Self-Criticism in the context of Chronic Illness

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Abstract

Background

Suffering from a physical chronic illness is not only about physical-related impairments. People are also confronted with mental challenges. Psychopathologies, self-destructive thoughts and unpleasant feelings – all of them are related to self-criticism. Research shows that the course of disease is more problematic for chronically ill persons who experience self-criticism. However, there is a gap in terms of how these people experience self-criticism in daily life.

Aim

The purpose of the study was to fill this gap by collecting extended information about the way in which chronically ill persons experience self-criticism.

Methods

Using convenience and snowball sampling, twelve people with various chronic illnesses were recruited to carry out self-compassion exercises and raise awareness about their individual way of criticizing or being compassionate with themselves. In a second step, questions about experiences with their illness and self-critical situations were asked in a semi structured interview. Data were analysed using thematic analysis approach.

Results

Guilt, shame, anger and self-destructive behaviour and cognitions could be identified as patterns of self-criticism. The participants also reported strictness and high expectations towards the self and experienced degrading feelings of worthlessness and being inadequate

because of their situation. Especially participants with skin diseases experienced shame for their visible symptoms.

Conclusion

Self-criticism in context of chronic illness is an interplay of multiple dimensions and the way in which these dimensions are experienced is influenced by an evaluation of the current situation, the perception of the social environment and by the kind of the disease itself.

Introduction

Living with a chronic illness comes with many challenges. In contrast to acute illnesses, in which symptoms come on quickly but last for a short time, a chronic disease begins slowly and lasts for more than three months (Beale, 2017). Within this extended period of time a person's ability to function normally is affected (De Ridder, Geenen, Kuijer, & van Middendorp, 2008). This implies that a chronic disease requires ongoing medical attention. Beside the physical aspect, a chronic illness can also be a challenge for mental health. After the medical diagnosis, patients are confronted with new situations that challenge their habitual coping strategies and must find new ways of coping to adjust to their altered condition (De Ridder et al., 2008). A common problem among patients with chronic illness are depressive disorders (Herring, Puetz, O’Connor, & Dishman, 2012). Compared with the general population, depression is two to three times more common in people with chronic physical illness (Abbott et al., 2015). The relationship between both is bidirectional: depression is associated with increased risk of a chronic illness and chronic illnesses increase the risk of depression (Herring et al., 2012). Symptoms of depression occur together with a reduced adherence to medical treatments, and health related quality of life, but also an increased symptom burden and disability (Herring et al., 2012). Illness related risk factors to develop depression are negative beliefs about illness, the presence of pain, disability and unpleasant side-effects from treatment. Beside a higher prevalence of depression, people with chronic illness typically experience anxiety, and other negative emotions whereas the rumination about these negative feelings without expressing them is another predictor for negative health outcome (De Ridder et al., 2008). Taking all of these factors into account it can be concluded that mental aspects of chronic illness require as much attention as medical aspects. Especially depression appears to be an issue. Interestingly, there is a transdiagnostic risk factor for depression and other forms of mental distress. This factor is reffered to as self-criticism (Warren, Smeets, & Neff, 2016).

Self criticism is defined as "a self-evaluative process in which people scrutinize and negatively judge different aspects of themselves, such as their personality traits, appearance and performance" (Shahar et al., 2015). Predominantly it has been conceptualized as a global personality trait, but more recently it is viewed as a dynamic process in which a more dominant part of the self monitors, negatively judges or attacks a more subordinate part of the self (Whelton & Greenberg, 2005). Often the attacking part expresses offensive feelings and disrespect, whereas the attacked part experiences more defensive feelings like powerlessness, worthlessness and anxiety (Whelton & Greenberg, 2005). Experiencing self-criticism is also shaped by feelings of unworthiness, inferiority and failure. Often, individuals are engaged in harsh self-scrutiny and evaluation. Feelings of fear for being criticized and losing the acceptance of others are also part of experiencing self-criticism (Warren, Smeets, & Neff, 2016). Therefore it can concluded that generally, self-criticism is a factor that is involved in negative health outcomes as well as different forms of psychopathology, and features destructive feelings, thoughts and behaviours towards the own self.

One aspect of self-criticism that is highlighted throughout this research is the strong connection with depression. Warren et al. (2016) consider self-criticism as a predictor and state that feelings of worthlessness are one of the most prevalent symptoms predicting a depression diagnosis and later depressive episodes. Therefore, self-criticism is also a factor in depressive relapse and self-devaluative symptoms in recovered depressed patients (Warren, Smeets, & Neff, 2016). All in all depression is considered as a psychopathological consequence of self-criticism that might affect the course of a chronic disease.

Kramer & Pascual-Leone (2016) mention the impact that self-criticism has on an individual's emotion. According to them one feeling that is prevalent in self-criticism is maladaptive anger which is also a feature of a number of psychological disorders such as depression, social anxiety and personality disorders (Kramer & Pascual-Leone, 2016). According to Abi-Habib and Luyten (2013), self-critical individuals are competitive, hostile and ambivalent towards others because they have difficulties with controlling anger and typically express their anger towards others which often leads to conflicts in interpersonal relationships. At the same time they have high personal standards which leads to turning the anger towards the self in the form of harsh self-criticism (Abi-Habib & Luyten, 2013). In conclusion maladaptive anger is an emotion that can be experienced by self-critical individuals. Therefore, it also can contribue to a negative health outcome for people with chronic illness.

Within the course of literature search the concept of self-criticism has often been used synonymously to self-blame. Callebout et al. (2017) use the term with regard to the distinction between locus of control and locus of causality which means that people link an event to a factor internal to a person but this factor may be seen as within or outside of that person's control. Therefore self-blame involves an individual believing that an unwanted event is in some way their own fault and that they are personally responsible for its occurrence (Callebaut et al., 2017). Based on the previous descriptions about self-criticism and it's features it can be argued that the synonymous use with self-blame has limitations. With regard to these definitions self-blame is restricted to the belief that the own behaviour leads to an unwanted event, however self-criticism is more than that since it also includes feelings, thoughts and cognitions that exceed the pure self-blame. Therefore, for this study it seems more appropriate to use the term guilt which is close to self-blame. According to Warren et al.

(2016) guilt is a feeling that results from acknowledging bad behaviour, which implies an emotional component. Castonguay et al. (2017) use the term in the context of physical conditions and define it as "negative feelings about one's behavioural transgression(s) or behavioural self-blame (e.g., "I haven't exercised since I started my cancer treatment, and that's why I gained weight") and typically involves a sense of strain and remorse over the failure" (p. 466). In conclusion, this research considers guilt as a feature of self-criticism in which people with chronic illness experience a negative feeling about the own behaviour.

Many authors compare guilt with feelings of shame. In contrast to guilt, feelings of shame come up because the individual perceives oneself as a bad or inadequate person (Warren, Smeets, & Neff, 2016). According to Dirkse et al. (2014) shame is a response to devaluation of the social self and results in hiding and nondisclosure, which is caused by feelings of low self-worth. High levels of shame can also be a predictor for depression. The authors describe shame as extremely painful and imply the main difference between guilt and shame: Guilt is related to behaviour so it often can be resolved but shame occurs "when a core aspect of the self is judged as defective, inferior or inadequate" (p. 718). Thus, shame refers to the global self, whereas guilt is focused on the self's behaviour (Leach, 2017). Castonguay et al. (2017) use the term body-related shame and state that feelings of shame can occur when individuals fail to meet internalized social standards in relation to the body. With regard to their study about body-related shame for women with breast cancer the authors add that women are confronted with a socially defined ideal physique that is often unattainable. Failure in fulfilling these internalized standards may result in the emotional consequence of body-related shame that can in turn promote maladaptive health behaviours (Castonguay et al., 2017). In conclusion shame is considered as a self-critical feeling that is related to a negative evaluation of the own self whereby this own self is strongly determined by perception of, and interactions with the social environment.

Beside self-critical feelings like anger, guilt and shame, self-criticism can also occur in form of maladaptive perfectionism. Kempke et al. (2012) applied maladaptive perfectionism to the Chronic Fatigue Syndrom (CFS). In their study the term self-critical or maladaptive perfectionism is used which they characterize by a combination of high personal standards and overly critical self-evaluations (Kempke et al., 2012). In this context they refer to studies by Magnusson et al. (1996), White & Schweitzer (2000) and Luyten et al. (2006) to point out that self-critical perfectionism is significantly associated with trait fatigue. Maladaptive responses were also part within a variety of studies about breast cancer. Especially with regard to social issues the authors stressed that high levels of self-criticism are related to an individual's tendency to be dependent, aggressive and assertive in the service of self-definition. Being recognized and respected but also the tendency to be critical of themselves and of others appeared to be more relevant than interpersonal relationships (Campos, Besser, Ferreira & Blatt, 2012). Like anger, guilt and shame, self-critical perfectionism and the belief that personal high standards are not being met are related with depression.

With respect to the foregoing theoretical outlines it could be figured out that self-criticism has a negative impact on mental health. Especially for the target population 'people with chronic illness' this might be a crucial factor in multiple ways. Affected persons are more likely to suffer mental health problems and additionally, the state of mental health is connected with the way of how people with chronic illness cope with their situation. Currently, in the literature there is a gap of extended research about how people with chronic illness experience self-criticism. Most of the studies focus elements of self-criticism and relate them to specific aspects of diseases. For example, a study by Shin et al. (2014) investigates feelings a guilt among cancer patients and figure out how these feelings might affect their smoking behaviour. Another study by Castonguay et al. (2017) work out if guilt and shame predict physical activity in breast cancer patients. On the other hand Campos et al. (2012) focussed self-criticism and related them to distress and other feelings that are prevalent for breast cancer patients. However, the following research aims to use the term self-criticism more broad and highlights more dimensions than other studies. These dimensions are related to self-critical feelings like guilt, anger and shame, self-critical behaviours and coping mechanisms, and also critical self-evaluations as well as self-critical cognitions. All of these dimensions will be explored in context of people with chronic illness to figure out the way in which self-critical dimensions are experienced in relation to the illness. With the purpose of highlighting different ways in which people with chronic illness are self-critical the research question of this study is as follows: "how do people with chronic illness experience self-criticism?"

Methods

Design

To answer the research question "How do people with chronic illness experience self-criticism?" a qualitative design has been used. As the research question aimed for individual in-depth information about experiences with chronic conditions, semi-structured interviews were suitable (Harrell & Bradley, 2009).

Participants

Data for this study were drawn from people with chronic illness. Prior to recruitment, approval for the study was obtained from the BMS Ethics Committee of the University of Twente. By using convenience and snowball sampling, 33 different hospitals and associations for chronically ill people were contacted of which three institutions gave positive response. In addition, acquaintences were asked by e-mail, mobile phone or in person to participate or convey further people. They were also referred to the website of the study for information about data use and participant' rights. The inclusion criteria for the study were as follows: participants had to exhibit a physical chronic illness. There was no explicit specification for a particular type as long as the condition lasts for more than three months. Therefore, people with life threatening conditions like HIV, cancer and multiple sclerosis could also be included as well as people with diabetes and asthma. People with mental conditions such as ADHD were excluded. Participants also had to be at least 18 years of age and fluent in German or English. In total, 21 potential participants could be recruited from which 17 people actively participated in the study.

Procedure

Participants who consented to partake in the study were sent a short introduction about the definition and aim of self-compassion. They also got an informed consent form to sign which included information about rights, procedure and use of data which were sent by email or post. The included two steps. Within step one, the participants carried out seven self-compassion exercises within a time span of seven days and an average duration of 15 minutes. The aim was to introduce the participants into self-compassion and enable them to become familiar with this concept. In step 2, a semi-structured interview has been conducted in which the participants shared their experiences with their illness, the exercises, self-compassion and self-criticism. On average, the duration of the interviews was approximately 60 minutes. The interviews were either conducted in a face-to-face setting, telephone setting or via video chat. In total, 17 interviews were conducted.

Materials

The exercises were available either in paper- or online-format and included background information about self-compassion as well as reflective and audio exercises (see Table 1). For the reflective exercises, the participants used a pencil and a sheet of paper. The audio exercises were carried out by using a computer, laptop or tablet with audio function, or a CD-Player. For the interviews, a telephone, mobile phone or a computer with video chat software (f.e. Skype) were used. The interviews were recorded by using Epic Enterprises' app 'Tape a Call', as well as Apple's app 'Voice Memos' and Samsung's 'Diktiergerät' app.

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, The Compassionate Mind Workbook

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, Compassie als sleutel tot geluk

Interview Scheme

The interview consisted of three parts, included 35 questions and started with asking for general information about illness, kind of treatment with the illness and actual well-being. The second part of the interview was structured in eight blocks of questions which were related to the exercises of the preparatory phase as well as to the concepts of self-compassion and self-criticism. Within the first block the interviewers asked about general impressions and experiences with the exercises and their general view of self-compassion. The remaining seven blocks contained questions in the context of the exercises. For example one exercise suggested that people with chronic illness are often self-critical and experience feelings like shame, guilt and anger. Building on this the participants were asked in which way they experience these particular feelings. Therefore, the participants were animated to express how critical they were with themselves and to what extent feelings of shame and anger were experienced. This was also asked within the context of their chronic illness, for example "what is the impact of your illness on how you separate from other people?". Finally, the last part of the interview was about demographics and possible remarks from the participants. (See appendix A for the full interview schedule).

Data Analysis

The data analysis was carried out with 12 interview transcripts and was related to the phases of the thematic analysis approach by Braun and Clarke (2006). First of all the researcher familiarised with the collected data and got a first impression about meanings and patterns during transcription and translation. At the same time the researcher created a list with ideas for potential codes. Then, based on the transcripts, the second phase was about generating initial codes and organizing the data into meaningful groups. The next step was about sorting the different codes into potential themes, and collating all the relevant coded data extracts within the identified themes. Then, the remaining process of data analysis consisted of repeated reviewing and refining the themes. Finally, all quotes, codes and themes were put into a table. The whole process of data analysis was executed by using the software "OpenOffice Writer".

Results

All 12 participants were female and exhibited a wide range of chronic diseases. In addition, most of the participants had at least an upper secondary education as the highest education. With regard to the age groups the range was from 22 up to 66 years of age (see Table 2).

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

In general the adherence of the exercises was high and most participants gave a positive feedback. Almost all of the participants had no problems with the execution of the exercises and perceived them as helpful for their own situation. Some participants expected to use the exercises in the future again. The audioexercises were perceived as useful as well. Some people reported problems to imagine a place and a person when doing the compassionate friend exercise. A few participants also had problems with the "three emotion system" exercise and reported that they had difficulties to decide for a certain system.

Thematic Analysis

Four themes and nine codes could be generated. All of the themes refer to self-attacking responses in which the individuals denigrate themselves or experience self-critical feelings, thoughts and behaviours in context of their chronic illness.

Table 3: *Summary of Self-compassion Themes and Subthemes with frequencies*

Theme	Code	Example Quotation
Guilt	Guilt for not being useful or hurting others	Then it may also be the case that I may no longer be able to really concentrate on what someone is saying to me. I am too busy with myself or with what has happened.
	Guilt for making condition worse	If I stay in one position for too long and then notice that it gets worse then I feel guilty.
Anger	Bein angry with yourself	I also insult myself and am angry and then I realize how my heart rate increases.
	Anger because of illness situation	When I want to practice the piano and a bad phase comes, I get angry because I have to pause my work
Shame	Shame about Inadequacy	Sometimes I am ashamed that I lack the strength to burden my body with everyday things.
	Shame for visible signs	[shame] Yes, definitely also when your skin is broken and you see it on your face and other people ask you

		about it.
Destructive Behaviours and Cognitions	Not allowing yourself things	Maybe I did not too much for my own body and my own health because I was more concerned with doing things for other people.
	Setting high demands	Hm, yes, unfortunately I have too high expectations about myself.
	Feelings of doubts and insecurities	I start to sweat, I get angry at myself, or maybe fall into pondering or doubts about myself

Guilt

Guilt for Making Condition Worse

Most of the participants highlighted feelings of guilt when they recognized that their behaviour had a negative impact on their state of health. However there were differences in the kind of perceived misbehaviour. Participant 'R4' implied that she felt guilty about worsening her situation by neglecting the signals of her body and being too careless:

"I got partly wrong diagnoses and wrong treatments which were very painful. I should have listened much better to my body, but I did the treatments anyway. As a result my condition has worsened a lot."

Other participants experienced feelings of guilt for concrete actions. An example for that is participant 'R11', who she suffers from the skin disease Neurodermatitis. and the participant reported that she often hurts her own skin by scratching which makes her feel guilty: *"I feel guilty when I think about how badly I scratched my skin"*.

Another example is guilt about (having a stressful) lifestyle, for example, participant R11 also has a skin disease but in her case, "stress" is a trigger for her symptoms:

"I often wonder if my way of living my life is reasonable and good. I ask myself if my way of living leads to the situation that I feel internally stressed and if my skin problems already come from these feelings of stress."

In this context participant 'R10' becomes more concrete when she talks about experiencing stress in her everyday life. She admits to have high occupational expectations about herself and says that this leads into violating her health limits:

"I want to fulfil these expectations somewhere in myself. I do not want to destroy the image that I have about myself. That leads to the fact that I try to do more, which leads to the fact that I am stressed again"

Feelings of guilt for worsening the health situation also occured when a participant perceived that she did not invest sufficient effort to improve the condition. Participant 'R12' says that she has "*too little strength to get the momentum to do something against the disease*." This statement is also connected to a pattern of "laziness" that could be identified for multiple participants. Participant 'R4' reports to experience guilt when she says "*I am too lazy to do the things that are exhausting for me, although it would be very important to strengthen my muscles*". Another example is participant 'R11' who mentions insufficient hygiene as a trigger factor for her skin disease. She said that sometimes she is "*too lazy to change my bed all the time and at night I regret it and know that it was a bad decision.*"

Guilt for Not being useful/hurting others

Besides guilty feelings about the perception of negative impacts on the chronic situation, few participants were also critical about that they either could not fulfill their social role or did harm to other people because of their illness.

"*Then it may also be the case that I may no longer be able to really concentrate on what someone is saying to me, that I then also have problems concentrating, because I am too busy with myself or with what has happened.*" (R9)

Anger

Anger towards the own person

Some participants experienced feelings of anger towards themselves. One kind of internal anger ocured when a person became conscious about making mistakes. For participant R10 these mistakes were related to her treatment, saying "*if I forgot to take my medication, I might react angry at myself for not paying attention.".* Further quotes from R4 and R1 also showed that internal anger for making mistakes is also accompanied by self-destructive behaviour, for example they state to "*deal with myself very badly*" or saying things to themselves like "*You are stupid, what have you done?*". Negative physical reactions like "*starting to sweat*" (R1) or cognitions like "*pondering or doubts*" (R1) were also present.

Another situation in which internal anger became obvious was when the participants did not listen to their own body: "*I am also angry with myself that I was not honest with* *myself because I did not listen to my body.*" (R10) and ignored symptoms to continue with activities that might be harmful for their disease. Especially R10 was affected by this kind of internal anger and explained that she tends to continue working, although she feels not good about her high blood pressure which is triggered by job-related stress.

Finally a reported inability to suppress an unhealthy desire could result in internal anger. For example R11 stated that she has a permanent desire to scratch her skin, which makes her condition worse.

"I think it's very much on the inside with me. So that I then reproach myself like "boa, why did you do that now? Well, itching is also a desire to scratch and somehow you can't resist this desire. Then you are also angry somehow about not being able to suppress the desire."

Anger about Situations, Circumstances and Impairments

Some participants reported to experience anger about their general situation. It could be figured out that a recurring pattern was the anger about the impairment itself. For example R2 stated:

"Anger in the sense that you say to yourself: “Why did it have to affect me?”. I lived relatively healthy, so no alcohol, no cigarettes, no drugs, nothing at all, was not overweight or anything, so I really took care of myself and still it happened at a moment’s notice that the diarrhea started."

There can also be observed that there are signs of cluelessness included when the participant explains that she has always lived a healthy lifestyle but got her diseases anyway. Notably is the use of "why" questions "*Why did it have to affect me?*" which is also included in other examples like "*Why?. I was the strongest person in the world, both mentally and physically, and then something comes and blows you over and you can't trust your body anymore, because it does something you don't expect.*" (P012) or "*when I could not move, I asked myself "why can't I do that anymore?"*" (R4)

Another pattern about life-situational anger could be figured out in the context of restrictions of the own life autonomy, expressed by R8:

"Annoyance in any case, because that can get you out of the rhythm of life. I had to call my husband to pick me up because I couldn't walk back. This is of course very annoying, that you are practically deprived of the direction of your own life."

Another example about this pattern shows that anger has been experienced when interests and actions could not be followed any longer because of the illness. Therefore R12 said: *"Sometimes in inappropriate situations. When I want to practice the piano and a bad phase comes, I get angry because I have to pause my work".*

Shame

Shame for Visible Signs

The thematic analysis of experiencing shame could show that most of the quotes about visible signs occur within a social context. For example participant R11 described her feelings of shame when she was directly confronted with other people during her internship: "*when you work with clients it is not nice to have bloody arms. So I always wore something with* *long arms."* In addition, another statement from the same participant implies that feelings of shame because of visible signs can be connected to situations of social isolation: *"I distance myself when I have it in a bad place and then sometimes feel ashamed. I then always try to avoid being the centre of attention. I think of my class at the university for example."*

As the first example already implies, shame for visible signs might tempt the participant to actions for covering their signs and make them less visible for the social environment. Therefore, R5 said "*When I went outside I had to put on a lot of make up to cover it up.*"

Another observation is that the pure feeling of shame is often accompanied by further self-critical thoughts and perceptions. An example for that is R2 who has scars on her belly and said: "*I thought: "The whole world is now looking at my belly because it is really cut open lengthways."* This pattern could be figured out for all participants who reported shame for visible signs. Therfore, R5 also implied that the perception of her social environment is influenced by her visible signs: "*The moment in which people looked in my face, I knew that they were thinking something bad.*"

In addition most of the statements implied a connection between shame for visible signs and a discomfort when other people make comments about her disease or direct their attention towards her disease. Even when these actions were well-intentioned:

"*Yes, so what I don't like is when I have such a push of rosacea and then I go to the pharmacy or somewhere else and then I get such compassionate looks from my counterpart. So I would prefer that people would then deal with me normally. I think that I feel shame in this moment.*"

Shame for Inadequacy

The other pattern that could be extracted from the data were feelings of shame wih regard to a perceived inadequacy because of the chronic condition. Some of the participants experienced shame for impairments when they are a hurdle for everyday activities. An example for this kind of experiencing shame has been described by R4: *"I was incredibly dependent on my parents and friends. So being dressed and undressed by other people is really not pleasant."*

Despite being dependent of other people there were also examples for a perceived inadequacy which is related to the own behaviour. Participant P003 stated that sometimes she was ashamed for acting aggressive towards her husband:

"I was definitely very ashamed because I couldn't explain it to myself, but after so many years we know where it comes from. This happens when I get a bowel movement that I then also feel a certain aggressiveness."

A further situation in which this kind of shame can occur is related to opinions about social accepted circumstances. For example one participant experienced shame because she became told that her disease is not appropriate for her age:

"it makes you feel a bit like an old woman, because that is a disease for old people[...] Yes, for example, when my husband tells me: "You have blood pressure like an old woman, you have to do something for yourself."

Another participant experienced shame when she were confronted with situations in which her disease forced her to explain behaviour that is unusual.

"So earlier in the beginning, I have to explain that I had diarrhea at least nine to ten times a day, which of course makes it pretty difficult to step outside and when you sometimes had to look for a toilet very urgently"

Destructive Behaviours & Cognitions

Being strict

Many participants reported to be too strict with themselves and expressed that they "*should be a little nicer*" to themselves (R2), especially in comparison to how they treat others: "*I'm definitely more strict with myself than with other people*" (R2).

The participants also stated to often neglect their own interests "*I tend to not allow myself certain things*" (R3) which could also occur in favour of other people. For example R2 says "*The biggest point, in my opinion, is to be able to say "no". I am also the one, who does that [pleasing other people] no matter if I have the time or energy right now*".

Beside neglected interests, some participants tend to ignore their physical needs:

"In some regards I am just too critical of myself and what I allow others to do (and not myself), namely simply letting myself and saying: "This is the way it is now and today I'm going to take a break."

Setting high demands

Half of the participants blamed to set high expectations towards the own person. An example for that is R3 who blames her criticism about her physical shape saying that she should be more relaxed: "*Yes, I am still critical of my weight, so I really pay attention to it, I should be more relaxed.*" This self-criticism is not restricted to health conditions, but does also occur in other areas of life. Therefore R5 expressed that especially during her studies high expectations from others and from herself determined her self-criticism: "I know for sure that I tend to criticize myself – especially during my studies. I critisize a lot about myself."

Another example figures out a comparison with fellow people. Therefore R11 says she is more kind with other people and less kind with herself and forgives mistakes from other people better than mistakes made by her own.

"*Well, that I would like to treat myself as a friend, but I'm not ready yet. When other people make mistakes, I often think that these mistakes are human, but with me I am much more critical. I think to myself "boa why did you do that now? And boa, that was your fault that your skin got worse again..." That kind of thing.*"

Destructive Cognitions

The participants experienced two superordinate kinds of destructive cognitions: "feelings of insecurities" and "self-doubts" First of all some people implied to experience insecurities in their behaviour and acting towards other people. An example is R5, who says that in social interactions she feels inhibited and tries to keep distance: "*Well, of course that inhibits. For example, that I try to keep my distance and let people get closer to me, my comfort zone. So that I then avoid the direct proximity.*" Also R1 reported similar problems and implied that her HIV disease makes her insecure in her behaviour with potential relationship partners: "*...maybe that's why I'm not so ready to enter into a partnership right now, because I don't know exactly how to deal with it*".

Another aspect is "feelings of self-doubts". For R5 and R11 these feelings are related to the visible signs of their skin diseases: "*Then you already start to doubt yourself. With such sayings like "do you have lice?" you already feel bad*" (R11), "*Especially with this kind of skin disease where you can be very doubtful if you can go out of the door because of your appearance.*" (R5). Other examples for self-doubts are related to feelings about inadequacy. R10 implied doubts towards her own person when the doctor told her that her illness is rather common for older generations which gave her the feeling that having an illness like that is not adequate: "*they were also surprised because it is actually a disease that normally occurs in older people. Then you ask yourself "why do I have this now? What have I done wrong?". That makes you think*".

Finally R11 also expresses self-doubts that are not necessarily directed towards specific occasions, but she describes the feeling of self-doubt itself:

"*You just don't know how to deal with this emotion and you have the feeling that everything is too much for you. You also can't think clearly anymore. Everything is bad, the world is bad and I have the feeling that I am trapped[..]Then I often circle in my thoughts and it pulls me down..*"

Discussion

By exploring the way in which people with chronic illness experience self-criticism, several self-critical feelings could be identified, which were anger, guilt and shame. Many participants experienced anger and (especially) shame for individual characteristics like their physical appearance or perceived inadequacies because of their condition. Often self-critical feelings were related to behaviour. This was the case when actions were perceived to harm the own condition or other people. Then, the participants tended to experience guilt and anger. Lastly, explicitly self-destructive behaviours and cognitions were described, and appeared in a two-sided way. They treated themselves harsh and set high expectations towards the own self, but at the same time they experienced thoughts and feelings with which they explicitly degraded themselves, like feelings of doubt and insecurities about the own person.

All of these findings are in line with the definition of self-criticism by Whelton & Greenberg (2005) which was used at the beginning. Self-criticism appeared to be a dynamic process in which different self-critical elements are interacting with each other. In their definition they also assumed that self-criticism is determined by an attacking part of the self that expresses offensive feelings towards an attacked part of the self which experiences defensive feelings. On the one hand the participants negatively judged themselves by being too strict, having high expectations or directing offensive feelings like anger towards the own self. On the other hand almost the same participants who implied to such expressions also experience defensive feelings like worthlessness and insecurities and anxiety.

In this study a contrast between feelings of guilt and feelings of shame became obvious. Therefore shame was always connected to the own devaluation of ones personal characteristics, for example the physical appearance. This is in line with Castonguay who argues that shame develops in response to global failures of the self (Castonguay, 2017). In contrast to shame, guilt mostly developed from a negative evaluation of the own behaviour, for example when mistakes affected their health condition. In addition, Warren et. al. (2016) imply that such a self-critical evaluation of mistakes leads to self-judgement. They consider self-judgement as the negative pole to self-kindness which is shaped by unconditional acceptance and being caring towards the self. This is a point at which future research could keep a focus on: Feelings of guilt, the self-critical evaluation of mistakes and self-judgment can be considered as unpleasant factors that diminish mental well-being because they result in less acceptance and caring. However they do not apply this dualism on chronic physical conditions so a better understanding of the interplay between certain diseases and certain situations and behaviours in which feelings of guilt or other self-critical dimensions are experienced could give a clearer picture about self-critical attitudes on which a patient could work on. While within the course of this study a specific pattern of an interplay between certain diseases and feelings of guilt could not be figured out, connections between shame and diseases became obvious.

The observations about shame in this study occured in two forms. At first shame for visible signs was predominantly experienced by participants with the skin diseases Neurodermatitis and Rosacea, although other diseases like cancer also have visible signs. This seems to agree with Castonguay et al. (2017) who stated that feelings of shame can occur when individuals fail to meet internalized social standards in relation to their body. According to Magin et al. (2011) symptoms of skin diseases are not in line with societal ideals of beauty. Especially the current ideal female body in Western culture is characterised by a flawless skin (Castonguay et al., 2017). This discrepancy between the individual's actual self and the ideal self could explain the feelings of shame for visible signs. Although this matches with the findings of Magin et al. (2011) and Castonguay et al. (2017), conclusions should be made under caution. According to Orth et al. (2010) shame is a feeling that decreases over the life span. Both participants with skin diseases were below the mean age of the sample, so it could also be an age effect. Consequently all shame-related statements about visible signs were connected to negative experiences with the social environment. In this context some statements also included signs of social distancing and also signs of insecurities and misperceptions of the social world. This finding is supported by Dakanalis et al. (2014) who explored the connection between body related shame and a fear of negative evaluation by others in social situations, which leads to insecurities in how to behave when being confronted with other people. In conclusion, a dynamic interplay between shame for visible signs, skin diseases and difficulties in the perception of the social world could be identified. Assuming that insecurities and discomfort within a social context is a crucial factor in experiencing shame, future intervention and coaching programmes could more focus on how to handle uncomfortable situations in which individuals feel attacked by their social environment. Also the high prevalence of skin diseases compared to other diseases with visible signs is a hint that could be taken into account for further research. At this point, future studies could go more deep into the question how shame for visible signs and certain diseases are related.

The second form that could be observed was "shame about inadequacy". However the difference with shame for visible signs was that none of the skin diseases experienced this kind of shame. Even more, symptoms that lead to behaviours and situations that are socially not accepted were characteristical for this category. This fits with the assumption that shame is triggered by situations where one feels that he or she is different, unattractive, inferior, or inadequate (Trinidade et al., 2018). Compared with the shame for visible signs the social aspect was less clearly expressed within shame for inadequacy. Although participants felt ashamed within situations in which they had to explain their disease to other people, or when other people made comments about their inadequacy it seemed that this shame is more related to an inner feeling of being insufficient and worthless. One explanation could be that the shame does not necessarily have to be connected with the social environment but occurs in another context. These inner feelings of being insufficient can make that an individual feels diminished in his or her own self-worth and the capacity to be able to do things that are normal for a healthy and "complete" person. Therefore shame is still about a negative evaluation of the global self. An intervention for this kind of shame could focus more the development of self-esteem and accepting their impairments and perceived inadequacy in the way as it is.

Strenghts

One critique on current literature was that only occasional illnesses were researched. However this study is able to cover a high range of different chronic illnesses, so one strenght of this study is the variety.

Until now, most studies on self-criticism were correlational studies, while not much was known about the way in which people with chronic illness experience self-criticism. By using different aspects of self-criticism and considering situations in which self-criticism can occur this study worked on filling this gap.

Another strenght is how the term self-criticism is represented within the study. Often the use of self-criticism is restricted to feelings of guilt, self-blame or comparable single facets. However it has turned out that self-criticism includes a variety of different dimensions. Therefore the study could be executed by using further aspects like anger and shame which made it multi dimensional.

Limitations

In the course of the study, the informative value of the data has been limited by several aspects. One point is that the study only included female participants. According to Gilbert & Irons (2009), woman are more vulnerable to body related shame than men, because women's bodies are more objectified and open to social judgment Therefore it is possible that the results would be different if male individuals were included. Another limitation is about the interview set-up. Due to thecontact restriction because of the 2020 COVID-19 pandemic, all interviews had to be conducted either by video chat or by a telephone conversation. Van der Molen et. al. (2014) imply the importance of creating an atmosphere in which a person feels comfortable when talking about personal and sensitive problems. Possibly, the absence of a direct face-to-face contact could have had an impact on the extent in whichparticipants felt comfortable to share sensitive and personal feelings with the interviewer.

Conclusion

In conclusion, self-criticism in context of chronic illness could be considered as an interplay of multiple self-critical dimensions: mention categories. and the way in which these dimensions were experienced was influenced by an evaluation of the current situation, the perception of the social environment and by the kind of the disease itself. Making these interactions more valuable for possible interventions, further research could focus on how certain diseases are related to different forms of self-criticism. Then, possible interventions could be tailored more to the individual needs.

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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 were 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 Book

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

<u>Exercise 1 – "How would you treat a friend? 5-10min.</u>

(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?

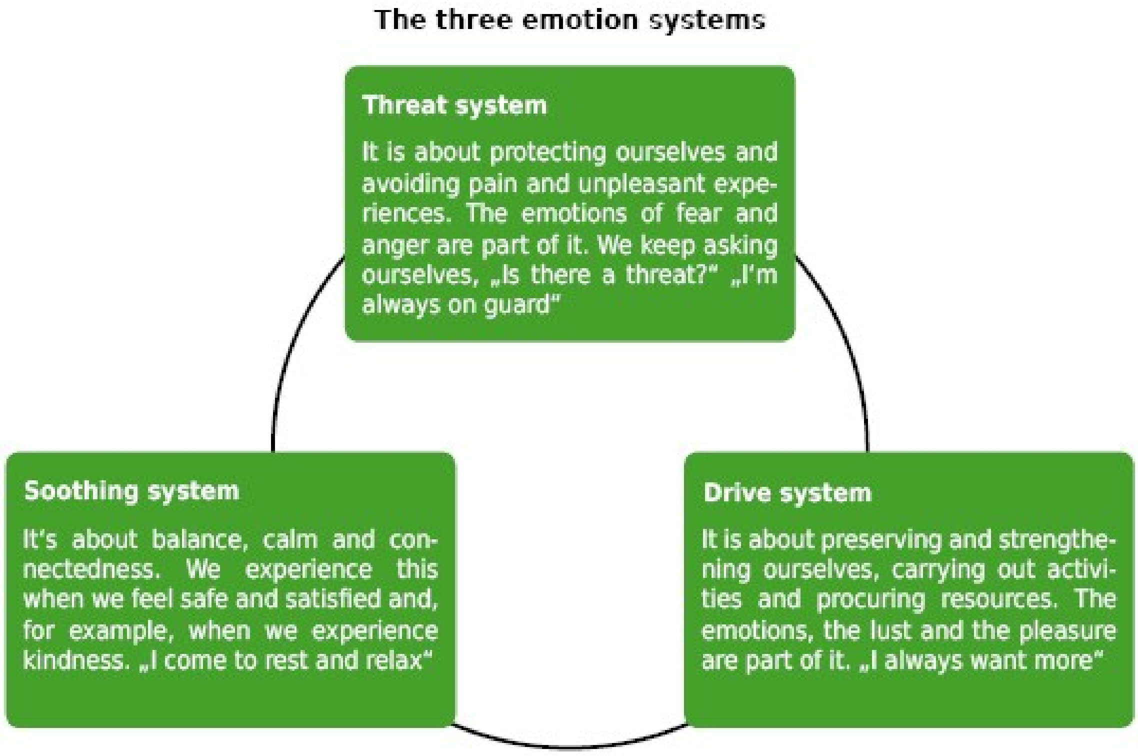
Many people notice that they are more strict towards themselves than towards others. If that is the case for you, then you could describe self-compassion as:
“Treating ourselves with the same kindness and consideration as we would treat a friend (family member, acquaintance), when we are having a hard 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.



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/niinatamura/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-jugendliche.
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

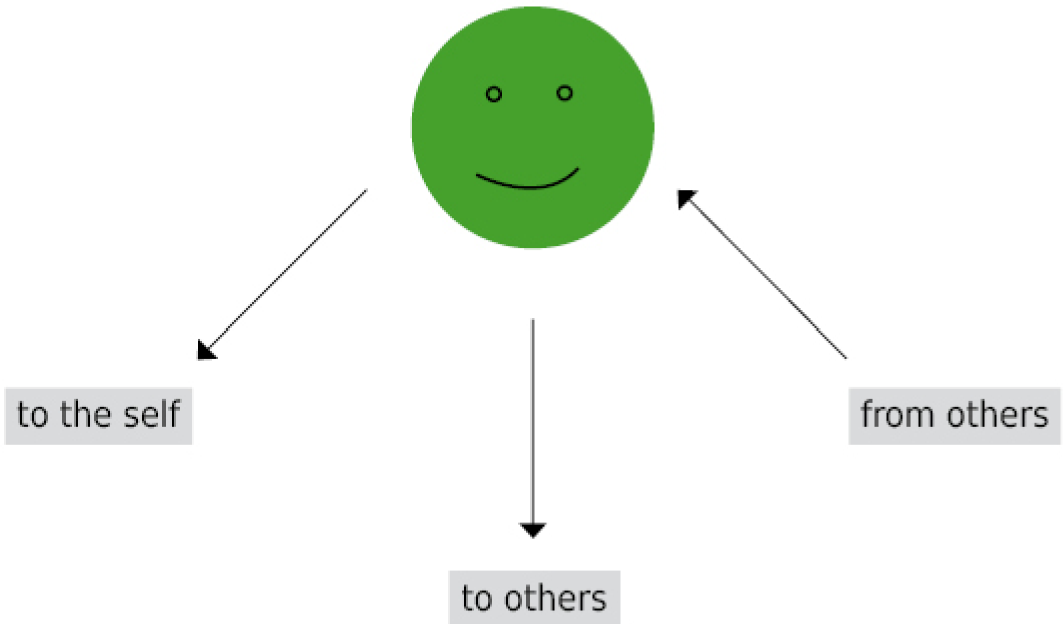
On Day 6, you are invited to repeat Exercise 5, and to try out the next exercise:

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:

<u>Exercise 7 – "Reflection on your day" 5-10min</u>

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?*