Self-compassion as Mediator between Stigma and Psychosocial Outcomes for Caregivers of Transition Age Youth with Intellectual & Developmental Disabilities

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Introduction

Stigma related to intellectual and developmental disabilities (IDDs) is associated with negative outcomes for family caregivers (e.g., Chou, Pu, Lee, Lin, & Kröger, 2009), thus it is essential to identify protective factors to buffer caregivers from stigma's effects. In addition, little is known about stigma or psychosocial adjustment of caregivers of youth with IDDs during the transition to adulthood, a typically stressful period for families. Self-compassion is a potential protective factor that is accessible to all caregivers during this phase. This study aims to shed light on caregivers' experiences during transition by exploring the relationships between stigma, self-compassion, and caregiver psychosocial outcomes.

Methods

Participants
- 130 caregivers providing care for their family member with IDD
  - Gender: 58% women
  - Participant Age: $M = 45.22$; $SD = 7.90$
  - All participants were recruited online and completed the study survey using Qualtrics

IV: *Modified Devaluation of Consumers Families Scale* is a 9-item self-report inventory that measures courtesy stigma.
Self-compassion Scale is 26-item self-report scale assessing both positive ("self-kindness") and negative ("self-coldness") aspects of self-compassion.
M1: *Self-kindness* is 13-item subscale assessing one's tendencies towards self-kindness, mindfulness, and a sense of common humanity during difficult times.
M2: *Self-coldness* is 13-item factor assessing one's tendencies towards self-judgment, overidentification, and isolation during difficult times.
DV1: *Satisfaction with Life Scale* is an 5-item self-report scale measuring subjective wellbeing.
DV2: *Center for Epidemiological Studies Short Depression Scale* is an 10-item self-report scale assessing frequency of depressive symptoms.

Data Analysis
- Pearson correlations tested associations between study variables
- Bootstrapping analyses (5,000 samples, 95% CI) investigated mediation by self-kindness/self-coldness on the relationship between courtesy stigma and caregiver outcomes using 'PROCESS' macro (Hayes, 2013).
- Linear multiple regression was used to test the significance of a potential interaction effect between self-compassion and stigma on caregiver outcomes

Table 1 Subcomponents of Self-compassion Definitions from Neff, 2003

	Self-kindness	Common Humanity	Mindfulness
SELF-KINDNESS (POSITIVE ASPECTS)	Being kind and understanding towards self during difficult times	Seeing difficult experiences as part of human experience	Holding painful thoughts and feelings in balanced awareness
	Self-judgment	**Isolation**	**Overidentification**
SELF-COLDNESS (NEGATIVE ASPECTS)	Being harshly self-critical during difficult times	Perceiving difficult experiences separating and isolating	Focusing, ruminating on, and magnifying negative emotions

Note: Definitions of individual subcomponents from Neff, 2003. Positive and negative groupings from Gilbert, 2010.

Results

Table 2. Study Variable Descriptives and Correlations

Variable		n (%) M ± SD	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
Covariates	1. Gender (% women)	75 (57.7)	-									
	2. Age	45.22 ± 7.90	.348***	-								
	3. Caregiver Role (% FT)	83 (63.8)	-.177*	-.153	-							
	4. Income Category	6.11 ± 1.97	-.096	.121	.092	-						
Courtesy Stigma	5. DFCS	22.34 ± 4.80	-.066	-.174*	-.146	-.193*	-					
Self-compassion (SC)	6. Self-kindness (SC+)	43.37 ± 9.62	-.080	-.109	.257**	-.036	-.263**	-				
	7. Self-coldness (SC-)	41.58 ± 10.80	-.139	-.384***	.126	-.262**	.456***	-.049	-			
	8. Self-compassion Total	79.78 ± 14.82	.050	.209*	.077	.169	-.504***	.686***	-.761***	-		
Outcomes	9. Depressive Symptoms	12.83 ± 5.81	-.223*	-.243**	.042	-.018	.361***	-.363***	.522***	-.617***	-	
	10. Satisfaction with Life	21.30 ± (7.55)	-.200*	.078	.151	.478***	-.555***	.110	-.358***	.332***	-.239**	-

*Note. *p < .05. ** p < .01. ***p < .001. "FT = Full-time. missing n = 3; Income measured categorically from "1" (<$10k) to "8" (>$70k); "6" = $50,000-$59,999. missing n = 1. missing = 2. DFCS = Devaluation of Families of Consumers Scale. Gender: 1 = Male, 2 = Female. Caregiver Role: 1 = Full-time, 2 = Part-time.*

Mediation Analysis 1: Courtesy Stigma – Self-kindness – Life Satisfaction
- Indirect effect not significant, *effect* = -.01, *CI* =-.11 to .06

Table 3. Mediation Analysis 2: Courtesy Stigma (IV) – Self-kindness (M) – Life Satisfaction (DV)

Relationship	Variable	Coefficient	SE	CI	F	R²
IV-DV					6.163	.320***
	Stigma (IV)	-0.412*	0.177	-0.762, -0.062		
IV-M					3.239	.131**
	Stigma (IV)	-0.529*	0.230	-0.984, -0.074		
IV-M-DV					5.012	.321***
	Stigma (IV)	-0.400*	0.184	-0.764, -0.037		
	Self-kindness (M)	0.021	0.034	-0.125, -0.168		

*Note: * p < .05. ** p < .01. *** p < .001. DV = Life Satisfaction. N = 126. Covariates = caregiver age, gender, role (full/part-time), and household income*
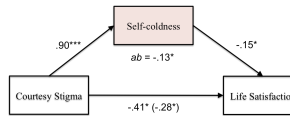
Mediation Analysis 2: Courtesy Stigma – Self-coldness – Life Satisfaction
- Significant indirect effect, *effect* = -.13, *CI* =-.28 to -.03
- Direct effect reduced, remained significant

Table 4. Mediation Analysis 2: Courtesy Stigma (IV) – Self-coldness (M) – Life Satisfaction (DV)

Relationship	Variable	Coefficient	SE	CI	F	R²
IV-DV					11.302	.320***
	Stigma (IV)	-0.412*	0.127	-0.663, -0.161		
IV-M					12.199	.337***
	Stigma (IV)	0.901***	0.181	0.541, 1.260		
IV-M-DV					10.651	.349***
	Stigma (IV)	-0.281*	0.137	-0.552, -0.010		
	Self-coldness (M)	-0.145*	0.063	-0.269, -0.021		

*Note: * p < .05. ** p < .01. *** p < .001. DV = Life Satisfaction. N = 126. Covariates = caregiver age, gender, role (full/part-time), and household income*
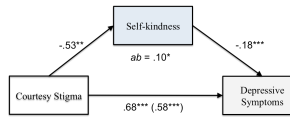
Mediation Analysis 3: Courtesy Stigma – Self-kindness – Depressive Symptoms
- Significant indirect effect, *effect* = .10, *CI* = .02 to .21
- Direct effect reduced, remained significant

Table 5. Mediation Analysis 3: Courtesy Stigma (IV) – Self-kindness (M) – Depressive Sxx (DV)

Relationship	Variable	Coefficient	SE	CI	F	R²
IV-DV					12.569	.348***
	Stigma (IV)	0.675***	0.096	0.485, 0.866		
IV-M					3.561	.131**
	Stigma (IV)	-0.534**	0.189	-0.909, -0.160		
IV-M-DV					14.538	.427***
	Stigma (IV)	0.580***	0.094	0.395, 0.766		
	Self-kindness (M)	-0.178***	0.044	-0.265, -0.091		

*Note: * p < .05. ** p < .01. *** p < .001. DV = Depressive Symptoms. N = 124. Covariates = caregiver age, gender, role (full/part-time), and household income*
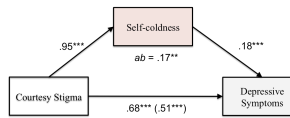
Mediation Analysis 4: Courtesy Stigma – Self-coldness – Depressive Symptoms
- Significant indirect effect, *effect* = .17, *CI* = .07 to .30
- Direct effect reduced, remained significant

Table 6. Mediation Analysis 4: Courtesy Stigma (IV) – Self-coldness (M) – Depressive Sxx (DV)

Relationship	Variable	Coefficient	SE	CI	F	R²
IV-DV					12.569	.348***
	Stigma (IV)	0.675***	0.096	0.485, 0.866		
IV-M					12.568	.348***
	Stigma (IV)	0.946***	0.184	0.581, 1.310		
IV-M-DV					14.345	.424***
	Stigma (IV)	0.506***	0.101	0.307, 0.705		
	Self-coldness (M)	0.179***	0.046	0.089, 0.270		

*Note: * p < .05. ** p < .01. *** p < .001. DV = Depressive Symptoms. N = 124. Covariates = caregiver age, gender, role (full/part-time), and household income*

Moderation Analyses: Self-compassion and Courtesy Stigma Interaction Effect on Outcomes
- No support for interaction effect (*p* > .05)

Mediation Analysis 1 diagram: Self-kindness; Courtesy Stigma → Life Satisfaction. -.53; ab = .01 ns; .02 ns; -.41* (-.40*)*

*Mediation Analysis 2 diagram: Self-coldness; Courtesy Stigma → Life Satisfaction. .90***; ab = -.13*; -.15*; -.41* (-.28*)*

*Mediation Analysis 3 diagram: Self-kindness; Courtesy Stigma → Depressive Symptoms. -.53**; ab = .10*; -.18***; .68*** (.58***)*

*Mediation Analysis 4 diagram: Self-coldness; Courtesy Stigma → Depressive Symptoms. .95***; ab = .17**; .18***; .68*** (.51***)*

Major Findings

Correlational analyses showed all mediation variables were significantly correlated (*p* < .01), with the exception of self-kindness and life satisfaction. Variables correlated in the expected direction. Self-coldness was positively associated with courtesy stigma and depressive symptoms, and negatively associated with life satisfaction. Self-kindness was negatively associated with both courtesy stigma and depressive symptoms. Courtesy stigma was positively associated with depressive symptoms and negatively associated with life satisfaction, suggesting that individuals experiencing high courtesy stigma are also likely to experience more depressive symptoms and lower life satisfaction.

Mediation analyses found self-kindness did not account for any of courtesy stigma's influence on life satisfaction. However, self-coldness was a partial mediator of this relationship. This suggests that when individuals experience courtesy stigma, they may respond to themselves with more self-coldness, which in turn contributes to lower life satisfaction.

Both self-kindness and self-coldness were individual, partial mediators of the relationship between courtesy stigma and depressive symptoms. It appears that experiencing courtesy stigma may not only increase self-coldness, but also decrease self-kindness. Just as more self-coldness leads to lower life satisfaction, it may also contribute to more depressive symptoms. Similarly lower self-kindness likely also exacerbates these symptoms.

No significant interaction effects between self-compassion and courtesy stigma were observed for either life satisfaction or depressive symptoms (*p* > .05). As such, this study did not find support for a moderation effect of self-compassion on the relationship between courtesy stigma and caregiver outcomes.

Limitations & Implications

Rehabilitation professionals may be able to help family caregivers buffer themselves from the negative effects of stigma by working with caregivers to increase self-kindness and decrease self-coldness. As self-coldness exhibited stronger mediation effects relative to self-kindness, it may be especially important for professionals to identify caregivers who respond to themselves in an uncompassionate manner and to help these caregivers modify harsh and disproportionate responses towards themselves. Cognitive-behavioral therapy (CBT) is one tool professionals could use to help caregivers modify patterns of self-coldness and foster more self-kindness. A variant of CBT, Compassion Focused Therapy, emphasizes developing compassion for oneself and could benefit caregivers. Introducing caregivers to exercises that foster compassion, such as loving kindness meditations, could also help caregivers increase tendencies towards self-kindness and reduce patterns of self-coldness.

Limitations of this survey include the cross-sectional design. Study analyses were interpreted to suggest causal relationships based upon the proposed mediation models, however, longitudinally designed studies are needed to provide definitive support for these assumptions. Additionally, the current study sample was collected via the Internet and may not be generalizable to the whole population of family caregivers for transition-age youth with IDDs.