<u>14 compassion abstracts</u> <u>march/may `13</u>

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

(Blume-Marcovici, Stolberg et al. 2013; Buschor, Proyer et al. 2013; Curry, Roberts et al. 2013; Fraley, Roisman et al. 2013; Krause and Hayward 2013; Lambert, Fincham et al. 2013; Ma-Kellams and Blascovich 2013; Mckenzie and Carter 2013; Pinquart, Feußner et al. 2013; Pollet, Roberts et al. 2013; Sauer, Walach et al. 2013; Strelan, McKee et al. 2013; Stroope, Draper et al. 2013; Tay, Tan et al. 2013)

Blume-Marcovici, A. C., R. A. Stolberg, et al. (2013). "Do therapists cry in therapy? The role of experience and other factors in therapists' tears." <u>Psychotherapy (Chic)</u>. <u>http://www.ncbi.nlm.nih.gov/pubmed/23398034</u>

The subject of therapist's crying in therapy (TCIT) has been virtually ignored in the literature, with only 1 qualitative dissertation and 3 case studies devoted to the topic. This mixed-method survey study explored therapists' experiences with and attitude toward TCIT. Six hundred eighty-four U.S. psychologists and trainees filled out the survey online, revealing that 72% of therapists report having cried in therapy in their role as therapist. Data analysis indicated that the act of crying in therapy has less to do with personality or demographic factors (i.e., Big Five traits, sex, empathy) and more to do with the unique aspects of the therapy itself and the therapist's identity in the therapeutic context (theoretical orientation, clinical experience, affective tone of the session). Clinicians with more experience, who are older, cried more in therapy than novice clinicians, despite lower crying frequency in daily life, suggesting that more experienced therapists feel more comfortable allowing themselves to experience and/or express such emotions in therapy sessions. Psychodynamic therapists reported slightly higher rates of TCIT than cognitive-behavioral therapists despite no difference in crying in daily life. Despite significant differences in crying rates in daily life, male and female clinicians report similar rates of TCIT. Data regarding the relationship between TCIT and Big Five personality traits, empathy, and perceived consequences of TCIT are reported. (The excellent BPS Research Digest http://www.bps-research-digest.blogspot.co.uk/2013/03/older-more-experienced-therapists-cry.html - comments "How often do therapists cry in therapy and does it matter? For a profession that trades in emotions, you'd think these questions would have been tackled before. But as Amy Blume-Marcovici and her colleagues point out in their new paper, the issue has been strangely neglected. There's been plenty of research on crying medics, yet all we know about crying therapists comes from an ethics paper published in the 80s (56.5% of therapists said they'd cried in front of a client), and an unpublished qualitative study of ten psychodynamic psychotherapists for a doctoral thesis completed in the 90s. From their survey of 684 US psychological therapists - 75% women; age range 22 to 85; 35% CBT, 23% eclectic with psychodynamic emphasis, 19% eclectic without psychodynamic emphasis - Blume-Marcovici's group found that 72% of the sample had cried in therapy ever. Among these criers, 30% had cried in the last four weeks. Looking at the correlates of being a therapist who cries in therapy, it was older, more experienced therapists and those with a psychodynamic approach, who were more likely to be criers. Surprisingly perhaps, female therapists were no more likely to cry in therapy than male therapists, despite the fact that they reported crying more often in daily life than the men. This mismatch between crying in everyday life and crying in therapy was a consistent theme. Older therapists too cried less often in daily life than younger therapists, despite more crying with clients. Also, whereas crying in daily life is typically associated with negative emotion, in therapy it was associated not just with the therapists experiencing sadness (reported by 75% during their last therapy cry), but also with "feeling touched" (63%), warmth (33%), gratitude (15%) and joy (12%). "This suggests that tears that occur in the therapy situation are different in nature than tears shed in daily life, the researchers said. However, it's worth noting that, at their last time of crying in therapy, the therapists believed their clients were experiencing negative emotions like sadness, grief and powerlessness. Therapist personality was only weakly related to crying, with openness being the most relevant trait. More agreeable and extraverted therapists also showed a tendency towards crying more. The personality questionnaire used in this study was extremely brief, so it's tricky to read too much into these results. Ditto for therapist empathy, which showed an association with crying tendency, but not frequency or proneness, possibly due to the limitations of the empathy scale that was used. This research provides no objective data on the effect on clients of having a crying therapist. However, the therapists' belief was that their crying was either inconsequential (53.5%) or that it had changed their relationship with their client for the better (45.7%). Less than one per cent felt it had harmed their client. Referring to the literature on therapist self-disclosure, the researchers speculated that perhaps therapist crying has a positive impact when the therapist-client relationship is already strong, but can threaten that relationship when it is weak or negative. Blume-Marcovici and her colleagues called for more research on this neglected topic, and particularly for future studies to investigate the effect of therapist crying on client outcomes. They said their initial results are "meaningful" because they challenge the idea that "therapist crying in therapy is occurring due to the therapist being overwhelmed by intense negative emotions that arise in therapy, and instead signals a moment of potentially positive emotional connection, even if amid painful negative affect.'

Buschor, C., R. T. Proyer, et al. (2013). "Self- and peer-rated character strengths: How do they relate to satisfaction with life and orientations to happiness?" The Journal of Positive Psychology 8(2): 116-127. http://dx.doi.org/10.1080/17439760.2012.758305

This paper addresses the question as to whether previously reported findings on a positive relation between character strengths, satisfaction with life, and orientations to happiness (OTH) can be replicated for peer ratings of character strengths. A sample of 334 Swiss adults completed questionnaires and collected informant ratings by 634 peers. Self- and peer ratings converged well and suggest that, primarily: the strengths of hope, zest, and curiosity - but also gratitude and love - play key roles in the interplay of strengths and satisfaction with life. Peer ratings of strengths also related positively with the endorsement of a pleasurable, engaged, and meaningful life. Further analyses show that the OTH predict satisfaction with life beyond self- and peer-rated character strengths. There, the engaged life (i.e. endorsement of flow) was most relevant. This study supports earlier findings that argue for an important role of character strengths when describing the well-being of a person.

Curry, O., S. G. Roberts, et al. (2013). "Altruism in social networks: Evidence for a 'kinship premium'." <u>Br J Psychol</u> 104(2): 283-295. <u>http://www.ncbi.nlm.nih.gov/pubmed/23560672</u>

Why and under what conditions are individuals altruistic to family and friends in their social networks? Evolutionary psychology suggests that such behaviour is primarily the product of adaptations for kin- and reciprocal altruism, dependent on

the degree of genetic relatedness and exchange of benefits, respectively. For this reason, individuals are expected to be more altruistic to family members than to friends: whereas family members can be the recipients of kin and reciprocal altruism, friends can be the recipients of reciprocal altruism only. However, there is a question about how the effect of kinship is implemented at the proximate psychological level. One possibility is that kinship contributes to some general measure of relationship quality (such as 'emotional closeness'), which in turn explains altruism. Another possibility is that the effect of kinship is independent of relationship quality. The present study tests between these two possibilities. Participants (N= 111) completed a self-report questionnaire about their willingness to be altruistic, and their emotional closeness, to 12 family members and friends at different positions in their extended social networks. As expected, altruism was greater for family than friends, and greater for more central layers of the network. Crucially, the results showed that kinship made a significant unique contribution to altruism, even when controlling for the effects of emotional closeness. Thus, participants were more altruistic towards kin than would be expected if altruism was dependent on emotional closeness alone - a phenomenon we label a 'kinship premium'. These results have implications for the ongoing debate about the extent to which kin relations and friendships are distinct kinds of social relationships, and how to measure the 'strength of ties' in social networks.

Fraley, R. C., G. I. Roisman, et al. (2013). "Interpersonal and genetic origins of adult attachment styles: A longitudinal study from infancy to early adulthood." <u>J Pers Soc Psychol</u> 104(5): 817-838. http://www.ncbi.nlm.nih.gov/pubmed/23397970

One of the assumptions of attachment theory is that individual differences in adult attachment styles emerge from individuals' developmental histories. To examine this assumption empirically, the authors report data from an age 18 follow-up (Booth-LaForce & Roisman, 2012) of the National Institute of Child Health and Human Development Study of Early Child Care and Youth Development, a longitudinal investigation that tracked a cohort of children and their parents from birth to age 15. Analyses indicate that individual differences in adult attachment can be traced to variations in the quality of individuals' caregiving environments, their emerging social competence, and the quality of their best friendship. Analyses also indicate that assessments of temperament and most of the specific genetic polymorphisms thus far examined in the literature on genetic correlates of attachment styles are essentially uncorrelated with adult attachment, with the exception of a polymorphism in the serotonin receptor gene (HTR2A rs6313), which modestly predicted higher attachment anxiety and which revealed a Gene x Environment interaction such that changes in maternal sensitivity across time predicted attachment-related avoidance. The implications of these data for contemporary perspectives and debates concerning adult attachment theory are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

Krause, N. and R. D. Hayward (2013). "Self-forgiveness and mortality in late life." <u>Social Indicators Research</u> 111(1): 361-373. <u>http://dx.doi.org/10.1007/s11205-012-0010-3</u>

The purpose of this study is to see if older people who are able to forgive themselves have a lower mortality risk than older adults who are not able to forgive themselves. In addition, it is hypothesized that the relationship between self-forgiveness and mortality will be contingent upon the level of an older individual's education. More specifically, it is predicted that the potentially beneficial effects of self-forgiveness will be more evident among older people with more years of schooling. Data from a nationwide survey of older people provide support for this view. Self-forgiveness does not provide a mortality benefit for less educated elders. But as the level of educational attainment rises, self-forgiveness is associated with a progressively smaller mortality risk.

Lambert, N., F. D. Fincham, et al. (2013). "Shifting toward cooperative tendencies and forgiveness: How partnerfocused prayer transforms motivation." <u>Personal Relationships</u> 20(1): 184-197. <u>http://dx.doi.org/10.1111/j.1475-6811.2012.01411.x</u>

Several studies tested whether partner-focused prayer shifts individuals toward cooperative tendencies and forgiveness. In Studies 1 and 2, participants who prayed more frequently for their partner were rated by objective coders as less vengeful. Study 3 showed that, compared to partners of targets in the positive partner thought condition, the romantic partners of targets assigned to pray reported a positive change in their partner's forgiveness. In Study 4, participants who prayed following a partner's "hurtful behavior" were more cooperative with their partners in a mixed-motive game compared to participants who engaged in positive thoughts about their partner. In Study 5, participants who prayed for a close relationship partner reported higher levels of cooperative tendencies and forgiveness.

Ma-Kellams, C. and J. Blascovich (2013). "Does "science" make you moral? The effects of priming science on moral judgments and behavior." PLoS ONE 8(3): e57989. http://dx.doi.org/10.1371%2Fjournal.pone.0057989

(Free full text available) Background: Previous work has noted that science stands as an ideological force insofar as the answers it offers to a variety of fundamental questions and concerns; as such, those who pursue scientific inquiry have been shown to be concerned with the moral and social ramifications of their scientific endeavors. No studies to date have directly investigated the links between exposure to science and moral or prosocial behaviors. Methodology/Principal Findings: Across four studies, both naturalistic measures of science exposure and experimental primes of science led to increased adherence to moral norms and more morally normative behaviors across domains. Study 1 (n = 36) tested the natural correlation between exposure to science and likelihood of enforcing moral norms. Studies 2 (n = 49), 3 (n = 52), and 4 (n = 43) manipulated thoughts about science and examined the causal impact of such thoughts on imagined and actual moral behavior. Across studies, thinking about science had a moralizing effect on a broad array of domains, including interpersonal violations (Studies 1, 2), prosocial intentions (Study 3), and economic exploitation (Study 4). Conclusions/Significance: These studies demonstrated the morally normative effects of lay notions of science. Thinking about science leads individuals to endorse more stringent moral norms and exhibit more morally normative behavior. These studies are the first of their kind to systematically and empirically test the relationship between science and morality. The present findings speak to this question and elucidate the value-laden outcomes of the notion of science.

Mckenzie, S. K. and K. Carter (2013). "Does transition into parenthood lead to changes in mental health? Findings from three waves of a population based panel study." <u>] Epidemiol Community Health</u> 67(4): 339-345. <u>http://jech.bmj.com/content/67/4/339.abstract</u>

Background Longitudinal studies specifically looking at the transition into parenthood and changes in mental health in the general population are scarce. This study aimed to investigate the impact of transition into parenthood on mental health and psychological distress using longitudinal survey data. Methods The analysis used three waves from the longitudinal Survey of Family, Income and Employment. Parenthood was classified as first time parent (first and only child <12 months at interview date), subsequent parent (child <12 months and other children in the family), existing parent (no children <12 months but other existing children in the family) and not a parent. We used fixed effects generalised linear modelling, controlling for all time-invariant and time-varying sources of confounding in a sample of 6670 adults within families. Results After adjusting for confounding from time-varying partner status, area deprivation, labour force status and household income, those who became

first time parents reported an increase in mental health (β 1.22, 95% CI -0.06 to 2.50; mean=83.8, SD=14.1) and a decrease in psychological distress (β -0.70 95% CI -1.10 to -0.29; mean=13.4, SD=5.0). Subsequent parents reported a decrease in psychological distress (β -0.60 95% CI -0.95 to -0.24). Conclusions Our findings suggest that a transition into parenthood for the first time leads to changes in mental health and psychological distress. Understanding the relationship between becoming a parent and mental health outcomes is important given that parental mental health is integral to effective parenting.

Pinquart, M., C. Feußner, et al. (2013). "*Meta-analytic evidence for stability in attachments from infancy to early adulthood.*" <u>Attachment & Human Development</u> 15(2): 189-218. <u>http://dx.doi.org/10.1080/14616734.2013.746257</u>

The present meta-analysis integrates results from 127 papers on attachment stability towards mothers and fathers, respectively, from infancy to early adulthood. More than twenty-one thousand attachments (n = 21,072) and 225 time intervals were explored, ranging from half a month to 29 years (348 months). An overall coefficient of r = .39 between times T1 and T2 was obtained, reflecting a medium-sized stability of attachment security. However, no significant stability was found in intervals larger than 15 years. Coefficients are higher for time intervals of less than two years compared to time spans of more than five years, if attachments were assessed beyond infancy using representational rather than behavioral measures and if normal middle class as opposed to at-risk samples were involved. Furthermore, securely attached children at risk were less likely to maintain attachment security whereas insecurely attached children at risk most likely maintained insecurity.

Pollet, T. V., S. G. Roberts, et al. (2013). "Going that extra mile: Individuals travel further to maintain face-to-face contact with highly related kin than with less related kin." <u>PLoS One</u> 8(1): e53929. <u>http://www.ncbi.nlm.nih.gov/pubmed/23372676</u>

The theory of inclusive fitness has transformed our understanding of cooperation and altruism. However, the proximate psychological underpinnings of altruism are less well understood, and it has been argued that emotional closeness mediates the relationship between genetic relatedness and altruism. In this study, we use a real-life costly behaviour (travel time) to dissociate the effects of genetic relatedness from emotional closeness. Participants travelled further to see more closely related kin, as compared to more distantly related kin. For distantly related kin, the level of emotional closeness mediated this relationship - when emotional closeness was controlled for, there was no effect of genetic relatedness on travel time. However, participants were willing to travel further to visit parents, children and siblings as compared to more distantly related kin, even when emotional closeness was controlled for. This suggests that the mediating effect of emotional closeness on altruism varies with levels of genetic relatedness.

Sauer, S., H. Walach, et al. (2013). "Assessment of mindfulness: Review on state of the art." <u>Mindfulness (N Y)</u> 4(1): 3-17. <u>http://dx.doi.org/10.1007/s12671-012-0122-5</u>

Although alternative methods have been proposed, mindfulness is predominantly measured by means of selfassessment instruments. Until now, several scales have been published and to some degree also psychometrically validated. The number of scales reflects the widespread research interest. While some authors have started to compare the underlying concepts and operationalizations of these scales, up to now no overview has been presented describing, contrasting, and evaluating the different methodological approaches towards measuring mindfulness including questionnaires and alternative approaches. In light of this, the present article summarizes the state of mindfulness measurement. Recommendations on how current measurement practice may be improved are provided, as well as recommendations as to what measurement instruments are deemed to be most appropriate for a particular research context.

Strelan, P., I. A. N. McKee, et al. (2013). "For whom do we forgive? A functional analysis of forgiveness." <u>Personal</u> <u>Relationships</u> 20(1): 124-139. <u>http://dx.doi.org/10.1111/j.1475-6811.2012.01400.x</u>

(Free full text available) We propose that people forgive to serve particular functions, depending on the extent to which forgiveness is intended to benefit the self, the offender, and their relationship. Three studies on personally experienced transgressions in valued relationships (Ns = 233, 239, and 83) indicate that victims are more likely to forgive for the sake of the self and the relationship than for an offender. Relationship focus is associated with increased benevolence and relationship quality and decreased revenge and avoidance. Offender focus is associated with nonvengeful motivations. Self focus is associated with avoidance and lower relationship closeness; in the immediate aftermath of a transgression, it is also related to unforgiving responses and reduced relationship satisfaction. The findings have important implications for forgiveness theorizing and application.

Stroope, S., S. Draper, et al. (2013). "Images of a loving god and sense of meaning in life." Social Indicators Research 111(1): 25-44. <u>http://dx.doi.org/10.1007/s11205-011-9982-7</u>

Although prior studies have documented a positive association between religiosity and sense of meaning in life, the role of specific religious beliefs is currently unclear. Past research on images of God suggests that loving images of God will positively correlate with a sense of meaning and purpose. Mechanisms for this hypothesized relationship are drawn from prior work on attachment theory, religious coping, and symbolic interaction. We suggest that these mechanisms are complementary and that secure attachment styles, reliable coping strategies, and positive self-images work in tandem to facilitate a sense of meaning and purpose. Using a random, national sample from the second wave of the Baylor Religion Survey, we perform multivariate regression analysis that controls for key religious and demographic effects. In our full model, results indicate that the dependent variable is positively associated with student status, religious non-affiliation, congregational friendship networks, and frequency of prayer. Most important from the perspective of the present study, the connection between loving images of God and a sense of meaning and purpose is consistent and robust.

Tay, L., K. Tan, et al. (2013). "Social relations, health behaviors, and health outcomes: A survey and synthesis." Applied Psychology: Health and Well-Being 5(1): 28-78. <u>http://dx.doi.org/10.1111/aphw.12000</u>

(Free full text available) The primary goal of this paper is to summarise current evidence on social relations and health, specifically how social integration and social support are related to health behaviors and health outcomes, using results from published reviews. Our analysis revealed that social relations are beneficial for health behaviors such as chronic illness self-management and decreased suicidal tendency. The salutary effects of general measures of social relations (e.g. being validated, being cared for, etc.) on health behaviors (e.g. healthy diet, physical activity, smoking, alcohol abuse) are weaker, but specific measures of social relations targeting corresponding health behaviors are more predictive. There is growing evidence that social relations are predictive of mortality and cardiovascular disease, and social relations play an equally protective role against both the incidence and progression of cardiovascular disease. On the other hand, evidence was mixed for the association between social relations and cancer. We discuss these findings and potential areas for future research such as other dimensions of social relations, support-receiver interactions, and observer ratings of social relations.