

Supplementary data (Points that cannot be included in the brief report)

Mindful Self Compassion (MSC) Intervention:

Session 1	<p>Introduction to Self-compassion-</p> <ul style="list-style-type: none">•Introduction to self-compassion. Feeling a sense of safety and opening and closing this part of the self as and when needed. Taking responsibility for emotional safety. Understanding challenges one faces and how to be compassionate towards oneself. Understanding how one's attitude is towards the self and tone of voice self vs towards a friend who is suffering. Elicit compassion towards a loved one. Develop an understanding that people are more compassionate towards other than towards themselves and develop a same approach towards self. Understand components of kindness, common humanity, mindfulness. Use mindfulness to develop awareness and realise when one is harsh to self and learn to nurture the self.•Discuss connectedness and care. Realise suffering is common humanity and there is need for peace, love, comfort, presence.•Soothing touch exercise to support self and offer comfort.•Self-compassion break. Think of a current distressing issue. Experience the distress, the emotions, the worst case, the struggle involved. Say phrases to evoke self-compassion. Understand that there is suffering, be mindful of it. Validate the pain. Understand it is human to experience this pain and that one is not alone. Put hands on heart and express care and concern for the struggle you are experiencing and giving care to self. Provide the soothing touch. Adding in words of kindness. "I know you are
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	<p>doing the best you can.” Realise what the self is feeling, be authentic to yourself. See what arises.</p>
<p>Session 2</p>	<p>Practising mindfulness</p> <ul style="list-style-type: none"> •Mindfulness technique to become aware of emotions, to induce relaxation and grounding. Develop present moment awareness and know when one is suffering to develop a compassionate response. •Grounding techniques to anchor and stabilise self (anchoring in feet and breath). Develop awareness for when difficult emotions arise. Learn to breathe and let it pass naturally. If not, name the emotion and find the emotion in the body. Then relate compassionately to that part of the body. Have spacious awareness i.e., moment to moment awareness of the suffering, feelings, sensation. •Importance of equanimity to practise self-compassion. Learn to have a balanced approach and acceptance of experience. Learn loving awareness of experience and loving awareness of the experiencer. <p>Understand how mindfulness helps to understand what the self is experiencing right now. Compassion asks what one needs right now. Learn how self-Compassion and mindfulness go hand in hand. Self-compassion speaks to the mindful component. It is one entity speaking to another.</p> <p>Understand that the practise not to fix oneself or to resist the emotions of suffering, but to let oneself be and accept the suffering. Understand the paradox and the goal. Realise the goal is to develop a tenderness towards oneself.</p>

	<ul style="list-style-type: none"> •Affectionate breathing- Breath meditation to focus on the natural rhythm of the breath and allow oneself to be held by the rhythm of the breath and allow the breath to caress the self internally. Become the recipient of warmth.
<p>Session 3</p>	<p>Practising Loving-Kindness for self and a loved one</p> <ul style="list-style-type: none"> •Understand why one is feeling bad, why they are experiencing distress. Discover conditions under which they were not loved. Understand unacceptable parts of themselves. Allow reparenting through this backdraft. Allow disturbing memories to get stirred up and allow those aspects to be healed. Meet backdraft, not with resistance, but with compassion. Hold difficult experience in a new way. •Finding their own phrases that allows their heart to rest, to feel good internally. Develop a realisation that they have longed to hear these from other people. Provide that validation to self. •Compassionate friend exercise.
<p>Session 4</p>	<p>Discovering your compassionate voice</p> <ul style="list-style-type: none"> •Broaden the conversation. Find out about different voices in one’s mind which include the critical voices and loving voices. Relate to the critical voice in a new way and then make room for the compassionate voice. •How to say no and yes to things in life and to develop compassion for difficult situations. •Compassionate letter. Write a letter as if one is talking to a dearly loved friend who was struggling with the same concern that they are. What

	<p>words of compassion and support would one offer? Then go back and read the letter, applying the words to themselves.</p>
<p>Session 5</p>	<p>Living Deeply</p> <ul style="list-style-type: none"> • Explore the core values. Understand how one cannot be compassionate towards themselves unless they know what they value. Know one's basic needs and values to be compassionate towards themselves. • Compassionate listening towards self. This entails embodied listening from the neck down. Listening for "pings." Learn techniques to listen from the neck down. Techniques for staying in a compassionate conversation when there is emotional disturbance through giving and receiving compassion meditation.
<p>Session 6</p>	<p>Managing difficult emotions</p> <ul style="list-style-type: none"> • Start by labelling emotions and find emotions in the body. • Soften-soothe-allow- Softening is physical compassion, soothing is emotional compassion, allowing is mental compassion. Soften that part of the body, soothe that part of the body, soothe the heart for suffering and create space to allow it to be so because it is part of the human condition. • Work with shame. Develop self-worth through kindness. Understand that shame is a social emotion. Understand mechanism of shame and learn to hold and nourish the self. Reduce dependence on what other people think. Exercise to understand paradox of shame i.e., it feels blameworthy but it is an innocent emotion, it feels isolating but connects us to the rest of humanity. Develop mindfulness for the shame. It feels permanent but it is a

	<p>temporary state that affects just part of who we are. It is a difficult emotion but with work on it with self-compassion. Understand shame arises from the wish to be loved, this is universal, provide self with love. This wish to be loved connects all of us.</p> <ul style="list-style-type: none"> •Compassionate walking- Take compassion on road and do a walking exercise.
<p>Session 7</p>	<p>Exploring challenging relationships</p> <ul style="list-style-type: none"> •Identify different kinds of suffering and meet them with mindfulness and self-compassion. Don't solve problems. Be with the suffering of relationship and provide them with mindfulness and self-compassion. <p>Understand the two kinds of suffering:-</p> <ol style="list-style-type: none"> 1. Pain of disconnection- betrayal or loss 2. Pain of connection- empathy for someone who is suffering. <ul style="list-style-type: none"> •Understand empathy fatigue and compassion fatigue. •Compassion with equanimity exercise- Way of maintaining stability with people around one is close to. Use phrases e.g., "Everyone is on their own life journey. I am not the cause of this person's suffering. I don't have the power to take it away. I am helping the best I can." •Compassionate body scan- learn to be aware of body and to befriend the body to offer kindness, warmth, tenderness to parts of body.
<p>Session 8</p>	<p>Embracing your life</p> <ul style="list-style-type: none"> •Bring joy and cheer to self.

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| | <ul style="list-style-type: none">●Savouring, gratitude, self-appreciation to reduce negativity bias and correct this default mode network. Encourage self to recognise positive in life.●See good qualities of self and how they emerge in the network of inter-connected events and savour it.●Gratitude exercises including journalling, gratitude box, gratitude rock.●Reflection and closure. |
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Statistical tools:

Descriptive analyses were used to outline sample characteristics. ANCOVA was used to test for differences in pre-test and post-test scores for depression, anxiety, stress, dermatology specific quality of life, self-esteem and well-being being between the intervention and waitlist-control groups. The pre-test scores were used a covariate. All analyses were performed using SPSS version 27.

Explanation of Results:

Table 3 indicates the mean scores for each domain. The mean depression scores on post-test evaluation were found to be $M=3.20$ for the intervention group and $M=15.33$ for the waitlist control group. Using the pre-test score as covariate, the difference between the two groups was found to be significant using the ANCOVA model ($F=1789.554$; $p < 0.001$) [Table 4]. The mean anxiety scores on post-test evaluation were found to be $M=2.76$ for the intervention group and $M=13.81$ for the waitlist control group. Using the pre-test score as covariate, the difference between the two groups was found to be significant using the ANCOVA model ($F=1105.770$; $p < 0.001$) [Table 4]. The mean stress scores on post-test evaluation were found to be $M=4.89$ for the intervention group and $M=16.44$ for the waitlist control group. Using the pre-test score as covariate, the difference between the two groups was found to be significant using the ANCOVA model ($F=1561.326$; $p < 0.001$) [Table 4]. The mean dermatology quality of life scores on post-test evaluation was found to be $M=10.02$ for the intervention group and $M=24.84$ for the waitlist control group. Using the pre-test score as covariate, the difference between the two groups was found to be significant using the ANCOVA model ($F=712.097$; $p < 0.001$) [Table 4]. The mean self-esteem scores on post-test evaluation were found to be $M=24.56$ for the intervention group and $M=26.07$ for the waitlist control group. Using the pre-test score as covariate, the difference between the two groups was found to be significant using

the ANCOVA model ($F=43.324$; $p < 0.001$) [Table 4]. The mean well-being scores on post-test evaluation was found to be $M=22.20$ for the intervention group and $M=8.33$ for the waitlist control group. Using the pre-test score as covariate, the difference between the two groups was found to be significant using the ANCOVA model ($F=1160.759$; $p < 0.001$) [Table 4]. As disease severity was not filled by many participants before the intervention and it was not assessed after the intervention, we were unable to ascertain the associations between disease severity and measured outcomes.