

## Does compassion focused therapy can increase self-compassion and optimism in people with diabetes mellitus?

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### ABSTRACT

Optimism can be a great force possessed by human beings in facing a lot of pressures of life. An optimistic individual always expects good things to happen in life. Self-compassion is the ability to express affection and warmth to ourselves as we show others and be able to accept failure and suffering by not judging ourselves. The purpose of this study was to determine the effect of self-compassion in increasing optimism in patients with diabetes mellitus. This research is a quantitative study with an experimental model. The design was pretest-posttest control group by giving treatment in the experimental group in the form of compassion focused therapy (CFT) interventions. Subjects were 12 patients with diabetes mellitus who were divided into two groups: experimental and control groups with 6 subjects in each group. Self-compassion was measured using a self-compassion scale with 26 items. Optimism was measured using the Life Orientation Test-Revised (LOT-R), which consists of 10 items. Analysis of the data using non-parametric test Kendall's tau-b, Wilcoxon, and Mann Whitney test. The results showed that self-compassion had a positive and strong effect on optimism and compassion focused therapy was able to increase self-compassion in the experimental group, therefore the increase in self-compassion was able to increase optimism

**Keywords:** *Self-Compassion, Optimism, Compassion Focused Therapy*

Optimism can be a great force possessed by human beings in facing a lot of pressures of life that is frustrating. An optimistic individuals have a positive outlook and expect good things to happen in life, whereas a pessimistic individuals have a negative outlook on life and are tends to be discouraged. At the most basic level, optimism is contrast to hopelessness, optimism provides resilience in to face live events full of stresses and stresses associated with the risk of occurrence and recurrence of psychopathology (Carver, Scheier, & Segerstrom, 2010).

Several studies have found that optimism has an influence in the realm of mental health and chronic medical illness. Research by Applebaum et al., (2014) found that optimism was significantly associated with fewer symptoms of anxiety and depression, less despair, and a

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better quality of life. Optimism also lower the level of depression in patients with stroke, patients reported better physical health, feeling fit and less depressed towards their illness (Shifren & Anzaldi, 2018). Optimistic individuals tend to use problem focused coping, they have a higher capacity to resolve the problem so that it has an impact on better mental health (Rezaei, Sina, Mousavi, Safari, & Bahrami, 2015). Optimistic individuals always thinking about the good things so they can interpret life in a more positive way and did not give up and hurt themselves (Şahin-Baltacı & Tagay, 2015).

Huffman, Dubois, Millstein, Celano, and Wexler (2015) found that patients with type 2 diabetes mellitus with high optimism showed an increase in obedience of health behavior, and are able to maintain their good diet. Puig-Perez, Hackett, Salvador, and Steptoe (2017) found that patients with type 2 diabetes mellitus who have high optimism are able to maintain good physiological adjustment to stress and are able to help reduce the consequences of impaired cardiovascular function which is one of the most comorbidity problems in type 2 diabetes mellitus. Increased optimism in patients with type 2 diabetes mellitus can also enhance patients emotional well-being. (Freeman-Hildreth, Aron, A Cola, & Wang, 2019).

Pouwer and Speight (2017) explain that individuals with diabetes mellitus have psychological problems such as experiencing distress, sleeping difficulty, emotional turns and causing anger and quarrels, experiencing worries about the future regarding to the possibility of serious complications, feeling guilty or anxious when experiencing errors in the management of diabetes, and was afraid and depressed when thinking of living with diabetes. Depressive symptoms are also found in individuals with diabetes mellitus, but rarely meet the criteria for depression or have major depression (Tareen & Tareen, 2017).

There are several factors that can predict an increased optimism, the research conducted by Koenig, Pearce, Nelson, and Daher (2015) suggests that patients who have high religiosity tend to be more optimistic in conducting treatments for their recovery. Fayed, Klassen, Dix, Klaassen, and Sung (2011) found that the factors that can be a strong predictor in increasing optimism by considering important traits in positive psychology, self-esteem and mastery that are owned by the parents with children with cancer. From the previous studies, it can be concluded that the optimism variable is explained through religiosity and self-esteem, it demonstrates the lack of attention in the search for factors that can increase optimism. This study aimed to explain through the self-compassion variable because so far the results of previous studies have linked self-compassion with a positive psychological paradigm.

Neff (2003) explains *self-compassion* as the ability to express affection and warmth to ourselves as we show people and be able to accept failure and suffering by not judging ourselves. Akin and Akin (2015) describes that self-compassion is a strong predictor in the scope of psychological health and positively correlated in various domains such affect, achievement, cognitive patterns, and social connections. Self-compassion is also related to life satisfaction, reflective and affective wisdom, personal initiative, curiosity and exploration, optimism, positive affect, extraversion, agreeableness, and conscientiousness (Baker & McNulty, 2011), social relationships, emotional intelligence, and self-determination (Neff, 2003a). Bhat and Shah (2015) found that there was a significant relationship between self-compassion and mental health, individuals who had high self-compassion had low anxiety, depression, loss of control behavior and emotions. Individuals who had good self-compassion tend to accept the unpleasant life experiences as a part of

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human life and they get more life satisfaction with feelings of optimism and gratitude (Umphrey & Sherblom, 2014).

Some of the interventions that can be done to increase self-compassion including Mindful self-compassion (MSC), mindfulness-based cognitive therapy (MBCT), and mindfulness-based stress reduction (MBSR) (Germer & Neff, 2013). Compassion mind training was developed by Paul Gilbert, (Braehler et al., 2013). Gilbert (2009) develop compassion focused therapy for individuals with shame and self-criticism. This study wants to increase self-compassion by using compassion focused therapy (CFT). Paul Gillbert stated CFT was developed for individuals who have chronic and complex mental health problems related to shame and self-criticism and often come from difficult backgrounds, such as violence or being ignored. (Gillbert, 2010).

Beaumont, Irons, Rayner, dan Dagnall (2016) suggested that CFT significantly increase self-compassion and significantly decrease self-criticism. Research on self-compassion focuses on how individuals kindly judge and treat themselves when facing bad events and try to accept these events as a natural part of the human life. This can be related to the main principles of CFT which are motivating individuals to look after their well-being, to be sensitive to the personal needs and distress, and to increase understanding of themselves. (Gilbert, 2014).

This study aimed to determine the effect of self-compassion and optimism by using compassion focused therapy (CFT) in patients with diabetes mellitus. The benefits of this research are expected to provide additional information about self-compassion and optimism.

### METHODOLOGY

#### *Sample*

The subjects in this study were patients with diabetes mellitus in Kendal Kerep Health Center in Malang and one of the Poskesdes in Batu. Subjects were 12 females in middle adulthood to late adulthood. The technique of taking the subjects in this study using a random sampling which is the sampling technique that provides equal opportunities for individuals as the members of the population to be selected as members of the study sample (Winarsunu, 2010). Subjects were divided into two groups: the experimental group and the control group. Each group consisted of 6 subjects. The experimental group was given treatment in the form of compassion focused therapy (CFT) and the control group was not given any treatment.

#### *Instruments*

Two measures were used in this study,

- 1. Life Orientation Test-Revised (LOTR)** scale was developed by Scheier and Carver to help express one's optimism. LOTR consists of 10 items. The reliability of the scale analyzed by Cronbach alpha technique shows the number 0.79 (Scheier, Carver, & Bridges, 1994). One example of the item "Under uncertain circumstances, sometimes I expect the best. Type of scale is a Likert scale with 5 choices of answers: not strongly agree, agree, doubt, disagree and strongly disagree.
- 2. Self-compassion scale** was a scale developed by Kristin D. Neff with three components: self-kindness, common humanity and mindfulness which consists of 26 items. After the CFA test, the internal consistency for 26 items of self-compassion was 0.92 (Neff, 2003b). One example of the item "I try to understand and be patient

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with the aspects of my personality that I do not like". The answer choice using rating scale with a score of 1-5 (never - always).

### **Procedure**

This research uses an experimental design. The model in this study using a pretest-posttest control group design. The research procedures are researcher piloted the measuring instrument related to the relevant variables. The scale in this study were self-compassion scale and LOTR. Piloting was carrier out in order to tried on a several whose circumstances was similar with the study sample and the researcher wanted to ensure that all participants not only knew about the statements contained in scale but also understand each item. Researcher conducted the homogeneity test between the pre-test value in experimental group and the control group in order to determine the initial state of the two groups before the treatment is given. The total number of subjects were 12 and divided into two groups: the experimental group and the control group. Each group consisted of 6 subjects. The experimental group was given manipulation while the control group was not given any treatment. Researches gave informed consent as a form of agreement as the research subjects and they were willing to participate in a series of treatment from the beginning to the end of the study session. Implementation stage: the researcher gave manipulation of self-compassion through compassion focused therapy which was given in 7 sessions with a duration of 45-60 minutes each meeting with a period of approximately 3 weeks. In the first session of intervention, the researcher conducted the process of rapport building with the subjects in the experimental group. The next session, researcher gave CFT consisting of material on self-compassion, and compassion break consisting of slowing breathing and phrases compassion, compassionate focused imagery, develop self-compassionate, compassionate thinking, compassion letter writing, and termination. After manipulation at the end of the session, the researchers conducted a post-test measurement of self-compassion scale and optimism in both groups. After implementing the interventions, researcher analyzes the data using IBM SPSS Statistics 23 and makes a research report.

## **RESULTS**

*Table 1. Descriptive research*

Group	Variable	Pre-test		Post-test	
		Mean	SD	Mean	SD
Experiment	Self-compassion	24.17	1.329	39.67	0.816
	Optimism	11.83	0.983	18.00	1.265
Control	Self-compassion	25.33	1.751	25.50	2.510
	Optimism	11.50	0.837	10.83	1.169

Referring to Table 1, the results of pretest self-compassion and optimism in the experimental group are at a low category level and pretest optimism is at the medium category. Whereas in the control group, the results of pretest self-compassion and optimism showed that the subjects were in the low category level.

Then after being treated, post-test self-compassion and optimism of the experimental group showed changes where the subject was at the high category level. Whereas in the control group, the post-test self-compassion and optimism given on the subject showed that the subject remained in the low category level.

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Based on the results of the subject's homogeneity self-compassion test, both of them have significance value Based on Mean which is  $0.274 > 0.05$  so it is said to be homogeneous. While the homogeneity test results in the subject's optimism have a significance value Based on the mean which is  $0.873 > 0.05$  so it can be said that the data variance is homogeneous, meaning that the research subjects in this study have differences but not significant before the treatment is given.

### **Manipulation Check**

*Manipulation check* is a test to determine the effectiveness of manipulation in experimental design. Hoewe (2017) explains that researchers combine manipulation checks when using experiments to ensure the subject understanding, and react as expected to manipulations contained in independent variable. Manipulations check were performed using the Mann Whitney test in order to see the difference between the experimental and control group.

**Table 2. Results between pretest and posttest self-compassion**

Group	$X_{pretest}$	$SD_{pretest}$	$X_{posttest}$	$SD_{posttest}$	Z	Sig
<b>Experiment</b>	24.17	1.329	39.67	0.816	-2.207	0.027
<b>Control</b>	25.33	1.751	25.50	2.510	-0.105	0.916

Table 2 shows the differences in average pretest scores of each variable in each group. The experimental group had a pre-test self-compassion score ( $X = 24.17$ ,  $SD = 1,329$ ). The post-test self-compassion score in the experimental group was ( $X = 39.67$ ,  $SD = 0.816$ ). The average post-test value of the self-compassion variable is greater than the average value of the pre-test of the self-compassion variable which is  $39.67 > 24.17$  with a significance value  $0.027 < 0.05$  which means there is a significant increase and differences between pre-test and post-test on the self compassion in experimental group. So that the given CFT is able to improve self compassion in the experimental group.

Table 2 also explains that the control group had an average pre-test self-compassion variable ( $X = 25.33$   $SD = 1,751$ ) and post-test had an average value ( $X = 25.50$ ,  $SD = 2.510$ ). The average value of the pre-test self-compassion is smaller than the post-test self-compassion value which is  $25.33 > 25.50$  with a significance  $0.916 > 0.05$ , which means there is no increase in self-compassion in the control group. This can occur because the control group was not given any treatment.

**Table 3. Mann Whitney self-compassion**

<i>Self-compassion</i>	
N	12
U	0.000
p	0.004

Based on the results of Mann Whitney test conducted on 12 subjects consisting of 6 subjects in the experimental group and 6 subjects in the control group. In the independent variables, self-compassion has Mann Whitney test coefficient (U) is 0.000 and p score 0.004 with probability value is 0.05. It can be concluded that there is a difference in the score of self-compassion variable between the experimental group and the control group. Based on these conclusions it is known that the manipulation given to the experimental group managed to increase self-compassion.

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Furthermore, data analysis is performed to determine the mean optimism and show how much the mean optimism increases after being given CFT. Below is a table of differences in optimism variable:

**Table 4. Results of pre-test and post-test optimism**

Group	$X_{pretest}$	$SD_{pretest}$	$X_{posttest}$	$SD_{posttest}$	Z	Sig
Experiment	11.83	0.983	18.00	1.265	-2.214	0.027
Control	11.50	0.837	10.83	1.169	-1.633	0.102

Based on Table 4, the experimental group were given compassion focused therapy gained pre-test optimism score ( $X = 11.87$ ,  $SD = 0.983$ ) and when the post-test was conducted the result is ( $X = 18.00$ ,  $SD = 1.265$ ). The average score of the pre-test optimism variable is smaller than the average score of post-test optimism which is  $0.027 < 0.05$  which means there is significant difference between pre-test and post-test.

The control group had a pre-test optimism score ( $X = 11.50$ ,  $SD = 0.837$ ) and post-test result ( $X = 10.83$ ,  $SD = 1.169$ ). The average score of the pre-test optimism variable is greater than the average score of post-test optimism which is  $0.102 > 0.05$ , which means there is no increase after the post-test. Furthermore, the results of Mann Whitney test on optimism variable have coefficient of the Mann Whitney test (U) 0.000 and p score was 0.003 with a probability of 0.05, it can be concluded that there are differences in optimism in the experimental group and the control group.

Based on the analysis of the data above it can be concluded that manipulation with compassion focused therapy is able to increase optimism and self-compassion in the experimental group who received manipulation. When self-compassion is improved then it will affect the increase in optimism in people with diabetes mellitus.

### *Hypothesis testing*

Hypothesis testing uses the Kendall's tau-b test in order to determine the effect of self-compassion on optimism.

**Table 5. Test Kendall's tau-b self-compassion and optimism**

Variables	Correlation coefficient	p	Information
The effect of self-compassion towards optimism	0.705	0.002	strong and significant

Based on Table 5, it is known that the significance values between self-compassion and optimism is  $0.002 > 0.05$ , which means that there is significant influence between self-compassion and optimism. Correlation coefficient of 0.705 means self-compassion has a positive and strong influence on optimism, therefore if self-compassion increases it will affect the increase of optimism in people with diabetes mellitus.

## **DISCUSSION**

The results showed that self-compassion had a strong and positive influence on the optimism. Furthermore, there is a difference between the experimental group and the control group. The treatment given to the experimental group had a higher post-test self-compassion score compared to the control group. In addition, the experimental group also had higher a

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optimism scores compared to the control group. The test results analysis showed that there were significant differences between the experimental group and the control group. Therefore, it can be concluded that self-compassion can increase optimism by using compassion focused therapy.

The results are consistent with the research conducted by Ghadampour and Mansouri (2017) in young women with generalized anxiety disorder (GAD) where the experimental group was given compassion focused therapy for 1,5 months with the results of the experimental group showing an increase in optimism and self-compassion score. Gilbert and Basran (2018) revealed that training or compassion-based therapy can increase optimism so that the individuals become focus on their ways of understanding life's difficulties, then being able to move forward to organize the future. Self-compassion contributes to an individuals optimism, therefore they do not like to contemplate past failures or feeling helplessness (Neff & Vonk, 2009)

Ruseell L Kolts, Bell, Bennett-Levy, and Irons (2018) stated that the focus of CFT as therapy is learning to work with obstacles, fears, and a sense of resistance in treating yourself well, and it is expected that interactions with other people can avoid feeling solitude and avoid self-isolation behavior. In its application, CFT aims to help individuals to access, stimulate, and cultivate emotion that focuses on caring about yourself so they are able to become a loving person. (Gilbert, 2014).

In the implementation of the CFT, the subject is able to relax when doing slowing breathing before entering to compassionate focused imagery session when the subject is asked to think about pain, pressure or stress they experience. Slowing breathing and compassionate focused imagery are part of the mindfulness exercises in CFT. Giving mindfulness can increase the client's psychological flexibility to control their behavior, assessment of embarrassment and discomfort, then it is expected that individuals flexibly change their perspective to reach a broader perspective (Kirby, 2016). In the develop self compassionate session, the subject is able to position themselves as wise, strong, and friendly individuals so that they are able to treat themselves well and each subject is also able to provide wise sentences or known as compassion phrases.

In compassionate thinking session, the subject is able to balance their mind and feelings when under pressure so that the subject is able to be kind to themselves. In the compassion letter writing session, the subject was able to finish writing a letter to themselves so that they can express positive expectations about the future. Shapira and Mongrain (2010) in their research revealed that by writing a letter in CFT can develop self-compassion and optimism. When individuals are optimistic, they can visualize a future where current problems are resolved and allow themselves to be better.

Research conducted by Friis, Consedine, and Johnson (2015) showed that self-compassion have beneficial effects in self-management of diabetes. First, self-compassion can improve psychological and physical health, self-compassion can control the state of diabetics such as self-blame, do not accept themselves, and angry. Second, having self-compassion can maintain daily control of diabetes patients from negative feelings such as stress, disappointment, guilt and shame. Emotional stability in self-compassion can lead to more responsible behavior. Third, self-compassion is an emerging construct utilizing cognitive

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structure to calm down which have physiological, psychological, behavioral effects that help diabetic patients to cope with their condition in order to improved their quality of life.

Optimism and compassion has proven beneficial to promote behavioral change in individuals with diabetes mellitus (Robinson, Coons, Haensel, Vallis, & Yale, 2018). In people with diabetes, positive thinking leads to a higher quality of life and optimism allows individuals to think honestly about themselves and to overcome the pressures that exist in everyday life (Schiavon, Marchetti, Gurgel, Busnello, & Reppold, 2017). Optimistic individuals can decrease the levels of anxiety so and it can be concluded that optimism has a protective role against the inflammatory effects of psychological stress (Heydari, Bordbar, & Yazd, 2018). Individuals with an optimistic orientation towards the future evaluate stressful conditions with positive outlook and have a good calculations to deal with the problems. Optimistic individuals show independence and tend to consider positive results about the future.(Simon, 2018)

Considering the use of compassion focused therapy (CFT) in Indonesia is very limited, from the research that has been done it can be seen how the process of implementing CFT as well as focus of CFT as a therapy which can help individuals who find it difficult to feel and express compassion for themselves to be able to treat themselves well in order to experience positive changes. CFT can help individuals manage their mind, behaviors, and any kind of complicated feelings. This study also provides additional information that self-compassion is one of the predictor variables that can increase optimism.

Limitations in this study are researchers are still lack of knowledge related to the use of instruments related to LOTR so they needed to be careful in interpreting the results of the scale used. In addition, the implementation of CFT there were some modifications in methods due to physical health condition of the subject so it was not in accordance with the previously designed therapy modules. The implication of this study is compassion focused therapy (CFT) can be used as an effort to overcome psychological problems in patients with diabetes mellitus, in order to increase self-compassion and optimism so that the individual can treat themselves well, building up a good interaction with others, develop positive thoughts in order to organize the future and give themselves an opportunity to move forward.

For further research, the researcher who is interested in studying this topic, it is expected to replicate to a different subject. The next researcher is expected to conduct deeper study of the measuring instruments used so that they are able to describe the condition of the subject of research more accurately. In addition, the need to add and develop research related to compassion focused therapy (CFT) on other subject or other problems to increase knowledge related to compassion focused therapy (CFT) use in Indonesia.

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### ***Conflict of Interest***

The author declared no conflict of interest.

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