

Self-Compassion in Cancer Patients Field Study at Mohamed Boudiaf Hospital, Ouargla

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Abstract :

Background:

Self-compassion is a fundamental aspect of psychological well-being, an important trait of positive personality, and serves as a psychological barrier against the negative effects of stressful life events that individuals encounter.

Objective:

The current study aims to explore the level of self-compassion among cancer patients and to examine the differences based on the variables of gender, disease duration, and type of cancer.

Methodology:

The study utilized a descriptive exploratory method on a sample of 80 patients (47 females and 33 males), aged between 18 and 60 years, who were receiving treatment at the Mohamed Boudiaf Public Hospital in the city of Ouargla, Algeria. Data was collected using Neff's (2003) Self-Compassion Scale, translated into Arabic by Abdel Rahim (2014).

Results:

The findings indicated a high level of self-compassion among cancer patients and revealed no statistically significant differences in self-compassion based on the variables of gender, disease duration, or type of cancer.

Conclusion:

Self-compassion is considered a protective factor that helps individuals cope with difficult and painful experiences, including chronic or serious illnesses. The results suggest that patients with higher levels of self-compassion experience fewer symptoms and complications from their illness. Therefore, it is important for specialists to focus on fostering self-compassion as a protective health variable and to incorporate it into therapeutic programs to support patients.

Keywords: Self-compassion, cancer patients.

Introduction:

In recent years, the world has witnessed a significant rise in chronic diseases due to rapid changes in social and economic aspects of life, which have in turn affected lifestyle patterns. Among these diseases is cancer, with recent scientific studies unanimously agreeing that mood disorders play a role in the development of cancerous tumors.

Cancer is one of the most dangerous diseases that affects human health, as it can occur in any part of the body, causing the uncontrolled growth of abnormal cells, posing a serious threat to the life of the individual affected by it.

According to the international report from the World Health Organization, cancer is spreading at an alarming rate globally. Estimates indicate that in 2022, there were approximately 20 million new cancer cases and 9.7 million deaths. Furthermore, the estimated number of people surviving within five years of being diagnosed with cancer reached 53.5 million (www.who.int).

Since the beginning of 2021, Algeria has recorded approximately 65,000 new cases of various types of cancer, including 15,000 cases of breast cancer (Ministry of Health, Algeria, 2024).

For decades, doctors have focused on the biological factors causing the disease in the diagnostic process, as these factors were long considered the sole explanation for health and illness a perspective known as the

unidirectional model. However, with the realization that other psychological and social factors may exacerbate the disease's severity and prolong the treatment period, or mitigate its painful symptoms, doctors have begun to consider psychological and social changes as new challenges faced by patients (Gec, How, & Kimel, 2005).

Cancer patients face numerous physical and emotional challenges throughout their diagnosis, which can impair their daily lives. The onset of the disease leads to lifestyle changes, as it imposes health, psychological, and social constraints that can play a significant role in achieving mental health for the patient. Among the personality determinants that have received considerable attention from researchers for their influence on physical health are psychological resilience, mental flexibility, and self-compassion.

Self-compassion is one of the factors that helps in achieving mental health, steering individuals away from harsh self-evaluation and helping them to avoid self-centeredness and social comparisons that lower self-esteem and devalue the self (Neff, 2003a).

The term "self-compassion" was introduced by Kristin D. Neff, who defined it as the individual's ability to endure feelings of suffering with warmth, love, and care. It reflects a positive attitude towards oneself in painful situations or moments of failure, involving self-kindness, refraining from severe self-criticism, and understanding one's experiences as part of the common human experience. It also involves processing painful emotions with an open mind and awareness (Neff, 2003).

Neff viewed the concept of self-compassion as a fundamental aspect of an individual's psychological structure and an important trait of positive personality, serving as a psychological barrier against the negative effects of stressful life events, particularly when an individual experiences failure or personal inadequacy in solving personal problems (Abdul Rahman et al., 2015; Al-Manshawi, 2016). Neff (2003) noted that self-compassion comprises three main components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification. These elements collectively interact to create a compassionate emotional framework for the mind.

Self-compassion can expand when an individual experiences suffering, especially when external life circumstances are painful or unbearable. Self-compassionate individuals report that they are equally compassionate towards both themselves and others (Mohammad El-Sayed Abdul Rahman et al., 2014, p. 5).

Self-compassion manifests through the expression of emotional, psychological, and moral support for patients. It involves caring for their health by the medical staff or close ones, providing them with the necessary support during the treatment period. Self-compassion can also boost hope, improve mood, and aid in adapting to the illness. Additionally, patients need psychological and emotional support from the medical team, which in turn enhances their ability to heal and resist the disease. By following an integrated preventive and therapeutic approach that addresses all of the cancer patients' medical and psychological needs, this can help alleviate both psychological and physical pain, leading to positive adaptation to the illness or even increasing the chances of recovery.

In oncology, higher levels of self-compassion have been associated with various benefits, such as reduced emotional distress, fatigue, body image disorders, and sleep difficulties. Self-compassion also appears to promote adherence to treatment (Gregoire et al., 2024).

Furthermore, self-compassion in cancer patients has been shown to reduce potential risks and harmful psychological outcomes. For example, a longitudinal study by Wang et al. (2023), conducted on 153 patients, found that the positive aspects of self-compassion are beneficial for these patients and their future functioning by reducing symptoms of depression, anxiety, and fatigue over time.

Given that positive psychologists are increasingly interested in the term "self-compassion" and considering it a modern concept closely related to coping with illness, several studies have examined self-compassion as one of the most important positive variables.

A study by Revenons et al. (1993), conducted on 32 cancer patients, found that the patients suffered from low self-esteem, death anxiety, cognitive ambiguity, depression, and hopelessness (Al-Ansari, 1996).

A study by Hoffman and Baker examined the level of self-compassion in 49 cancer patients (44 females and 5 males) and found that the patients had a high level of self-compassion, which was considered an important factor in reducing levels of depression and psychological stress.

Another study conducted on 23 participants revealed that breast cancer patients exhibited high levels of self-compassion and lower levels of hyperarousal. The results suggest that self-compassion may be a significant protective factor regarding hyperarousal and the early onset and progression of the disease.

From this perspective, the current study seeks to explore the level of self-compassion among cancer patients by addressing the following questions:

1. What is the level of self-compassion among cancer patients?
2. Are there differences in self-compassion among cancer patients based on gender, duration of illness, and type of cancer?

2. Study Hypotheses:

1. We expect the level of self-compassion to be high among cancer patients.
2. There are statistically significant differences in self-compassion among patients based on gender, duration of illness, and type of cancer.

3. Study Objectives:

1. To determine the level of self-compassion among cancer patients.
2. To identify the differences in self-compassion based on gender, duration of illness, and type of cancer.

4. Importance of the Study:

The importance of this study lies in focusing on the positive aspects of personality, including self-compassion, with the aim of preventing complications from the illness and encouraging individuals to seek sources for improving their health. The study's results can also serve as a basis for future research to develop psychological programs that help psychologists and professionals working with cancer patients provide appropriate care.

5. Operational Definitions of Study Variables:

5.1. Self-compassion:

A positive attitude towards oneself in painful situations or in moments of failure, which involves self-kindness, avoiding harsh self-criticism, understanding one's experiences as part of the common human experience, and processing emotions with an open mind and awareness (Neff, 2003a). Operationally, it is defined as the score cancer patients receive on the test used in the current study based on Neff's (2003) scale.

6. Methodology:

6.1. Study Methodology:

The study relied on the descriptive exploratory method.

6.2. Study Sample:

The study sample consisted of 80 cancer patients selected purposively, with ages ranging between 18 and 60 years. The sample included 33 males and 47 females. The duration of illness varied, with 55 patients having had the illness for less than 5 years and 25 patients for more than 5 years. The patients were diagnosed with four types of cancer: 38 with breast cancer, 15 with prostate cancer, 15 with leukemia, and 12 with brain cancer. The following table illustrates the distribution of the basic characteristics of the study sample:

Table 01 illustrates the characteristics of the study sample

Variables	Gender		Illness Duration		Type of Cancer				
	N	%	N	%	N	%			
Total N=80 100%	Male	33	41.25%	≥ 5 years	55	68.75%	Breast Cancer:	38	47.5%
							Prostate Cancer	15	18.75%
	Female:	47	58.75%	< 5 years	25	31.25%	Leukemia	15	18.75%
							Brain Cancer	12	15%

6.3. Study Instrument: Self-Compassion Scale:

The study adopted Neff's (2003) Self-Compassion Scale, which consists of 26 items designed on a five-point Likert scale ranging from "completely applies" to "completely does not apply." The items are distributed across six dimensions of self-compassion: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. The scale was translated into Arabic by Mr. Abdul Rahman and others (2014).

When applied to Arab samples, the instrument demonstrated a good level of internal consistency. It also showed an acceptable level of reliability, calculated using Cronbach's Alpha, split-half reliability, and the Spearman-Brown method, with values ranging between 0.75 and 0.59.

7. Results:

7.1. Presentation of the First Hypothesis Result:

The first hypothesis states: We expect a high level of self-compassion among cancer patients. To verify this hypothesis, the mean and standard deviation of the sample's responses to the study instrument were calculated. The results are presented in the following table:

Table 02: shows the statistical indicators of the sample's scores on the Self-Compassion Scale (N=80).

Variable	Number of Items	Mean	Standard Deviation	Degrees of Freedom	Calculated (t)	SignificanceLevel
Self-Compassion	26	81.05	11.70	11.70	2.68	0.05

It is observed from the previous table that the mean score of the sample was (81.05) with a standard deviation of (11.70). The calculated t-value was (2.68), which is significant at the 0.05 level. Therefore, the study hypothesis that states the level of self-compassion among the study sample is high is accepted.

7.2. Presentation of the Second Hypothesis Result:

The second hypothesis states that there are differences in the level of self-compassion among the sample due to the variables of gender, duration of illness, and type of illness.

Differences by Gender:

To test the validity of this hypothesis, the t-test was calculated to estimate the differences between the means. The following table presents the results obtained:

Table 03 shows the significance of differences in the level of self-compassion among the study sample, attributed to the variable of patient gender.

Variable	Gender	N	X	S	DF	T-value	Sig	Level of Significance
Self-Compassion	Male	33	78.86	8.71	78	1.68	0.09	0.05
	Females	47	86.02	12.94				

It is observed from the table that the calculated t-value reached (T = 1.68) at a degree of freedom of (78), and the p-value was estimated at (0.09), which is greater than the significance level of (0.05). This indicates that there are no statistically significant differences between males and females in the level of self-compassion.

Differences by Type of Cancer:

To test the validity of the hypothesis, a one-way ANOVA was used to determine the significance of differences between more than two means. The following table presents the results obtained:

Table 04 shows the significance of differences in the level of self-compassion among the study sample attributed to the variable of cancer type.

Variable	Source of Variance	Sum of Squares	Degrees of Freedom	Mean Square	F-Value	SignificanceLevel
Type of Cancer	Between Groups	2026.82	12	168.90	1.31	0.05
	Within Groups	6056.02	67	128.85		
	Total	8082.85	79			

It is observed from the table that the calculated F-value reached (F = 1.31) at a degree of freedom of (78), and the p-value was estimated at (0.24), which is greater than the significance level of (0.05). This indicates

that there are no statistically significant differences in the level of self-compassion attributed to the variable of cancer type.

Differences by Duration of Illness:

To test the validity of the hypothesis, a t-test was calculated to estimate the differences between the means. The following table presents the results obtained:

Table 05 shows the significance of differences in the level of self-compassion among the study sample attributed to the variable of illness duration.

Variable	Duration of Illness	N	X	S	DF	T-value	Level of Significance
Self-Compassion	Less than 5 years	55	81.23	11.47	78	0.44	0.05
	More than 5 years	25	78.50	16.52			

It is observed from the table that the calculated t-value reached ($T = 0.44$) at a degree of freedom of (78), and the p-value was estimated at (0.09), which is greater than the significance level of (0.05). This indicates that there are no statistically significant differences in the level of self-compassion attributed to the variable of illness duration.

8. Discussion:

8.1. Discussion of the First Hypothesis Result:

The first hypothesis concluded that there is a high level of self-compassion among cancer patients. This finding aligns with the study by Sirois et al. (2016), which also reported a high level of self-compassion among cancer patients. Therefore, self-compassion can enhance the coping responses of patients suffering from chronic illness.

Conversely, the current study's findings differ from those of Revenons et al. (1993), which indicated that the sample of cancer patients experienced low self-esteem, death anxiety, cognitive ambiguity, depression, and hopelessness. This disparity can be attributed to the psychological state of the patients.

This result can be explained by factors such as positivity and the individual's continuity in treatment. Individuals who are self-compassionate in painful situations tend to be more rational in dealing with negative experiences and are more flexible and open to experiences. Self-compassion is also associated with optimism and happiness; when facing adverse experiences, whether painful or unsuccessful, these individuals view themselves with kindness and compassion rather than blame or self-criticism.

Moreover, the use of spirituality, such as accepting fate, reading the Quran, praying, and drawing closer to God, contributes to enhancing feelings of happiness and tranquility and helps in eliminating negative perceptions associated with cancer.

8.2. Discussion of the Second Hypothesis Result:

The result of the second hypothesis concluded that there are no statistically significant differences in the level of self-compassion among cancer patients attributed to the variables of patient gender, type of cancer, and duration of illness.

Differences in Self-Compassion by Patient Gender:

The result of the hypothesis concluded that there are no differences in the level of self-compassion among the sample attributed to the variable of gender.

Opinions vary regarding the issue of differences between genders in self-compassion. Some studies, such as that by Berry, Bishop et al. (2007), indicated that females are more self-compassionate compared to males because females are more internally aware and empathetic than males. Meanwhile, the results of Neff et al. (2007) suggested that females engage in more self-criticism and show less self-compassion than males, as males tend to seek more approval.

Additionally, a study by Al-Asami (2014) found that females are more self-compassionate than males. Similarly, a study by Jrouan and Al-Asami (2018) found significant statistical differences between males and females in self-compassion in favor of females.

Differences in Self-Compassion by Type and Duration of Illness:

The statistical analysis of this hypothesis concluded that there are no statistically significant differences in the level of self-compassion among cancer patients based on the type and duration of the illness.

These results differ from those reported by Borjison (1993), who found that patients who had been diagnosed with the illness for a shorter period were better able to adapt compared to those who had been ill for a longer duration. The fear of complications may increase with the length of illness (Borjison, 1993: 768). This suggests that those with a shorter illness duration may be more committed and better at managing their condition.

Attali (2010) states that an individual can coexist with a chronic illness for up to 100 years if they receive appropriate and effective care. Managing the illness and being committed to it contributes to a better quality of life, regardless of whether the duration of the illness is long or short (Attali, 2010: 210).

The likelihood of individuals engaging in preventive behaviors is directly related to their assessments of the severity of the health problems they face. Furthermore, the practice of preventive activities depends on their evaluations of the potential positives and negatives that may result from such actions.

Conclusion:

The current study included a disease that is one of the most prevalent diseases in the modern world: cancer. Its treatment requires significant efforts from doctors, patients, and their families. It is essential that patients receive effective psychological support that can help them cope with psychological suffering and the difficulties of the illness, as well as find suitable strategies for dealing with stressful situations.

After applying Neff's (2003) Self-Compassion Scale, the results showed that the level of self-compassion is high among cancer patients, and there are no differences between genders, type of cancer, or duration of illness. However, the results remain limited by their temporal and spatial characteristics.

Based on the study's findings, we suggest:

- Conducting the study on larger samples that encompass all regions at the national level.
- Carrying out studies on clinical samples and proposing counseling and therapeutic programs to support patients and their families.
- Conducting similar studies on other chronic and severe illnesses, including additional personality traits.

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