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, 1999).
- 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 = 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

- 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 of DSM-IV Criteria B, C, and D for PTSD
- Cronbach’s α = .94

RESULTS

- Descriptive Statistics are presented in Table 1.
- Women reported higher rates of experiential avoidance (M = 3.00, SD = 1.76) 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., PDSS score ≥ 18; Kubany et al., 2000b).

Table 1

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1. Age</td>
<td>-</td>
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<tr>
<td>2. Sex</td>
<td>-</td>
</tr>
<tr>
<td>3. Race/ethnicity</td>
<td>-.15</td>
</tr>
<tr>
<td>4. Experiential Avoidance</td>
<td>.01 -.18</td>
</tr>
<tr>
<td>5. Fear of Self-Compassion</td>
<td>-.08</td>
</tr>
<tr>
<td>6. Posttraumatic Stress Symptoms</td>
<td>-.03 -.07</td>
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METHOD: Measures (cont.)

- Cronbach’s α = .94

Table 2

<table>
<thead>
<tr>
<th>Predictor</th>
<th>PTSD Symptoms</th>
<th>β</th>
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<th>Step 1 t</th>
<th>Step 2</th>
<th>Step 2 t</th>
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<tbody>
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<td>.36</td>
<td>.61</td>
<td>.34</td>
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<tr>
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<td>5.48</td>
<td>3.58***</td>
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<tr>
<td>Fear of Self-Compassion</td>
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<td>2.68</td>
<td>2.34*</td>
<td>2.32</td>
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</table>

Step 2

- Experiential Avoidance × Fear of Self-Compassion

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 PTSD.
- The utility of compassion-based interventions may be contingent on reducing fear of self-compassion at the onset of treatment.

Note. PTSS = posttraumatic stress symptoms. *p < .05, **p < .01, ***p < .001.

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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.