Body Compassion during a Pandemic: The Intersection of Well-Being, Health Anxiety, and Body Compassion Among Those Living Through Covid-19

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INTRODUCTION

In 2020, a novel coronavirus (COVID-19) led to increased uncertainty, isolation, and distress across the globe ultimately leading to a pandemic. We hypothesized the pandemic would have an adverse impact on individual levels of health-related anxiety and subjective well-being.

The experience of health anxiety can be debilitating, and its reduction via increases in psychological flexibility has been documented in the literature (Hoffmann et al., 2014). Acceptance-based constructs specific to the body, such as body compassion, may support desirable psychological outcomes.. The Body Compassion Scale is comprised of three factors - Defusion, Common Humanity, and Acceptance - and describes how people relate to their bodies.

To date, there has been no known published studies specifically examining the role body compassion may play in health anxiety and well-being.

We aimed to explore how one's relationship to the body, measured via the construct of body compassion, may influence health anxiety and well-being during the early phases of the COVID-19 pandemic.

METHOD

Participants: The present study utilized data provided by a sample of adults from the general population (N = 93); 77.4% identified as female, 88.2% as white, and 50.5% were between the ages of 25-34 years.

Measures and Procedure: Study participants completed demographic items and measures of Well-Being, Health-related Anxiety and the Body Compassion as part of a larger survey study conducted shortly after COVID-19 was categorized as a Pandemic and "Stay-at-Home" orders were implemented.

- Health Anxiety Inventory [HAI; Slakovskis et al, 2002] a self-report measure designed to cover a broad spectrum of cognitive, affective, and behavioral symptoms of health anxiety.
- PERMA Profiler [PERMA; Butler & Kern,]: Measures "5
 pillars of wellbeing" (i.e., positive emotion, engagement,
 relationships, meaning, and accomplishment)
- Body Compassion Scale [BCS; Altman et al., 2017; Altman et al, 2020]: a 23-item measure consisting of a total score and three subscales. These subscales include Defusion, Common Humanity, and Acceptance. Items are rated on a scale from 1 ("almost never") to 5 ("almost always")

Table 1. Body Compassion Scale Sample Items

Defusion Subscale

"When I think about my body's inadequacies, it tends to make me feel more separate and cut off from other people."

"When I feel frustrated with my body's inability to do something, I tend to feel separate and cut off from other people."

Common Humanity Subscale

"When I'm injured, ill or have physical symptoms, I remind myself that there are lots of other people in the world feeling like I am."

"When I am at my lowest during times of physical symptoms, illness or injury, I know I am not alone in feeling this way."

Acceptance Subscale

"I'm tolerant of my body's flaws and inadequacies."

"I feel okay in my body."

Table 2. Bivariate correlations among dependent and independent variables

	Health Anxiety Total	BCS Defusion	BCS Common Humanity	BCS Acceptance
Well-being Total	360**	.569**	.277*	.586**
Health Anxiety Total		583**	448**	555**
BCS – Defusion			.628**	.778**
BCS – Common Humanity				.655**
BCS – Acceptance				

NOTE: *Denotes p <.01; ** Denotes p < .001

RESULTS

- Linear regression (Method = ENTER) was conducted to ascertain salient predictors of Total Well-being Scores in our sample. The full model accounted for 36% of total variance (F (6, 67) = 7.32, p < .001).
- Significant IVs (controlling for Age and COVID risk status) were:
- Body Compassion Subscales:
 - Defusion (β = .371, p=.033),
 - Common Humanity (β=-.278, p=.044)
 - Acceptance (β=.481, p=.007)
- Contrary to the initial hypothesis, the Independent Variable Health-Related Anxiety (HAI Total Score) was not significantly related to Well-being.

DISCUSSION

The aim of this study was to examine how health anxiety and body compassion were related to subjective well-being during an unprecedented time period of uncertainty specifically pertaining to one's health and mortality. The time period in which these data were collected was replete with unknowns regarding the novel Coronavirus (COVID-19). Although Health Anxiety total scores are inversely and significantly correlated with Well-being scores, it was not a significant predictor of Well-being in the multiple regression model. This was contrary to our initial hypothesis. All three factors of Body Compassion were related to Well-being with Acceptance having the strongest relationship. Given heightened levels of health related uncertainty, cultivating higher Acceptance regarding the body may be especially adaptive. Based on these results, subjective Well-being may be influenced by enhancing one's ability to engage in compassion with the body as opposed to efforts to reduce anxiety related to one's physical health. Future research should explore body compassion as an "enhancing" factor related to subjective well-being among larger and diverse samples.

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