



Trauma Pathology and Fear of Self-Compassion: A Rehashing of Experiential Avoidance or a Distinct Predictor?

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INTRODUCTION

- Lack of self-compassion (i.e., a method of kindly and nonjudgmentally relating to oneself and one's emotional experiences; Neff, 2003) has been regarded as a particularly toxic and pathological process (e.g., Hayes, 2008).
- Evidence suggests that increasing self-compassion is a worthwhile therapeutic target (e.g., MacBeth & Gumley, 2012), and may provide an adaptive response to trauma-related pathology (e.g., Kearney et al., 2013).
- ACT treatment protocols have also begun to include self-compassion components (e.g., Forsyth & Eifert, 2008).
- However, researchers have recently noted that particular individuals respond to self-compassion with fear and resistance, a phenomenon known as fear of self-compassion (Gilbert et al., 2011).
- We argue that fear of self-compassion may increase post-trauma suffering and impede values-based action, particularly for those who routinely attempt to avoid or control difficult private experiences (i.e., those with high experiential avoidance; Hayes, Wilson, Gifford, Follette, & Strosahl, 1996).
- The present study investigated relations between fear of self-compassion, experiential avoidance, and posttraumatic stress symptoms (PTSS) in a sample of undergraduate students with diverse forms of trauma exposure.
- We sought to test whether fear of self-compassion was a distinct predictor of PTSS, or if variance in PTSS would be better explained by experiential avoidance.
- We hypothesized that fear of self-compassion would function as a distinct predictor of heightened PTSS, particularly when experiential avoidance is also high.

METHOD: Participants and Procedure

- Data were obtained from a pool of 263 students enrolled at a large Midwestern university. Students endorsing a history of at least one lifetime Criterion A traumatic event (APA, 2000) were eligible for the present study ($N = 205$).
- $M_{age} = 20.3$ ($SD = 1.69$)
- 61% White; 21.5% Black; 18.6% Other; 15.6% Latino/a
- Participants completed questionnaire items via a secure online survey program

METHOD: Measures

Measures	Description
Traumatic Life Events Questionnaire (TLEQ; Kubany et al., 2000a)	• 23-item self-report measure • Designed in behaviorally specific terms to assess a range of DSM-IV Criterion A traumatic experiences
PTSD Screening and Diagnostic Scale (PSDS; Kubany, 2000b)	• 38-item self-report measure • Items correspond to DSM-IV Criteria B, C, and D for PTSD • Cronbach's $\alpha = .94$

METHOD: Measures (cont.)

Measures	Description
Acceptance and Action Questionnaire-II (AAQ-II; Bond et al., 2011)	• 7-item self-report measure of experiential avoidance • Higher scores indicate greater experiential avoidance • Cronbach's $\alpha = .92$
Fear of Compassion Scales – Self-Compassion (FCS-SC; Gilbert et al., 2011)	• 15-item self-report measure of fear of self-compassion • Higher scores indicate greater fear of self-compassion • Cronbach's $\alpha = .96$

RESULTS

- Descriptive Statistics are presented in Table 1.
- Women reported higher rates of experiential avoidance ($M = 3.00$, $SD = 11.76$) compared to men ($M = 2.36$, $SD = 1.16$). Participant sex was retained as a covariate.
- A hierarchical multiple regression analysis tested experiential avoidance as a moderator of the relationship between fear of self-compassion and PTSS (see Table 2). Predictor variables were mean centered and an interaction term was computed by multiplying centered predictors.
- There was a main effect of experiential avoidance and fear of self-compassion on PTSS and the interaction term was also significant.
- The relationship between fear of self-compassion and PTSS was tested at both high (+1 SD) and low (-1 SD) levels of experiential avoidance (see Figure 1).
- There was a significant positive association between fear of self-compassion and PTSS for those who reported high experiential avoidance ($B = 4.01$, $p < .01$), but not for those reporting low experiential avoidance ($B = .57$, $p = .69$).
- Participants reporting high fear of self-compassion and high experiential avoidance were most likely to meet the clinical cut-off for a probable diagnosis of PTSD (i.e., PSDS score ≥ 18 ; Kubany et al., 2000b).

Table 1
Descriptive Statistics and Correlations

	1	2	3	4	5	6
1. Age	-					
2. Sex	.19**	-				
3. Race/ethnicity	.16*	.14	-			
4. Experiential Avoidance	.01	-.18*	-.11	-		
5. Fear of Self-Compassion	.01	.08	.11	.47***	-	
6. Posttraumatic Stress Symptoms	.03	-.07	-.11	.52***	.38***	-
<i>M</i>	20.26	1.34	.57	2.81	1.0	12.01
<i>SD</i>	1.64	.47	.50	1.38	.95	13.33
<i>Minimum</i>	19.00	1	0	1.00	0	0
<i>Maximum</i>	28.00	2	1	6.43	3.73	62.00

Note. Sex coded as 1 = female, 2 = male. Race/ethnicity coded as 1 = non-Hispanic White vs. 0 = all others. * $p < .05$. ** $p < .01$. *** $p < .001$.

RESULTS (cont.)

Table 2
Regression Analysis with PTSD Symptoms as the Outcome Variable

Predictor	PTSD Symptoms				
	ΔR^2	Step 1 B	Step 1 <i>t</i>	Step 2 B	Step 2 <i>t</i>
Step 1	.26***				
Sex		.64	.36	.61	.34
Experiential Avoidance		3.86***	5.48	3.58***	5.02
Fear of Self-Compassion		2.69**	2.68	2.34*	2.32
Step 2	.02*				
Experiential Avoidance x Fear of Self-Compassion				1.24*	2.06

Note. EA = experiential avoidance; FOSC = fear of self-compassion. Sex coded as 1 = female, 2 = male. * $p < .05$. ** $p < .01$. *** $p < .001$.

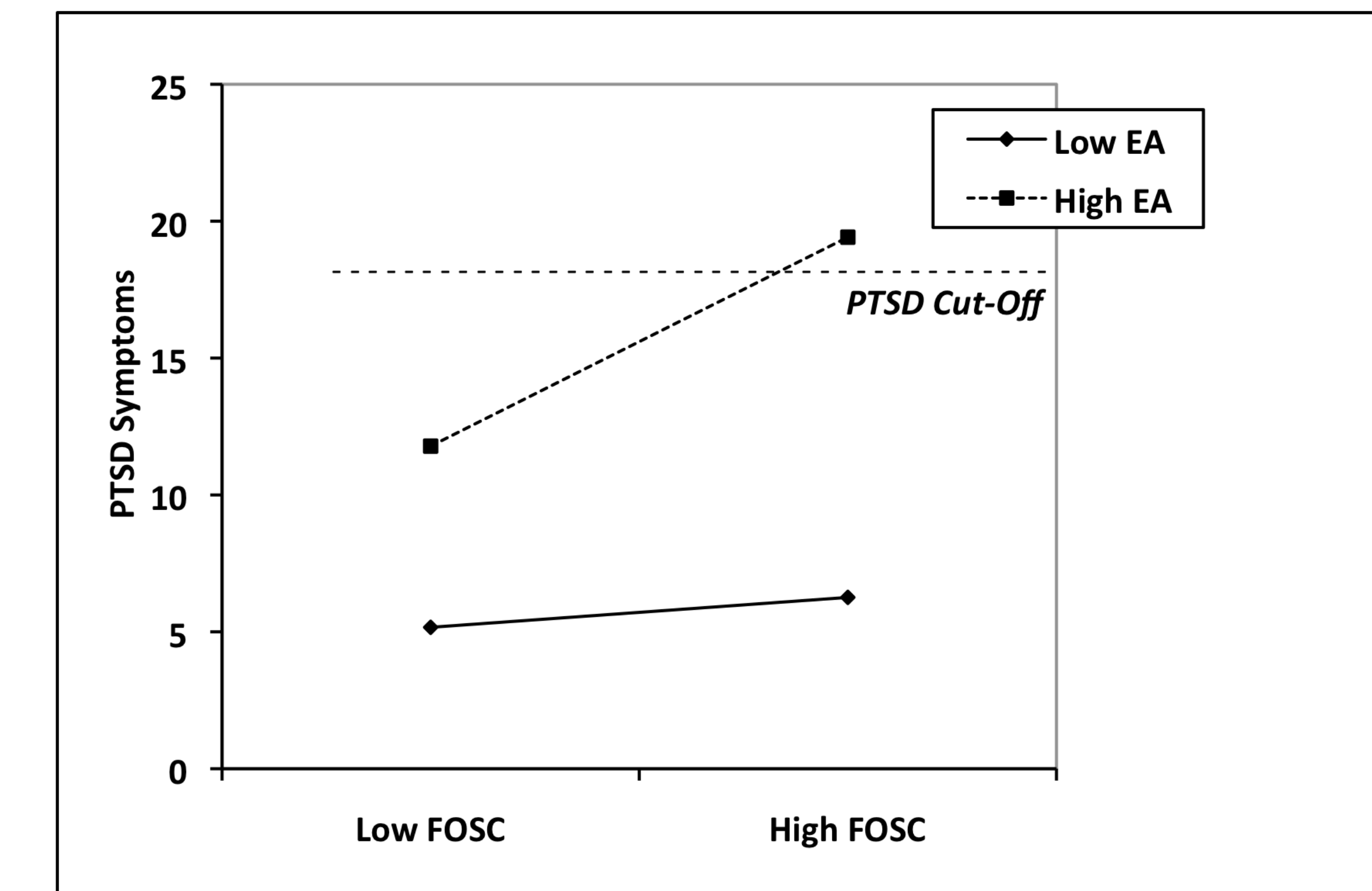


Figure 1

Interaction effect (experiential avoidance [EA] x fear of self-compassion [FOSC]) predicting PTSS. Dotted line represents clinical cut-off score for a probable diagnosis of PTSD.

DISCUSSION

- Fear of self-compassion may be uniquely implicated in vulnerability for posttrauma distress, and experiential avoidance may moderate this relationship.
- Fear of self-compassion may not be problematic if an individual exhibits psychological flexibility (i.e., the ability to fully contact private experiences in the present moment in order to pursue values-based actions).
- The combination of high experiential avoidance and high fear of self-compassion may represent an important vulnerability factor for PTSD.
- Clinical strategies that increase psychological flexibility and undermine fear of self-compassion may be needed, particularly in the context of PTSS.
- The utility of compassion-based interventions may be contingent on reducing fear of self-compassion at the onset of treatment.

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