

Relationship between levels of anxiety, Self-Compassion, and Spiritual wellbeing among Patients with Generalized Anxiety Disorder

Rania Abdel-Hamid Zaki⁽¹⁾, Hoda Sayed Mohammed⁽²⁾, Hanaa Ezz El-Din Prince⁽³⁾

(1) Assistant Professor of Psychiatric/Mental Health Nursing1 Faculty of Nursing-Ain Shams University

(2) Lecturer of Psychiatric/Mental Health Nursing2 Faculty of Nursing-Ain Shams University

(3) Lecturer of Psychiatric/Mental Health Nursing3, Faculty of Nursing-Ain Shams University

Abstract

Background: Generalized Anxiety Disorder (GAD) is marked by excessive, exaggerated anxiety and worry about everyday life events for no obvious reason. Spirituality and self-compassion are two positive psychological factors that have been associated with reduced anxiety levels among patients with generalized anxiety disorder. **Aim:** This study aimed to assess the relationship between levels of anxiety, Self-Compassion, and Spiritual wellbeing among Patients with Generalized Anxiety Disorder. **Design:** A Descriptive correlational research design was used. **Sample.** A purposive sample included 120 patients with generalized anxiety disorder who attended the outpatient clinic for psychiatric patients at El Abassia mental health hospital. **Tools of data collection:** The data was collected using 1) interviewing questionnaire to assess the demographic data of patients with generalized anxiety disorder 2) the Self-compassion scale (SCS), 3) the Beck anxiety scale (BAI), and 4) Spiritual well-being scale (SWB). **Results:** The results showed that more than half (54%) of patients under study were had severe levels of anxiety, the majority (84%) had a low total level of self-compassion, 58 % of them were had low level of spiritual well-being and there were highly statistically significant differences between all levels of self -compassions subscales and spiritual wellbeing subscales. Moreover, there was a positive correlation between levels of self -compassions and levels of spiritual wellbeing and a negative correlation between anxiety levels, self-compassion, and spiritual wellbeing among patients' understudies. **Conclusions:** This study concluded that more than half of patients with generalized anxiety disorder understudy were had severe levels of anxiety and low level of spiritual well-being, and most of them were had low levels of self-compassion. In addition, it was a positive correlation between total levels of self -compassions subscales and total levels of spiritual wellbeing subscales of patients with generalized anxiety disorder under study. **Recommendations:** This study recommended, designing, and implementing nursing intervention programs for enhancing self-compassion, spiritual wellbeing, and decrease anxiety levels among patients with generalized anxiety disorder.

Keywords: Self-compassion - spirituality wellbeing – major anxiety disorder

Introduction

Generalized anxiety disorder (GAD) is a condition characterized by worry and physiological arousal symptoms that causes significant disabilities in patients' lives. GAD is one of the most common anxiety disorders in which the patients suffer from persistent and excessive worry about several different things. Patients with GAD may anticipate disaster and may be overly concerned about money, health, family, work, or other issues (Skarl, 2015) Individuals with GAD find it difficult to control their worries. They may worry more than seems warranted about actual events or may expect the worst even when there is no apparent reason for concern. GAD is associated with significant impairment in social and general functioning (Hoge, et al., 2013).

Self-compassion and Spirituality are two positive psychological factors that have been associated with reduced anxiety in patients with GAD (Skarl, 2015). Self-compassion has been defined as being "open to and moved by one's own suffering, experiencing feelings of caring and kindness towards oneself, taking an understanding, nonjudgmental attitude towards one's inadequacies and failures, and recognizing that one's own experience is part of the common human experience". It is a positive and emotional attitude towards self. Previous research has shown that self-compassion is positively associated with positive effects and negatively associated with negative effects. In addition, self-compassion is an emotional adjustment technique that allows an individual to notice, tenderness, understand, and accept negative emotions with a shared sense of humanity. Therefore, during times of suffering and distress, self-sympathy helps turn negative

emotions into more positive emotions which consequently decrease levels of worry and anxiety (Chen, 2019)

Self-compassion is considered the antithesis of some of the consequences of stress, anxiety, and depression. It is a multidimensional construct that includes self-kindness (having greater self-understanding and kindness to oneself in moments of distress), common humanity (a perception of one's experiences as being part of the larger human condition), and mindfulness (a balanced and present awareness of one's thoughts, feelings, and body sensations while not over-identifying with them). Through self-compassion, individuals can achieve a greater understanding of their experiences and suffering and can therefore be more willing to move beyond them). For instance, self-compassion can **reduce anxiety**, feelings of isolation and promote engagement in adaptive coping mechanisms (Al-Refae, 2021).

Therefore, self-compassion is associated with much positive psychological strength, for example, people with a high level of self-compassion reported more happiness than those with a low level of self-compassion. More generally, higher levels of hope, gratitude, and positive impact are also shown. Research on self-compassion has found that it is a powerful predictor of mental health. Studies demonstrated that self-compassion is associated positively with life satisfaction, social relatedness social support, self-deception, and psychological well-being (Akin and Abaci 2009). In addition, self-compassion traits are associated with independence, abilities, relationships, and lower depression and anxiety levels (Neff & Germ, 2017).

Spiritual well-being (SWB) is also a positive psychological factor that has been associated with reduced anxiety in patients with GAD. Spirituality often includes a sense of transcendence as well as other dimensions, including purpose or meaning of life, reliance on internal resources, and a sense of self-fulfillment or cohesion district beliefs and values. Therefore, spirituality can have different meanings to different people. It can be an indispensable companion to the concept of spirituality; it is closely connected with it. Similarly, SWB is not synonymous with mental and physical health, but it is likely to be associated with these two

variables (Paloutzian, Bufford, & Wildman, 2012).

Spiritual well-being is one of the defining cornerstones of human health, reflecting the three dimensions of emotion, behavior, and proper knowledge of the relationship with oneself, others, nature, and a superior being. Provides such conditions for one's growth that go beyond the material world. (Afrashteh ,2021) In other words, there is a fundamental difference between psychological and spiritual well-being that in spiritual well-being, an individual has the potential to unite with the whole universe. This can help the individual to find a purpose in life. Give meaning to one's life and ultimately lead to self-awareness and self-compassion. In other words, such a person values his life and existence and takes care of himself which consequently affects their mental and psychological well-being and reduces levels of stress worry, depression, and anxiety (Whitehead, Bates, , Elphinstone, & Yang, 2021).

Significance of the study:

Anxiety disorder is considered the most common mental disorder in the general population Anxiety disorders constitute the leading prevalent mental disorders in the world, which are estimated as responsible for about 28.68 million disability-adjusted life years (DALYs) (Khansa, Haddad, Hallit & Akel., 2020). Lifetime prevalence is between 5-25% for a worldwide population Patients with anxiety disorders find it difficult to control worry and anxiety (Stein et al., 2017). Self-compassion may act as a protective factor against feelings of worry and anxiety that arise in the face of a stressor (Lihua et al., 2017). Self-compassion may be a critical ingredient in dealing with stress and anxiety. Therefore, a self-compassionate stance may help decrease anxiety levels among patients with generalized anxiety disorders (Zeller et al., 2015 & Linardon, 2020).

Spiritual well-being is positively related to the purpose of life, intrinsic religious commitment, and self-esteem and psychological wellbeing, while negatively related to individualism, loneliness **stress, and anxiety** (Amjad,2014). In addition, research related to anxiety disorder typically focuses on risk factors. It has little examined factors that may be associated with lower levels of anxiety. This gap

in the literature represents an opportunity to explore positive psychological factors that may be related to lower levels of anxiety among patients with anxiety disorder. Spiritual wellbeing and self-compassion are two positive psychological factors that have been associated with reduced anxiety in patients with anxiety disorder. So, this study aimed to determine the associations between spirituality, self-compassion, and anxiety.

Aim of the Study

The aim of the study was to assess the relationship between levels of anxiety, self-compassion, and spiritual wellbeing among patients with generalized anxiety disorder.

Research Questions

1. What are the levels of anxiety among patients with generalized anxiety disorder?
2. What are the levels of self-compassion among patients with generalized anxiety disorder?
3. What are the levels of spiritual wellbeing among patients with a generalized anxiety disorder?
4. Is there a relationship between levels of anxiety, self-compassion, and spiritual wellbeing among patients with generalized anxiety disorder?

Subjects and Methods

Research design

A descriptive correlational research design was used to assess levels of anxiety, self-compassion, and spiritual wellbeing among patients with generalized anxiety disorder.

Setting

This study was conducted at the outpatient clinic for psychiatric patients at El Abassia mental health hospital.

Subjects:

A purposive sample of 120 patients with a generalized anxiety disorder according to certain inclusion criteria, who were available at the time of data collection, and determined by using an appropriate statistical equation.

$$S = \frac{X^2 NP(1-P)}{d^2(N-1) + X^2 P(1-P)}$$

s= required sample size

x=the table value of chi-square for 1 degree of freedom at the desired confidence level (3.841)

N=the population size.

P=the population proportion (assumed to be .50 since this would provide the maximum sample size)

d=the degree of accuracy expressed as a proportion (.05)

(Krejcie, & Morgan, 1970).

Inclusion criteria

- Can read and write
- Diagnosed with generalized anxiety disorders for at least 3 months at the time of the study.
- Sex: both sex
- Free from other psychiatric disorders or chronic medical disorders

Tools of data collection

Data was collected by using the following tools:

I- The first tool is an interviewing questionnaire that was developed by the researchers for collecting data regarding socio-demographic characteristics of the patients with anxiety disorder as age, sex, educational level, income, marital status and occupational status, residence.

II- The second tool consisted of three parts:

- a- Beck Anxiety Scale (BAI).** it was designed by (Beck,1988) and it consisted of a 21-item questionnaire for measuring the severity of anxiety disorder, The items reflect symptoms of anxiety, including numbness or tingling, feeling hot, wobbliness in legs, ability to relax, fear of the worst happening, dizziness or lightheadedness, pounding or racing heart, unsteadiness, feeling terrified, feeling nervous, feeling of choking, hands trembling, feeling shaky, fear of losing control, difficulty breathing, fear of dying, feeling scared, indigestion or abdominal discomfort, faintness, face flushing, and sweating. Each item allows the patient four choices from no symptom to severe symptom. The items are scored as a four-point Likert scale ranging from 0 = "not at all" to 3 = "severely." The anxiety levels were scored using ordinal categories:

Scoring

Levels of Anxiety	Scoring Range
Minimal	0: 7
Mild	8: 15
Moderate	16: 25
Severe	26: 63

The higher scores for the Self-Judgment, Isolation, and Over-Identification subscales indicate less self-compassion, while lower scores on these dimensions are indicative of more self-compassion.

Spiritual Well-Being Scale (SWB): The Spiritual Well-Being Scale (SWB) was developed by (Ellison, 1983) a general indicator of perceived well-being used for the assessment of individual and congregational spiritual well-being. The SWB provides a subscale for Religious and Existential well-being as well as an overall measure of the perception of an individual's spiritual quality of life.

The scale is composed of 20 items. Ten of the items assesses Religious well-being and the other 10 assesses Existential well-being.

The Existential Well-Being Subscale gives a self-assessment of an individual's sense of life purpose and overall life satisfaction. The Religious Well-Being subscale proves a self-assessment of an individual's relationship with God. Approximately half of the questions are negatively worded, in order to limit possible biased responses SWB.

Scoring system

The scales are rated from 1 (strongly disagree) to 6 (strongly agree). The total scores can range from 1 to 120.

- Low (1→40),
- moderate (40→80)
- High (80→120).

Validity and reliability

For content validity testing, the questionnaire was given to a panel of five experts of psychiatric staff members and nursing professors who reviewed the instruments for clarity, relevance, comprehensiveness, understandability, applicability, and level of difficulty. The alpha Cronbach's test was used to check the stability of the internal consistency of the instrument

b- The Self-Compassion Scale (SCS): it was developed by (Neff, 2003). The development and validation of a scale to measure self-compassion and, translated in the Arabic version by (Hacheem, 2018). The scale used to assess the characteristics of self-compassion and it consisted of 26 items. The scale was developed to explicitly represent the thoughts, emotions, and behaviors associated with the various components of self-compassion. It includes items that measure six subscales how often people respond to feelings of inadequacy or suffering with:

1. Self-kindness (e.g., I try to be loving toward myself when I'm feeling emotional pain).
2. Self-judgment (e.g., I'm disapproving and judgmental about my own flaws and inadequacies).
3. Common humanity (e.g., I try to see my failings as part of the human condition).
4. Isolation (e.g., When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world)
5. mindfulness (e.g., When something painful happens I try to take a balanced view of the situation)
6. Over-identification (e.g., When I'm feeling down I tend to obsess and fixate on everything that's wrong).

Scoring system

Each item was rated on a five-point Likert scale (1 = almost never to 5 = almost always). The score for the SCS is interpreted by the mean of total outcome where a score of:-

- 3.50 to 5.00 is an indication of high self-compassion.
- 2.50 – 3.49 indicates moderate self-compassion.
- 1.00 – 2.49 indicates low self-compassion.

Tools	Cronbach Alpha Coefficient		
	Scale reliability	Face validity	Statistical validity
Beck Anxiety Scale	0.68	0.86	0.91
The Self-Compassion Scale	0.89	0.93	0.96
Spiritual Well-Being Scale	0.88	0.89	0.93

Pilot study

A pilot trial was carried out on 10% of the studied sample to test the clarity and practicability of the tools in addition to the subjects and setting. Pilot subjects were later included in the study as there was no radical modifications in the study tools.

Field work:

The study consumed three months during the period from the beginning of July to the end of September 2021. Before starting the data collection, the purpose of the study was explained to director of psychiatric outpatient clinics to get an official permission and to the head nurse and nursing staff to get their cooperation. Data were collected through four days/week during morning shift (9.00 a.m.: 2.00 p.m.) for 25 minutes for each case. The researchers met with each patient individually and introduced themselves; explained the purpose and nature of the study; and ensured the confidentiality of data. After that, the researchers interviewed each patient individually to fill data collection tools.

Administrative Design

An official letter was issued from the Faculty of Nursing-Ain Shams University to the director of outpatient clinic for psychiatric patients at El Abassia mental health hospital, explaining the aim of the study and requesting their permission for data collection. Oral consent was obtained from every participant who shared the study.

Ethical considerations:

- Explanation of the aim of the study was done to patients with anxiety disorder to obtain their permission to participate in this study.
- Subjects were assured about confidentiality of the information gathered and its use only for their benefits and for only the purpose of the study.

Statistical analysis

Data collected were checked for accuracy and completeness and were coded and entered into statistical package for social science (SPSS) software version 21. Description of quantitative variables as mean and SD and for qualitative variables as number and percentage. Description of qualitative variable were done through chi-square, t-test and P value. $P > 0.05$ insignificant, $P < 0.05$ significant, $P < 0.001$ highly significant

Results

Table (1) reveals that, more than half of patient with Generalized anxiety disorder understudy were in age of < 30 years, male patient and married which constitute (54%), (56%) and (54%) respectively. Regarding their level of education, it was found that, more than one third of them (34%) were in high level of education and more than two third (67%) of them are working.

Figure (1) clarifies that, more than half (54%) of patients with generalized anxiety disorder understudy were had severe level of anxiety and near one third (32%) of them were had moderate level of anxiety but only 10% of them were had mild level of anxiety.

Table (2) shows that, there were a highly significant differences between all levels of self-compassions subscales.

Figure (2) indicate that the majority (84%) of patients with generalized anxiety disorder understudy had a low total level of self-compassion and 10% had moderate level and only 6% of them were had high level of self-compassion.

Table (3) emphasize that, there were a highly significant relations between all spiritual wellbeing subscales

Figure (3) clarifies that more than half (58%) of patients with generalized anxiety disorder understudy were had low total level

spirituality and 32% had moderate level and only 10% of them had high level of spiritual wellbeing subscales.

Table (4) shows that, there were a positive correlation between total levels of spiritual wellbeing and total levels of self-compassion

among patients with generalized anxiety disorder understudy. Meanwhile there were a negative correlation between total levels of anxiety levels, spiritual wellbeing and total level of self-compassion evidenced by highly statistical significant correlation.

Table (1): Distribution of the studied patients with generalized anxiety disorder under study according to their characteristics (No = 120).

Items	NO	%
Sex		
Male	67	56
Female	53	44
Age		
<30	65	54
30 - <40	31	26
40+	24	20
Mean \pm SD	29.5 \pm 6.25	
Marital status		
Single	21	18
Married	65	54
Widowed	24	20
Divorced	10	8
Level of education		
Illiterate	26	22
Read and write	31	26
Middle education	21	18
High education	42	34
Occupational status		
Not working	38	32
Working	82	68
Income		
Sufficient	55	46
Insufficient	65	54
Resident		
Urban	101	84
Rural	19	16

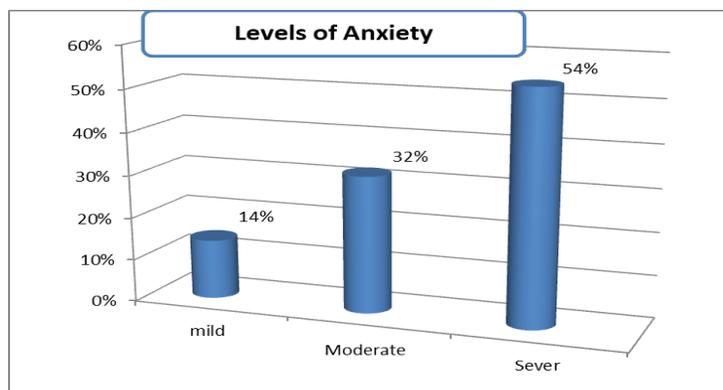


Figure (1): Frequency Distribution of the studied Patients with Generalized Anxiety Disorder according to their Levels of anxiety disorder (No = 120).

Table (2): Frequency Distribution of the studied Patients with generalized anxiety disorder regarding their levels of Self-Compassion subscale (No = 120).

Self-Compassion Scale		No.	%	M ± SD	p-value
Self-kindness subscale	Low	79	66%	5.28 ± 0.76	0.001 (HS)
	Moderate	26	22%		
	High	15	12%		
Self-judgment subscale	Low	62	52%	7.23 ± 0.91	0.001 (HS)
	Moderate	8	6%		
	High	50	42%		
Common humanity subscale	Low	52	44%	4.12 ± 0.38	0.001 (HS)
	Moderate	23	18%		
	High	45	38%		
Isolation subscale	Low	62	52%	5.42 ± 0.65	0.001 (HS)
	Moderate	5	4%		
	High	53	44%		
Mindfulness subscale	Low	86	72%	6.31 ± 0.62	0.001 (HS)
	Moderate	17	14%		
	High	17	14%		
Over-identified subscale	Low	91	76%	7.15 ± 0.43	0.001 (HS)
	Moderate	5	4%		
	High	24	20%		

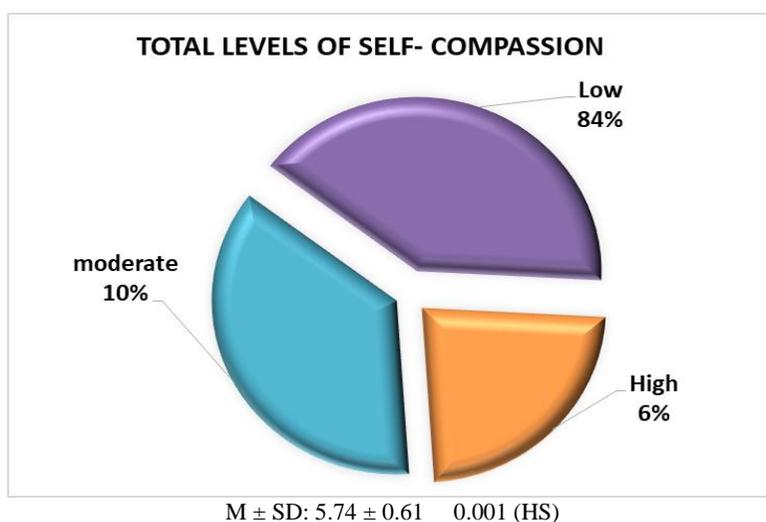
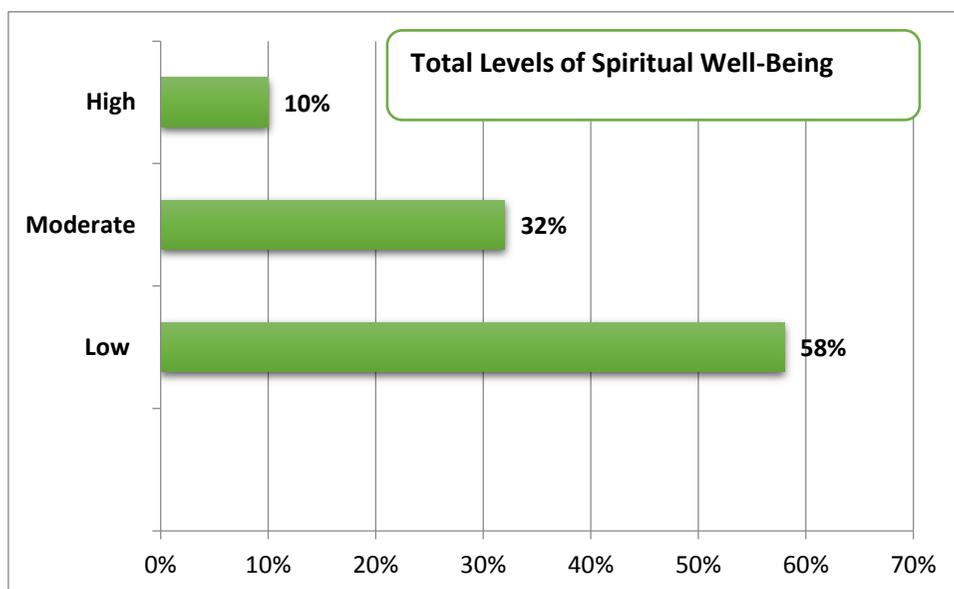
**Figure (2):** Frequency Distribution of the studied Patients with generalized anxiety disorder regarding their total levels of self-compassion (no = 120).

Table (3): Frequency distribution and the mean of the studied patients with generalized anxiety disorder regarding their spiritual well-being subscales (no = 120)

Spirituality Scale		No.	%	M ± SD	p-value
Religious well-being	Low	64	54%	7.23 ± 0.91	0.001 (HS)
	Moderate	27	22%		
	High	29	24%		
Existential well-being	Low	62	52%	6.65 ± 0.98	0.001 (HS)
	Moderate	36	30%		
	High	22	18%		
Total spiritual well-being	Low	69	58%	7.74 ± 0.82	0.001 (HS)
	Moderate	38	32%		
	High	13	10%		

**Figure (3):** Frequency Distribution of the studied Patients with generalized anxiety disorder regarding their total levels of spiritual well-being (No = 120).**Table (4):** Relationship between Total Levels of anxiety, Spiritual Wellbeing and Self-Compassion among patients with generalized anxiety disorder (No = 120).

Items	Total Level of Self -compassion	Total Level of Spiritual wellbeing	Total Level of anxiety	P- Value
	R	R	R	
• Total Levels of Self -compassion	---	.054	.043	.001** (HS)
• Total Levels of Spiritual Wellbeing	.089	---	.065	.001** (HS)
• Total Levels of anxiety	-.127	.069	---	.001** (HS)

Discussion

This study aimed to assess the relationship between anxiety levels, self-compassion, and spiritual wellbeing among patients with generalized anxiety disorder. The results of the present study shows that, more than half of patient with generalized anxiety disorder understudy are male and married patients, more than one third of patients with are have a high level of education and more than two third of them are working.

Regarding to anxiety levels, the current study results revealed that more than half of patients with generalized anxiety disorder understudy were had a severe level of anxiety and near one-third of them were had moderate level of anxiety but only 10 % of them were had mild level of anxiety. These results may be due to a lack of positive cognitive styles, such as self-compassion, in addition to negative qualities which may be one of the reasons for self-judgment, isolation, and anxiety

Concerning self-compassion, the current study results revealed that most patients with generalized anxiety disorder understudy had a low total level of self-compassion and there were highly significant relations between all levels of self -compassions subscales. These results could be due to that patient under study did not attend any psychotherapy which appears in their low level in the self-compassion subscale in self-kindness that allows the person to avoid harsh self-judgment. Also, these results could be due to the negative effect of anxiety disorder on the patients with the absence of psychoeducation which make them more vulnerable to more negative emotions, guilty feeling due to their inability to maintain a decentered attitude toward difficult situations. These results were supported by **De –Souza, (2020)** who studied Self-compassion and Symptoms of Stress, Anxiety, and Depression and found that the majority of people in his study were had a low level of self-compassion.

Regarding to total level spiritual wellbeing, the current study results revealed that more than half of patients with generalized anxiety disorder under study were in a low total level of spiritual well-being, while around one-third of them were had a moderate level and

one-tenth of them were having a high level of spiritual wellbeing. These results were supported by **(Brown,2021)** who stated that adults with high levels of self-compassion tend to have a better sense of well-being, emotional balance, greater satisfaction with life, and low levels of suffering.

Results of this study shows that, there are a positive correlation between total levels of spirituality wellbeing and total level of self-compassion among patients with generalized anxiety disorder. This result is inconsistent with **(Parente et al , 2022)** who stated that self- compassion is positively related to health and well-being, as well as greater satisfaction with life, social function, self-esteem, positive effects, and successful aging

Concerning the correlation between total levels of anxiety, spiritual wellbeing, and total level of self-compassion, it was found that there was a negative correlation between total levels of anxiety, spiritual wellbeing, and total level of self-compassion evidenced by a highly statistically significant correlation. These results are supported by **De Souza, (2020)** who clarifies that the majority of his study sample has a negative correlation between self-compassion and either anxiety, stress, or depression, and also agrees with **Mehr and Adams, (2016)** who found in their studies that self-compassion showed positive e correlations with resilience and was negatively associated with anxiety and depression. tis results are also supported by **Raes, (2010)** who stated that self-compassion buffers against negative self-feelings and are negatively correlated with depression, anxiety, neuroticism, rumination, self-criticism, and thought suppression.

Conclusion

In the light of the current study, it can be concluded that, more than half of patient with generalized anxiety disorder understudy was in the age of <30 years and a married male patient. Also, this study concluded that more than half of patients with generalized anxiety disorder understudy were had severe levels of anxiety and low level of spiritual well-being, and the majority of them were had low level of self-compassion in addition, it was a highly statistically significant difference between all levels of self -compassions subscales and

spiritual wellbeing subscales .in addition to, there was a positive correlation between total levels of self -compassions subscales and total levels of spiritual wellbeing subscales of generalized anxiety patients under study.

Recommendation

The present study recommended that:

- Designing and implementing of nursing intervention programs on assertive strategies and modern methods of self-compassion training that can help in improvement of self-compassion level among patients with generalized anxiety disorder.
- Conducting nursing intervention program on exploring the benefits of the different spiritual activities and how to enhance spiritual wellbeing among patients with generalized anxiety disorder patients.
- Awareness program on relaxation techniques should be done to decrease anxiety levels and improve psychological well-being among patients with generalized anxiety disorder.
- Psycho-educational nursing intervention programs should be designed to reduce the negative implications of generalized anxiety disorder and to teach the patients how to deal with it effectively to decrease the level of anxiety and improve self-compassion and spiritual well-being.

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