Can self-compassion mitigate the impact of COVID-19 on mental health? A multinational study across 21 countries

Marcela Matos[1], K. McEwan, M. Kanovský, J. Halamová, S. Steindl, N. Ferreira, M. Linharelhos, D. Rijo, K. Asano, S. Gregório, M.G. Márquez, S.P. Vilas, G. Brito-Pons, P. Lucena-Santos, M. Oliveira, E.L. Souza, L. Llobenes, N. Gumiy, M.I. Costa, N. Habib, R. Hakem, H. Khrad, A. Alzahrani, S. Cheli, N. Petrocchi, E. Tholouli, P. Issari, G. Simos, V. Lunding-Gregersen, A. Elklit, R. Kolts, A. Kelly, C. Bortolon, P. Delamillieure, M. Paucsik, J.E. Wahl, M. Zieba, M. Zatorski, T. Komendziński, S. Zhang, J. Basran, A. Kagialis, J. Kirby, & P. Gilbert

[1]University of Coimbra, Center for Research in Neuropsychology and Cognitive and Behavioural Intervention (CINEICC)

Introduction

The world is facing an unprecedented crisis due to the COVID-19 pandemic, with adverse consequences to mental health and psychosocial wellbeing (Gloster et al., 2021; Serafini et al., 2020). Thus, examining factors that may buffer the detrimental impacts of the pandemic on mental health is critical (Holmes et al., 2020).
Mounting research has documented the numerous benefits of compassion has for mental health, emotion regulation and social relationships (Seppälä et al., 2017). Conceptualized as a prosocial motivation evolved from the mammalian care-giving systems, compassion is defined as "*the sensitivity to suffering in self and others, with a commitment to try to alleviate and prevent it*" (Gilbert, 2014, p. 19), and may emerge as a key protective factor against the pervasive impact of the pandemic on mental health. In particular, the ability to be compassionate to onesef, i.e., self-compassion, has been shown to be a protective factor, increasing resilience to common mental health issues (MacBeth & Gumley, 2012; Muris & Petrocchi, 2017) and promoting wellbeing (Zessin et al., 2015).

The current study explores the moderator effect of self-compassion against the impact of perceived threat of COVID-19 on depression, anxiety and stress, across 21 countries worldwide.

Methods

This study is part of a broader multinational longitudinal study investigating the buffering effects of compassion during the COVID-19 pandemic, and was conducted in a sample of 4057 adult participants from the general community population, mean age 41.45 (*SD* = 14.96), with 80.8% (*N* = 3279) women, 18.2% (*N* = 739) men, 0.4% (*N* = 15) other, and 0.6% (*N* = 24) preferred not to respond. The research sample was collected via an online survey using snowball (convenience) sampling, across 21 countries from Europe (United Kingdom, Portugal, Spain, Italy, France, Greece, Cyprus, Poland, Slovakia, Denmark), the Middle East (Saudi Arabia), North America (USA, Canada), South America (Brazil, Argentina, Chile, Colombia, Mexico), Asia (China, Japan) and Oceania (Australia).

Participants completed self-report measures of perceived threat of COVID-19 (*The Perceived Coronavirus Risk scale,* Kanovský & Halamová, 2020), self-compassion (*Compassion Engagement and Action Scales,* Gilbert et al., 2017), and mental health indicators (*Depression Anxiety and Stress Scale,* Lovibond & Lovibond, 1994).

More information about this project can be found @ https://www.fpce.uc.pt/covid19study/.

Results

Perceived threat of COVID-19 (Fear of contraction and Likelihood of contraction) predicted higher scores in depression, anxiety and stress, and self-compassion predicted lower scores in these mental health indicators.
Interaction effects were significant in depression, anxiety and stress, indicating that self-compassion significantly moderated the impact of perceived threat of COVID-19 on depression, anxiety and stress, across all countries.
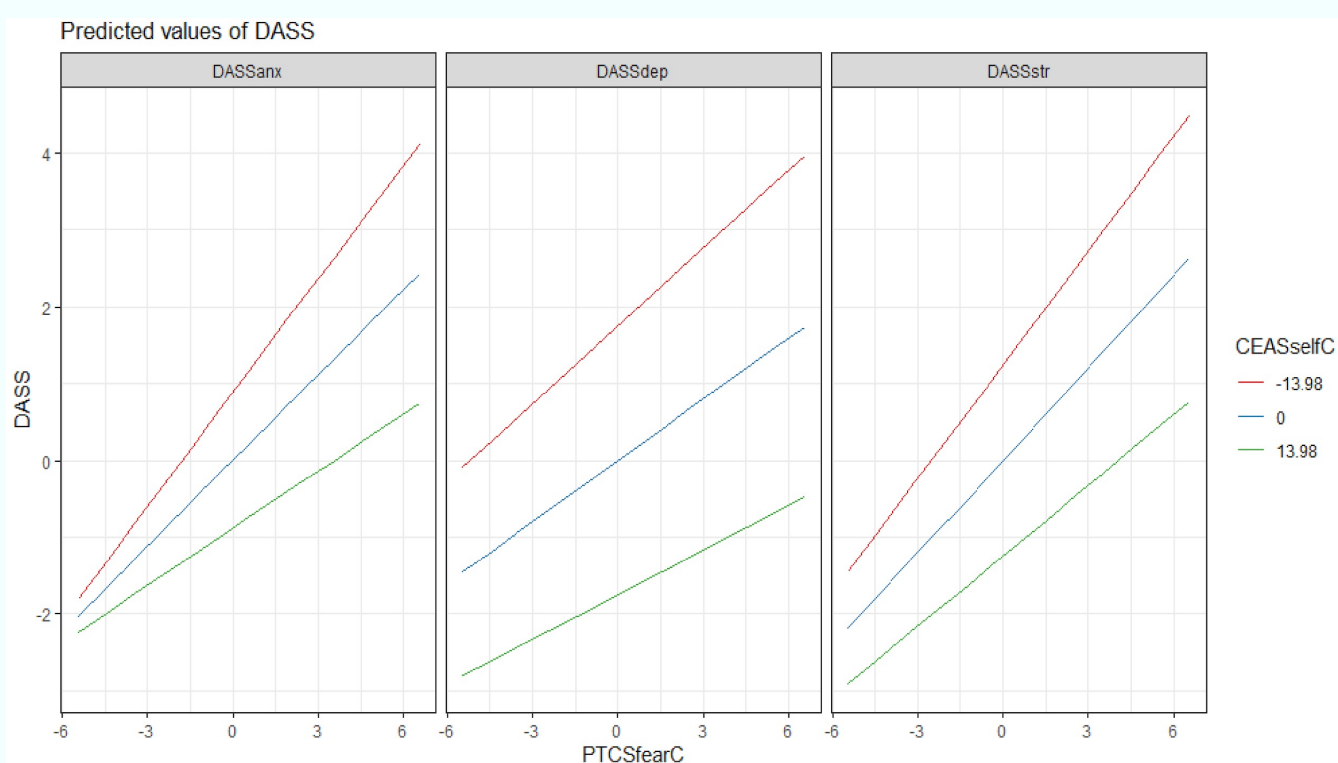
The figure displays marginal effects of moderation of self-compassion in the case of fear of contraction: all slopes for highly self-compassionate subjects (green) were less steep than other slopes, therefore self-compassion buffers against the impact of fear of contraction on depression, anxiety and stress, with the largest effect of moderation (the least parallel lines) being for anxiety, followed by stress and depression.

Discussion

The findings suggest that being able to be compassionate towards oneself in the face of suffering can mitigate the harmful impact of the COVID-19 pandemic on mental health, and offer evidence supporting the universality of this buffering effect of self-compassion.

Conclusion

Public health policy-makers and providers should consider the implementation of compassion-based interventions and communication strategies to promote resilience and address mental health problems during and in the aftermath of the COVID-19 pandemic.

References

Gilbert, P. (2014). The origins and nature of compassion focused therapy. British Journal of Clinical Psychology, 53, 6-41.
Gloster, A. T., Lamnisos, D., Lubenko, … Karekla, M. (2020). Impact of COVID-19 pandemic on mental health: An international study. PloS one, 15(12), e0244809. https://doi.org/10.1371/journal.pone.0244809
Holmes, E. A., O'Connor, R. C., Perry, V. H., Tracey, I., Wessely, S., Arseneault, L., … & Bullmore, E. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. The Lancet Psychiatry. Doi: https://doi.org/10.1016/S2215-0366(20)30168-1
MacBeth, A. & Gumley, A. (2012). Exploring compassion: a meta-analysis of the association between self-compassion and psychopathology. Clinical Psychology Review, 32, 545–52. doi: 10.1016/j.cpr.2012.06.003
Muris, P. & Petrocchi, N. (2017). Protection or vulnerability? (2017). A meta-analysis of the relations between the positive and negative components of self-compassion and psychopathology. Clinical Psychology and Psychotherapy, 24, 373–83. doi: 10.1002/cpp.2005
Seppälä, E. M., Simon-Thomas, E., Brown, S. L., Worline, M. C., Cameron, C. D., & Doty, J. R. (Eds.). (2017). The Oxford handbook of compassion science. Oxford University Press.
Zessin, U., Dickhäuser, O. & Garbade, S. (2015). The relationship between self-compassion and well-being: a meta-analysis. Applied Psychology, 7, 340–64. doi: 10.1111/aphw.12051