

11 compassion sig abstracts, march '12

(Beaumont, Galpin et al. 2012; Cameron and Payne 2012; Dadds, Allen et al. 2012; Eisenberger 2012; Gebauer, Sedikides et al. 2012; Halford and Snyder 2012; Hatfield, Bensman et al. 2012; Huta 2012; Kasen, Wickramaratne et al. 2012; Mercer, Jani et al. 2012; Neff and Beretvas 2012)

Beaumont, E., A. Galpin, et al. (2012). "Being kinder to myself": A prospective comparative study, exploring post-trauma therapy outcome measures, for two groups of clients, receiving either Cognitive Behaviour Therapy or Cognitive Behaviour Therapy and Compassionate Mind Training." *Counselling Psychology Review* **27**(1): 31-42.
<http://dcop.bps.org.uk/publications/cpr.cfm>.

Background/Aims/Objectives: This prospective, comparative outcome study was designed to contrast the relative impact of differing therapeutic interventions for trauma victims, carried out by the same therapist. Methods/Methodology: A non-random convenience sample (N=32) of participants, referred for therapy following a traumatic incident, were randomly assigned to receive up to 12 sessions of either Cognitive Behaviour Therapy (CBT), or CBT coupled with Compassionate Mind Training (CMT). A repeated measures design was used and data was analysed using analysis of variance. Data was gathered pre-therapy and post-therapy, using three self-report questionnaires (Hospital Anxiety and Depression Scale; Impact of Events Scale; the Self-Compassion Scale). Results/Findings: Results supported two of the three original hypotheses. Participants in both conditions experienced a highly statistically significant reduction in symptoms of anxiety, depression, avoidant behaviour, intrusive thoughts and hyper-arousal symptoms post-therapy. Participants in the combined CBT and CMT condition developed statistically significant higher self-compassion scores post-therapy than the CBT-only group [$F(1,30)=4.657, p<.05$]. There was no significant difference between treatment groups. Discussion/Conclusions: The results suggest that CMT may be a useful addition to CBT for clients suffering with trauma-related symptoms. In conclusion, high levels of self-compassion are linked to a decrease in anxiety and depression and trauma-related symptoms.

Cameron, C. D. and B. K. Payne (2012). "The cost of callousness." *Psychological Science* **23**(3): 225-229.
<http://pss.sagepub.com/content/23/3/225.abstract>.

It has often been argued that compassion is fundamental to morality. Yet people often suppress compassion for self-interested reasons. We provide evidence that suppressing compassion is not cost free, as it creates dissonance between a person's moral identity and his or her moral principles. We instructed separate groups of participants to regulate their compassion, regulate their feelings of distress, or freely experience emotions toward compassion-inducing images. Participants then reported how central morality was to their identities and how much they believed that moral rules should always be followed. Participants who regulated compassion—but not those who regulated distress or experienced emotions—showed a dissonance-based trade-off. If they reported higher levels of moral identity, they had a greater belief that moral rules could be broken. If they maintained their belief that moral rules should always be followed, they sacrificed their moral identity. Regulating compassion thus has a cost of its own: It forces trade-offs within a person's moral self-concept.

Dadds, M. R., J. L. Allen, et al. (2012). "Love, eye contact and the developmental origins of empathy v. psychopathy." *British Journal of Psychiatry* **200**(3): 191-196. <http://bjp.rcpsych.org/content/200/3/191.abstract>.

Background: A propensity to attend to other people's emotions is a necessary condition for human empathy. Aims: To test our hypothesis that psychopathic disorder begins as a failure to attend to the eyes of attachment figures, using a 'love' scenario in young children. Method: Children with oppositional defiant disorder, assessed for callous-unemotional traits, and a control group were observed in a love interaction with mothers. Eye contact and affection were measured for each dyad. Results: There was no group difference in affection and eye contact expressed by the mothers. Compared with controls, children with oppositional defiant disorder expressed lower levels of affection back towards their mothers; those with high levels of callous-unemotional traits showed significantly lower levels of affection than the children lacking these traits. As predicted, the former group showed low levels of eye contact toward their mothers. Low eye contact was not correlated with maternal coercive parenting or feelings toward the child, but was correlated with psychopathic fearlessness in their fathers. Conclusions: Impairments in eye contact are characteristic of children with callous-unemotional traits, and these impairments are independent of maternal behaviour.

Eisenberger, N. I. (2012). "Broken hearts and broken bones." *Current Directions in Psychological Science* **21**(1): 42-47.
<http://cdp.sagepub.com/content/21/1/42.abstract>.

Although it is common to describe experiences of social rejection or loss with words typically reserved for physical pain, the idea that these social experiences might actually be experienced as painful seems more far-fetched. However, accumulating evidence demonstrates that social pain—the painful feelings following social rejection or loss—may rely on pain-related neural circuitry. Here, I summarize a program of research that has explored whether social pain relies on pain-related neural regions, as well as some of the expected consequences of a physical-social pain overlap. I also discuss the implications of these findings for our understanding of social pain.

Gebauer, J. E., C. Sedikides, et al. (2012). "Religiosity, social self-esteem, and psychological adjustment." *Psychological Science* **23**(2): 158-160. <http://pss.sagepub.com/content/23/2/158.short>.

The 'Greater Good' centre - http://greatergood.berkeley.edu/article/research_digest/religion_and_resilience - report on this study: "Are religious people happier than non-believers? Not necessarily, according to this study. Through an online dating site (eDarling), researchers collected data on roughly 188,000 adults across several countries. They found that religious people are better adjusted psychologically and more comfortable in social situations—but only when they live in a country that places greater value on being religious. In cultures that don't value religiosity, non-believers enjoyed the same psychological benefits as believers. In other words, the benefits of being religious are related to the values that a society places on religion."

Halford, W. K. and D. K. Snyder (2012). "Universal processes and common factors in couple therapy and relationship education." *Behavior Therapy* **43**(1): 1-12. <http://www.sciencedirect.com/science/article/pii/S0005789411000797>.

Across nearly all cultures, sharing a lifelong committed relationship with an intimate partner comprises an almost universal and strongly held ambition. Nevertheless, cross-national data reliably indicate a high prevalence of relationship distress and dissolution, with adverse emotional and physical health consequences for adult partners and their children. This introduction to the special section summarizes findings regarding the effectiveness of couple therapy for treating general relationship distress, couple-based interventions for individual mental or physical health problems, and couple relationship education programs aimed at helping couples sustain a healthy committed relationship. Within each of these approaches, evidence regarding potential mediators of interventions' effectiveness is reviewed, and critical unanswered questions are

highlighted. Discussion concludes with a brief introduction to each of the articles comprising this special section on universal processes in couple therapy and relationship education.

Hatfield, E., L. Bensman, et al. (2012). "A brief history of social scientists' attempts to measure passionate love." *Journal of Social and Personal Relationships* **29**(2): 143-164. <http://spr.sagepub.com/content/29/2/143.abstract>.

The concept of passionate love has a long history, yet it was not until the 1940s that social scientists created tools designed to measure this emotion. Over the next 60 years, numerous scales of romantic and passionate love were created and tested. Currently, however, there exists no single compendium of existing scales. This paper attempts to fill in the missing information on existing love scales by providing a list of 33 different measures and indicating where each scale's reliability and validity information can be found. We close by attempting to explain how scholars' conceptions of the nature of love have changed over the years, and how these historical and scientific changes are reflected in the scales designed to measure passionate love.

Huta, V. (2012). "Linking peoples' pursuit of eudaimonia and hedonia with characteristics of their parents: Parenting styles, verbally endorsed values, and role modeling." *Journal of Happiness Studies* **13**(1): 47-61. <http://dx.doi.org/10.1007/s10902-011-9249-7>.

(For free full text, see <http://veronikahuta.weebly.com/>) Research on eudaimonia (seeking to use and develop the best in oneself) and hedonia (seeking pleasure, enjoyment, comfort), two dominant ways of pursuing the good life, has previously focused on their well-being consequences and correlates. Little is known about their predictors. Two retrospective studies with undergraduates began investigating the links between the behavior of one's parents when one was a child, and the degree to which one pursues eudaimonia and/or hedonia and derives well-being from these pursuits. Study 1 (n = 105) showed that participants engaged in eudaimonic pursuits if their parents had been high on responsiveness and/or demandingness, the two dimensions that define positive parenting. Hedonic pursuits did not relate to either parenting dimension. Study 2 (n = 110) showed that people engaged in eudaimonic pursuits if their parents had either verbally endorsed eudaimonia or actually role modeled it by pursuing eudaimonia themselves. However, people derived well-being from eudaimonic pursuits only if their parents had role modeled eudaimonia, not if their parents had merely verbally endorsed it. The same pattern was found for engaging in hedonic pursuits and deriving well-being from them. It was also found that parents who role modeled eudaimonia had children who grew up to derive well-being not only from eudaimonia but also from hedonia. Parents who role modeled hedonia had children who grew up to derive well-being only from hedonia and not from eudaimonia.

Kasen, S., P. Wickramaratne, et al. (2012). "Religiosity and resilience in persons at high risk for major depression." *Psychological Medicine* **42**(03): 509-519. <http://dx.doi.org/10.1017/S0033291711001516>.

Background: Few studies have examined religiosity as a protective factor using a longitudinal design to predict resilience in persons at high risk for major depressive disorder (MDD). Method: High-risk offspring selected for having a depressed parent and control offspring of non-depressed parents were evaluated for psychiatric disorders in childhood/adolescence and at 10-year and 20-year follow-ups. Religious/spiritual importance, services attendance and negative life events (NLEs) were assessed at the 10-year follow-up. Models tested differences in relationships between religiosity/spirituality and subsequent disorders among offspring based on parent depression status, history of prior MDD and level of NLE exposure. Resilience was defined as lower odds for disorders with greater religiosity/spirituality in higher-risk versus lower-risk offspring. Results: Increased attendance was associated with significantly reduced odds for mood disorder (by 43%) and any psychiatric disorder (by 53%) in all offspring; however, odds were significantly lower in offspring of non-depressed parents than in offspring of depressed parents. In analyses confined to offspring of depressed parents, those with high and those with average/low NLE exposure were compared: increased attendance was associated with significantly reduced odds for MDD, mood disorder and any psychiatric disorder (by 76, 69 and 64% respectively) and increased importance was associated with significantly reduced odds for mood disorder (by 74%) only in offspring of depressed parents with high NLE exposure. Moreover, those associations differed significantly between offspring of depressed parents with high NLE exposure and offspring of depressed parents with average/low NLE exposure. Conclusions: Greater religiosity may contribute to development of resilience in certain high-risk individuals.

Mercer, S. W., B. D. Jani, et al. (2012). "Patient enablement requires physician empathy: a cross-sectional study of general practice consultations in areas of high and low socioeconomic deprivation in Scotland." *BMC Fam Pract* **13**: 6. <http://www.ncbi.nlm.nih.gov/pubmed/22316293>.

ABSTRACT: BACKGROUND: Patient 'enablement' is a term closely aligned with 'empowerment' and its measurement in a general practice consultation has been operationalised in the widely used patient enablement instrument (PEI), a patient-rated measure of consultation outcome. However, there is limited knowledge regarding the factors that influence enablement, particularly the effect of socio-economic deprivation. The aim of the study is to assess the factors influencing patient enablement in GP consultations in areas of high and low deprivation. METHODS: A questionnaire study was carried out on 3,044 patients attending 26 GPs (16 in areas of high socio-economic deprivation and 10 in low deprivation areas, in the west of Scotland). Patient expectation (confidence that the doctor would be able to help) was recorded prior to the consultation. PEI, GP empathy (measured by the CARE Measure), and a range of other measures and variables were recorded after the consultation. Data analysis employed multi-level modelling and multivariate analyses with the PEI as the dependant variable. RESULTS: Although numerous variables showed a univariate association with patient enablement, only four factors were independently predictive after multilevel multivariate analysis; patients with multimorbidity of 3 or more long-term conditions (reflecting poor chronic general health), and those consulting about a long-standing problem had reduced enablement scores in both affluent and deprived areas. In deprived areas, emotional distress (GHQ-caseness) had an additional negative effect on enablement. Perceived GP empathy had a positive effect on enablement in both affluent and deprived areas. Maximal patient enablement was never found with low empathy. CONCLUSIONS: Although other factors influence patient enablement, the patients' perceptions of the doctors' empathy is of key importance in patient enablement in general practice consultations in both high and low deprivation settings.

Neff, K. D. and S. N. Beretvas (2012). "The role of self-compassion in romantic relationships." *Self and Identity*: 1-21. <http://dx.doi.org/10.1080/15298868.2011.639548>.

Self-compassion (SC) involves being kind to oneself when confronting personal inadequacies or situational difficulties, framing the imperfection of life in terms of common humanity, and being mindful of negative emotions so that one neither suppresses nor ruminates on them. The current study explored whether being self-compassionate is linked to healthier romantic relationship behavior, such as being more caring and supportive rather than controlling or verbally aggressive with partners. A total of 104 couples participated in the study, with self-reported SC levels being associated with partner reports of relationship behavior. Results indicated that self-compassionate individuals displayed more positive relationship behavior than those who

lacked SC. SC was also a stronger predictor of positive relationship behavior than trait self-esteem (SE) or attachment style. Finally, partners were able to accurately report on each other's SC levels, suggesting that SC is an observable trait.