

# Fearing Compassion Impacts Psychological Well-being but has no Effect on Physiological Indicators.

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## Objective

Fears of compassion are feelings of threat towards receiving and giving kindness. This study examined the fears towards compassion on physiological responses during compassionate exercises. It has been argued that such fears are a barrier to a relaxation system normally reducing physiological activity but there has been no empirical evidence to support this. Exercises have been developed to increase compassion by activating a physiological soothing system, however if fears to compassion block the effectiveness of compassion then new methods may need to be developed to increase self-compassion.

A fear of compassion is a psychological barrier to the innate self-soothing system (Gilbert, 2009). Self-soothing is a response to suffering which activates the parasympathetic branch and reduces arousal and psychological anxiety. Compassion activates physiological and psychological soothing during experiences of distress (Kelly et al., 2012). Theoretically, fears towards compassion should hinder this response, although contradictory arguments have suggested fears may produce an unconscious need to self-soothe (Marsh, 2012). Further research is needed to clarify these arguments and investigate the effects of fears on physiological and psychological well-being. As those with fears are more likely to suffer with psychological distress, they may be more in need of compassionate interventions. Yet, research is needed to identify if fears impair the effectiveness of compassionate inductions on well-being. It was anticipated higher fears of compassion would lead to greater physiological responses and lower psychological well-being.

## Participants and Methods

A non-clinical sample of sixty participants (51 females and 9 male with a mean age of 20.77 [SD= 4.76]) took part in two compassionate exercises. The first compassionate exercise was adapted from Petrocchi et al. (2017) requiring participants to write three statements they would say to a friend experiencing a distressing situation and repeat these phrases whilst looking in a mirror. The second compassionate exercise involved participants looking and visualising a picture of two different ethnic hands holding.

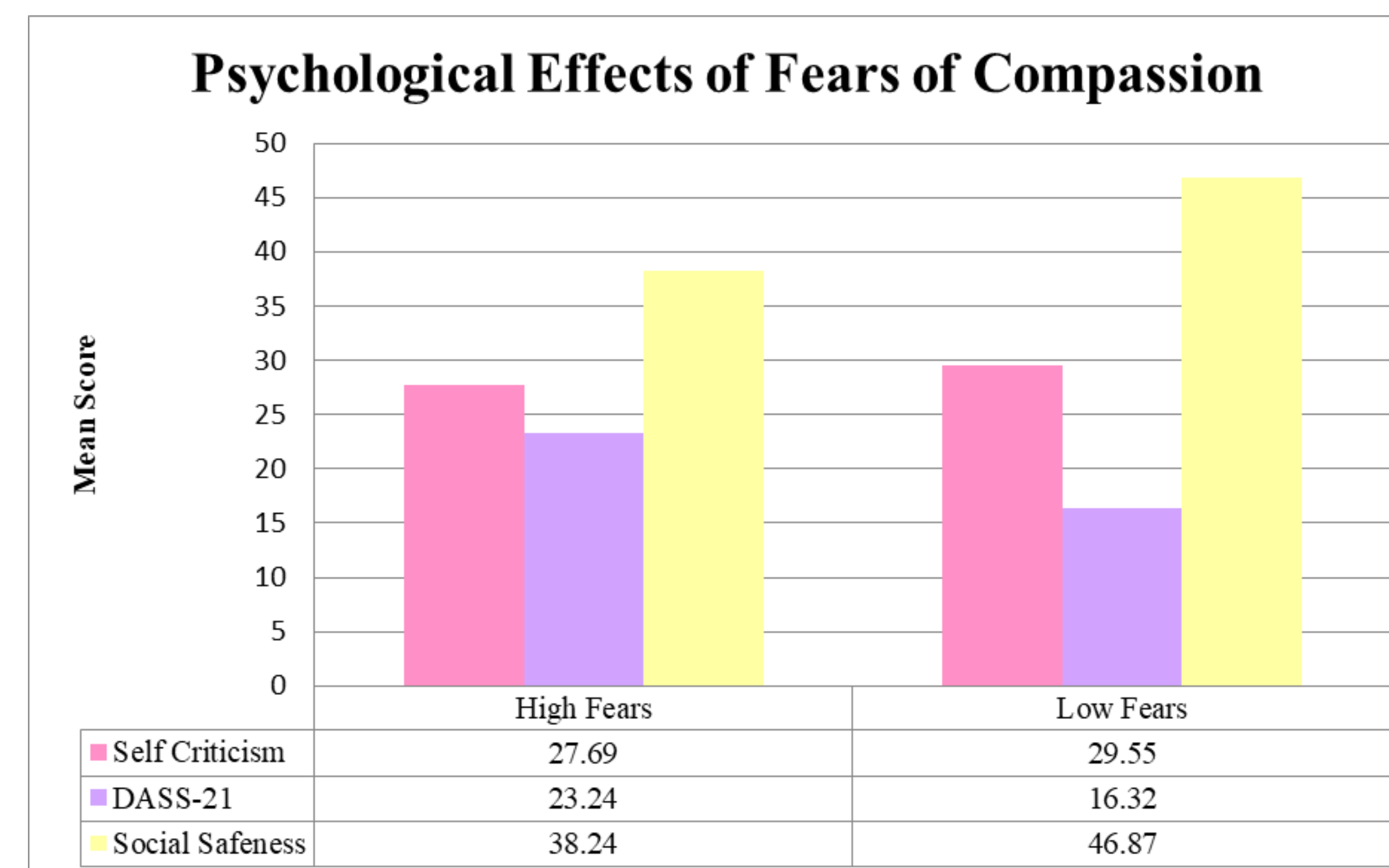
Heart rate and skin conductance (galvanic skin response or GSR) were recorded during these exercises to indicate physiological activity. Social safeness, self-criticism and symptoms of depression were also assessed via the Fears of Compassion Scale, the Forms of Self-Criticism/Self-Reassuring Scale, the Social Safeness Scale and the Depression, Anxiety and Stress Scale (DASS). The results from the Fears of Compassion Scale were used to divide the sample by a median split into a high fears group (31 participants) and a low fears group (29 participants). The other scales assessed psychological indicators of well-being.

## Results

A multivariate analysis of variance (MANOVA) was conducted to investigate whether fears of compassion effected physiological indicators of well-being. A non-significant finding was found on physiological indicators,  $F(2,57) = .644$ ,  $p = .529$ , Wilks' Lambda = .978). Therefore there was no effect between high and low fears of compassion on both heart rate and skin conductance.

However, a second MANOVA revealed significant differences in psychological well-being indicators between high and low fears of compassion. Social safeness and symptoms of mental illness were significantly affected by fears of compassion from psychological indicators of well-being,  $F(3,56) = 5.721$ ,  $p < .01$ , Wilks Lambda = .765, partial  $\eta^2 = .235$ ).

Independent analysis found differences in social safeness  $F(1,58) = 14.46$ ,  $p < .01$ , partial  $\eta^2 = .20$ ) and DASS  $F(1,58) = 6.53$ ,  $p < .05$ , partial  $\eta^2 = .101$ ). Social safeness was higher in the low fears of compassion group, 46.87 (SD = 6.06), whilst DASS was greater in the high fears group, 23.34 (SD = 12.91).



*A bar chart showing the mean differences between high fears and low fears after compassionate exercises.*

## Discussion

The results of this study showed no significant effects on physiological responses during compassionate exercises between high and low fears. The findings did not support that fears are a barrier towards building compassion suggesting that compassionate exercises can be effective for both higher and lower fears of compassion. However, the results did show fears impaired psychological indicators of well-being. In particular, higher fears of compassion lead to increased amounts of psychological distress and lower social safeness than lower fears of compassion.

Stellar et al. (2015) proposed there was activation of parasympathetic responses after compassionate exercises, a result not supported by these findings. It could be argued these findings supported March's (2012) alternative theory that fears promote the activation of self-soothing due to an unconscious need to soothe psychological distress.

These results support a dynamic relationship between social safeness and fears towards compassion. The implications are that fears do not prevent activation of the self-soothing system but have an effect on social safeness and abnormal behaviour development.

## References

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