

Self-Compassion and Psychological Wellbeing Among Patients With Hepatitis-C: Social Support as Moderator

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Being a fatal and serious illness, hepatitis C is not only a physical disease but also carries economic, emotional, and social pressures, putting the patient at risk for developing serious mental health issues. The present study aimed to investigate the relationship between self-compassion and psychological wellbeing moderated by social support among hepatitis C patients. This cross-sectional correlational study examined 260 patients of hepatitis C including men (131) and women (129) from different hospitals of Rawalpindi, Islamabad, and Attock through Self-Compassion Scale (Neff, 2003), World Health Organization (Five) Wellbeing Index (World Health Organization, 2018), and Multidimensional Social Support Scale (Winefield et al., 1992). Sample was selected through convenient sampling technique. Study findings indicated that various domains of self-compassion jointly produced 37% of variance while social support produced 44% of joint variance in explaining psychological wellbeing among patients with hepatitis C. Individually, common humanity domain of self-compassion was observed to be the most significant positive predictor whereas isolation was the most significant negative predictor of psychological wellbeing. The moderating effect of social support from family and supervisors strengthened the relationship between self-compassion and psychological wellbeing among patients with hepatitis C. In addition, demographic characteristics of the patients were also examined for differences in self-compassion, social support, and psychological wellbeing of the patients. Findings of the study have been discussed in the light of previous literature and cultural context.

Keywords. Self-compassion, psychological wellbeing, social support, hepatitis C

Hepatitis C is one of the crucial health concerns of today (Miller et al., 2012). With an estimated 170 million people infected with

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Hepatitis C worldwide, this disease is proving to be an escalating economic, social, and health burden (Hajarizadeh et al., 2013; Lavanchy, 2011). Previously published data (2010 to 2015) on hepatitis C prevalence proposes that there is an extremely high frequency of hepatitis C in underdeveloped areas (both rural & urban). Furthermore, according to the latest World Health Organization (2018) recommendations, it is imperative to put additional determination in defining the occurrence of active hepatitis C infection in Pakistan (Abbas et al., 2009; Ahmed et al., 2012; Janjua, 2010; Umer & Iqbal, 2016). In Pakistan hepatitis C prevalence is generalized, with maximum hepatitis C transmission caused by the routine community, drugs, and medical-related practices (Qureshi et al., 2010; Trickey et al., 2017). In 2014, an estimated adult HCV seroprevalence of 6.7% was reported in Pakistan (Gower et al., 2014). Many hepatitis C patients are in the age group of 30 to 40 years and their complications may increase in the next 10 to 20 years (Kalsoom et al., 2017). Hepatitis C patients need to learn to cope and manage the uncertainty of the development of the disease (Sgorbini et al., 2009). Most of the time these patients must face the terror and social stigma connected with hepatitis C who to inform, when to inform, and the way to inform others about the infection is a major problem as well. Most of the past studies investigated the clinical effects of hepatitis C patients. However, the psychological influence of the disease still needs to work more. Practical research of Rodger et al. (1999), has also explored the poor quality of life in such patients.

Groessler et al. (2008) discovered that diagnosis of hepatitis C develops distress. The disease conveys a threatening prognosis, and the negative images relate to transmissible disease and stigmatized risk factors. Patients of hepatitis C can suddenly sense unclean regardless of their past lifestyle, and discover their new sickness framed by disgrace and judgment. Breathing with hepatitis C often demands significant physical, emotional, and cognitive adjustments as well. Devastating symptoms and the medicines used to treat hepatitis C may harm daily activities, work performance, and social roles. To prevent psychological problems caused by hepatitis C, it should be considered to improve various ways of coping strategies. One of the important is self-compassion. Compassion can be stretched out towards self when suffering occurs when life's external situations are simply tough to bear. Self-compassion is similar when suffering arises from our faults, failures, or personal shortages. Gilbert (2005) explained self-compassion as a response to personal difficult situations with kindness, warmth, and caring instead of harsh judgment; accepting suffering as a mutual human experience that

encourages feelings of association with others instead of being isolated; being consciously aware of negative reactions rather than over-identifying them. Precisely, self-compassion is explained as three constructs that mutually interact; that is self-kindness vs. self-judgment, common humanity vs. isolation, and mindfulness vs. over-identification (Neff, 2011) and clarified that self-kindness is different from self-pity. It is not just being understanding and caring with ourselves but also treating personal flaws and insufficiencies with gentleness and understanding. The use of soft and supportive emotional language is necessary too. Approaches that are based on self-compassion seem promising for people with chronic physical conditions like hepatitis C. It also helps people have more ability to cope with the disease. Kiliç (2020) confirms that self-compassion and emotional, as well as physical, outcomes are significantly correlated with each other.

HCV infected patients experience several emotional and social stressors that have a significant influence on wellbeing. These stressors comprise of adjustment and management of the disease and developing changes in lifestyle (El-Kader et al., 2014). Psychological wellbeing is a continuous emotional and cognitive evaluation of a person's life that indicates to experience satisfying emotions, life gratification, and reduce negative experiences (Yazdani, et al., 2018). Khumalo et al. (2010) defines mental health or mental wellbeing as a positive state of mental, emotional, social, and physical wellness, not only the absence of disability or frailty. Diagnosis of hepatitis C has resulted in decrease in social support and wellbeing (Miller et al., 2012). Amodio et al. (2012) emphasized that hepatitis C virus adversely affects patients' quality of life, leading to psychological and social catastrophe that hinders their treatment (Modabbernia et al., 2013). Social support has several aspects, and it pleases a person's psychological, emotional, cognitive, and physical requirements (Huang et al., 2019). Social support is essential in this time for adjustment. It is an emotional, practical, and informational backup from others, such as family, peers friends, and coworkers; that support actually received from others or merely perceived to be accessible when required (Thoits, 2010). Relations may be stressed by concerns about victims' uncertain health. Family, friends, and partners may withdraw due to terror of disease or disgust. Cognitive and physical impairments may minimize social interaction. A study by Hocking et al. (2015) also recommended that family reaction to illness can amend negative effects.

Terror of transferring the virus may be the key reason for social separation and reduced closeness in relations (Armstrong et al., 2016;

Younossi et al., 2007). With judgment at workplace or health settings, these standards, norms, actions, and opinions can develop a sense of isolation from family and community relations along. Not only patients but also health care experts can be disturbed by stigmatization, which is not protected by labels and criticisms that may also affect treatment. These matters may reduce the search for medical assistance and encourage isolation in patients (Butt, 2008). Past research has also provided evidence, as one study found that hepatitis C patients reported poor social support and high physical symptoms. About half of the patients reported being diagnosed with hepatitis C had significantly reduced their relationships, or at least one relation (Blasiolo, et al., 2006).

By quality of having hepatitis C, it disadvantaged the human lifecycle in return people lost attention, faith, and hope of life. Family support is a key factor in tackling these challenges (Li et al., 2014) These studies found that perceived social support from family and friends help patients with severe health conditions to overcome the psychological pain attached with the disease and improves their wellbeing. In Pakistani civilization, family is measured necessary for support and it is generally expected that the family has a responsibility to take care for each other when required. Thus, the current investigation emphasizes on observing at how awareness of family support for hepatitis C patients relates to wellness. Considering that only few studies have been conducted on these factors associated with hepatitis C, mental health, and social support are things that are very important for the healing of any kind of patients. Many researchers have pointed out that working on self-compassion strategies has a positive impact on the wellbeing of people, especially chronic patients but not so much work has done in the case of hepatitis C To our knowledge, this is one of the first study that highlight the importance of self-compassion in hepatitis c patients. Higher level of self-compassion and psychological wellbeing of a patient makes medical treatment more effective. Discoveries of the current study will assist the professionals in identifying the allied psychological aspects, which can positively influence the management and treatment of hepatitis C patients.

Broader objectives of the study were to examine the relationship between self-compassion, social support, and psychological wellbeing among patients with hepatitis C and to examine the moderating role of social support in relationship between self-compassion and psychological wellbeing among patients with hepatitis C. In addition, to determine, the role of demographics in explaining the study variables among patients with hepatitis C.

Hypotheses

1. Self-compassion has positive relationship with social support and psychological wellbeing among patients with hepatitis C.
2. Social support boosts the effect of self-compassion on psychological wellbeing among patients with hepatitis C.

Method

Sample

The population targeted for this study was patients of hepatitis C from Hospitals of Attock, Rawalpindi, and Islamabad (Pakistan) with age range of 18 years and above. Based on cross-sectional correlational research design, the sample was recruited from both public and private hospitals through purposive convenient sampling technique. The sample size for the study comprised 260 (131 males and 129 females) patients of hepatitis C whereas 133 participants belonged to joint family system while 127 were from nuclear family background whereas, 85 participants were unmarried and 14 were married. Inclusion criteria for study was that the participants should be in the age range of 18 years or above and were tested positive for Hepatitis C through HCV antibody test at the time of data collection. In addition, those patients were approached who were in hospital at the time of data collection (only outdoor patients). Those patients were not included who had any other psychical or psychological disease other than Hepatitis C.

Instrument

Self-Compassion Scale

Self-Compassion Scale is a 26-item self-report scale developed by [Neff \(2003\)](#) and consists of six sub-scales, which includes Self-Kindness (Items: 5, 12, 19, 23, 26), Self-Judgment (Items: 1, 8, 11, 16, 21), Common Humanity (Items: 3, 7, 10, 15), Isolation (Items: 4, 13, 18, 25), Mindfulness (Items: 9, 14, 17, 22) and Over-identified (Items: 2, 6, 20, 24). Response options to be rated on 5-point likert scale ranging from 1 = *strongly disagree* to 5 = *strongly agree*. Total alpha reliability for the total scale has been found as .87 in the original study ([Neff, 2003](#)).

WHO-5 Wellbeing Index

WHO-5 was originally designed by the World Health Organization for the assessment of wellbeing among diabetic patients

(Bech et al., 1996). In present study, the up-to-date version of the WHO-5 (1998) was used which contains five positively worded items reflecting the existence or lack of wellbeing. Items are ranked on a 6-point scale ranging from *all of the time* = 5 to *at no time* = 0, resulting in a maximum sum score of 25. Previous studies have reported alpha coefficient of this scale as .89 (Bech et al., 1996).

Multi-Dimensional Support Scale

For the measurement of social support, Multi-Dimensional Support Scale (Winefield et al., 1992). The principle of this scale is that the sources of support asked about, can be varied according to the situation. The first group is about the confidants (family and closest friends, i.e., 0 attachment figures), the second group is about peers (others like the respondent, who are facing the similar challenges) and the third group is about the experts (those who have an official role to offer specialist help for whatever challenge it is). The items on the Multi-Dimensional Support Scale include emotional, practical and informational support. First group comprises 6 items, second and third group comprises 5 items; respectively. Responses are never, sometimes, often, usually, or always scored 1-4. Alpha coefficients for these domains have been reported from .84 to .88 (Winefield et al., 1992).

Consent form and demographic sheet. The consent form was attached to the scales with applicable demographic sheet for obtaining participants' consent and their basic information. The information comprised age, gender, marital status, family system and area.

Procedure

Data collection was started with the formal approval of relevant authorities of the hospitals. After that, an informed consent was sought from each of the patients and only those participants were recruited who showed their voluntary participation. Participants first read and signed an informed consent form. Their agreement to participate in the study included the guarantee of privacy and confidentiality of their given data and right of withdrawing from the study at any point. The booklet which was given to the participants to fill out was arranged in a way that they first completed a demographic information sheet then questionnaires. Questionnaires were administered individually along with proper instructions and each participant took almost half an hour to fill the complete booklet.

Results

Study intended to inspect the influence of self-compassion (self-kindness, self-judgment, common humanity, isolation, mindfulness, over-identified), and psychological wellbeing on hepatitis C patients. Current study also proposed to observe moderating influence of social support (family, peers, supervisors/official help providers) in the relationship between self-compassion and psychological wellbeing of hepatitis C patients.

Table 1

Inter-Scale Correlation, Reliabilities Estimates of Self-Compassion, Psychological Wellbeing and Social Support (N = 260)

Variables	1	2	3	4	5	6	7	8	9	10
SK	-	-.45**	.49**	-.46**	.58**	-.57**	.49**	.15*	.16*	.46**
SJ		-	-.83**	.74**	-.82**	.86**	-.83**	-.31**	-.20**	-.47**
CH			-	-.89**	.89**	-.87**	.87**	.20**	.25**	.56**
IS				-	-.83**	.84**	-.79**	-.13*	-.24**	-.45**
MF					-	-.93**	.86**	.16**	.29**	.52**
OI						-	-.82**	-.14*	-.30**	-.49**
SSA							-	.23**	.32**	.47**
SSB								-	.33**	.18**
SSC									-	.10*
WHO										-
α	.94	.83	.96	.84	.92	.86	.94	.86	.91	.90
M	8.85	18.82	8.69	14.90	8.05	17.53	9.22	8.65	6.93	9.98
SD	3.00	3.52	3.13	3.98	3.43	2.81	3.71	1.96	2.31	3.81
Skew	.75	-1.37	1.12	-.48	1.42	-1.74	1.21	-.17	1.24	.31

Note. SK = Self-Kindness; SJ = Self-Judgment; CM = Common Humanity; IS = Isolation; MF = Mindfulness; OI = Over-Identified; SSA = The Confidants/Family (Group A); SSB = Peers (Group B); SSC = Experts (Official Help Providers/Supervisors; Group C); WHO = World Health Organization (5) Wellbeing Index.

** $p < .001$.

Correlations among the main study variables are shown in [Table 1](#). As anticipated the positive dimensions of self-compassion (self-kindness, common humanity, mindfulness) are highly positive correlated with psychological wellbeing at $p < .001$. Similarly, negative dimensions of self-compassion (self-judgment, isolation, over-identified) are highly negative correlated with psychological wellbeing. On the other hand social support from family is highly correlated with psychological wellbeing while social support from peers and official help providers (supervisors) is moderately correlated with psychological wellbeing. Table 1 also demonstrates reliability estimates and descriptive measurements for study variables. Figures propose that all reliability estimates for all the study measures are in

desired direction, showing the good internal consistency of scales. Skewness and kurtosis results are also in adequate range showing the confirmation of normally distributed data.

To examine the impact of study variables on psychological wellbeing of Hepatitis C patients, regression analysis was calculated via Enter Method Approach. Pallant (2011) favored this mode since it computes the combined effect of all independent variables on dependent variable, additionally assesses the single predictive influence of every independent variable. While current study intended to discover the predictive impacts of the research variables on psychological wellbeing, thus it was more important to compute predictive analysis individually. The following Table illustrate the results of regression analysis on psychological wellbeing by self-compassion, cognitive-emotion regulation and social support.

Table 2
Multiple Regression Analysis on Psychological Wellbeing by Self-Compassion and Social Support (N = 260)

Variables	B	SE B	B	95% CI	
				LL	UL
Criterion: Psychological Wellbeing					
SK	.25	.06	.26**	.20	.45
SJ	-.08	.08	-.07	-.25	.08
CM	.69	.10	.75**	.49	.89
IS	-.23	.08	-.25**	-.40	-.07
MF	.34	.13	.31**	.08	.60
OI	-.06	.10	-.05*	-.14	-.26
$R = .61, R^2 = .38, \Delta R^2 = .37, F(6, 253) = 25.78^{**}$					
SS A	.72	.05	.70**	.62	.82
SS B	.02	.09	.01	-.20	.17
SS C	.18	.08	.11*	.10	.25
$R = .67, R^2 = .46, \Delta R^2 = .44, F(3, 256) = 71.24^{**}$					

Note. SK = Self-Kindness; SJ = Self-Judgment; CM = Common Humanity; IS = Isolation; MF = Mindfulness; OI = Over-Identified; SSA = The Confidants/Family (Group A); SSB = Peers (Group B); SSC = Experts (Official Help Providers/Supervisors Group C); WHO = World health Organization-5 Wellbeing Index.

** $p < .001$.

Results in Table 2 show that effect of self-compassion and social support on psychological wellbeing of hepatitis C patients. Findings reveal that to predict psychological wellbeing among hepatitis C patients, the self-compassion domains mutually explained 38% of variance with significant F ratio. Though measuring separately by beta weights self-kindness, common humanity and mindfulness appeared

as the significant positive predictors whereas isolation and over-identified appeared as the significant negative predictors of psychological wellbeing. Nonetheless, self-judgment did not display any significant impact on psychological wellbeing. Results show that groups of social support mutually accounted for 46% of variance in predicting psychological wellbeing among patients with hepatitis C. While interpreting individually, support of confidants significantly increased while support of experts (official help providers) decreased the level of psychological wellbeing among patients with hepatitis C. Support of peers did show significant effect on psychological wellbeing.

The moderating role of social support (family, peers, official help providers/supervisors) was inspected to explain the relationship between self-compassion and psychological wellbeing of Hepatitis C patients.

Table 3
Moderating Effect of Social Support on Self-Kindness Among Hepatitis C Patients (N=260)

Variables	Psychological wellbeing				
	<i>B</i>	<i>SEB</i>	<i>t</i>	<i>p</i>	95% CI
Constant	8.44	1.35	6.27	.00	[5.79, 11.09]
SK	.14	.14	.95	.34	[-.14, .41]
SSA	.18	.14	1.28	.20	[-.09, .46]
SK x SSA	.04	.01	3.32	.001	[-.02, .07]
<i>R</i> ²	.32				
<i>F</i>	40.82			.00	
Constant	8.64	2.37	3.65	.00	[3.98, 13.30]
SK	.11	.27	.42	.68	[-.41, .63]
SSB	.36	.27	-1.36	.17	[-.16, .89]
SK x SSB	.06	.03	2.11	.04	[-.004, .12]
<i>R</i> ²	.24				
<i>F</i>	26.87			.00	
Constant	10.89	1.73	6.31	.00	[7.48, 14.28]
SK	.16	.18	.93	.35	[-.18, .51]
SSC	.70	.22	3.26	.001	[-.28, 1.13]
SK x SSC	.08	.02	3.65	.00	[-.04, .12]
<i>R</i> ²	.25				
<i>F</i>	28.99			.00	

Note. SK = Self-Kindness; SSA = The Confidants/ Family (Group A); SSB = Peers (Group B); SSC = Experts (Official Help Providers/ Supervisors – Group C); WHO = World Health Organization (5) Wellbeing Index.

Results depicted in Table 3 exhibit the moderating role of social support (i.e. family, peers, official help providers/ supervisors) in the association between self-kindness and psychological wellbeing among hepatitis C patients. Model 1 demonstrates the interaction effect of social

support (family) and self-kindness on psychological wellbeing among hepatitis C patients. Findings suggest that social support (family) and self-kindness interactively produced 32% variance in clarifying psychological wellbeing. As a shielding factor, social support (family) had straight effect by boosting the impact of self-kindness on psychological wellbeing among hepatitis C patients.

Model 2 demonstrates outcomes for the moderating impact of social support (peers). The interaction term exposed significant interaction impact of social support (peers) and self-kindness. This describes that social support (peers) assisted as a protective factor and boosted the impact of self-kindness on psychological wellbeing among hepatitis C patients. Model 3 shows the results for the moderating effect of social support (official help providers/ supervisors). Values revealed a significant interaction effect of social support (official help providers/ supervisors) and self-kindness explaining 25% of variance in the level of psychological wellbeing among hepatitis C patients. These findings explain that social support raised this effect of self-kindness on psychological wellbeing.

Table 4
Moderating Effect of Social Support on Self-Judgment Predicting Psychological Wellbeing Among Hepatitis C Patients (N=260)

Variables	B	SE B	t	p	95% CI
Constant	7.39	4.42	1.67	.09	[-1.32, 16.09]
SJ	-.01	.22	-.03	.98	[-.43, .45]
SSA	.53	.31	1.72	.09	[-.08, 1.14]
SJ x SSA	-.02	.02	-1.09	.27	[-.05, .02]
R ²	.25				
F	28.77			.00	
Constant	22.67	4.06	5.58	.00	[14.67, 30.67]
SJ	-.73	.21	-3.52	.001	[-1.14, -.32]
SSB	.66	.43	1.53	.13	[-1.50, .19]
SJ x SSB	-.04	.02	-1.69	.09	[-.01, .08]
R ²	.24				
F	26.67			.00	
Constant	14.09	2.17	6.50	.00	[9.82, 18.35]
SJ	-.24	.18	-1.92	.06	[-.48, .01]
SSC	.38	.27	1.39	.16	[-.15, .91]
SJ x SSC	-.02	.02	-1.40	.16	[-.05, .01]
R ²	.23				
F	26.12			.00	

Note. SJ = Self-Judgment; SSA = The Confidants/ Family (Group A); SSB = Peers (Group B); SSC = Experts (Official Help Providers/ Supervisors – Group C); WHO = World Health Organization (5) Wellbeing Index.

Table 4 demonstrates outcomes for moderating role of social support in relationship between self-judgment and psychological wellbeing among hepatitis C patients. Interaction term of all models suggests that social support did not account for significant moderation

($p > .05$) in the relationship between self-judgment and psychological wellbeing among hepatitis C patients.

Table 5

Moderating Effect of Social Support on Common Humanity Predicting Psychological Wellbeing Among Hepatitis C Patients (N = 260)

Variables	B	SE B	t	p	95% CI
Constant	7.13	1.52	4.68	.00	[4.13, 10.13]
CH	.32	.18	1.77	.08	[-.04, .66]
SSA	.18	.17	1.04	.29	[-.51, .16]
CH x SSA	.01	.01	.83	.41	[-.02, .04]
<i>R</i> ²	.32				
<i>F</i>	40.84			.00	
Constant	2.85	1.51	1.88	.06	[-.13, 5.82]
CH	.66	.17	3.84	.00	[.32, 1.00]
SSB	.33	.17	2.03	.04	[.01, .66]
CH x SSB	.03	.02	1.59	.11	[-.06, .01]
<i>R</i> ²	.33				
<i>F</i>	42.39			.00	
Constant	9.43	1.11	8.51	.00	[7.25, 11.61]
CH	.11	.09	1.16	.25	[-.08, .29]
SSC	.57	.17	3.43	.00	[-.89, .24]
CH x SSC	.05	.01	3.43	.00	[.02, .07]
<i>R</i> ²	.35				
<i>F</i>	46.33			.00	

Note. CH = Common Humanity, SSA = The Confidants/ Family (Group A), SSB = Peers (Group B), SSC = Experts (Official Help Providers/ Supervisors – Group C), WHO= World Health Organization (5) Wellbeing Index

Outcomes attained in [Table 5](#) disclose the moderating role of social support (i.e. family, peers, official help providers/ supervisors) in the affiliation between common humanity and psychological wellbeing among hepatitis C patients. The values presented in model 1 and 2 of the table expose that social support of family/confidants and peers did not account for significant moderation in the association between common humanity and psychological wellbeing. Model 3 illustrates the results for the moderating power of social support (official help providers/ supervisors). Values revealed a significant interaction effect of social support (official help providers/ supervisors) and common humanity explaining 35% of variance in the level of psychological wellbeing among hepatitis C patients. Overall findings revealed that social support serves as protective factor in enhancing the positive effect of common humanity aspect of self-compassion on psychological wellbeing of patients with hepatitis C.

Table 6

Moderating Effect of Social Support on Isolation Predicting Psychological Wellbeing Among Hepatitis C Patients (N=260)

Variables	B	SE B	t	p	95% CI
Constant	4.83	2.07	2.33	.02	[.76, 8.91]
IS	-.22	.13	-1.67	.09	[-.04, .49]
SSA	.73	.16	4.44	.00	[.40, 1.05]
IS x SSA	-.04	.01	-3.24	.001	[-.07, -.02]
<i>R</i> ²	.27				
<i>F</i>	31.92			.00	
Constant	13.07	2.85	4.59	.00	[7.46, 18.68]
IS	-.36	.18	-2.04	.04	[-.71, -.01]
SSB	.13	.31	.42	.68	[-.48, .73]
IS x SSB	-.003	.02	-.20	.84	[-.03, -.04]
<i>R</i> ²	.22				
<i>F</i>	24.37			.00	
Constant	11.13	1.61	6.91	.00	[7.95, 14.30]
IS	-.08	.11	-.68	.49	[-.30, .15]
SSC	.48	.21	2.26	.02	[.06, .90]
IS x SSC	-.04	.02	-2.44	.02	[-.07, -.01]
<i>R</i> ²	.22				
<i>F</i>	24.74			.00	

Note. IS = Isolation; SSA = The Confidants/ Family (Group A); SSB = Peers (Group B); SSC = Experts (Official Help Providers/ Supervisors – Group C); WHO = World Health Organization (5) Wellbeing Index.

Results obtained in [Table 6](#) exhibit the moderating role of social support (i.e. family, peers, official help providers/supervisors) in the association between isolation and psychological wellbeing among hepatitis C patients. Model 1 demonstrates the interaction effect of social support (family) and isolation on psychological wellbeing among hepatitis C patients. Findings suggest that social support (family) and isolation interactively produced 27% of variance in explaining psychological wellbeing. Being a protective factor, social support (family) had reversed impact in the model by decreasing the influence of isolation on psychological wellbeing among hepatitis C patients. Model 2 demonstrates outcomes for the moderating impact of social support (peers). The interaction term exposed no significant interaction impact of social support (peers) and isolation. Outcomes for the moderating effect of social support (official help providers/supervisors) are explained in model 3. Values discovered a significant interaction effect of social support (official help providers/supervisors) and isolation explaining 4% of variance in the level of psychological wellbeing among hepatitis C patients. However, social support did not explain significant moderating effect in relationship

paths of mindfulness and psychological wellbeing and over-identified and psychological wellbeing among patients with hepatitis C

Independent sample *t*-test was computed to examine gender differences on study variables. Findings revealed that nonsignificant differences emerged across gender on any of the study variables except for common humanity aspect of self-compassion and social support from peers. Effect of common humanity was significantly higher on females ($M = 9.36$, $SD = 4.46$) as compared to males ($M = 8.02$, $SD = 3.69$; $p = .01$) patients with hepatitis C. Moreover, males perceived significantly ($M = 9.09$, $SD = 1.77$; $p = .00$) higher level of peer social support as compared to females ($M = 8.14$, $SD = 2.03$) with hepatitis C.

Another *t*-test was computed to find out group differences on study variables across family systems i.e. nuclear and joint. Findings revealed that patients with hepatitis C did not differ significantly on most of the study variables. However, self-kindness domain of self-compassion was found significantly higher among patients belong to nuclear family systems ($M = 9.68$, $SD = 2.35$; $p = .00$) as compared to those from joint family system ($M = 8.07$, $SD = 3.35$). On the contrary, mindfulness ($M = 8.60$, $SD = 3.87$; $p = .007$) and perceived supervisory support ($M = 7.32$, $SD = 2.38$) was found significantly higher in patients from joint family system as compared to those from nuclear family system [mindfulness ($M = 7.46$, $SD = 2.82$); supervisory support ($M = 6.51$, $SD = 2.14$).

One-way ANOVA was calculated to inspect mean variances between three age groups (young, middle & late adults) on study variables containing self-compassion, psychological wellbeing and social support. Significant age differences were observed on self-kindness, self-judgement, and common humanity domains of self-compassion. Separate univariate analyses also explained these significant variances ($p < .05$) between young, middle and late adults on self-kindness and found greater level of self-kindness among young adults as compared to other two groups [young ($M = 10.63$, $SD = 3.12$), middle ($M = 8.04$, $SD = 2.81$), late ($M = 6.31$, $SD = 1.01$); $F = 27.31$, $p < .001$]. Self-judgment was observed as highest level in late age group ($M = 21.88$, $SD = 0.50$; $F(2, 223) = 7.56$, $p < .05$) as compared to young ($M = 18.83$, $SD = 2.34$) and middle adults ($M = 18.25$, $SD = 4.28$). Whereas common humanity was found significantly higher in middle adults ($M = 9.48$, $SD = 4.67$; $F(2, 223) = 4.76$, $p < .05$) as compared to young ($M = 7.99$, $SD = 4.02$) and late adults ($M = 6.81$, $SD = .75$). Nonetheless, univariate analysis submitted a non-significant influence of age across three groups on

isolation $F(2, 223) = .86, p < .001$ mindfulness $F(2, 223) = 2.85, p < .001$ and over-identification $F(2, 223) = 2.94, p < .001$.

One-way ANOVA further demonstrated outcomes of significant effects of age on perceived social support from family and supervisors among patients with hepatitis C. Separate univariate analyses further revealed that patients of middle age group perceived significantly higher family support ($M = 9.72, SD = 4.05; F(2, 223) = 3.09, p < .05$) as compared to young ($M = 9.03, SD = 3.87$) and late ($M = 7.31, SD = 1.25$) age groups of hepatitis C patients. Perceived supervisory support was found significantly higher among young hepatitis C patients ($M = 7.20, SD = 2.46; F(2, 223) = 5.08, p < .05$) as compared to middle ($M = 7.05, SD = 2.11$) and late ($M = 5.31, SD = 1.25$) age groups of hepatitis C patients among young, middle and late adult age groups.

Discussion

The present study added to the stream of research centering on the psychological wellbeing of hepatitis C patients and is the first attempt to outspread the positive impact of self-compassion on the psychological wellbeing of hepatitis C patients. This research was also intended to scrutinize the influence of social support, and psychological wellbeing among patients with hepatitis C. Research further engaged to find the moderating effect of social support.

The correlation analysis revealed that positive domains of self-compassion including self-kindness, common humanity, and mindfulness positively correlated with psychological wellbeing. [Sun et al. \(2016\)](#) also studied the relationship between self-compassion and psychological wellbeing and explained their positive correlation. The outcomes of the study are consistent with [Neff & Lamb's \(2009\)](#) research that suggests treating oneself with warmth, care, and kindness and seeing failures or suffering as shared human experience plays an imperative role in psychological health. Social support from family and peers also positively correlates with psychological wellbeing. These findings are consistent with earlier research. Numerous studies have delivered strong evidence of the connection between psychological wellbeing and social support. Support work as a buffer for the person suffering stressful life conditions as well as helps a person in reducing the amount of experienced stress ([Poudel et al., 2020](#)) and also discovered the strong relationship between wellbeing and social support system. According to the social support from confidence (i.e., family, friends), peers, and significant others serves as a shielding factor for individuals. While, in the determination of the quality of life in hepatitis C patients, negative

social relations play an exclusive role. As they use to face stigmatization in their private and professional setting. Living with such stigmatizing diseases damages or sometimes completely collapses their support network (Blasiolo et al., 2006). However, social support from supervisors did not show any significant support. Social support from experts or supervisors is not very important or considered in the areas from where our sample belongs because most people have their own work or business. They don't usually work under the supervision of others.

Findings demonstrate that self-compassion (i.e. self-kindness, common humanity & mindfulness) enhances the psychological wellbeing of patients with hepatitis C. Having similarly conflicting (negative) domains like isolation and over-identified reduces psychological wellbeing among patients. Many types of research sported this assumption as well. Self-compassionate individuals reported more happiness, better life satisfaction, lower negative thoughts with fewer symptoms of psychological suffering (such as depression and anxiety) than individuals with less self-compassion (Macbeth & Gumley, 2012; Neff & Vonk, 2009). Neff et al. (2017) also reported some psychological wellbeing constructs including wisdom, personal initiative, and optimism that are positively correlated with self-compassion.

Social support as a moderator contributed to strengthen the relationship between self-kindness and common humanity with psychological wellbeing. However, it did not significantly affect mindfulness. On the other hand, opposite domain of self-compassion (i.e., isolation) was also affected by social support. Social support did not play any significant role in influencing self-judgment and over-identified. Some researchers found positive support from friends and family as a booster of wellbeing such as satisfaction of life (Chen et al., 2017). Suldo and Schaffer (2008) examined mental wellness among youth. They found out that peer support decreases psychopathology indicators and increases psychological wellness. Social associations impact an individual's psychological wellbeing and even physical wellness (Uchino et al., 1996). Cai (2017) asserted that support received from one's family, peers, friends, and others such as supervisors or help providers were positively interrelated with acceptance, putting into perspective, positive refocusing, positive reappraisal, planning, and inversely associated with self-blame, other-blame, rumination and catastrophizing. Maor and Mitchem (2020) explored that hospitalized patients need more emotional and educational and social support for the decline of depression, anxiety, distress, and isolation. A sense of being perfectly set in a friendly

family helps a person to understand the positive edges of unpleasant experiences and gives him the courage to turn them into strength and knowledge. This approach by past difficult circumstances gives energy to individuals to change the distasteful situation into organized activities (Sobol et al., 2021). In the context of the conception projected by Baumeister and Leary (1995), received support from family gives young patients the strength to achieve positive reappraisal even from problematic and unfriendly life events. The family that offers support to its members is a model of managing emotions that young adults admire (Morris et al., 2007).

To study the influence of gender on study variables, a *t*-test was computed. Figures in Table 3 show that there is little significant difference between males and females in common humanity and social support from peers. Males scored high on SSB; whereas females scored high on CM. Research targeted area (from where the data has been collected) males are expected to have more interaction with their peers and fellows as compared to females. Resultantly, they get more social support from them. Outcomes of the current investigation are not consistent with prior discoveries of a meta-analysis on self-compassion. Stated that levels of self-compassion abilities are slightly lower in females than males (Yarnell et al., 2015). Muris et al. (2016) reported nonsignificant gender differences in self-compassion. Ariyani and Hadiani (2019) illustrates that females are dominant in practicing self-kindness rather than common humanity and mindfulness. Female students seem to have more ability to comprehend and accept themselves. Although males are dominant in practicing common humanity instead of self-kindness and mindfulness. Male students tend to have more ability to perceive complications and problems as a part of human life, which everyone practices and they recognize that they are not the only ones in this suffering.

Another *t*-test analysis was computed to see the differences between two family systems (joint and nuclear) on self-compassion, psychological wellbeing, and social support. Findings reveal that patients from the joint family system tend to have more support than people from the nuclear family system. Usually, people in the joint family system are more compassionate about others. They used to blame themselves instead of others for any negative event. However, people from the nuclear family system are more kind and caring to themselves. A study by Murid (2003) sported these results as well. Findings stated that individuals in the joint family get high family support as related to the patients who belong to the nuclear family. Nausheen and Kamal (2007) studied patients with cancer and

discovered that people who live in a joint family gets great support from family than people from the nuclear family.

Findings indicated that the late adult group tends to have more negative self-compassion strategies like self-judgment. Moreover, the results of our research, indicate that middle age groups to adults practice more positive strategies of self-compassion as compared to late adults. Kindness towards oneself and received social support are higher in young adults. Previous studies indicated that poorer subjective wellbeing is associated with lower physical health in older adults (Allen et al., 2012).

Limitations and Suggestions

The present investigation only contained data of outdoor patients. If data had been obtained from indoor patients as well, the comparison of indoor and outdoor patients would have had a significant impact on this research. Due to COVID-19 indoor patients were not approachable. Moreover, comparable groups could have been formed if we had also taken information about the duration of the patients' illness. This study carried out the cross-sectional correlational research design. Longitudinal research on this topic can better gather information on the psychological state of people who are battling with Hepatitis C.

Implications and Conclusion

To sum up everything that has been stated so far, present study determined that self-compassion is a strongest positive predictor of psychological wellbeing of hepatitis C patients. Self-compassion strategies helps patients to perform better while fighting with their diseases. Social support plays very important role in life of hepatitis C patients. It positively moderates the relationship between self-compassion and psychological wellbeing. This study provides a comprehensive practical and theoretical contribution to the literature. It proposes other to uncover this area with further research. It might play the extended and enhanced role of doctors, physicians or other health practitioners in terms of understanding the individual and psychological factors of patients, while treating, managing and prevention of such elongate disease like hepatitis C It can also be helpful for the patients and their families to understand the importance of support, care and kindness and guide them to practice above mentioned coping strategies so that they can manage their disease efficiently.

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