



## Ability to receive compassion from others buffers the depressogenic effect of self-criticism: A cross-cultural multi-study analysis



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### ABSTRACT

Self-criticism has been shown to be a vulnerability factor that can lead to and maintain depression. We examined the moderating effect of fear of receiving compassion from others on the positive association between self-criticism and depression. Self-report measures were administered to four separate samples (total  $N = 701$ ) varying in age (students and community adults) and cultural context (Canada, England, and Portugal). Two different measures of self-criticism and of depression were administered to investigate the generalizability of results. Self-criticism, depression, and fear of compassion from others were positively related to one another in all samples. As predicted, fear of compassion from others exerted a moderating effect on the relationship between self-criticism and depression. Low fear of compassion from others weakened the depressogenic effect of self-criticism, while high fear of compassion from others exacerbated the effect. Thus, a self-critic's ability to be open and responsive to care and support from others protected against depression. The aggregate moderating effect across the four studies was of medium size ( $d = .53$ ) and highly significant, indicating a robust phenomenon. Implications for working with self-critical depressed patients are discussed.

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### 1. Introduction

Excessive self-criticism is a personality vulnerability factor that can lead to and maintain various psychological difficulties, including depression (Blatt, 2004; Blatt & Zuroff, 1992; Gilbert & Irons, 2005). Because self-criticism is generally viewed as a stable and relatively intractable personality style, it is important to study moderating factors to identify processes that may buffer against its depressogenic effects. Using a multi-study approach with samples varying in age and cultural context, this article examines the moderating effect of fear of receiving compassion from others on the positive association between self-criticism and depression.

#### 1.1. Self-criticism and depression

According to Blatt (1974), depression can arise from one of two dysfunctional personality configurations, which constitute two distinct

types of vulnerability – the introjective (self-critical) personality and the anaclitic (dependent) personality. The self-critical personality is characterized by intense feelings of inferiority, guilt, worthlessness, and failure to live up to one's standards (Blatt, D'Afflitti, & Quinlan, 1976). Individuals with high levels of self-criticism engage in relentless self-scrutiny and harsh self-evaluations in their attempts to avoid failure and meet their high personal ideals. They have extreme fears of disapproval, criticism, and rejection in the eyes of others. Gilbert, Clarke, Hempel, Miles, and Irons (2004) have suggested that self-criticism can vary in function and form. Self-criticism can arise from efforts to improve the self and maintain strict standards or, alternatively, from efforts to punish, denigrate, and destroy the self.

Various theoretical perspectives view early experiences with caregivers as a key factor in shaping an individual's development. Theories from the domains of attachment (Bowlby, 1969/1982), psychoanalysis (e.g., Blatt, 1974, Kernberg, 1976), and interpersonal relationships (e.g., Baldwin, 1992) converge on the notion that people who are raised in controlling and critical environments develop a harsh, critical way of relating to themselves. Indeed, research provides support for the hypothesized developmental origins of self-criticism (for a review, see Kopala-Sibley & Zuroff, 2014). Self-criticism has been posited to pose a vulnerability to depression through various mechanisms, including but not limited to, negative

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mental representations (cognitive-affective schemas) of self and others, impairments in affect regulation, a pessimistic cognitive style, unsupportive social relationships; and feeling defeated and low in social rank (for reviews, see Blatt, 2004; Blatt & Homann, 1992; Gilbert, 2006; Gilbert & Irons, 2005; Zuroff, Santor, & Mongrain, 2005). Overall, people who internalize a hostile and critical way of relating to themselves are more vulnerable to developing depression.

Extensive empirical evidence has demonstrated that self-criticism is highly correlated with depression in both non-clinical and clinical populations (for reviews, see Blatt & Zuroff, 1992; Shahar, 2015; Zuroff, Mongrain, & Santor, 2004). Furthermore, self-critical individuals face poorer treatment outcomes for depression. Self-criticism at baseline predicts poorer outcomes across treatment modalities, including cognitive-behavioral therapy, interpersonal therapy, and antidepressant medication (Blatt, Quinlan, Pilkonis, & Shea, 1995; Blatt & Zuroff, 2005; Rector, Bagby, Segal, Joffe, & Levitt, 2000). Self-criticism has also been shown to have detrimental effects beyond the course of treatment. In a group of recovered depressed patients, for example, self-criticism predicted an increased vulnerability to relapse following treatment (Teasdale & Cox, 2001).

### 1.2. Fear of receiving compassion and depression

Fear of compassion involves discomfort or difficulty receiving care, kindness, and support from others during times of distress (Gilbert, McEwan, Matos, & Ravis, 2011). People may fear compassion from others for several reasons. Being the recipient of compassion may be an unfamiliar experience. It may revive painful childhood memories of not receiving the care and kindness one desperately needed. Receiving compassion may be seen as a sign of weakness and a confirmation of one's negative self-image. Some individuals may feel underserving of compassion or fear becoming dependent on others who may not be available or genuinely willing to provide care (Gilbert, 2009; Gilbert & Procter, 2006). Evidence suggests that the ability to be open and responsive to compassion and support from others provides a protective factor against depression. For example, the lack of an intimate, supportive relationship has been shown to be an antecedent to depression (Hirschfeld & Cross, 1983), while having more numerous and more supportive social resources can improve post-treatment functioning and prevent depressive relapse (Billings & Moos, 1985; George, Blazer, Hughes, & Fowler, 1989). Moreover, individuals who perceive higher levels of social support are less susceptible to the impact of stress on depression than those who perceive lower levels of support (Wang, Cai, Qian, & Peng, 2014).

### 1.3. Self-criticism and fear of receiving compassion

Self-criticism has been shown to be correlated with fear of compassion. In self-report studies of students (Gilbert et al., 2011; Gilbert et al., 2012) and depressed patients (Gilbert, McEwan, Catarino, & Baião, 2014), those with high levels of self-criticism reported higher fear of receiving compassion from others. After undergoing a compassionate imagery exercise, self-critics exhibited physiological responses that are indicative of threat (i.e., increased heart rate variability and reduced cortisol) (Rockliff, Gilbert, McEwan, Lightman, & Glover, 2008). Self-critical individuals have a motivational orientation focused on achievement at the expense of interpersonal strivings, which diminishes their opportunities to have affiliative and intimate relationships with others (Mongrain & Zuroff, 1995). Self-critics are also focused on maintaining a positive self-image and gaining approval from others rather than revealing their weaknesses (Mongrain & Zuroff, 1995). Not surprisingly, self-criticism is associated with a fearful avoidant attachment style suggesting that self-critics fear rejection and criticism (Zuroff & Fitzpatrick, 1995). As a result, highly self-critical individuals make

fewer requests for social support and perceive less support than what is available to them (Mongrain, 1998). A self-critic's perception of low support, in turn, contributes to their distress over time (Dunkley, Zuroff, & Blankstein, 2003; Priel & Shahar, 2000).

### 1.4. Fear of compassion as a moderator of self-criticism and depression

Drawing on affective neuroscience and evolutionary principles, Gilbert (2005) suggested that psychopathology can be conceptualized using a tripartite model of affect regulation. In this model, there are three interacting systems evolved to attune to signals of threat, resources/incentives, and affiliation/soothing, which respectively trigger negative affect, high-arousal positive affect, and feeling socially safe with others. Psychopathology, including depression, is theorized to stem from an imbalance of systems, particularly an over-activation of the threat system and an under-activation of the affiliation/soothing system (Gilbert, 2005).

The developmental history of self-critics is characterized by criticism and a lack of affection from important others (Kopala-Sibley & Zuroff, 2014), likely leading to the maturation of an over-developed threat system. Indeed, the relationship between self-criticism and negative affect has been well-documented (e.g., Mongrain & Zuroff, 1995). Self-criticism has also been viewed as an ongoing internal form of hostility and coldness, even if in the moment there are no such external sources. For example, Whelton and Greenberg (2005) asked participants to engage in a two-chair exercise, in which they were first asked to criticize themselves and then switch chairs and respond to the self-criticism. Highly self-critical individuals showed more contempt and disgust when delivering their self-criticism, and exhibited more submissive and shamed postures in response. Therefore, self-critics chronically activate an over-developed threat system and experience high levels of negative affect, rendering them vulnerable to depression.

The affiliation/soothing system is attuned to signals of support and care in relationships with others (Gilbert, 2005). Individuals who are highly fearful of receiving compassion are likely cut off from receiving signals of feeling socially safe and secure. Self-critical individuals tend to fear receiving compassion; therefore, it is not surprising that they reported low mean levels of social safeness in a daily diary investigation (Kelly, Zuroff, Leybman, & Gilbert, 2012). However, among those self-critics who are open to receiving care and support in their relationships, the resulting activation of the affiliation/soothing system would serve to down-regulate the threat system. Thus, low fear of compassion from others may buffer the depressogenic effect of self-criticism, while high fear of compassion from others may strengthen the effect.

## 2. Present study

The primary objective of the study was to examine the relationships among self-criticism, fear of compassion from others, and depression, and to test the moderating effect of fear of compassion on the association between self-criticism and depression. Consistent with prior findings, we hypothesized that self-criticism, fear of compassion from others, and depression would be positively associated with one another. Additionally, we expected an interaction between self-criticism and fear of compassion from others in predicting depression. That is, self-criticism and depression would be more strongly associated in individuals with high fear of compassion from others and more weakly associated in those with low fear of compassion. To examine the robustness of effects, we tested our hypotheses using a multi-study approach comprising of four separate samples that varied in age (students and community adults) and cultural context (Canada, England, and Portugal), as well as two different measures of self-criticism and depression.

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