223–250. doi: 10.1080/15298860309027
- Neff, K.D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude towards oneself. *Self and Identity*, 2(2), 85-101. doi: 10.1080/15298860309032
- Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, 41(1), 139–154. doi: 10.1016/j.jrp.2006.03.004
- Norman, S. B., & Lang, A. J. (2005). The functional impact of anxiety sensitivity in the chronically physically ill. *Depression and Anxiety*, 21(4), 154-160. doi:10.1002/da.20076
- Pederson, E. L., & Vogel, D. L. (2007). Male gender role conflict and willingness to seek counseling: Testing a mediation model on college-aged men. *Journal of Counseling Psychology*, 54(4), 373-384. doi:10.1037/0022-0167.54.4.373
- Phillips, W. J., & Hine, D. W. (2019). Self-compassion, physical health, and health behaviour: A meta-analysis. *Health Psychology Review*, 1-27. doi:10.1080/17437199.2019.1705872
- Pinto-Gouveia, J., Duarte, C., Matos, M., & Fráguas, S. (2013). The protective role of self-compassion in relation to psychopathology symptoms and quality of life in chronic and in cancer patients. *Clinical Psychology & Psychotherapy*, 21(4), 311-323. doi:10.1002/cpp.1838
- Reilly, E. D., Rochlen, A. B., & Awad, G. H. (2014). Men's self-compassion and self-esteem: The moderating roles of shame and masculine norm adherence. *Psychology of Men & Masculinity*, 15(1), 22-28. doi:10.1037/a0031028

- Schaeffer, D., & Müller-Mundt, G. (2012). Management of complex medication regimes in chronic illness - Challenges and supports needs from the health professional's view. *Pflege*, 25(1), 33-48. doi: 10.1024/1012-5302/a000168
- Siegel, K., & Schrimshaw, E. W. (2006). The stress moderating role of benefit finding on psychological distress and well-being among women living with HIV/AIDS. *AIDS and Behavior*, 11(3), 421-433. doi:10.1007/s10461-006-9186-3
- Sirois, F.M., Kitner, R., Hirsch, J.K. (2015). Self-compassion, affect, and health-promoting behaviors. *Health Psychology*, 34(6), 661-9. doi: 10.1037/hea0000158
- Sirois, F. M., Molnar, D. S., & Hirsch, J. K. (2015). Self-compassion, stress, and coping in the context of chronic illness. *Self and Identity*, 14(3), 334–347. doi: 10.1080/15298868.2014.996249
- Sirois, F.M., & Rowse, G. (2016). The role of self-compassion in chronic illness care. *Journal of Clinical Outcomes Management*, 23(11), 521-527. Retrieved from <https://self-compassion.org/wp-content/uploads/2018/05/Sirois2016.pdf>
- 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. doi:10.1016/j.cpr.2016.05.004
- Sun, X., Chan, D. W., & Chan, L. (2016). Self-compassion and psychological well-being among adolescents in Hong Kong: Exploring gender differences. *Personality and Individual Differences*, 101, 288-292. doi:10.1016/j.paid.2016.06.011

Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management.

*The Canadian journal of hospital pharmacy*, 68(3), 226–231.

<https://doi.org/10.4212/cjhp.v68i3.1456>

Swendeman, D., Ingram, B. L., & Rotheram-Borus, M. J. (2009). Common elements in self-management of HIV and other chronic illnesses: An integrative framework. *AIDS Care*, 21(10), 1321-1334. doi:10.1080/09540120902803158

Thomas, J., Jones, G., Scarinci, I., & Brantley, P. (2003). A descriptive and comparative study of the prevalence of depressive and anxiety disorders in low-income adults with Type 2 Diabetes and other chronic illnesses. *Diabetes Care*, 26(8), 2311-2317. doi:10.2337/diacare.26.8.2311

Urcuyo, K. R., Boyers, A. E., Carver, C. S., & Antoni, M. H. (2005). Finding benefit in breast cancer: Relations with personality, coping, and concurrent well-being. *Psychology & Health*, 20(2), 175-192. doi:10.1080/08870440512331317634

Vahedparast, H., Mohammadi, E., & Ahmadi, F. (2016). From threat to gradual lifestyle changes: Iranians' experiences with chronic illnesses. *International Nursing Review*, 64(3), 405-412. doi:10.1111/inr.12319

Warner, C. B., Roberts, A. R., Jeanblanc, A. B., & Adams, K. B. (2017). Coping resources, loneliness, and depressive symptoms of older women with chronic illness. *Journal of Applied Gerontology*, 38(3), 295-322. doi:10.1177/0733464816687218

Westbrook, M. T., & Viney, L. L. (1982). Psychological reactions to the onset of chronic illness. *Social Science & Medicine*, 16(8), 899-905. doi:10.1016/0277-9536(82)90209-x

## Appendix A

### Interview Scheme

#### **Introduction**

Hello...

- first of all I would like to thank you for participating in our study
- I am ... and as you might have recognized I am a Psychology student, currently working on my Bachelor Thesis "Self Compassion in the Context of Chronic Illness"
- Our study aims at investigating how people with a physical chronic illness experience and cope with their condition. In this context we are interested in the question how people with chronic illness experience self-compassion and self-criticism

- learning more about that is important because there is not much information about how people experience self-compassion and learning about that may be beneficial for improving exercises and treatments related to that concept

### **The interview consists of 3 Parts**

- first of all I will ask you some general questions about your situation
- then I will ask you some questions about the exercises, self compassion and self-criticism. Some of these questions may tackle topics, which might release uncomfortable emotions in you, so I would like to point out that you are free to answer these questions with as little or as much detail as needed
- finally I will ask you some general questions about your person (e.g. your age)
- The most important aspect of this interview will be your opinion and experiences with self-compassion. My part mainly consists of listening to you and asking questions, so that we receive a coherent picture of your experiences

### **Privacy of Data**

- I would also like to inform you that the interview will be recorded. Your data will receive a code to protect your privacy. Your name and other data that can directly identify you are left out. Data can only be traced back to you with the code key. The key of the code remains securely stored in the local research facility. The data cannot be traced back to you in reports and research publications.

**Do you have any questions?**

**Interview**

**Interview part 1: The physical condition/diagnosis**

**Comment:**

First I would like some background information about your condition

1. What kind of physical condition do you have? (Cancer: what kind of diagnosis did you get) Can you tell me more about this?
2. When was your condition diagnosed?
3. What kind of treatment have you received?
4. What are ways for you to deal with your condition? How do you usually deal / cope with your condition?
5. How are you doing now?

**Interview part 2: self-compassion, self-criticism and the exercises**

**Comment:**

The following part is about your experiences with the exercises that you did within the past week and your opinion of self-compassion in general

6. Were you able to do the exercises? Which ones and which ones not, how often? How much time in total?
7. What did you think of the exercises in general? What did you like or appreciate? What did you like less, was unclear or difficult?

8. Were the exercises useful to you in any way? Were they helpful in some way? How?
9. Would you use any of the exercises again in the future? Which ones? Why, or why not? At which moments?
- 10.
- a. What does self-compassion mean to you?
  - b. Why is or isn't self-compassion relevant for people with a physical condition?
  - c. In which ways do you take care of yourself?
  - d. In which ways are you kind to yourself ?
  - e. How do you help yourself to do things that you don't feel like, but that you find important? (i.e. How do you motivate yourself?)

### **Exercise 1: "How do you treat a friend" (Day 1)**

#### **Comment:**

Now I want to talk about the first exercise "How do you treat a friend". As you may remember, the exercise consisted of imagining a person who is in a difficult situation. How would you respond to that person and how would you respond to yourself?

11. Did you do this exercise, and what did you think of it? (optional: how much time did you spend on it, how often)

12.

- a. Do you recognize that you are more critical towards yourself than towards others? Can you give examples of ways in which you have been critical, harsh or strict with yourself in relation to your condition?
- b. In what ways does being critical towards yourself help you? If you imagine having an inner critic, what is it trying to accomplish?

#### **Comment:**

We know that many people with chronic illness sometimes are self-critical and feelings like shame can occur. Do you, or other people you know with the same condition...

- c. ...feel guilty about the condition, the consequences of the condition or how you deal with the condition (If yes, in which ways/ask for examples)
- d. ....feel angry at yourself because of your condition (If yes, in which ways/ask for examples)
- d. ....felt ashamed because of your condition or tried to hide (aspects) of your condition? (If yes, in which ways/ask for examples)

### **Exercise 2 : “Three Emotion System” (Day 2)**

#### **Comment:**

The next exercise was about the three-emotion system, where you had to draw three circles. The largest circle was the system that was most present and the smallest the system that was least present. This exercise is based on the fact that self-compassion can influence three particular emotion systems, namely the threat system, soothing system, and drive system.

- 13. Did you do this exercise, and what did you think of it?
- 14. Do you recognize these three emotion systems? Can you explain which were the biggest or smallest for you? How does your condition affect the emotion systems?

### **Exercise 3: “Compassionate Body Scan” (Day 3)**

#### **Comment:**

In this guided meditation the task was to pay attention to different parts of your body with the purpose of increasing body awareness and improving management of pain and distressing emotions in the body

- 15. Did you do this exercise, and what did you think of it?
- 16. How do you deal with the limits that your body indicates?
- 17. How do you deal with the (in)visibility of your condition?

#### **Exercise 4 - “Self-compassion Break” (Day 4)**

##### **Comment:**

In this exercise you thought of a difficult situation and practiced sentences that you can use in these situations.

18. (effect and appreciation) Did you do this exercise, and what did you think of it? Were there moments where you could apply this in daily life?
19. (concept self-compassion and self-criticism ) How do you respond to yourself when you're sad, angry or anxious? How do you respond to yourself when you made a mistake or did something “stupid”?
20. (concept self-compassion and self-criticism) Do you think you could remember to practice self-compassion in a moment of difficulty? Do you sometimes manage in difficult situations to observe your thoughts or emotions rather than being overwhelmed by them?
21. (concept self-compassion and self-criticism) In which ways did your condition influence the way you treat yourself, when you're having a difficult time?
22. (concept self-compassion) Did your condition influence how connected or how isolated you feel from other people? Can you give some examples?

#### **Exercise 5 - Compassionate Friend (Audio) (Day 5)**

##### **Comment:**

In this exercise you were asked to imagine a person who completely accepts you, understands you and assists you.

23. Did you do this exercise and what do you think about it?

24. How was it to imagine a person like that? Was it difficult to imagine? Why was it difficult/easy? How did it feel? Could you imagine addressing yourself more often as a friend?

### **Exercise 6: “Three flows of compassion” (Day 6)**

#### **Comment:**

This exercise was about reflecting the way in which you received compassion and the way in which you brought self-compassion towards other people. As the name of the exercise suggests, there are three flows of compassion, namely to yourself, to others, and from others.

25. Did you do this exercise, and what did you think of it? (optional: how much time did you spend on it, how often?)

26. Can you tell me something about what the flows of compassion look like for you? Which flow is the biggest and which is the smallest? Did your situation change anything in these flows? What did it change?

27. How do/did you experience receiving compassion from others in relation to your condition? Did something change?

28. How do/did you experience giving compassion to others in relation to your condition?  
Did something change?

29. Are there times when you find it easier or more difficult to receive or give compassion? (Do you have an example?)

### **Exercise 7 - Reflection on your day (Day 7)**

In this exercise you took a moment at the end of the day to reflect. Doing this you answered questions like “What am I grateful for?” .

30. Did you do this exercise and what do you think about it?

31. What did you notice about the ways you are compassionate towards/from others?  
What did you notice about how you take care of yourself?

### **Interview part 3: Closing**

#### **Comment:**

Finally I will ask you some general questions about you (e.g. your age). We need this data to be able to properly define the population we are investigating. This will allow for generalization of the results. Also, we want to ensure that participants were able to express anything they would like to.

32. Is there anything that you would like to add?

33. Demographic info: gender, age, marital status, employment situation, education

34. Do you want to receive a results study? Know other participants?

35. Keep contact for further questions

Thank you for participation!!!

Appendix B

Self-Compassion Exercise Booklet



Life can be difficult. We have to deal with setbacks, for example in our family or related to our health. In addition, there are many things happening in the world that can be hard to grasp. We prefer not to dwell on this for too long. It doesn't feel pleasant, and if we do it for too long we lose sight of the positive things in life. Nevertheless it can be useful to also pay some attention to the difficult things we are experiencing - instead of avoiding or suppressing them - so that we have the space to process our experiences.

**“Self-compassion is about a friendly, warm and wise attitude towards ourselves in difficult times.”**

Self-compassion does not mean that you always do whatever you feel like or that you are being 'soft' towards yourself. It takes courage to face difficulties, and see what is needed to move forwards within the circumstances.

### **One week of exercises**

We know from research that practicing self-compassion can help to increase our well-being and reduce stress. Self-compassion exercises are tools that help to strengthen your compassion. On the following pages, you can find the exercises you will be practicing during the upcoming week. This should take up to 15 minutes a day. In the interview that follows, we will discuss your experiences. If there are exercises that you have difficulty with or do not like, that is not a problem: your experience is relevant for us.

We kindly ask you to practice the exercises each day and try the audio-guided exercises more than once, because it can take time to get used to something new. Preferences for audio-guided exercises (e.g speed, length, tone of voice) are often very. You may also encounter words or aspects of exercises that do not fit your specific situation or condition.

The exercises are not (yet) tailored to specific symptoms or conditions:  
Your input can be used to develop exercises tailored to specific conditions in the future.

**We hope that you enjoy practicing the exercises and learn something about self-compassion. We also thank you for participating in this study.**

## DAY 1

**Exercise 1 – “How would you treat a friend? 5-10min.**

(adapted from ‘The Mindful Self-Compassion Workbook’ - C. Germer & K. Neff)

For this exercise, it may be nice to sit in a comfortable place, where you will not be disturbed. You are asked reflect on three questions. After reading each question, you can close your eyes if you like or direct your gaze downward, and give yourself time to experience what comes up.

- Think about times when a friend, family member or acquaintance is having a hard time: he/she experienced something difficult, or is feeling bad about themselves. How would you typically respond to this person? **What do you say, what words do you use, what is your tone of voice, your body language.**
- Take +2min to let this sink in before going to the next part of the exercise.
- Now think about a time, when you were having a hard time. Perhaps you went through something difficult or were feeling inadequate.  
What would be your typical way of responding to yourself?  
**What do you say, what words do you use, what is your tone of voice, your body language?**
- Take +2min to see what comes up.
- Did you notice a difference?

Many people notice that they are more strict towards themselves than towards others. If that is the case for you, then you could describe self-compassion as:

“Treating ourselves with the same kindness and consideration as we would treat a friend (family member, acquaintance), when we are having a hard time.”

Some people find it useful to ask themselves in a difficult moment: “If this was happening to a friend, what would I say or do now?”

## DAY 2

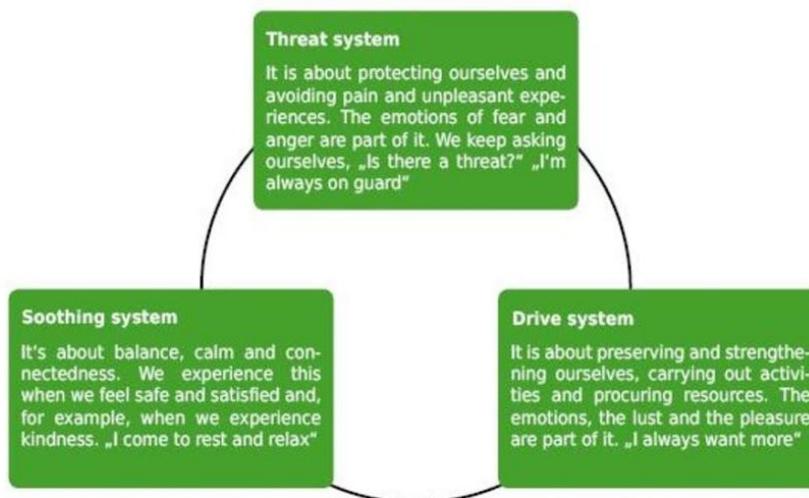


### Our evolutionary luggage

In the previous exercise, many people notice that they are very critical of themselves. It is good to remember that it is not our fault that we experience so much self-criticism and often stress, shame, fear and anger. We all suffer from it, each in our own way. This has to do with how our brain works. Our brain has been shaped by millions of years of evolution. Because of our brain, we are capable of very beautiful things (think, for example, of art, technology or medicines that are man-made), but also difficult things (worries, excessive self-criticism).

The structure of our brain came about at a time when people lived in nature and a state of vigilance was required to survive. Based on this lifestyle, about three basic systems emerged in our brains to handle our emotions. It can be helpful to understand these systems so that we can better understand our difficult emotions (and our beautiful qualities) and learn how to cope with them.

### The three emotion systems



### Out of balance

These three emotion systems are all healthy: we need them to survive. However, sometimes the three systems get out of balance. For example, we are constantly vigilant (overactive threat system) or always have an urge for more (overactive drive system). It may also be that we no longer set goals or do nothing at all (inactive drive system). For many people, chronic illness throws the three emotion systems off balance. We then get into a kind of survival mode in which we are vigilant and often fearful. The calm and connectedness required for emotional regeneration and feeling content and secure can then remain absent (inactive soothing system).

#### **Exercise 2 – “Three emotion systems” 5min.**

(adapted from “The Compassionate Mind Workbook” – C. Irons E. Beaumont)

Consider how things have been for you in the past few weeks. How often have you been anxious or worried (threat system)? How often have you been relaxed and calm (soothing system)? How often have you been energetic and happy or did you feel like you wanted more (drive system)? Draw three circles on a sheet of paper, one for each emotion system. The size of the circle indicates, which emotion system you experience the most.

What did you notice? Would you have drawn the circles differently before your illness, or if you would not have the illness?

**DAY 3****Compassion for yourself**

Self-compassion exercises can help balance the soothing system by calming down and honoring your needs. In the following exercise, you will look at a difficult moment and practice self-compassion.

***Exercise 3 – “Compassionate Body Scan” (Audio) 12min.***

(adapted from L. Hobbs & K. Bluth – Center for Mindful Self-Compassion)

For this exercise, you need a device, which can open and play the following link.

<https://insighttimer.com/niinamura/guided-meditations/mitfuhlender-bodyscan-fur-jugendliche>.

Sit in a comfortable position, you may also lay, and listen to the audio file.

Note: this exercise was initially designed for teenagers, however, it is also completely suitable for adults.

**DAY 4**

On Day 4, you are invited to repeat Exercise 3, and to try out the next exercise:

**Exercise 4 – “Self-compassion break” 5-10min.**

(adapted from ‘The Mindful Self Compassion Workbook’ – C. Germer & K. Neff)

Think of a situation in your life that is difficult, that is causing you stress. Call the situation to mind, and see how it feels right now to remember this situation. Do you feel any tension or discomfort in your body?

How do you give yourself compassion in such a moment?

1. First, it is useful to **acknowledge** that this is a difficult moment for you (rather than ignoring it, or not allowing yourself to feel bad). This does not have to take long, one word or sentence could be enough. For example, you can say to yourself:

*“This is a difficult moment.” or “This hurts, this is painful.”*

Try to find your own words that work for you.

2. Second, it can be helpful to remind yourself that everyone experiences difficulty or pain in their life sometimes, even if it is more or different for some people than for others. For example, you could say to yourself:

*“Suffering is a part of life. I am not alone.” or “Most people, who have an illness like mine, are having a hard time sometimes.”*

What words would you use?

3. Third, try to think about what you need or how you can be kind to yourself in this moment. For example, you could say to yourself:

*“May I be kind to myself in this moment.” or “May I learn to accept myself as I am.”*

You can memorize your own three sentences and say them to yourself anytime in the day, when you notice you are having a hard time.

See if you can try this out for the next few days. Perhaps a reminder, like a bracelet or a note in your phone or on the fridge could help?

## DAY 5

**Exercise 5 – “Compassionate Friend” (Audio) 12min.**

(adapted from L. Hobbs & K. Buth – Center for Mindful Self-Compassion)

This exercise requires a device, which can open and play the following link:

<https://insighttimer.com/niinatamura/guided-meditations/mitfuhlender-freund-fur-juendliche>.

Sit in a comfortable position and follow the instructions in the audio-file.

Note: this exercise was initially designed for teenagers, however, it is very suitable for adults.

In this exercise, you are asked to think of someone, who you feel supported by, for example a mentor, teacher, family member such as a partner or (grand)parent, or a friend.

**DAY 6**

On Day 6, you are invited to repeat Exercise 5, and to try out the next exercise:

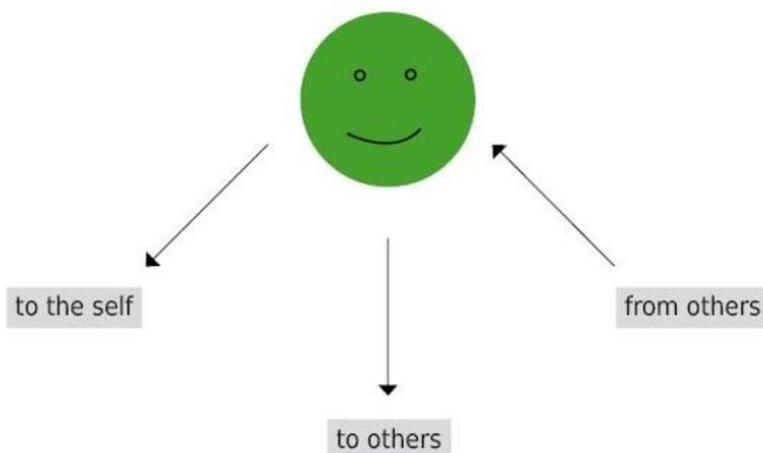
**The three flows of compassion**

In addition to compassion for ourselves, we can also give and receive compassion for others. We call this the three flows of compassion. How do you experience compassion in relation to the people around you?

**Exercise 6 – “The Flows of compassion” 5min.**

Consider your experiences of the past few weeks. How were you kind and helpful to yourself? How were you kind and helpful to others? How were others friendly and helpful to you, were you open to it? Thicken the three arrows below with a pencil. The thickness of the arrow indicates which flow of compassion you experience the most.

What do you notice? Did you draw the arrows differently before you had an illness (if applicable)? Or are they different in different phases of your illness?



**DAY 7**

On Day 7, you are invited to repeat an audio-guided exercise of your choice, and to try out the next exercise:

**Exercise 7 – “Reflection on your day” 5-10min**

In this exercise you take a moment at the end of the day to reflect on how your day was. Perhaps you could find a place where you won't be disturbed and write things down if you like. You can ask yourself the following questions about your day:

- *What am I grateful for?*
- *In what ways was I kind to myself?*
- *In what ways was I critical to myself?*
- *What did I do that brought me joy?*
- *How did I contribute to my well-being?*
- *How did I contribute to the well-being of others?*

