



Fears of compassion and happiness in relation to alexithymia, mindfulness, and self-criticism

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Background. There is increasing research to suggest that fears of, and resistances to, affiliative and positive emotions are linked to self-criticism and a range of psychopathologies. It is unclear how these fears and resistances are linked to each other and how these in turn are linked to psychological processes, such as abilities to be mindful and recognize and describe emotions.

Objectives. This research explores the relationship between fears of compassion and happiness in general, with capacities for emotional processing (alexithymia), capacities for mindfulness, and empathic abilities. To advance this research, a new scale was developed to measure general fears of positive feelings – the Fear of Happiness Scale.

Results. The results showed that fears of compassion for self, from others and in particular fear of happiness, were highly linked to different aspects of alexithymia, mindfulness, empathy, self-criticism and depression, anxiety and stress. Especially noteworthy was the very high correlation between fear of happiness and depression ($r = .70$).

Conclusion. While the development of positive emotions, especially those linked to affiliation and connectedness are increasingly seen as important therapeutic targets, little research has focused on the blocks and fears to positive emotions. This study used newly developed fears of positive affect scales (e.g., compassion and happiness) to explore these aspects and found they were significantly linked to psychopathology variables self-criticism and difficulties such as alexithymia.

Many forms of psychopathology are linked to patterns of accentuated negative affect and reduced positive affect (Watson, Clark *et al.*, 1995a, b). However, over the last 10 years, clinicians have argued that many therapies have focused rather exclusively on the regulation of negative emotions, particularly fear and anger, but rather less on the development and accentuation of positive emotions, such as happiness and personal strengths. This is particularly true in a movement called positive psychology (e.g., Carr,

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2004; Seligman, 2011). This important shift of focus within clinical psychology raises a number of key issues. First, although positive emotions can tone down threat-based negative emotions (Frederickson, 2001; Fredrickson, Tugade, Waugh, & Larkin, 2003), reducing negative emotions does not automatically increase positive ones (Gilbert, 1989). As Dillion and Pizzagalli (2010) noted in a recent review of positive emotions and psychopathology, problems in the activation, experience, and regulation of positive emotions are transdiagnostic problems, which have been poorly studied.

Second is the problem that positive emotions tend to be seen along a single dimensional but in fact there are different types of positive emotions with different evolved forms and functions and different neurophysiological mediators (Carter, 1998; Depue & Morrone-Strupinsky, 2005; Porges, 2007). One type of positive emotion is activating and 'exciting' in some contexts (e.g., seeking out and securing resources; passing an exam, going out on a date, securing a new job) but others are associated with feelings of contentment and quiescence, calming and soothing, associated with a sense of peaceful well-being and a sense of safeness which is also linked to affiliation (Depue & Morrone-Strupinsky, 2005; Panksepp, 1998).

A third important issue is that in clinical populations 'positive emotions' such as safeness, joy, and happiness are not necessarily experienced as pleasurable but are rather frightening. One reason being that previous experiences of these emotions may have been associated with adverse outcomes, for example, the person who says 'happiness never lasts - when I feel happy I am always waiting for something bad to happen'.

It therefore follows that research into positive emotions needs to distinguish between different types of positive affect regulation systems and also the degree to which individuals block out different types of positive affect because of fears and aversive emotional memories (Gilbert, 2010).

In an effort to see if these two types of positive affects could be distinguished using self-report measures, Gilbert *et al.* (2008) developed a self-report questionnaire - the Types of Positive Affect Scale. Interestingly, rather than there being two factors, factor analysis revealed three factors, which we labelled as: *activated* (e.g., 'energetic', 'lively', 'active'), *relaxed* (e.g., 'relaxed', 'calm', 'peaceful'), and *safe* (e.g., 'safe', 'secure', 'warm'). Importantly, it was the *safe* factor that was the best predictor of lower anxiety and depression in a student and bipolar population (Gilbert *et al.*, 2008).

The emotions of 'safe', 'secure', and 'warm' are especially linked to social experiences and feeling socially safe and connected. For example, Gilbert *et al.* (2008) found that these qualities were significantly associated with secure attachment experiences and negatively associated with anxious attachment. Positive emotions created within purely social contexts have long been associated with affiliation, kindness, and warmth and seen as emotional textures for compassion (Gilbert, 2005). To be compassionate relates to the specific motivations to be caring, sensitive to distress, tolerant of distress, and empathic (Gilbert, 2005, 2009). Being a recipient of compassion from self or others can help regulate distress, and coping with negative emotions (Cozolino, 2007; Mikulincer & Shaver, 2007). For example, children who are regularly soothed and cared for develop inner soothing capacities, which regulate their threat system (Cozolino, 2007). In contrast, children who are insecure and/or subject to abuse may not experience much early soothing and therefore do not lay down the appropriate neural pathways needed. This means that soothing mental representations of the self and others are not accessible (Mikulincer & Shaver, 2007).

The safeness that people can experience through affiliative and attachment relationships has been linked to the development of competencies such as empathy and

mentalizing, which in turn are negatively linked to various forms of psychopathology (Fonagy & Luyton, 2009; Fonagy & Target, 2006). The experience of a secure base creates a sense of safeness from which the cognitive capacities for self-reflection, emotional awareness, and tolerance develop. Liotti and Gilbert (2011) note that feeling safe can not only create conditions of contented peacefulness but also develop curiosity and more energized explorative behaviours - including interest in exploring one's own feelings and those of others. As in any explorative venture, the ability to return to a safe place offers confidence in that journey. Hence, in the absence of support and caring, children may struggle to regulate threat processing and may have difficulties with the maturation of important cognitive competencies for affect processing and regulation. These include abilities to mentalize, tolerate emotions, be mindful in the presence of emotions, and describe and reflect on their emotions. Liotti and Gilbert (2011) suggest that mentalizing and empathizing could be viewed as forms of explorative behaviour, facilitated in the context of safeness but compromised in contexts of threat.

Difficulties in processing emotions

Whether people are trying to regulate negative emotions or experience more positive emotions, having insight and understanding of the nature, source, and maintenance of emotions is important. Research suggests that some individuals struggle with competencies that facilitate the understanding and use of emotions (Frawley & Smith, 2001; Taylor, Bagby, & Parker, 1997). One approach to exploring describing these difficulties is with the concept of 'alexithymia', which was labelled by Peter Sifneos (1973) to describe difficulties in understanding, processing and verbally describing emotions. It now refers to a set of interconnected difficulties: of identifying and distinguishing between feelings and the bodily sensations of emotional arousal; difficulty describing feelings (especially to other people); and a stimulus-bound externally oriented cognitive style with constricted imaginal processes, as evidenced by a paucity of fantasies (Bagby, Parker, & Taylor, 1994). Hence, people with alexithymia typically think the causes of their feelings are external rather than internal (e.g., their personal interpretations). The ability to understand emotions, in contrast to feeling them to be incomprehensible or overwhelming and to be avoided, is central to a number of recent models of psychopathology (Chawla & Ostafin, 2007; Greenberg & Safran, 1987; Hayes, Follette, & Linehan, 2004; Leahy, 2002; see Kring & Sloan, 2010 for reviews). Importantly, one of the key processes that enables exploration of emotions is the openness and validation of others, particularly attachment objects early in life. These relationships set an explorative context for emotions (Fonagy & Luyton, 2009). In the absence of (early) positive attachment and affiliative relationships, emotions may become more dangerous and difficult to explore, think about or reflect on, even becoming a source for avoidance and a source of alexithymia (Fonagy & Luyton, 2009; Fonagy & Target, 2006; Liotti & Gilbert, 2011; Mikulincer & Shaver, 2007).

Mindfulness is a form of meditation that has been linked to emotional processing (Hayes *et al.*, 2004). The word meditation actually means familiarization, and focus of meditative practices is to become more aware, familiar, and reflective of the processes and contents of one's mind (Kabat-Zinn, 2005). Mindfulness meditation and the concept of mindfulness itself can be contrasted with alexithymia to the extent that mindfulness encourages open curiosity and attentiveness to inner experiences and becoming familiar with the arising thoughts or feelings in the body. The ability to observe inner processes without being overwhelmed, avoidant, suppressant, or acting on them is a core feature

of mindfulness. Commonly accepted definitions of mindfulness suggest that it is the ability to be attentive and hold awareness without judgement or avoidance in the present moment (Brown & Ryan, 2003; Brown, Ryan, & Creswell, 2007; Kabat-Zinn, 2005; Lykins & Baer, 2009). Mindfulness has also been described as a multifaceted construct that can be compared and contrasted with competencies (or lack of) such as metacognition, emotional intelligence and alexithymia (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006; Bishop *et al.*, 2004). Lykins and Baer (2009) found trends for mindfulness to be negatively linked to alexithymia, difficulties in emotional regulation and fear of emotions. Also linked to these psychological constructs are abilities for empathy. Empathy describes the ability to understand the mental states of others and to share their feelings (Davis, 1980; Singer, 2006).

Problems in processing positive emotions

It is important however that capacities for mindfulness should not be taken out of their social context. Indeed as Hofmann, Grossman, and Hinton (2011) have recently pointed out in a review of loving kindness and compassion meditation practices as psychological interventions, mindfulness is not a cold detached process but one infused with compassion, affiliation, and kindness. In addition, capacities for mentalizing and abilities to reflect on one's own or other people's emotions and motives are significantly linked to affiliative emotions such as feelings of social safeness (Liotti & Gilbert, 2011). It follows therefore that fears of affiliative emotions could be expected to interfere with such mindfulness experiences and also the development of mentalizing competencies, which protect against alexithymia.

A number of researchers have suggested that positive emotions in general help people broaden their perspectives, build their resources, and cope with adversities, with numerous impacts on cognitive and social processes (Ashby, Isen, & Turken, 1999; Fredrickson, 2001; Fredrickson *et al.*, 2003). Further 'facilitating happiness' as a path to mental well-being (Carr, 2004; Layard, 2005; Seligman, 2010) has become a key area of focus for psychological change. However, what happens if people are not just fearful of negative emotions but are also fearful of positive emotions? Considering the evidence surrounding different types of positive emotion, it is important to separate out fears of compassionate and affiliative emotions from those of excitement that comes from achievements and/or general happiness.

To consider the affiliative-based emotions first, our research group has begun to explore the fears of compassion with measures of fears of being compassionate to others, being a recipient of compassion from others and being self-compassionate (Gilbert, McEwan, Matos, & Ravis, 2011; Gilbert, McEwan, Chotai, & Gibbons, 2011). Early data suggests that fears of compassion (especially compassion from others and being self-compassionate) are associated with self-criticism, depression, anxiety and stress in student and patient samples (Gilbert, McEwan, Chotai, *et al.*, 2011; Gilbert, McEwan, Matos, *et al.*, 2011).

In regard to positive emotions in general, Arieti and Bemporad (1980) raised the issue that some depressed patients have what they call 'a taboo on pleasure' and can be fearful of feeling happy. Typically these depressed people have been brought up in very puritanical families where positive emotion was frowned upon. Positive emotions can be associated with negative outcomes particularly in children who have been punished at times when they have been enjoying themselves (Gilbert, 2007). For example, one patient whose mother was agoraphobic recalled often getting excited about going out to

the beach or to watch a film only for her mother to break down at the last moment in a panic attack, triggering arguments with her father, and creating a 'horrible atmosphere'. She felt it was better not to look forward to things. Clearly the potential for aversive classical conditioning of positive emotions stored in emotional memory could play a role in such experiences. Whilst there is much clinical evidence to suggest that fears of happiness may be a key characteristic of psychopathology, there has been no formal investigation of this. Hence, one of the aims of this research is to develop a measure of fear of happiness in general and explore this in relation to empathic capabilities, self-criticism, and depression.

Self-criticism and depression

Self-criticism is of course the opposite of self-compassion and activates different neurophysiological systems (Longe *et al.*, 2010). It is therefore important to consider how the fears of compassion and fear of happiness may be linked to self-criticism and psychopathology. Self-criticism is one of the most pervasive features of psychopathology (Gilbert & Irons, 2005; Zuroff, Santor, & Mongrain, 2005). Research suggests that self-critics struggle with self-compassion and may find it threatening. For example, Rockliff, Gilbert, McEwan, Lightman, and Glover (2008) found that compassionate imagery increased heart-rate variability and reduced cortisol in low self-critics but not in high self-critics. High self-critics showed a decrease in heart-rate variability that is indicative of a threat response. A recent functional magnetic resonance imaging (fMRI) study found that self-criticism was associated with amygdala activation (an area associated with processing emotionally salient and in particular, negative stimuli) in instances of self-reassurance. This again indicates difficulties for some people when trying to be compassionate (Longe *et al.*, 2010). When people are highly self-critical it becomes difficult to engage in explorative behaviours, particularly positive ones (Gilbert, 2010). Self-criticism may be an internal process that closes down abilities to be open and explore one's feelings because one does not feel safe with them and may feel ashamed of them.

Aims

This study seeks to further develop research into fear of positive emotions by developing a Fear of Happiness Scale based on clinical observations. This scale will then be used with our three established Fears of Compassion Scales to explore (1) the link between fear of happiness and compassion on emotional processing competencies as measured by alexithymia, mindfulness, and empathy; (2) the link between fear of happiness and compassion with different types of positive affect traits; (3) the link between these variables and self-criticism and psychopathology. We hypothesize that fear of compassion will be linked to deficits in affect processing as measured by alexithymia, mindfulness, and empathy.

Method

Participants

Students from the University of Derby participated in the study ($N = 185$). Participants were 153 women and 32 men with an age range of 18–57 years ($M = 27.97$; $SD = 9.80$).

All participants completed self-report scales measuring fears of compassion and positive emotions, abilities for emotion processing, mindfulness and empathy, positive affect, self-criticism, and psychopathology.

Measures

Fears of Compassion Scales

There are three scales measuring fears of compassion (Gilbert, McEwan, Matos, *et al.*, 2011): (1) fears of feeling or expressing compassion *for others* (10 items, e.g., 'Being too compassionate makes people soft and easy to take advantage of'), (2) fears of receiving compassion *from others* (13 items, e.g., 'I try to keep my distance from others even if I know they are kind'), and (3) fears of compassion *for self* (15 items, e.g., 'I worry that if I start to develop compassion for myself I will become dependent on it'). Respondents rate on a Likert scale how much they agree with each statement (0 = 'Don't agree at all' to 4 = 'Completely agree'). In a student sample, the Cronbach's alphas were .72 for fears of expressing compassion for others, .80 for fears of receiving compassion from others, and .83 for fears in giving compassion to self (Gilbert, McEwan, Matos, *et al.*, 2011).

Toronto Alexithymia Scale

The Toronto Alexithymia Scale (TAS-20) (Bagby, Parker, & Taylor, 1994) measures three factors of alexithymia: (1) *difficulty identifying feelings* - assessing the ability to identify feelings and to distinguish them from the somatic sensations that accompany emotional arousal (e.g., 'I am often confused about what emotion I am feeling'). (2) *Difficulty describing feelings* - assessing the ability to describe feelings to other people (e.g., 'I am able to describe my feelings easily'). (3) *Externally oriented thinking* - measuring the tendency of individuals to focus their attention externally (e.g., 'I prefer to analyze problems rather than just describe them'). Each of the 20 items are rated on a five-point Likert scale ranging from 1 ('Strongly disagree') to 5 ('Strongly agree'). The authors have reported Cronbach's alphas of .80 for factor 1; .76 for factor 2; .71 for factor 3; and .86 for the total scale (Parker, Taylor, & Bagby, 2003).

Five Facets of Mindfulness Questionnaire

This 39-item scale (Baer *et al.*, 2006) measures five aspects of mindfulness: *observing* inner experience (e.g., 'I pay attention to sensations, such as the wind in my hair or sun on my face'), *describing* experience (e.g., 'I can easily put my beliefs, opinions and expectations into words'), acting with *awareness* (e.g., 'I find it difficult to stay focused on what's happening in the present'), *non-judging* of experience (e.g., 'I make judgments about whether my thoughts are good or bad'), and *non-reactivity* to inner experience (e.g., 'I perceive my feelings and emotions without having to react to them'). Items are rated on a five-point Likert scale ranging from 1 ('Never true') to 5 ('Always true'). The Five Facets of Mindfulness Questionnaire (FFMQ) has been found to have adequate to good reliability, with alpha coefficients ranging from .75 to .91 for the subscales (Baer *et al.*, 2006).

Davis Interpersonal Reactivity Index

This 28-item scale consists of four subscales, each measuring a separate aspect of empathy (Davis, 1980). The *perspective-taking* subscale measures attempts to adopt the perspectives of others and see things from their point of view (e.g., "When I'm upset

at someone, I usually try to ‘put myself in his shoes’ for a while”). The *fantasy* subscale measures the tendency to identify with characters in films, novels, plays, and other fictional situations (e.g., ‘I daydream and fantasize, with some regularity, about things that might happen to me’). The *empathic concern* subscale measures feelings of warmth, compassion, and concern for others (e.g., ‘I often have tender, concerned feelings for people less fortunate than me’), while the *personal distress* subscale measures the personal feelings of anxiety and discomfort that result from observing another’s distress (e.g., ‘I sometimes feel helpless when I am in the middle of a very emotional situation’). Items are rated on a five-point Likert scale ranging from 0 (‘Does not describe me at all’) to 4 (‘Describes me very well’). It is recommended by Davis (1980) that a sum to create an index of high or low empathy is not possible as all four subscales are not all positively correlated. The author reported Cronbach’s alphas ranging from .70 to .78 for the subscales (Davis, 1980).

Types of Positive Affect Scale

This is a shortened 12-item version of the original 18-item scale developed by Gilbert *et al.* (2008) and measures the degree to which people experience different types of positive emotions. Respondents are asked to rate on a five-point Likert scale how characteristic each of the 12 ‘feeling’ words is for them (0 = ‘Not characteristic of me’ to 4 = ‘Very characteristic of me’). Factor analysis revealed three factors, which we labelled: *activated* (e.g., ‘energetic’, ‘lively’, ‘active’), *relaxed* (e.g., ‘relaxed’, ‘calm’, ‘peaceful’), and *safe* (e.g., ‘safe’, ‘secure’, ‘warm’). Cronbach’s alphas for this scale were .83 for *activated* and *relaxed* and .73 for *safe* (Gilbert *et al.*, 2008).

Forms of Self-Criticism and Self-Reassurance Scale

Gilbert, Clarke, Hempel, Miles, and Irons (2004) developed the Forms of Self-Criticism and Self-Reassurance Scale (FSCRS) from clinical work concerning self-criticism and the ability to self-reassure. The scale is made up of three factors: *Inadequate Self* (a sense of feeling internally put down and inadequate following failure), *Hated Self* (a sense of self-dislike and aggressive/persecutory desires to hurt the self following failure), and *Reassured Self* (a sense of encouragement and concern for self when things go wrong). The scale begins with a probe statement, ‘When things go wrong for me’ and participants rate each of the 22 statements on a five-point scale (0 = ‘Not at all like me’ to 4 = ‘Extremely like me’). Examples of items include ‘I think I deserve my self-criticism’ (*Inadequate Self*), ‘I have a sense of disgust with myself’ (*Hated Self*), and ‘I find it easy to like myself’ (*Reassured Self*). The Cronbach’s alphas in the original study were above .86 for each subscale.

Depression, Anxiety, and Stress Scale

This 21-item shortened version of the Depression, Anxiety, and Stress Scale (DASS-42) consists of three subscales measuring *Depression* (e.g., ‘I felt down-hearted and blue’), *Anxiety* (e.g., ‘I was aware of dryness in my mouth’), and *Stress* (e.g., ‘I found it difficult to relax’) (Lovibond & Lovibond, 1995). Participants are asked to rate how much each statement applied to them over the past week, on a four-point Likert scale from 0 (‘Does not apply to me at all’) to 3 (‘Applied to me very much, or most of the time’). The

DASS-21 subscales have Cronbach's alphas of .94 for depression, .87 for anxiety, and .91 for stress (Antony, Bieling, Cox, Enns, & Swinson, 1998).

Fear of Happiness Scale

This newly developed scale contains 10 items (later reduced to nine items), which explore people's perceptions and anxieties around feeling happy and positive feelings in general. Items are rated on a five-point Likert scale ranging from 0 ('Not at all like me') to 4 ('Extremely like me'). Items were generated from statements made during therapy sessions with author PG (e.g., 'I worry that if I feel good something bad could happen') and were rated for face validity by the research team. This scale yielded a good Cronbach's alpha of .90.

Results

Data analysis

Analysis was conducted using SPSS version 18 for PCs. The data were checked for normality of distribution and outliers using scatter plots, which revealed no outliers. The skewness values ranged from 0.01 to 1.44 and kurtosis values ranged from -0.00 to 1.44. *Hated self* was the only variable to show any skewness (1.44). These floor effects are not surprising given that this was a non-clinical population. The new Fear of Happiness Scale was factor analysed before inclusion in further analysis. In addition, factor analysis was conducted for the 12-item short form of the Types of Positive Affect Scale because this is our first study using the shortened scale. To address our primary research objective, fears of compassion and happiness were correlated with the study variables (see Table 3). To replicate previous findings, depression was also correlated with these study variables. As a secondary analysis, alexithymia and mindfulness were explored in relation to types of positive affect.

Factor structure of the new Fear of Happiness Scale

We conducted an exploratory factor analysis (Maximum Likelihood extraction with promax rotation) on the Fear of Happiness Scale. The initial solution produced two factors. However, as the second factor had multiple cross loadings with the first, we therefore forced the solution into one factor. Item 3 'I feel relaxed when I'm enjoying myself' had a poor loading of .36, and was therefore deleted from the scale and from further analysis. Without this item, the one-factor solution had an eigenvalue of 5.15, explaining 57.20% of the total variance. Factor loadings ranged from .81 for item 10 ('I am frightened to let myself become too happy') to .58 for item 7 ('If you feel good you let your guard down'). The items and factor loadings are shown in Table 1.

Factor Structure of the Types of Positive Affect Scale—Short form

An exploratory factor analysis (Maximum Likelihood) revealed two factors: activated positive affect, but the previously distinct safe and relaxed positive affect factors had collapsed into one factor. The initial factor solution did support the previously found three factors identified by Gilbert *et al.* (2008), but the final solution only supported

Table 1. Factor loadings for the Fear of Happiness Scale

	Factor 1
I am frightened to let myself become too happy	.81
I find it difficult to trust positive feelings	.81
Good feelings never last	.80
I feel I don't deserve to be happy	.78
Feeling good makes me uncomfortable	.76
I don't let myself get too excited about positive things or achievements	.76
When you are happy you can never be sure that something is not going to hit you out of the blue	.75
I worry that if I feel good something bad could happen	.74
If you feel good you let your guard down	.58

two factors with eigenvalues > 1 . Given that the Gilbert *et al.* (2008) study revealed strong correlations between safe positive affect and psychopathology variables, but less so activated or relaxed positive affect, we choose to maintain this three-factor structure but we would suggest other researchers use the longer original version of our scale.

Descriptive analysis

The means, standard deviations, and Cronbach's alphas of the variables studied are shown in Table 2. The internal consistency of the scales was generally good.

A series of *t* tests revealed significant differences between males ($N = 32$) and females ($N = 153$) on several measures. Males scored higher than females on fear of compassion *from others* [$t(39.24) = 2.25, p = .030$] and externally oriented thinking [$t(183) = 2.55, p = .012$]. In contrast, females scored higher than males on the Davis Interpersonal Reactivity Index - fantasy [$t(180) = -1.97, p = .050$], *empathic concern* [$t(180) = -4.33, p < .001$], *perspective taking* [$t(180) = -3.17, p = .002$], and *personal distress* [$t(180) = -2.73, p = .007$]. However, these results must be carefully interpreted, as the male sample in this study is considerably smaller ($N = 32$).

Correlation analysis

Pearson's correlation coefficients (two tailed) for fears of compassion *for others*, *from others*, *for self*, and fear of happiness are presented in Table 3.

Fears of compassion, fear of happiness, and alexithymia variables

Fears of compassion (*for others*, *from others*, and *for self*) and fear of happiness were positively correlated with alexithymia. This relationship was not so pronounced for fear of compassion *for others* with alexithymia.

Fear of compassion *from others*, *for self*, and fear of happiness also shared negative correlations with the *describing*, *awareness* and *non-judging* dimensions of mindfulness. This was particularly strong for fears of positive feelings and *non-judging*. This suggests that abilities to describe and be aware of one's feelings and being non-judgmental are linked to fears of compassion and happiness. In addition, there were small correlations between fear of compassion *for others* and these same variables.

Table 2. Means, standard deviations, and Cronbach's alphas for self-report measures

	Mean	Std. deviation	Cronbach's alpha
Fear of compassion			
For others	19.70	7.34	.85
From others	15.26	9.61	.91
For self	14.64	11.74	.94
TAS total	46.54	11.87	.83
Difficulty describing feelings	12.09	4.28	.70
Difficulty identifying feelings	15.11	6.12	.84
Externally oriented thinking	19.33	4.60	.55
Five Facet Mindfulness Scale			
Observe	22.50	6.21	.80
Describe	26.21	5.78	.81
Awareness	23.86	5.97	.84
Non-judge	28.21	7.38	.90
Non-react	19.38	4.67	.74
Davis Interpersonal Reactivity Index			
Fantasy	15.82	5.16	.69
Empathic concern	19.23	4.20	.67
Perspective taking	16.89	4.63	.71
Personal distress	11.88	5.10	.77
Fear of happiness	11.63	8.31	.90
Types of positive affect			
Safe	11.10	2.99	.81
Relaxed	9.54	3.35	.87
Active	10.83	3.28	.84
FSCRS			
Inadequate self	18.23	8.04	.89
Hated self	3.58	4.54	.86
Reassured self	20.10	5.57	.82
DASS			
Depression	5.65	5.13	.87
Anxiety	5.43	5.05	.85
Stress	8.21	5.64	.88

Note. TAS, Toronto Alexithymia Scale; FSCRS, Forms of Self Criticising/Attacking and Self Reassuring Scale; DASS, Depression, Anxiety, and Stress Scale.

Fears of compassion and fear of happiness had small negative correlations with *empathic concern*. There were small positive correlations between fears of compassion (*for others* and *for self*) and fear of happiness with *personal distress*. In addition, there was a small negative correlation between fear of compassion *for others* and *perspective taking*. Hence, empathic abilities were linked to fears of compassion and happiness.

Fears of compassion, fear of happiness, and positive affect

Fear of compassion *from others* and *for self* was negatively correlated with the *safe* dimension of positive affect, but not with the *active* or *relaxed* dimensions (except

Table 3. Pearson's correlation matrix (two tailed) of study variables

	Fear of compassion for others	Fear of compassion from others	Fear of compassion for self	Fear of happiness	DASS depression	DASS anxiety	DASS stress
TAS total	.27**	.55**	.51**	.49**	.60**	.50**	.47**
Difficulty describing feelings	.22**	.43**	.40**	.44**	.54**	.45**	.46**
Difficulty identifying feelings	.21**	.48**	.49**	.50**	.60**	.47**	.55**
Externally oriented thinking	.20**	.37**	.29**	.17*	.25**	.26**	.05
Five Facet Mindfulness Scale							
Observe	.10	.13	.05	.15*	.16*	.17*	.24**
Describe	-.19**	-.40**	-.32**	-.38**	-.45**	-.39**	-.35**
Awareness	-.27**	-.32**	-.29**	-.37**	-.36**	-.36**	-.43**
Non-judge	-.30**	-.40**	-.37**	-.53**	-.60**	-.56**	-.59**
Non-react	.00	-.03	-.05	-.07	-.08	-.02	.02
Davis Interpersonal Reactivity Index							
Fantasy	.02	-.08	-.02	.03	.03	.10	.15*
Empathic concern	-.20**	-.24**	-.21**	-.18*	-.27**	-.08	.00
Perspective taking	-.21**	-.11	-.05	-.04	-.15*	-.10	-.06
Personal distress	.18*	.14	.16*	.34**	.26**	.31**	.27**
Types of positive affect							
Safe	-.11	-.23**	-.26**	-.46**	-.47**	-.27**	-.41**
Relaxed	-.03	-.10	-.17*	-.27**	-.22**	-.17*	-.37**
Active	-.01	-.13	-.11	-.31**	-.28**	-.15*	-.20**
FSCRS							
Inadequate self	.27**	.47**	.55**	.61**	.56**	.41**	.54**
Hated self	.32**	.51**	.61**	.62**	.59**	.48**	.44**
Reassured self	-.08	-.34**	-.45**	-.40**	-.48**	-.35**	-.42**
DASS							
Depression	.24**	.48**	.49**	.70**			
Anxiety	.23**	.40**	.42**	.54**			
Stress	.18*	.30**	.38**	.53**			

* $p < .05$; ** $p < .01$.

Note. TAS, Toronto Alexithymia Scale; FSCRS, Forms of Self Criticising/Attacking and Self Reassuring Scale; DASS, Depression, Anxiety, and Stress Scale.

a small negative correlation between fear of compassion *for self* and *relaxed*). Fear of happiness showed negative correlations with all three types of positive affect, but feelings of safeness in particular.

Fears of compassion, fear of happiness, and self-criticism

Both the fears of compassion and fear of happiness had moderate to high positive correlations with self-criticism (*inadequate self* and *hated self*) and moderate negative correlations with *reassured self*. Fear of compassion *for others* showed smaller correlations with self-criticism and no significant correlation with self-reassurance.

Table 4. Pearson's correlation matrix (two tailed) of study variables

	Safe	Relaxed	Active
TAS total	-.42**	-.21**	-.13
Difficulty describing feelings	-.41**	-.19**	-.20**
Difficulty identifying feelings	-.42**	-.29**	-.14
Externally oriented thinking	-.15*	.01	.03
Five Facet Mindfulness Scale			
Observe	.00	-.04	.03
Describe	.38**	.18*	.30**
Awareness	.30**	.16*	.15*
Non-judge	.38**	.27**	.21**
Non-react	.22**	.20**	.09

* $p < .05$; ** $p < .01$.

Fears of compassion, fear of happiness, and psychopathology

Fears of compassion were positively correlated with depression, anxiety, and stress. The link between fear of compassion *for others* and psychopathology was not as strong in comparison to fear of compassion *from others* and *for self*. A new and potentially very important finding for this study was the especially high positive correlation between fear of happiness and depression ($r = .70$).

Alexithymia, mindfulness and positive affect

As can be seen in Table 4, difficulties describing and identifying feelings are significantly linked to feelings of safeness more so than to the other types of positive affects. Externally orientated thinking is minimally linked to safeness but not at all to the other types of positive affect. These findings are mirrored for mindfulness where the ability to experience safeness is linked to mindful qualities.

Regression analysis

It is interesting to speculate about whether the different fears of compassion and happiness are linked to difficulties in being able to reflect, describe, and process emotions. This is especially interesting because affiliative positive emotion probably offers the secure base, which enables people to experience and explore their emotions. Individuals with the fear of compassion may therefore have difficulties in experiencing that degree of safeness, which inhibits their capacity for developing understanding and reflection on the emotions. Hence, a regression analysis was conducted to explore the relationship of different fears of compassion to alexithymia.

Alexithymia

The alexithymia total was entered as the dependent variable and the three fears of compassion and fear of happiness were entered as independent variables. The regression equation accounted for 36% of the variance [$F(4, 178) = 25.29, p < .001$]. The largest contributor to the variance was fear of compassion *from others* ($\beta = .30, p = .002$), followed closely by fear of happiness ($\beta = .23, p = .002$), with fear of compassion *for self*-approaching significance ($\beta = .17, p = .056$).

Discussion

There is increasing interest in the relationship between people's abilities to experience and tolerate positive emotions, and vulnerabilities to psychopathologies (Arieti & Bemporard, 1980; Dillion & Pizzagalli, 2010; Gilbert, 2007, 2010; Gilbert, McEwan, Chotai, *et al.*, 2011; Gilbert, McEwan, Matos, *et al.*, 2011). This study extends this research in a number of ways. First, we developed a new scale to measure fears of 'general' positive feelings – called the Fear of Happiness Scale. Second, we explored fears of compassion and happiness in relation to alexithymic traits, mindfulness, and empathy.

The psychometric properties of the new Fear of Happiness Scale are good with a Cronbach's alpha of .90. We forced a one-factor solution on this scale because of high cross factor loadings. However, there was an indication that it might be possible to classify fears of happiness into more subtle dimensions. For example, our scale hinted at a fear of feeling happy 'because something bad could happen' and this might differ from feeling one 'does not deserve to be happy'. We suggest this could be a fruitful avenue for future research.

The correlation analysis revealed that fears of compassion *from others* and *for self* are linked to difficulties with mindfulness and alexithymia, difficulties in feeling safe and being self-reassuring, and elevated self-criticism. It is notable that for all correlations, the fear of having compassion *for others* is less correlated with the study variables. As suggested by Gilbert, McEwan, Matos, *et al.* (2011), accepting compassion from others and for the self might operate through different processes than having compassion for others.

The finding that fears of compassion were associated with self-criticism supports the findings of previous studies (Gilbert, McEwan, Chotai, *et al.*, 2011; Gilbert, McEwan, Matos, *et al.*, 2011; Longe *et al.*, 2010; Rockliff *et al.*, 2008; Rockliff *et al.*, 2011) and clinical experience that self-critical people actually have a fear of being kind to themselves (Gilbert & Procter, 2006). In addition, fears of compassion were strongly linked to depression, anxiety and stress. This is in line with previous studies (Gilbert, McEwan, Matos, *et al.*, 2011) and on-going studies (Gilbert, McEwan, Chotai, *et al.*, 2011). Pauley and McPherson (2010) found that depressed patients felt that increasing levels of compassion would be helpful to them but very difficult to do and hard to experience. This was partly linked to depression and feelings of not deserving compassion.

The finding that alexithymia is associated with depression is consistent with other studies (e.g., Hintikka, Honkalampi, Lehtonen, & Viinamäki, 2001; Honkalampi, Hintikka, Laukkanen, Lehtonen, & Viinamäki, 2001). In addition, alexithymia was associated with self-criticism. Whilst we are unable to speculate about causal links, it is possible that people who become self-critical quickly may not allow themselves time or space to stand back and reflect, and may be anxious about what they would feel if they did reflect. It is also unknown how helping people to reduce self-criticism might impact on alexithymic traits. It is possible that an immediate reaction to difficult experiences can be filled with frustration, self-criticism, and hostility. This can be targeted through mindfulness training as time and space to slow down and reflect on experiences is a pertinent feature of mindfulness. To further explore the relationships of the fears of compassion and happiness with alexithymia, we conducted a multiple regression. This revealed independent effects of fear of compassion *from others* and fear of happiness. Fear of compassion *for self* was approaching significance. Therefore, if one is fearful of receiving compassion and kindness, this may be linked to poor abilities to explore and

reflect on feelings and be mindful. This in turn, may curtail the ability to be curious and reflective of one's own and other people's mental states. Indeed, this study explored the effects of different types of positive emotions with alexithymia, mindfulness, and depression. Consistent with the idea that it is the experience of safeness and contentment that is key to developing emotion competencies, we found it was the safeness subscale that best predicted alexithymia, mindfulness, and depression. There does seem to be an intimate relationship between certain types of positive emotion and these internal, cognitive, and attentive reflective competencies.

Another key finding of this study is the high correlation between fear of happiness and depression. Indeed, we were surprised by the size of the correlation at $r = .70$, this indicates that clinicians probably need to explore fears of happiness in detail and in terms of enhancing well-being. We should not assume that 'challenging negative thoughts' or increasing positive behaviours necessarily are experienced positively. As Arieti and Bemporad (1980) noted some depressed people really do struggle with allowing themselves to experience positive emotions in general and can have a 'taboo on pleasure'.

If people are avoiding positive emotions because they are frightened of them, this may indicate a chronic tendency towards toned-down positive affect and therefore anhedonia. We mention this because fear of positive feelings is different from anhedonia. Fears of compassion and happiness were highly associated with psychopathologies, whereas types of positive affect had small-moderate correlations with psychopathology. This may suggest that it is not simply a lack of positive affect (or anhedonia), which is associated with psychopathology variables, but an actual *fear* of positive emotions. Anhedonia is usually regarded as a loss of positive feelings in people who wish they could 'feel happy', whereas the fear of positive feelings involves avoiding these feelings despite having the ability to experience them (e.g., because of the fear something bad will happen). However, if one is avoiding feeling happy then this might be experienced as a form of anhedonia. White, Laithwaite, and Gilbert (in press) have suggested that anhedonia in psychosis could be linked to the activation of defeat states, since such states are known to tone-down positive affect (Gilbert, 2006). It is unknown how a fear of being happy might operate in defeat states.

A limitation to this study is the predominately female student sample (83%), which may not be representative of other populations. It will be useful to replicate this study in a clinical population so that implications for therapy can be addressed. In addition, although we have focused on the fear of positive emotions in this study, we note that some items in this scale may tap an element of fear of disappointment (i.e., that if one allows oneself to experience positive emotions this will ultimately result in disappointment when positive emotions are not forthcoming or fleeting). Future studies should also explore the fear of negative emotions (e.g., grief, anxiety, and anger) and any differences between the two. For the moment though, it would seem that studies in psychopathology (especially depression) and happiness could be advanced by exploring the fear of positive feelings.

The findings that fears of compassion are associated with alexithymic traits have therapeutic implications, especially for the therapeutic relationship. For example, if one can reduce the fear of compassion, and individuals can feel safe and validated by others (the therapist) then alexithymia may be reduced, and mentalization increased, an important focus in psychotherapy (Fonagy & Luyton, 2009).

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