

# Self-Compassion and Fears of Compassion: A comparative study in clinical samples with personality disorders, psychosis, and eating disorders and a non-clinical sample

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## Introduction

Self-compassion “involves being open to and moved by one’s own suffering, experiencing feelings of caring and kindness toward oneself, taking an understanding, nonjudgmental attitude toward one’s inadequacies and failures, and recognizing that one’s own experience is part of the common human experience” (Neff, 2003). It has been described as having a protective role in various forms of psychopathology, as it contributes for the regulation and decrease of negative affect and the creation of positive affiliative relationships with others (Gilbert et al., 2011; Gilbert et al., 2012).

In the past few years, compassion-based interventions have been emerging with promising results, particularly among samples with diagnosis associated with self-criticism and shame issues. Despite its benefits, authors have stressed the possibility of fears of affiliative emotions (e.g. compassion) emerging in people with an highly activated threat-defense system.

## Aim

This study sought to compare the levels of self-compassion and fears of compassion (FOC) a) between clinical and non-clinical samples; and b) among three different clinical samples with diagnosis associated with difficulties in emotional regulation (personality disorders-PD, psychosis-PSY and eating disorders-ED).

## Method

### Participants and procedure

Data collection was conducted through a set of self-report scales for the evaluation of self-compassion and fears of compassion. We gathered a sample of 185 participants, comprised of a non-clinical sample (n=50; 74% female) and three clinical samples - Personality Disorders (n= 53; 67.9% female), Psychotic-spectrum Disorders (n=50; 62% male) and Eating Disorders (n=32; 100% female). Further details regarding the sample are shown in Table 1.

Table 1. Demographic Characteristics of the sample (n = 185).

	Non-Clinical (n=50)		Personality Disorders (n=53)		Psychotic Disorders (n=50) <sup>a</sup>		Eating Disorders (n=32)	
	M	SD	M	SD	M	SD	M	SD
Age	37.94	14.74	33.47	10.22	32.48	8.53	29.75	13.30
Years of Schooling	15.12	3.02	14.45	3.08	11.94	3.30	12.28	3.54

Note: <sup>a</sup> In some subscales a n=49 was used due to missing data.

### Measures

❖ **Fears of Compassion Scales** (Gilbert et al, 2011). This is a set of self-report scales that evaluate fears of compassion in three different perspectives: fear of feeling compassion towards others, fear of receiving compassion from other people and fear of feeling compassion for oneself. In the original study, the scales revealed good reliability, with alphas ranging from .84 to .92. In this study we obtained Cronbach’s alphas of .89 to .94.

❖ **Self-compassion Scale** (Neff, 2003). This scale aims to assess positive (self-kindness, common humanity and mindfulness) and negative components (self-judgement, isolation and over-identification) of self-compassion. In this study, the subscales showed good reliability, considering that the Cronbach’s alphas ranged from .82 to .85, except for the “Mindfulness Scale”, which had an alpha of .73. The overall scale had an alpha of .86.

### Statistical analysis plan

Non-parametric mean comparisons with post-hoc analysis were performed to understand between group differences.

## Results

- The combined clinical sample had significantly higher levels of FOC and lower levels of self-compassion than the non-clinical sample (with exception to over-identification where no significant differences were found).

- Results from the comparisons between clinical groups and non-clinical sample can be seen in Table 2 and Table 3.

Table 2. Means (M) and Standard Deviations (SD) for the subscales of FCS in each group and ANOVA for differences between the groups.

	N	Fears of Giving Compassion to Others				Fears of Receiving Compassion From Others				Fears of Self-Compassion			
		M	SD	F	p	M	SD	F	p	M	SD	F	p
Non-Clinical	50	17.18 <sup>b</sup>	8.03			12.90 <sup>a</sup>	9.49			10.30 <sup>a</sup>	10.25		
Person. Disorders	53	23.23 <sup>a</sup>	10.56	4.734	.003	25.02 <sup>b</sup>	12.19	13.962	.000	24.17 <sup>b</sup>	14.86	12.671	.000
Psychotic Disorders	50	20.96	8.48			23.79 <sup>b</sup>	11.96			20.64 <sup>b</sup>	13.79		
Eating Disorders	32	22.94 <sup>a</sup>	7.34			24.91 <sup>b</sup>	8.77			24.91 <sup>b</sup>	11.98		

Note: Different superscripts mean significant differences at p<.05 level.

Table 3. Means (M) and Standard Deviations (SD) for the subscales of the Self-Compassion Scale in each group and ANOVA for differences between the groups.

	N	Self-Judgment				Isolation				Over-Identification				Self-Kindness				Common Humanity				Mindfulness			
		M	SD	F	p	M	SD	F	p	M	SD	F	p	M	SD	F	p	M	SD	F	p	M	SD	F	p
Non-Clinical	50	12.16 <sup>b</sup>	4.49			9.82 <sup>b</sup>	3.56			10.32 <sup>bc</sup>	3.85			3.18 <sup>a</sup>	.83			3.45 <sup>a</sup>	.79			3.39 <sup>a</sup>	.74		
Person. Disorders	53	11.94 <sup>b</sup>	4.14	13.358	.000	9.47 <sup>b</sup>	4.09	14.758	.000	8.77 <sup>c</sup>	3.14	20.384	.000	2.39 <sup>b</sup>	.78	10.655	.000	2.56 <sup>b</sup>	.83	10.018	.000	2.53 <sup>b</sup>	.71	14.492	.000
Psychotic Disorders	50	14.88 <sup>a</sup>	4.10			12.86 <sup>a</sup>	3.75			11.98 <sup>b</sup>	3.37			2.79 <sup>ab</sup>	.72			2.95 <sup>b</sup>	.90			3.00 <sup>c</sup>	.77		
Eating Disorders	32	16.91 <sup>a</sup>	3.43			13.81 <sup>a</sup>	3.11			14.38 <sup>a</sup>	2.96			2.45 <sup>b</sup>	.74			2.92 <sup>b</sup>	.77			2.58 <sup>bc</sup>	.65		

Note: Different superscripts mean significant differences at p<.05 level.

## Discussion

The lower levels of self-compassion and higher levels of fears of compassion found in clinical samples indicate that these variables may be important therapeutic targets.

Although the three diagnostic groups represented in the present study might benefit from compassion-based interventions our results preliminarily show that tailoring those interventions for specific populations may bring advantages.

## References

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