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Brief Empirical Reports

Fear of self-compassion and psychological inflexibility interact to predict PTSD symptom severity

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ABSTRACT

Evidence suggests that increasing self-compassion is a worthwhile therapeutic target and may be adaptive in the context of trauma recovery. Recently, researchers have noted that particular individuals respond to self-compassion with fear and resistance, a phenomenon known as fear of self-compassion. We argue that fear of self-compassion may increase post-trauma suffering, particularly for individuals who routinely attempt to control difficult private experiences. The present study investigated relations among fear of self-compassion, psychological inflexibility, and posttraumatic stress symptoms (PTSS) in a sample of trauma-exposed undergraduates ($N=201$). Hierarchical regression analyses revealed a significant interaction between fear of self-compassion and psychological inflexibility ($B=1.22$, $p<.05$), controlling for negative affect. Follow-up simple effects indicated that psychological inflexibility moderated the relationship between fear of self-compassion and PTSS, such that there was a significant positive association between fear of self-compassion and PTSS among participants with higher psychological inflexibility ($B=3.81$, $p<.01$), but not for those with lower psychological inflexibility. The prospect of fear of self-compassion as a contextual-behavioral treatment target is discussed.

1. Introduction

Lack of self-compassion has been regarded as a particularly toxic and pathological process (Hayes, 2008). Indeed, a growing evidence base suggests that self-compassion, a method of kindly and non-judgmentally relating to oneself and one's emotional experiences (Neff, 2003), is a worthwhile therapeutic target (Germer & Neff, 2013; MacBeth & Gumley, 2012) and may be protective against pathological responses to trauma (i.e., PTSD; Kearney et al., 2013; Thompson & Waltz, 2008). Although an implicit foundation of compassion underlies contextual behavioral therapies such as Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999), only recently have treatment protocols explicitly included self-compassion components (e.g., Forsyth & Eifert, 2008). However, a complete contextual behavioral conceptualization of self-compassion should take into account that particular individuals respond to self-compassion with fear and resistance, a phenomenon known as fear of self-compassion (Gilbert, McEwan, Matos, & Rivis, 2011). We argue that fear of self-compassion may impede values-based action and increase suffering, particularly when individuals are psychologically inflexible.

Fear of self-compassion differs from the absence of self-compassion, and instead describes the active resistance of extending compassion toward oneself (Gilbert et al., 2011; Kelly, Carter, Zuroff, & Borairi, 2013). Greater baseline fear of self-compassion has been shown to result in poor treatment outcomes (Kelly et al., 2013), and emerging research suggests that individuals with heightened fear of self-compassion are both threatened by and avoidant of self-compassionate aims (Gilbert et al., 2011). In this way, fear of self-compassion appears related to the ultimate therapeutic target of ACT, psychological inflexibility (Hayes, Luoma, Bond, Masuda, & Lillis, 2006).

Psychological inflexibility (or experiential avoidance) describes the reduced likelihood of engaging in values-based actions due to rigid rule following and attempts to control difficult internal experiences, such as thoughts, emotions, and physical sensations (Hayes et al., 2006). Psychological inflexibility is associated with lower quality of life and reduced well-being across pathologies (Fledderus, Bohlmeijer, & Pieterse, 2010; Kashdan, Barrios, Forsyth, & Steger, 2006) and has been shown to be implicated in the onset and maintenance of posttrauma distress (e.g., Marx & Sloan, 2005). ACT functions to shape psychological flexibility, or the ability to fully contact private experiences in the present moment in order

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to pursue values-based actions (Hayes et al., 1999). The clinical utility of ACT's psychological flexibility model in treating PTSD is supported by several case studies representing diverse index traumas and treatment settings (Batten & Hayes, 2005; Burrows, 2013; Codd, Twohig, Crosby, & Enno, 2011; Orsillo & Batten, 2005; Thompson, Luoma, & LeJeune, 2013; Twohig, 2009), as well as an ongoing randomized controlled trial (Lang et al., 2012).

Typically, psychological inflexibility is used to describe maladaptive responses to experiences most people would find unpleasant (e.g., anxiety). However, individuals may also attempt to avoid or control experiences normatively viewed as pleasant (e.g., self-kindness when one "should" be critical; Bond et al., 2011). Thus, while psychological inflexibility affords substantial scope by encompassing a broad response class, it may have limited precision in targeting more narrow change mechanisms, such as avoiding what might be normatively considered positive experiences.

Fear of self-compassion may have clinical utility by promoting a more precise analysis of the treatment-interfering process of resisting self-compassion. When an individual is psychologically flexible, fear of self-compassion may not necessarily be a barrier to taking pragmatic action towards values. For example, fear of self-compassion may reflect one's refusal to lower standards or accept failure, which may be consistent with flexible, values-driven behavior. However, most individuals, particularly those seeking treatment, are not able to remain perpetually flexible. To the extent that a person is unable to act flexibly, fear of self-compassion may increase vulnerability for pathology by obstructing compassionate gestures toward oneself that may otherwise soothe suffering. During instances of suffering, self-compassion may function as a values-consistent behavior that brings awareness to the present moment, which can help the individual contact the environment and continue acting on values. Conversely, fear of self-compassion may increase distance from meaningful living and exacerbate suffering. Thus, the combination of fear of self-compassion and psychological inflexibility may increase distress.

The present study investigates relations among self-reported fear of self-compassion, psychological inflexibility, and posttraumatic stress symptoms (PTSS) in a sample of trauma-exposed university students. Following our conceptualization of fear of self-compassion as a vulnerability factor to the extent that an individual is psychologically inflexible, we predicted that high levels of fear of self-compassion would predict increased PTSS when psychological inflexibility is also high. Further, to increase the likelihood that results reflect relations among variables of interest, the present study controlled for the influence of a potentially confounding third variable, negative affect.

2. Method

2.1. Participants and procedure

Data were obtained from 263 undergraduate students enrolled in Introductory Psychology at a large Midwestern university. Recruitment, informed consent, and questionnaires were completed via a secure online survey program. Participants received course credit for their participation. Inclusion criteria included 18+ years of age, fluency in English, and at least one prior Criterion A traumatic event (APA, 2000). A total of 205 students endorsed at least one lifetime traumatic event (78.0% of the total participant pool; 64.9% female) and were deemed eligible. The mean age of participants was 20.3 years old ($SD=1.69$). Sixty-one percent of participants identified as White, 21.5% as Black, 14.7% as a different race, and 2.9% chose not to respond. Additionally, 15.6% of participants endorsed a separate item self-identifying as Hispanic/Latino/a.

2.2. Measures

2.2.1. Demographics

Age, sex, and race/ethnicity were evaluated as potential covariates in planned analyses. Race and ethnicity were collapsed into a single dummy coded variable (coded as Non-Hispanic White [55.1%] versus all others [43.9%]).

2.2.2. Positive and negative affect schedule (PANAS)

Items from the PANAS (Watson, Clark, & Tellegen, 1988; see Appendix G) were used to assess negative affect. Respondents rate the extent they have experienced 20 mood adjectives within the last week, using a 5-point Likert scale (1=*Very slightly or not at all*; 5=*Extremely*). The PANAS has demonstrated excellent psychometric properties (Watson et al., 1988). Mean negative affect scores were calculated and the internal consistency estimate for the present sample was good ($\alpha=.84$).

2.2.3. Traumatic life events questionnaire (TLEQ)

The TLEQ (Kubany, Haynes, et al., 2000) is a brief measure of trauma exposure with good psychometric properties (Kubany, Haynes, et al., 2000). Respondents indicate the frequency of experiencing 22 potentially traumatic events. The TLEQ was used as an initial trauma history screen; participants reporting at least one Criterion A traumatic event (APA, 2000) provided additional information on PTSS.

2.2.4. PTSD screening and diagnostic scale (PSDS)

The PSDS (Kubany, Leisen, Kaplan, & Kelly, 2000) is a self-report measure of PTSS according to DSM-IV-TR criteria (APA, 2000) with strong psychometric properties (Kubany, Leisen, et al., 2000). Items are rated from 0=*Absent or did not occur* to 4=*Present to an extreme or severe degree*. Total scores of 18 or higher represent clinically-significant levels of PTSS (Kubany, Leisen, et al., 2000). PSDS mean scores were calculated and internal consistency in the present sample was good ($\alpha=.94$).

2.2.5. Acceptance and action questionnaire-II (AAQ-II)

The AAQ-II (Bond et al., 2011) is a 7-item, single-factor self-report measure of psychological inflexibility. Items are rated from 1=*Never true* to 7=*Always true*, with higher scores indicating greater inflexibility. The AAQ-II has demonstrated strong internal consistency, test-retest reliability, and validity (Bond et al., 2011). AAQ-II mean scores were calculated and internal consistency in the present sample was good ($\alpha=.92$).

2.2.6. Fear of compassion scales-self-compassion (FCS-SC). The FCS-SC (Gilbert et al., 2011) is a 15-item, single-factor measure of fear of self-compassion (e.g., "I worry that if I start to develop compassion for myself I will become dependent on it"). Respondents rate how much they agree with each statement (0=*Don't agree at all* to 4=*Completely agree*). The FCS-SC has demonstrated good psychometric properties (Gilbert et al., 2011). Mean scores were calculated and internal consistency in the present sample was good ($\alpha=.96$).

3. Results

Data were screened for quality and distribution. Negative affect, fear of self-compassion, psychological inflexibility, and PTSS were positively skewed, though not outside of the recommended range of skewness and kurtosis given a sample size greater than 200 (range=−2 to 2). Variable ranges and leverage indices were screened and no significant outliers were detected. Data found to