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The Compassion Scale

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THE COMPASSION SCALE

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Dedicated to:

Faith

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## DEVELOPMENT OF A SCALE TO MEASURE COMPASSION

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These studies define a Buddhist conceptualization of compassion and describe the development of the Compassion Scale. The definition of compassion was adopted from Neff's (2003) model of self-compassion that proposes that the construct entails kindness, common humanity, and mindfulness. The six-factor structure was adopted from the Self-Compassion Scale (2003) representing positively and negatively worded items of the three components proposed to entail compassion. The six-factors for compassion are named: kindness vs. indifference, common humanity vs. separation, and mindfulness vs. disengagement. Study 1 was conducted to provide support for content validity. Study 2 was conducted to provide initial validation for the scale. Study 3 was conducted to cross-validate findings from the second study. Results provide evidence for the structure of the scale. Cronbach's alpha and split-half estimates suggest good reliability for both samples. Compassion was significantly correlated with compassionate love, wisdom, social connectedness, and empathy providing support for convergent validity. Factor analysis in both samples indicated good fit using Hu & Bentler (1998) criteria. Results suggest that the Compassion Scale is a psychometrically sound measure of compassion. Given that Buddhist concepts of compassion are receiving increased attention in psychology

(e.g. Davidson, 2006; Gilbert, 2005, Goetz, 2010) this scale will hopefully prove useful in research that examines compassion from a non-Western perspective.

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## Chapter One: Introduction

“I consider that compassion is the base, sovereign support of humanity.”

-The Dalai Lama

The study of psychology has developed within a period of little over a hundred years. However, within that span of time compassion has received little attention and has mostly been neglected within the field of psychological study (Gilbert, 2005, Goleman, 2003; Harrington, 2002; Kristeller & Johnson, 2005; Sarason, 1985). In fact, Glaser (2005, p. 3) so aptly states that: “though much of psychology circles around the vale of compassion, nowhere does it make compassion central to the foundation, process, or goal of psychological health and wholeness.”

Despite the lack of attention, the field is beginning to become aware of compassion and note its relevance. For example, Gilbert (2005) edited a published volume containing various authors’ perspectives to conceptualize and integrate compassion’s use in psychotherapy. Further, Davidson & Harrington (2002) have also produced a book generated from a conference in 1995 with the Dalai Lama that brought various scholars from psychology, psychiatry, ethics, and philosophy to begin to question the nature, purpose, and science of compassion. In groundbreaking preliminary research, Davidson (2006) has begun to investigate brain activity of Buddhist monks while they were meditating specifically on compassion. In 2004, the Compassionate Love Research Conference took place in Washington, D.C. to investigate “other-centered love.” A year later, Sprecher and Fehr (2005) published the first scale solely devoted to the measure of love and/or compassion called the Compassionate Love Scale.

Undeniably, the work of researchers like Sprecher and Fehr is sorely needed. In order to open up the possibility of empirical study and further the dialogue about

compassion in psychology, it is necessary to be able to measure the construct.

Researchers are beginning to make a specific and explicit call for the measurement of compassion (e.g. Mikulincer & Shaver, 2005; Wang, 2005) and for the study of compassion more generally (Allen & Knight, 2005; Gilbert, 2005; Goleman, 2003 Harrington, 2002; Wang, 2005).

In Sprecher & Fehr's (2005) Compassionate Love Scale, compassion is conceptualized as a type of love that can be expressed both to close others and to all of humanity. Sprecher & Fehr decided to name the scale compassionate love due to the work of Underwood (2002, p. 78) who suggests that compassion alone leaves out "some of the emotional and transcendent components" that love would include. Compassionate love is defined as a behavioral, emotional, and cognitive attitude focused on care and concern for others that manifests itself in supporting and helping in times of suffering and need (Sprecher & Fehr, 2005). This type of love is described as selfless and self-sacrificing.

An alternative conceptualization of compassion is offered in Neff's (2003a) article introducing the concept of self-compassion. In this work compassion is defined as "being touched by the suffering of others, opening one's awareness to others' pain and not avoiding or disconnecting from it, so that feelings of kindness towards others and the desire to alleviate their suffering emerge" (p. 86-87). Within this definition lies the three elements that are proposed to compose self-compassion and compassion more generally. They include kindness, common humanity, and mindfulness (Neff 2003a, 2003b). Kindness is defined as being warm and understanding to others as opposed to being harshly critical or judgmental. Common humanity is the recognition of a shared human

experience that allows for a sense of connection to others. Mindfulness is an emotional balance that prevents over-identification or disengagement from the pain of others (Neff 2003a, 2003b).

Thus, Neff's conceptualization is somewhat different from the proposal of Sprecher & Fehr. Although both conceptualizations are focused on kindness and caring directed toward the suffering of others, Neff's proposal is drawn from Buddhist principles that suggest compassion also includes the elements of common humanity and mindfulness. This alternate conceptualization consistent with Buddhist principles will form the theoretical basis for a compassion scale that will be the focus of the present study.

Compassion is a very important over-arching concept within Buddhist thought. Unlike the Sprecher & Fehr conceptualization that suggests that the term compassion alone lacks transcendent qualities, in Buddhism compassion is a key, stand-alone concept. Compassion is suggested to be the beginning and essence of Buddhist philosophy (e.g. Dalai Lama, 1995; Dalai Lama & Cutler, 1998; Davidson, 2006; Hopkins, 2001; Ladner, 2004, Salsberg, 1997; Silk, 2000). In Buddhism's early development compassion was the catalyst that inspired the Buddha to take up his spiritual journey when he was exposed to the suffering of others (Pandit, 1999). Still relevant today, the Dalai Lama (1984) indicates that compassion is the building block of Buddhist practice and morality. Given the growing number of psychologists that are examining the mental health benefits of Buddhist practices such as mindfulness or loving-kindness meditation (Frederickson et al., 2008; Gilbert, 2005), it would be useful to develop and measure compassion from a Buddhist perspective.



### *The Benefits of Compassion*

The following section will specifically address uses and benefits of compassion. In specific, compassion may be helpful in that: 1) it may be associated with a host of positive psychological outcomes; 2) it could be a boon to explicitly recognize and develop in counseling and psychotherapy; 3) it may be transformative if encouraged and developed further in the fields of medicine and education; and 4) and it would be helpful to practice in everyday interactions with families.

### *Psychological Outcomes*

Davidson (2006) has done some preliminary study of brain activity in monks while they were engaged in compassion meditation and found activation in parts of the brain that are associated with positive emotion. Thus, this finding suggests that there may be a link between compassion and happiness. In Buddhist traditions, it has long been suggested that compassion is linked to happiness (e.g. Dalai Lama, 2002c; Ladner, 2004; Wang, 2005) and may be protective against negative emotions such as fear, anger, envy, and vengeance (Goleman, 2003). A western perspective recognizes the benefit that can result from being a recipient of a compassionate act. However, what may be provocative in these preliminary findings and in Buddhist thought is the suggestion that the donor is also benefiting from the generation of their own compassion for others. This idea that the donor may also be receiving a positive impact from the generation of compassionate feelings is beginning to be recognized (e.g. Crocker & Canevello 2008; von Deitze & Orb, 2000; Goleman, 2003; Shaver & Mikulincer, 2004).

Thus, compassion may act as a protective agent against various negative psychological conditions and given its affiliative nature it may also be associated with

improved social relationships. Crocker & Canevello (2008) in a recent study suggest that compassionate goals may be associated with a host of positive outcomes such as improved social bonds, enhanced well-being, feeling less lonely, depressed, and anxious. In Sprecher & Fehr's (2005) conceptualization of compassion in the development of the Compassionate Love Scale they found that compassionate love was positively associated with empathy, helpfulness, volunteerism, and social support.

A closely related construct to compassion, self-compassion has been proposed and has been found to be associated with a variety of positive psychological outcomes (e.g. Neff, 2003a, 2003b). Given that self-compassion and compassion presumably share common properties, some of Neff's findings may lend support for the association of compassion with markers of positive functioning. In Neff's (2003b) study, she found that self-compassion was positively correlated with life satisfaction, social connectedness, and emotional intelligence suggesting an overall connection to positive well-being. Further, she found that self-compassion had a significant negative correlation with self-criticism, neurotic perfectionism, anxiety, and depression. These encouraging results help support the necessity of similar research with compassion to examine the possibility of comparable findings.

### *Psychotherapy*

Compassion's usefulness is beginning to be specifically recognized in the field of counseling and psychotherapy (e.g. Gilbert, 2005; Lewin, 1996; Firestone et al., 2003; Matta, 2004; Sarason, 1985). Stosny (2004) suggests that a lack of compassion can initiate power struggles within families and is the most common reason why people go to

family therapists. Ladner (2004) makes a passionate plea for the inclusion of compassion in society and therapy and suggests we are limiting ourselves without it:

Without any means for developing the qualities that give life meaning and that bring genuine peace and joy, we are left to follow the advice of advertisers, purchasing things and seeking entertainment to find the happiness for which we hope. The more psychologically minded of us are left to seek pills to bring happiness through changes in brain chemistry, or we're left to think endlessly about our childhoods, our self-esteem, our boundaries, and our coping skills for getting as many of our desires met as is humanly possible. Without any real emphasis on sincere love, compassion, contentment, and joy, we are left with a terribly limited approach to psychology, which is useful in curing certain pathological conditions but offers us almost nothing when it comes to living good lives or teaching our children to do so. In brief, we are left poor of heart.

(p. xv – xvi).

Not only is there a call for compassion in society and therapy, but also a striking observation about professional programs for training in care-giving fields. Sarason (1985) reports that there are no selection criteria to assess compassionate ability for admission to programs in care-giving professions that require compassionate care. For example, assessment for admission to counseling fields is based primarily on academic capabilities evaluated on the basis of test scores, written essays, and grade point averages. Some information about the personable qualities is sometimes gleaned from short on-site or phone interviews, but is not always required for admission. Some graduate students in programs in counseling and psychology report that they do not receive any specific

training in compassion in order to work with future clients (Ladner, 2004; Sarason, 1985). Once in the field, practitioners are expected to treat psychological pain without the aid or understanding of compassion (Glasser, 2005). In fact, Glasser (2005, p. 5) says that, “we have left the practice of compassion to the winds of chance. To say it may sound unbelievable and absurd, but it is true.”

Despite the desperate plea for compassion in society, therapy, and in training programs for professionals, it would be amiss to say that counseling theory is completely devoid of any discussion of warmth and kindness in the care of clients. It should be taken into consideration that other terms that are considered more scientifically appropriate have been discussed in counseling and therapy that are closely aligned in meaning to compassion. Gilbert (2005) suggests a variety of alternative names for the concept of compassion that has been utilized in psychotherapy including empathy, unconditional positive regard, containment or holding, client-therapist rapport, and working alliance. Gilbert & Irons (2005) indicate that the working relationship or rapport is the same concept as compassion because similar to compassion, these terms suggest a process that helps the client feel safe and create a bond with the therapist in order to facilitate therapy.

Bates (2005) suggests that compassion is a boon to psychotherapy in general because it creates a safe and supportive environment that allows for the exploration of distressing topics. Specifically, Greenberg and Paivio (1997) report that the presence of compassion in the therapeutic alliance allows for a new view point to be developed in order for the client to examine painful experiences. Teasdale (1997) describes this view-point as a way for the client to separate their problems from their identity thus issues and concerns are no longer inherent to the client and change is therefore possible.

A new meaning is created for the experience (Teasdale & Barnard, 1993). This dynamic is carried from counseling into a general life practice where individuals learn to relate differently to themselves. This process is referred to as a new “self-to-self” relating (Gilbert & Irons, 2005). This way of relating to the self can also be called self-compassion and is the focus of an emerging body of work (e.g. Leary, 2007a, 2007b; Neff, 2003b; Neff et al., 2007).

Self-compassion, compassion, and the dialogical interchange between them in therapy are theorized to be particularly crucial in group counseling (Bates, 2005) and for the remediation of depression (Allen & Knight, 2005; Crocker & Canevello, 2008; Teasdale, 1997). The therapist’s demonstration of compassion allows for the client’s internalization of warmth and kindness and serves as a model for the client to be more self-compassionate. While it is possible for a therapist to induce self-compassion through compassionate counseling, it is also possible for clients to learn it from each other in group counseling as it can be observed and absorbed in a context of interacting with others. In fact, compassion in group therapy is considered essential to creating an open and honest environment for clinical work (Bates, 2005). When compassion is expressed from client to client, the experience can seem particularly real and transformative (Bates, 2005).

Compassion has also been theorized to be of particular use in depression. Allen & Knight (2005) suggest a variety of reasons why compassion may be specifically helpful to the remediation of depression. First, compassion is other-centered and it is theorized that a shift in attention can alleviate negative self-focus in depression to a more positive other-focus in compassion. Second, a compassionate mind-set does not lend itself to a

negative or hostile world-view. Thus compassion may buffer a general pessimistic perspective. Third, this compassionate attitude is theorized to positively affect behavior decreasing social withdrawal and thereby facilitating the possibility of social interaction with others. In sum, compassion is posited to have some buffering effects from a negative self-focus, a pessimistic world-view, and social isolation that when taken together may contribute to the amelioration of depressive symptoms.

Consequently, there seems to be theoretical support for the beneficial effects of compassion for clients in the counseling experience. However, some researchers are suggesting that professional care-givers may have difficulty sustaining compassion for their clients (e.g. Adams, Boscarino, & Figley, 2006; Figley, 1995; 2002; Hesse, 2002; Jenkins & Baird, 2002; Kanter, 2007; Sexton, 1999). This phenomenon is called compassion fatigue. In compassion fatigue, counselors may become depleted due the emotionally demanding nature of their profession (e.g. Figley, 2002; Keidel, 2002; Kinnick et al., 1996; Pieper, 1999; Sexton, 1999). Compassion fatigue can be defined as “the formal caregiver’s reduced capacity or interest in being empathetic” (Adams, Boscarino, & Figley, 2006, p.103) and is considered the “natural consequence of working with those who have experienced a trauma or another stressful event” (Meadors & Lamson, 2008, p. 26).

This practical concern in helping professions necessitate research attempts to seek out answers for the failure of compassion in these instances. The deleterious effects of compassion fatigue are theorized to be numerous. First, there is a negative impact on the professional care-giver experiencing compassion fatigue because it leads to emotional exhaustion (e.g. Hesse, 2002; Jacobson, 2006; Salston & Figley, 2003). Second, it can

lead to clinical errors that could jeopardize the care of clients (e.g. Hesse, 2002; Pfifferling, 2008). Third, it can have a negative impact on the workplace environment as a whole (Meadors & Lamson, 2008). Further research on compassion would permit an investigation of its possible application to the remediation of this condition.

However, it is unclear what connection compassion fatigue has to compassion. Originally, compassion fatigue was referred to as Secondary Traumatic Stress (STS), but Figley (1995) introduced the term compassion fatigue to provide a more user-friendly and a less stigmatizing connotation to the phenomenon (Bride, Radey, & Figley, 2007; Jenkins & Baird, 2002). In addition, other terms such as burnout, vicarious traumatization, empathetic stress, and counter-transference have been used to describe the experience (Sexton, 1999). Therefore, given the multiple names for the experience, it is unclear if compassion or lack of compassion is the key ingredient that defines the disorder. Further research in both compassion fatigue and into the nature of compassion may begin to answer some of these questions.

Additionally, and of note, conceptualizations of compassion may have an impact on the understanding of how this condition is understood and named. In the Sprecher & Fehr's (2005) conceptualization of compassionate love the main element of the construct is kindness. Thus, it is possible to be taxed to the point where kindness is difficult to maintain in the face of one's own emotional strain. However, in Neff's (2003a, 2003b) conceptualization compassion is not only defined by kindness but also mindfulness. Thus, this element of mindfulness allows for a sort of emotional balance that prevents an individual from focusing on their own emotional distress in order to continue to have feelings of compassion. Due to the presence of mindfulness within its definition, the

fatigue of compassion could be considered a contradiction in terms. Taking the element of mindfulness into account, once an individual experiences fatigue it would no longer be compassion that is experienced. Research into how compassion is conceptualized, generated and/or how it may be regained after emotional stressors may provide valuable information about how to prevent or remediate compassion fatigue. Therefore, this would be yet another reason to examine the properties of compassion as it could serve as a defense against the harmful effects of compassion fatigue.

In short, compassion may facilitate a positive context for counseling both in individual and group settings, may assist a client's ability to be more self-compassionate, and may aid specifically in the remediation of depression and compassion fatigue. Clearly, given these theoretical suppositions, compassion is worthy of investigation to understand its possible application in psychotherapeutic settings.

### *Medicine*

The salience of compassion extends to other fields such as the medical field (e.g. Coulehan & Williams, 2001; Kemper et al., 2006; Lally & Barber, 1974; Rousseau, 2004; Strasser et al., 2005; von Dietze & Orb, 2000). Specifically, compassion is listed in Item 1 of the American Medical Association's Principles of Medical Ethics (1981) as an important quality of a physician. Lally & Barber (1974) suggest it serves a protective function for the rights and welfare of patients. Furthermore, patients also view it as an important quality in physicians (Strasser et al., 2005).

Yet, there are barriers within the medical field that question if compassion is as useful as it would seem on the surface. Ladner (2004) indicates that some medical school students report that empathy or compassion for patients is discouraged in training



programs because it is assumed to taint objectivity in medical judgment and encourage inefficiency in making rounds in a timely manner. Kim (2007) also reports that feeling compassion is considered dangerous because it can lead to compassion fatigue or burnout. Therefore, the implied remedy to this problem is to refrain from feeling compassion all together thus averting the concern of becoming emotionally overtaxed. Thus, currently, the medical field seems to have a mixed message of valuing compassion theoretically but questioning it in actual practice.

Robert Thurman in the forward to Glaser's (2005) book on compassion predicts that compassion will cease to be questioned in the future and will be embraced as a valuable quality in the field:

I predict that decades from now, when more and more individuals have used Buddhist education to their own relief and satisfaction and have continued with it as a service to others, the whole nature of medicine and healing in our society will have changed. Compassion will have become a working watchword, a constant presence, a sine qua non, a powerful stream of life-giving water (p. xii).

In accord with this prediction, research is beginning to investigate compassion and its relationship to better medical health outcomes (e.g. Strasser et al., 2005). In a practical application, Kemper and colleagues (2006) provided compassion meditation training to second year medical students to enhance care to patients and to develop protective skills against compassion fatigue and burnout.

In sum, further research on the nature of compassion in the medical field may help clarify the conflict between valuing compassion as an ethical principle while simultaneously rejecting it in practice for fear that it may interfere with medical

objectivity, workplace efficiency, and effective practice given the hazards of burnout.

More research may elucidate if compassion is salubrious to patients as theorized and if it can act as a buffer from compassion fatigue for medical service providers.

### *Education & Families*

In education, the integration of intentional training of compassion for teachers is beginning to be suggested (e.g. Goleman, 2003; Miller, 2006; Post, 2005). Further, recommendations that children be taught and learn emotional coping and regulation strategies are being proposed as well (Goleman, 2003; Izard, 2002; Mayer & Salovey, 1997). Goleman (2003) specifically makes mention to Columbine in regard to how compassion might have transformed that situation and other similar situations if social and emotional learning was taught to students and made a priority in schools. It could be considered imbalanced that children are taught academic skills explicitly, but are left to their own devices to learn how to interact socially with their peers and to successfully avoid the “school yard bully.” In Davidson & Harrington (2002), the Dalai Lama suggests that explicit instruction of compassion could transform families and schools so that compassion becomes widespread in society in order to “change humanity.” (p. 242).

In families, compassion may be a particularly applicable skill to parenting. It seems amiss that there is an emphasis on education in society without very much instruction on effective parenting. It is odd that this is not considered an important educational topic particularly due to the fact that most people become parents and it is a serious and important endeavor. It is left up to individuals to either self-educate or to struggle along with their pre-existing knowledge and skills throughout the parenting process.

Consequently, more information about compassion and its use in educational settings and families might be transformative for society. Specifically, it may: 1) ease the early social terrain that children have to navigate without instruction; 2) buffer the occurrence of violent and tragic events taking place more and more in educational settings; and 3) provide information on better parenting practices.

In conclusion, compassion may be associated with a variety of positive psychological outcomes such as happiness, improved social relationships, and may be protective against a host of negative emotions such as anxiety, fear, and anger. Within psychotherapy, it may be useful as a positive context for clinical work in both individual and group therapy, promote better interpersonal and intrapersonal functioning, and may be of particular use with the treatment of depression and compassion fatigue. Compassion is considered valuable in the medical profession as an ethical principle, a protection for the right of patients, and an important quality that patients seek in their service providers. In education, it serves an important function for teachers to provide a good learning environment and for students to learn emotional coping strategies. Finally, for families, it is a way for parents to build relationships with their children and teach compassion as a skill that could be passed on to others as a means to transform society.

## Chapter Two: Literature Review

“In the last thirty years some psychologists have begun research on altruism and empathy, though they had not yet linked those with the idea of compassion. The time is ripe for the field to pay attention to compassion as well as positive emotions in general.”

-Ervin Staub

### *Western Views of Compassion*

The topic of compassion arises in Western circles particularly and more explicitly in the context of Christian religious traditions and within philosophical discourse.

Although mentioned in a cursory fashion in the works of Plato, the first in-depth treatment of the topic appears in Aristotle’s *Rhetoric* (Aristotle, 1385/1984). In fact, Socrates, Plato’s teacher and many of the Stoics believed that good people cannot be harmed and thus an emotion like compassion was dispensable because it was believed that compassion should only be reserved for the innocent (Vlastos, 1991). Thus, Aristotle’s notion of compassion is one of the earliest Western philosophical definitions of the construct. First it should be mentioned that the word that Aristotle often used was pity and that pity had often been used interchangeably with compassion. It was not until Victorian era that pity’s definition transformed and an acquired element of contempt or condescension was introduced into its meaning (Nussbaum, 1996). Aristotle (1385/1984, p. 113) defined pity or compassion as “a feeling of pain at an apparent evil, destructive or painful, which befalls one who doesn’t deserve it, and which we might expect to befall ourselves or some friend of ours, and moreover befall us soon.”

Various modern philosophers suggest that from the work of Aristotle sprung three requirements that must be in place for an individual to feel pity or compassion: 1) the suffering or trouble must be viewed as a serious issue or problem; 2) the sufferer must not

be responsible for their own suffering; 3) the individual feeling compassion must be able to picture himself or a similar loved one or friend in the same situation (e.g. Cassell, 2002; Nussbaum, 2001).

Reflecting the notions of the early philosophers Plato and Aristotle, a debate on the viability of compassion as a valuable emotion for human interaction and society ensued in philosophy. Various philosophers either supported the study of compassion and others dismissed it on the belief that compassion was an irrational emotion. For those that considered it irrational, it was suggested that it did not have much place in the human condition and society in general (e.g. Brown, 1996; Kant, 1797/1971; Nietzsche, 1887/1956). Nussbaum (1996) summarizes the problem with compassion for those philosophers that rejected it: 1) compassion is considered to be an emotion without any cognitive element; or 2) the cognitive element in compassion is considered to be faulty.

Nussbaum (1996) explains that the opposers of compassion view the belief that bad things happen to good people as flawed reasoning. In this tradition of thinking, the only valuable aspect of life is developing reason. Once this is attained, it cannot be taken away. Ill circumstances in life are inconsequential and therefore unworthy of attention or compassion. In this line of thinking, compassion falls away. In the first condition, an individual has attained reason and that cannot be taken away. Therefore, there is no need for compassion. If an individual feels a loss for any other element in life besides reason, it is considered to be foolish. In the second condition, an individual has not attained reason. In this scenario, it is the individual's own responsibility that he has not developed reason and therefore is unworthy of compassion. Kant (1797/1971), a supporter of this position indicates that the recipient of compassion is insulted because he is unworthy of the

sentiment. Further, the giver also insults their own dignity in offering it. He indicates compassion should not be a process that occurs between human beings because it demeans both parties.

Nietzsche (1887/1967) indicates that this type of sentiment directed towards the self can erupt in anger towards a world that is considered callous. In this line of argument against compassion, compassion is actually considered to be dangerous and a catalyst for vengeance when an individual feels sorrow for their own misfortune. Compassion, in this view, must be kept in check in order to diffuse violence and chaos. Some modern views of compassion may not conceptualize it as such a risky and fearful emotion, but still dismiss it as a pointless endeavor. For example, Brown (1996) views compassion an over-idealistic aspiration that has little relevance in the practical world. Further, he suggests that offering compassion in instances where self-harm is risked is simply irrational (Brown, 1996).

However, there are some Western philosophers that support the notion of compassion. These philosophers saw compassion as an ethically valuable emotion because it was their contention that bad things do sometimes happen to good people. A supporter of Aristotle's definition, Rousseau (1911/1963) provides further illustration one of the elements (common humanity) of the three part definition suggesting that a sort of identification is necessary for individuals to feel compassion. In Rousseau's (1911/1963) *Emile*, Rousseau indicates that Kings have so little compassion for their subjects because they are ignorant of their subject's position. It is suggested that once a King understands the fate of his subjects as related to his own, then his perspective changes and compassion is possible. Further, Hobbes (1651/1962), Hume (1888/1978),

Schopenhauer (1844/1966), and Blum (1987) all similarly give accounts of the importance of identification and mental imagining of oneself in the position of the sufferer to illicit compassion. Further, various other philosophers have embraced it indicating that it provokes a sense of shared humanity (e.g. Blum, 1980; Cassell, 2002).

In Christian traditions, the conditions set forth in Aristotle's definition are not required. Compassion is offered regardless of the innocence of the sufferer. In fact, the good news in Christianity is that despite the fact humans are sinners, God still has mercy and compassion (Psalms 86:11; Psalms 111:4; Psalms 112:4; Lamentations 3:22; Micah 7:19 ) (Authorized King James Version). When God's people sinned, He still forgave them (Psalms 78:38) (Authorized King James Version). Jesus demonstrated compassion many times when he offered people healing (Matthew 14:14; Matthew 20:34; Mark 1:41) (Authorized King James Version), exorcised unclean spirits from afflicted individuals (Mark 9:22) (Authorized King James Version), and offered spiritual teachings (Matthew 9:36; Mark 6:34) (Authorized King James Version). He recognized their suffering in illness and in the lack of knowledge for spiritual fulfillment.

Two Christian parables demonstrate the importance of compassion within the Christian tradition. In the story of the Good Samaritan (Luke 10:33) (Authorized King James Version), a Samaritan helps an injured person on the side of the road even after others including a priest passed the individual without assisting. Within the biblical context, Samaritans were considered to be an out-group to God's chosen people. Thus, this illustrates not only compassion, but also the importance of treating all people with compassion even across barriers. In another famous parable referred to as the prodigal son (Luke 15:20) (Authorized King James Version), a man has two sons and one son

leaves home with his inheritance and squanders it. After realizing his mistake he returns home and his father filled with compassion receives him. Through his father's compassion he forgives his son and receives him back into the family. In both of these stories, the importance of compassion is illustrated as a moral lesson about how to live life as a good Christian.

These stories illustrate compassion as a moral lesson within Christianity, but it could even be suggested that the heart of Christianity involves compassion. Compassion lies at the center of the Christ's motivation in enduring the torture and crucifixion in order to absolve sinners of their original sin. Christ felt compassion for all of humanity and took on the burden of a painful death so that others may be free of sin.

Thus, Western conceptualizations have examined the relevance and definition of compassion within philosophical and intellectual discourse with some supporters and some dissenters of the salience of the construct for interpersonal interaction and use in society. Further, Christian tradition has underscored its importance in a morally upright life suggesting that compassion should be offered universally, in instances of forgiveness, and at a very high spiritual level of development in self-sacrifice.

#### *An Eastern Model of Compassion*

Neff (2003a, 2003b) has proposed a conceptualization of self-compassion derived from Buddhist principles that can also apply more generally to compassion. In this work compassion is defined as "being touched by the suffering of others, opening one's awareness to others' pain and not avoiding or disconnecting from it, so that feelings of kindness towards others and the desire to alleviate their suffering emerge" (p. 86-87).



Within this definition lies the three elements that are proposed to compose compassion more generally. They include kindness, common humanity, and mindfulness (Neff 2003a, 2003b). The following sections are a description of these three elements as they apply to compassion.

*Kindness.*

“It is a little embarrassing that, after forty-five years of research and study, the best advice I can give to people is to be a little kinder to each other.” –Aldous Huxley

Kindness is probably the element most recognized and associated with compassion in western conceptualizations. In fact, Lewin (1996, p. 27) in his book on psychotherapy defined compassion as “the knowing pursuit of kindness.” Neff (2003b) defines kindness within the context of self-compassion as “extending kindness and understanding to oneself rather than harsh judgment and self-criticism (p. 89). Thus, the concept applied more generally to compassion would essentially retain the same basic elements but would be applied to others. Therefore, compassion is offering understanding to others in instances of failure or suffering instead of being critical or indifferent. Understanding creates a sense of closeness or limits the perceived difference between the donor and the individual who is suffering. Gilbert (2005) describes this closeness as warmth and emphasizes its importance in his biopsychosocial approach to compassion. Warmth is characterized to be part of the care-giving system in the parent-child interaction that allows the child to feel protected and safe. Gilbert (2005) suggests that this social safeness system may be an underpinning aspect of compassion. Glaser (2005, p. 44) concurs suggesting that “compassion is characterized by warmth. This warmth is not fabricated or generated: it emerges naturally in the absence of aggression.”

Gilbert (2005) explains that when children receive love and are soothed in early life this develops psychological and biological systems that lay the foundation for the child to mature into a calm individual who is open to others because they feel safe. This disposition allows these children to develop in such a way that compassion is more likely in adulthood. Also, these adults can recall loving and soothing memories in instances of stress that help them regulate their mood. Supporting evidence for these claims have shown that children who are securely attached are more willing as adults to care for older relatives (Sorensen et al., 2002) and are considered to be more approachable and supportive by their peers (Priel et al., 1998). Contrasted to this, children can also develop a strong threat system when they are not cared for or feel endangered. Those children may become defensive because they do not feel safe. In adulthood they may be more likely to rely on defensive anger or fear in instances of stress (Gilbert, 2005).

These early developmental patterns that Gilbert suggests may have a powerful impact on the development of compassion. It is only logical that children who are treated with kindness will then have the knowledge and skills to act with kindness as adults. However, the implication here is more than that, it is that children develop beliefs about what kind of world that they live in and what to expect, and how to best respond. Kindness and warmth allow for the exploration of the world because it is safe. In these instances, the focus no longer has to be on the self and that frees an individual's attention up to be open and responsive to the suffering of others. Kindness can then flow naturally.

However, in instances where threat is present the individual feels the need to focus attention to the self as a protective response. When the focus is on the self, indifference to the suffering of others or a critical view of the world becomes more

adaptive because the attention to the safety of the self is an imminent priority. The threat creates a barrier for the natural response of kindness. Thus, the opposing construct to kindness would be indifference. Note that this is a different conceptualization from that of self-compassion. In self-compassion, the opposing construct to kindness is self-judgment. When a critical stance is turned inward, a sense of understanding for the self is lost and kindness slips away in favor of a critical and judgmental stance. When kindness is lost for others in compassion, a cold and apathetic response ensues.

*Common Humanity.*

“If we all reflect deeply, we will find that our common humanity is precisely the universal principle that can bind us all together peacefully.” - The Dalai Lama

Common humanity, the next proposed component in Neff’s model may not be as well known and associated with compassion as kindness. However, the concept is not foreign to western discussions. There is a famous phrase that conveys the sentiment. John Bradford, a religious man who while imprisoned watched another man going off to his execution stated: “There but for the grace of God, goes John Bradford.” This phrase became popularly adopted as “there but for the grace of God, goes I.” The meaning behind this suggests that John Bradford understood that he could easily be in the place of the man who was facing his execution. Thus, common humanity is recognizing that the plight of others is not divorced from one’s own understanding due to a shared human experience.

Neff (2003b) defines common humanity in self-compassion as recognizing that one’s experience is part of the larger human experience. Therefore applying it to compassion more generally, it is defined as the ability to see other’s suffering and pain as

part of the human experience as opposed to being a separate event. Recognizing and responding to suffering is commonly understood to be part of compassion. Suffering may underpin how common humanity works. Suffering acts as a common denominator that allows individuals despite their differences to understand, relate, and connect to each other through the experience of suffering, because it is a common human experience (Blum, 1980; Cassell, 2002; Dalai Lama, 1984; 1997; 2002a; Dass & Bush, 1992; Goldstein & Kornfield, 1987; Ladner, 2004). It renders all human beings as equal (Blum, 1980; Dalai Lama, 2002c; Hopkins, 1999; 2001; Ladner, 2004). In order to reiterate this premise in his lectures, the Dalai Lama is fond of beginning his talks by referring to the audience members as his brothers and sisters (Hopkins, 2001; Miller, 2006). He reports that he views everyone as a brother or sister because he understands their condition as a human being because he also is human. He has often repeated the teaching in his lectures that all human beings are the same because “we all want happiness and do not want to suffer” (Dalai Lama, 1984; 1997; 2002a).

This is not only an eastern concept but has also been present in western dialogues as far back as the time of early Greek philosophers. Cassell (2002) reports that from the time of Aristotle, it was generally accepted that a requirement for compassion was the ability to envision oneself in the same predicament of the sufferer. In other words, there is an identification with the sufferer, and the boundary between self and other becomes looser (Wang, 2005; Wayment & O’Mara, 2008). In fact, some even suggest that we begin to own and understand the suffering of others like it were our own (Dass & Bush, 1992; Ladner, 2004; Stosny, 2004). Blum (1980) articulates it well saying:

I can put this by saying that compassion involves a sense of shared humanity, of regarding the other as a fellow human being. This means that the other person's suffering (though not necessarily their particular afflicting condition) is seen as the kind of thing that could happen to anyone, including oneself insofar as one is a human being. (p. 511)

This understanding or wisdom creates a viewpoint that has been articulated as interconnection (Dass & Bush, 1992; Ferrucci, 2006; Miller, 2006), oneness (Salzberg, 1997; Wang, 2005), we-ness (Cassell, 2002), or collective self-identity (Wayment & O'Mara, 2008). Once this wisdom is finally garnished, the belief in separateness is considered to be a delusion (Ladner, 2004; Salzberg, 1995; Wayment & O'Mara, 2008). Glaser (2005, p. 27) emphasizes this in the statement: "we now know that even the movement of butterflies in China has a ripple effect throughout the world. There is no absolute separation, anywhere." Additionally, once this sense of connection is grasped it is also possible that it may be the motivating force that shifts a compassionate feeling to a compassionate act (Salzberg, 1997; Wayment & O'Mara, 2008).

In contrast, the absence of this perspective can lead to distancing and denying of the suffering of others (Ladner, 2004; Lazarus & Lazarus, 1994). A natural consequence of this is to start to engage in the in-group and the out-group classification of individuals. One of the most poignant historical examples of this is the holocaust. In interviews conducted with both individuals who helped Jewish families and those who did not, the critical difference was found to be how Jewish people were viewed. For those Europeans who helped, they reported that they viewed Jewish people as fellow human beings, but for those who did not help, they viewed Jewish people as outsiders (Monroe & Epperson,

1994; Oliner & Oliner, 1988). This phenomenon is also noted in post-war Jewish perspectives of Germans as well. For example, Wohl & Branscombe (2005) conducted a series of empirical studies with Jewish participants and were able to provide supporting evidence that when Germans were inclusively categorized as human, Jewish people blamed them less for collective responsibility of the holocaust. However, when Germans were categorized as an out-group, Jewish people assigned more collective guilt to them. In a more everyday example and with less severe consequences, Hopkins (2001) suggests that most people do it frequently when they classify some co-worker, neighbor, or customer service provider as a “jerk”. This label allows individuals to temporarily see this person as someone separate and different and therefore less deserving of respect.

One common way that individuals justify out-group classification is to dehumanize others (Goleman, 2003; Hopkins, 2001; Lazarus & Lazarus, 1994). Goleman (2003) reports that training for people who become torturers involves learning to deny the suffering of others by refusing to see the victim as human. Once the person is no longer human the suffering becomes tolerable to the torturer. It is divorced from their personal experience of being human. Further, Hopkins (2001) suggests that governmental entities when promoting war to its citizens make it more palatable by dehumanizing the opponent thus making killing and violence more acceptable. In these instances our common humanity is denied and out-groups and violence is the consequence.

Thus, a sense of separation is the opposing construct to common humanity. Once an individual is able to see another as separate from the self, it is possible to forego a compassionate response to that individual in instances of suffering. In

self-compassion if an individual does this to the self, that individual cuts themselves off from a sense of common humanity and become isolated. Thus, in self-compassion, isolation is the opposite of common humanity, but with compassion more generally it is conceptualized in a slightly different manner such that the opposing construct to common humanity allows for a sense of separation from others, particularly in instances where others are suffering.

*Mindfulness.*

“As compassion entails the wish to free ourselves from suffering, we must see our suffering clearly in order to develop compassion.” –Lorne Ladner

Mindfulness, the last component in Neff’s three-pronged definition is probably the least understood and conceptualized in western circles in terms of understanding compassion. Neff (2003b) describes mindfulness in self-compassion as holding painful thoughts and feelings in a balanced way where one does not wallow or over-identify with pain but where one also does not deny it either. Lazarus and Lazarus (1994, p. 123-124) concurs with this description indicating that “most of us who are capable of compassion recognize that we must not allow ourselves to wallow in other people’s misery, or alternatively, to avoid them if we cannot keep our emotions in check.”

Thus according to Neff’s description of mindfulness, there are two emotional extremes that can interfere with a compassionate stance. For those who over-identify with the pain in others, they may find themselves paralyzed by the experience. This phenomenon has been noted in the empathy-sympathy research as personal distress. Eisenberg and colleagues (1999, p. 1360) have defined personal distress as “an aversive, self-focused emotional reaction to the apprehension or comprehension of another’s

emotional state or condition.” In these instances, the person so identifies with the pain of the other that the focus shifts from the person who is suffering to the self. Compassionate feelings and actions are thus stymied because the individual is too busy attending to their own feelings to help the sufferer (Lazarus, 1991). Supporting research in the literature on helping indicates that when individuals are experiencing personal distress they are less likely to help (Eisenberg & Fabes, 1990; 1999; Eisenberg et al., 1989; Fabes et al., 1993).

Disengagement is another emotionally imbalanced response that can obstruct mindfulness. McNeill and colleagues (1982) suggest that it is quite normal to try to disassociate from pain; it is part of the human condition. One of the first steps to overcoming disengagement is awareness (Goldstein & Kornfield, 1987; Hopkins, 1999; Ladner, 2004; Salzberg, 1995). One of the most crucial steps is described as opening to the experience (Chodron, 2002; Dalai Lama & Cutler, 1998; Goldstein & Kornfield, 1987; Ladner, 2004; Salzberg, 1995; 1997). This would push past mere awareness. It would include being present and not denying, pushing away, shutting down, disassociating, disengaging, or avoiding suffering that could illicit pain, anger, or sadness. It means to share in suffering (Braun, 1992; Dalai Lama & Cutler, 1998; McNeill et al., 1982).

These emotional responses of over-identification or disengagement are a natural function of personal filters that individuals have created over time. These filters are developed by emotional responses to past experiences. They color how we perceive the world. Salzberg (1997) refers to this conditioning as an interpretation that is “not an inherent part of that particular experience.” In other words, our emotional response to a situation becomes a part of how we view the situation itself even though our emotional



experience is separate from it. For example, Goleman (2003) suggests that if you mistake a piece of rope for a snake, your emotional perspective of fear becomes a part of what is real to you in that experience even though the rope was never actually a snake. An individual who encounters the rope and sees it for what it is does not have a fear response and their reality of that situation is much different. Therefore, taken together, the suggestion here is that when a balance is achieved between disengagement and over-identification, a more realistic view is reached (Glaser, 2005; Trungpa, 1987).

Theoretically, self-compassion and compassion function differently in regard to this polar distinction. When an individual is not mindful in situations involving the self, it is more likely they may over-identify with the pain because they are focusing on the self. Denying one's own pain is not as common as focusing on it and therefore becoming overly involved with the pain. In instances of compassion for others, it is less common to become over-identified with someone else's pain. Therefore, in those instances, it is much more likely to deny or disengage from the pain and suffering of others. Thus, the opposing construct to compassion tends to be disengagement while in self-compassion it is proposed to be more likely an over-identification response.

#### *Kindness, Common Humanity, & Mindfulness: A Symbiotic Relationship*

Kindness, common humanity, and mindfulness may have discrete descriptions, but they work together symbiotically to manifest compassion. Mindfulness serves as a platform for both common humanity and kindness. At a very base level, mindfulness assists in the awareness of suffering because it manifests a level of emotional balance that leaves one open to others as opposed to becoming emotionally self-involved. Only with attention is kindness offered or common humanity elicited. Ferrucci (2006, p. 79-80)

states: “Attention is thus a form of kindness, and lack of attention is the greatest form of rudeness. Inattention is cold and hard. Attention is warm and caring. No attention, no kindness.” Once attention is gained, the emotional balance within mindfulness helps to sustain a compassionate stance. Further, the emotionally balanced, non-judgmental standpoint of mindfulness allows for a less critical viewpoint on others that prompts kindness and tears down barriers between self and other eliciting an understanding of common humanity (Neff, 2003b).

Further, kindness and common humanity can elicit each other. Harsh and critical feelings for others can assist in viewing those others as outsiders. However, when acting with kindness, it is more difficult to continue to view the recipient as an outsider because kindness engenders a certain sense of closeness. Conversely, when common humanity is felt the barrier between self and other is less distinct and feelings of warmth and kindness become a natural extension of viewing others like the self. Common humanity helps to broaden the repertoire of recipients of kindness. It is natural for most individuals to offer kindness to friends and family members, but common humanity suggests that it is to be offered on the basis of sharing a common human link. Thus, common humanity makes acts of kindness more expansive and inclusive.

Thus the theoretical structure proposed from Neff’s model not only includes kindness, common humanity, and mindfulness but a sense that these three elements work in consort to manifest compassion. Given that the model has now been outlined the following section will review a variety of similar constructs in relation to this conceptualization of compassion to provide a deeper understanding of the construct.

## *Compassion & Similar Constructs*

### *Empathy & Sympathy: A Conceptual Muddle*

There is a lack of agreed upon definitions of empathy and sympathy in the literature (Eisenberg, 1983; 2002; Eisenberg & Lennon, 1983; Goldstein & Michaels, 1985; Langer, 1972; Olinick, 1984; Wispe, 1991). In fact, Staub (1987) indicates that most articles begin with a definition of terms to ensure that meanings are understood. A variety of reasons have been proposed identifying possible explanations for the confusion.

First of all, it is suggested that terms like empathy and sympathy are often used interchangeably in common vernacular (Kim & Flakerland, 2007; Wispe, 1991), thus this misunderstanding may be extended to scholarly endeavors when the terms are unclear in everyday language. Further, it is possible that these terms are so functionally inter-related (Eisenberg, 2000a; Eisenberg & Fabes, 1990; Eisenberg et al., 1991; Eisenberg et al., 1994; Miller & Eisenberg, 1988) that the distinction between them may not be readily apparent (Zhou et al., 2003). Logically, if the terms are so inter-related, it also begs the question if it is fair to say that there is only one construct that represents the whole psychological process (Wispe, 1991). Some theorists do discuss their chosen term for the process as if it were a choice among various options to best represent the one term that they mean (e.g. Haidt, 2003; Lazarus, 1991). In fact Lazarus (1991) indicates that he believes that the prosocial term that researchers are actually looking for in the empathy and sympathy research is compassion and he endorses its use over empathy, sympathy, or pity. Davis (1996) indicates that part of the confusion in terms is that the process should not be seen as a whole and should be broken down into process and outcome. He defines

the process as what happens when an individual is exposed to someone who is distressed. The outcome is the result of these processes and is typically affective in nature. Therefore, Davis is suggesting that part of the misunderstanding in the research is an inability to sort out the cognitive and affective aspects of empathy and sympathy.

An alternative explanation may be that biases against emotion may have shaped choices and understandings in researching empathy and sympathy that inadvertently created more confusion. Emotion has been presumed to prejudice our thinking and lead to false conclusions. Eisenberg (2000a, p. 665) states that: “Emotion has been viewed as biasing one’s evaluations and cognitions and as disrupting rational, moral thought.” Campos (1984) even suggests that in research that emotion has been considered at best inconsequential or at worse a nuisance variable. Harrington (2002) indicates that through the lens of science, emotion for many becomes irrelevant. In some ways, the values and perspectives of science suggests that we are at war with emotion as inferior to intellect. In Western science what is valuable is cold, hard, and objective thus there is no room for soft emotion in this rational world. In Goleman (2003) the Dalai Lama suggests that this tension between emotion and cognition historically extends back to the times of Enlightenment. During that time, a revelation occurred that many misperceptions about the world were predicated on being subject to and adhering to emotion as a way of knowing. The era of Enlightenment brought an emphasis on reason. Reason was viewed as a way to more accurately understand and study the world without falling into the trap of following emotional instincts that left one subject to irrational conclusions.

However this bias which may be largely unconscious could be a confusion of content and process. Science is a method, a way of investigating the world. Thus, it

should be applicable to any topic; the topic itself should not be able to bias or corrupt the method. Yet, this may be the assumption and the aversion of studying emotions. Further, this bias may have infiltrated the history of research on empathy and sympathy thus helping to create confusion. The following illustrates this premise while providing a brief sequential history of how empathy and sympathy became topics of relevant investigation.

*Altruism.* It might be suggested that at least in part, the interest in the study of empathy and sympathy is its connection to altruism (Eisenberg & Fabes, 1990, Eisenberg & Miller, 1987a; Eisenberg et al., 1994; Hoffman, 1984a). Altruism perhaps lent itself as a topic for study because it included behavior that could be observed and presumably measured. However, it soon became evident that altruism consists not only of behavior but it also implies selfless motivation to help others. Thus, helping behavior that was presumed to be altruistic may not always be so because the motivation may stem from other factors (Eisenberg, 1983; Hoffman, 1981; Krebs, 1975). In further investigation, some of those other factors became evident and examples include: moral principles, guilt, fear of punishment, hedonistic concerns, need for approval (Eisenberg, 1983; Eisenberg & Miller, 1987a) to obtain rewards, to alleviate one's own personal distress, feelings of responsibility, social expectation or approval, and to avoid conflict (Eisenberg & Fabes, 1990; Eisenberg & Miller, 1987a). With this recognition, the term, prosocial behavior began to be used in research to avoid the trap of designating a subjective intention. Thus, prosocial behavior could be used in place of altruism to talk about helping behavior without having to specify the motivation.

In addition to the problem of motivational intent that is implied in the meaning of altruism, altruism research has struggled to sort out if any behavior can truly be altruistic

(Eisenberg, 2000a; Einoff, 2008). Establishing that there are purely altruistic intentions may prove to be too difficult a task to undertake. In fact, Krebs (1975) indicates that it is impossible to prove because he suggests that it requires proving the null hypothesis. He suggests that altruism can only be substantiated through establishing the lack of expectation for return or reward after an act of giving. Batson (1997) tackles the question by indicating that an individual can have altruistic and other motivations simultaneously. Therefore, in other words, Batson is not a purist in terms of his view on the functioning of altruism. Thus, this suggests a complexity that may make it difficult to ever sort out if any behavior is clearly associated with altruism due to the co-occurrence of other motivations. However, at the same time, it also circumvents the question of whether altruism exists or not. It is less difficult to suggest that altruism co-exists with other motivations than to establish that any act is purely and singularly related to altruism.

In order to further understand the motivational intent behind altruism, researching constructs thought to lead to altruistic behavior became essential. Empathy became one of the most researched constructs in this effort (e.g. Batson, 1991; Eisenberg, 1983; Eisenberg & Lennon, 1983; Eisenberg & Miller, 1987b; Goldstein & Michaels, 1985; Hoffman, 1976; 1977; 1984b; 1987; Losoya & Eisenberg, 2001; Miller & Eisenberg, 1988; Stotland, 1969; Zhou et al., 2003). However, in some ways, empathy was an odd choice to represent this internal process.

*Empathy.* Empathy, as a word was only introduced into the English language in the 20<sup>th</sup> century (Davis, 1996; Ladner, 2004). Originally, it was not a term for psychology but a term for aesthetics and its original meaning suggested that it was a process in which one would project oneself into an object, typically an object of beauty. Lipps (1903) used

the term in a psychological context and then Titchener (1909) created an English term for the German word, thus the word empathy was invented for use in the English language. Therefore, empathy has had a short tenure in the English language and this may explain some of the vernacular inconsistencies in determining the meaning of the word in the empathy and sympathy research. Empathy's selection, despite its short tenure in the English language, may have to do with empathy's connotation as a cognitive construct. In many definitions of empathy, it is associated with understanding (e.g. Dymond, 1949; Borke, 1971; Deutsch & Madle, 1975; Hogan, 1969; Losoya & Eisenberg, 2001; Mead, 1934). Thus, there may have been a preference of cognitive processes over emotional ones that may have biased researchers' selection of the word. Empathy may have seemed more scientific.

The emphasis on the cognitive processes of empathy acted as a catalyst for further investigation on how cognition may function within the construct. Therefore, a variety of terms sprung up to clarify and further elaborate the cognitive process of empathy. Examples include conditioning (Eisenberg et al., 1991), ability to differentiate between self and other (Eisenberg & Strayer, 1987; Hoffman, 1982; 1984b) simple categorization or labeling (Eisenberg et al., 1991), retrieval of elaborated cognitive networks or memory (Eisenberg & Strayer, 1987; Eisenberg et al., 1991), perspective taking (Eisenberg et al., 1991; Losoya & Eisenberg, 2001), and role taking (e.g. Eisenberg & Lennon, 1983; Eisenberg & Miller, 1987b, Eisenberg & Strayer, 1987; Eisenberg et al., 1991; Hoffman, 1976).

Despite this emphasis on cognition, various researchers recognized the absence of emotion within the conceptualization of the construct and began to advocate for a

restructuring to include an affective component within empathy (e.g. Davis, 1996; Eisenberg, 2000b; Eisenberg & Strayer, 1987; Feshbach, 1978; Hoffman, 1982; 1984b; Mehrabian & Epstein, 1972; Stotland, 1969). It is also possible that sympathy was introduced into the literature in order to provide a construct with more explicit emotional connotation.

Given this brief sequential history of key terms of empathy, sympathy, personal distress, prosocial behavior and altruism, the dilemma of proper definitions for each of these constructs remain. There are many researchers, theorists, and therapists that have proposed a variety of definitions (e.g. Batson, 1991; Buber, 1948; Dymond, 1949; Kohut, 1959; Mead, 1934; Rogers, 1975; Wispe, 1991). In order to successfully compare and contrast compassion to these similar constructs it is imperative to having working definitions. With so many definitions and conceptualizations of these constructs of interest it could be a quite confusing objective to sort out what definitions to use.

*Eisenberg's Model.* Eisenberg's (1986, 2002) conceptualization will be used for two reasons: 1) the definitions include both cognitive and affective elements and 2) Eisenberg has begun to build up a cohesive base of literature with consistent definitions (e.g. Eisenberg, 1983; 1991; 2000a; 2000b; 2002; Eisenberg & Fabes, 1990; 1999; Eisenberg & Miller, 1987a; 1987b; Eisenberg et al., 1989; 1991; 1994; Eisenberg & Strayer, 1987; Losoya & Eisenberg, 2001; Miller & Eisenberg, 1988; Zhou et al., 2003) that provides a platform for further research.

Thus, Eisenberg's (1986, 2002) restructuring of terms to provide clarification and advance research in making connections between empathy, sympathy, and altruism is presented here. The following is a brief summary of what she proposes:



1. Empathy is an affective response due to the comprehension of another's emotional state that is considered to be similar to what the other person is feeling. There are two important implications of this definition. First, that empathy is a mirror-like responding to any emotion in another and does not need to be any specific emotion (Eisenberg, 1983; Eisenberg & Miller, 1987a; Zhou et al, 2003). Therefore, one could experience empathetic sadness as commonly associated with the term, but for example, one could also experience empathetic anger, fear, or joy. Second, this knowledge of another's emotional state is typically associated with a positive response such as consoling or assisting another. However, it is suggested that empathy can also be used for nefarious purposes such as inappropriately influencing or manipulating others (Gilbert, 2005; Ladner, 2004).

2. Sympathy is a response to another's emotional state that is not identical to the other's emotion, but instead includes feelings of sorrow and concern for another. In contrast to the implication previously mentioned in empathy, Wispe (1986) makes an interesting point that the implication in sympathy is that it can only be positive and can not be negative because there is a sense that one takes the side of the person in distress.

3. Altruism is a voluntary, intentional behavior benefiting another, and is not performed for egoistic or self-interest purposes.

4. Personal distress, a term that was originally created in the work of Batson (1991) is defined as an experience brought on by the recognition of the distress of another and is experienced as anxiety or worry that leads to egoistic and self-focused concern.

5. Prosocial behavior is voluntary, intentional behavior that helps another, but the motivation for the helping is unspecified.

Given these definitions, Eisenberg and colleagues began to theorize how these various constructs were connected to each other attempting to understand how empathy and/or sympathy were linked to altruism or at the very least, prosocial behavior (e.g. Batson & Coke, 1981; Barnett et al., 1983; Blum, 1980; Coke, Batson, & McDavis, 1978; Eisenberg, 1982; Eisenberg & Miller, 1987a; 1987b; Hoffman, 1981; 1982; Mehrabian & Epstein, 1972; Mussen & Eisenberg-Berg, 1977; Staub, 1978; 1979; Toi & Batson, 1982).

Eisenberg and colleagues (1991) exhaustively conceptualized how it might be possible to have almost any sequencing between the constructs of interest, but that in general, however, empathy is considered to be the base that sympathy and personal distress stems from (Eisenberg, 2000b; Eisenberg et al., 1991; 1994; Losoya & Eisenberg, 2001; Zhou et al., 2003). Hoffman (1984a) even suggests that the empathy and sympathy are developmental with sympathy being a more complex emotion than empathy. Further, empathy is considered to be neither self or other focused (Eisenberg, 1986; 2002; Eisenberg et al., 1989; 1991; 1994); sympathy is considered to be other-focused (Eisenberg, 1986; 1991; 2000b; 2002; Eisenberg & Miller, 1987a; 1987b; Eisenberg et al., 1991; Hoffman, 1977); and personal distress is considered to be self-focused (Eisenberg, 1986; 1991; 2000b; 2002; Eisenberg & Fabes, 1990; 1999; Eisenberg & Miller, 1987a; 1987b; Eisenberg & Strayer, 1987; Eisenberg et al., 1989; 1991; 1994).

This structuring is considered to be important because Eisenberg and colleagues suggest that feeling sympathy or personal distress has an impact on whether or not an individual is motivated to help others, and to help for selfless reasons. Specifically,

following the lead from Batson and colleagues (Batson & Coke, 1981) empathy and sympathy is theorized to lead to altruism and/or prosocial behavior (Eisenberg & Fabes, 1990; Eisenberg & Miller, 1987b; Eisenberg et al., 1989; 1994). In contrast, personal distress is assumed to either lead to avoidance or escape if that option is available (Batson & Coke, 1981; Coke, Batson, & McDavis, 1978; Eisenberg & Miller, 1987a). If escape is not available, personal distress is theorized to lead to helping behavior, but only as a means to reduce personal aversive feelings (Batson & Coke, 1981; Coke, Batson, & McDavis, 1978; Eisenberg & Miller, 1987a; Eisenberg et al., 1989). Thus, in these instances it is thought that personal distress may block altruistic behavior due to the redirection of attention on the self instead of the person in distress. To further support this notion, it has been found that personal distress scales appear to be unrelated to prosocial responding (Batson et al., 1986; Davis, 1983).

#### *How Compassion is Distinct from Other Constructs*

Given this Eisenberg's model, compassion can now be theoretically examined to consider how compassion is different from empathy, sympathy, altruism, and personal distress. The following addresses compassion and these constructs of interest.

Although compassion has not received much attention as a viable construct of interest in its own right, it has often been used to describe or define empathy (e.g. Batson et al., 2005; Cassell, 2002; Davis, 1996; Dhawan et al., 2007; Eisenberg et al., 1989; Lazarus, 1991; Staub, 1987) and sympathy (Eisenberg et al., 1989; Cassell, 2002; Davis, 1996; Friedman & Riggio, 1999; Iyer et al., 2003; Lazarus, 1991; Staub, 1987). Thus, although there hasn't been a lot of elaboration on compassion it seems to have been thought of as a term that is synonymous with these terms. In other words, compassion is

viewed as if there is no difference between it and the constructs of empathy and sympathy. In support of this proposition, some use the words compassion and empathy/sympathy interchangeably (e.g. Batson et al., 1981; 1997; 2005; Cassell, 2002; Eisenberg et al., 1989; Friedman & Riggio, 1999; Irwin et al., 2008; Iyer et al., 2003; Post, 2005). Wispe (1991) defines sympathy in a way that sounds similar to compassion suggesting that in sympathy suffering is recognized as something to be alleviated. Further, methodologically sympathy has often been measured as a function of emotion adjectives that includes compassion in its checklist (e.g. Batson et al., 1997; Batson & Morron, 1999; Batson & Ahmad 2001; Cialdini & al., 1987; Harmon-Jones et al., 2003; Irwin et al., 2008; Oswald, 1996).

Therefore, of note, as has been mentioned previously, compassion may not be a term that is considered worthy of distinct definition or particular relevance in the empathy/sympathy literature. However, it has had a minor role in that research base due to its consistent use both theoretically and methodologically as an assumed equivalent to the terms of empathy and sympathy. Despite the assumption of the role of compassion as an equitable term to empathy and/or sympathy, it will be suggested here that there are several distinctions between these terms of interest.

Empathy is a construct that has been strongly related to cognitive functioning (e.g. Dymond, 1949; Deutsch & Madle, 1975; Hoffman, 1984a; 1984b; Ickes, 2000; Kohut, 1971; Mead, 1934). Further, it is considered to be an emotion that can be reliant on context. For example, Hoffman (1987) suggests that empathy is stronger when an individual in distress is considered to be a victim. Further, he suggests that an empathetic response is more likely when it is occurring in the here and now. Also, Hoffman (1977)

indicates that if the distress of an individual increases it often warrants a quicker empathetic response. In each of these instances, context was a cue to either elicit or increase empathetic responding. Salzberg (1995, p. 110) also suggests that compassion requires context as well: “To view life compassionately, we have to look at what is happening and at the conditions that gave rise to it. Instead of only looking at the last point, or the end result, we need to see all the constituent parts.”

While both empathy and compassion are presumed to have cognitive elements including a sense of contextual understanding, it is proposed here that compassion is not described as explicitly in a cognitive fashion like empathy is. Therefore, theoretically, the two would be considered to be dissimilar in the level of emphasis on cognition. Various theorists assume that empathy is essential for compassion (e.g. Brown, 1996; Dalai Lama, 2001; Gilbert, 2005; Glaser, 2005; Goleman, 2003; Ladner, 2004; Lazarus & Lazarus, 1994; Miller, 2006; Salzberg, 1995). Further, theoretically it has been suggested that empathy may be a developmental construct that lends itself as a building block to compassion (Glaser, 2005; Dalai Lama, 2001; Lazarus & Lazarus, 1994). Thus, if this were the case, the cognitive element may be more salient at the level of empathy even though it is also required for compassion as well. In this view, cognition is a marker of having acquired the key aspect of the construct of empathy whereas in compassion it would only be one element among other elements, and it would have been previously successfully acquired in the stage of empathy. An analogy would be a baby learning to become mobile. First the baby crawls and then the baby walks. Mobility would be more striking in the stage where the baby crawls because it is a new skill. When the baby walks, he or she retains the aspect of mobility but it is no longer novel.

### *Neff's Model of Compassion as It Relates to Empathy*

Neff (2003b) has defined compassion as being composed of three main components: kindness, common humanity, and mindfulness. In this section these three components will be related to empathy.

Mindfulness is a term that has not been applied to the literature base on empathy, sympathy, and altruism. However, some elements of personal distress appear to function in opposition to mindfulness. In mindfulness, there is an emotional balance where one does not deny emotions or ruminate in them either. In personal distress emotions are so overwhelming that the individual experiencing it has to attend to their own overarching and painful feelings. As a result, they deny and avoid their own feelings by escaping helping situations as demonstrated previously in various studies. However, due to the fact that mindfulness is more explicit in the conceptualization of compassion, it is assumed that the element will be more predominant even though there might be some sort of inverse relationship between the concept of mindfulness and the concept of personal distress in these two separate research bases.

In terms of common humanity, once again, the explicit concept of identifying with others based on an understanding of the common human experience is not explicitly articulated within empathy/sympathy research. However, there is an emphasis in empathy on understanding. Almost all of the various definitions include some sort of description of understanding the experience of another (e.g. Batson, 1991; Dymond, 1949; Mead, 1934; Rogers, 1975; Wispe, 1991). In this vein, there may be some similarity between common humanity and general understanding. However, specifically bridging the gap

between self and other as a function of recognizing the humanity in other seems unique to compassion.

Staub (1987) points out an aspect of empathy that may illustrate a key difference between the aspect of understanding in empathy and the aspect of common humanity in compassion. Staub (1987) indicates that identifying or connecting with others in empathy may mean separating or even feeling hostility towards others in an out-group. An example would be feeling empathy for a victim and simultaneously feeling hostility for the aggressor of that victim. However, in common humanity the connection is based on a shared human experience. Thus, it would be possible to feel compassion for both the victim and the aggressor, as they are both human and both experience suffering. The victim's suffering would be acknowledged in the context of the harm that the aggressor is imposing on the victim. Yet, the aggressor would also be seen as a human being that suffers and is most likely acting in a harmful manner as a result of their own personal suffering.

A point of commonality between empathy and compassion may be kindness. Despite the fact that Eisenberg (1986, 2002) clarified empathy as a term that is no specific emotion, but instead reflective of another's state, empathy is still often described and measured in terms of concern and caring (e.g. Balanced Emotional Empathy Scale, Davis IRI). This is most likely due to early definitions that included those elements in their definitions of empathy. One of the earliest researchers, Batson (1991) described empathy in terms of how Eisenberg (1986, 2002) describes sympathy. Thus, these conceptualizations are reflected in the most commonly used measures on empathy. Thus,

psychometrically if not theoretically, the kindness reflected in both of these constructs would be expected to be similar.

As previously noted, compassion is used to describe and define sympathy as if the two terms were synonymous. Wispe's (1986) definition of sympathy is virtually indistinguishable from a general definition of compassion. He indicates that sympathy is an emotion where suffering is recognized and seen as something to be alleviated. Sympathy, as defined by Eisenberg is an emotion characterized by sadness and concern. While in compassion there is a recognition of suffering, the process does not end there but positive other-focused feelings motivate an individual to wish for the alleviation of suffering of another. Therefore, sympathy may have more of an emphasis on sadness than compassion. In fact, it is possible that the way that Hoffman (1982) suggests that empathy and sympathy have a developmental link, sympathy and compassion may as well. Gilbert (2005, p. 42) reports that "sympathy may be a key competency for compassion." Sympathy may end with a sense of sadness or concern for another and compassion begin with these sentiments and develop into an other-focused wish for the alleviation of suffering. This may be why Davidson (2006) found in his initial studies with Buddhist monks that compassion was associated with happiness. If compassion were only a process in which the suffering of others was recognized, it would presumably be a negative emotion. However, the ensuing concern for another may be the element that is key for the association to positive emotions such as happiness entailed within compassion.

There may also be a link between the concept of mindfulness and another term used in empathy/sympathy research, emotion regulation. Unfortunately, Eisenberg and



colleagues (1999, p. 321) report that there has not been much agreement on the meaning of the term. Despite this, they do provide a working definition of the term and indicate that emotion regulation is the “process of initiating, maintaining, modulating, or changing the occurrence, intensity, or duration of internal feelings states and emotion-related physiological processes.” Therefore, one commonality between these two terms may be that they are both suggestive of an ability to cope with emotions successfully.

More specifically, within the empathy/sympathy research, sympathy has been associated with emotional regulation (Eisenberg et al., 1996; Eisenberg & Fabes, 1999; Eisenberg & Okun, 1996; Murphy et al., 1999; Zhou et al., 2003). It is theorized that due to sympathy’s other-focused nature and its ability to successfully cope with the emotional distress of another that sympathy is thus freed up to motivate altruistic or prosocial behavior (Batson, 1991; Batson & Coke, 1981; Toi & Batson, 1982). In contrast, personal distress being self-focused is thought disrupt the empathy/sympathy link to altruism/prosocial behavior (e.g. Batson & Coke, 1981; Coke, Batson, & McDavis, 1978; Eisenberg & Miller, 1987a). Therefore, in addition to having a commonality in the way emotion may be managed, they both are suggestive of other-focused orientation as well.

However, there may be differences in how these concepts are practiced. For example, one of the methods in emotion regulation would be to shift attention elsewhere. In mindfulness, unpleasant emotions are not denied so attention shifting would not be a way in which an individual would act mindfully. Further research is needed to understand how these two constructs may be similar and different. It is possible that these two constructs conceptualized in different traditions are getting at something similar in how emotion is handled successfully in order to act compassionately or altruistically.

Kindness may be a point of commonality between compassion and sympathy. In sympathy, there is concern and in compassion there is kindness and understanding thus suggesting that there is positive emotion for another in both constructs.

One of the most obvious differences between compassion and altruism is that altruism includes an act or a behavior. Thus, it distinguishes itself from compassion and other internal subjective states such as empathy and sympathy. However, as previously noted, altruism conveys a meaning that is not just a behavior, but a particular type of behavior that is tied to an internal states characterized by giving without expectation of personal return. Thus, altruism shares an other-focused element also theorized to be part of sympathy and compassion. Thus, altruism straddles between behavior and motivation and is inclusive of both.

As suggested among other constructs, there may be a developmental link between compassion and altruism. Empathy, sympathy, and compassion may be internal states that occur prior and may act as a precursor to altruism. Much of the research on empathy and sympathy is devoted to understanding and establishing the link between empathy/sympathy and altruism/prosocial behavior. The general perspective is that there is a link. Theoretically, compassion may be a state that provides the motivation via the wish to alleviate the suffering of others to act and to act altruistically. The Dalai Lama (2002b, p. 91) says that when Buddhist practitioners meditate on compassion and actively cultivate the emotion, they are eventually compelled to engage in acts of compassion “like a mad dog.” Thus, theoretically there is presumed to be link between the internal state of compassion and acting compassionately or altruistically.

### *Helping, volunteerism, and cooperation*

A variety of behaviors including volunteerism, helping, and cooperation have been discussed in association with altruism and are presumed to have some association with empathy, sympathy, and compassion. They are all constructs theorized to involve a contribution to others that is beneficial. Distinguishing and pinpointing the meaning of these terms can sometimes be difficult. Thus, the following sections will attempt to: 1) make some basic distinctions between these terms; and 2) clarify some of the various proposed aspects of these behaviors and report their respective research histories in order to compare them to the construct of interest, compassion.

Both volunteerism (Clary et al., 1998; Wilson, 2000) and helping (Dovidio, 1984) are presumed to include cognitive deliberation that involves weighing the pros and cons in order to decide to initiate service. Helping is considered to have a much shorter duration of deliberation as it been traditionally defined in helping research as assistance that is one-time and immediate; often they are emergency situations (Clary et al., 1998). Volunteerism, therefore differs in that it is assumed to have more time for deliberation and can involve more proactive premeditation or planning (Clary et al., 1998). It is this time element coupled with the possibility of repeated acts of service in volunteerism that allows for the possibility of making a commitment (Wilson, 2000). It is also this element that some suggests makes volunteering less demanding than helping because the situation is less urgent (Clary & Snyder, 1999; Wilson, 2000).

Cooperation is dissimilar to volunteerism and helping on a number of levels. However, before comparing and contrasting cooperation to volunteerism and helping, it should be noted that cooperation can be quite confusing because it can be used with

multiple meanings. In common vernacular, cooperation can be used as term that simply means to comply. For example, the term is often used when arresting criminals.

Cooperation in this instance means that the criminal does not try to escape arrest; they comply. However, often in research it is clear that cooperation means exchange (e.g. Ferrin et al, 2008; Biele et al., 2008). Clearly, there is no exchange for a criminal if they cooperate. In fact, in those instances, cooperation means that they are arrested and lose their freedom. Adding further complexity to the term is different contextual aspects that can tweak the meaning as well. It is possible for cooperation to occur in a dyad, but it is also possible for cooperation to occur in a group where members work together for a common goal or good. These differing contexts can have an impact on the meaning of cooperation as well. For simplicity's sake the type of cooperation discussed here will be the one used most in research involving an exchange relationship.

Cooperation may have a few similarities to volunteerism and helping.

Cooperation is similar to volunteerism in that cooperation takes place over time and volunteerism has the option of doing so as well. Also, all three constructs involve deliberation to act and can be beneficial to others.

However, cooperation differs greatly from helping and volunteerism in that cooperation involves an on-going exchange between parties of interest. There are no return expectations in volunteerism and helping even if one does receive benefits (Smith, 1981), and the act is conducted with the intention to benefit others (Wilson, 2000). In cooperation, benefiting others would not be the main objective. The impetus to cooperate is to receive personal benefit. Thus, the decision to continue a relationship based on cooperation involves the assessment of the viability of that personal benefit.

Thus, cooperation involves a sense of mutuality (Ferrin et al., 2008), trust (Ferrin et al., 2008; Irwin et al., 2008) and reinforcement (Rapoport & Chammah, 1965; Biele et al., 2008). Parties engage in a mutually beneficial association where each party trusts the other to hold up their part of the bargain in the relationship. As each party follows through delivering their expected part in the dynamic, the relationship is reinforced as a successful cooperative bond. Ferrin and colleagues (2008) refer to this constant cognitive reassessment of the viability of the relationship as “spirals.” Thus, spiraling continues to occur only when each party is personally satisfied with the benefits received. Therefore, cooperation is an act that may be mutually beneficial but is primarily engaged in by a party in order to maximize self-interest. In other words, in general, individuals do not cooperate solely for the good of others. The motivation that drives the process and continuation of cooperation is egoistic.

Given a sense of these various constructs and how they differ from each other, each construct can now be discussed in turn and then compared to compassion. Volunteerism, like altruism is an act or a behavior. Compassion is theorized to be a precursor to altruism and in some instances altruism can take the form of volunteerism (e.g. Clary et al., 1998; Plummer et al., 2008). However, the same problem exists in volunteerism as it did in altruism, and that is that individuals can have many reasons for volunteering (Smith, 1981; Clary et al., 1996; 1998; Clary & Synder, 1999; Okun et al., 1998). For example, just a few of the suggested reasons include seeking out feelings of satisfaction (Alessandrini, 2007; Smith, 1981; Switzer et al., 1997), personal connection to a cause (Alessandrini, 2007; Switzer et al., 1997; Plummer et al., 2008; Wilson, 2000), social obligation (Alessandrini, 2007; Switzer et al., 1997), faith and religion

(Alessandrini, 2007; Plummer et al., 2008), values acquired from parents (Alessandrini, 2007; Wilson, 2000), and the desire to keep busy and for job training purposes (Smith, 1981). Thus, there are many other reasons why a person might volunteer other than having compassionate feelings for someone in pain.

Despite the fact that altruism and compassion might not be the only reasons that individuals volunteer, it still may function as a manifestation of those attributes in some instances. Some theorists do believe that altruism is primary in the volunteering process (Alessandrini, 2007; Plummer et al., 2008). Sprecher & Fehr (2005) found that their conceptualization of compassion, compassionate love was found to be positively correlated with volunteerism. Further empathy, as a related construct was found to be associated with giving in an interview study of philanthropists (Monroe, 1996). Oliner & Oliner (1988) found that empathy was an important factor in those who decided to help Jews during the holocaust. Bekkers (2005) found a correlation between empathetic concern and voluntary participation. However, in a follow up study Bekkers (2006) found no relationship between empathetic concern and blood and organ donation. Additionally, in another study, Davis and colleagues (2003) found no correlation between empathy and longevity in volunteering. Penner and colleagues (1995) found no statistically significant relationship between empathy and informal helping behaviors.

Therefore, from this research it is unclear what relationship volunteering has to compassion and related constructs. The confusion in results may lie in two factors: 1) due to the fact that individuals volunteer for many reasons, it may be hard to pinpoint the relationship between compassion and volunteering even though compassion may be the motivating element in some instances; and 2) related constructs such as empathy may be

different enough to provide insufficient information about how compassion relates to volunteering and should not necessarily be taken as a marker of the relationship between the two constructs.

In those instances where volunteerism may be motivated by compassion, it is theorized that kindness, common humanity, and mindfulness may help to facilitate the process of engaging in those acts.

Being mindful and keeping emotional perspective allows one to withstand the suffering of others. Those who volunteer presumably would be individuals who are capable of managing their emotional responses to suffering in order to aid others. Thus, they are open to the needs in their community and aware of what may be happening globally. Awareness of needs is a practical starting point for an individual to contemplate volunteering. If one can accept that there is suffering it becomes possible to consider doing something about it. Denial or disengagement from others suffering would thwart the process because it would stymie acknowledgement of other's pain, suffering, and need.

Recognizing one's own common humanity in relation to others may motivate volunteers to understand that the plight of the people they volunteer to help. The homeless, disabled, poor, sick, or old are people that are recognized as no different than the volunteer. Common humanity acts as a universal denominator. While engaging in service, the volunteer begins to realize through the stories of the individuals that they could easily be in the place of those they help. Thus, there is a sense of "there but for the grace of God, go I".

Kindness may also function as a way to create closeness between the volunteer and those being helped. Feelings of understanding and warmth lend to connecting with individuals who need help and may even make the volunteer feel compelled to do whatever necessary to aid those in need.

Helping is viewed by some as an over-arching construct under which volunteerism falls (e.g. Wilson, 2000). However, helping research has had a long history of viewing the construct in terms of immediate and often urgent assistance (Clary et al., 1998). Perhaps, research has been influenced by the famous case of Kitty Genovese. Kitty was a woman who was attacked and killed by a man in Queens, New York but received no help from almost forty bystanders in nearby buildings who could have provided her with assistance. Sparking research on the reasons why people do or do not help, Latane & Darley in a series of studies found two prevalent situational factors that detract from helping: 1) individuals tend to help less with more people around, perhaps due to a diffused sense of responsibility when others are available to help; and 2) individuals tend to help less when others do not take action; presumably individuals take cues from others in the situation to decide whether or not to interpret a situation as an emergency and act (e.g. Latane & Darley, 1968; 1970; Darley & Latane, 1968a, 1968b).

In another classic study, Darley & Batson (1973) showed that time constraints can compete with the desire to help and thus prove to be a situational factor that limits helping behavior as well. The finding was particularly poignant being that the pool of participants were Princeton Theological Seminary students who would feasibly be expected to be disposed to helping others (Reynolds & Karraker, 2003). A variety of costs in helping in general can detract from assisting others (Dovidio, 1984). Examples of



various costs include feeling too much aversion (Piliavin et al., 1975), being afraid of harm (Shotland & Straw, 1976), loss of personal freedom (Berkowitz, 1973), not feeling capable or fearful of causing more harm in attempting to help (Ashton & Severy, 1976; Schwartz & David, 1976).

However, other situational factors may facilitate helping. The converse of diffused responsibility and lack of helping suggests that when people are alone they are more likely to help because they feel the weight of responsibility to act when there is no one else available to do so (Staub, 1970). Further, making need for help clear may influence others as well. For example, it has been found that when individuals call out for help, they are more likely to receive it (Staub, 1978; Piliavin et al., 1981).

Various researchers indicate that these situational factors may have little to do with a disposition that generally lends itself to helping (e.g. Ross & Nisbett, 1991; Reynolds & Karraker, 2003). For example, Reynolds & Karraker (2003) suggest that in the study with seminary students pressed for time, that conscientiousness may have been the key determining factor that motivated students to assist as opposed to the desire or willingness to help. Further, Mikulincer & Shaver (2005) report that another dispositional factor may impact helping. They suggest that those who were made to feel safe and secure in experimentally induced interventions or those who just feel secure generally are more likely to help others as well.

In fact, helping in Western contexts has often been viewed as a function of disposition or identity in that it is often assumed that individuals who conceptualize themselves as the type of person who help are also the individuals presumed to follow through and engage in helpful behaviors (Batson et al., 1979; Bierhoff, 2002; Penner &

Finkelstein, 1998; Piliavin & Callero, 1991; Reed & Aquino, 2003; Strenta & Dejong, 1981). Gilbert (2005) points out that compassion is a function of learning to let go of building up, defending, and maintaining self-identity. When there is less emphasis on the self it frees one up to focus on and help others. Oddly, it seems that the two perspectives are providing almost directly opposing views with one suggesting that identity and self are central to helping while the other suggests that letting go of the focus on self leads to helping. Perhaps, the diverse perspectives on helping are understood through a cultural lens in these two groups. In Western circles, individualism may be pervasive enough to be an organizing factor for understanding self and others while in more collective cultures generally associated with Eastern perspectives focus more on others than the self.

In any case, similar to altruism and volunteerism, there are many reasons why individuals are motivated to help. Thus, giving more complexity to the context of helping are not only situational and dispositional factors, but also motivational factors. Various reasons offered for helping include but are not limited to moral reasoning (Underwood & Moore, 1982), as a function of learned behavior (Dovidio, 1984), a variety of different social expectations (Berkowitz, 1972; Gouldner, 1960; Karylowski, 1982; Schwartz & Howard, 1982; Weiner, 1980), self-serving or egoistic reasons (Batson et al., 1981), helper's high where assisting creates a good feeling (Post, 2005), and feeling a sense of similarity with the victim (Batson et al., 1981; Burnstein et al., 1994; Hornstein, 1978; Levine et al., 2005; Park & Schaller, 2005). It is this cognitive factor where one feels similar to the helpee that some believe facilitate empathy-motivated helping (Hornstein, 1978; Turner et al., 1987).

Thus, empathy also is another motivational factor that is assumed to contribute to helping. A long-standing tradition focuses efforts in finding support for a connection between empathy and helping (alternatively referred to as altruism and/or prosocial behavior) in empathy/sympathy research (e.g. Batson, et al., 1986; Bierhoff et al., 1991; Eisenberg, 1983; Eisenberg and Miller, 1987a; 1987b; Eisenberg et al., 1989; Fultz et al., 1986). Compassion is often lumped in with empathy and sympathy, thus all of those constructs are thought to be associated with helping. Compassion is assumed to manifest itself in helping behavior (e.g. Batson et al., 2001; 2008; Zahn-Waxler et al., 1992).

Interestingly, although helping behavior is also assumed to be linked to compassionate behavior in Buddhism, there is additional emphasis on tolerance, patience, and acceptance in regard to others. The Dalai Lama is fond of saying that if an individual wants to practice compassion then the best teacher is the individual's enemies (Dalai Lama, 1984; 1995; 1997). It requires a great deal of tolerance, patience, and acceptance in order to treat one's enemies as well as one would his loved ones and is considered to elicit compassion. This conceptualization of the ways in which compassion manifests itself is a departure from the common Western understanding of viewing compassion solely in terms of helping behavior.

Compassion is often considered to a natural reason for helping. In several studies, helping is assumed to be a behavioral manifestation of compassion (e.g. Batson et al., 2001; 2008; Zahn-Waxler et al., 1992) despite the many other reasons previously discussed that could motivate helping. Theoretically, compassion is defined as a motivator that elicits helping (Lazarus, 1991; Sprecher & Fehr, 2005). In Mahayana Buddhism, great compassion is defined as the commitment to attain enlightenment in

order to help others attain it as well (Hopkins, 1999). The Dalai Lama indicates that those who cultivate compassion in meditation will be motivated to act on it “like a mad dog” (2002b, p. 91)

While not the only reason for helping, compassion may contribute to helping. Specifically, the three elements of compassion namely kindness, common humanity, and mindfulness may shed light on how compassion functions in order to elicit helping. Kindness in its warmth and understanding may create a connection between the helper and the helpee thus facilitating the will to act. Kindness may eradicate the indifference necessary to refrain from helping in many instances. Thus, when feeling kindness for someone it is more difficult to ignore or discredit that individual’s suffering.

Common humanity serves as platform for understanding someone’s plight from a shared position. If the helpee’s humanity is recognized in connection to one own’s humanity then it may function as a catalyst for helping. This is very similar to previous studies mentioned where being part of an in-group or seeing the victim as similar to the self may facilitate helping. In these studies the point of similarity may be race, gender, culture, or affiliation to any number of groups. Common humanity is more inclusive and leaves little room for out-groups. In fact in Buddhism, the recognition of suffering extends to all sentient beings. Therefore, common humanity may be an element that serves as a springboard for compassionate action more generally because of its inclusive nature (in contrast to in-group identifications). As previously mentioned, an illustration of common humanity as a catalyst for helping occurred in Nazi Germany. Germans that helped Jews during the war indicated that they viewed those individuals as similar

because they were human whereas those who did not help saw Jews as outsiders (Oliner & Oliner, 1988).

Mindfulness or allowing for emotional balance may permit an individual to recognize and subsequently respond to others who need help. If overwhelmed with emotion, an individual may deny or ignore the suffering of others. Thus, mindfulness may allow for the process to be initiated permitting feelings of kindness and common humanity to follow.

Cooperation takes a departure from volunteerism and helping as discussed previously because it involves exchange and it predicated on egoistic benefit. Comparably, it differs from compassion in several ways as well. Similar to volunteerism and helping compassion is not dependent on reciprocity (Mercadillo et al., 2007). Subsequently, the dynamic then does not lend itself to requiring much trust or reinforcement like cooperation does. The motivation in compassion is not egoistic and therefore there is little expectation of return (Cheney & Seyfarth, 1990) whereas the relationship in cooperation is dependent on it. Therefore, due to the emphasis on self-benefit in cooperation the elements of kindness, mindfulness, and common humanity would not be primary as motivators and/or a necessary functional aspect in the dynamic. If present, it would be assumed that it would be secondary or incidental to the first primary purpose of cooperation, namely to give only in expectation of return.

### *Love*

The word love is a term that conveys many different nuances of meaning and is considered to be classified by its many types. Thus it has been referred to as a prototypical emotion and various psychologists have proposed different numbers of

typologies including two (Hatfield & Walster, 1978; Maslow, 1955), three (Kelley, 1983; Shaver et al., 1987), five (Fromm, 1956), six (Lee, 1977), seven (Kemper, 1978), and eight (Sternberg, 1986). The types are varied and include such examples as parent-infant love (Kemper, 1978), brotherly or motherly love (Fromm, 1956), erotic or passionate love (Lee, 1997), and agapic or altruistic love (Lee, 1977). Most research has focused specifically on the type of love that occurs within romantic relationships (Sprecher & Fehr, 2005).

However, the type of love that is most relevant and comparable to compassion is love that has been referred to by a variety of names such as altruistic love (Kelley, 1983; Sprecher & Fehr, 2005), giving love, unconditional love (Sprecher & Fehr, 2005), and agape (Lee, 1977). It is the type of love that is given without an expectation of a return; other-centered love. This type of love is what Sprecher & Fehr (2005) define as compassionate love. In that conceptualization, compassion is a type of love and the qualities of that love are characterized by a sort of self-less giving to others.

The term “compassionate love” originated within a World Health Organization work group consisting of individuals from various cultures and religious traditions (Underwood, 2002). The group was posed with the task of developing an instrument to measure spiritual quality of life. Across traditions, other-centered love or compassion seemed to be a key aspect of in spiritual life. In conceptualizing a term to capture this meaning, love alone was viewed as too confusing given the many typologies of love. Compassion was viewed as too limited and failed to encompass “some of the emotional and transcendent components of which the word love brings in” (Underwood, 2002, p.

78). Thus, the combination of the two was thought to properly convey this spiritually relevant construct.

However, within Buddhist circles, compassion is salient and is functionally used as a stand-alone concept. It could be considered that the motivation behind the Buddha's spiritual journey was the realization of suffering, an essential component to compassion. However, love and compassion are considered to be strongly related in Buddhist thinking (Gilbert, 2005; Glaser, 2005; Nagao, 2000; Salzberg, 1995). Glaser (2005) reports that there was a great Tibetan teacher who was once asked to explain the relationship between love and compassion. He reportedly held out a napkin and said that one side was love and that the other was compassion. Thus, Glaser (2005, p. 25) states "in essence, love and compassion are two aspects of one mind." Clearly, that indicates the strong link between the two constructs.

Despite how closely related the two constructs are the distinction between them in Buddhism is fairly straightforward. While compassion is the wish to alleviate suffering of others, love is the wish for the happiness of others (Dalai Lama, 2001; Glaser, 2005; Goleman, 2003; Hopkins, 2001; Ladner, 1999; 2004). Both constructs share a focus on being other-centered but the purpose of that focus is either happiness or alleviation of suffering. This other-centered focus is well captured in the term "compassionate love." However, in terms of understanding the concept of compassion, the wish for the happiness of others or to alleviate suffering is not distinguished in the construct of compassionate love.

## Chapter Three: Compassion & Other Constructs

The following sections will further clarify and define compassion presenting a variety of associated constructs in order to compare and contrast them to compassion. The constructs are grouped by one of three clusters: 1) constructs often confused with compassion; 2) functionally related constructs; and 3) similar constructs related to well-being. In each of the sections and within the review of each construct the elements inclusive of compassion including kindness, common humanity, and mindfulness will be utilized to distinguish how these various constructs are similar and/or different from compassion.

### *Constructs often confused with compassion*

In this section, constructs that are often considered to be synonymous with compassion will be discussed. However, unlike the previous constructs discussed, it will be the contention here that they are not conceptually similar to compassion, and that these constructs are merely confused with/or for compassion. Each construct will be presented and an explanation of how they differ from compassion will be outlined. Constructs in this section include niceness, pity & charity, naïveté & weakness, and sacrifice.

*Niceness.* Compassion is viewed as a type of emotion that is associated with nice behavior. However, there are times in which compassion can be confused with niceness. Glaser (2005, p.47) mentions that niceness is sometimes referred to as “idiot compassion” because trying to appear to be a nice person can be a masquerade for compassion. Therefore, the implication here is that the motivation behind the emotion determines the nature of the emotion itself. In some instances, nice behavior can be motivated by merely wishing to be liked (Ladner, 2004). This motivation is clearly very different from the



self-less wish to alleviate the suffering of others associated with compassion. The primary difference is whether or not the motivation and subsequent behavior is focused on the self or other. Niceness driven by the need to uphold and promote the self is practically the exact opposite to compassion. Compassion is driven by the wish to alleviate suffering of others and the focus is not on promoting the self. Interestingly, on the façade, judging only by behavior they can seem the same.

Ladner (2004) suggests that compassion can at times appear to be quite active and even fierce. For example, when a loved one is in danger a mild or soft response may not be very compassionate. Compassionate action in this instance may be vigorous and quick in order to assist the loved one. Further, there are times in which being compassionate may mean being brave and facing up to personal fears to reach out and feel the suffering of others. At these times, it is the element of mindfulness that services compassionate individuals to balance their emotions in order for compassion to evolve. Facing fear and acting brave, for example are not soft or fuzzy sorts of behaviors; they require great strength.

*Pity and charity.* Pity has often been defined and used synonymously with compassion because both constructs imply an emotional response to another where suffering is recognized (Cassell, 2002). In fact, Nussbaum (1996) indicates that historically it wasn't until the Victorian era that pity began to take on connotations of condescension in response to the sufferer. Kornfield (1988) reports that pity is called the near enemy of compassion in Buddhism because it can appear to be the same in some instances. However, there is a difference and the main distinction is that there is a sense of superiority in pity that is absent in compassion (Blum, 1980; Cassell, 2002; Dalai

Lama, 2002c; Fox, 1990; Glaser, 2005; Kornfield, 1988; Lazarus, 1991; Lazarus & Lazarus, 1994; Rinpoche, 1992; Wachholtz & Pearce, 2007). Pity can result in a downward comparison of the sufferer (e.g. Cassell, 2002; Dalai Lama, 2002c) that suggests that the sufferer is not worthy of concern (Lazarus, 1991). The individual who pities another sees the sufferer as separate and different (Kornfield, 1988). This view helps to drive a wedge further between the conceptualization of the self and individual that is suffering.

In contrast, compassion is open to pain and does not build up boundaries between the self and the sufferer (Fox, 1990; Neff, 2003a; 2003b). It fails to assume the inferiority of the individual who suffers (Lazarus & Lazarus, 1994). Common humanity is the function that creates a sense of equality between the sufferer and the self because it recognizes the pain of others as something that the self is also prone to experience. Individuals experiencing common humanity recognize that everyone deserves compassion for the sole reason that they are in pain (Blum, 1980). Pity fails to observe this common ground. One way that pity can function is to disassociate through blame. The individual who is suffering is viewed as culpable for their misfortune and the individual who pities assumes that they could never be in such a predicament (Blum, 1980; Lazarus, 1991; Lazarus & Lazarus, 1994). It may be assumed that the sufferer is weak and brought on their own failure (von Dietze & Orb, 2000; Wachholtz & Pearce, 2007). Further, it is suggested that pity in general does not provide the motivation to reduce the suffering of others (Blum, 1980; Wachholtz & Pearce, 2007) while in compassion the motivation to act is considered imperative (Dalai Lama, 2002b).

Pity may be transformed into action in cases of charity and thus may be the exception to the general premise that pity does not lead to helping behavior. Charity, similar to pity has connotations of superiority. There is not a sense of equality between the donor and recipient of the help. Thus, charity like pity lacks a sense of common humanity where the donor and recipient are perceived as equals. Additionally, the helping behavior may not be an act of kindness, but one that is engaged in for the purpose of bolstering the image of the donor. Thus, the donor is viewed as an individual who does charity work and helps those who are “less fortunate” in order to be perceived as an upstanding community member. In those instances, the intention behind the helping behavior is not compassionate because its purpose is not kindness but self-aggrandizing.

Compassion exudes kindness. There is a sense of closeness in compassion while in pity there is only a sense of distance (Glaser, 2005). In compassion an individual feels concern (Dalai Lama, 2002c) but in contrast, the feeling in pity consists of disdain and contempt (Lazarus, 1991). Pity lacks respect (Dalai Lama, 2002c; Glaser, 2005) and strips dignity from the sufferer (von Dietze & Orb, 2000). This is why in some instances pity is responded to as an insult and is rejected (Cassell, 2002). Thus, compassion consists of a kind response while pity is a cold reaction to the suffering of others.

Compassion also exhibits mindfulness, or emotional balance. In contrast, it is possible that pity may be influenced by the emotional reactions of fear and anger. For example, Rinpoche (1992) suggests that pity can buffer fear. Pity creates a sense of relief because it protects against seeing the self in the same position as the sufferer. The individual who pities can evade their feelings of fear distancing themselves and thus avoiding real contemplation of suffering and pain. von Dietze & Orb (2000, p. 169)

suggests that the individual who pities can literally say to themselves that, “I’m glad it is not me.” Pity, in this instance would act as a defense for the self. In compassion, the mindfulness aspect would keep the fear response in check thus allowing for a more open response that has no need to protect the self. Pity can also act as a function of anger (Lazarus & Lazarus, 1994). When offended, pity can act as an attack to degrade and debase another. When someone says “I pity you” they may be suggesting pity as an insult implying a lower status to the object of their affront. In a mindful response, the anger would not be overindulged in and the resulting response may be more likely to be compassion.

*Naïveté and weakness.* Compassion is sometimes confused with naïveté, foolishness (Ladner, 2004), or even stupidity (Glaser, 2005; Hopkins, 2001). The kindness in compassion is assumed to cloud an individual’s reasoning to the point where it is possible to be taken advantage of or manipulated. Thus, this orientation is thought to be connected with an overly trusting view of others (Hopkins, 2001). Compassion, as an emotion is assumed to override our mental capacities rendering our thinking fuzzy or irrational. Thus, compassion is proposed to be a dangerous response that may lead us to disaster (Ladner, 2004). McNeill and colleagues (1982) suggests that we are skeptical about envisioning a world that is governed by compassion. He indicates that “the idea of such a world strikes us as naïve, romantic, or at least unrealistic” and that “for those who do not live in a dream world can keep their eyes open to the facts of life, compassion can at most be a small and subservient part of our competitive existence” (McNeill et al., 1982, p. 5). Therefore, at the level of society, compassion is viewed as unrealistic and at the level of an individual compassion is portrayed as an unwise choice.

This unwise choice of succumbing to an emotional response is presumed to override our cognitive abilities to think through a situation. Therefore, in this line of thinking, compassion is thought to be a weak response (Gilbert & Irons, 2005; Hopkins, 2001; Ladner, 2004). Salzberg (1997) indicates that she travels to various places in the world to teach the Buddhist principles of loving-kindness, sympathetic joy, equanimity, and compassion and has repeatedly encountered the assumption that these states imply vulnerability, weakness, and idealism. She indicates that students report that, “If I am loving and compassionate, I will allow myself to be abused and hurt” and “To me those are sweet sentiments, but it’s not really possible to live like that” (Salzberg, 1997, p. 30).

However, these perceptions of compassion may be misguided. Some have proposed that compassion is not unintelligent (Dalai Lama, 1995; Glaser, 2005; Hopkins, 2001), and does require strength or courage to display (Chodron, 2002; Dalai Lama, 1995; Gilbert & Irons, 2005; Hopkins, 2001; Ladner, 2004; Salzberg, 1997).

Mindfulness may be a key element that provides the emotional balance necessary to allow an individual to think through a compassionate response not only with kindness but with intelligence as well. It functions in such a way that any possible emotional imbalance no longer acts as a barrier to careful and wise consideration of a situation. The presumption of kindness running amok without intelligent contemplation creates a false impression that compassion can result in a foolish or unintelligent response. The response is considered to be foolish because it is presumed to fail to take into consideration the safety and the well being of the donor (Brown, 1996).

However, the Dalai Lama (2002a) explains that a compassionate response is a very intelligent response because it benefits both the recipient and the donor. Both feel

happy as a result of receiving and giving compassion. However, if an individual acts in anger or hatred, then both the angry individual and the recipient feel unhappy. The recipient suffers from the attack and the angry individual suffers from merely holding on to angry feelings (Ladner, 2004). Further, the angry individual is likely to only receive a similarly negative response back from the recipient thus creating a cycle of anger and unhappiness. It is wise or intelligent to choose the response that will benefit all parties involved. Embracing a sense of common humanity can facilitate this response.

Understanding that all human beings want to be happy and avoid suffering helps to imagine how undesirable it is to be the recipient of angry feelings thus giving us pause when deciding to act in anger. Similarly, compassion becomes more natural to offer to others because we understand it as a response we wish from others for ourselves. In Christianity this principle is known as the golden rule that is “to do unto others as you would have done to yourself.”

Individuals may feel that this logic fails them when they feel attacked or vulnerable. To protect themselves they go on the defense. This dualistic thinking of either having the choice to be vulnerable or to attack in defense is countered by the Dalai Lama (2002a, p. 56) when he says that, “Another question is that if you always remain humble then others may take advantage of you and how should you react? It is quite simple: you should act with wisdom and common sense, without anger and hatred.” This statement suggests that it is possible to act with kindness, refrain from anger and hatred and still have an intelligent response. To be kind does not necessarily mean that an individual is not aware of the possible ill motivations and intentions of others.

Hopkins (2001) suggests that it is not necessary to trust indiscriminately to be compassionate. In fact, once it is understood that all human beings want happiness and do not want suffering, it is also realized that it is possible that some individuals will go to any means to achieve those ends. Stosny concurs (2004) indicating that it is not the failure of compassion that leads to harm but unwise trust. Therefore, it is proposed that kindness can be felt and acted on without being unwisely or indiscriminately trusting. This sentiment is also conveyed in Christian doctrine when Jesus sends his disciples out to be, “sheep in the midst of wolves: be ye therefore wise as serpents, and harmless as doves” (Matthew 10:16) (Authorized King James Version). Once the fear of being harmed is diminished and compassion is offered it is more likely for the other to return the response in kind thus creating a cycle of compassion that is not likely to lead to any party taking advantage of the other (The Chinese Brahma’s Net Sutra, 2004).

Thus, wisdom is considered to be an important counterpart to compassion in Buddhism. Wisdom acts as a base of knowledge to effectively act compassionately. An interesting difference in this Eastern concept is that there is an assumption that wisdom and compassion can work in consort with each other. In Western circles, compassion is often viewed as lacking wisdom, but more profoundly it appears that it is assumed that if an individual acts compassionately it is not possible to act with wisdom simultaneously.

Compassion can not only be misperceived as an unintelligent response but it is also sometimes seen as a failing or weakness. However, in order to be mindful and present with the suffering of others it requires that we do not turn away or avoid pain. This takes great strength and courage. Chodron (2002) suggests that being compassionate is a challenge because it requires an open heart that does not shut down or push away

from what is unpleasant. Keeping the emotional balance that occurs in mindfulness provides us with the platform of strength to directly face pain in order to feel compassion and help others. Salzberg (1997) suggests that sometimes our fear runs away with us and we convince ourselves that we are being compassionate when we do not act in some situations. However, in fact, we are really afraid to confront a person or situation. Ironically, the compassionate response may be to do the exact opposite and confront the situation. For example, Bates (2005) indicates that it takes courage and strength to confront someone else who is engaging in acts that are self-harmful. In these cases compassion may even be perceived as fierce (Ladner, 2004). Thus, it becomes possible to become a warrior for compassion (Ladner, 2004).

It is also takes strength to keep in mind the common humanity of others, and continually act in accordance with an understanding that loved ones, strangers, and enemies are all equal (Hopkins, 2001). They are equal because they are all individuals who are human and share in a common human experience. From a personal perspective, however, it is easy to forget this and see these individuals differently based on how we perceive and interact with others. Approaching someone that we do not like with compassion requires a great deal of strength.

*Sacrifice.* Sacrifice may often be assumed to be a part of compassion. For example, in Christianity, Jesus sacrificed his life in order to pay for the sins of humankind. This could be considered as an ultimate act of compassion, to lay down one's life to take away the suffering of others. However, some Buddhist thinkers suggest that what may appear to be sacrifice can actually be something quite different. Ladner (2004, p. 25) suggests that, "what appears to be self-sacrifice is actually an advanced form of



taking care of yourself.” To explain, the element of common humanity within compassion becomes a helpful concept. As an individual develops a stronger sense of common humanity with others, the boundary between self and other becomes less rigid. The value of others becomes on par with one’s own value as an individual due to a recognition of shared human experience. To act compassionately towards others is as valuable to the donor as it is to the recipient because the boundary between the donor and the recipient is less distinguished when common humanity is realized. Ladner (2004) underscores this process indicating that “when you get to that level, sacrificing yourself to take care of others becomes naturally a way of achieving your own highest welfare at the same time.” He suggests that “genuine compassion for others never harms and only benefits us” (p. 23).

Salzberg (1995) illustrates this understanding in a very frightening story where a drunken man in India accosted her. She thought the drunken man was going to successfully drag her away and harm her, but her friend was able to pull her away from him. When she arrived at her destination and relayed the story to her meditation teacher, he reportedly said to her, “Oh, Sharon, with all the loving-kindness in your heart, you should have taken your umbrella and hit that man over the head with it” (p. 103). The point of the story was to illustrate that compassion need not be confused with passiveness or permissiveness of abuse. This illustrates the angle that recognizing common humanity of others also means recognizing one’s own participation in that common humanity. As the value of others is on par with the self, so is the self on par with the value of others. The work of Neff (2003a; 2003b; 2007) and the development of the concept of self-compassion for Western audiences illustrate the importance of this understanding.

Additionally, Gilbert's (2005) work with compassionate mind training utilizes this understanding to help clients with difficult past experiences to overcome destructive self-to-self relationships that devalue the self in relation to others. However, one important caveat here is that this should not be confused with selfishness or undue self-focus. In those instances, the self is promoted over others as more valuable and a sense of common humanity is lost. If an individual views the self as more than others it is impossible to truly feel a sense of common humanity. The Dalai Lama (2002a, p. 83) suggests that this type of self-centeredness or "self-cherishing" is the cause of most individual's "troubles, worries, and sadness in life." Therefore, the notion suggests that the self is as valuable as others but it is not more valuable than others, either.

To further demonstrate this point, Salzberg (1995) relays another story. Her meditation teacher posed a dilemma to her. He suggested that she imagine that she and a benefactor, a friend, a neutral person, and an enemy were walking in the forest and were confronted by a bandit. The bandit asks her to select one of the members of the group to die so that the others may live. Her meditation teacher then asked her which one would she sacrifice, and if she would sacrifice herself. Salzberg (1995) indicated:

He asked me the question as if more than anything else in the world he wanted me to say, "yes, I'd sacrifice myself." A lot of conditioning rose up in me—an urge to please him, to be "right," to win approval. But there was no way I could honestly say yes, so I said, "No, I can't see any difference between myself and any of the others." (p. 37-38)

The point of the exercise was to recognize the value of all the members of the group, the self was as important as the enemy, the benefactor, or the neutral person. All were considered as valuable as the other.

Allen & Knight (2005) suggest that this misunderstanding of compassion occurs in therapeutic settings as well. They suggest that at times, working with the concept of compassion clients misunderstand it to mean subordination. Allen & Knight (2005) suggest this can be damaging particularly to depressed clients who may have trouble affirming their own self-compassion. Further, Worthington and colleagues (2005) indicate that the misunderstanding can hinder clients in working through anger or leave them vulnerable to feelings of guilt. Indeed, compassion does not mean subordination and the misinterpretation of the concept in these instances may be disruptive to the therapeutic process.

Therefore, sacrifice can often appear to be a part of compassion, but various theorists, researchers, and therapists suggest that compassion should not be equated with devaluing the self or subordinating the self to others.

#### *Constructs functionally related to compassion*

In this section, constructs considered to be functionally related to compassion will be discussed. These constructs either facilitate compassion or compassion facilitates them. First in this section is wisdom. In Buddhist circles, wisdom is an essential trait to have in conjunction with compassion. Wisdom facilitates compassion because it provides the information and skill to demonstrate compassion effectively. In the following sections gratitude and forgiveness are discussed illustrating how compassion may facilitate them.

Gilbert (2005) suggests that forgiveness occurs in the context of other's harming behavior while gratitude occurs in the context of other's helpful behavior. Feeling compassion may facilitate the ability to feel gratitude when others help and to forgive when others offend.

*Wisdom.* Wisdom is a complex concept without a commonly agreed upon definition in psychology (Ardelt, 2003; Dittmann-Kohli & Baltes, 1990; Kramer, 2000). However, there is agreement that wisdom is a multi-faceted construct (Ardelt, 2003; Shedlock & Cornelius, 2003).

A litany of definitions and descriptors has been used to illustrate the meaning of wisdom. Some of these include: living life to the fullest or having the optimal life (Baltes et al., 2002; Garrett, 1996; Ryan, 1996), being in balance (Baltes et al., 2002; Sternberg, 1998), possessing superior cognitive abilities (Clayton, & Birren, 1980; Dittmann-Kohli & Baltes, 1990), having the ability to integrate and put knowledge into perspective (Ardelt, 2003; Baltes et al., 2002; Kunzmann & Stange, 2007; Labouvie-Vief, 1990; Shedlock & Cornelius, 2003), being capable of handling contradiction (Shedlock & Cornelius, 2003), being intuitive (Ardelt, 2003; Clayton & Birren, 1980), having the ability to be tolerant and value the views of others (Baltes et al., 2002; Kunzmann & Stange, 2007; Shedlock & Cornelius, 2003), being able to admit a lack of knowledge when appropriate (Baltes et al., 2002; Meacham, 1990), having good judgment (Ardelt, 2003), being mature (Shedlock & Cornelius, 2003; Kunzmann & Stange, 2007), and having positive affective attributes such as sympathy and compassion (Ardelt, 2003; Csikszentmihalyi & Rathunde, 1990; Levitt, 1999; Pascual-Leone, 1990).

While there are some variations in the conceptualization of approaches to wisdom, essentially, there are three camps of thought (Shedlock & Cornelius, 2003).

Shedlock & Cornelius (2003) suggest that those camps include: 1) wisdom as a social judgment that has also been referred to as implicit understanding; 2) wisdom as a function of personality development; and 3) wisdom as a type of cognitive expertise.

Wisdom as a social judgment includes understandings of wisdom based on common perceptions. Sternberg (1998, p. 348) suggests that it is “an account that is true with respect to people’s beliefs.” Wisdom has also been seen as a part of personality development. In Erikson’s (1959) stage model, life span development progresses as a function of successfully negotiating and integrating psychosocial themes that can be suggested to culminate in wisdom with age. Age is commonly considered to be associated with wisdom (e.g. Baltes et al., 2002; Clayton & Birren, 1980; Shedlock & Cornelius, 2003; Takahashi & Overton, 2005) and allows for a developmental approach to the construct. In the last camp, wisdom is cognitive. In this camp, cognitive development allows for wisdom to manifest (Kunzmann & Stange, 2007). Within this paradigm, the developmental, cognitive theories of Piaget are influential. An example of a well-known model for cognitive personality theorists is the Berlin Wisdom Project. Paul Baltes and colleagues (Baltes & Staudinger, 2000; Baltes et al., 2002; Smith & Baltes, 1990; Staudinger et al., 1993) suggest various types of knowledge that contribute to wisdom are: factual, procedural, understanding context, relativism, and being able to handle uncertainty.

Various authors have recognized the importance of viewing wisdom as a cultural concept (Ardelt, 2003; Takahashi & Overton, 2005; Clayton & Birren, 1980). However, Takahashi & Overton (2005) suggests that Western conceptualizations of the construct may emphasize the cognitive component heavily whereas Eastern cultures may put more

emphasis on its affective nature. Clayton & Birren (1980) suggest that the type of cognition relevant in the West is intellect whereas in the East the intellect can be seen as an impediment to wisdom and qualities like contemplation and compassion are more salient to its development. Thus, different types of knowledge and the presence of affect may be at odds within these cultural concepts of wisdom.

In Buddhism, compassion's theorized relationship to wisdom is considered essential (Dalai Lama, 1995; 1997; Ladner, 2004). Nagao (2000, p. 2) indicates that *prajna* (wisdom) and *karuna* (compassion) are “the two main pillars of Buddhism; they are like two wings of a bird or two wheels of a cart.” In very practical terms, the Dalai Lama (1997, p. 11) says that, “the Buddha always emphasized a balance of wisdom and compassion—a good brain and a good heart should work together.”

Wisdom in Buddhism is viewed as a type of understanding or awareness that all things change and are ephemeral (Dalai Lama, 1995) and that the self and others are interdependent (Galín, 2003). In Buddhist philosophy, this sense that all things change is often referred to as “emptiness” (e.g. Dalai Lama, 2001; 2002a; Hopkins, 1999). The emptiness is meant to imply that existence is dynamic and ever changing thus suggesting that nothing is intrinsic or inherent (Dalai Lama, 2002a). Once this type of wisdom is gained, it is suggested that individuals see and understand the true nature of things (Dalai Lama, 2001; Galín, 2003; Glaser, 2005; Goleman, 2003; Ladner, 2004). This awareness is thought to facilitate compassion because once the world is viewed as an interconnected and an ever-changing entity; there becomes less reason to defensively protect the self. The self is no longer seen as permanent and it is perceived to be in connection to all other things (Galín, 2003; Glaser, 2005; Ladner, 2004; Salzberg, 1997). Thus, wisdom allows

for self pre-occupation to drop away (Cassell, 2002). Consequently, compassion can flow more freely when the self is no longer viewed as separate and permanent engendering a more selfless and other-focused nature that is willing to extend kind attention to others (Master Sheng-yen, 1999; Wang 2005).

This type of wisdom illustrates the logic of compassion. The Dalai Lama (2002a) suggests that even if one is “selfishly wise” that compassion is still a product of good sense. He indicates that offering either compassion or hatred to others usually bring the same response in kind. Offering compassion and receiving it contributes to happiness while showing hatred and receiving it in kind diminishes happiness for all involved. Others have resonated this understanding that helping or treating others well can benefit the self (e.g. Crocker & Canevello, 2008; Downie & Calman, 1994; Lazarus, 1991; Shaver & Mikulincer, 2004).

Within this conceptualization of wisdom, wisdom would have a facilitative effect on compassion. Specifically, it may impact levels of kindness, common humanity, and mindfulness. When individuals view all things as connected and interdependent kindness can be offered more readily and a sense of common humanity becomes natural. The Dalai Lama (1995) suggests that once a letting go of the illusion of permanence has occurred then the bearing the pain of others in compassion becomes possible because the compassionate one does not hold on to the pain. This process is a mindful one as it practices emotional balance of accepting and opening to difficult emotions when they manifest and letting them go when they have run their course.

Thus, although wisdom and compassion are distinct, there may be some overlap of the cognitive elements of wisdom and compassion as compassion encompasses

mindfulness. Additionally, there may be an overlap of the affective components as well as wisdom may facilitate kindness and common humanity. As previously mentioned, some have directly conceptualized compassion and sympathy to be a part of wisdom (Ardelt, 2003; Csikszentmihalyi & Rathunde, 1990; Levitt, 1999; Pascual-Leone, 1990). Thus, compassion and wisdom are functionally related in Buddhism and may share some common characteristics.

While there are many models that are offered within these various camps of thought, the model that best illustrates the Buddhist approach to wisdom is presented in the works of Ardel (2000; 2003). Ardel (2003) developed a scale, the Three Dimensional Wisdom Scale (3D-WS) to measure wisdom that was “based on Eastern wisdom traditions” (p. 284). The underlying structure of the scale is based on the research of Clayton & Birren (1980) suggesting that three elements compose wisdom: reflective aspects, cognitive aspects, and affective aspects.

The reflective element may be one of the most key elements in wisdom as it has been suggested to have a facilitative effect on both the affective and cognitive elements. In order to think deeply and to be impacted emotionally from events, reflection is needed. In essence, it is the material that allows for cognitive and emotional processing. In reflection, events are considered from multiple perspectives leading to a more meaningful and less self-focused view of the world. Thus, a reflective individual would be less likely to blame others or external circumstances for any particular life situation or condition.

The cognitive element allows for a more holistic grasp of events and situations in life both interpersonally and intrapersonally. Specifically, a cognitive grasp of the world



allows an individual to come to certain understandings that the world is unpredictable, contains contradictions, and that much is unknown.

The last element, the affective aspect of wisdom is often omitted in other models of wisdom. The reflective and cognitive elements are suggested to impact the affective element allowing for and promoting feelings of compassion and sympathy. It is theorized that these emotions are presumed to have an impact on prosocial behavior as well.

These elements are considered to work together to synergistically in order to authentically be called wisdom. Ardel (2003) suggests that for example, without the affective element the construct may more closely approximate intelligence or cognitive functioning. Further, without the cognitive component, an individual's heart may be in the right place but they may not have the skill to execute compassionate behavior.

*Gratitude.* Similar to compassion, there has not been much empirical study on gratitude (Emmons & Shelton, 2002). Also, like compassion, gratitude is considered to be a positive emotion (Lazarus & Lazarus, 1994; Mayer et al., 1991; Ortony et al., 1988; Weiner, 1985) and is thought to be associated with strength (Emmons & Crumpler, 2000; Emmons & Shelton, 2002) and happiness (Emmons & McCullough, 2003; van Overwalle et al., 1995; Walker & Pitts, 1998). Lazarus and Lazarus (1994) define gratitude as having appreciation after being the recipient of an altruistic act. Ortony, Clore, & Collins (1988) suggest that it is a combination of admiration and joy. Pruyser (1976, p. 69) suggests that it has to do with kindness, generousness, gifts, giving and receiving, and getting something without the expectation of return. Clearly, gratitude is contextual occurring within a particular set of circumstances where one gives and another receives and the receiver feels the positive emotion of gratitude as a result of the interpersonal

transaction. Compassion differs in context where the focus of the interpersonal transaction is centered in one suffering and the other wishing that the suffering were alleviated.

Despite contextual differences, gratitude and compassion may share more than a general positive association and a specific positive connection with strength and happiness. Lazarus & Lazarus (1994) suggests that both gratitude and compassion require the ability to be empathetic. The skill is suggested to be necessary within the interpersonal exchange to recognize suffering or need respective to the genesis of either compassion or gratitude. So, there may be a need for a base ability to sense the emotions of another to act accordingly. This ability to focus on the other may extend throughout the exchange thus both emotions may be characterized as resulting in a focus on the sufferer or the recipient as opposed to the self.

In accordance, Emmons & McCullough (2003, p. 377) indicate that “the object of gratitude is other-directed.” Wayment & Bauer (2008) produced an edited book describing this type of focus as a “quiet or other-oriented ego” and within this edition, McAdams (2008) specifically recognizes both compassion and gratitude as falling within this category. The “quiet or other-oriented ego” is one in which the focus is on others and the “noisy or self-serving” ego is one in which the focus is directed back towards the self when defensive. Emmons & Shelton (2002) suggest that the process of gratitude can be disrupted when the focus is taken from the other and directed back towards the self. In instances where giving occurs but the recipient interprets that gift to imply a lack of self-sufficiency or inferiority, the focus becomes shifted to the self in defense and the attention is no longer on the giver and the giver’s good intentions. This disrupts feelings

of gratitude and replaces it with a more protective and defensive stance. Farwell & Wohlwend-Lloyd (1998) provide some empirical support for this proposition finding that in the context of an interdependence game conducted in a lab, narcissism was inversely related to gratitude.

Compassion and gratitude may also share common ground in their association with love. As previously indicated, selfless love is theorized to be strongly associated with compassion both in Buddhist thinking and in other religious traditions. Similarly, in gratitude it has been suggested that when individuals focus on the gifts they have received from a donor the results are feelings of being loved and cared for (McCullough et al., 2001; Reynolds, 1983; Shelton, 1990). Thus, gratitude becomes associated with feelings of love in those instances. Therefore, in compassion the projection of kindness and love for another may couch the self in those same feelings and in gratitude recognition of the love of the donor allows the self to take it in. The interpersonal dynamic seems to suggest that to give love or to recognize it from others both result in positive feelings.

The last theorized similarity between compassion and gratitude is the possible common association to mindfulness. What may be shocking about this association is that theorists describing various elements of gratitude wrote their descriptions prior to Neff's (2003a; 2003b) conceptualization of mindfulness. Emmons & Shelton (2002) wrote about a preliminary study that was subsequently published in 2003. In this study undergraduates were asked to log their emotions, physical symptoms, and health behaviors under three conditions for 10 weeks. One group was to write about the hassles they experienced during the week; another group was to write about things that they were

grateful for during the week; and the last control group was to write about five major events of the week. As expected the gratitude group felt better, reported better physical health, and were more optimistic than the other two groups. Despite these positive findings, Emmons & Shelton (2002, p. 466) reported that, “Gratefulness does not appear to be equivalent to a Pollyannaish state where suffering and adversity are selectively ignored, but it might induce requisite psychological resources to successfully weather unpleasant emotional states.” This conclusion is very much descriptively similar to a state of mindfulness where difficult or painful feelings are not ignored nor are not held on to in a self-wallowing state. Thus, this balanced approach also helps to “weather unpleasant emotional states” as suggested above.

Therefore, compassion and gratitude may share common ground despite contextual differences such as a focus on suffering or appreciation. Gilbert (2005, p.53) however characterizes compassion as a blanket emotion that can encompass other emotions such as gratitude suggesting, “Compassion also involves abilities for gratitude, generosity, and forgiveness.”

*Forgiveness.* Forgiveness is also thought to have a strong relationship to compassion (Wachholtz & Pearce, 2007; Worthington & Wade, 1999; Worthington et al., 2005). Specifically, forgiveness has been characterized to be a part of compassion (Gilbert, 2005). Indeed, Thoresen and colleagues (2000) define forgiveness suggesting that it is a process in which negative feelings are released and compassion is developed for the offender. Worthington and colleagues (2005) explain this dynamic suggesting that when a transgressor shows regret and/or apologizes it allows the victim to feel compassion for the transgressor and subsequently forgive. Thus, compassion is thought to

facilitate forgiveness. It may be a necessary component that allows for the process to occur. Similar to gratitude, forgiveness is contextual. It occurs specifically when one transgresses and another is offended or victimized. Compassion, however, is broader reaching in the sense that it functions in a more broad range of contextual situations. It could be said that in forgiveness the transgressor feels regret and is suffering as result of their mistake and the victim is given the opportunity to alleviate that suffering through forgiveness. As such, forgiveness could be viewed as a specific case of suffering that is alleviated through reconciliation. There is some preliminary support for the possibility of this theoretical position in that forgiveness has been linked to empathy (Berry et al., 2004; Macaskill et al., 2002; McCullough et al., 1997; 1998). Further, Farrow and colleagues (2001) have found that when participants made social judgments regarding some vignettes they were asked to read, empathy and forgiveness activated the same part of the brain.

This theory suggests how forgiveness may function, but investigating what may inhibit forgiveness may provide further support for common ground between compassion and forgiveness. Like gratitude and compassion, forgiveness may require a level of mindfulness to function. Worthington and colleagues (2005) suggest that rumination interferes with forgiveness. The proposed dynamic is that within rumination an individual rehashes negative thoughts associated with some injury or offense that makes the possibility of forgiveness less likely. Replaying harmful events and thoughts in the mind create a sort of re-experiencing of the offense making it psychologically fresh and the injury is experienced anew with each cycle of thought. Gilbert (2005) suggests that when individuals are being attacked or harmed, their threat-defense system reacts with the most

effective strategy for self-protection. It is possible in these instances that the threat-defense system is activated in response to mental thoughts and representations of previous harm sending a biological signal for self-protection. That physiological response may have an impact on the ability to forgive because the danger seems present due to ruminative thought as opposed to actual in-the-moment experiences. Some research may be beginning to support a connection between rumination and lower levels of forgiveness (Berry et al, 2001; 2004; McCullough, 2001).

If rumination is connected to lower levels of forgiveness, then being mindful may facilitate it. Mindfulness provides equilibrium in emotional processing that would hinder the ruminative process of reliving negative emotions repeatedly. The balance consistent with mindfulness would facilitate a letting go of negative emotions. This in turn, would allow for the possibility of forgiveness. To re-illustrate Gilbert's (2005) model of the threat-defense system, in mindfulness the negative thought would be experienced but it would not be re-experienced because the negative thought or feeling is not rejected but it is not held either. The letting go allows for the deactivation of the threat-defense system and the need for self-protection. Forgiveness becomes more likely because the threat is no longer being held cognitively. In a sense, the offense is forgotten or at least it is not fresh in the mind.

### *Compassion & Well-Being*

In this last section, those constructs that have an impact on well-being and are related to compassion are reviewed. Constructs believed to have either a positive or

negative impact on well-being are discussed. This final section looks at happiness, hope & depression, and guilt.

*Happiness.* The advent of the positive psychology movement has brought to the forefront an interest in the explicit study of happiness and other positively oriented constructs (e.g. Chambers & Hickinbottom, 2008; Diener, 2000; Lyubomirsky, 2001; Seligman & Csikszentmihalyi, 2000). Recognition of a historical focus on pathology in psychology and a reconceptualization of approach have brought about a new emphasis on understanding and building positive qualities. Of course, various predecessors laid the groundwork for this movement (e.g. Allport, 1961; Erikson, 1959; Jung, 1933; Maslow, 1968; Rogers, 1961; Terman, 1939; Terman et al., 1938; Watson, 1928).

The specific term of happiness has often been re coined as subjective well-being (SWB) in various research efforts (Diener, 2000). Seligman & Csikszentmihalyi (2000) suggest that the term may be used to convey a more scientifically sounding nuance than happiness. General findings about how subjective well-being functions is that it is equally possible for individuals to experience it regardless of age (Latten, 1989; Herzog et al., 1982; Ingelhart, 1990; Myers, 2000), gender (Haring et al., 1984; Ingelhart, 1990; Michalos, 1991), or race (Deiner et al., 1993; Stock et al., 1985). When it comes to money, it appears that a certain amount of financial stability to provide for basic necessities is essential for well-being (Argyle, 1999; Diener & Diener, 1995). However, beyond that, money does not appear to affect it (Inglehart, 1990; Lykken, 1999; Myers & Diener, 1995). In fact, some theorists and researchers suggest a detrimental effect on well-being when individuals are preoccupied or overly focused on materialistic goals (Kasser & Ryan, 1996; Ryan & Deci, 2001; Ryan et al., 1999; Schmuck et al., 2000).

Happiness or subjective well being is associated with a variety of factors. Close relationships have been proposed to increase happiness or well-being (Argyle, 1987; Baumeister & Leary, 1995; Burt, 1986; Deci & Ryan, 1991; DeNeve, 1999; Myers, 1999; Pavot et al., 1990). Additionally and more specifically, marriage has also been found to be a predictor of happiness (Diener et al., 1999; Inglehart, 1990; Mastekaasa, 1994; Myers, 2000; Wood et al., 1989). Further, religiosity is proposed to have an impact (Gallup report, 1984; Inglehart, 1990; Okun & Stock, 1987; Poloma & Pendelton, 1990) along with satisfaction in work (Crohan et al., 1989; Csikszentmihalyi, 1990; Freedman, 1978; Michalos, 1986) and pursuit and achievement of intrinsic goals (Cantor & Sanderson, 1999; Diener & Fujita, 1995; Emmons, 1986; Ryan et al., 1999; Sheldon & Kasser, 1998).

One of the most illuminating findings that challenges general notions about happiness is that it appears that it is not as subject to negative or positive events as commonly assumed (Diener & Larsen, 1984; Gilbert et al., 1998; Kammann, 1983). Various researchers indicate that happiness has a strong genetic component (DeNeve, 1999; Lykken & Tellegen, 1996; Tellegen et al., 1988) and that it appears to be related to personality and temperament (Diener, 2000; Myers, 2000). Seligman and Csikszentmihalyi (2000, p. 9) articulate the process well by indicating that, “it is not what happens to people that determines how happy they are, but how they interpret what happens.” Headey and Wearing (1992) suggest that when emotional events occur individuals experience an emotional fluctuation that deviates from their personal baseline of general happiness but that within time their baseline happiness is regained. A variety



of research supports this proposition (Brickman et al., 1978; Costa e al., 1987; Diener & Larsen, 1984; Rusting & Larsen, 1997).

It has long been the contention of the Dalai Lama (1995, p. 50) that happiness is not necessarily dictated by external events themselves but from an individual's decision about how to respond to those events. He suggests that in his particular situation with the Chinese occupation of his country that his happiness can not be destroyed by this event. However, he suggests that if he gave in to his anger, then his peace of mind could be disrupted. Whereas Western psychology has noted that temperament seems to contribute to how individuals react to certain situations, Buddhist traditions have recognized that temperament can be cultivated through meditation in order to train a response that is conducive to happiness.

It has also been the contention of many Buddhist thinkers that there is a strong link between compassion and happiness (Dalai Lama, 1984; 2002a; Dalai Lama & Cutler, 1998; Goleman, 2003; Hopkins, 2001; Ladner, 2004). Further, researchers are beginning to note the possible connection as well. As previously mentioned, Davidson (2006) has begun initial investigations of brain activity of Buddhist monks while they were meditating specifically on compassion and found that the areas in the brain that were activated were ones that are typically associated with positive affect.

Further, Wang (2005) affirms the relationship between compassion and happiness, but cautions against the misperception that happiness is the same as pleasure. Mathieu Ricard, a Buddhist monk clarifies the term in Goleman (2003) suggesting that happiness is a sense of fulfillment that is not dependent on a place, time, or object like pleasure. Indeed, there may be a need for the clarification. For example, in the subjective

well-being literature, Ryan & Deci (2001) suggest that there are two camps of thinking. The first is the study of pleasure or happiness that has been labeled as hedonism (Kahneman et al., 1999). The second is the study of self-actualization referred to as eudaimonism (Waterman, 1993). Therefore, Wang and Buddhist thinkers mean something quite different when using the term happiness as compared to how the term is used in the subjective well-being literature.

These theoretical and emerging research musings on the connection between compassion and happiness may not be intuitive on the surface. For example, Rozin (2003) points out that compassion begins with recognition of negative events yet is still considered to be a positive emotion. On the surface, this may be the paradox of compassion. However, the focus does not remain on suffering. In instances where it does, compassion fails to manifest. In the empathy-sympathy literature this phenomenon is referred to as personal distress. The focus on the suffering of others transforms into personal suffering and that distress is so overwhelming that it supersedes a feeling of compassion for others. The process that may allow for an individual to by pass personal distress is mindfulness. The emotional balance in mindfulness manages the initial negative feelings thus the distress does not become personal, and the focus can remain on the sufferer. Therefore, despite the fact that compassion begins with the recognition of a negative event, it may elicit positive feelings in the end due to the strong wish that suffering be alleviated in another; in other words, the feelings of concern and love for others may bring about the feelings of well being or happiness.

It is this wish that may bond the compassionate individual to the sufferer. Wang (2005, p. 80) suggests that compassion “enhances our inclusive sense of ‘I’ and provides

respite from our own destructive emotions.” Thus, another way to reconceptualize this assertion is to suggest that a sense of common humanity breaks the barrier between self and other manifesting this “inclusive I.” Destructive emotions are not as easily manifested when the boundary between self and other is more permeable because then there is less of a sense of other to project negativity towards.

In the end, the connection between happiness and compassion may be the generation of kind and loving feelings for a sufferer that in turn without active intent also positively impacts the donor of the compassion. Compassion may then have a reflexive capacity to nourish not only the sufferer but the donor as well. This contention is held in Buddhist traditions (e.g. Dalai Lama, 2002a) and is beginning to be recognized in western research circles as well (Crocker & Canevello, 2008; Davidson, 2006; Davidson & Harrington, 2002; Post, 2005).

*Hope and depression.* While compassion may not be readily confused with depression, it is clear that compassion begins with recognition of suffering. Suffering, of course, is not pleasant and if the process of compassion stopped at that juncture or was unable to manage the pain of suffering, compassion could then be considered to be quite negative and perhaps leads to depression. The Dalai Lama (1995) suggests that the difference between the pain that a compassionate person feels upon recognizing the suffering of others and the pain that a depressed person would experience is that a depressed individual would feel a sense of helplessness, being overwhelmed, and loss of hope. Compassion, on the other hand, is filled with hope and the desire to alleviate suffering. The Dalai Lama (1995) describes the compassionate individual as “alert” and experiences no sense of a “loss of control” because the engagement in the suffering with

the sufferer is voluntary. The compassionate individual is open to the pain of others and is in control of that process. Further, the Dalai Lama (2001) suggests that the compassionate individual recognizes that the suffering is avoidable and can be overcome. There is a sense of hope for a better outcome that is absent in individuals who are depressed.

Further, individuals who experience compassion have a sense of common humanity that would act as a buffer against the isolation that is often a common experience in depression. Feeling a connection to others relieves a sense of suffering alone.

Some preliminary support for these two constructs being different is evidenced in the findings of Neff (2003a) where a related construct, self-compassion was found to be negatively correlated to depression.

*Guilt.* Zahn-Waxler (2000) suggests that guilt is recognizing the self as a cause of harm to others either by acting or failing to act. However, Gilbert (2005) suggests that guilt may or may not involve a sense of responsibility. He indicates that individuals may experience survivor guilt in times of disaster without actually being responsible for the harm done. Thus, this would suggest that guilt can emerge from a sense of responsibility or regret about harm done to others.

Guilt and compassion may be theorized to have various commonalities. For example, Leffel and colleagues (2008) suggest that a package of emotions and motivators including both compassion and guilt can contribute to caring. Behaviorally, Behzadi (1994) indicates that both compassion and guilt can act as a motivator to correct a wrong. Thus, it is possible that the behaviors manifested from compassion or guilt may be utterly

indistinguishable. Cognitively, Lazarus (1991) suggests that both compassion and guilt have certain cognitive appraisal systems. The first one is goal relevance. In goal relevance, the suffering or harmed individual must be relevant to the person feeling compassion or guilt. The second one is goal incongruence. In goal incongruence, the harmed individual or sufferer's situation is deemed unacceptable to the individual feeling compassion or guilt. Emotionally, there is some indication that both compassion (Brown, 1996; Goleman, 2003; Ladner, 2004; Lazarus & Lazarus, 1994; Miller, 2006) and guilt are associated with empathy as a base skill (Hoffman, 2000; Leith & Baumeister, 1998; Tangney & Dearing, 2002).

Additionally, there may be support for common ground between compassion and guilt biologically. Both compassion and guilt activate areas of the brain including the dorsal medial prefrontal cortex (Kedia et al., 2008; Moll et al., 2007), the precuneus, the bilateral temporo-parietal junction (Kedia et al., 2008), and the superior temporal sulcus (Moll et al., 2007). Kedia and colleagues (2008) indicate the dorsal medial prefrontal cortex, the precuneus, and the bilateral temporo-parietal junction are also associated with theory of mind. In theory of mind, individuals are capable of understanding stimuli from the perspective of others. Thus, it may be that the biological commonality for both compassion and guilt is a function of a necessary pre-requisite skill of understanding the perspective of others. This would seem to underscore the theoretical proposition that empathetic skill is a necessary pre-requisite to compassion or guilt.

Despite these similarities, there are a myriad of differences between compassion and guilt. Biologically, it has been found that anger towards others and guilt were associated with the bilateral amygdala, the anterior cingulate, and the basal ganglia, but

not with compassion (Kedia et al., 2008). Thus, this would indicate that although compassion and guilt share some common brain activation, there is also support for differential brain functioning as well. Thus, compassion and guilt may share certain initial biological bases, but the full picture would indicate that they splinter off after that initial and common activation.

Cognitively, Lazarus (1991) has proposed that these two emotions share some initial cognitive functioning but differ in that guilt requires the presence of self-blame. This self-blame can be theorized to be quite destructive unlike the properties of compassion. For example, Salzberg (1997) indicates that guilt is actually a form of anger or self-hatred. These unpleasant feelings may motivate the guilty to act not for the sake of the injured party, but for the alleviation of their own unpleasant feelings (Batson, 1998). As Stosny (2004, p. 58) states: “But if I feel guilt, the most important thing is to neutralize those darn distress signals causing me discomfort.” Thus helping behavior initiated by guilt may be motivated by the need to compensate (Barkan, 2000; Doosje et al., 1998; Frijda, 1986; Iyer et al., 2003; Ortony et al., 1988) in order to mediate those feelings while in compassion it is merely to help (Iyer et al., 2003). If the distress signals in guilt are not neutralized Stosny (2004) even suggests that those feelings may further degenerate to resentment and contempt for the injured party. Perhaps, this is due to an inability to manage the negative feelings, and a desire to push them away from the self and thus blame the victim as a means of relief.

As eluded within this discussion, guilt is thought to be a self-focused emotion (e.g. Baumeister et al., 1995; Iyer et al., 2003; Leach et al., 2002; Montada & Schnieder, 1989; Ortony et al., 1988; Stosny, 2004; Tangney & Fisher, 1995; Zebel et al., 2009). The

individual feeling guilt may focus on what they did wrong or their level of responsibility (Roseman et al., 1990; 1994). If dwelled upon, guilt may lead to a focus on the distress of feeling responsible or regret for the harm done to others. This rumination may keep the focus on the self as opposed to the injured party. The self-focus may even degenerate to shame and avoidance of the individual who had been harmed (e.g. Baumeister et al., 1994; Freedman et al., 1967; Tangney & Dearing, 2002). Thus, guilt and other emotions like shame and embarrassment are referred to as self-conscious emotions (e.g. Mercadillo et al., 2007; Tangney & Fisher, 1995).

In compassion, mindfulness allows for the balancing of the emotion that may circumvent the rumination and subsequent self-focus that may be experienced in guilt. Therefore, in compassion, the focus is freed up to be directed to the suffering individual. In some instances, Gilbert (2005) suggests that guilt may actually lead to compassion. Indeed, it may be possible that an individual can begin with a feeling of guilt, but through successful negotiation of guilt feelings, a shift occurs from the self to the injured party, and thus, the development of compassion may occur.

There may be some preliminary support for these theoretical differences between guilt and compassion. Various researchers have found other focused emotions like empathy, sympathy or compassion increased sensitivity to out-groups (e.g. Batson et al., 1997; Finlay & Stephan, 2000; Iyer et al., 2003; Johnson et al., 1997; Karacanta & Fitness, 2006). Karacanta & Fitness (2006) compared participants instructed to focus either on self or others in response to viewing a videotape about harassment. Participants given the other-focused instruction self-reported an increased a sense of compassion, but not guilt. Similarly, participants given the self-focused instruction reported an increased

sense of guilt. When provided with opportunities to volunteer for a program to prevent harassment, the other-focused condition led to willingness to help. However, in the self-focused condition there was more an avoidance response to helping. In another study, Iyer and colleagues (2003) also found similar findings. Specifically, their findings suggested that self-focused instructions associated with guilt led to acts of compensation but that other-focused instructions were associated with sympathy and led to more broad support.

### *Summary*

Thus, a wide variety of constructs were reviewed in order to further theoretically conceptualize, compare, and discriminate compassion from various similar constructs. In sum, constructs were reviewed under four categories: 1) closely related constructs; 2) constructs often confused with compassion; 3) functionally related constructs; and 4) similar constructs related to well-being. The closely related constructs included reviewing the other constructs that were most like compassion that have been researched in psychology including empathy, sympathy, and altruism. Extensions of these constructs were their behavioral correlates including helping, volunteerism, and cooperation. Love was also included as a construct closely tied theoretically to compassion. The constructs most often confused with compassion were suggested to be niceness, pity & charity, naïveté & weakness, and sacrifice. Those constructs proposed to be functionally related to compassion included wisdom, gratitude, and forgiveness. Finally, both negative and positive constructs theoretically tied to compassion affecting well-being were proposed including happiness, hope & depression, and guilt.



## Chapter Four: Development of the Compassion Scale

“Compassion is of little value if it remains an idea.”  
-The Dalai Lama

### *Need for the Current Study*

An important first step to empirically examine compassion is to develop a proper scale to measure the concept. Once a measure is in place, it will open up the possibility for discussion and further empirical understanding of the construct in psychology.

Amazingly, there have been a number of studies that have attempted to study compassion without a measure designed to assess it. Some have designed their own question(s) (e.g. Allred et al., 1997; Lally & Barber, 1974; Kemper et al., 2006), created adjective checklists (e.g. Karacanta & Fitness, 2006; Strasser et al., 2005; Mikulincer et al., 2001; Simmons, 1982), used a subscale of another measure (e.g. Cooper & Blakeman, 1994; Donius, 1994; Florian et al., 2000; Steffen & Masters, 2005), created their own item(s) (e.g. Beutel & Marini, 1995; Crocker & Canevello, 2008; Su et al., 2005), created stories/scripts meant to elicit the emotion (e.g. Kedia et al., 2008; Moll et al., 2007) and measured compassion as a function of helping behavior (e.g. Batson et al., 2001; 2008). Clearly, the need for a scale to measure compassion is illustrated in the fact that so many studies have attempted to investigate it without a proper scale.

There have been only a few attempts to measure compassion utilizing scale items. As suggested, compassion has sometimes been measured as a subscale of a larger construct. In other instances, items from others scales have been hand picked and subsequently taken as a measure of compassion. For example, Cooper & Blakeman (1994) developed the Motivational Spiritual Gifts Inventory and one of the seven sub-scales was compassion. A scale created in service of a dissertation, the Instrumental

Caring Inventory was developed to measure caring as a composite of empathy, compassion, and altruism (Donius, 1994). Hirschberger and colleagues (2005) utilized 14 compassion items taken from the Pity Experience Inventories developed by Florian, Mikulincer, & Hirschberger (2000) in a study attempting to ascertain if individuals reacted with fear or compassion to the physically disabled. Steffen & Masters (2005) utilized four items from the Functional Assessment in Chronic Illness Therapy—Spiritual Well-Being—Expanded Scale (FACIT-Sp-Ex) developed by Brady and colleagues (1999) to ascertain if compassion is a mediator in the positive relationship between religion and health.

In one instance, there was a checklist developed to measure compassion within a specific population, children. Landsman & Clawson (1983) developed this checklist asking one interview question to 121 fifth and sixth graders. They were asked to “describe the most compassionate, unselfish, kind, thoughtful, or nicest thing which they have done for another or which another person has done for them” (p. 283). There was no specific theoretical structure proposed for compassion. The development of the checklist was taken directly from the children’s responses at several data collection points in order to develop the final version.

Sprecher & Fehr (2005) appear to be the only developers of a scale specifically designed to measure compassion. However, it could also be suggested that the Sprecher & Fehr’s (2005) scale was more specifically designed to measure love. The introduction of the term “compassion” or “compassionate” assists in explicitly defining the type of love the researchers were attempting to understand. Compassionate love is considered to be distinct from the more researched construct of romantic love where the target of love

is a romantic partner. In compassionate love the target is either close-others such as friends and family or all of humanity. Compassionate love has a sort of selfless quality that was conceptualized to be a motivator to help others especially in instances of need. Other terms used to describe the construct were unconditional love, giving love, altruistic love, and agape. Compassionate love is defined in terms that convey kindness such as “caring, concern and tenderness.” This kind orientation is presumed to motivate individuals experiencing it offer support and help to others.

Sprecher & Fehr (2005) suggest that they did consider calling their scale compassion, but indicated that they decided to name the scale compassionate love due to the writings of Underwood (2002). Underwood (2002) suggested that compassion was not sufficient to properly convey the transcendent qualities that love suggests. The combination of the terms compassion and love into a single term provided two elements that they were trying to capture: 1) the transcendent qualities of love; and 2) the specification of the type of love using compassion as a descriptor. Sprecher & Fehr (2005) defined compassionate love:

Compassionate love is an attitude toward other(s), either close others or strangers or all of humanity; containing feelings, cognitions, and behaviors that are focused on caring, concern, tenderness, and an orientation toward supporting, helping, and understanding the other(s), particularly when the other(s) is (are) perceived to be suffering or in need. (p. 630).

Neff, who introduced the concept of self-compassion to the field of psychology, also created a scale to measure it, the Self-Compassion Scale (Neff, 2003a). In this work compassion is defined as “being touched by the suffering of others, opening one’s

awareness to others' pain and not avoiding or disconnecting from it, so that feelings of kindness towards others and the desire to alleviate their suffering emerge" (p. 86-87).

Within this definition lies the three elements that are proposed to compose self-compassion and compassion more generally. They include kindness, common humanity, and mindfulness (Neff 2003a, 2003b). Kindness is defined as being warm and understanding to others as opposed to being harshly critical or judgmental. Common humanity is the recognition of a shared human experience that allows for a sense of connection to others. Mindfulness is an emotional balance that prevents over-identification or disengagement from the pain of others (2003b).

The Self-Compassion Scale (Neff, 2003a) measures these elements of compassion as they apply to the self's experiences of suffering. Thus, Neff's conceptualization of compassion is somewhat different from the proposal of Sprecher & Fehr. Although both conceptualizations are focused on kindness and caring directed toward suffering, Neff's proposal is drawn from Buddhist principles that suggest compassion also includes the elements of common humanity and mindfulness.

This alternate conceptualization consistent with Buddhist principles will form the theoretical basis for a compassion scale that will be the focus of the present study. Given that there is a strong developing interest in compassion, particularly among psychologists and theorists influenced by Buddhist thought (Allen & Knight, 2005; Gilbert, 2005; Gilbert et al., 2010; Goetz et al., 2010; Frederickson et al., 2008; Goleman, 2003; Harrington, 2002; Hutcherson et al., 2008; Keltner, 2009; Oveis & Keltner, 2010; Wang, 2005) it is hoped that this endeavor will open up a line of research like the

Buddhist construct mindfulness has (e.g. Davidson, 2010; Kabat-Zinn, 1990; 1998, 2003; Kristeller & Hallet, 1999; Hoffman et al., 2010; Linehan, 1993; Segal et al., 2002).

### *Construct Validation for the Compassion Scale (CS)*

The general purpose of the following set of studies was to establish the proposed theoretical conceptualization of compassion consistent with Buddhist principles as a construct in order to measure it. The primary goal of these set of studies within this project is to establish compassion as a construct. If a measure of a construct behaves in a way that a researcher would predict then this lends support for construct validity (Cronbach & Meehl, 1955). Netemeyer, Bearden, & Sharma (2003) indicates that there are variety of sources of evidence subsumed under construct validity including content validity, face validity, predictive validity, concurrent validity, convergent validity, discriminant validity, known-groups validity, and nomological validity. Constructs that are very similar, unrelated, or very different from the construct of interest (DeVellis, 2003) are compared in relation to that construct. The expected relationship between a set of scale items and various constructs of interest is hypothesized a priori. Through the comparison of associations, the hypotheses are either confirmed or refuted. If confirmed, it provides support that the construct in fact did behave the way it would be expected to behave. Thus, this provides support that the latent variable has been identified. For the purposes of this initial validation, content validity, convergent validity, and some preliminary discriminant validity were selected to provide support for the construct validation of the proposed construct.

The construct validation study for the CS included the following phases: Phase 1) Initial development of the items; Phase 2) Content-Validity Study; Phase 3) Preliminary Development and Validation Study; and Phase 4) Cross-Validation Study. In phase 1, items were developed so as to be consistent with the theoretical basis of the scale (Neff, 2003b). In phase 2, experts reviewed the items and provided feedback which was used to refine, augment, or drop items. In phase 3, the Preliminary Development and Validation Study, the items were administered to participants. Factor analyses were conducted to provide support for the model. In addition, correlational analyses were conducted to provide evidence for convergent validity and some discriminant validity. In the final phase of the study, phase 4, items were submitted to a new sample of participants duplicating the factor analyses in phase 3 to provide further support for the factor structure.

#### *Initial Development of the Compassion Scale Items*

Neff's (2003a; 2003b) three-component model of self-compassion was adopted for use in this study. The theoretical underpinning of compassion was considered to be the same as conceptualized in the case of both the self and others. Thus, the elements of compassion (the same as in self-compassion) were theorized to be composed of kindness, common humanity, and mindfulness. In the Self-Compassion Scale (Neff, 2003a) these three elements make up three of the six subscales in the model. The other three were composed of the opposing constructs of Self-Judgment (versus Self-Kindness), Isolation (versus Common Humanity), and Over-Identification (versus Mindfulness). Similarly, it was hypothesized that the CS would also be a six-factor scale.

Initially, it was under consideration to propose the CS as a three-factor scale. The model for the CS, the Self-Compassion Scale was originally proposed to be composed of three factors (kindness, common humanity, and mindfulness). Separate loadings for positively and negatively worded items in Self-Compassion Scale were unanticipated. Neff (2003a) suggested that this finding may not be surprising given that opposing constructs (e.g. common humanity and isolation) may not be mutually exclusive. In other words, having high levels of one may not necessarily mean the complete exclusion of the other. Thus, the Self-Compassion Scale was proposed as a six-factor scale. In order to determine if the CS should follow the original theoretical structure (3-factor model), or the resulting psychometric structure (6-factor model) of the Self-Compassion Scale, the nature of negatively and positively worded was investigated.

Schriesheim and Eisenbach (1995) report that the recommendation/convention to include positive and negative items in a scale have been based on a couple of assumptions. First, it has been assumed that negatively worded items are the same as positive items and that negative items have no ill impact on the psychometrics of a scale. Second, it was assumed that agreement response tendency (yeah-saying) must be controlled for as a response bias. However, some researchers have indicated that negatively worded items can have an adverse affect on validity and reliability (e.g., Benson & Hocevar, 1985; Schriesheim, Eisenbach & Hill, 1991; Schriesheim & Hill, 1981; Simpson, Rentz & Shrum, 1976; Roszkowski & Soven, 2010). Further a number of researchers have obtained differential results based on negative and positive wording in items (Barnette 1996; Friedman 1988; Guyatt et al. 1999; Ibrahim 2001; Weems, Onwuegbuzie, & Lustig 2003; Weems et al. 2003). To add to those findings, it is not

clear that response bias is as much of a problem as it was originally thought to be (Nunally, 1978). Wording or method factors are an important concern because a scale is meant to measure a particular construct over and above the way items are worded. Thus, it is crucial to give careful consideration to these effects in order to properly measure the construct of interest.

In the case of the CS, the six-factor structure was retained for a number of reasons. First, the strongest support for replicating the six-factor structure is the psychometric success of the Self-Compassion Scale. The scale has been used successfully in a number of studies and findings are consistent with theory (e.g. Leary et al., 2007a; 2007b; Pauley et al., 2010; Neff & Vonk, 2009; Neff et al., 2007; Thompson, 2008; Raes, 2010; Ying, 2009). Given that the CS is modeled from the Self-Compassion Scale and the Self-Compassion Scale has good psychometric properties and has been successfully used in research, the retention of the six-factors appeared to be a sound decision.

Second, Neff's (2003a) theoretical explanation for the opposing constructs (self-judgment, isolation, and over-identification) in the Self-Compassion Scale is that they are not mutually exclusive to its positive counterparts (kindness, common humanity, and mindfulness). Similarly, it is assumed that this theoretical explanation can apply equally to compassion as it would self-compassion. Third, given Neff's (2003a) theoretical explanation, each subscale is measuring a separate theoretically proposed construct, and not just a negatively worded set of items. This would also suggest that the opposing factors are not true negatives of the positively written factors. Given these reasons, a six-factor model was adopted for the CS. As such, the starting point was to



develop items appropriate for the CS that were conceptually derived from the six-factor structure in the Self-Compassion Scale.

Theoretically, compassion for others and compassion for the self is slightly different. While the three basic elements of kindness, common humanity, and mindfulness were retained, their opposing constructs were conceptualized to be slightly different than in the Self-Compassion Scale. To be unkind to the self was conceptualized as a self-judging stance in self-compassion. However, when that critical perspective is turned outward toward others it becomes cold, uncaring, and dismissive. Thus, the opposing construct for kindness in the case of compassion was named indifference. In self-compassion, the lack of a connection or sense of common humanity is theorized to lead to feelings of isolation. In compassion a lack of a sense of common humanity for others was theorized to lead to feelings of separateness, thus the element of separation. Finally, in self-compassion, the opposing construct to mindfulness was theorized to be a type of emotional imbalance where an individual over-identifies with pain and thus blows it out of proportion. Failing to be mindful in the case of others leads to a sort of aversion or dismissal of other's concerns. In order to emotionally disengage, an individual shuts down or blocks out the suffering of others. Thus, the final opposing construct was named disengagement. Thus, the items were composed to reflect the following six factors: Kindness versus Indifference, Common Humanity versus Separation, and Mindfulness versus Disengagement.

Similar to self-compassion, it was proposed that kindness, common humanity, and mindfulness work together to manifest compassion. Mindfulness, coming from a place of emotional balance allows for an individual to attend to others. This stance provides a

platform for kindness and common humanity. Once an individual can focus on the suffering of others in an emotionally balanced way their attention can be sustained. Thus, this opens up the possibility of connection to the suffering of others thus facilitating kindness and a sense of common humanity. Given that these components work together symbiotically it was theorized that the inter-correlations between these three factors and their opposing constructs would explain a single factor of “compassion.”

Given these theoretical parameters, 118 initial items were created (See Appendix A for Initial Items). There were 22 Kindness items, 19 Indifference items, 23 Common Humanity items, 18 Separation items, 17 Mindfulness items, and 19 Disengagement/Over-Identified items. (Note that some items were initially written as over-identified items. Although it was presumed that disengagement items would be more appropriate for compassion, some were written as over-identified to test the assumption in a psychometric analysis.) The large number of items was developed because it is not unusual to begin with three to four times the number of items in the final scale (DeVellis, 2003). The desired length of the final scale was approximately twenty to thirty items. Thus, this number is four times or almost four times as much as the intended final version allowing for psychometrically sound selection of the finalized items.

Inspiration for the wording of the items was derived from the Self-Compassion Scale and theory (Neff, 2003a; 2003b). Further, the writings of other theorists and researchers on compassion were also utilized to find various ways of wording the items (Davidson & Harrington, 2002; Gilbert, 2005, Salzberg, 1995; 1997). In some cases, a dictionary, a thesaurus, and the internet were also consulted to provide various ways to word the items.

Best practices for writing items were adapted from DeVellis (2003). Items were written with an emphasis on using common language that reflects how people naturally speak. Sometimes, colloquial language was used in place of grammatically correct language to reflect this goal. The purpose of this practice was to try to ensure that items are clear enough so that responses capture the construct and were not stymied by confusing or overly sophisticated language. Specific practices were adopted to further this goal. Items were written concisely to avoid unnecessarily long, confusing items. Specific pronoun use was adopted to promote clarity. Multiple negatives were avoided along with statements containing multiple ideas within a single item. Items with more than a single idea are referred to as double-barreled. In these instances, it is possible for a respondent to have conflicting responses to different parts of an item. Thus, double-barreled items tend to introduce unwanted error into the measurement process. Lastly, in order to isolate the phenomenon of interest, items were written to be to be conceptually redundant while diversely worded in order to ascertain which items would best capture the theoretical domains of interest. Effective redundancy is considered to be the foundation for good internal consistency (DeVellis, 2003). After the items were developed, Neff, as an expert who developed the theoretical model of compassion based on Buddhist principles (Neff, 2003b) and who created the Self-Compassion Scale (Neff, 2003a) reviewed the items and made suggestions and revisions as necessary.

### *Study One: Content-Validity Study*

In order to establish content validity for potential CS items, experts were asked to review all 118 items to provide support for content validity. Content validity is said to

confirm that elements of a scale actually represent the targeted construct (Haynes et al., 1995). The panel of experts consisted of 8 experts; 6 researchers and 2 practitioners/trainers familiar with research and practices drawn from Buddhism. Experts were asked to fill out a chart requesting the following information: 1) to designate which of the three categories that each item best fits in (Kindness versus Indifference; Common Humanity versus Separation; and Mindfulness versus Disengagement); 2) to designate if the item does not fit any of the categories or if it does not fit the overall construct; 3) to indicate if the item does not make sense; and 4) to write any general comments about the item (see Appendix B for the instructions and categories for the Common Expert Checklist of Items for the CS). DeVellis (2003) suggests that it is important to clearly articulate to experts how the construct of interest has been operationalized to allow for proper assessment of the items. Therefore, an explanatory cover letter was included in the request for assistance that clearly outlined the construct and what was required in filling out the checklist (see Appendix C for the Explanatory Letter).

The chart was created using recommendations from DeVellis (2003) for its construction. The chart attempted to provide an opportunity for experts to validate or reject items assessing if they were adequately representing the definition of the overall construct and the subscales. Further, it gave experts an opportunity to indicate if the items were clear and succinct, and to provide general feedback on any item. Utilizing the feedback from experts, some of the items were re-written; 38 of the 118 items were dropped at this phase. Items were dropped for the following reasons: 1) if more than three of the experts disagreed about which domain the item belonged to; 2) if three or more experts thought that an item did not fit any category or the overall construct; and 3) if

comments brought out a relevant point or points about the item that may not have been considered thus making it feasible to eliminate it.

*Study Two: Preliminary Development and Validation Study*

In Study Two, the remaining 80 items (See Appendix D for 80 Items) were administered to a group of participants to finalize the items for the scale based on factor loadings. Given theoretical and psychometric support for the six-factor structure in the Self-Compassion Scale, the CS was designed to retain the six-factor structure. Therefore, a factor analysis of items in each subscale was implemented to identify final items based on factor loadings. The final items were then factor analyzed in a confirmatory analysis to: 1) provide support that the items perform well together in a six-factor correlated model; and 2) provide support that a single higher order factor of “compassion” adequately explains the inter-correlations between the six factors.

Further, to provide support for discriminant validity, a check for social desirability was administered. This check would provide support that the scale taps into the construct of interest and helps to ensure that the scale was not merely measuring the need for social approval. Additionally, in order to further establish a rough assessment of content validity, an overall question about compassion was posed to participants. The question asked if participants were concerned about the suffering of others. It was expected that this question would have a positive correlation to the items on the CS. Additionally; convergent validity was assessed using a number of related constructs. Constructs proposed to be similar to compassion were expected to correlate moderately well thus providing evidence of convergent validity. Simultaneously, it was expected that those same correlations would not be so high as to suggest that compassion was the same

exact construct as any of the compared constructs. To provide further support of discriminant validity, compassion was compared to compassionate love, a western concept of compassion. Given the differences between these two concepts of compassion, it was presumed that compassion would have a stronger association with constructs consistent with Buddhist conceptualizations (social connectedness, mindfulness, and wisdom) than compassionate love would. If the association is stronger between compassion and these constructs than compassionate love and these same constructs, it would provide support for discriminant validity.

#### *Convergent & Discriminant Validity*

In the following sections theoretical discussions and specific hypotheses about compassion and how it relates to various constructs is outlined. Compassion was compared to constructs of compassionate love, self-compassion, social connectedness, mindfulness, empathy, wisdom, and social desirability. Further, gender differences were analyzed. When possible, hypotheses of constructs were made a priori to provide support for convergent validity and discriminant validity.

*Compassionate love.* Compassionate love and compassion were presumed to have common theoretical ground with an emphasis on kindness. However, the difference between a conceptualization of compassion consistent with Buddhist thought and compassionate love is that compassion includes elements of common humanity and mindfulness while compassionate love does not. Given that there is some theoretical common ground and some theoretical differences as well, it was hypothesized that there would be a moderate positive correlation between compassionate love and compassion. The moderate positive correlation would support that the two constructs have similar

theoretical aspects providing support for convergent validity. However, if the positive correlation is moderate it also provides support that compassionate love and compassion have different theoretical aspects and are not the same construct thus providing support for some preliminary discriminant validity as well. For a more substantial support of discriminant validity, it was predicted that compassion would have a stronger association with mindfulness, wisdom, and social connectedness than compassionate love given that these constructs either are also based on Buddhist conceptualizations (mindfulness & wisdom) or related to the definition of compassion (social connectedness is related to a sense of common humanity) whereas compassionate love is not.

*Social Connectedness.* Another related construct to compassion is social connectedness. Compassion views the suffering of others as part of the common human experience thus facilitating a sense of social connection. Thus, it was hypothesized that there would be a positive correlation between compassion and social connectedness. Further, it was also expected that compassion would evidence a stronger association with social connectedness than compassionate love given that compassion includes an explicit component of common humanity whereas compassionate love does not. Thus, this would provide convergent validity suggesting that the element of common humanity was functioning within compassion in a way that it is expected to. Further, the differential functioning between compassionate love and compassion would provide some support for discriminant validity as well.

*Mindfulness.* Measures of mindfulness and compassion were expected to positively correlate given that mindfulness is an element of compassion. Similar to the analysis with social connectedness, it was expected that compassion will evidence a

stronger association with mindfulness than compassionate love given that compassion includes mindfulness while compassionate love does not. As in the case of social connectedness, both convergent and discriminant validity would be supported by this finding.

*Wisdom.* Wisdom was theorized to be functionally related to compassion. Ardel (2003) provides a conceptualization of wisdom based on Eastern traditions that suggests that wisdom overlaps with compassion. Wisdom is considered to be the cognitive platform that allows for compassion to be felt and acted upon providing the “right mind” for a compassionate stance. Specifically, Ardel (2003) theorizes that wisdom consists of reflective, cognitive, and affective aspects. In particular, overlap in the affective aspects with compassion may provide common ground between the two constructs. For example, affective items include mentions to compassion, comforting others, and feeling sorry for others when they have problems (Ardel, 2003). Thus, a positive correlation between the two scales was expected, especially in terms of affective wisdom, but the correlations were expected to be disparate enough to suggest that the constructs are distinct. Therefore, once again, convergent and some discriminant validity was expected to be supported by these theorized findings.

Further, because in Buddhist circles, wisdom is considered to be an overlapping construct and one that allows for compassion to function optimally, it would be expected that wisdom would have a higher positive correlation with compassion than with compassionate love. This would provide further support of discriminant validity suggesting that compassionate love and compassion are conceptually distinct.



*Empathy.* Other similar measures to compassion include measures that have been more extensively researched in psychology, empathy and sympathy. Given that elements such as empathetic concern and emotional responsiveness are components of measures of empathy, it was assumed that there would be some overlap in construct similarity with the element of kindness in compassion. Further, perspective taking is also an element that is often measured within empathy (Davis, 1983), and perspective taking may be a required element to embody a sense of common humanity. However, empathy is not the same as compassion. For example, Gilbert (2005) and Ladner (2004) suggest that empathy is a cognitive knowledge of others' emotional states that can be used equally for nefarious purposes as it can for beneficial ones. Taking into account the similarities and the differences, it was assumed that measures of empathy would positively correlate with compassion providing support for convergent validity, but it was also assumed that the positive correlation will not be so high to imply that empathy and compassion are the same thus providing support for some discriminant validity as well.

*Self-compassion.* Self-compassion and compassion have a number of common aspects. First, the six-factor theoretical structure was borrowed from self-compassion and applied to the more general construct of compassion. Second, the same conceptualization of compassion underlies both constructs with the difference being the target of compassion—either self or other. Despite the similar structure between compassion and self-compassion, it was unclear how related the two constructs will be. Although conceptually similar, the two constructs may function quite differently. For example, the same elements of judgment, isolation, and over-identification germane to self-compassion did not make theoretical sense as applied to compassion. Additionally,

Neff and colleagues (2008) found that self-compassion was not related to empathetic concern for others. This is likely because many people who are kind to others can be very hard on themselves, whereas self-compassionate people are equally kind to themselves or others (Neff, 2003a). Thus, the way that compassion functions in regard to the self and to others may be markedly different. Therefore, no hypothesis was put forth, and the relationship between compassion and self-compassion was posited as an exploratory analysis.

### *Gender Differences*

Finally, the study also looked at sex differences in compassion. Females have often been considered to be more empathetic than males (e.g. Eisenberg & Lennon, 1983; Zahn-Waxler, Cole, & Barrett, 1991) and given the presumed theoretical overlap between empathy and compassion it was presumed that females might have higher levels of compassion than men. Further, women have often been conceptualized to maintain roles to others that nurture and sustain connection (Gilligan, 1993) providing further support that females may be more compassionate than men. The Dalai Lama has reportedly been known to have said that, “The female is the source of genuine human compassion.” Thus, it was predicted that females may have higher levels of compassion for others than males.

### *Study Two: Summary of Hypotheses*

Hypothesis #1: A confirmatory factor analysis would reveal that the items perform adequately well together in a correlated six-factor model as was the case for the Self-Compassion Scale.

Hypothesis #2: A confirmatory factor analysis would reveal a single, higher order factor of compassion that explains the inter-correlations among the six factors at least as well as was the case for the Self-Compassion Scale.

Hypothesis #3: It was predicted that compassion would have a non-significant or low correlation to a measure of social desirability suggesting that compassion was being measured over and above socially desirable responding. Thus, this will provide support for discriminant validity.

Hypothesis #4: Correlating a question about individual's concern for the suffering of others to compassion items would show a positive correlation providing rough support for content validity.

Hypothesis #5: A positive correlation was predicted to exist between compassion and various similar constructs including compassionate love, social connectedness, mindfulness, wisdom, empathy, and perspective taking (a subscale of empathy). Given various similar and discrepant aspects of compassion with these other constructs, it was presumed that there will be a positive correlation but that it will not be so high as to suggest that any of these constructs are the same as compassion. Thus, this would provide support for both convergent validity and some discriminant validity.

Hypothesis #6: Comparing compassion to compassionate love, it was predicted that compassion would have a stronger association with social connectedness, mindfulness, and wisdom than compassionate love. This would provide support for discriminant validity suggesting that the constructs of compassion and compassionate love are distinct.

Hypothesis #7: Self-compassion and compassion share a similar theoretical structure both sharing elements of kindness, common humanity, and mindfulness. However, compassion and self-compassion may function differently given that some individuals are not very self-compassionate while still being compassionate to others. Due to conflicting possible expectations, no hypothesis regarding the relationship between these two constructs was proposed.

Hypothesis #8: Comparing male participants to female participants, it was expected that female participants would have higher scores on compassion than male participants.

### *Method*

#### *Participants and Procedures*

Participants included 439 undergraduate students (153 men; 286 women; *M* age 20.6 years; *SD* = 1.82) who were randomly assigned from an educational-psychology subject pool at a large Southwestern university. The ethnic breakdown of the sample was 53% Caucasian, 7% Asian, 21% Hispanic, 7% African American, 5% Mixed Ethnicity, and 7% Other. Participants completed the measures online.

#### *Measures*

*Compassion.* Compassion Scale Items consisted of 80 remaining items after dropping 38 items based on the expert review. Participants were instructed to report how often they felt or acted in the stated manner on a scale from 1 “Almost Never” to 5 “Almost Always”. Examples of the items include “When I see someone fail, I think about how hard it must be for them.” (Kindness) “Other people’s problems aren’t really my concern.” (Indifference) “Everyone feels down sometimes, it is part of being human.”

(Common Humanity) “I don’t feel emotionally connected to people in pain.” (Separation) “I tend to stay grounded even when other people are over-reacting.” (Mindfulness), and “Life can be so overwhelming that I just have to shut down sometimes.” (Disengagement). (See Appendix D for 80 Items).

*Social Desirability.* The Marlowe-Crowne Social Desirability Scale (Short Form) (Strahan & Gerbasi, 1972) is a well known measure used to assess socially desirable responding. It consists of 10 items and has been found to have good psychometric properties (Fischer & Fick, 1993). (See Appendix E for the Marlowe-Crowne Social Desirability Scale).

*Compassion and concern about suffering.* A single item asked if participants were concerned about the suffering of others. The scale ranged from 1 “Almost Never” to 5 “Almost Always”. This item was intended to provide a rough estimate of content validity.

*Compassionate Love.* The Compassionate Love Scale (Sprecher & Fehr, 2005) has two versions including the close others version and the stranger-humanity version. In the close others version, respondents are asked questions about concern and caring for family members and friends. In the stranger-humanity version, respondents are asked to think about all of humanity. Both are 21-item scales on a seven-point scale from “Not at all true of me” to “Very true of me.” Examples of sample items from the close-other version include: “I feel a selfless caring for my friends and family.” “I tend to feel compassion for people who are close to me.” “I accept friends and family members even when they do things I think are wrong.” Examples of sample items from the stranger-humanity version include: “I tend to feel compassion for people, even though I do not know them.” “I spend a lot of time concerned about the well-being of

humankind.” “I very much wish to be kind and good to fellow human beings.” The Compassionate Love Scale is thought to measure a single underlying factor of compassionate love. Support for convergent validity indicated that the Compassionate Love Scale was positively associated with empathy, helpfulness, volunteerism, religiosity, and pro-social behavior. Cronbach’s alpha was .94 for the close others version and .95 for the stranger-humanity version. Further, the two forms of the Compassionate Love Scale are positively correlated,  $r = .56$ ,  $p < .001$ . (Sprecher & Fehr, 2005). (See Appendix F for the Compassionate Love Scale)

*Social Connectedness.* The Social Connectedness Scale (Lee & Robbins, 1995) measures feelings of closeness between individuals and others including peers, strangers, friends, and people/ society in general. It consists of 20 items on a six-point scale ranging from “Strongly Disagree” to “Strongly Agree.” Examples of positively worded sample items include: “I fit well in new situations.” “I see people as friendly and approachable.” An example of a negatively worded item is: “I feel disconnected to the world around me.” Lee & Robbins (1995) report good internal consistency at .91 and good test-retest at .96. (See Appendix G for the Social Connectedness Scale).

*Mindfulness.* The Southampton Mindfulness Questionnaire is a 16-item measure that measures emotional response to distressing thoughts and images. The questionnaire is on a 7-point scale from “strongly disagree” (0) to “strongly agree” (6). Eight items were written positively and eight must be reverse scored. Sample items were written to be the response to the stem, “Usually when I experience distressing thoughts and images...” Positively written sample items responses to the stem are: “I am able to notice them without reacting.” “I am able to accept the experience.” Negatively written sample item

responses include: “In my mind I try to push them away.” “I find it so unpleasant I have to distract myself and not notice them.” Chadwick and colleagues (2008) reported a good Cronbach’s alpha of .89 for a community population. (See Appendix H for the Southampton Mindfulness Questionnaire).

*Wisdom.* Three-Dimensional Wisdom Scale is a three-dimensional scale measuring cognitive, reflective, and affective indicators of wisdom to reflect an Eastern perspective on the construct. Sample items include: “You can classify almost all people as either honest or crooked” (cognitive). “I try to look at everybody’s side of a disagreement before I make a decision” (reflective). “I can be comfortable with all kinds of people” (affective). Cronbach’s alpha for the affective subscale was .74 at time one and .72 at time two. The scale is considered a reliable and valid instrument as Ardel provided evidence of construct, predictive, convergent, and discriminant validity. The scale had a test-retest reliability of .85 over a ten-month period suggesting stability of the measure (Ardelt, 2003). (See Appendix I for the Three-Dimensional Wisdom Scale).

*Empathy.* The Interpersonal Reactivity Index (IRI) (Davis, 1980) is a 28-item scale that is commonly used as a measure of empathy. The range of the scale is on a five-point scale from 0 “Does not describe me well” to 4 “Describes me very well.” The scale assesses four distinct dimensions attributed to empathy including perspective taking, empathic concern, personal distress, and fantasy.

Davis & Franzoi (1991) describe the subscales: 1) Perspective taking involves seeing things from the vantage point of others. An example is: “I sometimes find it difficult to see things from the “other guy’s point of view.” 2) Empathic concern is described as being able to feel sympathy and/compassion for others. An example is: “I

often have tender, concerned feelings for people less fortunate than me.” 3) Personal distress is feelings of distress and uneasiness in response to other’s distress. An example is: “I sometimes feel helpless when I am in the middle of a very emotional situation.” 4) Fantasy is the ability to imagine the feelings of a variety of fictional characters. It is common for researchers to omit use of the Fantasy subscale, because there is some debate on the relation of fantasy to empathy. Therefore, it will not be included in this analysis. Internal reliabilities for the four subscales range from .70 to .78 and test-retest range from .61 to .81 (Davis, 1983; 1994). (See Appendix J for the Davis Interpersonal Reactivity Index).

The Questionnaire Measure of Empathic Tendency (Mehrabian & Epstein, 1972) is another commonly used measure to assess empathy. However, it should be noted that although it has been taken as a measure of empathetic responding, it could also be suggested that it encompasses a variety of other factors. Eisenberg & Miller (1987a) report that the measure seems to tap into sympathy, personal distress, susceptibility to emotional arousal, perspective taking, and other possible factors. The scale consists of 33 items on a 9-point scale ranging from “very strong agreement” to “very strong disagreement.” Items generally assess susceptibility to emotion, understanding of emotion in others, sympathetic tendencies, and emotional responding. Sample items include: “I tend to get emotionally involved with a friend’s problems.” “I become nervous if others around me seem to be nervous.” “It upsets me to see helpless old people.” “Another’s laughter is not catching for me.” The internal consistency is reported at .79 (Kallipuska, 1983) and a split-half reliability was reported at .84 (Mehrabian & Epstein, 1972). (See Appendix K for the Questionnaire Measure of Empathic Tendency).



*Self-Compassion.* The Self-Compassion Scale (Neff, 2003a) is a 26-item measure on a five-point scale from “Almost Never” to “Almost Always” with higher scores representing greater self-compassion. It includes six subscales that sum to an overall self-compassion score. Examples of sample items include: Self-Kindness (5 items, e.g. “I try to be loving towards myself when I’m feeling emotional pain.”), Self-Judgment (5 items, e.g., “I’m disapproving and judgmental about my own flaws and inadequacies.”), Mindfulness (4 items, e.g., “When something upsets me I try to keep my emotions in balance.” ), Over-Identification (4 items, e.g., “When I’m feeling down I tend to obsess and fixate on everything that’s wrong.”). Common Humanity (4 items, e.g., “When things are going badly for me, I see the difficulties as part of life that everyone goes through.”), and Isolation (4 items, e.g., “When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world”). The Self-Compassion Scale has a good internal consistency reliability of .92 (Neff, 2003a) and .94 (Neff et al., 2007) along with good test-retest reliability ( $r=.93$ ) (Neff, 2003a). Further, the Self-Compassion Scale demonstrates good discriminant validity because it does not correlate with social desirability or narcissism and good convergent validity because it correlates with a host of positive constructs such as life satisfaction and connectedness to others. (Neff, 2003a). (See Appendix L for the Self-Compassion Scale).

## *Results*

### *Factor Structure of the Compassion Scale (CS)*

Given support for the six-factor model both theoretically and statistically in the Neff’s Self-Compassion model (Neff, 2003a; Neff, 2003b), a traditional exploratory factor analysis was not conducted. The basic purpose of an exploratory factor analysis is

to determine the underlying factor structure. Statistically, each item is loaded on to every factor to assess the strength of association of all the items with all of the factors. With this information, a determination can be made about which items are most strongly associated with a particular factor. In this particular case given pre-existing theoretical and statistical support for six highly correlated components, a factor analysis was conducted for each subscale separately to identify the best functioning items for each subscale. The following table lists the standardized factor loadings per item and subscale.

**TABLE 1** Item & Factor Loadings for the Six Subscale Factors of the Compassion Scale (80 Items)

Item	Loading
<b>Kindness Subscale</b>	
(Factor 1)	
When I see someone feeling down, I want to offer my support.	.76
When others need my help, I want to offer it.	.75
If I see someone going through a difficult time, I try to be caring toward that person.	.74
When others feel sadness, I try to comfort them.	.73
When others are upset I feel concern for them.	.72
I like to be there for others in times of difficulty.	.72
I like to reassure others when they are worried.	.67
If I encounter someone who is distraught, I try to soothe that person with kind words.	.66
My heart goes out to people who are unhappy.	.61
I try to be kind to people who are going through a hard time.	.54
(Factor 2)	
I try not to be judgmental of others when they fail.	.72
I am forgiving of other's mistakes.	.67
If I see someone else's weakness, I try not to be overly critical of their failings.	.65
I try to keep an open mind when I hear something bad about someone.	.61
<b>Indifference Subscale</b>	
(Factor 1)	
Sometimes when people talk about their problems, I feel like I don't care.	.69
When others are feeling troubled, I usually let someone else attend to them.	.64

Continued.

**TABLE 1** Continued.

Item	Loading
<b>Indifference Subscale</b>	
(Factor 1 continued)	
Sometimes I am cold to others when they are down and out.	.58
I don't concern myself with other people's problems.	.56
(Factor 2)	
I'm not very understanding when people disappoint me.	.67
When people make me mad I tend to hold a grudge.	.64
I'm pretty unforgiving of other's mistakes.	.62
(Factor 3)	
Sometimes I'm indifferent to the plight of others.	.59
I usually don't feel sorry for people who screw up.	.59
To be honest, I don't really care about people who are starving in third world countries.	.55
I tend to be tough on others when they mess up.	.42
(Factor 4)	
Sometimes, I can be judgmental of others.	.75
I can be critical when people don't meet my expectations.	.73
(Factor 5)	
When people fail, it's usually their fault.	.88
<b>Common Humanity Subscale</b>	
(Factor 1)	
We should give people who've messed up a break because everyone makes mistakes sometimes.	.73
I am accepting of other's flaws as part of what it means to be human.	.70
When people fail, I try to remember that being human means being imperfect.	.64
I can relate to others in times of need because we are all human.	.60
Because we are all human, I recognize that other people feel pain just like I do.	.58
When I see someone in a difficult situation I identify with that person because I know that we are all human.	.45
(Factor 2)	
Everyone feels down sometimes, it is part of being human.	.83
It's important to recognize that all people have weaknesses and no one's perfect.	.71

Continued.

**TABLE 1** Continued.

Item	Loading
<b>Common Humanity Subscale</b>	
(Factor 2 continued)	
Suffering is just part of the common human experience.	.56
Despite my differences with others, I know that everyone feels pain just like me.	.54
(Factor 3)	
I feel closer to others who are suffering because we share a common human experience.	.85
I feel connected to people in pain because we all go through it.	.75
When someone is having a difficult time I realize that I could experience the same thing in my life.	.45
<b>Separation Subscale</b>	
(Factor 1)	
I don't feel emotionally connected to people in pain.	.73
I can't really connect with other people when they're suffering.	.73
When I see someone feeling down, I feel like I can't relate to them.	.68
I feel detached from others when they tell me their tales of woe.	.51
(Factor 2)	
Other people need to deal with their problems on their own.	.82
When someone is having a difficult time, they just have to deal with their issues on their own.	.76
When it comes to life's troubles, I think it's every man for himself. .	.65
Other people's problems are totally separate from my own.	.38
(Factor 3)	
I have trouble finding common ground with people who are failures.	.69
I tend to feel distant from people who make fools of themselves.	.66
When someone fails I tend to think "thank God it was them and not me."	.47
I find it hard to feel connected to people who are really different from me.	.43
(Factor 4)	
It means little to me that people suffer in far away places because it is so removed from my everyday experience.	.68
<b>Mindfulness Subscale</b>	
(Factor 1)	
I tend to listen patiently when people tell me their problems.	.72
I pay careful attention when other people talk to me.	.72
I notice when people are upset, even if they don't say anything.	.67

Continued.

**TABLE 1** Continued.

Item	Loading
<b>Mindfulness Subscale</b>	
(Factor 1 continued)	
I stay calm when people tell me their bad news.	.56
When people tell me about their problems, I try to keep a balanced perspective on the situation.	.55
When someone is really upset, I'm able to feel their pain without being overwhelmed by it.	.33
(Factor 2)	
I don't get carried away by other people's drama.	.74
I tend to stay grounded even when other people are over-reacting.	.69
I stay composed when listening to the difficulties of others.	.60
(Factor 3)	
When street people ask me for money, I'm aware of how hard they must have it.	.86
When I see someone fail, I think about how hard it must be for them.	.66
<b>Disengagement/Over-Identified Subscale</b>	
(Factor 1)	
If someone starts to cry, I try to leave the room before I start crying as well.	.66
When I see someone in distress, it is hard for me to manage my own emotions.	.62
When I see someone crying I get too caught up in their emotion.	.58
When I see someone in pain, it makes me really uncomfortable.	.52
When bad news hits, I freeze.	.49
(Factor 2)	
When people cry in front of me, I often don't feel anything at all.	.68
I don't think much about the concerns of others.	.65
I often tune out when people tell me about their troubles.	.64
I try to avoid people who are experiencing a lot of pain.	.58
(Factor 3)	
I can't stop thinking about all the bad things that happen in the world.	.68
Sometimes, other people's problems consume me.	.67
I can get too wrapped up with other people's problems.	.66
(Factor 4)	
When I see homeless people, I just ignore them.	.77

Continued.

**TABLE 1** Continued.

Item	Loading
<b>Disengagement/Over-Identified Subscale</b>	
(Factor 4 continued)	
Life can be so overwhelming that I just have to shut down sometimes.	.56
I tend to shut down when I hear about all the bad things happening in the world.	.47

Items for the model to be tested in the next phase were selected based on theoretical strength of the item along with a high factor loading. All selected items exceeded a loading of .50 indicating that all items met general recommendations for strength of association between the item and the factor. The selected items that were submitted for a confirmatory factor analysis are listed in Table 2.

**TABLE 2** Items & Factor Loadings for the Finalized Compassion Scale (24 Items)

Item	Loading
<b>Kindness Subscale</b>	
If I see someone going through a difficult time, I try to be caring toward that person.	.74
When others feel sadness, I try to comfort them.	.73
I like to be there for others in times of difficulty.	.72
My heart goes out to people who are unhappy.	.61
<b>Indifference Subscale</b>	
Sometimes when people talk about their problems, I feel like I don't care.	.69
When others are feeling troubled, I usually let someone else attend to them.	.64
Sometimes I am cold to others when they are down and out.	.58
I don't concern myself with other people's problems.	.56
<b>Common Humanity Subscale</b>	
Everyone feels down sometimes, it is part of being human.	.83
It's important to recognize that all people have weaknesses and no one's perfect.	.71
Suffering is just part of the common human experience.	.56
Despite my differences with others, I know that everyone feels pain just like me.	.54
<b>Separation Subscale</b>	
I don't feel emotionally connected to people in pain.	.73

Continued.

**TABLE 2** Continued.

Item	Loading
<b>Separation Subscale continued</b>	
I can't really connect with other people when they're suffering.	.73
When I see someone feeling down, I feel like I can't relate to them.	.68
I feel detached from others when they tell me their tales of woe.	.51
<b>Mindfulness Subscale</b>	
I tend to listen patiently when people tell me their problems.	.72
I pay careful attention when other people talk to me.	.72
I notice when people are upset, even if they don't say anything.	.67
When people tell me about their problems, I try to keep a balanced perspective on the situation.	.55
<b>Disengagement Subscale</b>	
When people cry in front of me, I often don't feel anything at all.	.68
I don't think much about the concerns of others.	.65
I often tune out when people tell me about their troubles.	.64
I try to avoid people who are experiencing a lot of pain.	.58

*Confirmatory Analyses: Correlated Six Factor Model & Higher-Order Factor Model*

Lisrel 8.80 was used to conduct the confirmatory analyses. A correlated model was conducted to test how the 24 items perform together in order to being to finalize the CS. The model indicated good fit according to Hu and Bentler's (1998) joint criteria that suggests optimal indices are: (CFI = .95 or higher; NNFI = .95 or higher; SRMR = .05 or lower; RMSEA = less than .05). Using Hu and Bentler's (1998) joint criteria all indices met or exceeded criteria except for one (RMSEA) that was only slightly less than optimal (CFI = .97; NNFI = .96; SRMR = .05 and RMSEA = .05). In order to provide further support the six-factor structure, a one-dimensional model was run to compare findings. The results show that a multidimensional model produced better results. The results for the one-dimensional model (CFI = .91; NNFI = .90; SRMR = .07; and RMSEA = .09)

would suggest marginal fit using the CFI and NNFI indices and poor fit with the SRMR and RMSEA indices.

In addition, a higher-order factor analysis was conducted to provide support that a single higher order factor of compassion would explain the inter-correlations between the six factors. The model indicated acceptable fit. Hu and Bentler’s (1998) criteria suggest that two of the indices suggest marginal fit (RMSEA = .06; SRMR = .06), but the other two of the joint criteria suggest good fit (NNFI = .95; CFI = .96). Given adequate fit for a higher-order factor, an overall compassion score was implemented as was the case for the Self-Compassion model. Items within the subscales of Indifference, Separation, and Disengagement were reverse scored and then the means of all of the subscales were averaged to create a total compassion score (See Appendix M for finalized version of the CS). Table 3 contains the correlations between factors.

**TABLE 3** Inter-Correlations between Factors for Study Two

	F1	F2	F3	F4	F5	F6
Kindness (F1)	1.00					
Indifference (F2)	-.66	1.00				
Common Humanity (F3)	.48	.28	1.00			
Separation (F4)	-.55	-.56	-.41	1.00		
Mindfulness (F5)	.57	.45	.49	.46	1.00	
Disengagement (F6)	-.65	-.64	-.36	-.61	-.51	1.00



### *Reliability*

DeVellis (2003) defines reliability as “the proportion of variance attributable to the true score of the latent variable.” Even though it is not possible to ever know true score, it is possible to know how well items are related to each other lending support that they are tapping into the same latent variable. In order to test to see if a group of items are internally consistent, Cronbach’s alpha (1951) is typically used. Cronbach’s alpha for the Compassion Scale (CS) was .90. In addition, split-half reliability was also calculated. DeVellis (2003) describes split-half reliability as taking items from a single scale and dividing them and correlating the two halves. In order to attempt to make the two forms as equivalent as possible, 2 items for each of the six categories (Kindness, Indifference, Common Humanity, Separation, Mindfulness, and Disengagement) were grouped together to form the two halves. The split-half coefficient was also .90. These reliability estimates suggest good reliability for the Compassion Scale (CS).

### *Analyses of the CS and Other Study Variables*

Zero-order correlations between all study variables are presented in Table 4. Means and standard deviations for the scale and subscales along with the reliability estimates for all study variables are presented in Table 5.

**TABLE 4** Zero-Order Correlations between All Study Variables

Measures	$\alpha$	CS	SM	SOC	SC	IRIEC	IRIPT	IRIPD	MEH	WISC	WISRF	WISA	CLC	CLS	MC
CS	.90	1.00													
SM	.85	-.09	1.00												
SOC	.94	.41**	.23**	1.00											
SC	.93	.07	.59**	.41**	1.00										
IRIEC	.75	.67**	-.06	.28**	.03	1.00									
IRIPT	.77	.40**	.19**	.20**	.27**	.46**	1.00								
IRIPD	.76	-.15**	-.47**	-.39**	-.42**	-.08	-.25**	1.00							
MEH	.84	.59**	-.24**	.19**	-.16**	.62**	.28**	.12*	1.00						
WISC	.65	.39**	.10*	.26**	.10*	.32**	.30**	-.23**	.39**	1.00					
WISRF	.57	.27**	.28**	.35**	.40**	.28**	.44**	-.35**	.19**	.46**	1.00				
WISA	.64	.56**	.01	.32**	.15**	.59**	.41**	-.14**	.62**	.54**	.41**	1.00			
CLC	.97	.54**	-.01	.36**	.06	.58**	.39**	-.20**	.49**	.31**	.30**	.47**	1.00		
CLS	.96	.30**	.03	0.04	0.06	.41**	.33**	.10*	.29**	.10*	.10*	.30**	.29**	1.00	
MC	.55	.19**	.12*	.054	.23**	.21**	.22**	.00	.13**	.10*	.14**	.30**	.13**	.19**	1.00

Note. CS = Compassion Scale; SM = Southampton Mindfulness Questionnaire; SOC = Social Connectedness Scale; SC = Self-Compassion Scale, IRIEC = Davis Interpersonal Reactivity Index (IRI) (Empathic Concern Subscale); IRIPT = Davis IRI (Perspective Taking Subscale); IRITPD = Davis IRI (Personal Distress Subscale); MEH = Mehrabian Questionnaire of Empathic Tendency; WISC = Ardel 3-Dimensional Wisdom Scale (Cognitive Subscale) WISRF = Ardel 3-Dimensional Wisdom Scale (Reflective Subscale); WISA = Ardel 3-Dimensional Wisdom Scale (Affective Subscale); CLC = Compassionate Love Scale (Close-Other Version); CLS = Compassionate Love Scale (Stranger-Humanity Version); MC = Marlow Crowne

\*p < .05. \*\*p < .01.

**TABLE 5** Compassion Scale & Subscale Means, Standard Deviations, & Reliability Estimates for Study Two

	$\alpha$	<b>M</b>	<b>SD</b>
Compassion	.90	3.84	.60
Kindness	.77	3.90	.64
Indifference	.68	3.60	.60
Common Humanity	.70	4.06	.63
Separation	.64	3.72	.58
Mindfulness	.67	3.96	.57
Disengagement	.57	3.82	.56

Note. Overall compassion scores were calculated by reverse scoring the Indifference, Separation, and Disengagement items then summing all subscale means.

*Socially Desirable Responding.* The CS was assessed for socially desirable responding to make sure that responses were based on compassion and not the need to look favorable to others. As indicated in Table 4, there was a significant correlation between socially desirable responding as measured by the Marlowe-Crowne Scale and the CS, but it was quite low,  $r = .19$ . Given the nature of the construct, it is not unusual that some socially desirable responding may occur. However, due to the fact that there was an association, all correlations reported below controlled for socially desirable responding. (Note that correlations in Table 4 are zero-order correlations.)

#### *Validity Analyses*

*Convergent Validity.* As expected, the CS showed a significant partial correlation (controlling for social desirability) with a general question about participant's level of concern for the suffering of others,  $r = .51$ ,  $p < .01$  providing rough support for content validity.

Providing support for convergent validity, measures of compassionate love, social connectedness, wisdom and empathy were all significantly correlated to the CS (All correlations related to convergent validity can be found in Table 6). Both the Close Others Version and the Stranger-Humanity Version of the Compassion Love Scale were significantly correlated to the CS. Further, the Social Connectedness Scale was significantly correlated to the CS. All three subscales of the 3-Dimensional Wisdom Scale were significantly correlated with the highest being the Affective Subscale as would be expected.

In addition, the two measures of empathy, The Empathic Concern Subscale of the Davis Interpersonal Reactivity Index and Mehrabian's Questionnaire Measure of Empathic Tendency were significantly correlated to the CS. The Perspective Taking Subscale of the Davis Interpersonal Reactivity Index was also significantly correlated to the CS. Further, the Personal Distress Subscale of the Davis Interpersonal Reactivity Index had a significant but quite small negative correlation to the CS.

Contrary to hypothesis, the Southampton Mindfulness Scale had a small negative correlation to compassion. It was assumed that mindfulness would have a moderate and positive association with compassion given that it is one of the three components of the construct. However, this was not the case.

**TABLE 6** Correlations between the Compassion Scale (CS) & Convergent Measures

Measure	r
Compassionate Love Scale	
Close Others Version	.54*
Stranger-Humanity Version	.27*
Social Connectedness Scale	.41*
Ardelt 3-Dimensional Wisdom Scale	
Affective Subscale	.56*
Ardelt 3-Dimensional Wisdom Scale	
Reflective Subscale	.26*
Cognitive Subscale	.39*
Empathy Scales	
Davis IRI (Empathic Concern Subscale)	.65*
Davis IRI (Perspective Taking Subscale)	.35*
Mehrabian Questionnaire of Empathic Tendency	.58*
Southampton Mindfulness Questionnaire	-.12

\*p <.01.

*Discriminant validity.* In addition to providing support for convergent validity, the findings above support the contention that the correlations with other constructs were not so high as to suggest that any of these constructs were the same as compassion. Thus, this provides some initial support of discriminant validity.

To provide additional support for discriminant validity, the CS was compared to the Compassionate Love Scale. It was hypothesized given the nature of the theoretical structure of the CS that it would have stronger associations with social connectedness (The Social Connectedness Scale), mindfulness (The Southampton Mindfulness Scale), and wisdom (The 3-Dimension Wisdom Scale) than the Compassionate Love Scale would.

In comparing correlations between the CS and the Compassionate Love Scale for the Close-Others Version to social connectedness and wisdom, it was found that the correlations were not significantly different,  $p > .05$ . However, the correlations between

the CS and the Stranger-Humanity Version of the Compassion were statistically different for social connectedness,  $t(436) = 6.15, p < .01$  and the three subscales of wisdom, Affective subscale,  $t(436) = 5.23, p < .01$ , Cognitive subscale,  $t(436) = 4.81, p < .01$  and Reflective subscale,  $t(436) = 2.75, p < .01$ .

Although the Southampton Mindfulness Scale did not significantly or positively correlate with the CS as hypothesized, it's worth noting that the correlations between the Southampton Mindfulness Questionnaire and both versions of the Compassionate Love Scale were not significant either.

#### *Compassion & Self-Compassion*

Whether or not compassion and self-compassion would be related was proposed as an open question. Findings indicated that there was no association between self-compassion and compassion,  $r = .01, p = .69$ . Those low in self-compassion (based on a median split,  $M = 2.60$ ) had high compassion scores ( $M = 3.84$ ). Those with high levels of self-compassion ( $M = 3.50$ ) had compassion scores that were relatively similar ( $M = 3.81$ ).

#### *Gender Differences*

It was hypothesized that women would have higher levels of compassion than men. An independent-samples  $t$  test indicated that women ( $M = 3.96, SD = .41$ ) have a significantly higher overall compassion score than men ( $M = 3.62, SD = .48$ ),  $t(437) = 7.65, p = .00$ .

### *Study Three: Cross Validation Study*

A cross-validation sample is a good way to provide support for findings when both the developmental sample and the cross validation sample evidence similar internal consistency and factor structure. This would suggest that the findings were less determined by chance and that the true source of the findings was more likely generated from the items themselves.

#### *Summary of Hypotheses*

Hypothesis #1: A confirmatory factor analysis would confirm that the items perform adequately well together in a correlated six-factor model as was the case in Study 1.

Hypothesis #2: A confirmatory factor analysis would reveal a single, higher order factor of compassion that explains the inter-correlations among the six factors at least as well as was the case in Study 1.

Hypothesis #3: Reliability estimates would evidence good internal consistency as was the case in Study 1.

### *Method*

#### *Participants and Procedures*

Participants included 510 undergraduate students (238 men; 272 women; *M* age 21.4 years; *SD* = 3.29) who were randomly assigned from an educational psychology subject pool at a large Southwestern university. The ethnic breakdown of the sample was 50% Caucasian, 20% Asian, 16% Hispanic, 6% African American,

4% Mixed Ethnicity, 2% Foreign, and 2% Other. Participants completed the measures online.

### *Measures*

*Compassion.* The Compassion Scale was re-administered. See Study 2 for details.

### *Results*

#### *Confirmatory Analyses: Correlated Six Factor Model & Higher-Order Factor Model*

For the validation sample, Lisrel 8.80 was used to conduct the confirmatory analyses. A correlated model was conducted again to cross-validate that the 24 items would replicate the findings from the first sample. The model indicated good fit once again. Using Hu and Bentler's (1998) joint criteria all indices met or exceeded criteria except for one (RMSEA) that was marginal (CFI = .98; NNFI = .97; SRMR = .05 and RMSEA = .06). In addition, a higher-order factor analysis was re-conducted. The model indicated better fit than in the first sample. In the first sample two of the indices suggested marginal fit while two of the indices indicated good fit. In this second sample, Hu and Bentler's (1998) criteria suggest that only one index suggests marginal fit (RMSEA = .06), but the other three of the joint criteria suggest good to excellent fit (NNFI = .97; CFI = .97; SRMR = .05). Therefore, both the correlated model and the higher order model appear to suggest good fit. In addition, they both replicated findings from the first sample. Table 7 reports the correlations between factors for the cross-validation sample.



**TABLE 7** Inter-Correlations between Factors for the Cross-Validation Study

	F1	F2	F3	F4	F5	F6
Kindness (F1)	1.00					
Indifference (F2)	-.58	1.00				
Common Humanity (F3)	.48	.34	1.00			
Separation (F4)	-.52	-.61	-.33	1.00		
Mindfulness (F5)	.54	.47	.50	.44	1.00	
Disengagement (F6)	-.63	-.71	-.39	-.70	-.52	1.00

*Reliability*

The Cronbach's alpha for this second sample for the CS was .87. In addition, split-half reliability was also calculated in the same way as it was in the first sample so that the two forms as equivalent as possible. The split-half coefficient was .86. These reliability estimates were slightly lower than in the first sample, but still good. These reliability estimates also suggest good reliability for the CS. Thus, this cross-validation provides support that the items were capturing the latent variable given similar findings in the confirmatory correlated model, the confirmatory higher order model, and the reliability estimates. Table 8 reports the means, standard deviations, and reliability estimates for both the entire scale and for the subscales.

**TABLE 8** Compassion Scale & Subscale Means, Standard Deviations, & Reliability Estimates for the Cross-Validation Study

	$\alpha$	<b>M</b>	<b>SD</b>
Compassion	.87	3.57	.61
Kindness	.83	3.89	.67
Indifference	.71	3.52	.59
Common Humanity	.71	4.07	.61
Separation	.68	3.59	.59
Mindfulness	.72	4.02	.58
Disengagement	.71	2.32	.64

Note. Overall compassion scores were calculated by reverse scoring the Indifference, Separation, and Disengagement items then summing all subscale means.

## Chapter Five: Discussion

“If you want others to be happy, practice compassion. If you want to be happy, practice compassion.”

-The Dalai Lama

These studies indicate that the Compassion Scale has good psychometric properties. The Self-Compassion Scale was used as a model for this scale. Both the theoretical groundwork and the psychometric success of the Self-Compassion Scale supported adopting this model for the Compassion Scale. The Compassion Scale actually resulted in better fit indices than the Self-Compassion Scale. This is promising given that the Self-Compassion Scale has been used effectively in many research studies (e.g. Leary et al., 2007; Pauley et al., 2010; Neff & Vonk, 2009; Neff et al., 2007; Thompson, 2008; Raes, 2010; Ying, 2009).

Results for the Compassion Scale indicate that the six-factor correlated and higher order model have good fit both in the initial sample and in the cross-validation sample using Hu and Bentler’s (1998) criteria. Further, Cronbach’s alpha and split-half reliability estimates also suggest good reliability. There was a significant association between socially desirable responding and the Compassion Scale. Given the nature of the construct, it is not wholly unanticipated that responding in a way to look more compassionate to others may occur. However, the association was small enough to suggest that the Compassion Scale is primarily measuring the targeted construct.

### *Content Validity*

Content validity was established in part by having the Compassion Scale examined by experts. A general question about concern for the suffering of others was also positively correlated with Compassion Scale, providing further support for content

validity. The over-arching goal of the Compassion Scale was to measure compassion as defined by Neff (2003a): “being touched by the suffering of others, opening one’s awareness to others’ pain and not avoiding or disconnecting from it, so that feelings of kindness towards others and the desire to alleviate their suffering emerge” (p. 86-87). Thus, this rough estimate along with the expert review provided support for the content validity of the Compassion Scale.

#### *Convergent & Discriminant Validity*

Study two examined the link between the Compassion Scale and various other scales with similar content in order to provide convergent validity for the scale. It was expected that these scales would evidence a moderate correlation, explaining the overlapping content. At the same time, given the discrepant aspects of the scales, it was expected that correlations would not be so high as to suggest that the scales were measuring the same construct thus providing some preliminary support for discriminant validity as well.

As predicted, the Compassion Scale had a positive correlation with the Compassionate Love Scale, both for close others and for strangers. These correlations were in the moderate range, suggesting that the two scales are related but that are not overlapping to the point of redundancy. The Compassionate Love Scale and the Compassion Scale are both composed of elements of kindness, caring, and concern for others in instances of suffering. The major difference in definition and in structure is that the Compassion Scale also explicitly suggests that compassion is additionally composed of elements of common humanity and mindfulness. The Close-Others version of the

Compassionate Love Scale (CLS) had a stronger correlation with the Compassion Scale (CS) than the Stranger-Humanity version did. This seems counter-intuitive at first, given that the Compassion Scale is aimed at others in general and not close-others in particular. However, many items in the Stranger-Humanity version of the Compassionate Love Scale explicitly use the word “stranger.” For instance, one item reads “I try to understand rather than judge people who are strangers to me.” It may be that the use of the word “stranger” actually heightens a sense of disconnection with others, rather than recognizing the common humanity of self and others. In fact, it may be that the Close-Others version includes a stronger sense of common humanity than the Stranger-Humanity version does. It is easier to have a stronger sense of connection with close others (family and friends) than strangers. Therefore, while the concept of common humanity may not be explicitly stated in the Close-Others version of the Compassionate Love Scale, it may be inherently included/facilitated through the inclusion of family and friends.

The Social Connectedness Scale was also found to be moderately and positively correlated Compassion Scale as predicted. It was presumed that the element of common humanity (a sense of understanding for others) within compassion would facilitate a strong sense of social connection with others.

There was a significant moderate correlation of the Compassion Scale with the Ardel 3-Dimension Wisdom Scale, as expected. The Wisdom Scale consists of three separate components proposed to make up wisdom including the Affective subscale, the Reflective subscale, and the Cognitive subscale. All three subscales were positively correlated with compassion providing support for convergent validity. This would

suggest that a conceptualization of wisdom based on Buddhist principles is related to a Buddhist conceptualization of compassion as anticipated. Also as expected, the strongest association was that of the Affective subscale to the Compassion Scale. It was presumed that the Affective subscale would strongly correlate with compassion given that this subscale is meant to assess positive emotions and behavior including sympathy and compassion (Ardelt, 2003).

Both measures of empathy, the Davis Interpersonal Reactivity Index and the Mehrabian Questionnaire measure of empathic tendency were positively and moderately associated with compassion as theorized. The three subscales from the Davis Interpersonal Reactivity Index used in this study include Perspective Taking, Empathic Concern, and Personal Distress. Perspective taking, as one would expect involves seeing a situation from the point of view of another. Empathic concern is simply the ability to feel sympathy and/or compassion for others. Finally, personal distress is described as uncomfortable feelings that arise out of experiencing another's distress (Davis & Franzoi, 1991). As would be expected, empathic concern had the strongest association of the three to the Compassion Scale. Given that the Davis subscale of Empathic concern is also a western conceptualization of empathy and/or compassion (note: compassion is often used as an interchangeable word and/or definition of empathy in this literature) a moderate positive correlation may account for the similar and discriminant aspects between the two constructs. Perspective taking was also moderately and positively correlated to compassion as expected. It was assumed that in order to exercise common humanity within compassion it would be necessary to have the skill of viewing a situation from

another individual's perspective. In doing so, one could then foster a sense of common humanity by putting themselves in the place of the other.

Although the relationship between personal distress and compassion was not predicted a priori, it makes theoretical sense that there would be a significant negative correlation between the two constructs. Personal distress has been associated with a heightened personal emotional response that becomes so overwhelming that it interferes with empathic responding (Eisenberg & Fabes, 1990; 1999; Eisenberg et al., 1989; Fabes et al., 1993). Similarly, compassion for others would be difficult to experience if an individual is pre-occupied with their own emotional response. Specifically, to become overly concerned with one's own emotional responding would suggest that an individual is not keeping an emotional balance that is central to a mindful and therefore compassionate response. Thus, the significant negative correlation between this subscale and the Compassion Scale provides some discriminant validity as well. Therefore, taken as a whole, each subscale of the Davis Interpersonal Reactivity Index either performed as predicted or performed in a manner theoretically consistent to what would be expected in relation to the Compassion Scale.

Mehrabian's Questionnaire Measure of Empathic Tendency also performed as expected with a significant and moderate correlation to the Compassion Scale. The Mehrabian is a more general measure of empathy. It has been suggested that it measure a variety of related constructs including but not limited to sympathy, personal distress, perspective taking, and emotional arousal (Eisenberg & Miller, 1987). Once again, it was presumed that similar elements such as kindness, caring, and perspective taking resulted

in the convergent aspects of the two measures. Elements such as personal distress may account for the discrepant aspects.

Taken as a whole, these findings suggest that the Compassion Scale is functioning as it predicted that it would having moderate, significant associations with similar constructs of compassionate love, social connectedness, wisdom, empathy, and perspective taking.

In contrast, the hypothesized relationship between mindfulness as measured by the Southampton Mindfulness Scale and compassion was not confirmed. Unexpectedly, the relationship was not only small but it was also negative. The Southampton Mindfulness Scale was chosen because the items appear to be written in a way that matches the definition of mindfulness within Neff's (2003a; 2003b) theoretical model adopted for construction of the Compassion Scale. Both the Southampton Mindfulness Scale and mindfulness within Neff's model (2003a; 2003b) reflect mindfulness as a balanced emotional perspective.

However, viewing mindfulness items from the Compassion Scale and the items on the Southampton Mindfulness Questionnaire, it is clear that mindfulness is presented as an internal process in the Southampton (i.e. the mindfulness of one's own painful emotions) while in the Compassion Scale mindfulness was written as a process that functions jointly with others. For example, some items in the Southampton Mindfulness Questionnaire include: (Items respond to the following stem: "Usually when I experience distressing thoughts and images..." Example of Items: "They take over my mind for quite a while afterwards"; "I judge myself as good or bad, depending on what the thought/image is about", and "In my mind I try to push them away") Clearly, compassion



is a process that involves others. (Example of some mindfulness items on the Compassion Scale: “I pay careful attention when other people talk to me.” “I notice when people are upset, even when they don’t say anything.” “When people tell me about their problems, I try to keep a balanced perspective on the situation.”) Thus, comparing these two sets of items, it is clear one presents an internal process, related to the self (Southampton Mindfulness Questionnaire) and the other a process that is focused on others (Compassion Scale). It is this difference that may account for the unanticipated results when correlating the CS to the SMQ.

In support of this interpretation, it should be noted that self-compassion (also focused on the self’s distressing emotions) and mindfulness as measured by the SMQ had a positive, significant correlation. Therefore, the selection of measure for mindfulness might have been inappropriate for the CS. In the future, it will be important to select other measures of mindfulness that take these points into consideration in order to establish the relationship between the CS and mindfulness.

#### *Discriminant Validity Based on Comparisons of Compassion and Compassionate Love*

In order to provide additional discriminant validity, the relative strength of correlations between the Compassion Scale and the Compassionate Love Scale with other measures was examined. Given the differences between these two concepts of compassion, it was presumed that Compassion Scale would have a stronger association with constructs thought to be related to a conceptualization of compassion consistent with Buddhist thought (social connectedness, mindfulness, and wisdom) than the Compassionate Love Scale would. This would help to distinguish the conceptualization

of compassion in the Compassion Scale from other more westernized theories of the construct.

It was hypothesized that compassion would have a stronger association with social connectedness than compassionate love would. Given that compassion includes a sense of common humanity with others it is assumed that a sense of social connection would naturally occur. Further, it was presumed that an Eastern conceptualization of wisdom would have a stronger association with a Buddhist conceptualization of compassion than Compassionate Love, which is a western conceptualization. The Compassion Scale did have a significantly stronger association with social connectedness and wisdom than the Stranger-Humanity version of the Compassionate Love Scale did. However, this finding was not replicated with the Close-Others version. It may be that use of terminology in each of the version may accounts for the finding. Many items in the social connectedness scale measures connectedness in terms of connectedness to peers and friends. In the Close-Others version a sense of social connectedness may naturally be facilitated in the use of terminology that directs compassionate love at friends and family. In contrast in the Stranger-Humanity version, the word “stranger” is used often and may promote a sense of alienation. Thus, either with built sense of social connection (with the inclusion of friends or family) or the absence of this same sentiment (with the inclusion of strangers) may account for the reason why there was a difference between the Compassion Scale and the Stranger-Humanity version but not the Close-Others version.

The relationship between mindfulness and the Compassion Scale did not provide support for discriminant validity. Neither the Compassion Scale nor the Compassionate Love Scale was associated with mindfulness. Again, this finding may be related to the

specific scale used, the Southampton Mindfulness Questionnaire. As previously stated, the conceptualization of mindfulness in the Southampton Mindfulness Questionnaire may reflect more of an internal conceptualization of mindfulness while the Compassion Scale and the Compassionate Love Scale are written to represent compassion as an external process.

#### *Link between Compassion for Others and Self-Compassion*

The relationship between compassion and self-compassion was proposed as an open question given conflicting rationales for how they would relate to each other. It was thought that the two constructs may be related given they have the same theoretical structure and base definition. However, it was also thought that they may be unrelated because: 1) compassion is directed towards others as opposed to the self; and 2) individuals are often more compassionate to others than they are themselves (Neff et al., 2008). The results indicated that there was no relationship between self-compassion and compassion.

Thus, even though the same model of compassion was used to measure self-compassion and compassion for others, findings suggest that the two are unrelated. This is largely explained by the fact that individuals who were either high or low in self-compassion were both kind to others. While self-compassionate people were equally kind to themselves and others, those lacking in self-compassion reported much higher levels of compassion toward others.

In addition, it should be first noted that while elements of kindness, common humanity, and mindfulness were retained from the self-compassion model, the opposing

constructs were conceptualized differently given the orientation of compassion being directed to others as opposed to the self. A lack of kindness for self exhibits itself in a critical and judging internal voice. A lack of kindness for others suggests a cold and indifferent view projected to others. If an individual does not feel an internal sense of connection with others (common humanity) then they feel cut off or isolated. If an individual does feel connection *for* others, then they feel separate or different from others. A lack of emotional balance will lead an individual to dwell or over-identify with problems, inadequacies, etc. An inability to balance an emotional response when encountering the suffering of others would lead one to retract, disengage, or deny that suffering. Thus, three of six components of the model for compassion are explicitly conceptualized differently from that of self-compassion.

There may also be a cultural component to the finding that self-focused and other-focused compassion are unrelated. The current finding was obtained with a predominantly White American sample. The 2008 Statistical Abstract from the U.S. Census Bureau indicates that Christianity in its various forms is the largest religious group in the United States (U.S. Census Bureau, The 2010 Statistical Abstract, 2010). A key principle in Christianity is that sacrificing the self for others is virtuous. Perhaps, individuals have learned that it is virtuous to be hard on themselves and simultaneously kind to others in order to be a good person. Notably, when monks first came to the United States to teach meditation, they were astounded by the presence of self-loathing in this culture. It was a concept they were unfamiliar with in their own culture (Goleman, 2003).

For this reason, it will be important to determine the relationship between compassion and self-compassion in other populations, particularly those in which

self-compassion and compassion for others are equally valued. It is presumed that in those populations where compassion and self-compassion do not function differentially that the association between these two constructs will be stronger.

### *Gender Differences in Compassion*

Women were found to have higher levels of compassion than men, as predicted. Given that women were found to be more empathic in previous findings (e.g. Eisenberg & Lennon, 1983; Zahn-Waxler, Cole, & Barrett, 1991) and that empathy was theorized to be moderately related to compassion, it was assumed that women might have higher levels of compassion than men. Further, as outlined in the theory of Gilligan (1993) women may tend to embrace compassionate roles with others.

The findings of the gender differences may also lend support for the differential functioning of compassion and self-compassion. Women were found to have higher levels of compassion than men, as predicted. In the case of self-compassion, Neff (2003a) found that women have significantly lower levels of overall self-compassion than men. Given that it was found that women have higher levels of compassion (in the current study) yet lower levels of self-compassion (in Neff's 2003a study), it would appear that women may be more compassionate to others than they are to themselves. Thus, it may be that the differential functioning of compassion and self-compassion may not only be a cultural phenomenon as suggested in the previous section, but there may also be a gender difference in how compassionate individuals are to themselves and others. Further replications of this finding may lend support for this assumption.

### *Summary*

In sum, most of the hypotheses were confirmed according to prediction. Only two predictions were not supported. First, the link between the Compassion Scale and mindfulness was not supported. It may be that this was not due to a failure to predict the construct, but a problem with the selection of the scale to measure mindfulness. Second, the Compassion Scale did not have significantly stronger association with wisdom or social connectedness than the Close-Others version of the Compassionate Love Scale. It is presumed that the inclusion of family and friends in the items in this version may have created a sense of common humanity thus accounting for this finding. Taken as a whole, these findings are very promising and timely. Compassion is becoming an increasing important topic of study in Western psychology. Moreover, psychologists are becoming more and more interested in the benefits of Buddhist conceptualizations of mindfulness and compassion (Allen & Knight, 2005; Gilbert, 2005; Gilbert et al., 2010; Goetz et al., 2010; Frederickson et al., 2008; Goleman, 2003; Harrington, 2002; Hutcherson et al., 2008; Keltner, 2009; Oevis & Keltner, 2010; Wang, 2005). Thus, a scale to measure the concept should facilitate the ability to empirically investigate theoretical assumptions about the construct. This will be especially true when evaluating the effectiveness of Buddhist meditation practices as a way to increase the compassion for others.

### *Limitations*

It should be noted that there are limitations to the present study. First, selection of the Southampton Mindfulness Scale may have been a poor selection for mindfulness in this particular study. As suggested, most of the items on the scale reflect an internal

process of mindfulness while compassion is clearly a process that involves others. In future studies, it will be important to establish a connection between compassion and mindfulness given that mindfulness is one of the three component parts of the construct. Of course, an appropriate measure that describes mindfulness as an interpersonal process as opposed to an intrapersonal process will be necessary. However, at this time, there appears to be no available measure of mindfulness as interpersonal process.

Second, as often stated in many studies, student samples are a drawback. They were a drawback in the development of the Compassion Scale. To develop a scale it is preferable to sample from a wider range of the population in order to generalize findings to populations other than student populations. Further, as is the case most often with student samples, individuals in the sample identified mostly as White. As such, cultural and ethnic diversity was limited. This was a particular limitation in this study because it may not have given a broader and more inclusive picture of how self-compassion and compassion are related. Given that internal and external processes may manifest quite differently as a function of culture and gender, it will be important in future studies to assess specifically if: 1) cultures or groups that value/practice self and other oriented compassion would evidence a stronger association between self-compassion and compassion; and 2) women have differential functioning where they exhibit much higher levels of compassion for others than they do for themselves. Thus, an ideal would be to investigate findings with more diverse populations in the future and to further assess possible gender differences.

Third, it should be noted that self-report measures have their limitations. Most individuals do not want to represent themselves as lacking in compassion. Further, to add

to that concern, individuals may also assume that they are more compassionate than they in fact are. Thus, individuals may report compassion levels that they believe to be true but may not seem to match behavior thought to be compassionate or be supported by informant reports.

### *Future Directions*

There are many possible future directions in terms of examining the psychological processes associated with compassion. First, in order to provide further support for the scale, other studies will need to be conducted comparing the scale to a variety of other constructs (e.g. forgiveness, altruism, and depression). Further, a known-groups validation study should be conducted comparing a general sample (e.g. student sample) from a sample that should theoretically score high on compassion (e.g. Buddhists who meditate).

In addition, it will be important to determine whether a relationship between mindfulness (as one of the key components of the scale) and compassion exists when mindfulness is measured in terms of external rather than internal phenomena.

It would also be useful to further examine compassion's relation to social desirability in additional studies, especially since compassion may be differentially related to different forms of social desirability. Paulhus (1984) has a two component model of socially desirable responding. One form focuses on deceiving others so that the self is viewed more positively (impression management), while the other focuses on a lack of self-awareness (self-deception). Future research should examine the link between scores on the Compassion Scale and socially desirable responding using the Paulhus Balanced Inventory of Desirable Responding (1984) in order to obtain a more nuanced



understanding of the role of socially desirable responding in the assessment of compassion.

Future studies should also focus on ways of assessing compassion that do not rely on self-reports. For instance, there may be physiological markers that help to detect a compassionate stance in individuals—such as skin conductants, facial expressions, facial/muscle contractions, heart rate, and breathing rate. Ekman's extensive work (e.g. Ekman, 2007; Ekman et al., 2005) with emotion has centered on facial expressions particularly with emotions of anger, disgust, fear, joy, sadness, and surprise. Perhaps, these particular emotions lend themselves to facial expression more than other emotions. Keltner (2009) suggests that there may be alternative ways to measure emotion other than facial expression. For example, he suggests that it may be useful to try to investigate if compassion can be communicated and thus measured through touch. It is suggested that compassion may not easily be communicated through facial expression but may be communicated more readily through touch, posture, and vocalization (Goetz et al., 2010).

Another possibility for future assessment of compassion may be to assess brain activity while individuals are actively engaging in compassionate feelings. For example, Davidson (2006) has done some preliminary work using fMRI (functional Magnetic Resonance Imaging) to investigate the brain activity of monks while they were specifically meditating on compassion. His small sample size (participants were monks) limited his ability to report his findings formally, but this was an important first step to begin to assess compassion biologically.

Another possibility would be to compare self report to well-designed informant reports to help to pin-point the construct. Combining different methods for measuring

compassion may be the best way to measure an overall compassionate response in individuals. Although multi-method matrix analysis is not used very often, probably due to the effort that it requires, it may be the best way to provide evidence of successfully capturing the construct. Campbell & Fiske (1959) indicate that evidence of convergent validity is established when different methods of measuring the same trait produces intended results.

Examining the relationship of compassion to markers of positive physical and psychological health will also be particularly important. In the growing field of positive psychology, there is a body of research indicating that there is an association between social support and positive physical and psychological health (e.g. Cohen & Syme, 1985; Fredrickson, 2003; Pierce, Sarason, & Sarason, 1996; Uchiono, 2004; Wachholtz & Pearce, 2007). It would be of interest to also investigate the relationship between compassion and these positive markers. Theoretically, compassion could be one of the active agents in the relationship between positive health outcomes and social support (Wachholtz & Pearce, 2007). In the future, it would be advantageous to investigate to see if compassion could act as a mediator in the relationship between social support and positive health outcomes. Further, compassion may also be a mediator for other pre-existing findings between religion and helping and these positive health outcomes as well.

Additionally, compassion may act as a buffer for negative psychological states. The premise that the generation of compassionate feelings is actually beneficial not only for the recipient but also the donor is beginning to be recognized (e.g. Crocker & Canvello 2008; Shaver & Mikulincer, 2004). Further, Goleman (2003) suggest that

compassion may act as a buffer against a host of negative emotions such as fear, anger, envy, and vengeance. Therefore, compassion may be related to positive states and buffer negative ones. Further research with the assistance of the Compassion Scale may be a first step in beginning to understand the relationship that compassion has to variety of other constructs.

The scale may also be of great use to test previous theoretical assumptions in counseling and therapy about compassion. Compassion or terms that Gilbert (2005) suggests are more scientifically-sounding pseudonyms of compassion (e.g. empathy, unconditional positive regard, containment or holding, client-therapist rapport, and working alliance) have been thought to be beneficial in a variety of ways in therapy. For example, Teasdale (1997) suggests that compassion allows for the separation of a painful experience from a client's identity; once that separation has occurred the client can let go of the painful experience. Bates (2005) further reports that when the counselor or therapist demonstrates compassion it allows clients to learn how to be more self-compassionate. Thus, this skill can be learned and taken away from the counseling experience when counseling is finished. Compassion has also been cited as a possible remediator for depression (Allen & Knight, 2005). These theoretical assumptions are based off of practical counseling experiences, but now can begin to be scientifically investigated with the use of the Compassion Scale.

In addition, the scale may be of use in other fields that require compassionate care similar to counseling and therapy. For example, in the medical field and educational settings compassionate delivery of services may effectively bolster the health of patients and the learning of students. In the medical profession (e.g. Kim, 2007) and in counseling

(e.g. Figley, 2002; Keidel, 2002), the problem of compassion fatigue has been discussed and research has been conducted to remediate the problem of burnout within professions requiring emotional care. The emergence of the term “compassion fatigue” came out of a practical problem in terms of applied care in therapy and physical health. Thus, there has been research on compassion fatigue without any initial research on compassion itself. Perhaps, research on compassion may shed light on the functioning of compassion fatigue if the two constructs, in fact, do have a relationship. The use of the Compassion Scale may be of use in these instances to begin the investigation of these practical problems within professions that provide emotional care.

Further, there appears to be a philosophical inconsistency within the medical profession. Although the profession claims to value compassion as a cornerstone of its ethics in the field (American Medical Association’s Principles of Medical Ethics; 1981), in practice, medical students are often taught that emotional engagement with patients is problematic and that their approach should be more “objective” in delivery of medical services (Ladner, 2004). Research to scientifically address this contention in the field may be applicable to the practical delivery of services in medicine in the future.

In the field of education, it may be that compassionate interaction between instructors and students facilitates learning. Teacher expectation and bias has been related to the actual performance of students either facilitating or putting a damper on student academic outcomes (e.g. de Boer et al., 2010). Further, student perception of alienation from teachers has been linked to student dropout from school (e.g. Wayman, 2002). Assessing the effect of compassion in these instances may prove informative about the nature of student-instructor interactions and perceptions of those interactions and how

they may impact learning and retention. Compassion may also be important for facilitating relationships among students in educational settings. Bullying has become a salient issue in schools and has started to be addressed in research studies (e.g. van Goethem, 2010; Due et al., 2009). In the past, “school yard antics” were considered harmless in nature and of little importance for adults to address. However, with the advent of such incidences as Columbine High School massacre in 1999, it has become clear that bullying in school is a serious problem. Assessing instructor and student compassion levels in differentially functioning school settings may provide more information about the relevancy of compassion in these settings.

In addition, the compassion scale could be used with a variety of compassion trainings that are beginning to emerge. For example, Gilbert (2005) has begun to develop a therapy training to help clients develop compassion referred to as compassionate mind training. Further, several studies have begun to examine a Buddhist meditation called loving-kindness meditation (e.g. Carson et al, in press; Fredrickson et al., 2008; Hutcherson et al., 2008). This meditation requires that individuals to begin the meditation thinking about close others with warm feelings and gradually apply those feelings to a widening circle of others. Specifically, Frederickson and colleagues (2008) reported in their study that their measure of compassion was inadequate. They measured compassion with one question. They suggested in future directions that an adequate measure would help. Perhaps the Compassion Scale could be used to assess the acquisition of compassion in these experimental studies utilizing different types of compassion training.

Lastly, it would be of interest to look at compassion in relation to religiosity and/or spirituality in the future. While the development of the Compassion Scale was

inspired by Buddhist thought, it is clearly presumed that other religious and spiritual traditions also have some overlapping understanding and practice of compassion. Theoretically, selfless love is theorized to be strongly associated with compassion both in Buddhism and in other religious traditions as well. Thus, measures of religiosity and spirituality may provide further support of convergent validity for the scale and may be a useful endeavor for future studies.

### *Conclusion*

Hopefully, the Compassion Scale will be of great use in psychology given that many Buddhist concepts are receiving more and more attention within the field. The scale is expected to be of use for: 1) researchers assessing outcomes related to Buddhist practices such as meditation; 2) assessing compassion's relation to positive markers of physical and psychological health; 3) compassion's possible buffer from negative psychological states; 4) fields of counseling and therapy; and 5) medical professions that require compassionate care, and educational settings that would benefit from a compassionate stance between instructor and student and also between students.

Compassion is considered a very powerful and important concept. Applying it to a scientific analysis suggests that intellect and emotion are not mutually exclusive. Not only can compassion be subjected to a scientific analysis, an understanding of compassion is sorely needed in science because without a sense of humanity, our intellect is lost:

So relying on reason alone is dangerous. Look where 'reason' and 'intelligence' has brought us! Reason in itself is blind to the considerations of deeper moral questions; we need qualities of the heart to counterbalance the force of our

intelligence. It is our basic humanity that must guide our intelligence in the positive direction. The key to genuine peace lies in each of us reconnecting with the power of our mother's love, the affection that nurtured us when we were all children...Even as a vision based on proper motivation can lead to wonders, when one's motivation is divorced from basic feeling, its potential for destruction cannot be overestimated.

-Dalai Lama

## Appendix A

### **Initial Item Pool**

Total: 118 items

#### **Kindness** (22 Items)

1. When others suffer, I feel badly for them.
2. I try not to condemn others for their drawbacks.
3. When evaluating others, I do not try to find fault with them.
4. If I see someone else's weakness, I try not to be overly critical of their failings.
5. I try not to be judgmental of others when they fail.
6. If I see someone going through a difficult time, I try to be caring towards that person.
7. When I see someone upset that I do not like I still try to be understanding.
8. If I see someone struggling with their problems, I try to be kind to them.
9. When I see someone feeling down, I want to offer my support.
10. When someone is in need, I feel for that person.
11. I am forgiving of other's mistakes.
12. When others feel sadness, I would lessen it if I could.
13. When others are upset I feel concern for them.
14. When I see someone feeling miserable, I try to show consideration to that person.
15. My heart goes out to people who are unhappy.
16. When others need my help, I want to offer it.
17. If I encounter someone who is distraught, I try to soothe that person with kind words.
18. I feel for people who are in pain.



Appendix A (continued)

19. In times of trouble, I like to offer my assistance.
20. I like to be there for others in times of difficulty.
21. When others experience a painful loss I feel compelled to console them.
22. I like to reassure others when they are worried.

**Indifference** (19 Items)

23. I tend to be tough on others.
24. I can be judgmental of others.
25. Sometimes I am cold to others when they are down and out.
26. Some people deserve the trouble that they get themselves into.
27. I do not think much about the concerns of others.
28. If I see someone who is upset it is hard for me to offer encouragement.
29. I have too much to worry about without concerning myself with the problems of other people.
30. I can be nit-picky.
31. To be honest, I don't really care about people who are starving in third world countries.
32. Sometimes I am too focused on myself to care about what happens to other people.
33. There are times when people talk about their problems that I feel like I don't care.
34. Sometimes I avoid feeling concern for others because it will make me look too soft.
35. When others are feeling troubled, I would rather allow someone else to attend to them.
36. Distressed people annoy me.

Appendix A (continued)

- 37. I find it difficult to come up with kind words when someone is experiencing emotional pain.
- 38. Attending to people who are upset takes up too much of my emotional energy.
- 39. When others are beside themselves with their issues, they need to work it out on their own without any help from me.
- 40. I am distant to people experiencing pain.
- 41. When someone talks about their problems, I feel detached from them.

**Common Humanity** (23 Items)

- 42. When I see someone going through a hard time I try to comfort that person by explaining that everyone has problems.
- 43. I believe that everyone feels bad at times.
- 44. Suffering is just a part of the common human experience.
- 45. If I see someone in distress, I sit with that person so that they don't feel so alone.
- 46. When I see someone in a difficult situation I identify with that person because I know that we are all human.
- 47. I think that everyone makes mistakes at some point.
- 48. When times are bad for others I recognize their experience as common to my own.
- 49. The gap between others and myself is small because we share a common human experience.
- 50. I value the experiences of others because I can connect to them through my own experiences.
- 51. If I see someone who feels embarrassed I try to help him feel better by sharing an embarrassing story about myself.
- 52. I think everyone experiences failure in life.
- 53. I am accepting of others' flaws as part of what it means to be human.

Appendix A (continued)

54. When others are feeling down, I encourage them to share their problems with me to help them realize that they are not alone.

55. Because we are all human, I recognize that people who don't look like me still feel pain just like I do.

56. I can relate to others in times of need because we are all human.

57. People's private pain is easier to bear when they share it with others.

58. My experience is similar to other people because we share a common human experience.

59. Despite my differences with others, I know that everyone feels pain just like me.

60. Everyone feels down sometimes, it is part of being human.

61. Everyone has limitations, including myself.

62. People are the same wherever you go because everyone wants to be happy.

63. When others are upset, I try to help them feel connected to me to alleviate their emotional pain.

64. If I see someone going through a loss, I try to communicate my understanding to that person.

**Separation** (18 Items)

65. When others fail, I just feel glad that it wasn't me.

66. I have trouble finding common ground with others.

67. Sometimes when I listen to the problems of others, I can't empathize with their situation because I am so different from them.

68. When someone else feels bad, I tend to think that I could never feel as bad as they do.

69. Because I am happier than other people, I don't have a lot of sympathy for others who are down in their luck.

70. In life, I think it is every man for himself.

Appendix A (continued)

- 71. When I see someone excluded from the group I am just happy not to be that person.
- 72. Our differences as people do matter, because some people just can't measure up to life's expectations.
- 73. The world is a lonely place because everyone has to handle problems themselves.
- 74. I don't feel emotionally connected to others.
- 75. Feeling isolated from others is just how life is.
- 76. People have to make their own way in life.
- 77. When someone is having a difficult time, I know that they just have to deal with their issues on their own.
- 78. Sometimes people just have to suffer alone.
- 79. Everyone has to deal with their own shortcomings by themselves.
- 80. Even in a crowd of people, I feel disconnected from others.
- 81. I feel detached from others.
- 82. When I see someone feeling hopeless, I feel like I can't relate to them.

**Mindfulness** (17 Items)

- 83. When someone else tells me about a problem and is overly negative about it, I try to keep a balanced perspective on the situation.
- 84. When I see someone getting emotional, I am willing to be open to that person's pain.
- 85. When bad news hits, I try to help everyone stay calm.
- 86. When I see someone suffering, I try to help that person not become preoccupied with it.
- 87. I am responsive to others when they are going through a hard time.
- 88. I do not get carried away by other people's drama.

Appendix A (continued)

89. I listen to others carefully when they are telling me about their problems.
90. I feel for others deeply when they are struggling with their problems.
91. I try to be there for other people when times are tough.
92. When other people are bothered by their problems, I notice.
93. I am willing to pay attention to others when they are upset.
94. I don't avoid people who are having a hard time.
95. When others are experiencing tough times, I try to help them keep a balanced outlook on their circumstances.
96. I stay composed when listening to the difficulties of others.
97. When hearing about a loss of someone else, I am receptive to their pain.
98. I don't get emotionally wrapped up with others' problems even though I do care.
99. I am open to others in times of trouble.

**Disengagement/Over-Identification** (19 Items; D= Disengagement Item;  
O=Over-Identification Item)

100. When watching the news, I feel overwhelmed by the bad things happening in the world, and I switch the channel. (D)
101. When people cry in front of me, I often don't feel anything at all. (D)
102. When listening to the problems of other people, I find myself tuning them out. (D)
103. When I see someone crying I tend to get caught up in her emotion. (O)
104. When others gossip to me, I get caught up in the negativity. (O)
105. When I see someone in pain, it makes me feel so uncomfortable that I can only think about my own feelings. (O)
106. Seeing someone else in distress, it makes it hard for me to manage my own emotions. (O)

Appendix A (continued)

107. I can't stop thinking about all the bad things that happen in the world. (D)
108. I don't think much about the concerns of others. (D)
109. Sometimes, I can be obsessed with other people's problems. (O)
110. I get caught up in other's feelings when they tell me about their problems. (O)
111. I don't like to get too close to people by listening to their problems. (D)
112. I try to avoid people who are experiencing a lot of pain. (D)
113. When I see images on T.V. of people starving in Africa, I try to shut it out. (D)
114. I often tune out when people tell me about their troubles. (D)
115. If someone tells me about his problems, I try to pretend that I am listening even though I am not. (D)
116. If someone starts to cry, I try to leave the room before I start crying as well. (O)
117. When someone is dealing with a loss, I avoid having to talk about it by pretending that there is nothing wrong. (D)
118. Life can be overwhelming to the point that I just have to shut down sometimes. (D)

Appendix B

**Instructions and Categories for the Expert Checklist**

Please:

1. Read the items below.
2. Indicate which subcategory the item best fits in (i.e. Kindness/Caring versus Judgment/Indifference, Common Humanity versus Isolation/Separation, or Mindfulness versus Denial/Over-identification) or indicate if you think the item doesn't fit any of those categories.
3. Indicate if you think the item does not fit the overall construct of compassion.
4. Indicate if the item does not make sense to you.
5. Indicate any comments you have after each item and any general comments at the end of the checklist.

**Categories for experts to endorse:**

Kindness/ Caring Versus Judgment/ Indifference	Common Humanity Versus Isolation/ Separation	Mindfulness Versus Denial/Over- identified	The item does not fit any category.	The item does not fit the overall construct.	The item does not make sense to me.
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## Appendix C

### **Explanatory Letter**

Dear (Dr. Name):

I have a graduate student, Elizabeth Pommier, who is developing a compassion for others scale as her dissertation project. The scale will be based on the three-component model of self-compassion that I used for the Self-Compassion Scale (self-kindness vs. self-judgment, common humanity vs. isolation, and mindfulness vs. over-identification). We are assuming that this structure will also apply more generally to compassion, with a few modifications. We are going to pilot test some items this fall, and would like to get expert feedback regarding what component each potential item belongs to. Given your expertise on this topic, we would really appreciate your help. The items are written to be either positive or negative reflections of the three components, although at this point we are not sure if the positively or negatively worded items will load on separate subscales (as they did for the SCS) or not. We will make that determination later using factor analysis. We would greatly appreciate your input and feedback on this task, using the attached checklist. First, we ask if you could categorize the items in one of the following three categories (without worrying about the positive or negative poles at this point):

Kindness/Caring or Judgment/Indifference  
Common Humanity or Isolation/Separation  
Mindfulness or Denial/Over-Identification

Afterwards, please indicate if you think that the item does not fit any of these categories; if you think it doesn't fit the overall construct of compassion; or if it doesn't make sense to you (there are boxes to check to indicate this). We also supply a space for you to comment on each item if needed, and a space at the end for general comments. You can simply e-mail the checklist that is attached to this email back to us by replying to this email, or else send it by mail to:

Attention: Elizabeth Pommier  
Vaughn Gross Center for Reading and Language Arts  
College of Education SZB 228 U of Texas at Austin  
Austin, TX 78712-0365

We hope that you will take few moments to fill this checklist out and help us in our endeavor to create a new scale to measure a Buddhist conceptualization of compassion for others.

Thank you so much for your time,

Dr. Kristin Neff, Associate Professor  
Elizabeth Pommier, Doctoral Candidate



Appendix C (continued)

University of Texas at Austin  
Educational Psychology Department

## Appendix D

### (80 Items)

#### **Kindness Subscale**

When I see someone feeling down, I want to offer my support.

When others need my help, I want to offer it.

If I see someone going through a difficult time, I try to be caring toward that person.

When others feel sadness, I try to comfort them.

When others are upset I feel concern for them.

I like to be there for others in times of difficulty.

I like to reassure others when they are worried.

If I encounter someone who is distraught, I try to soothe that person with kind words.

My heart goes out to people who are unhappy.

I try to be kind to people who are going through a hard time.

I try not to be judgmental of others when they fail.

I am forgiving of other's mistakes.

If I see someone else's weakness, I try not to be overly critical of their failings.

I try to keep an open mind when I hear something bad about someone.

#### **Indifference Subscale**

Sometimes when people talk about their problems, I feel like I don't care.

When others are feeling troubled, I usually let someone else attend to them.

Sometimes I am cold to others when they are down and out.

I don't concern myself with other people's problems.

Appendix D (continued)

**Indifference Subscale (continued)**

I'm not very understanding when people disappoint me.

When people make me mad I tend to hold a grudge.

I'm pretty unforgiving of other's mistakes.

Sometimes I'm indifferent to the plight of others.

I usually don't feel sorry for people who screw up.

To be honest, I don't really care about people who are starving in third world countries.

I tend to be tough on others when they mess up.

Sometimes, I can be judgmental of others.

I can be critical when people don't meet my expectations.

When people fail, it's usually their fault.

**Common Humanity Subscale**

We should give people who've messed up a break because everyone makes mistakes sometimes.

I am accepting of other's flaws as part of what it means to be human.

When people fail, I try to remember that being human means being imperfect.

I can relate to others in times of need because we are all human.

Because we are all human, I recognize that other people feel pain just like I do.

When I see someone in a difficult situation I identify with that person because I know that we are all human.

Everyone feels down sometimes, it is part of being human.

Appendix D (continued)

**Common Humanity Subscale (continued)**

It's important to recognize that all people have weaknesses and no one's perfect.

Suffering is just part of the common human experience.

Despite my differences with others, I know that everyone feels pain just like me.

I feel closer to others who are suffering because we share a common human experience.

I feel connected to people in pain because we all go through it.

When someone is having a difficult time I realize that I could experience the same thing in my life.

**Separation Subscale**

I don't feel emotionally connected to people in pain.

I can't really connect with other people when they're suffering.

When I see someone feeling down, I feel like I can't relate to them.

I feel detached from others when they tell me their tales of woe.

Other people need to deal with their problems on their own.

When someone is having a difficult time, they just have to deal with their issues on their own.

When it comes to life's troubles, I think it's every man for himself. .

Other people's problems are totally separate from my own.

I have trouble finding common ground with people who are failures.

I tend to feel distant from people who make fools of themselves.

When someone fails I tend to think "thank God it was them and not me."

## Appendix D (Continued)

### **Separation Subscale (continued)**

I find it hard to feel connected to people who are really different from me.

It means little to me that people suffer in far away places because it is so removed from my everyday experience.

### **Mindfulness Subscale**

I tend to listen patiently when people tell me their problems.

I pay careful attention when other people talk to me.

I notice when people are upset, even if they don't say anything.

I stay calm when people tell me their bad news.

When people tell me about their problems, I try to keep a balanced perspective on the situation.

When someone is really upset, I'm able to feel their pain without being overwhelmed by it.

I don't get carried away by other people's drama.

I tend to stay grounded even when other people are over-reacting.

I stay composed when listening to the difficulties of others.

When street people ask me for money, I'm aware of how hard they must have it.

When I see someone fail, I think about how hard it must be for them.

### **Disengagement/Over-Identified Subscale**

If someone starts to cry, I try to leave the room before I start crying as well.

When I see someone in distress, it is hard for me to manage my own emotions.

When I see someone crying I get too caught up in their emotion.

When I see someone in pain, it makes me really uncomfortable.

Appendix D (continued)

**Disengagement/Over-Identified Subscale (continued)**

When bad news hits, I freeze.

When people cry in front of me, I often don't feel anything at all.

I don't think much about the concerns of others.

I often tune out when people tell me about their troubles.

I try to avoid people who are experiencing a lot of pain.

I can't stop thinking about all the bad things that happen in the world.

Sometimes, other people's problems consume me.

I can get too wrapped up with other people's problems.

When I see homeless people, I just ignore them.

Life can be so overwhelming that I just have to shut down sometimes.

I tend to shut down when I hear about all the bad things happening in the world.

Appendix E

**The Marlowe-Crowne Social Desirability Scale  
(Short Form)**

Read each question carefully and then decide whether the statement is true or false and write your response in the space provided. There are no right or wrong answers. Please only use the numbers that are provided when responding to each statement.

---

TRUE  
1

FALSE  
2

---

- \_\_\_1. No matter who I'm talking to, I'm always a good listener.
- \_\_\_2. There have been a few occasions when I took advantage of someone.
- \_\_\_3. I sometimes try to get even, rather than forgive and forget.
- \_\_\_4. When I do not know something, I do not at all mind admitting it.
- \_\_\_5. There have been occasions when I felt like smashing things.
- \_\_\_6. I never resent being asked to return a favor.
- \_\_\_7. I have almost never felt the urge to tell someone off.
- \_\_\_8. I am sometimes irritated by people who ask favors of me.
- \_\_\_9. I sometimes think when people have a misfortune they only got what they deserved.
- \_\_\_10. I have never deliberately said something that hurt someone's feelings.

Appendix F

**Compassionate Love Scale  
(Close-Others Version)**

**Instructions:** Please respond to each of the items by circling the number that most closely describes the extent to which you agree or disagree with the statement.

Very True of me		Somewhat True of me			Not at All True of me	
7	6	5	4	3	2	1

**1. When I see family members or friends feeling sad, I feel a need to reach out to them.**

7            6            5            4            3            2            1

**2. I spend a lot of time concerned about the well-being of those people close to me.**

7            6            5            4            3            2            1

**3. When I hear about a friend or family member going through a difficult time, I feel a great deal of compassion for him or her.**

7            6            5            4            3            2            1

**4. It is easy for me to feel the pain (and joy) experienced by my loved ones.**

7            6            5            4            3            2            1

**5. If a person close to me needs help, I would do almost anything I could to help him or her.**

7            6            5            4            3            2            1

**6. I feel considerable compassionate love for those people important in my life.**

7            6            5            4            3            2            1

**7. I would rather suffer myself than see someone close to me suffer.**

7            6            5            4            3            2            1



**8. If given the opportunity, I am willing to sacrifice in order to let the people important to me achieve their goals in life.**

7            6            5            4            3            2            1

**9. I tend to feel compassion for people who are close to me.**

7            6            5            4            3            2            1

**10. One of the activities that provides me with the most meaning to my life is helping others with whom I have a close relationship.**

7            6            5            4            3            2            1

**11. I would rather engage in actions that help my intimate others than engage in actions that would help me.**

7            6            5            4            3            2            1

**12. I often have tender feelings towards friends and family members when they seem to be in need.**

7            6            5            4            3            2            1

**13. I feel a selfless caring for my friends and family.**

7            6            5            4            3            2            1

**14. I accept friends and family members even when they do things I think are wrong.**

7            6            5            4            3            2            1

**15. If a family member or close friend is troubled, I usually feel extreme tenderness and caring.**

7            6            5            4            3            2            1

**16. I try to understand rather than judge people who are close to me.**

7            6            5            4            3            2            1

**17. I try to put myself in my friend's shoes when he or she is in trouble.**

7            6            5            4            3            2            1

**18. I feel happy when I see that loved ones are happy.**

7            6            5            4            3            2            1

**19. Those whom I love can trust that I will be there for them if they need me.**

7            6            5            4            3            2            1

**20. I want to spend time with close others so that I can find ways to help enrich their lives.**

7            6            5            4            3            2            1

**21. I very much wish to be kind and good to my friends and family members.**

7            6            5            4            3            2            1

Appendix F (continued)

**Compassionate Love Scale  
(Stranger-Humanity Version)**

**Instructions:** Please respond to each of the items by circling the number that most closely describes the extent to which you agree or disagree with the statement.

Very True of me		Somewhat True of me			Not at All True of me	
7	6	5	4	3	2	1

**1. When I see people I do not know feeling sad, I feel a need to reach out to them.**

7            6            5            4            3            2            1

**2. I spend a lot of time concerned about the well-being of humankind.**

7            6            5            4            3            2            1

**3. When I hear about someone (a stranger) going through a difficult time, I feel a great deal of compassion for him or her.**

7            6            5            4            3            2            1

**4. It is easy for me to feel the pain (and joy) experienced by others, even though I do not know them.**

7            6            5            4            3            2            1

**5. If I encounter a stranger who needs help, I would do almost anything I could to help him or her.**

7            6            5            4            3            2            1

**6. I feel considerable compassionate love for people from everywhere.**

7            6            5            4            3            2            1

**7. I would rather suffer myself than see someone else (a stranger) suffer.**

7            6            5            4            3            2            1

**8. If given the opportunity, I am willing to sacrifice in order to let people from other places who are less fortunate achieve their goals.**

7            6            5            4            3            2            1

**9. I tend to feel compassion for people even though I do not know them.**

7            6            5            4            3            2            1

**10. One of the activities that provides me with the most meaning to my life is helping others in the world when they need help.**

7            6            5            4            3            2            1

**11. I would rather engage in actions that help others, even though they are strangers, than engage in actions that would help me.**

7            6            5            4            3            2            1

**12. I often have tender feelings towards people (strangers) when they seem to be in need.**

7            6            5            4            3            2            1

**13. I feel a selfless caring for most of humankind.**

7            6            5            4            3            2            1

**14. I accept others whom I do not know even when they do things I think are wrong.**

7            6            5            4            3            2            1

**15. If a person (a stranger) is troubled, I usually feel extreme tenderness and caring.**

7            6            5            4            3            2            1

**16. I try to understand rather than judge people who are strangers to me.**

7            6            5            4            3            2            1

**17. I try to put myself in a stranger's shoes when he or she is in trouble.**

7            6            5            4            3            2            1

**18. I feel happy when I see that others (strangers) are happy.**

7            6            5            4            3            2            1

**19. Those whom I encounter through my work and public life can assume that I will be there for them if they need me.**

7            6            5            4            3            2            1

**20. I want to spend time with people I don't know well so that I can find ways to help enrich their lives.**

7            6            5            4            3            2            1

**21. I very much wish to be kind and good to fellow human beings.**

7            6            5            4            3            2            1

## Appendix G

### Social Connectedness Scale

	1	2	3	4	5	6
	Strongly Disagree	Disagree	Mildly Disagree	Mildly Agree	Agree	Strongly Agree
1. I feel comfortable in the presence of strangers.	1	2	3	4	5	6
2. I am in tune with the world.	1	2	3	4	5	6
3. Even among my friends, there is no sense of brother/sisterhood.	1	2	3	4	5	6
4. I fit in well in new situations.	1	2	3	4	5	6
5. I feel close to people.	1	2	3	4	5	6
6. I feel disconnected from the world around me.	1	2	3	4	5	6
7. Even around people I know, I don't feel that I really belong.	1	2	3	4	5	6
8. I see people as friendly and approachable.	1	2	3	4	5	6
9. I feel like an outsider.	1	2	3	4	5	6
10. I feel understood by the people I know.	1	2	3	4	5	6
11. I feel distant from people.	1	2	3	4	5	6
12. I am able to relate to my peers.	1	2	3	4	5	6
13. I have little sense of togetherness with my peers.	1	2	3	4	5	6
14. I find myself actively involved in people's lives.	1	2	3	4	5	6

15. I catch myself losing a sense of of connectedness with society.	1	2	3	4	5	6
16. I am able to connect with other people.	1	2	3	4	5	6
17. I see myself as a loner.	1	2	3	4	5	6
18. I don't feel related to most people.	1	2	3	4	5	6
19. My friends feel like family.	1	2	3	4	5	6
20. I don't feel I participate with anyone or any group.	1	2	3	4	5	6

Appendix H

**The Southampton Mindfulness Questionnaire (SMQ)**

**Instructions:** Use the following indication of your level of disagreement or agreement to complete the statement below:

---

Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree
0	1	2	3	4	5	6

---

**Usually when I experience distressing thoughts and images...**

- \_\_\_\_\_ 1. I am able just to notice them without reacting
- \_\_\_\_\_ 2. They take over my mind for quite a while afterwards
- \_\_\_\_\_ 3. I judge the thought/image as good or bad
- \_\_\_\_\_ 4. I feel calm soon after
- \_\_\_\_\_ 5. I am able to accept the experience
- \_\_\_\_\_ 6. I get angry that this happens to me
- \_\_\_\_\_ 7. I notice how brief the thoughts and images really are
- \_\_\_\_\_ 8. I judge myself as good or bad, depending on what the thought/image is about
- \_\_\_\_\_ 9. I 'step back' and am aware of the thought or image without getting taken over by it
- \_\_\_\_\_ 10. I just notice them and let them go
- \_\_\_\_\_ 11. I accept myself the same whatever the thought/image is about
- \_\_\_\_\_ 12. In my mind I try to push them away
- \_\_\_\_\_ 13. I keep thinking about the thought or image after it's gone
- \_\_\_\_\_ 14. I find it so unpleasant I have to distract myself and not notice them
- \_\_\_\_\_ 15. I try just to experience the thoughts or images without judging them



\_\_\_\_16. I lose myself in the thoughts/images

Appendix I

**Three-Dimensional Wisdom Scale**

**This section asks you about your opinion and feelings. How strongly do you agree or disagree with the following statements?**

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)
1. In this complicated world of ours the only way we can know what's going on is to rely on leaders or experts who can be trusted.					
2. I am annoyed by unhappy people who just feel sorry for themselves.					
3. Life is basically the same most of the time.					
4. People make too much of the feelings and sensitivity of animals.					
5. You can classify almost all people as either honest or crooked.					
6. I would feel much better if my present circumstances changed.					
7. There is only one right way to do anything.					
8. There are some people I know I would never like.					
9. It is better not to know too much about things that cannot be changed.					
10. Things often go wrong for me by no fault of my own.					
11 Ignorance is bliss.					
12. I can be comfortable with all kinds of people.					

	Strongly Agree (1)	Agree (2)	Neutral (3)	Disagree (4)	Strongly Disagree (5)
13. A person either knows the answer to a question or he/she doesn't.					
14. It's not really my problem if others are in trouble and need help.					
15. People are either good or bad.					

**How much are the following statements true of yourself?**

	Definitely true of myself  (1)	Mostly true of myself  (2)	About half- way true  (3)	Rarely true of myself  (4)	Not true of myself  (5)
1. I try to look at everybody's side of a disagreement before I make a decision.					
2. If I see people in need, I try to help them one way or another.					
3. When I'm upset at someone, I usually try to "put myself in his or her shoes" for a while.					
4. There are certain people whom I dislike so much that I am inwardly pleased when they are caught and punished for something they have done.					
5. I always try to look at all sides of a problem.					
6. Sometimes I feel a real compassion for everyone.					
7. I try to anticipate and avoid situations where there is a likely chance I will have to think in depth about something.					
8. When I look back on what has happened to me, I can't help feeling resentful.					
9. I often have not comforted another when he or she needed it.					
10. A problem has little attraction for me if I don't think it has a solution.					

	Definitely true of myself	Mostly true of myself	About half-way true	Rarely true of myself	Not true of myself
	(1)	(2)	(3)	(4)	(5)
11. I either get very angry or depressed if things go wrong.					
12.. Sometimes I don't feel very sorry for other people when they are having problems.					
13. I often do not understand people's behavior.					
14. Sometimes I get so charged up emotionally that I am unable to consider many ways of dealing with my problems.					
15. Sometimes when people are talking to me, I find myself wishing that they would leave.					
16. I prefer just to let things happen rather than try to understand why they turned out that way.					
17. When I am confused by a problem, one of the first things I do is survey the situation and consider all the relevant pieces of information.					
18. I don't like to get involved in listening to another person's troubles.					
19. I am hesitant about making important decisions after thinking about them.					
20. Before criticizing somebody, I try to imagine how I would feel if I were in their place.					

	Definitely true of myself	Mostly true of myself	About half-way true	Rarely true of myself	Not true of myself
	(1)	(2)	(3)	(4)	(5)
21. I'm easily irritated by people who argue with me.					
22. When I look back on what's happened to me, I feel cheated.					
23. Simply knowing the answer rather than understanding the reasons for the answer to a problem is fine with me.					
24. I sometimes find it difficult to see things from another persons' point of view.					

Appendix J

**Interpersonal Reactivity Index**

The following statements inquire about your thoughts and feelings in a variety of situations. For each item, indicate how well it describes you by choosing the appropriate number on the scale at the top of the page: 0, 1, 2, 3, or 4. When you have decided on your answer, fill in the number on the answer sheet next to the item number. **READ EACH ITEM CAREFULLY BEFORE RESPONDING.** Answer as honestly as you can.

Answer Scale

0      1      2      3      4

0 Does not describe me well

4 Describes me very well

1. I often have tender, concerned feelings for people less fortunate than me.

\_\_\_ 0 Does not describe me well

\_\_\_ 1

\_\_\_ 2

\_\_\_ 3

\_\_\_ 4 Describes me well

2. I sometimes find it difficult to see things from the “other guy’s” point of view.

\_\_\_ 0 Does not describe me well

\_\_\_ 1

\_\_\_ 2

\_\_\_ 3

\_\_\_ 4 Describes me well

3. Sometimes I don’t feel very sorry for other people when they are having problems.

\_\_\_ 0 Does not describe me well

\_\_\_ 1

\_\_\_ 2

\_\_\_ 3

\_\_\_ 4 Describes me well

4. In emergency situations, I feel apprehensive and ill-at-ease.

\_\_\_ 0 Does not describe me well

- 1
- 2
- 3
- 4 Describes me well

5. I try to look at everybody's side of a disagreement before I make a decision.

- 0 Does not describe me well
- 1
- 2
- 3
- 4 Describes me well

6. When I see someone being taken advantage of, I feel find of protective towards them.

- 0 Does not describe me well
- 1
- 2
- 3
- 4 Describes me well

7. I sometimes feel helpless when I am in the middle of a very emotional situation.

- 0 Does not describe me well
- 1
- 2
- 3
- 4 Describes me well

8. I sometimes try to understand my friends better by imagining how things look from their perspective.

- 0 Does not describe me well
- 1
- 2
- 3
- 4 Describes me well

9. When I see someone get hurt, I tend to remain calm.

- 0 Does not describe me well



- 1
- 2
- 3
- 4 Describes me well

10. Other people's misfortunes do not usually disturb me a great deal.

- 0 Does not describe me well
- 1
- 2
- 3
- 4 Describes me well

11. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.

- 0 Does not describe me well
- 1
- 2
- 3
- 4 Describes me well

12. Being in a tense emotional situation scares me.

- 0 Does not describe me well
- 1
- 2
- 3
- 4 Describes me well

13. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.

- 0 Does not describe me well
- 1
- 2
- 3
- 4 Describes me well

14. I am usually pretty effective in dealing with emergencies.

- 0 Does not describe me well
- 1
- 2
- 3
- 4 Describes me well

15. I am often quite touched by things that I see happen.

- 0 Does not describe me well
- 1
- 2
- 3
- 4 Describes me well

16. I believe that there are two sides to every question and try to look at them both.

- 0 Does not describe me well
- 1
- 2
- 3
- 4 Describes me well

17. I would describe myself as a pretty soft-hearted person.

- 0 Does not describe me well
- 1
- 2
- 3
- 4 Describes me well

18. I tend to lose control during emergencies.

- 0 Does not describe me well
- 1
- 2
- 3
- 4 Describes me well

19. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.

- 0 Does not describe me well

- 1
- 2
- 3
- 4 Describes me well

20. When I see someone who badly needs help in an emergency, I go to pieces.

- 0 Does not describe me well
- 1
- 2
- 3
- 4 Describes me well

21. Before criticizing somebody, I try to imagine how I would feel if I were in their place.

- 0 Does not describe me well
- 1
- 2
- 3
- 4 Describes me well

## Appendix K

### Questionnaire Measure of Empathic Tendency (The Mehrabian)

**Instructions:** Please read each of the following statements and select the number which best represents your feelings and beliefs.

- + 4 (Very Strong Agreement)**
- + 3 (Strong Agreement)**
- + 2 (Agreement)**
- + 1 (Weak Agreement)**
- 0 (Neutral)**
- 1 (Weak Disagreement)**
- 2 (Disagreement)**
- 3 (Strong Disagreement)**
- 4 (Very Strong Disagreement)**

- \_\_\_1. It makes me sad to see a lonely stranger in a group.
- \_\_\_2. People make too much of the feelings and sensitivity of animals.
- \_\_\_3. I often find public displays of affection annoying.
- \_\_\_4. I am annoyed by unhappy people who are just sorry for themselves.
- \_\_\_5. I become nervous if others around me seem to be nervous.
- \_\_\_6. I find it silly for people to cry out of happiness.
- \_\_\_7. I tend to get emotionally involved with a friend's problems.
- \_\_\_8. Sometimes the words of a love song can move me deeply.
- \_\_\_9. I tend to lose control when I am bringing bad news to people.
- \_\_\_10. The people around me have a great influence on my moods.
- \_\_\_11. Most foreigners I have met seemed cool and unemotional.
- \_\_\_12. I would rather be a social worker than work in a job training center.
- \_\_\_13. I don't get upset just because a friend is acting upset.
- \_\_\_14. I like to watch people open presents.

- \_\_\_15. Lonely people are probably unfriendly.
- \_\_\_16. Seeing people cry upsets me.
- \_\_\_17. Some songs make me happy.
- \_\_\_18. I really get involved with the feelings of the characters in a novel.
- \_\_\_19. I get very angry when I see someone being ill-treated.
- \_\_\_20. I am able to remain calm even though those around me worry.
- \_\_\_21. When a friend starts to talk about their problems, I try to steer the conversation to something else.
- \_\_\_22. Another's laughter is not catching for me.
- \_\_\_23. Sometimes at the movies I am amused by the amount of crying and sniffing around me.
- \_\_\_24. I am able to make decisions without being influenced by people's feelings.
- \_\_\_25. I cannot continue to feel OK if people around me are depressed.
- \_\_\_26. It is hard for me to see how some things upset people too much.
- \_\_\_27. I am very upset when I see an animal in pain.
- \_\_\_28. Becoming involved in books or movies is a little silly.
- \_\_\_29. It upsets me to see helpless old people.
- \_\_\_30. I become more irritated than sympathetic when I see someone's tears.
- \_\_\_31. I become very involved when I watch a movie.
- \_\_\_32. I often find that I can remain cool in spite of the excitement around me.
- \_\_\_33. Little children sometimes cry for no apparent reason.

Appendix L

**Self-Compassion Scale**

**HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TMES**

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

**Almost  
Never**

**Almost  
Always**

**1**

**2**

**3**

**4**

**5**

\_\_\_\_\_1. I'm disapproving and judgmental about my own flaws and inadequacies.

\_\_\_\_\_2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.

\_\_\_\_\_3. When things are going badly for me, I see the difficulties as part of life that everyone goes thorough.

\_\_\_\_\_4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.

\_\_\_\_\_5. I try to be loving towards myself when I'm feeling emotional pain.

\_\_\_\_\_6. When I fail at something important to me I become consumed by feelings of inadequacy.

\_\_\_\_\_7. When I'm down, I remind myself that there are lots of other people in the world feeling like I am.

\_\_\_\_\_8. When times are really difficult, I tend to be tough on myself.

\_\_\_\_\_9. When something upsets me I try to keep my emotions in balance.

\_\_\_\_\_10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

\_\_\_\_\_11. I'm intolerant and impatient towards those aspects of my personality that I don't like.

\_\_\_\_\_12. When I'm going through a very hard time, I give myself the caring and tenderness I need.

\_\_\_\_\_13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.

- \_\_\_\_\_14. When something painful happens I try to take a balanced view of the situation.
- \_\_\_\_\_15. I try to see my failings as part of the human condition.
- \_\_\_\_\_16. When I see aspects of myself that I don't like, I get down on myself.
- \_\_\_\_\_17. When I fail at something important to me I try to keep things in perspective.
- \_\_\_\_\_18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.
- \_\_\_\_\_19. I'm kind to myself when I'm experiencing suffering.
- \_\_\_\_\_20. When something upsets me I get carried away with my feelings.
- \_\_\_\_\_21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.
- \_\_\_\_\_22. When I'm feeling down I try to approach my feelings with curiosity and openness.
- \_\_\_\_\_23. I'm tolerant of my own flaws and inadequacies.
- \_\_\_\_\_24. When something painful happens I tend to blow the incident out of proportion.
- \_\_\_\_\_25. When I fail at something that's important to me, I tend to feel alone in my failure.
- \_\_\_\_\_26. I try to be understanding and patient towards those aspects of my personality that I don't like.

Appendix M

**Compassion Scale (Finalized Version)**

**HOW I TYPICALLY ACT TOWARDS OTHERS**

Please read each statement carefully before answering. To the left of each item, indicate how often do you feel or behave in the stated manner, using the following scale:

**Almost  
Never**

**Almost  
Always**

**1**

**2**

**3**

**4**

**5**

\_\_\_\_\_ 1. When people cry in front of me, I often don't feel anything at all.

\_\_\_\_\_ 2. Sometimes when people talk about their problems, I feel like I don't care.

\_\_\_\_\_ 3. I don't feel emotionally connected to people in pain.

\_\_\_\_\_ 4. I pay careful attention when other people talk to me.

\_\_\_\_\_ 5. I feel detached from others when they tell me their tales of woe.

\_\_\_\_\_ 6. If I see someone going through a difficult time, I try to be caring toward that person.

\_\_\_\_\_ 7. I often tune out when people tell me about their troubles.

\_\_\_\_\_ 8. I like to be there for others in times of difficulty.

\_\_\_\_\_ 9. I notice when people are upset, even if they don't say anything.

\_\_\_\_\_ 10. When I see someone feeling down, I feel like I can't relate to them.

\_\_\_\_\_ 11. Everyone feels down sometimes, it is part of being human.

\_\_\_\_\_ 12. Sometimes I am cold to others when they are down and out.

\_\_\_\_\_ 13. I tend to listen patiently when people tell me their problems.

\_\_\_\_\_ 14. I don't concern myself with other people's problems.

\_\_\_\_\_ 15. It's important to recognize that all people have weaknesses and no one's perfect.

\_\_\_\_\_ 16. My heart goes out to people who are unhappy.



- \_\_\_\_\_17. Despite my differences with others, I know that everyone feels pain just like me.
- \_\_\_\_\_18. When others are feeling troubled, I usually let someone else attend to them.
- \_\_\_\_\_19. I don't think much about the concerns of others.
- \_\_\_\_\_20. Suffering is just a part of the common human experience.
- \_\_\_\_\_21. When people tell me about their problems, I try to keep a balanced perspective on the situation.
- \_\_\_\_\_22. I can't really connect with other people when they're suffering.
- \_\_\_\_\_23. I try to avoid people who are experiencing a lot of pain.
- \_\_\_\_\_24. When others feel sadness, I try to comfort them.

Coding Key:

Kindness Items: 6, 8, 16, & 24

Indifference Items: 2, 12, 14, & 18 (Reversed Scored)

Common Humanity: 11, 15, 17, & 20

Separation: 3, 5, 10, & 22 (Reversed Scored)

Mindfulness: 4, 9, 13, & 21

Disengagement: 1, 7, 19, & 23 (Reverse Scored)

To compute a total Compassion Score, take the mean of each subscale and compute a total mean.

Please remember that if you plan to examine the subscales separately, you should not reverse-code. Before reverse-coding, for example, higher indifference scores represent more indifference, but after reverse-coding higher indifference scores represent less indifference. This is why the subscales of indifference, separation, and disengagement are reverse-coded before taking an overall compassion mean.

## References

- Adams, R.E., Boscarino, J.A., & Figley, C.R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, 76(1), 103-108.
- Alessandrini, M. (2007). Community volunteerism and blood donation: Altruism as a lifestyle choice. *Transfusion Medicine Reviews*, 21(4), 307-316.
- Allen, N.B., & Knight, W.E.J. (2005). Mindfulness, compassion, for self, and compassion for others: Implications for understanding the psychopathology and treatment of depression. In P. Gilbert (Ed.), *Compassion: Conceptualisations, research and use in psychotherapy* (pp. 239-262). New York: Routledge.
- Allport, G.W. (1961). *Pattern and growth in personality*. New York: Holt, Rinehart & Wilson.
- Allred, K.G., Mallozi, J.S., Matsui, F., & Raia, C.P. (1997). The influence of anger and compassion on negotiation performance. *Organizational Behavior and Human Decision Processes*, 70(3), 175-187.
- American Medical Association. (1981). *Principles of medical ethics*. Chicago: American Medical Association.
- Ardelt, M. (2000). Antecedents and effects of wisdom in old age: A longitudinal perspective on aging well. *Research on Aging*, 22(4), 360-394.
- Ardelt, M. (2003). Empirical assessment of a three-dimensional wisdom scale. *Research on Aging*, 25(3), 275-324.
- Argyle, M. (1987). *The psychology of happiness*. London: Methuen.
- Argyle, M. (1999). Causes and correlates of happiness. In D. Kahneman, E. Diener,

- & N. Schwartz (Eds.), *Well-being: The foundations of hedonic psychology* (pp. 353-373). New York: Russell Sage Foundation.
- Aristotle. (1984). *The Rhetoric and the poetics of Aristotle* (R. Roberts, Trans.). New York: Modern Library. (Original work published 1385)
- Ashton, N.L., & Severy, L.J. (1976). Arousal and costs in bystander intervention. *Personality and Social Psychology Bulletin*, 2(3), 268-272.
- Baltes, P.B., Gluck, J., & Kunzmann, U. (2002). Wisdom: Its structure and function in regulating successful life span development. In C.R. Snyder & S.J. Lopez (Eds.), *Handbook of positive psychology* (pp. 327-347). Oxford: Oxford University Press.
- Baltes, P.B., & Staudinger, U.M. (2000). Wisdom: A meta-heuristic (pragmatic) to orchestrate mind and virtue toward excellence. *American Psychologist*, 55(1), 122-135.
- Barkan, E. (2000). *The guilt of nations: Restitution and negotiating historical injustices*. New York: Norton.
- Barnett, M.A., Feighny, K.M., & Esper, J.A. (1983). Effects of anticipated victim responsiveness and empathy upon volunteering. *Journal of Social Psychology*, 119(2), 211-218.
- Barnette, J.J. (1996). Responses that may indicate non-attending behaviors in three self-administered educational surveys. *Research in the Schools*, 3(2), 49-59.
- Bates, T. (2005). The expression of compassion in group cognitive therapy. In P. Gilbert (Ed.), *Compassion: Conceptualisations, research, and use in psychotherapy* (pp. 369-386). New York: Routledge.

- Batson, C.D. (1991). *The altruism question: Toward a social-psychological answer*. Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers.
- Batson, C. D. (1997). Self-other merging and the empathy-altruism hypothesis: Reply to Neuberger et al. (1997). *Journal of Personality and Social Psychology*, 73(3), 517-522.
- Batson, C.D. (1998). Altruism and prosocial behavior. In D.T. Gilbert, S.T. Fiske, & G. Lindzey (Eds.), *The handbook of social psychology* (pp. 282-316). Boston, MA: McGraw-Hill.
- Batson, C.D., & Ahmad, N. (2001). Empathy-induced altruism in a prisoner's dilemma II: What if the target of empathy has defected? *European Journal of Social Psychology*, 31(1), 25-36.
- Batson, C.D., Bolen, M.H., Cross, J.A., & Neuringer-Benefield, H.E. (1986). Where is the altruism in the altruistic personality? *Journal of Personality and Social Psychology*, 50(1), 212-220.
- Batson, C.D., & Coke, J.S. (1981). Empathy: A source of altruistic motivation for helping? In J.P. Rushton & R.M. Sorrentino (Eds.), *Altruism and helping behavior: Social, personality, and developmental perspectives* (pp. 167-211). Hillsdale, NJ: Erlbaum.
- Batson, C.D., Denton, D.M., & Vollmecke, J.T. (2008). Quest religion, anti-fundamentalism, and limited versus universal compassion. *The Society for the Scientific Study of Religion*, 47(1), 135-145.

- Batson, C.D., Duncan, B.D., Ackerman, P., Buckley, T., & Birch, K. (1981). Is empathetic emotion a source of altruistic motivation? *Journal of Personality and Social Psychology*, 40(2), 290-302.
- Batson, C.D., Eidelman, S.H., Higley, S.L., & Russell, S.A. (2001). And who is my neighbor? II: Quest religion as a source of universal compassion. *Journal for the Scientific Study of Religion*, 40(1), 39-50.
- Batson, C.D., Harris, C.A., McCaul, K.D., Davis, M., & Schmidt, T. (1979). Compassion or compliance: Alternative dispositional attributions for one's helping behavior. *Social Psychology Quarterly*, 42(4), 405-409.
- Batson, C.D., Lishner, D.A., Cook, J., & Sawyer, S. (2005). Similarity and nurturance: Two possible sources of empathy for strangers. *Basic and Applied Social Psychology*, 27(1), 15-25.
- Batson, C.D., & Moran, T. (1999). Empathy-induced altruism in a prisoner's dilemma. *European Journal of Social Psychology*, 29(7), 909-924.
- Batson, C.D., Polycarpou, M.P., Harmon-Jones, E., Imhoff, H.J., Mitchener, E.C., Bednar, L.L., Klein, T.R., & Highberger, L. (1997). Empathy and attitudes: Can feeling for a member of a stigmatized group improve feelings toward the group? *Journal of Personality and Social Psychology*, 72(1), 105-118.
- Baumeister, R. F., & Leary, M.R. (1995). The need to belong: Desire for inter-personal attachments as a fundamental human motivation. *Psychological Bulletin*, 117(3), 497-529.

- Baumeister, R.F., Reis, H.T., & Delespaul, P.A. (1995). Subjective and experiential correlates of guilt in daily life. *Personality and Social Psychology Bulletin*, 21(12), 1256-1268.
- Baumeister, R.F., Stillwell, A.M., & Heatherton, T.F. (1994). Guilt: An interpersonal approach. *Psychological Bulletin*, 115(2), 243-267.
- Behzadi, K.G. (1994). Interpersonal conflict and emotions in an Iranian culture practice—Qahr and Ashti. *Culture Medicine and Psychiatry*, 18(3), 321-359.
- Bekkers, R. (2005). Participation in voluntary associations: Relations with resources, personality, and political values. *Political Psychology*, 26(3), 439-454.
- Bekkers, R. (2006). Traditional and health-related philanthropy: The role of resources and personality. *Social Psychology Quarterly*, 69(4), 349-366.
- Benson, J., & Hocevar, D. (1985). The impact of item phrasing on the validity of attitude scales for elementary school children. *Journal of Educational Measurement*, 22(3), 231-240.
- Berkowitz, L. (1972). Social norms, feelings, and other factors affecting helping behavior and altruism. In L. Berkowitz (Ed.), *Advances in experimental social psychology* (Volume 6). NY, NY: Academic Press.
- Berkowitz, L. (1973). Reactance and the unwillingness to help others. *Psychological Bulletin*, 79(5), 310-317.
- Berry, J.W., Worthington, E.L., O'Connor, L.E., Parrott, L., & Wade, N.G. (2004). Forgiveness, vengeful rumination, and affective traits. *Journal of Personality*, 73(1), 183-225.

- Berry, J.W., Worthington, E.L., Parrott, L., O'Connor, L., & Wade, N.G. (2001). Dispositional forgiveness: Development and construct validity of the Transgression Narrative Test of Forgiveness (TNTF). *Personality and Social Psychology Bulletin*, 27(10), 1277-1290.
- Beutel, A.M., & Marini, M.M. (1995). Gender and values. *American Sociological Review*, 60(3), 436-448.
- Biele, G., Rieskamp, J., & Czienskowski, U. (2008). Explaining cooperation in groups: Testing models of reciprocity and learning. *Organizational Behavior and Human Decision Processes*, 106(2), 89-105.
- Bierhoff, H.W., Klein, R., & Kramp, P. (1991). Evidence for the altruistic personality from data on accident research. *Journal of Personality*, 59(2), 263-280.
- Bierhoff, H.W. (2002). *Prosocial behavior*. Hove: Psychology Press.
- Blum, L. (1980). Compassion. In A.O. Rorty (Ed.), *Explaining Emotions* (pp. 507-517). Berkeley, CA: University of California Press.
- Blum, L. (1987). Compassion. In R.B. Kruschwitz & R.C. Roberts (Eds.), *Virtues: Contemporary essays in moral character* (pp. 229-236). Belmont, CA: Wadsworth.
- Borke, H. (1971). Interpersonal perception of young children: Egocentrism or empathy. *Developmental Psychology*, 5(2), 263-269.
- Brady, M.J., Peterman, A.H., Fitchett, G., & Cella, D. (1999, March). *The expanded version of the Functional Assessment of Chronic Illness Therapy—Spiritual Well-Being Scale (FACIT-Sp-Ex): Initial report of psychometric properties*. Paper

- presented at the annual meeting of the Society of Behavioral Medicine. San Diego, CA.
- Braun, J.M. (1992). Compassion and the psychotherapist. *Dissertation Abstracts International*, 53 (09), 4945B. (UMI No. 9303418)
- Brickman, P., Coates, D., & Janoff-Bulman, R.J. (1978). Lottery winners and accident victims: Is happiness relative? *Journal of Personality and Social Psychology*, 36(8), 917-927.
- Bride, B.E., Radey, M., & Figley, C.R. (2007). Measuring compassion fatigue. *Clinical Social Work Journal*, 35(3), 155-163.
- Brown, L.M. (1996). Compassion and social well-being. *Pacific Philosophical Quarterly*, 77(3), 216-224.
- Buber, M. (1948). *Between man and man*. New York, NY: MacMillan.
- Burnstein, E., Crandall, C., & Kitayama, S. (1994). Some neo-Darwinian decision rules for altruism: Weighing cues for inclusive fitness as a function of the biological importance of the decision. *Journal of Personality and Social Psychology*, 67(5), 773-789.
- Burt, R.S. (1986). *Strangers, friends, and happiness* (GSS Technical Report No. 72). Chicago, IL: University of Chicago, National Opinion Research Center.
- Campos, J. (1984). A new perspective on emotions. *Child Abuse and Neglect*, 8(2), 147-156.
- Cantor, N., & Sanderson, C.A. (1999). Life task participation and well-being: The importance of taking part in daily life. In D. Kahneman, E. Diener, &



- N. Schwarz (Eds.), *Well-being: The foundations of hedonic psychology* (pp. 230-243). New York: Russell Sage Foundation.
- Cassell, E.J. (2002). Compassion. In C.R. Synder & S.J. Lopez (Eds.), *Handbook of positive psychology* (pp. 434-445). Oxford: Oxford University Press.
- Chadwick, P., Hember, M., Symes, J., Peters, E., Kuipers, E., & Dagan, D. (2008). Responding mindfully to unpleasant thoughts and images: Reliability and validity of the Southampton Mindfulness Questionnaire (SMQ). *The British Journal of Clinical Psychology, 47*(4), 451-455.
- Chambers, C.J., & Hickinbottom, S. (2008). Positive psychology, ethnocentrism, and the disguised ideology of individualism. *Theory & Psychology, 18*(5), 563-589.
- Cheney, D.L., & Seyfarth, R.M. (1990). *How monkeys see the world: Inside the mind of another species*. Chicago, IL: University of Chicago Press.
- The Chinese Brahma's Net Sutra: The path of compassion: The bodhisattva precepts. (2004). (M. Batchelor, Trans.). New York, NY: Alta Mira Press.
- Chodron, P. (2002). *When things fall apart*. Boston, MA: Shambhala.
- Cialdini, R.B., Schaller, M., Houlihan, D., Arps, K., Fultz, J., & Beaman, A.L. (1987). Empathy-based helping: Is it selflessly or selfishly motivated? *Journal of Personality and Social Psychology, 52*(4), 749-758.
- Clary, E.G., & Snyder, M. (1999). The motivations to volunteer: Theoretical and practical considerations. *Current Directions in Psychological Science, 8*(5), 156-159.
- Clary, E., Snyder, M., & Stukas, A. (1996). Volunteers' motivations: findings from a national survey. *Nonprofit and Volunteer Sector Quarterly, 25*(4), 485-505.

- Clary, E.G., Snyder, M., Ridge, R.D., Copeland, J., Stukas, A.A., & Haugen, H., & Miene, P. (1998). Understanding and assessing the motivations of volunteers: A functional approach. *Journal of Personality and Social Psychology*, 74(6), 1516-1530.
- Clayton, V.P., & Birren, J.E. (1980). The development of wisdom across the life span: A re-examination of an ancient topic. In P.B. Baltes & O.G. Brim, Jr. (Eds.), *Life Span Development and Behavior* (pp. 103-135). New York, NY: Academic Press, Inc.
- Coke, J.S., Batson, C.D., & McDavis, K. (1978). Empathetic mediation of helping: A two-stage model. *Journal of Personality and Social Psychology*, 36(7), 752-766.
- Cooper, S.E., & Blakeman, S.D. (1994). Spiritual gifts: A psychometric extension. *Journal of Psychology and Theology*, 22(1), 39-44.
- Costa, P.T., McCrae, R.R., & Zonderman, A.B. (1987). Environmental and dispositional influences on well-being: Longitudinal follow-up of an American national sample. *British Journal of Psychology*, 78(3), 299-306.
- Coulehan, J., & Williams, P.C. (2001). Vanquishing virtue: The impact of medical education. *Academic Medicine*, 76(6), 598-605.
- Crocker, J. (2008). From egosystem to ecosystem: Implications for relationships, learning, and well-being. In H.A. Wayment & J.J. Bauer (Eds.), *Transcending self-interest: Psychological explorations of the quiet ego* (pp. 63-72). Washington, D.C: American Psychological Association.

- Crocker, J. & Canevello, A. (2008). Creating and undermining social in communal relationships: The role of compassionate and self-image goals. *Journal of Personality and Social Psychology*, 95(3), 555-575.
- Crohan, S.E., Antonucci, T.C., Adelman, P.K., & Coleman, L.M. (1989). Job characteristics and well-being at midlife. *Psychology of Women Quarterly*, 13(2), 223-235.
- Cronbach, L.J. (1951). Coefficient alpha and the internal structure of tests. *Psychometrika*, 16(3), 297-334.
- Cronbach, L.J., & Meehl, P.E. (1955). Construct validity in psychological tests. *Psychological Bulletin*, 52(4), 281-302.
- Csikszentmihalyi, M. (1990). *Flow: The psychology of optimal experience*. New York: Harper & Row.
- Csikszentmihalyi, M., & Rathunde, K. (1990). The psychology of wisdom: An evolutionary interpretation. In R. J. Sternberg (Ed.), *Wisdom: Its nature, origins, and development* (pp. 25-51). New York: Cambridge University Press.
- Dalai Lama (1984). *Kindness, clarity and Insight*. Ithaca, NY: Snow Lion Publications.
- Dalai Lama (1995). *The power of compassion* (G.T. Jinpa, Trans.). San Francisco, CA: Thorsons.
- Dalai Lama (1997). *The heart of compassion: A Dalai Lama reader*. Delhi, India: Full Circle.
- Dalai Lama (2001). Vreeland, N. (Ed.), *An open heart: Practicing compassion in everyday life*. New York: Little, Brown, & Company.

- Dalai Lama (2002a). *How to practice: The way to a meaningful life* (J. Hopkins, Trans. & Ed.). New York: Pocket Books.
- Dalai Lama (2002b). Dialogues, part I: Fundamental questions. In R. Davidson & A. Harrington (Eds.), *Visions of compassion: Western scientists and Tibetan Buddhists examine human nature* (pp. 81-103). Oxford: Oxford University Press.
- Dalai Lama (2002c). Dialogues, part II: Pragmatic extensions and applications. In R. Davidson & A. Harrington (Eds.), *Visions of compassion: Western scientists and Tibetan Buddhists examine human nature* (pp. 213-246). Oxford: Oxford University Press.
- Dalai Lama & Cutler, H.C. (1998). *The art of happiness: A handbook for living*. New York: Riverhead Books.
- Darley, J.M., & Batson, C.D. (1973). From Jerusalem to Jericho: A study of situational and dispositional variables in helping behavior. *Journal of Personality and Social Psychology*, 27(1), 100-108.
- Darley, J.M., & Latane, B. (1968a). Bystander intervention in emergencies: Diffusion of responsibility. *Journal of Personality and Social Psychology*, 8(4), 377-383.
- Darley, J.M., & Latane, B. (1968b). When will people help in a crisis? *Psychology Today*, 2(7), 54-57.
- Dass, R., & Bush, M. (1992). *Compassion in action: Setting out on the path of service*. New York, NY: Bell Tower.
- Davidson, R.J. (2006). Emotions from the perspective of western biobehavioral

- science. In A. Harrington & A. Zajonc (Eds.), *The Dalai Lama at MIT* (pp. 141-150). Cambridge, MA: Harvard University Press.
- Davidson, R.J. (2010). Empirical exploration of mindfulness: Conceptual and methodological conundrums. *Emotion*, 10(1), 8-11.
- Davidson, R.J., & Harrington, A. (Eds.). (2002). *Visions of compassion: Western scientists and Tibetan Buddhists examine human nature*. Oxford: Oxford University Press.
- Davis, M. (1980). A multidimensional approach to individual differences in empathy. *Catalog of Selected Documents in Psychology*, 10(4), 1-17.
- Davis, M. (1983). The effects of dispositional empathy on emotional reactions and helping: A multidimensional approach. *Journal of Personality*, 51(2), 167-184.
- Davis, M. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. *Journal of Personality and Social Psychology*, 44(1), 113-126.
- Davis, M. (1994). *Empathy: A social psychological approach*. Madison, WI: Brown & Benchmark.
- Davis, M. (1996). *Empathy: A social psychological approach*. Boulder, CO: Westview Press.
- Davis, M., Hall, J.A., Meyer, M. (2003). The first year: Influences on the satisfaction, involvement, and persistence of new community volunteers. *Personality and Social Psychology Bulletin*, 29(2), 248-260.
- Davis, M.H., & Franzoi, S.L. (1991). Stability and change in adolescent

- self-consciousness and empathy. *Journal of Research in Personality*, 25(1), 70-87.
- DeNeve, N.M. (1999). Happy as an extraverted clam? The role of personality for subjective well-being. *Current Directions in Psychological Science*, 8(5), 141-144.
- Deutsch, F., & Madle, R.A. (1975). Empathy: Historic and current conceptualizations, measurement, and a cognitive theoretical perspective. *Human Development*, 18(4), 267-287.
- DeVellis, R. F. (2003). *Scale development: Theory and applications*. Newbury Park, CA: Sage Publications.
- Dhawan, N., Steinbach, A.B., & Halpern, J. (2007). Physician empathy and compassion for inmate-patients in the correctional health care setting. *Journal of Correctional Health Care*, 13(4), 257-267.
- Deci, E.L., & Ryan, R.M. (1991). A motivational approach to self: Integration in personality. In R.A. Dienstbier (Ed.), *Nebraska Symposium on Motivation, 1990: Perspectives on motivation* (pp. 237-288). Lincoln, NE: University of Nebraska Press.
- Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a National Index. *American Psychologist*, 55(1), 34-43.
- Diener, E., & Diener, M. (1995). Cross cultural correlates of life satisfaction and self-esteem. *Journal of Personality and Social Psychology*, 68(4), 653-663.
- Diener, E., & Fujita, F. (1995). Resources, personal strivings, and subjective

- well-being: A nomothetic and idiographic approach. *Journal of Personality and Social Psychology*, 68(5), 926-935.
- Diener, E., & Larsen, R.J. (1984). Temporal stability and cross-situational consistency of affective, behavioral, and cognitive responses. *Journal of Personality and Social Psychology*, 47(4), 871-883.
- Diener, E., Sandvik, E., Seidlitz, L., & Diener, M. (1993). The relationship between income and subjective well-being: Relative or absolute? *Social Indicators Research*, 28(3), 195-223.
- Diener, E., Suh, E.M., Lucas, R.E., & Smith, H.L. (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 125(2), 276-302.
- Dittmann-Kohli, F., & Baltes, P.B. (1990). Toward a neo-functional conception of adult intellectual development: Wisdom as a prototypical case of intellectual growth. In C.N. Alexander & E.J. Langer (Eds.), *Higher stages of human development: Perspectives on adult growth*. New York: Oxford University Press.
- Donius, M.A.H. (1994). Instrument Caring Inventory: The development of an instrument measuring caring as a three-dimensional construct. *Dissertation Abstracts International*, 55(11), 4785B. (UMI No. 9511036)
- Doosje, B., Branscombe, N.R., Spears, R., & Manstead, A.S.R. (1998). Guilty by association: When one's group has a negative history. *Journal of Personality and Social Psychology*, 75(4), 872-886.
- Dovidio, J.F. (1984). Helping behavior and altruism: An empirical and conceptual overview. *Advances in Experimental Social Psychology*, 17, 361-427.

- Downie, R.S., & Calman, K.C. (1994). *Healthy respect: Ethics in health care*. Oxford: Oxford University Press.
- Dymond, R.F. (1949). A scale for the measurement of empathic ability. *Journal of Consulting Psychology, 13*(2), 127-133.
- Einoff, C.J. (2008). Empathic concern and prosocial behaviors: A test of experimental results using survey data. *Social Science Research, 37*(4), 1267-1279.
- Eisenberg, N. (1982). The development of reasoning about prosocial behavior. In N. Eisenberg (Ed.), *The development of prosocial behavior*. New York: Academic Press.
- Eisenberg, N. (1983). The relation between empathy and altruism: Conceptual and methodological issues. *Academic Psychology Bulletin, 5*(2), 195-207.
- Eisenberg, N. (1986). *Altruistic emotion, cognition and behavior: A new view*. Hillsdale, NJ: Lawrence Erlbaum.
- Eisenberg, N. (1991). Values, sympathy, and individual differences: Toward a pluralism of factors influencing altruism and empathy. *Psychological Inquiry, 2*(2), 128-131.
- Eisenberg, N. (2000a). Emotion, regulation, and moral development. *Annual Review of Psychology, 51*, 665-697.
- Eisenberg, N. (2000b). Empathy and sympathy. In M. Lewis & J.M. Haviland-Jones (Eds.), *Handbook of Emotions, 2<sup>nd</sup> Ed.* (pp. 677-691). NY: The Guilford Press.
- Eisenberg, N. (2002). Empathy-related emotional responses, altruism, and their socialization. In R. Davidson & A. Harrington (Eds.), *Visions of compassion: Western scientists and Tibetan Buddhists examine human nature*



(pp. 131-164). Oxford: Oxford University Press.

Eisenberg, N., & Fabes, R.A. (1990). Empathy: Conceptualization, assessment, and relation to pro-social behavior. *Motivation and Emotion, 14*(2), 131-149.

Eisenberg, N., & Fabes, R.A. (1999). Emotion, emotion-related regulation, and quality of socio-emotional functioning. In L. Balter, & C.S. Tamis-LeMonda (Eds.), *Child psychology: A handbook of contemporary issues* (pp. 318-335). NY, NY: Psychology Press.

Eisenberg, N., Fabes, R.A., Miller, P.A., Fultz, J., Shell, R., Mathy, R.M., & Reno, R.R. (1989). Relation of sympathy and distress to prosocial behavior: A multimethod study. *Journal of Personality and Social Psychology, 57*(1), 55-66.

Eisenberg, N., Fabes, R.A., Murphy, B., Karbon, M., Maszk, P., Smith, M., Boyle, C., & Suh, K. (1994). The relations of emotionality and regulation to dispositional and situational empathy-related responding. *Journal of Personality & Social Psychology, 66*(4), 776-797.

Eisenberg, N., Fabes, R.A., Murphy, B., Karbon, M., Smith, M., & Maszk, P. (1996). The relations of children's dispositional empathy-related responding to their emotionality, regulation, and social functioning. *Developmental Psychology, 32*(2), 195-209.

Eisenberg, N., Guthrie, I.K., Murphy, B.C., Shepard, S.A., Cumberland, A. & Carlo, G. (1999). Consistency and development of pro-social dispositions: A longitudinal study. *Child Development, 70*(6), 1360-1372.

- Eisenberg, N., & Lennon, R. (1983). Sex differences in empathy and related capacities. *Psychological Bulletin*, *94*(1), 100-131.
- Eisenberg, N., & Miller, P.A. (1987a). Empathy, sympathy, and altruism: Empirical and conceptual links. In N Eisenberg & J. Strayer (Eds.), *Empathy and its development* (pp. 292-316). New York, NY: Cambridge University Press.
- Eisenberg, N. & Miller, P.A. (1987b). The relation of empathy to prosocial and related behaviors. *Psychological Bulletin*, *101*(1), 91-119.
- Eisenberg, N., Miller, P.A., Schaller, M., Fabes, R.A., Fultz, J., Shell, R., Shea, C.L. (1989). The role of sympathy and altruistic personality traits in helping: A reexamination. *Journal of Personality*, *57*(1), 41-67.
- Eisenberg, N., & Okun, M.A. (1996). The relations of dispositional regulation and emotionality to elders' empathy-related responding and affect while volunteering. *Journal of Personality*, *64*(1), 157-183.
- Eisenberg, N., Shea, C.L., Carlo, G., Knight, G.P. (1991). Empathy-related responding and cognition: A "chicken and the egg" dilemma. In W.M. Kurtines & J.L. Gewitz (Eds.), *Handbook of moral behavior and development* (pp. 63-88). Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers.
- Eisenberg, N., & Strayer, J. (1987). Critical issues in the study of empathy. In N. Eisenberg & J. Strayer (Eds.), *Empathy and its development* (pp. 3-13). Cambridge: Cambridge University Press.
- Emmons, R.A. (1986). Personal strivings: An approach to personality and subjective well-being. *Journal of Personality and Social Psychology*, *51*(5), 1058-1068.

- Emmons, R.A., & Crumpler, C.A. (2000). Gratitude as a human strength: Appraising the evidence. *Journal of Social and Clinical Psychology, 19*(1), 56-69.
- Emmons, R.A., & McCullough, M.E. (2003). Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *Journal of Personality and Social Psychology, 84*(2), 377-389.
- Emmons, R.A., & Shelton, C.M. (2002). Gratitude and the science of positive psychology. In C.R. Synder & S.J. Lopez (Eds.), *Handbook of Positive Psychology* (pp. 459-471). Oxford: Oxford University Press.
- Erikson, E.H. (1959). *Identity and the life cycle: Selected papers*. New York, International Universities Press.
- Fabes, R.A., Eisenberg, N., & Eisenbud, L. (1993). Behavioral and physiological correlates of children's reactions to other's distress. *Developmental Psychology, 29*(4), 655-663.
- Farrow, T., Zheng, Y., Wilkinson, I., Spense, S., Deakin, J., Tarrier, N., Griffiths, P., Woodruff, P. (2001). Investigating the functional anatomy of empathy and forgiveness. *Neuroreport, 12*(11), 2433-2438.
- Farwell, L., & Wohlwend-Lloyd, R. (1998). Narcissistic processes: Optimistic expectations, favorable self-evaluations, and self-enhancing attributions. *Journal of Personality, 66*(1), 65-83.
- Ferrin, D.L., Bligh, M.C., & Kohles, J.C. (2008). It takes two to tango: An interdependence analysis of the spiraling of perceived trustworthiness and cooperation in interpersonal and intergroup relationships. *Organizational Behavior and Human Decision Processes, 107*(2), 161-178.

- Ferrucci, P. (2006). *The power of kindness: The unexpected benefits of leading a compassionate life*. New York: The Penguin Group.
- Feshbach, N.D. (1978). Studies of empathetic behavior in children. In B.A. Maher (Ed.), *Progress in experimental personality research* (Volume 8, pp. 1-47). New York: Academic Press.
- Figley, C.R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C.R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1-20). New York: Brunner/Mazel.
- Figley, C.R. (2002). Compassion fatigue: Psychotherapists chronic lack of self care. *Journal of Clinical Psychology*, 58(11), 1433-1441.
- Finlay, K., & Stephan, W.G. (2000). Improving intergroup relations: The effects of empathy on racial attitudes. *Journal of Applied Social Psychology*, 30(8), 1720-1737.
- Firestone, R.W., Firestone, L.A., & Catlett, J. (2003). *Creating a life of meaning and compassion: The wisdom of psychotherapy*. Washington, DC: American Psychological Association.
- Fischer, D.G., & Fick, C. (1993). Measuring social desirability: Short forms of the Marlowe-Crowne social desirability scale. *Educational & Psychological Measurement*, 53(2), 417-425.
- Florian, V., Mikulincer, M., & Hirschberger, G. (2000). The anatomy of a problematic emotion: Conceptualizing and measuring the experience of pity. *Imagination, Cognition, and Personality*, 19, 3-25.

- Fox, M. (1990). *A spirituality named compassion and the healing of the global village: Humpty Dumpty and us*. San Francisco, CA: Harper & Row Publishers.
- Fredrickson, B.L., Cohn, M.A., Coffey, K.A., Pek, J., & Finkel, S.M. (2008). Open hearts build lives: Positive emotions, induced through loving-kindness meditation build consequential personal resources. *Journal of Personality and Social Psychology*, 95(5), 1045-1062.
- Freedman, J. (1978). *Happy people*. New York: Harcourt, Brace, Jovanovich.
- Freedman, J., Wallington, S., & Bless, E. (1967). Compliance without pressure: The effect of guilt. *Journal of Personality and Social Psychology*, 7(2), 117-124.
- Friedman, H.H. (1988). The effects of positive and negative wording on responses to a Likert scale. *Applied Marketing Research*, 28(2), 17-22.
- Friedman, H.S., & Riggio, R.E. (1999). Individual differences in the ability to encode complex affects. *Personality and Individual Differences*, 27(1), 181-194.
- Frijda, N.H. (1986). *The emotions*. Cambridge, UK: Cambridge University Press.
- Fromm, E. (1956). *The art of loving*. New York: Harper & Row.
- Fultz, J., Batson, C.D., Fortenbach, V.A., McCarthy, P.M., & Varney, L.L. (1986). Social evaluation and the empathy-altruism hypothesis. *Journal of Personality and Social Psychology*, 50(4), 761-769.
- Galin, D. (2003). The concepts of 'self,' 'person,' and 'I' in Western psychology and in Buddhism. In B.A. Wallace (Ed.), *Buddhism and Science* (pp. 107-142). New York: Columbia University Press.
- Gallup, G. (1984). Commentary on the state of religion in the U.S. today. *Religion in America: The Gallup Report*, No. 222.

- Garrett, B. (1996). Three definitions of wisdom: In K. Lehrer, B.J. Lum, B.A. Slichta, & N.D. Smith (Eds.), *Knowledge, Teaching and Wisdom* (pp. 221-232). Dordrecht, Netherlands: Kluwer.
- Gilbert, D.T., Pinel, E.C., Wilson, T.D., Blumberg, S.J., & Wheatley, T.P. (1998). Immune neglect: A source of durability bias in affective forecasting. *Journal of Personality and Social Psychology*, 75(3), 617-638.
- Gilbert, P. (Ed.). (2005). *Compassion: Conceptualisations, research, and use in psychotherapy*. New York: Routledge.
- Gilbert, P., & Irons, C. (2005). Focused therapies and compassionate mind training for shame and self-attacking. In P. Gilbert (Ed.), *Compassion: Conceptualisations, research, and use in psychotherapy* (pp. 263-325). New York: Routledge.
- Gilbert, P., McEwan, K., Matos, M., & Ravis, A. (2010). Fear of compassion: Development of a self-report measure. *Psychology & Psychotherapy: Theory, Research, & Practice*, 1-18.
- Gilligan, C. (1993). *In a different voice: Psychological theory and women's development*. Cambridge, Massachusetts: Harvard University Press.
- Glaser, A. (2005). *A call to compassion: Bringing Buddhist practices of the heart into the soul of psychology*. Berwick, Maine: Nicolas-Hays, Inc.
- Goetz, J.L., Keltner, D., Simon-Thomas, E. (2010). Compassion: An evolutionary analysis and empirical review. *Psychological Bulletin*, 136(3), 351-374.
- Goldstein, J., & Kornfield, J. (1987). *Seeking the heart of wisdom: The Path of insight meditation*. Boston, MA: Shambhala.

- Goldstein, A. P., & Michaels, G.Y. (1985). Historical and contemporary definitions. In A. P. Goldstein & G.Y. Michaels (Eds.), *Empathy: Development, training, and consequences* (pp. 1-11). Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers.
- Goleman, D. (Ed.). (2003). *Destructive emotions: A scientific dialogue with the Dalai Lama*. New York: A Bantam Book.
- Gouldner, A.W. (1960). The norm of reciprocity: A preliminary statement. *American Sociological Review*, 25(2), 161-178.
- Greenberg, L.S., & Paivio. S.C. (1997). *Working with emotions in psychotherapy*. New York: Guilford Press.
- Guyatt, G.H., Cook, D.J., King, D., Norman, G.R., Kane, S.C., & van Ineveld, C. (1999). Effect of the framing of questionnaire items regarding satisfaction with training on residents' responses. *Academic Medicine*, 74(2), 192-194.
- Haidt, J. (2003). The moral emotions. In R. J. Davidson, K.R. Scherer, & H.H. Goldsmith (Eds.), *Handbook of Affective Sciences* (pp. 852-870). Oxford: Oxford University Press.
- Haring, M.J., Stock, W.A., & Okun, M.A. (1984). A research synthesis of gender and social class as correlates of subjective well-being. *Human Relations*, 37(8), 645-657.
- Harmon-Jones, E., Peterson, H., & Vaughn, K. (2003). The dissonance-inducing effects of an inconsistency between experienced empathy and knowledge of past failures to help: Support for the action-based model of dissonance. *Basic and Applied Social Psychology*, 25(1), 69-78.

- Harrington, A. (2002). A science of compassion of a compassionate science? What do we expect from a cross-cultural dialogue with Buddhism? In R.J. Davidson & A. Harrington (Eds.), *Visions of compassion: Western scientists and Tibetan Buddhists examine human nature* (pp. 18-30). Oxford: Oxford University Press.
- Hatfield, E., & Walster, G.W. (1978). *A new look at love*. Reading, Massachusetts: Addison-Wesley.
- Haynes, S. Richard, D.C., & Kubany, E.S. (1995). Content validity in psychological assessment: A functional approach to concepts and methods. *Psychological Assessment, 7*(3), 238-247.
- Headey, B., & Wearing, A. (1992). *Understanding happiness: A theory of subjective well-being*. Melbourne, Australia: Longman Cheshire.
- Herzog, A.R., Rodgers, W.L., & Woodworth, J. (1982). *Subjective well-being among different age groups*. Ann Arbor: University of Michigan, Institute for Social Research, Survey Research Center.
- Hesse, A.R. (2002). Secondary trauma: How working with trauma survivors affects therapists. *Clinical Social Work Journal, 30*(3), 293-309.
- Hirschberger, G., Forian, V., & Mikulincer, M. (2005). Fear and compassion: A terror management analysis of emotional reactions to physical disability. *Rehabilitation Psychology, 50*(3), 246-257.
- Hobbes, T. (1962). *Leviathan*. (T. Oakeshott, Ed.). New York: Oxford University Press. (Original work published 1651)



- Hoffman, M.L. (1976). Empathy, role taking, guilt, and development of altruistic motives. In T. Lickone (Ed.), *Moral development and behavior: Theory, research, and social issues*. New York: Holt, Rinehart, & Winston.
- Hoffman, M.L. (1977). Empathy, its development and prosocial implications. In H.E. Howe & C.B. Keasey (Eds.), *Nebraska Symposium on Motivation 1977* (pp. 169-217). Lincoln, NE: University of Nebraska Press.
- Hoffman, M.L. (1981). Is altruism part of human nature? *Journal of Personality and Social Psychology*, 40(1), 121-137.
- Hoffman, M.L. (1982). Development of prosocial motivation: Empathy and guilt. In N. Eisenberg (Ed.), *The development of prosocial behavior* (pp. 281-313). New York: Academic Press.
- Hoffman, M.L. (1984a). Development of prosocial motivation: Empathy and guilt. In N. Eisenberg (Ed.), *The development of prosocial behavior* (pp. 218-231). New York: Academic Press.
- Hoffman, M.L. (1984b). Interaction of affect and cognition in empathy. In C.E. Izard, J. Kagan, & R.B. Zajonc (Eds.), *Emotions, cognitions, & behavior* (pp. 103-131). NY: Cambridge University Press.
- Hoffman, M.L. (1987). The contribution of empathy to justice and moral judgment. In N. Eisenberg & J. Stranger (Eds.), *Empathy and its development*. New York: Cambridge University Press.
- Hoffman, M.L. (2000). *Empathy and moral development: Implications for caring and justice*. New York: Cambridge University Press.
- Hoffman, S.G., Sawyer, A.T., Witt, A.A., & Oh, D. (2010). The effect of

- mindfulness-based therapy on depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 78(2), 169-183.
- Hogan, R. (1969). Development of an empathy scale. *Journal of Consulting and Clinical Psychology*, 33(3), 307-316.
- Hopkins, J. (1999). *The tantric distinction: A Buddhist's reflections on compassion and emptiness*. Boston, MA: Wisdom Publications.
- Hopkins, J. (2001). *Cultivating compassion: A Buddhist perspective*. New York: Broadway Books.
- Hornstein, H.A. (1978). Promotive tension and prosocial behavior: A Lewinian analysis. In L. Wispe (Ed.), *Altruism, sympathy, and helping: Psychological and sociological principles* (pp. 177-207). San Diego, CA: Academic Press.
- Hu, L.T., & Bentler, P.M. (1998). Fit indices in covariance structure modeling: Sensitivity to under-parameterized model misspecification. *Psychological Methods*, 3(4), 424-453.
- Hume, D. (1978). *A treatise of human nature*. New York: Oxford University Press. (Original work published 1888)
- Hutcherson, C.A., Seppala, E.M., Gross, J.J. (2008). Loving-kindness meditation increases social connectedness. *Emotion*, 8(5), 720-724.
- Ibrahim, A.M. (2001). Differential responding to positive and negative items: The case of a negative item in a questionnaire for course and faculty evaluation. *Psychological Reports*, 88(2), 497-500.
- Ickes, W. (2000). Empathic accuracy. In A.E. Kazdin (Ed.), *Encyclopedia of Psychology*, (Volume 3, pp. 177-179). Washington, DC: American Psychological Association.

- Inglehart, R. (1990). *Culture shift in advanced industrial society*. Princeton, NJ: Princeton University Press.
- Irwin, K., Mcgrimmon, T., & Simpson, B. (2008). Sympathy and social order. *Social Psychology Quarterly*, 71(4), 379-397.
- Iyer, A., Leach, C.W., Crosby, F.J. (2003). White guilt and racial compensation: The benefits and limits of self-focus. *Personality and Social Psychology Bulletin*, 29(1), 117-129.
- Izard, C.E. (2002). Translating emotion theory and research into preventative interventions. *Psychological Bulletin*, 128(5), 796-824.
- Jacobson, J.M. (2006). Compassion fatigue, compassion satisfaction, and burnout: Reactions among employee assistance professionals providing workplace crisis intervention and disaster management services. *Journal of Workplace Behavioral Health*, 21(3-4), 133-152.
- Jenkins, S.R., & Baird, S. (2002). Secondary traumatic stress and vicarious trauma: A validation study. *Journal of Traumatic Stress*, 15(5), 423-432.
- Johnson, M.E., Brems, C., & Alford-Keating, P. (1997). Personality correlates of homophobia. *Journal of Homosexuality*, 34(1), 57-69.
- Jung, C. (1933). *Modern man in search of soul*. New York: Harcourt.
- Kabat-Zinn, J. (1990). *Full Catastrophe Living*. New York: Delacorte Press.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144-156.
- Kabat-Zinn, J., Wheeler, E., Light, T., Skillings, A., Scharf, M. J., Cropley, T. G.,

- Hosmer, D., Bernhard, J. D. (1998). Influence of a mindfulness meditation-based stress reduction intervention on rates of skin clearing in patients with moderate to severe psoriasis undergoing phototherapy (UVB) and photochemotherapy (PUVA). *Psychosomatic Medicine*, 60(5), 625-632.
- Kahneman, D., Diener, E., Schwartz, N. (Eds.). (1999). *Well-being: The foundations of hedonic psychology*. New York: Russell Sage Found.
- Kalliopuska, M. (1983). Verbal components of emotional empathy. *Perceptual and Motor Skills*, 56(2), 487-496.
- Kammann, R. (1983). Objective circumstances, life satisfactions, and sense of well-being: Consistencies across time and place. *New Zealand Journal of Psychology*, 12(1), 14-22.
- Kant, I. (1971). *The doctrine of virtue: Part II of the metaphysic of morals*. Philadelphia: Philadelphia University Press. (Original work published 1797)
- Kanter, J. (2007). Compassion fatigue and secondary traumatization: A second look. *Clinical Social Work Journal*, 35(4), 289-293.
- Karacanta, A., & Fitness, J. (2006). Majority support for minority out-groups: The roles of compassion and guilt. *Journal of Applied Social Psychology*, 36(11), 2730-2749.
- Karylowski, J. (1982). Two types of altruistic behavior: Doing good to feel good or to make the other feel good. In V.J. Derlega & J. Grzelak (Eds.), *Cooperation and helping behavior: Theories and research*. New York: Academic Press.
- Kasser, T., & Ryan, R.M. (1996). The relation of psychological needs for autonomy

- and relatedness to health, vitality, well-being and mortality in a nursing home. *Journal of Applied Social Psychology*, 29(5), 935-954.
- Kedia, G., Berthoz, S., Wessa, M., Hilton, D., & Martinot, J. (2008). An agent harms a victim: A functional magnetic resonance imaging study on specific moral emotions. *Journal of Cognitive Neuroscience*, 20(10), 1788-1798.
- Keidel, G.C. (2002). Burnout and compassion fatigue among hospice caregivers. *American Journal of Hospice and Palliative Care*, 19(3), 200-205.
- Kelley, H.H. (1983). Love and commitment. In H.H. Kelley, E. Berscheid, A. Christensen, J.H. Harvey, T.L. Huston, G. Levinger, E. McClintock, L.A. Peplau, & D.R. Peterson (Eds.), *Close relationships* (pp. 265-314). New York: W. H. Freeman.
- Keltner, D. (2009). *Born to be good: The science of a meaningful life*. New York: W. W. Norton & Co.
- Kemper, T.D. (1978). *A social interactional theory of emotions*. New York: Wiley.
- Kemper, K.J., Larrimore, D., Dozier, J., & Woods, C. (2006). Impact of a medical school elective in cultivating compassion through touch therapies. *Complementary Health Practice Review*, 11(1), 47-56.
- Kim, S., & Flaskerland, J.H. (2007). Cultivating compassion across cultures. *Issues in Mental Health Nursing*, 28(8), 931-934.
- Kinnick, K., Krugman, D., & Cameron, G. (1996). Compassion fatigue: Communication and burnout toward social problems. *Journalism and Mass Communication Quarterly*, 73(3), 687-707.
- Kohut, H. (1959). Introspection, empathy, and psychoanalysis. *Journal of the*

- American Psychoanalytic Association*, 7, 459-483.
- Kohut, H. (1971). *The analysis of self*. New York: International Universities Press.
- Kornfield, J. (1988). The path of compassion: Spiritual practice and social action. In F. Eppsteiner (Ed.), *The path of compassion: Writings on socially engaged Buddhism* (pp. 24-30). Berkeley, CA: Parallax Press.
- Kramer, D.A. (2000). Wisdom as a classical source of human strength: Conceptualization and empirical inquiry. *Journal of Social and Clinical Psychology*, 19(1), 83-101.
- Krebs, D. (1975). Empathy and altruism. *Journal of Personality and Social Psychology*, 32(6), 1134-1146.
- Kristeller, J. L., & Hallet, C. B. (1999). An exploratory study of a meditation-based intervention for binge eating disorder. *Journal of Health Psychology*, 4, 357-363.
- Kristeller, J.L., & Johnson, T. (2005). Science looks at spirituality: Cultivating loving kindness: A two-stage model of the effects of meditation on empathy, compassion, and altruism. *Zygon*, 40(2), 391-407.
- Kunzmann, U., & Stange, A. (2007). Wisdom as a classical human strength. In A.D. & M.H.H. van Dulmen (Eds.), *Oxford handbook of methods in positive psychology* (pp. 306-322). Oxford: Oxford University Press.
- Labouvie-Vief, G. (1990). Wisdom as integrated thought: Historical and developmental perspectives. In R.J. Sternberg (Ed.), *Wisdom: Its nature, origin, and development* (pp. 52-83). Cambridge, MA: Cambridge University Press.

- Ladner, L. (1999). The psychodynamics of compassion: Psychological reflections on the Tibetan Buddhist stages of the path literature. *Dissertation Abstracts International*, 59(07), 3699B. (UMI No. 9840750)
- Ladner, L. (2004). *The lost art of compassion: Discovering the practice of happiness in the meeting of Buddhism and psychology*. San Francisco, CA: Harper.
- Lally, J.J., & Barber, B. (1974). "The compassionate physician": Frequency and social determinants of physician-investigator concern for human subjects. *Social Forces*, 53(2), 289-296.
- Landsman, T., & Clawson, L. (1983). A compassion checklist for children. *Academic Psychology Bulletin*, 5(2), 281-287.
- Langer, S. (1972). *Mind: An essay on human feeling*. Baltimore: Johns Hopkins University Press.
- Latane, B., & Darley, J.M. (1968). Group inhibition of bystander intervention in emergencies. *Journal of Personality and Social Psychology*, 10(3), 215-221.
- Latane, B., & Darley, J.M. (1970). *The unresponsive bystander: Why doesn't he help?* New York: Appleton-Crofts.
- Latten, J.J. (1989). Life-course and satisfaction, equal for every-one? *Social Indicators Research*, 21(6), 599-610.
- Lazarus, R. (1991). *Emotion and adaptation*. New York: Oxford University Press.
- Lazarus, R.S., & Lazarus, B.N. (1994). *Passion and reason: Making sense of our emotions*. Oxford: Oxford University Press.
- Leach, C.W., Snider, N., & Iyer, A. (2002). Poisoning the consciences of the

- fortunate: The experience of relative advantage and support for social equality. In I. Walker & H.J. Smith (Eds.), *Relative deprivation: Specification, development, and integration* (pp. 136-163). New York: Cambridge University Press.
- Leary, M. (2007a). Promoting self-compassionate attitudes toward eating among restrictive and guilty eaters. *Journal of Social and Clinical Psychology, 26*(10), 1120-1144.
- Leary, M. (2007b). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Journal of Personality and Social Psychology, 92*(5), 887-904.
- Lee, J.A. (1977). A typology of styles of loving. *Personality and Social Psychology Bulletin, 3*, 173-182.
- Lee, R.M., & Robbins, S.B. (1995). Measuring belongingness: The social connectedness and social assurance scales. *Journal of Counseling Psychology, 42*(2), 232-241.
- Leffel, G.M., Fritz, M.E., & Stephens, M.R. (2008). Who cares? Generativity and the moral emotions, part 3. A social intuitionist “ecology of virtue.” *Journal of Psychology and Theology, 36*(3), 202-221.
- Leith, K.P., & Baumeister, R.F. (1998). Empathy, shame, guilt, and narratives of interpersonal conflicts: Guilt-prone people are better at perspective taking. *Journal of Personality, 66*(1), 1-37.
- Levine, M., Prosser, A., Evans, D., Reicher, S. (2005). Identity and emergency



- intervention: How social group membership and inclusiveness of group boundaries shape helping behavior. *Personality and Social Psychology Bulletin*, 31(4), 443-453.
- Levitt, H.M. (1999). The development of wisdom: An analysis of Tibetan Buddhist experience. *Journal of Humanistic Psychology*, 39(2), 86-105.
- Lewin, R.A. (1996). *Compassion: The core value that animates psychotherapy*. Northvale, NJ: Jason Aronson Inc.
- Linehan, M. M. (1993). *Cognitive behavioral treatment of borderline personality disorder*. New York: Guilford Press.
- Lipps, T. (1903). Einfühlung, innere Nachahmung und Organempfindung. *Archiv für die gesamte Psychologie* [Projecting, internal imitation and organ feeling. Archives for the entire psychology] 1, 465–519.
- Losoya, S.H., & Eisenberg, N. (2001). Affective empathy. In J.A. Hall & F.J. Bernieri (Eds.), *Interpersonal sensitivity: Theory and measurement* (pp. 21-43). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.
- Lykken, D. (1999). *Happiness*. New York: Golden Books.
- Lykken, D., & Tellegen, A. (1996). Happiness is a stochastic phenomenon. *Psychological Science*, 7(3), 186-189.
- Lyubomirsky, S. (2001). Why are some people happier than others? The role of cognitive and motivational processes in well-being. *American Psychologist*, 56(3), 239-249.
- Macaskill, A., Maltby, J., & Day, L. (2002). Forgiveness of self and others and emotional empathy. *Journal of Social Psychology*, 142(5), 633-665.

- Maslow, A.H. (1955). Deficiency motivation and growth motivation. In M.R. Jones (Ed.), *Nebraska symposium on motivation* (pp. 1-39). Lincoln, Nebraska: University of Nebraska Press.
- Maslow, A.H. (1968). *Toward a psychology of being*. New York: Van Nostrand.
- Mastekaasa, A. (1994). Marital status, distress, and well-being: An international comparison. *Journal of Comparative Family Studies*, 25(2), 183-205.
- Master Sheng-yen (1999). *Subtle wisdom: Understanding suffering, cultivating compassion through Ch'an Buddhism*. New York: Doubleday.
- Matta, R. (2004). Couch and compassion: A phenomenological study of the psychoanalyst's experience of compassion. *Dissertation Abstracts International*, 65(03), 1555B. (UMI 3127822)
- Mayer, J.D., & Salovey, P. (1997). What is emotional intelligence? In P. Salovey & D.J. Sluyter (Eds.), *Emotional development and emotional intelligence: Educational implications* (pp. 3-34). New York: Basic Books.
- Mayer, J.D., & Salovey, P., Gomberg-Kaufman, S., & Blainey, K. (1991). A broader conception of mood experience. *Journal of Personality and Social Psychology*, 60(1), 100-111.
- McAdams, D. P. (2008). Generativity, the redemptive self, and the problem of a noisy ego in American life. In H.A. Wayment & J.J. Bauer (Eds.), *Transcending self-interest: Psychological explorations of the quiet ego* (pp. 235-240). Washington, D.C: American Psychological Association.
- McCullough, M.E., Kilpatrick, S.D., Emmons, R.A., & Larson, D.B. (2001). Is gratitude a moral affect? *Psychological Bulletin*, 127(2), 249-266.

- McCullough, M.E., Rachal, K.C., Sandage, S.J., Worthington, E.L., Brown, S.W., & Hight, T.L. (1998). Interpersonal forgiving in close relationships II: Theoretical elaboration and measurement. *Journal of Personality and Social Psychology*, 75(6), 1586-1603.
- McCullough, M.E., Worthington, E.L., & Rachal, K.C. (1997). Interpersonal forgiveness in close relationships. *Journal of Personality and Social Psychology*, 73(2), 321-336.
- McNeill, D.P., Morrison, D.A., & Nouwen, H.J.M. (1982). *Compassion: A reflection on the Christian life*. New York: Doubleday and Company, Inc.
- Meacham, J.A. (1990). The loss of wisdom. In R.J. Sternberg (Ed.), *Wisdom: Its nature, origins, and development* (pp. 181- 211). Cambridge, United Kingdom: Cambridge University Press.
- Mead, G.H. (1934). *Mind, self, and society*. Chicago, IL: University of Chicago Press.
- Meadors, P., & Lamson, A. (2008). Compassion fatigue and secondary traumatisation: Provider self care on intensive care units for children. *Journal of Pediatric Health Care*, 22(1), 24-34.
- Mehrabian, A., & Epstein, N.A. (1972). A measure of emotional empathy. *Journal of Personality*, 40(4), 523-543.
- Mercadillo, R.E., Diaz, J.L., Barrios, F.A. (2007). Neurobiology of moral emotions. *Salud Mental*, 30(3), 1-11.
- Michalos, A.C. (1986). Job satisfaction, marital satisfaction, and the quality of life: A review and preview. In F.M. Andrews (Ed.), *Research on the quality of life* (pp. 57-83). Ann Arbor, MI: University of Michigan, Survey Research Center.

- Michalos, A.C. (1991). *Global report on student well-being: Life satisfaction and happiness* (Volume 1). New York: Springer-Verlag.
- Mikulincer, M., Gillath, O., Halevy, V., Avihou, N., Avidan, S., & Eshkoli, N. (2001). Attachment theory and reactions to others' needs: Evidence that activation of the sense of attachment security promotes empathetic responses. *Journal of Personality and Social Psychology*, *81*(6), 1205-1224.
- Mikulincer, M., & Shaver, P.R. (2005). Attachment security, compassion, and altruism. *Current Directions in Psychological Science*, *14*(1), 34-38.
- Mikulincer, M., & Shaver, P.R. (2005). Mental representations of attachment security: Theoretical foundation for a positive social psychology. In M.W. Baldwin (Ed.), *Interpersonal Cognition*. New York: Guilford Press.
- Miller, J.P. (2006). *Educating for wisdom and compassion: Creating conditions for timeless learning*. Thousand Oaks, CA: Corwin Press.
- Miller, P.A., & Eisenberg, N. (1988). The relation of empathy to aggressive and externalizing/antisocial behavior. *Psychological Bulletin*, *103*(3), 324-344.
- Moll, J., de Oliveira-Souza, R., Garrido, G.J., Bramati, I.E., Caparelli-Daquer, E.M.A., Paiva, M.L.M.F., Zahn, R., & Grafman, J. (2007). The self as moral agent: Linking the neural bases of social agency and moral sensitivity. *Social Neuroscience*, *2*(3-4), 336-352.
- Monroe, K.R. (1996). *The heart of altruism: Perceptions of a common humanity*. Princeton, NJ: Princeton University Press.
- Monroe, K.R., & Epperson, C. (1994). "But what else could I do?" Choice, identity, and cognitive perceptual theory. *Political Psychology*, *15*(2), 201-226.

- Montada, L., & Schneider, A. (1989). Justice and emotional reactions to the disadvantaged. *Social Justice Research*, 3(4), 313-344.
- Murphy, B.C., Shepard, S.A., Eisenberg, N., Fabes, R.A., & Guthrie, I.K. (1999). Contemporaneous and longitudinal relations of young adolescents' dispositional sympathy to their emotionality, regulation, and social functioning. *Journal of Early Adolescence*, 19(1), 66-97.
- Mussen, P., & Eisenberg-Berg, N. (1977). *Roots of caring, sharing, and helping: The development of prosocial behavior in children*. San Francisco, CA: Freeman.
- Myers, D.G. (1999). Close relationships and quality of life. In D. Kahneman, E. Diener, & N. Schwarz (Eds.), *Well-being: the foundations of hedonic psychology* (pp. 374-391). New York: Russell Sage Foundation.
- Myers, D.G. (2000). The funds, friends, and faith of happy people. *American Psychologist*, 55(1), 56-67.
- Myers, D.G., & Diener, E. (1995). Who is happy? *Psychological Science*, 6(1), 10-19.
- Nagao, G.M. (2000). The bodhisattva's compassion described in the Mahayana-sutralamkara. In J.A. Silk (Ed.), *Wisdom, compassion, and the search for understanding: The Buddhist studies legacy of Gadjin M. Nagao*. Hawaii: University of Hawaii Press Books.
- Neff, K. D. (2003a). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2(3), 223-250.
- Neff, K. D. (2003b). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, 2(2), 85-101.

- Neff, K.D., Kirkpatrick, K.L., & Rude, S.S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality, 41*(1), 139-154.
- Neff, K.D., Pisitsungkagarm, K., & Hseih, Y. (2008). Self-compassion and self-construal in the United States, Thailand, and Taiwan. *Journal of Cross-Cultural Psychology, 39*(3), 267-285.
- Neff, K.D., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality, 77*(1), 23-50.
- Neitzsche, F. (1956). *The birth of tragedy and the genealogy of morals*. Garden City, New York: Doubleday. (Original work published 1887)
- Netemeyer, R.G., Bearden, W.O., & Sharma, S. (2003). *Scaling procedures: Issues and applications*. Thousand Oaks, CA: Sage Publications, Inc.
- Nunnally, J.C. (1978). *Psychometric theory*. New York: McGraw-Hill.
- Nussbaum, M. (1996). Compassion: The basic social emotion. *Social Philosophy and Policy, 13*(1), 27-58.
- Nussbaum, N. (2001). *Upheavals of thought*. Cambridge, United Kingdom: Cambridge University Press.
- Oveis, C., & Keltner, D. (2010). Compassion, pride, and social institutions of self-other similarity. *Journal of Personality & Social Psychology, 4*, 618-630.
- Okun, M., Barr, A., & Herzog, A. (1998). Motivation to volunteer by older adults: A test of competing measurement models. *Psychology and Aging, 13*(4), 608-621.
- Okun, M.A., & Stock, W.A. (1987). Correlates and components of subjective

- well-being among the elderly. *Journal of Applied Gerontology*, 6(1), 95-112.
- Oliner, S.P., & Oliner, P.M. (1988). *The altruistic personality: Rescuers of the Jews in Nazi-occupied Poland*. New York: Free Press.
- Olinick, S. (1984). A critique of empathy and sympathy. In J. Lichtenberg, M. Bornstein, & D. Silver (Eds.), *Empathy* (pp. 137-166). Hillsdale, NJ: Erlbaum.
- Oswald, P.A. (1996). The effects of cognitive and affective perspective taking on empathic concern and altruistic helping. *Journal of Social Psychology*, 136(5), 613-623.
- Ortony, A., Clore, G.L., & Collins, A. (1988). *The cognitive structure of emotions*. New York: Cambridge University Press.
- Pandit, M.L. (1999). *Transcendence and negation: A study of Buddhist compassion and Christian love*. New Delhi, India: Munshiram Manoharial Publishers.
- Park, J.H., & Schaller, M. (2005). Does attitude similarity serve as a heuristic cue for kinship? Evidence of an implicit cognitive association. *Evolution and Human Behavior*, 26(2), 158-170.
- Pascual-Leone, J. (1990). An essay on wisdom: Toward organismic processes that make it possible. In R. J. Sternberg (Ed.), *Wisdom: Its nature, origin, and development* (pp. 244-278). New York: Oxford University Press.
- Pauley, G., & McPherson, S. (2010). The experience and meaning of compassion and self-compassion for individuals with depression or anxiety. *Psychology and Psychotherapy-Theory Research & Practice*, 83(2), 129-143.
- Paulhus, D.L. (1984). Two component models of socially desirable responding. *Journal of Personality and Social Psychology*, 46(3), 598-609.

- Pavot, W., Diener, E., & Fujita, F. (1990). Extraversion and happiness. *Personality and Individual Differences, 11*(12), 1299-1306.
- Penner, L.A., & Finkelstein, M.A. (1998). Dispositional and structural determinants of volunteerism. *Journal of Personality and Social Psychology, 74*(2), 525-537.
- Penner, L.A., Fritzsche, B.A., Craiger, J.P., & Freifeld, T. (1995). Measuring the pro-social personality. In J.N. Butcher & C.D. Spielberger (Eds.), *Advances in Personality Assessment* (Volume 10). New Jersey: Erlbaum, Hillsdale.
- Pfifferling, J.H. (2008). The hidden cost of disasters: Supporting those healers exposed to trauma. *American Journal of the Medical Sciences, 336*(2), 201-203.
- Pieper, M. (1999). The privilege of being a therapist – A fresh perspective from intrapsychic humanism on care-giving intimacy and the development of the professional self. *Families in Society- The Journal of Contemporary Human Services, 80*(5), 479-487.
- Piliavin, I.M., Piliavin, J.A., & Rodin, S. (1975). Costs, diffusion, and the stigmatized victim. *Journal of Personality and Social Psychology, 32*(3), 429-438.
- Piliavin, J.A., Callero, P. (1991). *Giving blood: The development of an altruistic identity*. Baltimore, MD: Johns Hopkins University Press.
- Piliavin, J.A., Dividio, J.F., Goertner, S.L., & Clark, R.D. (1981). *Emergency Intervention*. New York: Academic Press.
- Plummer, C.A., Ai, A.L., Lemieux, C.M., Richardson, R., Dey, S., Taylor, P., Spence, S., & Kim, H. (2008). Volunteerism among social work students during hurricanes Katrina and Rita: A report from the disaster area. *Journal of Social Service Research, 34*(3), 55-71.



- Poloma, M.M., & Pendelton, B.F. (1990). Religious domains and general well-being. *Social Indicators Research, 22*, 255-276.
- Post, S.G. (2005). Altruism, happiness, and health: It's good to be good. *International Journal of Behavioral Medicine, 12*(2), 66-77.
- Priel, B., Mitrany, D., & Shahar, G. (1998). Closeness, support, and reciprocity: A study of attachment styles in adolescence. *Personality and Individual Differences, 25*(6), 1183-1197.
- Pruyser, P.W. (1976). *The minister as diagnostician: Personal problems in pastoral perspective*. Philadelphia, Pennsylvania: Westminster Press.
- Raes, F. (2010). Rumination and worry as mediators of the relationship between self-compassion, depression, and anxiety. *Personality and Individual Differences, 48*(6), 757-761.
- Rapoport, A., & Chammah, A.M. (1965). Sex differences in factors contributing to the level of cooperation in the prisoners-dilemma game. *Journal of Personality and Social Psychology, 2*(6), 831-838.
- Reed, A., & Aquino, K.F. (2003). Moral identity and the expanding circle of moral regard toward out groups. *Journal of Personality and Social Psychology, 84*(6), 1270-1286.
- Reynolds, B., & Karraker, K. (2003). A Big Five model of disposition and situation interaction: Why a "helpful" person may not always behave helpfully. *New Ideas in Psychology, 21*(1), 1-13.
- Reynolds, D.K. (1983). *Naikan psychotherapy: Meditation for self-development*. Chicago, IL: University of Chicago Press.

- Rinpoche, S. (1992). *The Tibetan book of living and dying*. London: Rider Books.
- Rogers, C.R. (1961). *On becoming a person*. Boston: Houghton Mifflin.
- Rogers, C.R. (1975). Empathic: An unappreciated way of being. *The Counseling Psychologist*, 5(2), 2-10.
- Roseman, I.J., Spindel, M.S., & Jose, P.E. (1990). Appraisals of emotion-eliciting events: Testing a theory of discrete emotions. *Journal of Personality and Social Psychology*, 59(5), 899-915.
- Roseman, I.J., Wiest, C., & Swartz, T.S. (1994). Phenomenology, behaviors, and goals differentiate discrete emotions. *Journal of Personality and Social Psychology*, 67(2), 206-221.
- Ross, L., & Nisbett, R.E. (1991). *The person and the situation: Perspectives of social psychology*. New York: McGraw-Hill.
- Roszkowski, M.J., & Soven, M. (2010). Shifting gears: Consequences of including two negatively worded items in the middle of a positively worded questionnaire. *Assessment & Evaluation in Higher Education*, 35(1), 117-134.
- Rousseau, J. (1963). *Emile*. New York: Dutton. (Original work published in 1911)
- Rousseau, P. (2004). Empathy and compassion: Where have they gone? *American Journal of Hospice & Palliative Medicine*, 21(5), 331-332.
- Rozin, P. (2003). Introduction: Evolutionary and cultural perspectives on affect. In R. J. Davidson, K.R. Scherer, & H.H. Goldsmith (Eds.), *Handbook of Affective Sciences* (pp. 839-851). Oxford: Oxford University Press.

- Rusting, C.L., & Larsen, R.J. (1997). Extraversion, neuroticism, and susceptibility to negative and positive affect: A test of two theoretical models. *Personality and Individual Differences, 22*(5), 607-612.
- Ryan, R.M., Chirkov, V.I., Little, T.D., Shelton, K.M., Timoshina, E., & Deci, E. (1999). The American dream in Russia: Extrinsic aspirations in two cultures. *Personality and Social Psychology Bulletin, 25*(12), 1509-1524.
- Ryan, R.M. & Deci, E.L. (2001). On happiness and human potentials: A review of research on hedonic and eudemonic well-being. *Annual Review of Psychology, 52*, 141-166.
- Ryan, S. (1996). Wisdom. In K. Lehrer, B.J. Lum, B.A. Slichta, & N.D. Smith (Eds.), *Knowledge, teaching, and wisdom* (pp. 233-242). Dordrecht, Netherlands: Kluwer.
- Salston, M., & Figley, C.R. (2003). Secondary traumatic stress effects of working with survivors of criminal victimization. *Journal of Traumatic Stress, 16*(2), 167-174.
- Salzberg, S. (1995). *Loving-kindness: The revolutionary art of happiness*. Boston, Massachusetts: Shambhala.
- Salzberg, S. (1997). *A heart as wide as the world*. Boston, Massachusetts: Shambhala.
- Sarason, S.B. (1985). *Caring and compassion in clinical practice: Issues in the selection, training, and behavior of helping professionals*. San Francisco, CA: Jossey-Bass Publishers.
- Schmuck, P., Kasser, T., Ryan, R.M. (2000). Intrinsic and extrinsic goals: Their

- structure and relationship to well-being in German and U.S. college students. *Social Indicators Research*, 50(2), 225-241.
- Schopenhauer, A. (1966). *The world as will and representation*. New York: Dover Publications. (Original work published 1844)
- Schriesheim, C.A., & Eisenbach, R.J. (1995). An exploratory and confirmatory factor-analytic investigation of item wording effects on the obtained factor structures of survey questionnaire measures. *Journal of Management*, 21(6), 1177-1193.
- Schriesheim, C.A., Eisenbach, R.J. & Hill, K.D. (1991). The effect of negation and polar opposite item reversals on questionnaire reliability and validity: An experimental investigation. *Educational and Psychological Measurement*, 51(1), 67-78.
- Schriesheim, C.A. & Hill, K.D. (1981). Controlling acquiescence response bias by item reversals: The effect on questionnaire validity. *Educational and Psychological Measurement*, 41(4), 1101-1114.
- Schwartz, S.H., & David, A.B. (1976). Responsibility and helping in an emergency: Effects of blame, ability, and denial of responsibility. *Sociometry*, 39(4), 406-415.
- Schwartz, S.H., & Howard, J. (1982). Helping and cooperation: A self-based motivational model. In V.J. Derlega & J. Grzelak (Eds.), *Cooperation and helping behavior: Theories and research*. New York: Academic Press.
- Segal, Z. V., Williams, J. M., & Teasdale, J. D. (2002). *Mindfulness-based cognitive*

- therapy for depression: A new approach to preventing relapse*. New York: Guilford Press.
- Seligman, M., & Csikszentmihalyi, M. (2000). Positive Psychology: An introduction. *American Psychologist*, 55(1), 5-14.
- Sexton, L. (1999). Vicarious traumatisation of counsellors and effects on their workplaces. *British Journal of Guidance and Counselling*, 27(3), 393-403.
- Shaver, P.R., & Mikulincer, M. (2004, May). *Attachment, compassion, and altruism*. Paper presented at the Compassionate Love Research Conference, Washington, DC.
- Shaver, P., Schwartz, J., Kirson, D., & O'Connor, C. (1987). Emotion knowledge: Further explorations of a prototype approach. *Journal of Personality and Social Psychology*, 52(6), 1061-1086.
- Shedlock, D.J., & Cornelius, S. (2003). Psychological approaches to wisdom and its development. In J. Demick & C. Andreoletti (Eds.), *Handbook of Adult Development* (pp. 153-167). New York: Kluwer Academic/Plenum Publishers.
- Shelton, C.M. (1990). *Morality of the heart: A psychology for the Christian moral life*. New York: Crossroad.
- Shelton, K.M., & Kasser, T. (1998). Pursuing personal goals: Skills enable progress, but not all progress is beneficial. *Personality and Social Psychology Bulletin*, 24(12), 1319-1331.
- Shotland, R.L., & Straw, M.K. (1976). Bystander response to assault: When a man attacks a woman. *Journal of Personality and Social Psychology*, 34(5), 990-999.

- Silk, J.A. (Ed.). (2000). *Wisdom, compassion, and the search for understanding: The Buddhist studies legacy of Gadjin M. Nagao*. Hawaii: University of Hawaii Press Books.
- Simmons, D.D. (1982). Is there compassion in principled moral judgment? *Psychological Reports, 50*(2), 553-554.
- Simpson, R.D., Rentz, R.R., & Shrum J.W. (1976). Influence of instrument characteristics on student responses in attitude assessment. *Journal of Research in Science Teaching, 13*(3), 275-281.
- Smith, D.H. (1981). Altruism, volunteers, and volunteerism. *Journal of Voluntary Action Research, 10*(1), 21-36.
- Smith, J., & Baltes, P.B. (1990). Wisdom-related knowledge – age cohort differences in response to life-planning problems. *Developmental Psychology, 26*(3), 494-505.
- Sorensen, S., Webster, J.D., & Roggman, L.A. (2002). Adult attachment and preparing to provide care for older relatives. *Attachment and Human Development, 4*(1), 84-106.
- Sprecher, S., & Fehr, B. (2005). Compassionate love for close others and humanity. *Journal of Social and Personality Relationships, 22*(5), 629-651.
- Staub, E. (1970). A child in distress: The effect of focusing responsibility on children and their attempts to help. *Developmental Psychology, 2*(1), 152-153.
- Staub, E. (1978). *Positive social behavior and morality: Social and personal influences*. New York: Academic Press.
- Staub, E. (1979). *Positive social behavior and morality: Socialization and development*

- (Volume 2). New York: Academic Press.
- Staub, E. (1987). Commentary on part I. In N. Eisenberg & J. Strayer (Eds.), *Empathy and its development* (pp. 103-115). New York: Cambridge University Press.
- Staudinger, U.M., Marsiske, M., Baltes, P.B. (1993). Resilience and levels of reserve capacity in later adulthood – perspectives from life-span theory. *Development and Psychopathology*, 5(4), 541-566.
- Steffen, P.R., Masters, K.S. (2005). Does compassion mediate the intrinsic religion-health relationship? *Annals of Behavioral Medicine*, 30(3), 217-224.
- Sternberg, R.J. (1986). A triangular theory of love. *Psychological Review*, 93(2), 119-135.
- Sternberg, R.J. (1998). A balance theory of wisdom. *Review of General Psychology*, 2(4), 347-365.
- Stock, W.A., Okun, M.A., Haring, M.J., & Witter, R.A. (1985). Race and subjective well-being in adulthood. *Human Development*, 28(4), 192-197.
- Stosny, S. (2004). Compassion power: Helping families reach their core value. *The Family Journal: Counseling and Therapy for Couples and Families*, 12(1), 58-63.
- Stotland, E. (1969). Exploratory investigations of empathy. In L. Berkowitz (Ed.), *Advances in experimental social psychology* (pp. 271-314). New York: Academic Press, Inc.
- Strahan, R., & Gerbasi, K.C. (1972). Short, homogeneous versions of the Marlowe-Crowne Social Desirability Scale. *Journal of Clinical Psychology*, 28(2), 191-193.

- Strasser, F., Palmer, J.L., Willey, J., Shen, L., Shin, K., Sivesind, D., Beale, E., & Bruera, E. (2005). Impact of physician sitting versus standing during inpatient oncology consultations: Patients' preference and perception of compassion and duration. A randomized controlled trial. *Journal of Pain and Symptom Management*, 29(5), 489-497.
- Strenta, A., & DeJong, W. (1981). The effect of prosocial labeling on helping behavior. *Social Psychology Quarterly*, 44(2), 142-147.
- Su, H., Lee, S., Ding, J., & Comer, L.B. (2005). Relations among measures of trait empathy, empathetic response, and willingness to get involved in customer contact situations. *Psychological Reports*, 97(2), 378-380.
- Takahashi, M., & Overton, W.F. (2005). Cultural foundations of wisdom: An integrated developmental approach. In R.J. Sternberg & J. Jordan (Eds.), *A handbook of wisdom: Psychological perspectives* (pp. 32-60). New York: Cambridge University Press. .
- Tangney, J.P., & Dearing, R.L. (2002). *Shame and guilt*. New York: Guilford Press.
- Tangney, J.P., & Fisher, K.W. (Eds.). (1995). *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride*. New York: Guilford.
- Teasdale, J.D. (1997). The relationship between cognition and emotion: The mind-in-place in mood disorders. In G. Fairburn (Ed.), *Science and practice of cognitive behaviour therapy* (pp. 67-94). Oxford: Oxford University Press.
- Teasdale, J.D., & Barnard, P.J. (1993). *Affect cognition and change*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Tellegen, A., Lykken, D.T., Bouchard, T.J., Wilcox, K.J., Segal, N.L., Rich, S.



- (1988). Personality similarity in twins reared apart and together. *Journal of Personality and Social Psychology*, 54(6), 1031-1039.
- Terman, L.M. (1939). The gifted student and his academic environment. *School and Society*, 49, 65-73.
- Terman, L.M., Bottenwieser, P., Ferguson, L.W., Johnson, W.B., & Wilson, D.P. (1938). *Psychological factors in marital happiness*. New York: McGraw-Hill.
- Thompson, B.L., & Waltz, J. (2008). Self-compassion and PTSD symptom severity. *Journal of Traumatic Stress*, 21(6), 556-558.
- Thoresen, C.E., Harris, A.H.S., & Luskin, F. (2000). Forgiveness and health. In M.E. McCullough, K.I. Pargament, C.E. Thoresen (Eds.), *Forgiveness: Theory, research, and practice* (pp. 254-280). New York: Guilford Press.
- Titchener, E. (1909). *Elementary psychology of the thought processes*. New York: Macmillan.
- Toi, M., & Batson, C.D. (1982). More evidence that empathy is a source of altruistic motivation. *Journal of Personality and Social Psychology*, 43(2), 281-292.
- Trungpa, C. (1987). *Cutting through spiritual materialism*. Boston, Massachusetts: Shambhala.
- Turner, J.C., Hogg, M.A., Oakes, P.J., Reicher, S.D., & Wetherell, M.S. (1987). *Rediscovering the social group: A self-categorization theory*. Oxford, United Kingdom: Basil Blackwell.
- Underwood, B., & Moore, B.S. (1982). Perspective-taking and altruism. *Psychological Bulletin*, 91(1), 143-173.
- Underwood, L.G. (2002). The human experience of compassionate love. In S.G. Post,

- L.G. Underwood, J. Schloss, & W.B. Hurlbut (Eds.), *Altruism and altruistic love* (pp. 72-88). Oxford: Oxford University Press.
- van Overwalle, F., Mervielde, I., de Schuyter, J. (1995). Structural modeling of the relationship between attributional dimensions, emotions, and performance of college freshman. *Cognition and Emotion*, 9(1), 59-85.
- Vlastos, G. (1991). *Socrates: Ironist and moral philosopher*. Cambridge, United Kingdom: Cambridge University Press.
- von Dietze, E., & Orb, A. (2000). Compassionate care: A moral dimension of nursing. *Nursing Inquiry*, 7(3), 166-174.
- Wachholtz, A.B., & Pearce, M. (2007). Compassion and health. In T.G. Plante & C.E. Thorsen (Eds.), *Spirit, science, and health: How the spiritual mind fuels physical wellness* (pp.115-128). Westport, Connecticut: Praeger.
- Walker, L.J., & Pitts, R.C. (1998). Naturalistic conceptions of moral maturity. *Developmental Psychology*, 34(3), 403-419.
- Wang, S. (2005). A conceptual framework for integrating research related to the physiology of compassion and the wisdom of Buddhist teaching. In P. Gilbert (Ed.), *Compassion: Conceptualisations, research, and use in psychotherapy* (pp. 75-120). New York: Routledge.
- Waterman, A.S., (1993). Two conceptions of happiness: Contrasts of personal expressiveness (eudemonia) and hedonic enjoyment. *Journal of Personality and Social Psychology*, 64(4), 678-691.
- Watson, J. (1928). *Psychological care of infant and child*. New York: Norton.
- Wayment, H.A., & Bauer, J.J. (Eds.) (2008). *Transcending self-interest:*

- Psychological explorations of the quiet ego*. Washington, DC: American Psychological Association.
- Wayment, H.A., & O'Mara, E.M. (2008). The collective and compassionate consequences of downward social comparisons. In H.A. Wayment & J.J. Bauer (Eds.), *Transcending self-interest: Psychological explorations of the quiet ego* (pp. 159-169). Washington, D.C.: American Psychological Association.
- Weems, G.H., Onwuegbuzie, A.J., Lustig, D. (2003). Profiles of respondents who respond inconsistently to positively and negatively-worded items on rating scales. *Evaluation and Research in Education*, 17(1), 45-60.
- Weems, G.H., Onwuegbuzie, A.J., Schreiber, J.B., Eggers, S.J. (2003). Characteristics of respondents who respond differently to positively and negatively worded items on rating scales. *Assessment and Evaluation in Higher Education*, 28(6), 587-607.
- Weiner, B. (1980). A cognitive (attribution)-emotion action model of motivated behavior: An analysis of judgments of help-giving. *Journal of Personality and Social Psychology*, 39(2), 186-200.
- Weiner, B. (1985). An attributional theory of achievement motivation and emotion. *Psychological Review*, 92(4), 548-573.
- Wilson, J. (2000). Volunteering. *Annual Review of Sociology*, 26(1), 215-241.
- Wispe, L. (1986). The distinction between sympathy and empathy. *Journal of Personality and Social Psychology*, 50(2), 314-321.
- Wispe, L. (1991). *The psychology of sympathy*. New York: Plenum Press.

- Wohl, M.J.A., & Branscombe, N.R. (2005). Forgiveness and collective guilt assignment to historical perpetrator groups depend on level of social category inclusiveness. *Journal of Personality and Social Psychology*, 88(2), 288-303.
- Wood, W., Rhodes, N., & Whelan, M. (1989). Sex differences in positive well-being: A consideration of emotional style and marital status. *Psychological Bulletin*, 106(2), 249-264.
- Worthington, E.L., O'Connor, L.E., Berry, J.W., Sharp, C., Murray, R., & Yi, E. (2005). Compassion and forgiveness: Implications for psychotherapy. In P. Gilbert (Ed.), *Compassion: Conceptualisations, research and use in psychotherapy*. New York: Routledge.
- Worthington, E.L., & Wade, N.G. (1999). The psychology of unforgiveness and forgiveness and implications for clinical practice. *Journal of Social and Clinical Psychology*, 18(4), 385-418.
- Ying, Y.W. (2009). Contribution of self-compassion to competence and mental health in social work students. *Journal of Social Work Education*, 45(2), 309-323.
- Zahn-Waxler, C. (2000). The development of empathy, guilt, and internalization of distress: Implications for gender differences in internalizing and externalizing problems. In R.J. Davidson (Ed.), *Anxiety, depression, and emotion* (pp. 222-265). New York: Oxford University Press.
- Zahn-Waxler, C., Cole, P.M., & Barrett, K.C. (1991). Guilt and empathy: Sex differences and implications for the development of depression. In J. Garber (Ed.), *The development of emotion regulation and dysregulation* (pp. 243-272). New York: Cambridge University Press.

- Zahn-Waxler, C., Robinson, J.L., & Emde, R.N. (1992). The development of empathy in twins. *Developmental Psychology*, 28(6), 1038-1047.
- Zebel, S., Doosje, B., & Spears, R. (2009). How perspective taking helps and hinders group-based guilt as a function of group identification. *Groups Processes & Intergroup Relations*, 12(1), 61-78.
- Zhou, Q., Valiente, C., & Eisenberg, N. (2003). Empathy and its measurement. In S.J. Lopez & C.R. Snyder (Eds.), *A handbook of models and measures* (pp. 269-284). Washington, DC: American Psychological Association.

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