

8 compassion abstracts, **september/november '12**

Currently the Compassion SIG covers four overlapping areas - Self Compassion, General Compassion, Compassion in Close Relationships and Compassion in the Therapeutic Relationship. Here are four recent relevant research abstracts:

(Grant and Dutton 2012; Jazaieri, Jinpa et al. 2012; Knabb 2012; Landa, Peterson et al. 2012; Larsen, Darby et al. 2012; Nedeljkovic, Wirtz et al. 2012; Raby, Cicchetti et al. 2012; Selcuk, Zayas et al. 2012)

Grant, A. and J. Dutton (2012). **"Beneficiary or benefactor."** *Psychological Science* 23(9): 1033-1039. <http://pss.sagepub.com/content/23/9/1033.abstract>

Research shows that reflecting on benefits received can make people happier, but it is unclear whether or not such reflection makes them more helpful. Receiving benefits can promote prosocial behavior through reciprocity and positive affect, but these effects are often relationship-specific, short-lived, and complicated by ambivalent reactions. We propose that prosocial behavior is more likely when people reflect on being a benefactor to others, rather than a beneficiary. The experience of giving benefits may encourage prosocial behavior by increasing the salience and strength of one's identity as a capable, caring contributor. In field and laboratory experiments, we found that participants who reflected about giving benefits voluntarily contributed more time to their university, and were more likely to donate money to natural-disaster victims, than were participants who reflected about receiving benefits. When it comes to reflection, giving may be more powerful than receiving as a driver of prosocial behavior.

Jazaieri, H., G. Jinpa, et al. (2012). **"Enhancing compassion: A randomized controlled trial of a compassion cultivation training program."** *Journal of Happiness Studies*: 1-14. <http://dx.doi.org/10.1007/s10902-012-9373-z>

Psychosocial interventions often aim to alleviate negative emotional states. However, there is growing interest in cultivating positive emotional states and qualities. One particular target is compassion, but it is not yet clear whether compassion can be trained. A community sample of 100 adults were randomly assigned to a 9-week compassion cultivation training (CCT) program (n = 60) or a waitlist control condition (n = 40). Before and after this 9-week period, participants completed self-report inventories that measured compassion for others, receiving compassion from others, and self-compassion. Compared to the waitlist control condition, CCT resulted in significant improvements in all three domains of compassion—compassion for others, receiving compassion from others, and self-compassion. The amount of formal meditation practiced during CCT was associated with increased compassion for others. Specific domains of compassion can be intentionally cultivated in a training program. These findings may have important implications for mental health and well-being. (Free full text available at <http://ccare.stanford.edu/publications/ccare-articles>).

Knabb, J. (2012). **"Centering prayer as an alternative to mindfulness-based cognitive therapy for depression relapse prevention."** *Journal of Religion and Health* 51(3): 908-924. <http://dx.doi.org/10.1007/s10943-010-9404-1>

In the last two decades, mindfulness has made a significant impact on Western secular psychology, as evidenced by several new treatment approaches that utilize mindfulness practices to ameliorate mental illness. Based on Buddhist teachings, mindfulness offers individuals the ability to, among other things, decenter from their thoughts and live in the present moment. As an example, mindfulness-based cognitive therapy (MBCT) teaches decentering and mindfulness techniques to adults in an eight-session group therapy format so as to reduce the likelihood of depression relapse. Yet, some Christian adults may prefer to turn to their own religious heritage, rather than the Buddhist tradition, in order to stave off depression relapse. Thus, the purpose of this article is to present centering prayer, a form of Christian meditation that is rooted in Catholic mysticism, as an alternative treatment for preventing depression relapse in adults. I argue that centering prayer overlaps considerably with MBCT, which makes it a suitable treatment alternative for many Christians in remission from depressive episodes.

Landa, A., B. S. Peterson, et al. (2012). **"Somatoform pain: A developmental theory and translational research review."** *Psychosomatic Medicine* 74(7): 717-727. <http://www.psychosomaticmedicine.org/content/74/7/717.abstract>

Somatoform pain is a highly prevalent, debilitating condition and a tremendous public health problem. Effective treatments for somatoform pain are urgently needed. The etiology of this condition is, however, still unknown. On the basis of a review of recent basic and clinical research, we propose one potential mechanism of symptom formation in somatoform pain and a developmental theory of its pathogenesis. Emerging evidence from animal and human studies in developmental neurobiology, cognitive-affective neuroscience, psychoneuroimmunology, genetics, and epigenetics, as well as that from clinical and treatment studies on somatoform pain, points to the existence of a shared neural system that underlies physical and social pain. Research findings also show that nonoptimal early experiences interact with genetic predispositions to influence the development of this shared system and the ability to regulate it effectively. Interpersonal affect regulation between infant and caregiver is crucial for the optimal development of these brain circuits. The aberrant development of this shared neural system during infancy, childhood, and adolescence may therefore ultimately lead to an increased sensitivity to physical and social pain and to problems with their regulation in adulthood. The authors critically review translational research findings that support this theory and discuss its clinical and research implications. Specifically, the proposed theory and research review suggest that psychotherapeutic and/or pharmacological interventions that foster the development of affect regulation capacities in an interpersonal context will also serve to more effectively modulate aberrantly activated neural pain circuits and thus be of particular benefit for the treatment of somatoform pain.

Larsen, B. A., R. S. Darby, et al. (2012). **"The immediate and delayed cardiovascular benefits of forgiving."** *Psychosomatic Medicine* 74(7): 745-750. <http://www.psychosomaticmedicine.org/content/74/7/745.abstract>

Background The putative health benefits of forgiveness may include long-term buffering against cardiovascular reactivity associated with rumination. Although studies show short-term benefits of adopting a forgiving perspective, it is uncertain whether this perspective protects against repeated future rumination on offenses, which may be necessary for long-term health benefits. Also unclear is whether forgiveness offers unique benefits beyond simple distraction. Methods Cardiovascular parameters (systolic blood pressure [SBP], diastolic blood pressure [DBP], and heart rate) were measured while 202 participants thought about a previous offense from an angry or forgiving perspective or were distracted. All participants were then distracted for 5 minutes, after which they freely ruminated on the offense. Results Angry rumination initially yielded the greatest increase in blood pressure from baseline (mean [M] [standard deviation {SD}]: SBP = 9.24 [11.16]; M [SD]: DBP

= 4.69 [7.48]) compared with forgiveness (M [SD]: SBP = 3.30 [6.48]; M [SD]: DBP = 1.51 [4.94]) and distraction (M [SD]: SBP = 4.81 [6.28]; M [SD]: DBP = 1.75 [3.80]), which did not differ from each other ($p > .30$). During free rumination, however, those who had previously focused on forgiveness showed less reactivity (M [SD]: SBP = 7.33 [9.61]; M [SD]: DBP = 4.73 [7.33]) than those who had been distracted (M [SD]: SBP = 10.50 [7.77]; M [SD]: DBP = 7.71 [6.83]) and those who previously focused on angry rumination (M [SD]: SBP = 12.04 [11.74]; M [SD]: DBP = 8.64 [12.63]). There were no differences for heart rate. Conclusions Forgiveness seems to lower reactivity both during the initial cognitive process and, more importantly, during mental recreations of an offense soon thereafter, potentially offering sustained protection, whereas effects of distraction appear transient.

Nedeljkovic, M., P. Wirtz, et al. (2012). **"Effects of taiji practice on mindfulness and self-compassion in healthy participants—a randomized controlled trial."** *Mindfulness (N Y)* 3(3): 200-208. <http://dx.doi.org/10.1007/s12671-012-0092-7>

Taiji is regarded as a mind-body practice that is characterized by gentle and mindful body movements. In contrast to the continuously growing evidence base supporting the beneficial effects of Taiji on physical and mental well-being, studies investigating its underlying mechanisms are still scarce. The aim of our study was to examine the impact of Taiji practice on self-attribution of mindfulness and self-compassion, two potential components well known for their health promoting effects. Seventy healthy participants (age range: 23–50 years) were randomly assigned either to the intervention group or to a wait list control group. The intervention group attended Taiji classes twice a week for 3 months. Before, shortly after and 2 months after the intervention, we measured the degree of self-attributed mindfulness and self-compassion in all study participants by using self-report questionnaires. Compared to the control group, the intervention group showed significantly higher increase scores in self-attributed mindfulness after the intervention that persisted 2 months later. Increases in self-attributed self-compassion were also higher in Taiji practitioners, with significant group differences from preintervention to follow-up assessment. Our findings suggest that Taiji practice can effectively enhance self-attribution of mindfulness and is likely to have beneficial effects on self-compassion in healthy participants. The role of mindfulness as a mechanism underlying the beneficial effects of Taiji practice warrants further research.

Raby, K. L., D. Cicchetti, et al. (2012). **"Genetic and caregiving-based contributions to infant attachment."** *Psychological Science* 23(9): 1016-1023. <http://pss.sagepub.com/content/23/9/1016.abstract>

In the longitudinal study reported here, we examined genetic and caregiving-based contributions to individual differences in infant attachment classifications. For 154 mother-infant pairs, we rated mothers' responsiveness to their 6-month-old infants during naturalistic interactions and classified infants' attachment organization at 12 and 18 months using the Strange Situation procedure. These infants were later genotyped with respect to the serotonin-transporter-linked polymorphic region (5-HTTLPR). Maternal responsiveness uniquely predicted infants' attachment security. Infants' 5-HTTLPR variation uniquely predicted their subtype of attachment security at 12 months and their subtype of attachment insecurity at 12 and 18 months. The short allele for 5-HTTLPR was associated with attachment classifications characterized by higher emotional distress. These findings suggest that 5-HTTLPR variation contributes to infants' emotional reactivity and that the degree to which caregivers are responsive influences how effectively infants use their caregivers for emotion regulation. Theoretical implications for the study of genetic and caregiving influences are discussed.

Selcuk, E., V. Zayas, et al. (2012). **"Mental representations of attachment figures facilitate recovery following upsetting autobiographical memory recall."** *J Pers Soc Psychol* 103(2): 362-378. <http://www.ncbi.nlm.nih.gov/pubmed/22486677>

A growing literature shows that even the symbolic presence of an attachment figure facilitates the regulation of negative affect triggered by external stressors. Yet, in daily life, pernicious stressors are often internally generated--recalling an upsetting experience reliably increases negative affect, rumination, and susceptibility to physical and psychological health problems. The present research provides the first systematic examination of whether activating the mental representation of an attachment figure enhances the regulation of affect triggered by thinking about upsetting memories. Using 2 different techniques for priming attachment figure representations and 2 types of negative affect measures (explicit and implicit), activating the mental representation of an attachment figure (vs. an acquaintance or stranger) after recalling an upsetting memory enhanced recovery--eliminating the negative effects of the memory recall (Studies 1-3). In contrast, activating the mental representation of an attachment figure before recalling an upsetting memory had no such effect (Studies 1 and 2). Furthermore, activating the mental representation of an attachment figure after thinking about upsetting memories reduced negative thinking in a stream of consciousness task, and the magnitude of the attachment-induced affective recovery effects as assessed with explicit affect measures predicted mental and physical health in daily life (Study 3). Finally, a meta-analysis of the 3 studies (Study 4) showed that the regulatory benefits conferred by the mental representation of an attachment figure were weaker for individuals high on attachment avoidance. The implications of these findings for attachment, emotion regulation, and mental and physical health are discussed.