

ON THE SEARCH FOR A "GENUINE THERAPEUTIC RELATIONSHIP" THROUGH SELF-COMPASSION AND COMPASSION: A PILOT STUDY

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ABSTRACT

The study about self-compassion and compassion became established in the last decade, especially in the health professional-patient relationship. Researches demonstrate to be beneficial to the health of professional. In this line, the aim of this study has known the self-compassion and compassion like facilitator of the genuine therapeutic relationship and to show their benefits to health. In order to research, we made a pilot study. We analyzed the data qualitatively, content analysis. The results show that there are differences in the participants following the intervention. Despite the limitations of this study pilot, the results suggest that the cultivating of self-compassion and compassion is efficient to improve the satisfaction and good work, reducing the stress and affording a genuine therapeutic relationship.

Key words: Self-compassion, Compassion, Nursing staff, Therapeutic relationship.

INTRODUCTION

The Christian culture define the compassion as a feeling of pity for those who suffer misfortunes (RAE, 2001). However, from the Buddhist psychology the compassion is seen like one of the "Four Immeasurables" that every human being possesses. At present, the contemporary scientific psychology is interested in investigation (Neff & Germer, 2013). The psychology conceptualizes it like a one of the underlying attitudes to Mindfulness, to which the deep cause of their healing effects is attributed. (Alonso & Simón, 2013). There is a broad consensus about the compassion involves empathy towards who are suffering, being motivated to help them (Lazarus, 1991; Wispe 1991; Germer y Siegel, 2012). For his part, Gilbert (2010) conceptualized the compassion in evolutionary terms, he argues that is a motivational system design to regulate the negative affect, it progressed together with attachment, affiliation and cooperation behaviour for the survival of the group.

Neff (2003) from previous investigations about the compassion introduce the self-compassion as subject matter. She understand the self-compassion like the compassion for itself, she adds that compassion is not possible if it is not self-compassion before. She proposes three main components: Self-Kindness, Mindfulness and Common Humanity. Pommier (2010) apply the proposal of Neff (2003a) to his model of compassion towards others.

Currently, there is an important current of study on the effects of cultivating compassion in various fields. The field that interest is the health area where the interest is focused on the professional-patient relationship. The main researches propose that both the biomedical approach of health professionals and the psychological demands of patients cause psychosocial problems in professional that over time become insensitive and inhuman (Danielsen & Cawley, 2007; Haslam, 2015). Other works have focused on the effect of compassion, self-compassion and mindfulness in reducing burnout and improving the relationship with the patient (Henderson, 2001; Neff, 2003; Mohammad, 2012; Burrige, Kay & Henderson, 2015; Shea, Samoutis, Wynyard, Lionis, Anastasiou, Araujo, Papageorgiou & Papadopoulos, 2016; Aranda, Elcuaz, Fuerte, Güeto, Pascual & Sainz, 2018). In addition, the evidence suggests that a compassionate approach could improve the health of the compassionate as well as the receiving individual, therefore, compassionate care should be a more central concern in doctor-patient therapeutic relationships. (Fogarty, Curbow, Wingard, McDonnell & Somerfield, 1999; Shaltout, Tooze, Rosenber & Kemper, 2012; Youngson, 2012; Cole-King & Gilbert, 2014).

In the present work, self-compassion and compassion with nursing staff has been worked with the aim of promoting a genuine therapeutic relationship, understanding that continued contact with the suffering of others can lead to a dehumanized role performance. As a result, the proposal of Neff and Pommier has been integrated, also using the measurement instruments proposed by the authors (See Figure 1):

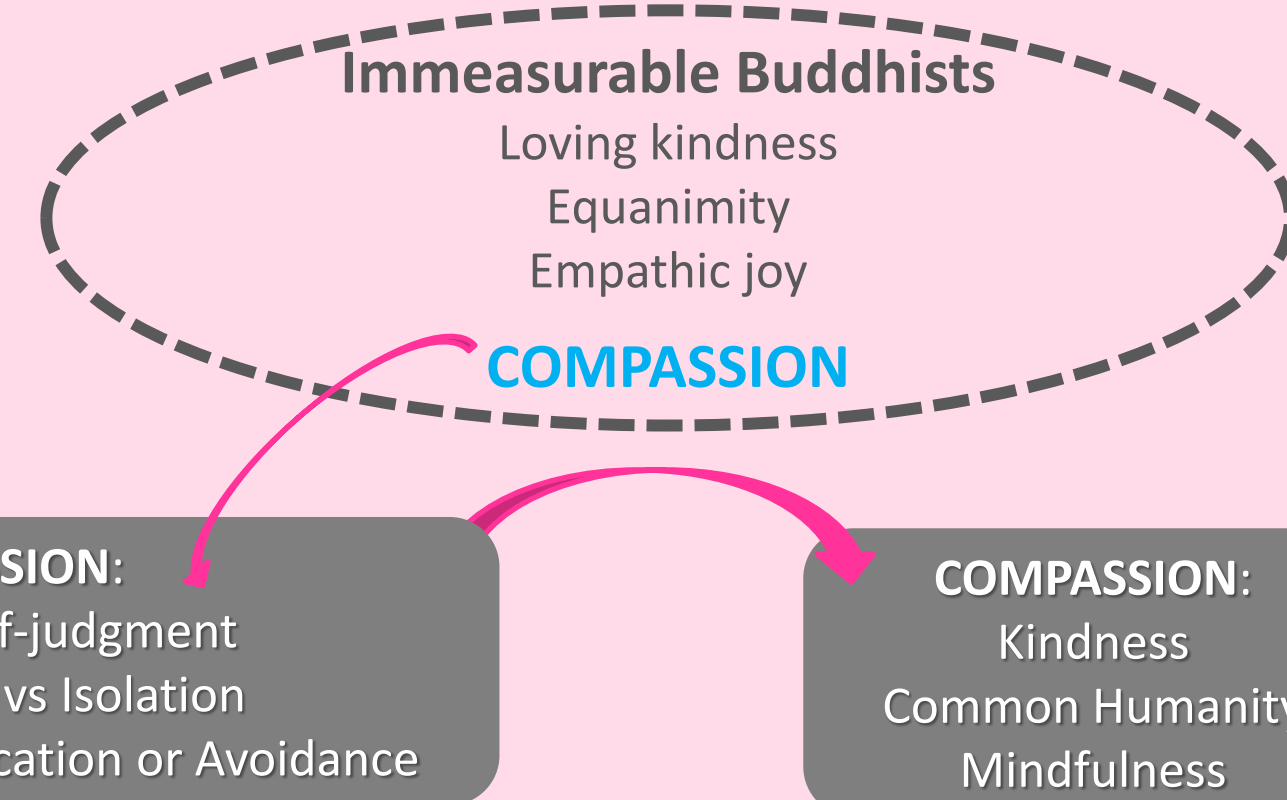


Figure 1. Integration of self-pity and compassion. Source: Own adaptation from Neff (2003) and Pommier (2010)

GOALS

The **general goal** of this work has been to inform the nursing staff of self-compassion and compassion as facilitators of a genuine therapeutic relationship and the benefits for themselves.

Because of this, we marked the follow **specific goals**:

- ✓ To introduce self-compassion and compassion to participating nursing staff.
- ✓ To self-awareness of the self-compassion and compassion of the nursing staff in work environment.
- ✓ To provide a personal resource to the nursing staff to deal with painful situations.
- ✓ To increase the personal and social welfare of the nursing staff
- ✓ To discover the positive effect of the "genuine therapeutic relationship".

METHOD

To achieve the marked objectives it was considered appropriate to opt for a qualitative methodology. Besides, it is important to highlight that the choice of Content Analysis suggest by Cáceres (2003), it was not random, but it gave us the rigor that results from having perfectly structured the steps of the analysis. The next scheme picks up the complete process adapted our object studied:

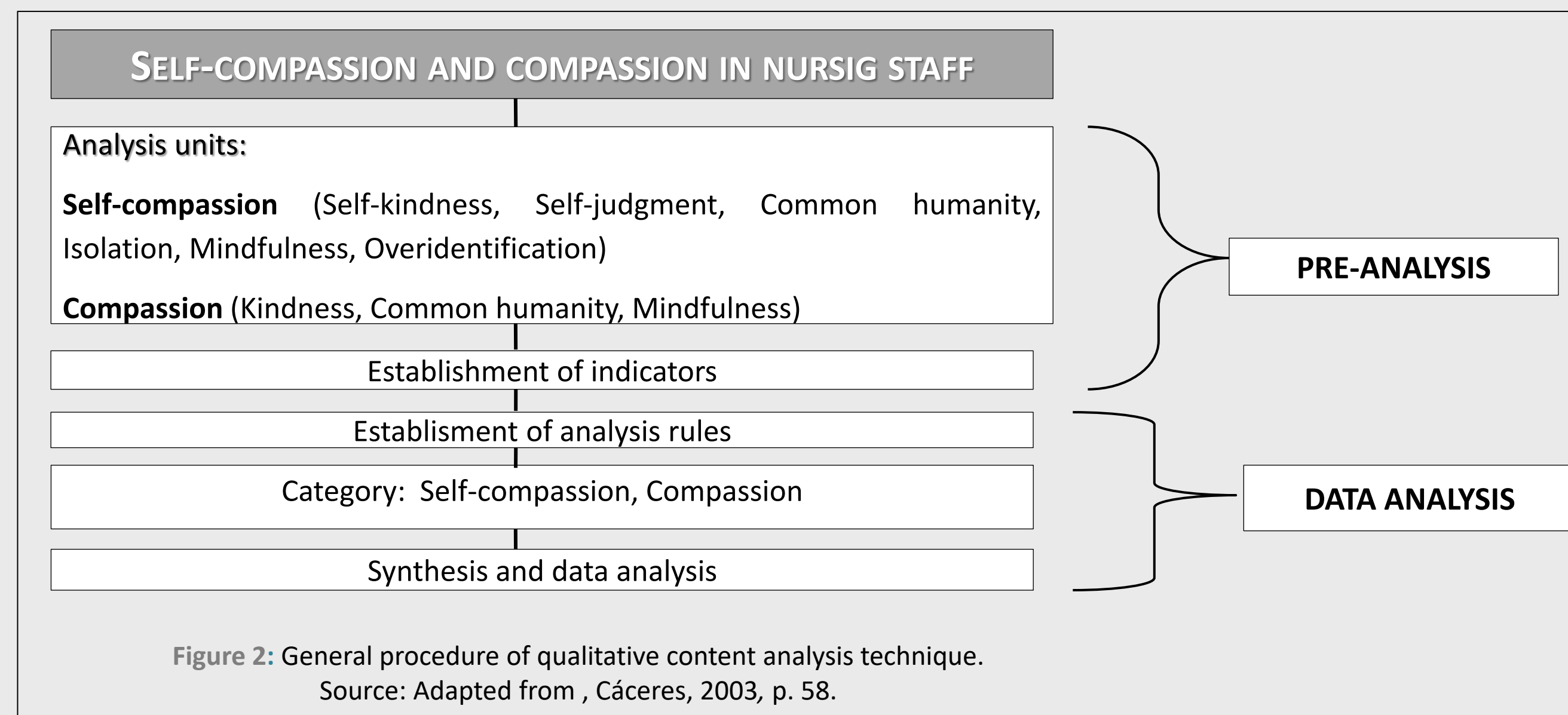


Figure 2: General procedure of qualitative content analysis technique. Source: Adapted from , Cáceres, 2003, p. 58.

PARTICIPANTS AND PROCEDURE

The intervention has been made with nursing staff. We announced through a diptych about the realization of intervention in hospitals, nurses schools and university of Castellón. The subjects came freely due to interest that the information aroused.

Seven female nurses went. Two of them are professional nurses, they are 50 years old, with 30 years of experience. Both work in the General Hospital of Castellón. The other participants are 5 students, between 21 and 22 years old, nowadays they are concluding 4th grade of nursing in the Nursing School "Nuestra Señora del Sagrado Corazón" of Castellón.

MEASURES

- SCS** **Self-Compassion Scale of Neff (2003):** The items on this scale evaluate the three dimensions of self-compassion and its opposites: Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness and Overidentification.
- CS** **Compassion Scale of Pommier (2010):** The items on this scale evaluate the three dimensions of compassion: Kindness, Common Humanity and Mindfulness.
- 2** The scales of measurement were Likert type (1 Almost never/ 5 Almost always). However, the answers were treated like structured interview.

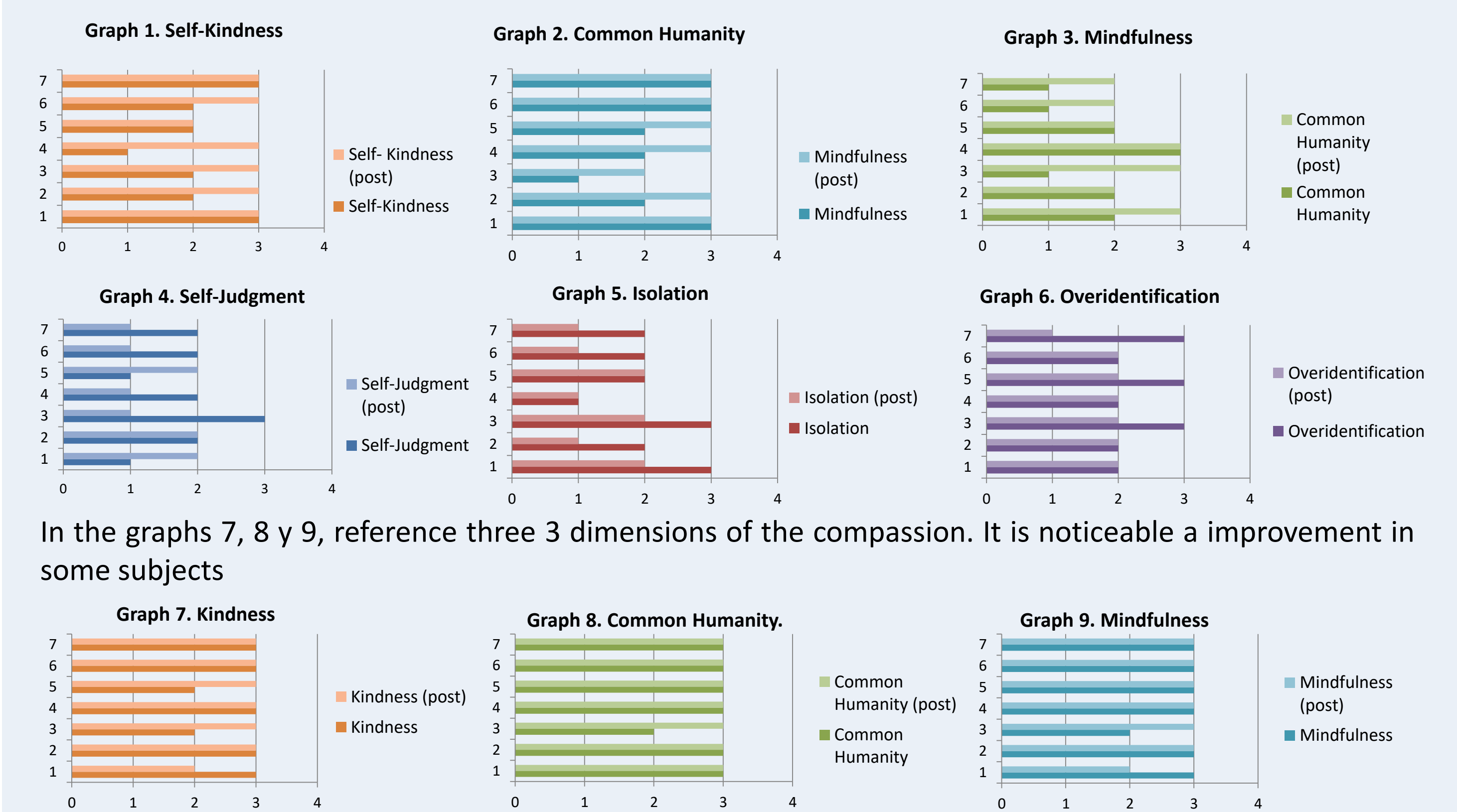
INTERVENTION

SEMINAR 1. Discovering the self-compassion	SEMINAR 2. Towards a genuine relationship with the patient: Compassionate Care.	SEMINAR 3. Towards a compassionate team.
<ul style="list-style-type: none"> • Introduction: To know the concept of compassion, its history and this types. • The paper of self-compassion in personal acceptance. • Exercises to cultivate the self-compassion (i.e. <i>How do I respond when the other is me, Write a letter</i>). • Task : <i>I received my letter</i>. 	<ul style="list-style-type: none"> • To know the compassionate care. • To go deep in compassion towards others. • Steps to be compassionate. • Exercises to cultivate the compassion (i.e. <i>Like me..., Map of everyday interactions</i>) • Task: <i>Register about compasive behaviours</i>. 	<ul style="list-style-type: none"> • What is the organisational compassion? • Importance of organisational compassion. • Exercises to cultivate organizational compassion (i.e. <i>Rol-playing</i>) • Its benefits to the health. • Close: <i>What do I get? What do I offer?</i>

RESULTS

Considering the whole sample, the results show an improvement of self-compassion. However, in the case of the compassion, the majority of the samples remain unchanged.

The self-compassion results reveal an improvement of Self-kindness, Common Humanity, Mindfulness (see graph 1, 2, 3) and a descent of Self-judgment, Isolation, Overidentification (see graphs 4, 5 y 6).



In the graphs 7, 8 y 9, reference three 3 dimensions of the compassion. It is noticeable an improvement in some subjects

Moreover, when we asked in the post-intervention about the observed changes in their daily, they refer that they notice an enhancement in their good humour and a "authentic relationship" with the patients.

DISCUSSION

The results show that the proposed objectives have been largely achieved. Our results follow the studies of Neff (2003), Shea et al. (2016) and Aranda et al. (2017).

The self-compassion improve after knowing it and cultivating it in seminars. Like in the studies of Neff (2003), the majority recognise that now they pay attention their emotions, they have changed their "self-talk" and are less critical with themselves. Like Sharma & Jawin (2015), our results mark that reducing their anxiety and their worries, above all highlighting a great improvement in their well-being.

Like the studies of Shea et al.(2016) and Aranda et al. (2017) the participants feel connected with their patients and workmates which favors greater gratitude and job satisfaction. They also feel greater ability to handle stressful work situations, allowing them to be more efficient and have better quality (Cole-king & Gilbert, 2011).

Despite this we are conscious about the limitations of this works (scarce sample), so that the results should be taken as mere indicators in the hope of future investigations that overcome this obstacle.

The results of this pilot study suggest that the cultivation of self-compassion and compassion are effective in increasing the satisfaction and good work of professionals, reducing the discomfort associated with stress and allowing a "more genuine therapeutic relationship".

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