

12 compassion abstracts

december/january '14

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

(Beach, Roter et al. 2013; Canevello, Granillo et al. 2013; Carbonneau and Vallerand 2013; Grossmann, Bretherton et al. 2013; Impett, Javam et al. 2013; Lau, White et al. 2013; Luby, Belden et al. 2013; Montori, Brito et al. 2013; Neto and Pinto 2013; Orlinksky and Heinonen 2013; Paul, Stanton et al. 2013; Rogge, Cobb et al. 2013)

Beach, M. C., D. Roter, et al. (2013). **"A multicenter study of physician mindfulness and health care quality."** *The Annals of Family Medicine* 11(5): 421-428. <http://www.annfammed.org/content/11/5/421.abstract>

(Free full text available) **PURPOSE** Mindfulness (ie, purposeful and nonjudgmental attentiveness to one's own experience, thoughts, and feelings) is associated with physician well-being. We sought to assess whether clinician self-rated mindfulness is associated with the quality of patient care. **METHODS** We conducted an observational study of 45 clinicians (34 physicians, 8 nurse practitioners, and 3 physician assistants) caring for patients infected with the human immunodeficiency virus (HIV) who completed the Mindful Attention Awareness Scale and 437 HIV-infected patients at 4 HIV specialty clinic sites across the United States. We measured patient-clinician communication quality with audio-recorded encounters coded using the Roter Interaction Analysis System (RIAS) and patient ratings of care. **RESULTS** In adjusted analyses comparing clinicians with highest and lowest tertile mindfulness scores, patient visits with high-mindfulness clinicians were more likely to be characterized by a patient-centered pattern of communication (adjusted odds ratio of a patient-centered visit was 4.14; 95% CI, 1.58-10.86), in which both patients and clinicians engaged in more rapport building and discussion of psychosocial issues. Clinicians with high-mindfulness scores also displayed more positive emotional tone with patients (adjusted $\beta = 1.17$; 95% CI, 0.46-1.9). Patients were more likely to give high ratings on clinician communication (adjusted prevalence ratio [APR] = 1.48; 95% CI, 1.17-1.86) and to report high overall satisfaction (APR = 1.45; 95% CI, 1.15-1.84) with high-mindfulness clinicians. There was no association between clinician mindfulness and the amount of conversation about biomedical issues. **CONCLUSIONS** Clinicians rating themselves as more mindful engage in more patient-centered communication and have more satisfied patients. Interventions should determine whether improving clinician mindfulness can also improve patient health outcomes.

Canevello, A. M. Y., M. T. Granillo, et al. (2013). **"Predicting change in relationship insecurity: The roles of compassionate and self-image goals."** *Personal Relationships* 20(4): 587-618. <http://dx.doi.org/10.1111/pere.12002>

It was hypothesized that self-image goals to construct, defend, and maintain desired images of the self enhance relationship insecurity, whereas compassionate goals to support others diminish relationship insecurity. Study 1 followed 115 new college roommates for 3 weeks; Study 2 followed 230 new college roommates across a semester. Both studies assessed self-image and compassionate goals for and anxiety and avoidance in the roommate relationship. Self-image goals predicted increased relationship anxiety and avoidance across 3 weeks (Study 1) and within weeks, from week to week, and across 3 months (Study 2). Compassionate goals consistently predicted decreased relationship anxiety and avoidance across studies and analyses. These results suggest that through their interpersonal goals, people contribute directly to their own relationship insecurity.

Carbonneau, N. and R. J. Vallerand (2013). **"On the role of harmonious and obsessive romantic passion in conflict behavior."** *Motivation and Emotion* 37(4): 743-757. <http://dx.doi.org/10.1007/s11031-013-9354-5>

Using the dualistic model of passion (Vallerand et al. in *J Pers Soc Psychol* 85:756-767, 2003), the present research examined the role of harmonious and obsessive romantic passion in individuals' engagement in destructive behavior during conflict and in reparative behaviors following conflict with one's partner. Results revealed that harmonious and obsessive passion were respectively negatively and positively related to engagement in destructive conflict behavior. In addition, harmonious passion was positively related to reparative behaviors following conflict while obsessive passion was not significantly related to this outcome. Importantly, these results held whether data were obtained by asking participants to recall about how things typically happen when they experience conflict with their partner (Study 1) or whether diary data were averaged across days when conflict actually happened (Study 2). Results underscore the importance of distinguishing harmonious from obsessive romantic passion.

Grossmann, K. E., I. Bretherton, et al. (2013). **"Maternal sensitivity: Observational studies honoring Mary Ainsworth's 100th year."** *Attachment & Human Development* 15(5-6): 443-447. <http://dx.doi.org/10.1080/14616734.2013.841058>

(Free full text available) This special double issue of *Attachment & Human Development* celebrates and honors Mary D. Salter Ainsworth and her lifetime achievements on the 100th anniversary of her birth. The papers we have invited focus on maternal sensitivity, broadly construed, and its links to the development of secure and insecure attachment. Mary Ainsworth's contributions to this important topic have been central and enduring ... It often goes unrecognized that Mary Ainsworth's evaluation of maternal care as adapted to an individual infant's characteristics was revolutionary. The phylogenetic programme is sufficiently open to allow all babies to become attached to caregivers, even if the quality of care they receive is insensitive or even abusive. Infants' attachment to the caregiver under these circumstances, however, is likely to be insecure. Sensitivity, hence, is a key to understanding the development of individual differences in attachment relationships. As Mary Ainsworth later said, observational research on maternal sensitivity, broadly construed in ethological terms, was an entirely different paradigm from then current behaviorist notions that sensitive responding amounts to spoiling a baby (Ainsworth & Bell, 1977) ... Over and above responding to an infant's or child's needs for protection and affection, sensitivity, as conceptualized in Mary Ainsworth's scales, also involves respect for the child as a valuable person with autonomous feelings, needs, wishes, goals and a mind of her own. To the child, a caregiver's sensitivity means that her or his communications are understood, worthy of attention, and appropriately and promptly responded to. In addition, a caregiver's sensitive responses foster the child's competence.

Impett, E. A., L. Javam, et al. (2013). **"The joys of genuine giving: Approach and avoidance sacrifice motivation and authenticity."** *Personal Relationships* 20(4): 740-754. <http://dx.doi.org/10.1111/pere.12012>

Why do sacrifices undertaken in pursuit of approach and avoidance goals differentially influence well-being and relationship quality? A cross-sectional study (Study 1), an experiment (Study 2), and a 2-week daily experience study (Study 3) demonstrate that the personal and interpersonal outcomes of approach and avoidance sacrifice goals in dating and married

relationships are mediated by felt authenticity. When people sacrificed for approach goals such as to make their partner happy, they felt more authentic, in turn contributing to greater personal and relationship well-being. However, when they sacrificed for avoidance goals such as to avoid conflict, they felt less authentic, in turn detracting from personal and relationship well-being. Implications for research and theory on motivational processes in close relationships are discussed.

Lau, H. P. B., M. White, et al. (2013). **"Quantifying the value of emotions using a willingness to pay approach."** *Journal of Happiness Studies* 14(5): 1543-1561. <http://dx.doi.org/10.1007/s10902-012-9394-7>

(Free full text available) People generally seek out positive moods and avoid negative moods; however, it is unclear which motivation is more pronounced. Two studies addressed this issue by developing a value-based ranking of emotions based on the willingness to pay (WTP) approach. The approach utilizes money's cardinal properties and assumes opportunity costs as with everyday purchases. In Study 1 British participants indicated they would be willing to pay more to experience positive than to avoid negative emotions. In Study 2 this positivity bias was replicated with another sample of British participants. However, Hong Kong Chinese participants did not show such a preference, and were willing to pay significantly less to experience positive emotions but more to avoid negative emotions when compared with British participants. Experiencing Love was given the highest WTP judgment in all samples. Thus, some emotions are universally valued, whereas preferences for others differ across cultural groups, perhaps shaped by norms. Implications concerning valuations of psychological states for policy purposes are discussed.

Luby, J., A. Belden, et al. (2013). **"The effects of poverty on childhood brain development: The mediating effect of caregiving and stressful life events."** *JAMA Pediatrics* 167(12): 1135-1142. <http://dx.doi.org/10.1001/jamapediatrics.2013.3139>

Importance The study provides novel data to inform the mechanisms by which poverty negatively impacts childhood brain development. **Objective** To investigate whether the income-to-needs ratio experienced in early childhood impacts brain development at school age and to explore the mediators of this effect. **Design, Setting, and Participants** This study was conducted at an academic research unit at the Washington University School of Medicine in St Louis. Data from a prospective longitudinal study of emotion development in preschool children who participated in neuroimaging at school age were used to investigate the effects of poverty on brain development. Children were assessed annually for 3 to 6 years prior to the time of a magnetic resonance imaging scan, during which they were evaluated on psychosocial, behavioral, and other developmental dimensions. Preschoolers included in the study were 3 to 6 years of age and were recruited from primary care and day care sites in the St Louis metropolitan area; they were annually assessed behaviorally for 5 to 10 years. Healthy preschoolers and those with clinical symptoms of depression participated in neuroimaging at school age/early adolescence. **Exposure** Household poverty as measured by the income-to-needs ratio. **Main Outcomes and Measures** Brain volumes of children's white matter and cortical gray matter, as well as hippocampus and amygdala volumes, obtained using magnetic resonance imaging. Mediators of interest were caregiver support/hostility measured observationally during the preschool period and stressful life events measured prospectively. **Results** Poverty was associated with smaller white and cortical gray matter and hippocampal and amygdala volumes. The effects of poverty on hippocampal volume were mediated by caregiving support/hostility on the left and right, as well as stressful life events on the left. **Conclusions and Relevance** The finding that exposure to poverty in early childhood materially impacts brain development at school age further underscores the importance of attention to the well-established deleterious effects of poverty on child development. Findings that these effects on the hippocampus are mediated by caregiving and stressful life events suggest that attempts to enhance early caregiving should be a focused public health target for prevention and early intervention. Findings substantiate the behavioral literature on the negative effects of poverty on child development and provide new data confirming that effects extend to brain development. Mechanisms for these effects on the hippocampus are suggested to inform intervention.

Montori, V. M., J. P. Brito, et al. (2013). **"The optimal practice of evidence-based medicine: Incorporating patient preferences in practice guidelines."** *JAMA* 310(23): 2503-2504. <http://jama.jamanetwork.com/article.aspx?articleid=1763247>

(Free full text available) Research evidence is necessary but insufficient for making patient care decisions. An effective but toxic chemotherapeutic regimen is the treatment one patient with cancer can and will take, another patient can take but will not, and yet another patient could not take even if wanted. Careful attention to the biopsychosocial context of patients and to their informed preferences when crafting treatments requires expertise and practical wisdom. This represents the optimal practice of evidence-based medicine. Patient preferences refer to patient perspectives, beliefs, expectations, and goals for health and life, and to the processes that individuals use in considering the potential benefits, harms, costs, and inconveniences of the management options in relation to one another.¹ Patients may have preferences when it comes to defining the problem, identifying the range of management options, selecting the outcomes used to compare these options, and ranking these outcomes by importance ... Guideline panelists must recognize, with humility, the challenges they face in working often without access to informed patient preferences and acknowledge that their recommendations should rarely assume uniform patient values and contexts in favor of a particular course of action. Guideline panels, therefore, should rarely formulate strong recommendations. Panels should become much more comfortable with ambiguity, both in the tradeoffs involved and in the recommendations given, and explicitly report how patient preferences and context were considered in formulating the panels' recommendations. Clinicians need guidance and clear guidance helps and supports efficient practices. Yet, panels must be wise in recognizing when this expediency is appropriate for patient care and when it hinders patient-centered care. Clinicians should remember that taking care of patients is supposed to be difficult. Although guidelines may simplify this task, when patient preferences and context matter, guidelines must not replace clinicians' compassionate and mindful engagement of the patient in making decisions together. This is the optimal practice of evidence-based medicine.

Neto, F. and M. Pinto (2013). **"The satisfaction with sex life across the adult life span."** *Social Indicators Research* 114(3): 767-784. <http://link.springer.com/article/10.1007/s11205-012-0181-y>

Three separate issues concerning the relation between age and satisfaction with sex life are addressed in this article. The first issue was concerned with the age generalizability of the factor structure produced by responses to the Satisfaction with Sex Life Scale (SWSLS). The second issue was to examine whether there were differences in the satisfaction with sex life according to certain background characteristics, namely age. Finally, the relationship between scores on the SWSLS with those on other relational constructs was explored. Data collection involved completion of a questionnaire. The sample consisted of 1,144 participants. The mean ages of the sample were 38.99 years in (SD = 16.91); ages ranged from 20 to 80. The data indicated that the factor structure of responses to the SWSLS were highly similar through adult life. Religious involvement, marital status, and love status influenced satisfaction with sex life. Expected correlations with measures of other relationship constructs were found. The strongest predictor of satisfaction with sex life across the adult life span was love satisfaction. Suggestions concerning the use of the SWSLS for research and clinical purposes are offered.

Orlinsky, D. E. and E. Heinonen (2013). **"Psychotherapists' personal identities, theoretical orientations, and professional relationships: Elective affinity and role adjustment as modes of congruence."** *Psychotherapy Research* 23(6): 718-731. <http://www.tandfonline.com/doi/full/10.1080/10503307.2013.814926> - .Ut-uJXk4kuC

Research shows psychotherapists espousing different theoretical approaches differ in mentality (e.g., cognitive styles, beliefs and epistemologies) and personality (e.g., neuroticism). However, studies have not investigated the association between professional relational style prescribed by therapists' theoretical orientations and therapists' manner of relating in personal life. Analyses of over 4000 therapists of varied nationalities, professions and career levels having different theoretical preferences indicate: (i) therapists' self-experience in close personal relationships was significantly associated with the manner their theoretical orientations prescribed for relating with clients; (ii) therapists were less accepting, less tolerant and more demanding in their personal relationships than with clients; and (iii) therapists adjusted their professional relational manner in practice to meet the specific expectations of their preferred orientations.

Paul, N. A., S. J. Stanton, et al. (2013). **"Psychological and neural mechanisms of trait mindfulness in reducing depression vulnerability."** *Soc Cogn Affect Neurosci* 8(1): 56-64. <http://www.ncbi.nlm.nih.gov/pubmed/22717383>

Mindfulness-based interventions are effective for reducing depressive symptoms. However, the psychological and neural mechanisms are unclear. This study examined which facets of trait mindfulness offer protection against negative bias and rumination, which are key risk factors for depression. Nineteen male volunteers completed a 2-day functional magnetic resonance imaging study. One day utilized a stress-induction task and the other day utilized a mindful breathing task. An emotional inhibition task was used to measure neural and behavioral changes related to state negative bias, defined by poorer performance in inhibiting negative relative to neutral stimuli. Associations among trait mindfulness [measured by the Five Facet Mindfulness Questionnaire (FFMQ)], trait rumination, and negative bias were examined. Non-reactivity scores on the FFMQ correlated negatively with rumination and negative bias following the stress induction. Non-reactivity was inversely correlated with insula activation during inhibition to negative stimuli after the mindful breathing task. Our results suggest non-reactivity to inner experience is the key facet of mindfulness that protects individuals from psychological risk for depression. Based on these results, mindfulness could reduce vulnerability to depression in at least two ways: (i) by buffering against trait rumination and negative bias and (ii) by reducing automatic emotional responding via the insula.

Rogge, R. D., R. J. Cobb, et al. (2013). **"Is skills training necessary for the primary prevention of marital distress and dissolution? A 3-year experimental study of three interventions."** *J Consult Clin Psychol* 81(6): 949-961. <http://www.ncbi.nlm.nih.gov/pubmed/24060193>

OBJECTIVE: Evidence in support of skill-based programs for preventing marital discord and dissolution, while promising, comes mainly from studies using single treatment conditions, passive assessment-only control conditions, and short-term follow-up assessments of relationship outcomes. This study overcomes these limitations and further evaluates the efficacy of skill-based programs. METHOD: Engaged and newlywed couples (N = 174) were randomly assigned to a 4-session, 15-hr small-group intervention designed to teach them skills in managing conflict and problem resolution (PREP) or skills in acceptance, support, and empathy (CARE). These couples were compared to each other, to couples receiving a 1-session relationship awareness (RA) intervention with no skill training, and to couples receiving no treatment on 3-year rates of dissolution and 3-year trajectories of self-reported relationship functioning. RESULTS: Couples in the no-treatment condition dissolved their relationships at a higher rate (24%) than couples completing PREP, CARE, and RA, who did not differ on rates of dissolution (11%). PREP and CARE yielded unintended effects on 3-year changes in reported relationship behaviors. For example, wives receiving PREP showed slower declines in hostile conflict than wives receiving CARE, and husbands and wives receiving CARE showed faster declines in positive behaviors than husbands and wives receiving PREP. CONCLUSIONS: These findings highlight the potential value of cost-effective interventions such as RA, cast doubt on the unique benefits of skill-based interventions for primary prevention of relationship dysfunction, and raise the possibility that skill-based interventions may inadvertently sensitize couples to skill deficits in their relationships.