

Research Progress on the Influence of People from Childhood Trauma to Fear of Compassion

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Abstract. Since the 21st century, psychology has gradually developed into a mature and recognized discipline, and mental health problems and mental health care have been paid more and more attention by researchers and patients. Compared with classic psychological themes such as depression and bipolar disorder, compassion and fear have received relatively little attention and research. Moreover, there is ample research evidence that most adults have experienced childhood trauma at some point. However, fear of compassion exists and affect people's real life and decision-making, and even affect the development and prognosis of mental diseases. In order to understand the influence factors of fear of compassion and childhood trauma on people's mental health and the diagnosis and treatment of mental disorders, to observe and discuss the consistency of relevant research methods and conclusions. This paper summarized the current research on fear of compassion and childhood trauma, collected research papers and reports on related topics in the past several years, in order to understand the correlation and research methods of fear of compassion and childhood trauma, and put forward some future prospects that have not yet been studied.

Keywords: Childhood Trauma; Fear of Compassion; behavior.

1. Introduction

Nowadays, with the development of economy and the progress and optimization of people's material life, however, mental life and health may lack of further attention and focus as well as that of material life, especially children's mental health. In the present society, the care and education of children by parents or teachers who have the obligation to raise and supervise are mostly at the material level and knowledge level, but children's mental health is often ignored. In addition, the experience of individual childhood trauma is likely to profoundly affect the future mental health development of children, and even lead to psychological disorders and diseases [1].

Childhood trauma refers to children, due to different degrees of threats, entails themselves suffered from different sources of bullying. In addition, some children, because of the long-term absence of guardians, their spiritual sphere has been lacking companionship and care, resulting in a lack of confidence and compassion [2]. At the same time, the results have proved that childhood abuse or neglect has an indelible impact on the occurrence and development of psychological disorders and negative emotions in future adolescents.

Fear of compassion is when individuals perceive receiving compassion as a sign of weakness and a negative self-image. A study of 226 patients with chronic depression pointed out that caring for patients' emotions and promoting patients' acceptance of compassion and self-compassion are conducive to improving patients' happiness during diagnosis and treatment, and also have a crucial impact on the treatment of chronic depression [3]. There is another survey studying on Iranian nurses pointed out that a certain correlation between lack of empathy and work fatigue exists, and respondents who fear compassion and self-compassion are more likely to experience job burnout [4].

Society should focus on children's mental health, while parents need to improve the protection and control of children's mental health status, timely identify the appearance or potential psychological problems and respond to them in a timely manner. In order to control the influence of childhood

trauma on fear, which is may influenced by events including personal characteristics, environmental factors, and childhood experiences and so on. This paper reviews how other articles referred to fear of compassion for better preventing children against violations.

2. Individuals Influence of Childhood Trauma

An article based on Interpretative phenomenological analysis (IPA) showed during psychotherapy, patients often fear the doctor's diagnosis and seek ways to delay receiving treatment services due to underlying compassionate fears or a fear of mental illness [5]. These behaviors and treatment practices are associated with childhood trauma. In the process of diagnosis and treatment dialogue between psychiatrists and patients, it may be necessary to focus on improving patients' happiness. Moreover, clinical doctors and nurses may need to search ways for reducing the misdiagnosis rate, the ambivalence of compassion and fear of patients, and also strengthen a reliable doctor-patient relationship, so that patients can get rid of self-blame, inferiority and tension.

There was research newly in 2024, which used the mediating model, clarified that there is a strong correlation between life events or negative effects in early childhood and fear of compassion, and mood disorders [6]. However, this study only investigated 368 male prisoners. Studies on female and general adults need further exploration. Besides, if there were research by Cohort study would be better to expound the correlation and causation between these two in depth.

On the contrary, another essay, which consisted 387 adults between 19 and 65 years old (69.5% females and 30.2% males), concluded in another side [7]. It studied through varied research, self-report scales, and samples illuminated childhood trauma may improve abilities about how individuals consider other's feeling, exercise compassion and self-compassion, and the effects are not just temporary. What is more, there is a cross-sectional study about 143 doctors in Portugal said that doctors who have had traumatic experiences have greater confidence and compassion in dealing with patients, both in therapy and in communication [8].

To sum up, these similar studies had very different results. On the one hand, childhood trauma is thought to be associated with fear of compassion in adulthood. On the other hand, sexual abuse, emotional abuse, and neglect may be objective factors that increase empathy and compassion. Considering individuals' psychological characteristics, different research samples may be the reason for the difference in results, which means that the existing research sample size is still insufficient. In order to reduce the random error and bias, and make the suggestion more reliable, there is a good solution that enlarging the size of group and further analyze and discuss the population with different characteristics. In addition, if the samples are selected into too specific a population, such as prisoners, as a study sample, will there be obstacles to generalizing the findings to the general population? Other relevant analyses are needed to rule out potential misinformation.

3. The Influence of Fear of Compassion

Current research results tend to believe that fear of compassion is derived from a variety of possible influencing factors, either as a concomitant symptom caused by other psychological disorders, diseases, or as a psychological phenomenon that has an important impact on people's daily life, decision-making and interpersonal communication. Some scholars believe that although the main symptoms of patients (such as depression) can be controlled to a certain extent, patients in reality to harvest others' sympathy or sympathy for others still show varying degrees of worry and anxiety, which is also not conducive to the diagnosis and treatment of main symptoms [9]. Another important source of fear of compassion is the emotional exhaustion and diminished ability to empathize as a result of prolonged exposure to the pain or trauma of others. For instance, a scale collecting research for 293 professional-related persons, including teachers, police and nurses, disclosed a significant variation among these employees [10]. Their special position inevitably involves receiving too much trauma or pain from others. They are emotionally exhausted and lack the necessary emotional support.

The statistics scale and calculation also proved a particular idea: Once empathy of the special workers dries up, it will become difficult to continue expressing compassion to others, which results in decreased productivity at work, or emergence of psychological disorders such as anxiety and depression. Furthermore, another study analyzed and pointed out that the influence of sympathy and fear of compassion on the level of moral expansion is unique [11].

Another research has also pointed out that compassionless also plays a significant role in common psychological disorders such as anxiety, especially the negative part, which is not conducive to the complete of psychological counseling and diagnosis and treatment services [12]. In terms of controlling the effects of fear of compassion on people, this study has important ethical implications for future exploration: whether the moral expansion of individuals or societies can be used to intervene or eliminate fear of compassion in order to promote the development of mental health. This requires further research and evidence collection in the future.

4. Relation between Trauma and Fear

Fear of compassion is not only found in workers in specific occupations who frequently take care of others, but also in other groups, especially that of adolescents, is also worth studying.

A cross-sectional study using an online assessment sample of Australian women tentatively demonstrates an association between self-compassion and childhood trauma [13]. The study suggested that respondents with greater self-compassion reported greater happiness after experiencing childhood trauma. Therefore, it is necessary to alleviate self-fear and cultivate compassion in order to reduce the harm of childhood trauma to the interviewee's psychology. A study of childhood experiences in the United States used the 17-question ACEs questionnaire and suggested that most adults have suffered at least one childhood trauma that has a profound impact on the individuals' consciousness and behavior in adulthood [14]. This behavior is to some extent consistent with the appearance of fear of compassion, but there still needs to be good evidence of the connection between these two. An early 2020 review provided more appropriate design ideas and analytical strategies for the topic of childhood trauma research, and pointed out problems with older measurement methods [15]. The conclusions of this study can serve as a strong basis for the design of experiments to analyze the potential influences of fear of compassion and childhood trauma.

5. Prospect

At present, many studies have used methods including a special scale to explore the relationship between fear of compassion and various psychological phenomena or psychological disorders and treatment processes, or the negative impact on specific working groups. However, little has been written about the relationship between the fear and the trauma. The dominant research view is that fear of compassion stems from professions that often help others, such as doctors and police officers. These workers face external pain and trauma for a long time, leading to the gradual exhaustion of empathy, so that it is difficult to express compassion, and even affect work efficiency.

There is insufficient research evidence to support a direct causal relationship between these two words. In the future, if a sufficiently long and representative cohort study is conducted to scientifically elucidate the potential connections from children's pain to the loss of empathy, it will be able to provide sufficient evidence to reveal the association between symptoms and psychological phenomena of patients in a state of fear of compassion. Familiar with the application value of childhood trauma in the field of self-compassion can provide a new option or idea to promote the treatment and recovery of compassion for patients.

The psychology of teenagers has a strong plasticity, compared with adults, youngsters are closer to the time when they suffered childhood trauma, and adolescents with childhood trauma experience need more care and protection. If possible, more research on the psychological phenomena of

childhood abuse and neglect can be conducted in the future, mainly on the adolescent group, so as to comprehensively observe the inner relationships.

6. Conclusion

Nowadays, childhood trauma is gradually becoming an objective factor that cannot be ignored to affect the physical and mental health development of adults. At the same time, a large number of articles focus on exploring how traumatic experiences in pupils affect adult consciousness or behavior. Some papers conclude that there is a positive correlation between the two, while others argue that a negative correlation. It is also worth exploring what factors lead to the differences in the results of the studies.

Many scholars have been exploring to what extent that childhood trauma leads to psychological disorders such as anxiety, depression, and bipolar disorder. This overview selected relevant literatures in recent years and found that fear of compassion is a possible intermediate factor, and few studies examined the association between intermediate factors and childhood trauma. That could be a significant factor affecting psychological awareness and empathy in adults, and has a potential correlation with childhood trauma. At present, there is not enough scientific evidence to support this idea, so the article points out that future studies on childhood trauma may consider adding variables such as fear of compassion in order to obtain clearer data and conclusions and reveal the association between childhood trauma and fear of compassion.

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