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Article type : Research Letter

Title:

Compassion focussed self-help for skin conditions in individuals with insecure attachment: A pilot evaluation of the acceptability and potential effectiveness.

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Further research is needed to develop psychological interventions for people living with skin condition.^{1,2,3} This research letter reports on a preliminary evaluation of targeted self-help^a encompassing mindful breathing and compassionate imagery (i.e., evoking a self-

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compassionate mental images), with the aim of reducing skin specific related distress such as shame.⁴

The aim of this 4-week preliminary study was to investigate the usability and acceptability of self-help for people living with skin conditions, through a feedback form administered two weeks after the intervention. We also collected data on effectiveness (effects on feelings of shame, self-criticism and appearance related distress) via the administration of standardised questionnaires. Participants were drawn from a previous study⁵ examining the relationship between attachment orientation and psychological adjustment in skin conditions. We aimed to recruit individuals with insecure attachment, which has been previously linked with lowered skin-related quality of life and may play an important role in the heightened levels of self-conscious emotions found in some dermatology samples.^{6,7} The inclusion criteria were: self-certification of a diagnosis of a skin condition, experiencing the symptoms in the last 6 months, and being over 18 years old. We approached individuals exhibiting insecure attachment as measured by the Experience in Close Relationships Scale.⁷ Ethical approval was obtained from the University Ethics Committee. Content analysis was conducted with qualitative data. The Reliable Change Index was used to assess the change in standardised measures.

Participants were emailed a guide on mindful breathing and, two weeks later, a second guide on building a self-compassionate image. Both guides contained skin specific rationale for use of the techniques and an audio file to aid practice.

Forty-six individuals were eligible to take part. Nine responded, five (age range: 31-65, 4 females, 2 with acne or vitiligo, 1 with rosacea) completed follow-up assessment of effectiveness, and three provided feedback on usability and acceptability.

Overall, all three participants provided feedback stating that there were benefits from the self-help, and that the materials were easy to understand. Two participants read the self-help guides once a week and one participant read them daily. All three participants engaged with the practice and listened to the audio files at least two or three times a week. All three participants reported that the techniques presented in the self-help assisted them in managing difficult feelings. However, one participant reported that the self-compassion exercise evoked difficult emotions (*I couldn't imagine myself compassionate to others, even to myself*). This suggests that some people with skin conditions would require guided support or one-to-one psychotherapy to be able to develop self-compassion. No other participant reported experiencing negative consequences. Positive aspects of self-help (e.g., It enabled me to slow down and relax and contemplate matters.), included a range of issues: time efficiency, being able to choose one's own time for practice and avoiding difficult feelings in relation to one's skin condition that might arise during face-to-face contact. Thus, self-help may act as a useful first step for those who might seek to avoid or find it practically difficult to attend for face-to-face meetings with a mental health practitioner. Additional suggestions for improvements are contained in Table 1.

Mixed findings were evident in the preliminary assessment of effectiveness (Table 1). There was a positive effect for one participant, but smaller and more contradictory effects were observed for other participants, with equal number of participants who experienced decrease and increase in feelings of shame after the intervention. This suggests that while compassion-focused self-help can be effective for some individuals, more intensive psychological therapy might be necessary for others exhibiting this emotion.

This is a preliminary study so it is limited by a small sample size and lack of control group. In addition, there was a high attrition rate. Further, the sample was also limited to individuals with insecure attachment. These factors mean that we are unable to generalise the findings. A valuable message from this stage of the work is the heterogeneity of our results: that demonstrate that researchers developing self-help need to practice caution and investigate not only the usability and acceptability of self-help interventions, but also be alert to the potential barriers and harms that engagement with it might bring. Such caution can be exhibited if researchers ensure that they pay attention to the early stages of complex intervention development.⁸ Ultimately, Randomised Control Trials with both guided and pure forms of self-help require testing with community samples and within dermatology clinics before we can draw any firm conclusions.

Table 1 Change in feelings of shame, self-criticism and appearance related distress before and 2 weeks after the intervention for each participant and suggestions for improvement

	Shame (OAS scale)			Self-criticism: Inadequate self (FSCRS scale)			Self-criticism: Hated self (FSCRS scale)			Self-criticism: Reassure self (FSCRS scale)			Appearance related distress (DAS24 scale)		
	Range: 0-72 ¹ (Standard deviation: 10.5 Cronbach's alpha: 0.92) ²			Range: 0-36 ¹ (Standard deviation: 8.44 Cronbach's alpha: 0.90) ²			Range: 0-20 ¹ (Standard deviation: 4.58 Cronbach's alpha: 0.86) ²			Range: 0-32 ¹ (Standard deviation: 5.92 Cronbach's alpha: 0.86) ²			Range: 11-96 ¹ (Standard deviation: 14.95 Cronbach's alpha: 0.93) ³		
	Score before the inter-vention	Score after the inter-vention	Reliable Change Index	Score before the inter-vention	Score after the inter-vention	Reliable Change Index	Score before the inter-vention	Score after the inter-vention	Reliable Change Index	Score before the inter-vention	Score after the inter-vention	Reliable Change Index	Score before the inter-vention	Score after the inter-vention	Reliable Change Index
Participant 1	39	22	-4.05*	26	17	-2.38*	0	1	0.41	18	19	0.32	85	58	-4.83*
Participant 2	18	31	3.10*	27	19	-2.12*	10	14	1.65	2	1	-0.32	48	40	-1.43
Participant 3	30	34	0.95	30	33	0.79	14	11	-1.24	15	9	-1.92	54	46	-1.43
Participant 4	58	42	-3.81*	35	35	0.00	19	17	-0.83	5	4	-0.32	89	88	-0.18

Participant 5	8	20	2.86*	10	12	0.53	0	0	0.00	20	21	0.32	24	32	1.43
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Suggestions for improvement:

- Adding some evidence to the self-help leaflet to show that the techniques presented are effective (especially for those who are not initially convinced its benefits)
 - Providing two or more audio exercises (following the same exercise every day might become monotonous)
 - Providing structure that will facilitate regular practice (e.g. reminders and progress sheets, could be available online)
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*Statistically significant at the level of $p < 0.05$ (Values for Reliable Change Index above or below 1.96 indicated a significant change)

¹ Higher score indicates more feelings of shame, self-criticism/self-reassurance and appearance related distress

² The values for standard deviation and Cronbach's alpha were drawn from the validation study for the two scales

³ The values for standard deviation and Cronbach's alpha were taken from the previous survey study (n=206), from which the participants of this study were drawn

Footnotes

^a The original self-help was developed by Dr Andrew Thompson, Dr Zina Muftin and Prof Paul Gilbert; it can be obtained from: <http://bit.ly/207pNYB> and <http://bit.ly/20uzywS>. The self-help is also available on the BAD Skin Support webpages (www.skincare.org.uk).

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