

Self-Compassion as a Protective Factor for Depression, Anxiety and Stress: A Research on Turkish Sample

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Abstract

The empirical study aims to examine the predictive power of self-compassion on depression, anxiety and stress on Turkish sample. The study was designed in correlative investigation model. A total number of 522 university students (360 female, 162 male) participated in the study. The data were obtained using the Self-compassion Scale (SCS- Neff, 2003; Deniz, Kesici, & Sümer, 2008) and Depression Anxiety and Stress Scale (DASS- Lovibond & Lovibond, 1995; Akın, & Çetin, 2007). Correlation analysis indicated that self-compassion scores were negatively correlated with depression, anxiety and stress scores. Moreover, as a result of the regression analysis, it was found that self-compassion scores explained 18% of total variance in depression scores, 14% of total variance in anxiety scores, and 21% of total variance in stress scores. According to these results, it was concluded that self-compassion plays a role as predictive factor of depression, anxiety and stress in Turkish study sample. The results are discussed in the light of the related literature.

Keywords: self-compassion, depression, anxiety, stress

Self-compassion is defined and constructed by Neff (2003a, b) recently. Its roots come from Buddhist Philosophy. An individual high in self-compassion is able to view the self with gentleness and kindness even in the face of failure and pain and experience emotions without either pushing them away or becoming completely overwhelmed by them (Neff, 2003a, b; Neff, Kirkpatrick, & Rude, 2006).

Self-compassion has three components which mutually influence each other; self-kindness, common humanity and mindfulness. Self-kindness is the opposite of self-judgment. It is responding to difficulties with a warm and understanding manner rather than criticism. Self-kindness neither means protecting ourselves from suffering nor avoiding from it at all costs which might make us more anxious, stressful and depressed.

In addition, several research findings indicated that contraries of self-kindness such as self-criticism, self-hate, self-judgment and perfectionism which are related to markers of psychological distress and classic notions of depression (Deniz & Sümer, 2010; Neff, 2003a, b; Neff, 2011; Neff & McGehee, 2010; Raes, 2010). Common humanity is being aware of the state that our experience is shared by others in case of misfortune and that we are not the only person in the world who 's suffering like that. Common humanity is the opposite of isolation which is one of the main symptoms of depression and also knowing other people who have either depression or anxiety might relieve our suffering. Lastly, mindfulness is being fully aware of and paying attention to the present moment without judging and in an accepting way and it is the opposite of over identification. According to Neff (2003b), in order to fully experience self-compassion, people should have a mindful perspective and shouldn't avoid or repress their painful thoughts or feelings. Mindfulness prevents to exaggerate and obsessively fixate on negative thoughts and emotions, and helps people to be in a clear mind state (Neff, 2011). In the case of negative emotions associated with personal failure or inadequacies, over-identifications, judgments, self-criticism, feelings of isolation may occur and these negative emotions are highly associated with maladaptive outcomes such as depression (Neff, 2003a).

The other variables of the study depression, anxiety and stress are forms of general affective distress and they are correlated with each other (Lovibond & Lovibond, 1995). Depression may involve feelings of being sad, weak, disappointed, frustrated, despairing, helpless, and hopeless (Sarason & Sarason, 2002). Anxiety is defined as a psychological disorder which is a blend of thoughts and feelings characterized by a sense of uncontrollability and unpredictability over potentially adverse life events (Wilson, Nathan, O'leary, & Clark, 1996). On the other hand, stress can be described as a state of individuals

that result from their interaction with the environment that is perceived as too demanding and a threat to their well-being. Moreover, stress adversely affects physical and psychological health. As it can be figured out from the definitions, high levels of depression, anxiety and stress point out psychological disfunctioning. Anxiety, stress and depression were investigated together since they both intercorrelated with each other and can give the signals of psychologically unhealthy states.

In the light of the related literature, findings indicated that self-compassion was strongly related to psychological health. Higher scores on the Self-Compassion Scale (SCS) were negatively associated with self-criticism, depression, anxiety, rumination, thought suppression, and neurotic perfectionism, and positively associated with life-satisfaction, social connectedness, and emotional intelligence (Neff, 2003a, b; Neff et al., 2006; Neff, 2011; Pauley & McPherson, 2010).

Self-compassionate people treat themselves with kindness and concern when they experience negative events and less avoidant. Compassion begins with the wish to bring an end to suffering related to the idea that we are not separate from the others (Halifax, 2011). Through this idea of interconnectedness and the ability to be self-aware, we can sense that we are going into an over aroused state. These abilities ensure us to predict the stressors, the situations causing anxiety and depression so that we can take preventions for them.

Purpose of the study

The empirical study aims to examine the predictive power of self-compassion on depression, anxiety and stress in Turkish sample.

Method

Participants

The study was designed in correlative investigation model. A total number of 522 university students (360 female, 162 male) chosen by random set sampling model, participated in the study voluntarily. The sample ranged in age from 18 to 26 and the mean age of the participants was 21.59 (sd= 1.92).

Measures

The Self-Compassion Scale (SCS). In order to measure the self-compassion, The Self-Compassion Scale (SCS) developed by Neff (2003a) consists of 26 items and adapted into Turkish by Deniz, Kesici and Sümer (2008) was used. Responses are given on a 5-point scale from “Almost Never”=1 to “Almost Always.”= 5. Mean scores on the six subscales are then averaged (after reverse-coding negative items) to create an overall self-compassion score. Different from the original scale, the Turkish version showed a single dimension and in addition, the scale was reduced to 24 items since two items which were below .30 as a result of total item correlation were taken from the scale. Internal consistency reliability obtained for the adapted version was .89 and test–retest reliability was .83. Criterion related validity of the scale was $r = .62$ between SCS and RSES (Rosenberg Self-Esteem Scale); $r = .45$ between SCS and SWLS (Satisfaction with Life Scale); $r = .41$ between SCS and positive affection and $r = .48$ between SCS and negative affection.

The Depression Anxiety Stress Scale (DASS). In order to measure the depression anxiety and stress, Depression Anxiety and Stress Scale developed by Lovibond and Lovibond (1995) consists of 42 items and adapted into Turkish by Akin and Çetin (2007) was used. The DASS is a 42-item questionnaire which includes three self-report scales: Depression (14-items), anxiety (14-items), and stress (14-items). Each item was rated on a 5-point scale. The language validity findings indicated that correlation between Turkish and English forms was .96. Factor loadings of the subscales ranged from .39 to .88. The internal consistency alpha coefficients were found for depression, anxiety, and stress .90, .92, and .92, respectively. The test-retest reliability scores after three weeks were found .98 for three subscales. Related with the criterion-related validity of the scale, correlation coefficients between the DASS and the Beck Depression Inventory and the Beck Anxiety Inventory were computed as .87 and .84, respectively.

Data analysis

In consistent with the aim of the study in order to analyze the data statistically; the Pearson Moments Multiple Correlation Technique was used to determine the correlations between self-compassion, depression, anxiety and stress. The Regression Analysis was also used to determine if the self-compassion predicts the depression, anxiety and stress.

Results

The results indicating the relationships among study variables are given in Table 1.

Table 1
The correlations between depression, anxiety, stress and self-compassion

	Depression	Anxiety	Stress
Self-compassion	-.42***	-.37***	-.46***

 $p < .001$

As it is shown in Table 1, correlation analysis indicated that self-compassion scores were negatively correlated with depression ($r = -.42, p < .001$), anxiety ($r = -.37, p < .001$) and stress scores ($r = -.46, p < .001$).

Three different regression analyses were performed to examine the predictive power of self-compassion on depression, anxiety and stress. Results are given in Table 2, Table 3, and Table 4.

Table 2
Prediction of depression by self-compassion

Independent variable	R	R^2	F	β	t
Self-compassion	.420	.176	111.126***	-.420	-10.542***

 $p < .001$

As it is shown in Table 2, as a result of the regression analysis, self-compassion significantly predicts depression in a negative way. It was found that self-compassion scores explained 18% of total variance in depression scores.

Table 3
Prediction of anxiety by self-compassion

Independent variable	R	R^2	F	β	t
Self-compassion	.372	.139	83.686***	-.372	-9.148***

 $p < .001$

As seen Table 3, self-compassion predicts anxiety negatively. Self-compassion accounted for 14% of variance in anxiety.

Table 4
Prediction of stress by self-compassion

Independent variable	<i>R</i>	<i>R</i> ²	<i>F</i>	<i>β</i>	<i>t</i>
Self-compassion	.463	.214	141.963***	-.463	-11.915***

p < .001

Table 4 shows that self-compassion was the significant predictor of stress. Self-compassion scores explained 21% of total variance in stress scores.

Discussion

According to the results of the study, the self-compassion plays a role as predictive factor of depression, anxiety and stress on the Turkish sample. As we mentioned before, previous research findings emphasized that high scores of self-compassion is positively related to psychological well-being, self-esteem, autonomy, purpose in life, personal growth, reflective and affective wisdom, happiness, optimism as well as negatively related to self-criticism, neuroticism, anxiety, depression, stress, neurotic perfectionism, rumination and thought suppression (Deniz & Sümer, 2010; Neff, 2003a, b, 2011; Neff & McGehee, 2010; Raes, 2010) and our study results are supported by all these findings. Moreover, Neff (2009) reported that self-compassion is a relatively new construct in the field of personality and social psychology, but the data gathered so far pointed out that the ability to be self-compassionate is linked to greater emotional resilience and psychological well-being. The current study conducted with the Turkish culture also supporting the previous studies.

Consequently, there is a strong link between self-compassion and psychological health so that further researches in order to increase self-compassion through intervention programs are recommended. The potential benefits of increasing individuals' self-compassion as stated in previous researches would enhance psychological wellbeing and decrease the depression, anxiety and stress levels. In another word, self-compassion might be taken into consideration as a protective strength for depression, anxiety and stress in psychological intervention programs. Although there are some studies which are supported the affectivity of training programs for developing self-compassion on stress reduction (Gilbert, 2009; Gilbert &

Procter, 2006; Kabat-Zinn, 2003, 2009; Miller, Fletcher, & Kabat-Zinn, 1995), we recommend that these intervention programs are examined or tested in cultural context in order to explain the protective power of self-compassion in a clear manner. Besides, for children and adolescents in the schools, prevention programs should be prepared for increasing self-compassion in order to struggle with daily stressful events or difficulties effectively in their life time.

References

- Akın, A., & Çetin, B. (2007). The depression anxiety and stress scale (DASS): The study of validity and reliability. *Educational Sciences: Theory & Practice*, 7(1), 241-268.
- Deniz, M. E. Kesici, Ş. & Sümer, S. A. (2008). The validity and reliability of the Turkish version of the self-compassion scale. *Social Behavior and Personality*, 36(9), 1151–1160.
- Deniz, M. E., & Sümer, A. S. (2010). The evaluation of depression, anxiety and stress in university students with different self-compassion levels. *Education and Science*, 35(158), 115-127.
- Gilbert, P. & Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology & Psychotherapy*, 13, 353-379.
- Gilbert, P. (2009). *The compassionate mind: A new approach to life's challenges*. Constable-Robinson.
- Halifax, J. (2011). The precious necessity of compassion. *Journal of Pain and Symptom Management*, 41(1), 146-153.
- Kabat-Zinn, J. (2003). Mindfulness-based stress reduction (MBSR). *Constructivism in the Human Sciences*, 8, 73–107.
- Kabat-Zinn, J. (2009). *Full catastrophe living: Using the wisdom of your mind and body to face stress, pain, and illness*. New York: Delacorte.
- Lovibond, S. H., & Lovibond, P. F. (1995). *Manual for the depression anxiety stress scales. (2nd. Ed.)* Sydney: Psychology Foundation.

- Neff, K. D. (2003a). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85-101.
- Neff, K. D. (2003b). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2(3), 223-250.
- Neff, K. D., Kirkpatrick, K. L., & Rude, S. S. (2006). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, 41, 139-154.
- Neff, K. D. (2009). Self-compassion. In M. R. Leary & R. H. Hoyle (Eds.), *Handbook of Individual Differences in Social Behavior* (pp. 561-573). New York: Guilford Press.
- Neff, K. D., McGhee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity*, 9, 225-240.
- Neff, K. D. (2011). Self-compassion, self-esteem and well-being. *Social and Personality Psychology Compass*, 5(1), 1-12.
- Pauley, G. & McPherson, S. (2010). The experience and meaning of compassion and self-compassion for individuals with depression or anxiety. *Psychology and PsychoNyanaponika Therapy: Theory, Research and Practice*, 83(2), 129-143.
- Raes, F. (2010). Rumination and worry as mediators of the relationship between self-compassion and depression and anxiety. *Personality and Individual Differences*, 48, 757-761.
- Sarason, I. G., & Sarason, B. R. (2002). *Abnormal psychology: The problem of maladaptive behavior*. Upper Saddle River, N.J: Prentice Hall.
- Wilson, G. T., Nathan, P. E., O'leary, K. D., & Clark, L. A. (1996). *Abnormal Psychology: Integrating Perspectives*. Boston: Allyn and Bacon.