

Role of Self-Compassion in the Relationship Between Rumination and Depression among Geriatrics Population

Misbah Ilyas, Naeem Aslam

National Institute of Psychology, Quaid-i-Azam University, Islamabad.

Abstract

Background: Self-compassion is the ability to respond to one's failures, shortcomings, and difficulties with kindness and openness rather than criticism. It is treating oneself in a kind way and having positive attitudes towards hardships. Rumination plays a vital role in depression, while self-compassion suppress the role of rumination and alleviates the depression.

Objectives: To investigate the mediating role of self-compassion in the relationship between rumination and depression among geriatrics living in old homes.

Study design, settings and duration: It was a cross-sectional research under correlational framework, conducted in old homes of Rawalpindi. Data was collected from April 2017 to July 2017.

Subjects and Methods: Sixty one (61) geriatrics, 41 males and 20 females participated in this research. Self-compassion Scale and Rumination Response Scale were utilized to collect the data. Data was analyzed by SPSS 21.0.

Results: There was a significant negative correlation between self-compassion, rumination and depression. Moreover, t-test analyses supported that women were higher on depression and rumination while male were high on self-compassion. Mediation analyses had shown that self-compassion lower the depression level successively.

Conclusion: Self-compassion mediated the relationship between rumination and depression. It buffers the effect of rumination and ultimately reduces the depression. Inculcation of positive thoughts and compassion successively helps in lowering negative thoughts and depression.

Policy message: Self-compassion enhancement techniques and mindfulness based training can be effectively utilized which can help geriatrics to reduce depression and lessen recurrent ruminating tendency in them.

Key words: Self-compassion, rumination, depression, geriatrics, old homes.

Introduction

Ageing is the well-known area of research from the past few decades. Successful ageing comprises of calmative adaptation at each phase of life.¹ Old age is supposed to be the center of calamities and trepidation due to lack of social support, financial problems, and loss of energy. Elderly at this stage review their life; positive

Corresponding Author:

Naeem Aslam

National Institute of Psychology
Quaid-i-Azam University, Islamabad.
Email: naemaslam@nip.edu.pk

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Authors Contribution

MI conceptualized the project, data collection and literature search. NA performed the statistical analysis, drafting, revision and writing of manuscript.

stances to their experiences generate stage of integrity otherwise they tend to engage in rumination and subsequently develop depressive symptomatology. In addition, institutionalization brings loneliness and hazardous features for depression in later life. In Pakistan, depression is amongst the leading problem geriatrics used to face in terms of loss of family support and care.^{2,3} Study of life span advocated important mechanism shared by self-compassion and successful ageing. Self-compassion is the leading construct of interest currently, entailing sense of positive attitude towards oneself and others in response to hardships and trepidations.⁴ It is the ability to react towards ones losses, and difficulties in humble and humane way rather than disparagement. Self-compassion helps individuals to stop dwelling and ruminating on previous exposures and thus act as a buffer to protect individuals against depression. Growing evidences professed that self-compassion promotes

positive mental health and immunize against psychopathology.⁵

Considerable research showed the relationship between self-compassion, rumination, and depression. For instance, a significant negative relationship was found between self-compassion, negative mood, and rumination.⁶ Lower self-compassion has linked with number of psychopathologies.⁷ Geriatrics having low self-compassion had greater level of depression conversely to highly compassionate individuals. Self-compassion fosters the abilities in individual to withstand these transitions. Self-compassion also holds as a buffering role against depressive symptoms, and negative effects^{8,9} while rumination was highly correlated with low level of self-compassion. Self-compassion is positively related to psychological adjustment and negative to the depression.¹⁰ Low self-compassion forecast rumination and negative mood leading to development of depression.¹¹ To see the role of cultural aspects in distress and self-compassion, research have identified various psychosocial factors associated with psychological distress in elderly living in old homes of Kathmandu valley, Nepal.¹² Findings also showed that depression was most prevailing illness in them and reason was lack of compassion and positive attitudes. In addition, decline in social network,¹³ eroding of cultural and traditional values bring loneliness in elderly people, that is instrumental in development recurrent ruminative thoughts and depression.¹⁴ To sum up the studies, loneliness and isolation seems to be a marked common contributing factor for depression in elderly people living in old homes across culture.

Excessive ruminative tendencies and depression in later life may be partly due to response of emotion exhaustion. Rumination in response to negative life events worsens depression. Fostering of self-compassion in a systematic way, help individuals to cope up with their ruminating tendencies to defeat depression by generating capabilities to endure undesired emotions.^{15,16} Specific self-compassion interventions and techniques might ease individual to reduce the depression, and enable them to improve individual emotion regulation by buffering against negative emotions. Fostering self-compassion alleviates depression level.^{17,18} When rumination has direct effect on depression, self-compassion works efficiently in reducing depression.¹⁹⁻²¹ Self-compassion might prove fruitful for older adults in buffering them against fatigue, psychopathologies and other deficits. To see the gender difference on the study, variable findings showed that female scored high on both rumination and depression.¹⁴

Moreover, females are prone to face more negative impressions of being divorced, widowed, insecurity, loss of financial support which make them vulnerable to experience depression in old age more than male. In comparison to males, females are lower on self-compassion as professed by previous literature.²²⁻²⁴

For a nation like Pakistan, in past old age had never been a problem, but currently due to the erosion of joint family system, geriatrics are facing problems greatly. These problems are growing in numbers day by day. Elderly being eroded by the family members and their problems vary across society to society. Joint family system has now largely disintegrated due to economic changes. The leading causes of institutionalization spotted are evolving social and cultural transformations, isolating from joint family system and traditional family standards declines. These transformations mentally isolate geriatrics and promote their vulnerability for development of depression. The study aimed to examine the relationship between self-compassion, rumination, and depression among old aged individuals living in old homes. Moreover, we also aimed to see the mediating role of self-compassion in the relationship between the rumination and depression among geriatrics. On the basis of past literature, we hypothesized that low level of self-compassion will be related to depressive rumination and depression. Female would score high on rumination and depression, while males would score high on self-compassion. In addition, self-compassion mediates the relationship between the rumination and depression among geriatrics living in old homes.

Subjects and Methods

It was a cross-sectional research under correlational framework. Sample comprised of 61 geriatrics (41 male, 20 female) taken from the different old-homes of Rawalpindi. To be more specific, 14 participants were recruited from Nijat Trust, 13 from the QMG Trust, 19 from Beghum Akhtar old home, and 15 individuals were approached from Dar-ul-Affiat, Rawalpindi. The age range of the participants was from 55 to 86 (M = 70.79, SD = 8.23). Sample was recruited through convenient purposive sampling. Participants having severe physical and psychological issues were excluded from the study. Prior to data collection, permissions from the respective authorities of old homes were taken. An informed consent form was read to respondents. Verbal instructions were given to the respondents regarding study objectives. The scales were administered orally by the first author

and verbal responses of the participants were noted. It took almost 30 minutes to take data from one participant. Participants were assured about the confidentiality of the data.

Self-Compassion was measured by using Self-compassion Scale.²⁵ Urdu translated version of this scale was used.²⁶ The scale comprises of 26 items with scores ranged from 5 to 130. Scale has good internal consistency ($\alpha = 0.92$). Literature showed good test-retest reliability ($\alpha = 0.93$) over a three week interval.

Rumination was measured by using the rumination subscale of RRS.²⁷ Urdu translated version of this scale was used. It contains 10 items accessing how individual involves in repetitive thoughts and beliefs. Scores are ranged from 10 to 40. The scale is excessively utilized in researches and showed good internal consistency ($\alpha = 0.82$).

Depression was assessed by using the subscale depression of rumination response scale (RRS). It measures depression exactly parallel to the beck's depression inventory (BDI). Items 1,2,3,4,6,8,9,14,17,18,19, and 22 measures depression ($r = .72$). It has 12 items and the scores are ranged from 12 to 48.

Results

Means, standard deviations, t-test, ANOVA and mediation analysis was done by using SPSS 21.

The Table-1 showed alpha reliability of Scales and sub-scales. The alpha reliability of Self-Compassion Scale is $\alpha = 0.93$; Rumination Response Scale is $\alpha = 0.73$; and Depression Scale is $\alpha = 0.86$. All the scales showed good reliabilities. The value of mean on each scale represents the participants' average scores. The skewness values of all the scales are in acceptable range. Males scored significantly high in self-compassion as compared to females ($t = 4.53$, 95% CL [8.18-25.27]) However, female residents significantly score high in rumination and depression as compared to males ($t_s = 3.88$ & 4.51 , CLs [-18.7- -7.93 & -10.7- -4.55]) respectively.

Table-2 shows the association of self-compassion, rumination, and depression. Results

showed that self-compassion is negatively associated with rumination and depression, while, rumination are positively associated with the depression.

Table-3 showed that result of mediation analysis for self-compassion in relationship to rumination and depression. Results showed that self-compassion partially mediated the relationship between rumination and depression. Self-compassion reduced the effect of rumination. The results of the Sobel test are significant that showed that there is partial mediation.

Discussion

Ageing is the phenomena that warrant persistent attention of the entire world round the globe to consider. Self-compassion is a viable new construct in current psychological studies. The present study aimed to see the relationship between self-compassion, rumination, and depression among geriatrics living in old-homes. The mediating role of self-compassion in the relationship between rumination and depression as well as comparison on the basis of gender was also seen. For this sample, 61 geriatrics were taken from the different old homes of Rawalpindi and Islamabad. We assumed that self-compassion will be negatively associated with depression and rumination. Self-compassion buffers the negative effect of rumination for depression among the elderly people. While men would score high in self-compassion whereas female participants would score high in rumination and depression. Independent sample t-test analysis showed significant gender differences on the study variables. Results showed that female scored high on rumination and depression, while male scored high in self-compassion. Findings are in line with past research.^{4,19,22,28} Many past empirical researches support our assumptions about the gender differences on the constructs of self-compassion, rumination, and depression.^{4,21,23}

The possible reason for the higher ratio of female rumination and depression could be that, men might averts their feelings while female articulate and are more vulnerable to life stressor

Table 1: Cronbach's alpha reliabilities coefficients of the scales and t-test of the study variables. (N=61)

Scales	No of items	Male (n=41)		Female (n=20)		t	α	Skewness
		M	SD	M	SD			
Self-Compassion Scale	26	93.68	15.58	76.80	16.63	4.53**	.92	-0.10
Rumination Response Scale	10	22.48	5.05	28.40	4.15	3.88*	.73	-0.26
Depression Scale	12	28.12	6.02	35.55	4.51	4.51**	.86	-0.55

Note: SCS= Self-Compassion Scale; RRS-R= Rumination Response Scale; DER-S= Depression Scale. $p < .01$

Table 2: Relationship between the self-compassion, rumination, and depression among the geriatrics. (N=61)

Variables	1	2	3
Rumination	-	-.68**	.76**
Self-compassion	-	-	-.79**
Depression	-	-	-
M	24.42	88.15	30.56
SD	5.50	17.70	6.93

Note. * $p < .05$, ** $p < .01$

and engage in brooding type of rumination are more easily indulge depression largely. It was seen in the previous empirical work that female are prone to face more negative impressions of being divorced, widowed, insecurity, loss of financial support which make them vulnerable to experience depression in old age more than male.¹⁷ In comparison to males, females are lower on self-compassion as professed by previous literature.^{23,24} Ruminating tendency of female in response to dwell on the previous events were found to be twice in comparisons to male, response style theory affords ample scope to evident these deductions. These trends are almost same in all cultures.¹⁷

Table 3: Regression analysis for mediation by self-compassion in relationship to rumination and depression. (N=61)

Predictors	Depression			
	Model 1 B	$\beta 2$	Model 2 B	
	$\beta 1$		95%CI	LL
Constant	7.18	35.96	[1.84	35.91]
Rumination	.80**	.47**	[24.35	47.48]
Self-compassion		-.40**	[-0.25	-0.1]
R ²	.57	.70		
F	80.57**	73.82**		

Note. *** $p < .001$

To see the role of self-compassion, our results showed that self-compassion mediated the relationship between rumination and depression (Table-3). These findings are in line with the past research that showed that, self-compassion effectively reduces the tendency to develop psychopathologies.²⁴ The relationship between rumination and depression is explained in the light of simple two-factor model of rumination about how depression is linked to positive and negative thoughts.²⁹ This supports or hypothesis that self-compassion successfully reduces the ruminating thoughts and suppress depression effectively thus evident the claim, that self-compassion acts as a role of mediator in relationship between rumination and depression. Self-compassion improves mood

and alleviates psychopathology.^{25,30} Inculcating positive thoughts reduce the depression tendency and had a fruitful consequence on the life of an individual. Therefore, compassion focused interventions harbor tendency to avoid negative emotions and shortfalls in enduring.¹⁵ It is evident from the previous exploration that fostering self-compassion inculcates peace, joy, and enlightens one's life; it could be a fruitful for elderly to prevent depression.²⁴ These finding suggest the significance of imparting compassion training and interventions to safeguard declines in emotional well-being.³¹ With respect to culture, no unique cultural factors have been found that contribute depression in elderly people. However, some major common factors are lack of compassion, empathy, low consideration and isolation are marked factor contributing depression in elderlies living in old homes.¹²⁻¹⁴

Compassion towards their hardship and trepidation in this extent will serves as a great buffer against psychological maladjustments, and ailments. Self-compassion thus serves them to lessen their rumination and depression and enhance their positive attitudes towards life.³² This indigenous perspective is being overlooked by our society and there is a great need to highlight this issue in perspectives of further research and policy making on a government level. It would be more pressing to reunite again in a family as a unit. The need of an hour is to foster cooperation and understanding between the two generations. The mutual effort is required from government, non-government organizations and religious organizations in taking initiatives to rebuild family system as a unit again and to understand the nature of problems faced by the geriatrics. Future researches must consider remaining factor contributing in elderly depression, and how self-compassion can be fruitful in reducing it. Self-compassion evidenced an effective strategy to reduce rumination.³³ Self-compassion affords ample scope in promoting resilience against psychological ailments. The study had the implications for the health professionals, more specifically mental health professionals working with old age populations. In additions, study had the implications for policy, research and practice.

The study had certain limitations. For instance, we had a small sample size. Comparatively a larger sample would give more plausible findings. Self-report measures were used. Self-report measures have the tendency that participants may underrate or overrate the responses. We had drawn the inferences regarding the causal nature of variables from the cross sectional data that is a weak study design. Data was

collected by using the purposive sampling; however, randomized sampling may give the more generalizable findings. No power calculation was done for sample size calculation. Validity of tools in local context is not established. Future research ought to consider these limitations.

Geriatric population is one of the neglected areas of research in Pakistan. Lack of self-compassion, decline in social network, erosion of cultural and traditional values bring loneliness and isolation in elderly people that provoke recurrent ruminative thoughts that ultimately lead to depression. Enhancing self-compassion is a promising positive intervention for reducing the risk of psychopathology and enhancing the emotional health in elderly people.

Conflict of interest: None declared.

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