

EFFICACY OF INTEGRATIVE SELF-REFLECTION INTERVENTIONS ON THE SELF-COMPASSION OF ADULTS WITH SYMPTOMS OF DEPRESSION

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ABSTRACT OBJECTIVE

To explore the effect of an integrated approach to self-reflections by combining the interventions from Naikan Therapy and Expressive Arts therapy on the self-compassion of adults with depression. It was hypothesized that after the successful completion of ten bi-weekly psychotherapeutic sessions over a period of 5 weeks (excluding pre and post assessment), participants would have increased levels of self-compassion when compared to the pre-test levels.

STUDY DESIGN

The present research is a pretest-posttest experimental research design. This research design was used since it was a study exploring the effects of a new intervention plan, hence the need for pretest-posttest assessment. A total of eleven participants between the age range of 18-40 were included in the research using purposive sampling and snowball sampling.

PLACE AND DURATION OF THE STUDY

Bahria University, Karachi Campus, August to December 2022.

METHOD

Participants included individuals aged 18-40 with at least a 12th grade education, all of whom were experiencing symptoms of depression as assessed on Siddiqui Shah Scale of Depression. Any participants who were receiving any other form of treatment were excluded from the research. In addition to the Informed Consent Form, Demographic Information Form, Siddiqui Shah Scale of Depression and Self Compassion Scale were used. Statistical Package for Social Science (SPSS) 22.0 was used for analysis and a Wilcoxon signed rank test was used to see the differences between the pretest and posttest results.

RESULTS

Results indicated a significant increase in the levels of self-compassion from pretest (Mean=57, SD=6.67) to posttest (Mean=102, SD=10.09) conditions; $t(10)$ Mean= -1.45, $p < 0.05$ after the implementation of the intervention.

CONCLUSION

The hypothesis of the research was proved as self-compassion was found to have increased from pretest to posttest after the successful completion of interventions sessions. Integrative psychotherapies have been found to be effective in increasing awareness, improving self-awareness, improving mindfulness, and reducing self-critical thinking. Overall, these potential implications suggest that it may be an integrative form of therapy for individuals struggling with depression.

KEYWORDS

Adult; Depression; Empathy; Mindfulness; Self-Reflections; Universities.

INTRODUCTION

Depression is an enduring, often recurring, mood disorder and is also found to be one of the most common and debilitating mental health issues for a long time. Depressive disorders, in particular, cause enormous suffering for the individual and pose serious problems. Depression has a recurring cycle and often requires repeated treatments, which also puts a lot of pressure on the health care system.¹

Depression can be conceptualized as both a syndrome and a disorder. As a syndrome, it usually involves episodes of sadness, lack of interest, hopelessness, negative self-beliefs, reduced motivation, inactivity, sometimes suicidal ideation and impulses, and changes in the patterns of sleep and appetite and sexual interest. Heritability estimates for unipolar depression have ranged from approximately 25% in less-severe samples. The lifetime prevalence of depression United States was estimated to be at 16.22.³ In Pakistan, overall prevalence of depressive symptomatology was found to be 42.66% with a variety of difference among studies.⁴

Depression has often been linked to self-compassion. Self-compassion is often linked to positive aspects of health and is seen as a resilience factor. Zhang et al.⁵ found self-criticism to be positively correlated with depressive symptoms and negatively correlated with self-compassion. Lopez and Sanderman⁶ found that self-coldness often predicts depressive symptomatology cross-sectionally and over a 1-year time follow-up. In particular, the feeling of being isolated was found to be strongly associated with depressive symptoms.

Self-compassion is conceptualized as compassion turned towards oneself when facing negative life experiences. According to Neff⁷ it is defined as a healthy attitude towards oneself during times of struggle. He further elaborated it with six antagonistic components: 1) self-kindness versus self-judgment; 2) common humanity versus isolation; 3) mindfulness versus over-identification. Korner et al.⁸ shows in a study that self-compassion to be related to increased psychological well-being and lower depression among students and psychotherapy patients.

There's a wide range of over 400 varieties of psychotherapy approaches that can help improve an individual's self-compassion thereby overcoming depressive symptoms. These therapies include Acceptance and Commitment Therapies, Mindfulness Based Cognitive Behavioural Therapies etc. that have proven to improve mindfulness and self-compassion.⁹ One such approach is the Japanese art of self-reflections.



Naikan-The Japanese Art of Self-Reflection

This Japanese Art of Self-reflection was developed by Ishin Yoshimoto in the 1940s as an adaptation of the Japanese meditative practice called mishirabe. Naikan encourages the student to reflect on their life and was later introduced to North America by David Reynolds¹⁰. Naikan therapy has been found to be effective in only short-term impact but also the impact on prolonged depression.¹¹

The integration of artistic activities with narrative approaches expedites therapeutic change by employing targeted interventions and fostering creative expression.¹² In his present research, interventions from two different approaches to therapy are integrated to create a combined model. Primarily, interventions from both approaches were included on the basis of the similarity in their purpose. British Association of Art Therapists defines Art therapy as: “a form of psychotherapy that uses art media as its primary mode of expression and communication”.³ Art has also proven to be an effective means of psychosocial support program for individuals with terminal illnesses such as cancer.¹³ In another group of cancer patients, Art therapy was successful in improving quality of life. Overall, art therapy allows patients to express themselves in a manner acceptable across cultures in diminishing depression symptoms.³

Similarly, lately Art based therapies are also gaining immense attention for their vast applicability. Art therapy is defined by the British Association of Art Therapists as: “a form of psychotherapy that uses art media as its primary mode of expression and communication”.³ The physical manifestation of mental processes can provide an avenue for experiencing narrative based interventions in a newer light. When an individual produces art about the issue they are facing or thoughts they are experiencing, it in a way “concretizes and externalizes a problem”.¹²

In an attempt to bridge the gap due to this categorization, a number of scholars proposed an integrative approach to psychotherapy, which since the 1990s has been gaining wider acceptance.¹⁴ By combining art activities along narrative approaches, therapeutic change is expedited through both specific interventions and creative expression.¹² In this research, interventions from two different approaches to therapy are integrated to create a combined model. Primarily, interventions from both approaches were included on the basis of the similarity in their purpose.

METHOD

Research Design

This study was based on pretest posttest experimental research design. Data was collected before and after the intervention sessions. The permission for the research was taken from the Ethical Review Committee of Bahria University.

Participants

A total of 11 participants, both males and females were selected via purposive and snowball sampling from an outpatient facility in Karachi. Purposive sampling was used since we needed to assess clients on a pre-set inclusion criterion on a SSDS. Snowball sampling just helped recruit the participants very quickly and conveniently.

Inclusion Criteria

The inclusion criteria were based on age, grade level and depressive symptomatology. Only adults between the age range of 18 to 40, at least 12 grade level education and with depressive symptoms were included in the study. The symptom severity of depression was assessed on Siddiqui Shah Scale of Depression (English version), and only those with presence of symptoms of depression were included in the study.

Exclusion Criteria

The following exclusion criteria applied to the participants in order to eliminate the impact of any confounding. Participants who were experiencing any symptoms of psychosis, substance-related disorders, actively suicidal (i.e., not just ideation but planning to attempt suicide) or if receiving any other form of psychotherapeutic treatment were excluded from the study.

Measures

To ensure the quality and relevance of our data, we used the following measures:

Informed Consent Form: An informed consent form was signed by each participant assuring the anonymity and confidentiality of the participants. They were also explained about their right to withdraw from the process at any time.

Demographic Information Form

A demographic information form was filled by the participants mentioning the age, educational level, socioeconomic status, number of siblings, marital status, and the presence of any physical or psychological symptomatology or any other treatments they were receiving. The rationale behind choosing adults, i.e., 18 years and older age group is that the therapy has not yet been tried on children as it requires a long reflective process. Another reason to choose these demographics was to make sure sample is representative of the population and also make sure the results are generalizable to the representative population.

Siddiqui Shah Depression Scale (SSDS)

The English version of the Siddiqui-Shah Depression Scale was used¹⁵. It is a 36-item self-report measure of depression, which describes the thoughts and feelings of an individual. The measure is based on statements that are scored on a four-point rating scale. The split half reliability of the scale with Spearman-Brown correction was $r = 0.79$ and $r = 0.84$ for the clinical sample and $r = 0.80$ and $r = 0.89$ for the non-clinical samples, respectively. The Co-efficient Alpha for the clinical and non-clinical samples were 0.91 and 0.89.



Self-Compassion Scale (SCS)

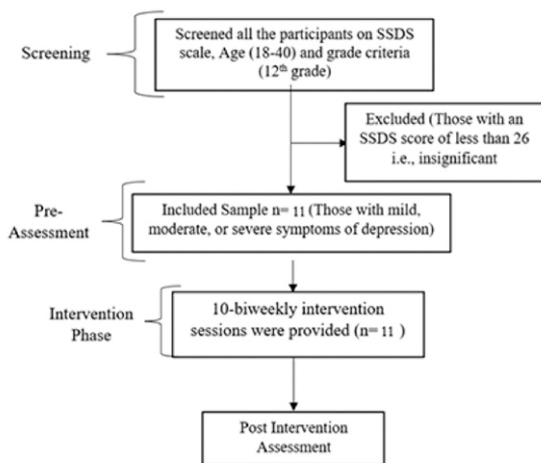
The Self-Compassion Scale was used in this research.¹⁴ It is a 26-item scale based on the 5-point Likert scale. It consists of 6 subscales including self-kindness, common humanity, mindfulness, self-judgment, isolation and over-identification. The total SCS scores evidenced good internal reliability (Cronbach's $\alpha = .92$), as did the six subscales (Cronbach's α ranging from .75 to .81). Test-retest reliability over a three-week interval was also good for the total score (Cronbach's $\alpha = .93$) and six subscale scores (with Cronbach's α ranging from .80 to .88).⁷

Procedure (Figure)

After explaining the purpose of the research study, participants signed the informed consent form. Pre-assessments, including the Demographic Information Form, Informed consent Form and Self Compassion Scale were carried out in an interview format in the first session. Participants whose depression levels were found to be at least mild on SSSD were included in the therapeutic process.

A total of 10 intervention sessions (excluding pre and post assessment) were provided, frequency of the sessions was bi-weekly, and they continued for a period of 5 weeks. Each session consisted of at least 1 hour to 1.5 hours depending on how long it took for the participants to complete the activity, followed by a small homework assignment that was to be continued until the next session. A standard protocol of instructions was developed and followed for each individual session for all the participants in order to maximize the uniformity and minimize the impact of any subjectivity, thus maintaining fidelity. The results of the data were analyzed quantitatively using the Statistical Package for Social Sciences Version 22. The Wilcoxon signed rank test was used in the study in order to analyse the results of the research.

Figure: Flowchart of the procedure



Intervention Plan

Table 1
Overview of the session-by-session description of the 10-week intervention plan¹⁶⁻¹⁹

Session No. Title	Aims & Objectives	Intervention
1. Co-existing with the negative feelings via body scan	The purpose of this activity was to help participants learn to co-exist with their negative feelings, even if they can't change them.	Participants identify that they can act despite them not "feeling" like it thereby not letting their emotions control them but vice versa.
2. Coping with what they can't control via light and dark mandalas.	The purpose of this session was to help the participants improve their coping by identifying what they can/cannot control.	In this activity, participants identified and worked on the areas that they can control and what they can't control
3. Self-Acceptance via portrait of wellbeing	The purpose of this activity was to ask participants to explore what has been hard for them over time.	After identifying the areas they find hard to accept, they worked on those areas and learn to accept them.
4. Lying and Stealing via Life Review Book	The purpose of this session was to help participants introspect the smallest social exchanges we made while interacting with other people	This activity was about participants' inadvertently violating the rights of others by not proving the information they needed.
5. A balance sheet of gains and losses in social interaction via stages of life analysis	The purpose of this activity is to shift the individuals' focus from "have nots" to "haves" thus enhancing gratitude in an individual.	In this activity, participants particularly focused on their gains and losses from specific periods of their lives.
6. List of achievements with gratitude tree	The purpose of this exercise was to list all their achievements in the previous year	In this activity, participants identified people's contributions in their life achievements.
7. Mindful self-awareness	The objective of this exercise is to improve participants' mindfulness.	In this activity, participants were asked to pay attention to things in their surroundings and notice the things that they have not been noticing.
8. "You saved my life" by making a collage	The goal is to help participants with a sense of gratitude towards others as part of the self-compassion process.	This session revolved around a hypothetical story about the participants being saved by an unknown stranger.
9. Sense of purpose/Ikigai	The purpose of this activity was to develop a sense of purpose in the participant by being compassionate at the same time.	In this activity participants worked on areas including passion, profession, mission, and vocation by using Ikigai diagram.

RESULTS

Table 2
Frequencies and Percentages of the Demographic Variables (N=11).

Variables	Frequency	Percentages
Age		
18-22	6	55%
23-27	4	36%
28-32	1	9%
Gender		
Males	3	27%
Female	8	73%
Education		
Intermediate	3	27%
Graduate	3	27%
Masters	5	45%
Marital Status		
Single	9	82%
Married	2	18%
Employment Status		
Students	6	54%
Employed	4	36%
Unemployed	1	10%



Table 2 shows the frequencies and percentages of the demographic variables. The ages of the participants ranged from young adults to mature adults, with a standard deviation of 7.11 years, indicating variability in the age of the participants. There were a total of 11 participants. Total sample consisted of 27% males and 73% females.

Table 3
Wilcoxon Signed Rank test comparing pre and post-intervention scores on self-compassions (N=11).

Test Statistics	
	SCSTotalPost - SCSTotalPre
Z	-2.819 ^b
Asymp. Sig. (2-tailed)	.005*

To examine the effects of the intervention on self-compassion, the Wilcoxon signed rank test was used. There was a significant difference in the self-compassion of the participants before and after the intervention (-2.819, $p=.005$).

Table 4
Wilcoxon Signed Rank Test comparing pre and post intervention scores of subscales of the Self-Compassion Scale (N=11).

	CH Post-CH Pre	MindfulPost-MidfulPre	SelfJudgePost-SelfJudgePre	IsolationPost-IsolationPre	OveridentPost-OveridenPre
Z	-2.966	-2.966	-2.943	-2.670	-2.673
Asymp. Sig. (2-tailed)	.003*	.003*	.003*	.008*	.008*

The scores on various components of self-compassion significantly differed such as there was significant improvement in Common humanity (-2.966, $p=.003$), Mindfulness (-2.966, $p=.003$), Self-Kindness (-2.819, $p=.005$). Similarly, there was a significant difference in scores on Isolation (-2.67, $p=.008$), Self-judgment (-2.943, $p=.003$) and overidentification (-2.673, $p=.008$).

DISCUSSION

This research explored the impact of integrative self-reflections interventions on the depressive symptomatology of adults. The results of the study supported the hypothesis that integrated interventions will help improve the levels of self-compassion and eventually reduced depressive symptomatology. There was a significant difference in the scores of self-compassion before and after the intervention (-2.819, $p=.005^*$). Further analysis shows that even though mild, moderate, and severe levels of depression were all included in the study, results showed significant changes only for the individuals with severe and moderate levels of depression. The results of the present study were also supported by other researchers such as.²⁰⁻²² These researchers found the Naikan and/or Expressive Arts Therapy to be effective with different clinical population samples such as depression and schizophrenia.

The self-reflective process employed throughout this research usually involves a careful self-analysis of one's life which eventually helps an individual's social functioning as well. One of the ways in which self-reflective approach impacts self-compassion is by increasing self-awareness of the participants. According to the participants' feedback on the overall therapeutic sessions, through the process of self-reflection, individuals gain a deeper understanding of not only themselves but also how interact or link with the social world around them. This awareness then helps individuals to identify and change areas where they may be overly critical of themselves and begin to shift towards a more compassionate and understanding life, thereby giving psychological relief to the participant. This was also confirmed by other studies too.²³

Even though the research did not include diagnosed patients of clinical depression, there was a significant proportion of young and older adults that has been found to be experiencing moderate to severe depressive symptoms.

CONCLUSION

In conclusion, this research investigated integrative self-reflection interventions and their impact on self-compassion of adults with depression. The study confirmed the initial hypothesis, showing that these interventions effectively increased self-compassion levels and subsequently also reduced depressive symptoms. Significant differences were observed in mean depression scores (Mean=27.72, $p<0.05$) and self-compassion scores (Mean=-45.36, $p<0.05$) before and after the intervention. Notably, the most significant changes occurred among participants with moderate and severe depression, consistent with previous research 19-21 highlighting the effectiveness of Naikan and/or Expressive Arts Therapy in various clinical populations, including depression and schizophrenia.

Limitations and Recommendations

This research can be a crucial milestone in the use and development of indigenous psychotherapeutic approaches that have far more relevance and better applicability for collectivistic cultures than western approaches. For the future, the findings of this research could be used to compare with a control group as well as with usual care or other forms of psychotherapies. Since this study was based on a small sample size due to purpose sample, it limits the results to be generalizable to a huge population and can only be applied to people with symptoms of depression. Due to a small group size, further subgroup analysis was also not possible. The lack of a control group makes it impossible to have a comparison group for better understanding. These limitations can be overcome for future research.

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