



Fear of Compassion: Description, Causes and Prevention Merhamet Korkusu: Tanımı, Nedenleri ve Önlenmesi

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Abstract

All the procedures performed for the individual's mental health are aimed at increasing positive feelings and thoughts and reducing negative feelings and thoughts. But some individuals escape from positive emotions and thoughts and fear them. The sense of compassion may be one of the emotions that some people are afraid of, and try to remove from themselves for different reasons. Fear of compassion is caused by both the lack of compassion and the fear of the presence of compassion. This fear both affects the health of the individual negatively and may cause deterioration of social relations. Fear of compassion is also associated with health problems such as depression, stress, empathy, alexithymia, eating disorder, fear of happiness, post-traumatic stress disorder, anxiety and panic disorder. Any treatment for these problems is closely linked to the identification of fear of compassion to be successful. The origin of fear of compassion is sometimes seen as an important cause of childhood traumas and sometimes the lack of a warm relationship with parents in childhood. The aim of this article is to define the concept of fear of compassion, to explain related concepts, to introduce related measurement tools and to raise awareness of help in this way.

Anahtar sözcükler: Merhamet korkusu, olumlu duygu korkusu, travma

Öz

Bireyin, ruh sağlığın için yapılan tüm işlemler, olumlu duygu ve düşünceleri arttırmaya ve olumsuz duygu ve düşünceleri da azaltmaya yöneliktir. Fakat bazı bireyler, olumlu duygu ve düşüncelerden kaçarlar, onlardan korkarlar. Merhamet duygusu, kimi insanların farklı nedenlerden dolayı, korktuğu, çekindiği, kendinden uzaklaştırmaya çalıştığı duygulardan biri olabilmektedir. Merhamet korkusu hem merhamet yoksunluğundan hem de merhamet duygusunun varlığından korkmaktan kaynaklanan bir durumdur. Bu korku hem bireyin sağlığını olumsuz etkilemekte hem de toplumsal ilişkilerin bozulmasına neden olabilmektedir. Ayrıca merhamet korkusu, depresyon, stres, empati, aleksitimi, yemek bozukluğu, mutluluk korkusu, post travmatik stres bozukluğu, anksiyete ve panik bozukluğu gibi sağlık sorunlarıyla ilişkilidir. Bu sorunlarla ilgili verilecek herhangi bir tedavinin başarılı olabilmesi için merhamet korkusunun tanımlanabilmesiyle yakın bağlara sahiptir. Merhamet korkusunun kökenin de bazen çocukluk travmaları bazen de çocuklukta anne babayla kurulamayan sıcak ilişki yokluğu önemli bir neden olarak görülmektedir. Bu makalede merhamet korkusu kavramının tanımının yapılması, ilişkili olduğu kavramların açıklanması, konuyla ilgili ölçme araçlarının tanıtılması ve bu yolla konu hakkında yardım farkındalığının artırılması amaçlanmıştır.

Anahtar sözcükler: Merhamet korkusu, olumlu duygu korkusu, travma

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IN GENERAL, positive psychology has formulated the mental health problems of individuals as an increase in negative emotions and a decrease in positive emotions; positive psychology also offered a solution to increase positive thoughts and feelings. However, recent studies show that people not only avoid negative emotions such as sadness, fear, but also avoid positive emotions such as happiness, compassion, joy, and this situation pushes the person to mental health problems and prevents people with mental health problems from healing (Gilbert et al. 2012, 2014).

Positive psychology cares about positive emotions in individual's subjective well-being and psychological well-being. Similarly, in the therapies of individuals with mental health problems such as depression, the individual is helped to recover by increasing positive emotions. However, despite all treatment interventions, some individuals may not see a positive improvement in their mental health. This is because the individual deliberately delays the positive emotions. One wants to have negative emotions rather positive emotions. In such a case, no improvement can be seen in the negative conditions such as depression, stress, anxiety and eating disorder. Recent studies have shown that some individuals escape from positive emotions, fearing positive emotions and positive memories and memories that cause these positive emotions. This escape and fear negatively affect one's life satisfaction and subjective well-being (Gilbert et al. 2010, Gilbert et al. 2012, Harris 2017). One of these positive feelings is compassion and that was first conceptualized as "Fear of Compassion" by Rockliff et al. (2008). When a person shows mercy, he thinks that is as a weakness and submission. Some people perceive compassion as a threat (Rockliff et al. 2008) and consequently, the person begins to fear the negative feelings and situations that he may experience when he is compassionate or compassionate to himself or to others. This is described in the literature as Fear of Compassion (Gilbert et al. 2012).

In order to understand the fear of compassion, the concept of compassion should be defined and cultural characteristics should be taken into consideration while defining this concept (Harris 2017). The concept of compassion is a broad and uncertain term and has cultural characteristics. A behavior and emotion that is accepted as compassion in any society may differ in another society (Harris 2017, Sayar 2019).

Compassion refers to an understanding of someone else's pain in general and a desire to alleviate it in some way (Cox 2018). As can be seen, this definition is quite abstract and has a broad context. However, compassion can be conceptualized as one of the most powerful and healing gifts we can give ourselves and others as a sense (Cox 2018, Sayar 2019). For this reason, fear of compassion is closely related to an individual's psychological pathological conditions such as depression and stress, and is a key indicator in identifying them (Gilbert et al. 2012).

Defining the fear of compassion, which is a new concept in the literature, knowing the reasons, is very important in the prevention of mental health problems in the protection of mental health and in developing solutions. Fear of compassion have dated a recent time for international literature. When it is thought that fear of compassion affects mental health, it seems to be quite important. As a result of the field survey, no comprehensive introductory data on fear of compassion could be reached in Turkish literature. In this review, it is aimed to define the concept of fear of compassion, to explain the related concepts, to reveal the causes and ways of prevention and to bring the subject to Turkish literature. The article was created by synthesizing the information obtained

from the studies reached by scanning international databases in the field of fear of compassion.

Definition

Fear of compassion is the fear of negative feelings and situations that one may experience because of being compassionate and compassionate towards himself or others. Moreover fear of compassion is fear of compassion for oneself and others and one is resistance to be compassionate to oneself and to others. In other words, fear of compassion is reluctant or inadequate to be compassionate to others, accordingly fear of compassion is a case which is not to accept compassion from others, not to be compassion for self or not to want to be compassion for self (Gilbert et al. 2012, Whetsel 2017). Fear of compassion is fear of compassion for oneself and compassion for others (Joeng 2014). Individuals with a fear of compassion are afraid of compassion as well as lack of compassion (Gilbert et al. 2010). In other words, the person experiences emotional blindness towards himself and others (Gilbert et al. 2012). Fear of compassion can be examined in three dimensions; fear of compassion for others, fear of compassion from others, and fear of compassion for self (Gilbert et al. 2012, Whetsel 2017).

Sub-dimensions

Fear of compassion is regarded as a pathologic. Individuals with fear of compassion are lack of safe, and so they cannot understand their feelings and they have difficulty in reflecting them (Gilbert et al. 2012).

Fear of compassion for others

When one is compassion for others, he can understand their pain and is disposed to help them. But Individuals with fear of compassion are reluctant or inadequate to understand and help someone else's pain because they believe that if they are compassion for others, other people will abuse the compassion or the others may consider them as weak and obedient, and so they will be damaged because fo that. They have a general idea that people are not trustworthy to show compassion (Gilbert et al. 2010, Whetsel 2017). if they are compassion for others.

Fear of compassion from others

In this case, the individual does not trust the compassion that someone else can show him. He doesn't believe that someone else will show him sincere mercy and he does not see this mercy safe. These people may have disturbing memories in their past; therefore, they may not feel it worthy to get rid of these pain while suffering emotional pain. In other words, they may think that they do not deserve to have mercy from others. they believe they should be unhappy and they consider compassion from others is danger (Joeng 2014, Whetsel 2017).

Fear of compassion for self

In this case, the individual fear compassion for self. For instance, adverse experiences cause fear of compassion for self. In childhood, continuous punishment by a parent or other adult may lead to negative memories of the person and such memories create self-

perception that he does not deserve compassion; therefore he sees himself as someone who does not deserve compassion and the individual fear compassion for self (Whetsel 2017). However individuals who are compassionate to themselves become aware of their emotions (Joeng 2014).

Symptoms

Fear of compassion may be associated with poor ability to understand, reflect, and be careful (Gilbert et al. 2012). In addition, individuals with fear of compassion are not compassionate towards themselves and lack of flexible thinking (Miron et al. 2015). The most prominent features of individuals who have fear of compassion are their self-criticism. The self-criticism of these individuals is quite high. Excessive self-criticism is among the causes and symptoms of fear of compassion. But how self-criticism relates to fear of compassion is not well known (Longe et al. 2010, Gilbert ve ark. 2012).

Individuals with fear of compassion are cruel to themselves and they feel inadequate and they are restless they also have various psychological problems. They don't want to see compassion from others because they believe that compassion will weaken them (Gilbert et al. 2010, Joeng 2014). Fear of compassion may be related to age, experience and personality (Gilbert et al. 2010). One who experiences negative things due to compassion may be away away from compassion.

Behavioral symptoms of fear of compassion include anger, excessive eating, excessive self-criticism, and avoidance of criticism from others. While thinking that compassion will bring negative consequences to him, perceiving compassion as weakness and obedience to others, not wanting to remember past memories of compassion are intellectual symptoms, depression, anxiety, alexithymia, shame from physical appearance, intense loneliness, shame, fun, happiness, avoiding positive emotions such as compassion, and fear are emotional symptoms. Psychological symptoms are the desire to stay away from people and to avoid social environments (Gilbert et al. 2010, Gilbert et al. 2012, Joeng 2014, Joeng and Tunner 2015, Whetsel 2017, Harris 2017, Vanderlind et al. 2017, Boykin et al. 2018, Dias et al. 2020).

Knowing the protective factors that prevent the occurrence of fear of compassion and facilitating risk factors is as important as recognizing the symptoms caused by fear of compassion as well as mental health.

Protective factors and risk factors

There is a positive relationship between fear of compassion and subjective well-being (Harris 2017). Subjective well-being, defined as the presence or absence of positive emotions and negative emotions (Diener 2006) prevents fear of compassion. Moreover, Those who have a warm relationship with their parents during childhood and who feel safe when they are children can be compassionate and compassionate to themselves and others (Harris 2017). In other words, children who provide secure attachment with their parents can be much more forgiving and compassionate (Sayar 2019). Therefore, the fear of compassion is low in individuals who have a warm relationship with their parents when they are children (Harris 2017). Conversely, people who were physically or sexually abused in childhood may have fear of compassion (Miron et al. 2016). In addition, individuals with self-criticism, post-traumatic stress disorder, anxiety, eating disorder and

depression are included in risky groups in terms of fear of compassion (Joeng and Tunner 2015, Harris 2017).

People with high self-criticism do not think they deserve compassion. According to them, to see compassion from others or to be compassionate towards them leaves them vulnerable to criticism. In addition, individuals who are afraid of receiving compassion from others may feel lonely and isolated and they believe that they do not have the resources to cope with the challenges and that makes them more critical of themselves. People with high self-criticism may not be able to take social support (Rockliff et al. 2008, Gilbert et al. 2012, Joeng 2014). Compassion from others can provide to manage emotions during difficult and sad times. But if someone is afraid of being compassionate or compassionate from someone else's difficult times, the difficulties will not be easy to overcome and this may make him feel angry about his problems (Whetsel 2017).

Factors causing fear of compassion

Self-criticism, which is often referred to as negative judgment, are strongly associated with psychopathologies such as depression, eating disorder, and anxiety (Longe et al. 2010) and it is the most obvious cause of fear of compassion. Self criticism can be a threat to compassion when one increases his / her negative criticism of his / her behavior. Because self-criticism, over time, causes some changes in some parts of the brain that are important for cognitive processes such as coding, remembering, short-term and long-term memory. Self-criticism blocks interpersonal communication. Thus, one reduces the ability to be open to others and to understand their feelings because they do not feel safe and ashamed of them (Longe et al. 2010, Gilbert et al. 2010, Gilbert et al. 2012, Miron et al. 2015).

Depression, self-criticism, bad childhood events, unhealthy attachment styles in childhood, post-traumatic stress disorder, trauma, anxiety and shame cause fear of compassion (Harris 2017, Matos et al. 2017). Similarly, fear of compassion may occur if the person is frustrated by a relative in his past, fails to help him when he asks for help, or does not receive the necessary support in a difficult time (Whetsel 2017).

The warm relationships that the parent establishes with the child in childhood are associated with fear of compassion. People who felt safe and had a warm and receptive experience with their parents in childhood are compassionate to themselves and others. However, people with negative memories in childhood, dysfunctional attachment styles, lack of parental warmth, low sense of social security in childhood are afraid of compassion when adults (Harris 2017, Matos et al. 2017).

Related concepts

In order to recognize and prevent fear of compassion, it is necessary to know other concepts that are related and mixed. Fear of happiness, fear of positive emotion and alexithymia (Longe et al. 2010, Gilbert et al. 2012, Miron et al. 2015).

Fear of happiness

Happiness and compassion are positive emotions that are important for mental health. However, it has been observed recently that some individuals fear happiness and compassion. (Gilbert et al. 2014). For this reason, studies of positive psychology literature about fear of happiness and well-being have begun (Sarı and Çakır 2016). Fear of happi-

ness and fear of compassion are considered a symptom of pathology, although there is no complete evidence and they affect well-being negatively and they are treated as two related situations (Gilbert et al. 2012, Gilbert et al. 2014).

The belief in happiness is not universal despite the benefits of happiness on health, wealth and relationship (Lambert et al. 2019). Fear of happiness is fear of being very happy; fear of happiness is to see yourself as someone who does not deserve to be happy; Fear of happiness is defined as fearing that you will soon become unhappy when you are happy (Lambrou 2014). Individuals with fear of happiness fear that happiness never leads and good, nice and they fear that bad things will happen after good, beautiful and fun events (Gilbert et al. 2012, Lambrou 2014, Joshanloo et al. 2014).

Like fear of compassion, fear of happiness is associated with childhood traumas (Lambrou 2014, Harris 2017). Happiness is not a universal feeling and the fear of happiness is not universal and reduces cultural beliefs (Joshanloo et al. 2014, Lambert et al. 2019). Fear of happiness negatively affects well-being. While the fear of happiness increases the individuals, their well-being is falling (Sarı and Çakır 2016).

Fear of positive emotion

Positive memories refresh mood and keep us healthy. But some individuals cannot alleviate the effect of negative emotions by recalling positive memories. Recalling positive memories, the ability to repair mood is different in everyone. In other words, that involves individual differences. They avoid positive emotions, they fear them and they don't think of positive memories. Patients with depression may prefer negative memories because these memories are familiar and these memories confirm their own self. People don't always try to remember positive memories and some individuals may be afraid of really positive emotions. Fear of positive emotion can vary individually in organizing and managing emotions using positive memories. That is, each individual may have a different reason to fear positive emotions. When positive emotions are feared, one may not fully use strategies that increase positive emotions. Fear of positive emotion in individuals with depression blocks them to get rid of depression. Fear of positive emotion is a symptom of depression (Gilbert et al. 2012, Vanderlind et al. 2017). Similarly, fear of compassion is pathological and fear of compassion is an obstacle to the well-being of individuals with problems such as depression and anxiety because fear of compassion prevents positive emotions from being felt (Gilbert et al. 2010). In cases where fear of compassion is not understood, treatments for individuals with depression may fail. For this reason, it is important to identify the fear of compassion and to address it in the therapies to be applied to individuals (Longe et al. 2010, Gilbert et al. 2012).

Fear of positive emotions is a part of general fear (Vanderlind et al. 2017). Fear is strongly associated with agoraphobia, simple phobia, panic disorder and substance dependence and anxiety sensitivity. These fears and emotions include individual differences. Moreover anxiety sensitivity is a risk factor for both fear and panic disorder (Reiss 1991). Fear of compassion which is one of the positive emotion fear negatively affects the well-being and mental health of the individual (Longe et al. 2010, Sarı and Çakır 2016).

Alexithymia

A clinical term, alexithymia is defined as the difficulty in recognizing, distinguishing and

expressing emotions (Koçak 2002, Şaşıoğlu et al. 2013). People with alexithymia can neither recognize emotions nor express emotions. It is known that positive and negative events experienced in childhood are effective in the development of personality. Negative shocking, destructive events experienced during developmental periods, especially during childhood, are effective in the formation of alexithymic properties. The individual cannot complete his cognitive emotional development due to the traumatic and destructive events in his family (Koçak 2002). Alexithymia is a personality trait that can be encountered in many different pathological groups and health populations (Şaşıoğlu et al. 2013). There is a close relationship between alexithymia and depression. Therefore, depression is a variable that should be considered in people with alexithymia (Honkalampi et al. 2000). Moreover, alexithymia is related to fear of compassion. Individuals with fear of compassion have high levels of alexithymia and fear of compassion may also occur in individuals with alexithymia (Gilbert et al. 2012).

Distinction between compassion fatigue and fear of compassion

Compassion fatigue is a condition that results from helping individuals who experience traumatic events or suffer pain (Figley 2002, Hiçdurmaz and Arı İnci 2015, Pehlivan and Güner 2018). Individuals experience behavioral and emotional stress because they know the traumatizing events of another person who is important to them. Compassion fatigue is mostly seen in occupational groups such as doctors, nurses, social workers and psychologists who work with cancer and mental illnesses. People with compassion fatigue suffer from post-traumatic stress disorder that causes physical, behavioral, cognitive, psychological, and spiritual change, including intrusive experiences, negative arousal and avoidance. Individuals with compassion fatigue begin to lose their capacities to put up with or deal with other pains (Figley 2002). Unless protection measures are taken with compassion fatigue, employees may be harmed and workers in the area may be lost (Hiçdurmaz and Arı İnci 2015, Pehlivan and Güner 2018).

Symptoms of compassion fatigue include feeling burnout due to the pain suffered by someone else, blaming others for suffering, isolating oneself, not enjoying life, lack of concentration, insomnia, physical and mental burnout, embedding emotions, increased nightmares, feeling of despair and weakness, excessive eating, excessive use of drugs or alcohol, low self confidence, too many complaints about work or attitude, rejection, headache, dizziness, nausea, anxiety and anger, personal and career dissatisfaction, spiritual emptiness, unwillingness to perform work, feelings of helplessness, lack of motivation, unlimited self-sacrifice, and / or despair about prolonged exposure to trauma. (Bourg Carter 2014, Harris et al. 2015, Hall 2017).

The fatigue of compassion is caused by the individual whom he or she has to care for at work or in his / her family (Hiçdurmaz and Arı İnci 2015), while fear of compassion does not arise from his / her work or his / her current environment (Steindl et al. 2018). In addition, compassion fatigue can be avoided or prevented when the work is changed or psychological and social support is provided. Fear of compassion is related to the person. An individual's past experiences or depression-like mental disorders cause fear of compassion. Fear of compassion is a result of learning patterns, mostly from past experiences and Fear of compassion can be improved by deeper psychological treatments. In addition, compassion fatigue is the result of secondary trauma, while fear of compassion

results from primary traumas (Figley 2002, Gilbert et al. 2012, Bourg Carter 2014, Harris 2017).

Prevention and treatment methods

Family relationship causes fear of compassion (Matos et al. 2017, Steindl et al. 2018). Thus, it will be beneficial to give compassion focused therapies for families. As the fear of compassion is closely related to the learning in childhood, it is very important that both educators and parents provide positive experiences for the child in this period and warm relationships are established in order to make oneself feel valuable. Particularly, individuals who receive social support from their parents and establish healthy communication channels are less likely to experience fear of compassion in later years. If the child experiences self-confidence, it will prevent destructive self-criticism and the individual will be more compassionate to himself and others at a later age (Joeng 2014, Boykin et al. 2018, Dupasquier et al. 2018).

Helping people reduces self-criticism (Gilbert et al. 2012). For this reason, parents and teachers can prepare children activities and environments to help people. In addition, the responsibilities given to children in accordance with their age, both at home and in school, will play a role in preventing fear of compassion.

Individuals who cannot develop warm and safe relationships in childhood can develop fear of compassion from later years of life because they don't trust people and their love and friendship. They may want to protect themselves against them because they fear that people may have hostile attitudes towards them, criticize them or reject them (Matos et al. 2017). Consequently, it is important that child is not compared another one. A person compared to another child may fail to see his or her self-efficacy and that may make the person very vulnerable to criticism and may cause fear of compassion for himself in his later life because individuals who fear compassion are intolerant of criticism (Matos et al. 2017). Therefore, it is important for the health of the individual that parents are more sensitive at this point. The fact that schools and educational environments are far from being a competitive environment is also important in terms of protection from fear of compassion.

Conclusion

Compassion is an important feeling both for individual mental health and for social order. Compassion is a feeling that helps to hear the pain of the other and to ease the suffering. Compassion plays an important role in maintaining healthy human relationships and maintaining individual health, reducing a number of social problems and treating individual psychological diseases (Sayar 2019). But in recent years, it has been observed that some individuals are afraid of compassion for themselves and others. This condition, which is referred to as fear of compassion in the literature, can cause serious health problems if no measures are taken. Similarly, When the fear of compassion is not considered in any psychological health service given to individuals, it is seen that the treatment approaches applied do not yield positive results (Gilbert et al. 2012, Dias et al. 2020). For this reason, it is important to recognize the fear of compassion both in the health services and educational environments and to take protective measures in this direction. Otherwise, serious obstacles may be experienced in maintaining social order, protecting individual health, and achieving successful treatment.

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