

The Comparison of Self-Compassion, Stubbornness, Forgiveness in Hypertensive Patients and Normal People

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Abstract: Hypertension is one of the most important causes of chronic disability in the world with a chronic progressive course. This study aimed to compare self-compassion, hardness and forgiveness in blood pressure and normal patients. The research was a causal-comparative study and the statistical population of this study was hypertensive patients referred to Shiraz clinics as well as normal people. About 100 patients including two groups of 50 hypertensive patients and normal individuals were selected as the sample of patients with hypertension referred to the clinic due to hypertension problems and who were eligible to participate in the study. Hypertensive patients will be selected through targeted sampling from patients who referred to clinics. Ordinary people are also selected by accessible sampling method from friends and acquaintances as well as by visiting public places. Sample subjects were matched based on demographic characteristics such as age, education, marital status. The instruments used in this study were: Short Reiss, Pamir, Nef and VanGatchet Short Form Compassion Questionnaire (AHI)-Ahvaz Psychological Hardiness Scale (AHI)-and Forgiveness Questionnaire by Ray etc. The results of Pearson correlation coefficient and independent t-test indicated that there was a significant difference between spontaneous self-compassion in normal and hypertensive patients. Also, there was a significant difference in hardness between hypertensive and normal patients and based on other results there was a significant difference between positive feeling in hypertensive and normal patients. Medical professionals associated with hypertension can consider the stressor and the pathological psychological characteristics of patients which may be related to the risk of recurrence and disease. Advise their patients to consult a psychologist and spend at least one full period of psychotherapy for mental illness.

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INTRODUCTION

Blood pressure is one of the main causes of chronic disability in the world that has a chronic and progressive satiety. Blood pressure is one of the most asymptomatic risk factors that is usually detected at the same time with irreversible complications such as heart attacks and strokes. This disease has always been considered by experts as a predisposing factor or as an independent disease^[1]. The disease is the third leading cause of death in the world and the World Health Organization has named 2013 as the year to fight high blood pressure. Blood pressure is classified as one of the psychosomatic diseases that is affected by psychological factors. With the increasing growth of awareness in the field of psychology and the emergence of new areas, the concept of stubbornness as one of the personality traits has been considered by psychological theorists, especially, positive psychologists. In this context, stubbornness is defined as a combination of attitudes and beliefs that motivate and encourage a person to do hard and strategic work in the face of stressful and difficult situations and to work hard to adapt to those conditions to overcome. Events that can potentially have catastrophic and unpleasant messages open the way to growth and excellence and provide opportunities for growth^[2]. Shareh^[3] conducted a study entitled. The relationship between psychological toughness and hope in cardiovascular patients. The results of the study showed that the greater the degree of psychological toughness and religious attitude of cardiovascular patients, the higher their hope.

One of the main concepts that is less known in Western psychology but is more prominent in researches that deal with their concept and attitude is the concept of self-compassion. In fact, in contemporary psychology, there is a lot of emphasis on research in the field of positive psychology and human abilities, and one of the emerging variables in the field of positive psychology is the concept of self-compassion. Compassion Because it means being patient and kind to others, compassion itself is related to feeling loved and caring about others but does not mean self-centeredness or preferring one's needs to others^[4]. Self-compassion requires that one distance oneself from one's emotions while looking at them consciously with the objectivity of the mind in order to experience one's emotions^[4, 5].

Having compassion requires that one not criticize oneself harshly for failures or failure to meet standards; This concept does not mean ignoring or not correcting these failures. When they themselves, believing that their own criticism can force them to change and progress to be severely judged for their mistakes, their supportive actions in order not to threaten the self-respect of the individual, act to hide the shortcomings of the individual's self-consciousness^[6]. This is very important in patients

with hypertension. Ray *et al.*^[7] conducted a study entitled "Study of a proposal to support therapists to develop their compassion through mind training." Because therapists experience a variety of stresses during surgery that may be challenging. The results showed that low self-compassion leads to low levels of health, fatigue, burnout and self-criticism and even psychological well-being affects emotions such as shame and self-critical thinking and behavior.

Patients with high blood pressure may differ from normal people in some psychological features. Forgiveness is one of these variables that has not been studied in patients with hypertension. Today, forgiveness should be conceptualized as a multidimensional structure containing emotion, behavior and cognition and the importance of different goals (such as person, others and God) and ways of forgiving (such as expressing feelings and seeking) should be emphasized^[8]. Forgiveness is one of the effective factors in psychological disorders that play a role in the development of heart disease^[9]. Bennett-Goleman^[10] showed in their study that people who scored higher on the forgiveness scale had higher coping strategies, life satisfaction and higher psychological and physical well-being than those who scored lower. Hypertension is known as the silent killer because it has no obvious symptoms. Given the growing number of patients with hypertension in Iran and the lack of existing studies in this field, the present study seeks to answer the fundamental question of whether there is a difference between self-compassion, stubbornness, forgiveness in hypertensive patients and normal people.

MATERIALS AND METHODS

The research is a causal-comparative study in which it compares self-compassion, stubbornness and forgiveness in hypertensive patients and normal people. The statistical population of the present study is patients with hypertension referred to clinics in Shiraz as well as normal people. About 100 people include two groups of 50 patients with hypertension and normal people. Blood pressure patients who were under the supervision of a physician due to blood pressure problems and referred to the clinic and had the conditions to participate in the study were invited to conduct the study. Blood pressure patients will be selected by targeted sampling method from clinicians. Ordinary people are also selected by sampling method available from friends and acquaintances and also by referring to public places. Sample individuals will be matched based on demographic characteristics such as age, education, marital status.

Research measuring tools: The measurement tools in this questionnaire are as follows: short form self compassion questionnaire.

There are several tools available for measuring self-compassion or self-compassion including the short-form self-compassion questionnaire and the long-form self-compassion questionnaire. The 12-item short-form self-compassion scale or self-compassion questionnaire was developed by Reese, Pamir, Neff and Wengachet in 2011. The long version of this scale was made in 2003 with 26 items. This questionnaire has 6 two-sided factors which are: kindness to oneself; Judge for yourself; Sense of human commonalities; isolation; mindfulness and increased replication. This questionnaire is scored on a Likert scale from 1-5^[11].

Self-compassion questionnaire scoring short form: Due to the fact that the short form self-compassion questionnaire was developed for the first time in Iran by the Iran research Institute in collaboration with PhD students in psychology, its scoring is provided in full in the relevant file. This questionnaire has a Likert scale as well as an inverted score and 6 subscales are calculated for it. Cronbach's alpha in the Iranian version of Khosravi, Sadeghi and Yabandeh is reported as follows: kindness with 0.81, self-judgment 0.79, human commonalities 0.84, isolation 0.85, Behshari 0.80, extreme imitation 0.83 and the whole scale 0.76.

Validity of Ahwaz psychological hardness questionnaire: In order to validate this test, he used the simultaneous criterion method and used this questionnaire simultaneously with four ANQ general anxiety questionnaires, ADI Ahwaz Depression Inventory, Maslow MASAI Self-Prosperity Questionnaire and Stubbornness Structural Scale with halving and Cronbach's alpha. The correlation coefficient between the total scores of the subjects was 0.55, 0.70 and 0.44, respectively which is significant at the level of 0.001. Also, the correlation coefficient of self-flowering was 0.65. The correlation between structural validity of hardness and hardness scale was significant at the level of 0.05. Therefore, considering the standardization of the questionnaire and the many researches that have been done on the psychological toughness test, all of them indicate the high validity of this test and show that it is one of the best tools for measuring toughness in individuals.

Forgiveness questionnaire: The Forgiveness Questionnaire was developed by Ray, Luiyakano, Flack, Oliowski, Heim and Madia and consisted of 15 items and 2 subscales of Negative feeling (10 questions) and Positive Feeling (5 questions) to assess Forgiveness is used in people. The scoring of the questionnaire is in the form of a 5-point Likert scale, which is considered 1-5, respectively, for the options "strongly disagree", "disagree", "have no opinion", "agree" and "strongly agree", respectively Taken.

RESULTS AND DISCUSSION

The results showed that there is a significant difference between self-compassion in normal and hypertensive patients. According to the averages observed in this scale, the group of people with high blood pressure scored lower. The results of this test are in line with the results of research by Saeidian, etc and his colleagues. In explaining the above results, it can be said that self-compassion can be defined as a positive attitude towards oneself when things go wrong. Self-compassion is considered as an effective trait and a protective factor for cultivating emotional flexibility. Recently, therapies have been developed to improve self-compassion.

Compassion is usually expressed as kindness to others but in Buddhist psychology there is a belief that feeling compassion for oneself is more necessary than compassion for others. Self-compassion leads to a sense of self-care, self-awareness and a judgmental attitude toward one's inadequacies and failures and the acceptance that one's experiences are also part of one's ordinary human experience. In fact, compassion for oneself requires accepting the fact that suffering, failure and inadequacy are part of the human condition and that all human beings including the individual, deserve kindness and compassion. Compassion is different from compassion and when one feels compassion for oneself, one feels more incoherent with others and as a result becomes more preoccupied with one's own problems and forgets that others have similar (and sometimes worse) problems. Thus, the feeling of pity and compassion causes exaggeration and prolongation of personal suffering, which in the process makes the person more emotional and makes it difficult to distance oneself from the emotional situation.

In contrast, the process of self-compassion requires the individual to express their feelings which breaks the cycle of self-absorption, reduces feelings of self-control and loneliness and at the same time increases feelings of connection and connection. People who are high in self-compassion treat themselves with kindness, concern and kindness when they experience a negative event. High levels of self-compassion lead to increased social interaction and decreased self-criticism, rumination, thought suppression and anxiety. Therefore, according to the above explanations, it is natural for people who have lower self-compassion to experience more stress due to stressors and suffer from mental and even physical diseases such as high blood pressure. The results also showed that there is a significant difference between stubbornness in normal and hypertensive patients. According to the averages observed in this scale, the group of people with high blood pressure scored lower. If one of the reasons for this finding can be attributed to the psychological pressures and stresses experienced by

hypertensive patients, the results of this test can be compared with the results of research by Saeidian, etc.

Mohammadi, etc considered it coherent and coherent because they also believed that patient's low psychological hardiness due to the type Patients and consequently are stressful experiences that they experience after the disease. Because people with diseases such as high blood pressure deal with life issues and stressful situations emotionally. Therefore, it can be seen that many of them do not have the necessary and basic abilities in a dream with the challenges and problems of daily life and this makes them more vulnerable. Therefore, they are aroused faster and are less able to control their anger than healthy people and are more prone to physical aggression.

CONCLUSION

On the other hand, it can be said that people with high blood pressure were people who from the beginning had low psychological toughness in dealing with stress compared to healthy people which has a great impact on the development and exacerbation of high blood pressure. Preliminary studies of hypertension have pointed to the role of psychological factors in the production of hypertension. Preclinical studies have also documented a link between chronic stress and hypertension. Previous research has shown that some psychosocial variables interact with hypertension and create a more favorable environment for it. In this regard, Weibe and Williams have presented a conceptual model of psychological relationship between stress and stressors and health based on a physiological- psycho-social perspective. According to Webbe and Williams model, threatening an event and fruitless coping responses increase physiological arousal and repeated and prolonged physiological arousal leads to stress and dysfunction of the immune system and eventually to diseases such as hypertension. Be but psychological toughness prevents negative and traumatic physiological arousal by making changes in the evaluation of events. Studies have shown that stubborn people have a stronger immune system and more immunoglobulin than non-stubborn people, more contractile blood pressure responsiveness during threatening tasks and less increase in sympathetic arousal during task evaluation conditions. All of these factors contribute to high blood pressure. Stubborn people have role models that set an example in

commitment, control and struggle. People with high psychological stubbornness find events less worrying and optimistic about their ability to adapt, preferring to rely on active conversion adaptation that stresses through musk-focused strategies.

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