

What is compassion?

A multicultural study on the semantic associations and subjective experiences of compassion

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Abstract

Empirical research has documented the benefits of compassion for mental health, psychosocial and physiological wellbeing. Yet, definitions of compassion vary amongst theoretical approaches, researchers, clinicians and lay people. The meaning and nature of compassion can be misunderstood and become linked to fears, blocks and resistances to compassion. The current paper defines compassion from the perspective of compassion focused therapy (CFT) and distinguishes it from other commonly related concepts, using a qualitative methodological approach. Participants' understanding of compassion was explored through their selection of the words they associated with compassion and self-compassion, and descriptions of recalled experiences of giving and receiving compassion, with cultural

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differences further examined. A sample of 584 adult participants was recruited from general community populations in Australia ($n = 296$), Portugal ($n = 183$) and Singapore ($n = 105$) and completed a self-report questionnaire assessing the meaning and the subjective experiences of compassion. Empathy, Kindness and Understanding were the three words participants most frequently associated with 'Compassion'. The most frequent three words selected by participants associated with 'Self-compassion' were Acceptance, Strength and Understanding. Various cultural differences among countries were identified and discussed. The findings also clarified participants' experiences of compassion for others, receiving compassion from others and self-compassion, identified similarities and differences between countries, and revealed a significant proportion of people who were unable to recollect/describe compassion experiences (across the three flows). The findings are discussed in light of a CFT framework and clinical implications for CFT practitioners are derived.

Keywords: compassion; self-compassion; compassion focused therapy; semantic association; subjective experiences; qualitative data.

O que é a Compaixão? Um estudo multicultural sobre as associações semânticas e experiências subjetivas de compaixão

Resumo

Estudos empíricos têm documentado os benefícios da compaixão para a saúde mental, bem-estar psicossocial e fisiológico. No entanto, as definições de compaixão variam entre abordagens teóricas, investigadores, clínicos e leigos. O significado e a natureza da compaixão podem ser mal compreendidos e ligados a medos, bloqueios e resistências à compaixão. O presente artigo define a compaixão a partir da perspectiva da terapia focada na compaixão (TFC) e distingue-a de outros conceitos comumente associados, usando uma abordagem metodológica qualitativa. A compreensão dos participantes sobre o que é a compaixão foi explorada através da seleção das palavras que eles associavam com compaixão e auto-compaixão, e das suas descrições de experiências passadas de dar e receber compaixão, com diferenças culturais sendo também examinadas. Uma amostra de 584 participantes adultos foi recrutada da comunidade geral na Austrália ($n = 296$), Portugal ($n = 183$) e Singapura ($n = 105$), e completou um questionário de auto-resposta que avaliava o significado e as experiências subjetivas de compaixão. Empatia, Bondade e Compreensão foram as três palavras que os participantes mais frequentemente associaram a 'Compaixão'. As três palavras mais frequentemente selecionadas pelos participantes associadas à 'Auto-compaixão' foram Aceitação, Força e Compreensão. Várias diferenças culturais entre os países foram identificadas e discutidas. As descobertas também esclareceram as experiências dos participantes

de compaixão pelos outros, receber compaixão de outros e auto-compaixão, identificaram semelhanças e diferenças entre países e revelaram que uma proporção significativa de pessoas não conseguiu lembrar/descrever experiências de compaixão. Os resultados são discutidos à luz da abordagem de TFC e são derivadas implicações clínicas para psicoterapeutas de TFC.

Palavras-chave: compaixão; auto-compaixão; terapia focada na compaixão; associação semântica; experiências subjetivas; dados qualitativos.

INTRODUCTION

There is a long history of recognition that being motivated by compassion can have far-reaching impacts on our minds and social relationships (Dalai Lama, 1995; Lampert, 2005; Ricard, 2015). In the last 30 years, study of the biopsychosocial dynamics of compassion has burgeoned (see Gilbert, 2017; Seppälä et al., 2017). Various ways of training people to develop their compassion competencies and motives have also proliferated (e.g., Ash et al., 2021; Condon & Makransky, 2020; Gilbert, 2009, 2014; Gilbert & Simos, 2022; Jazaieri et al., 2013; Kirby et al., 2017; Neff & Germer, 2013; Singer & Engert, 2019). Compassion focused therapy (CFT; Gilbert, 2014) is one of these interventions that aims to cultivate a compassionate motivation in order to alleviate and prevent suffering in oneself and others. Nevertheless, differences in how compassion should be conceptualised and defined remain, and definitions of compassion vary amongst researchers, clinicians, and lay people (Gilbert, 2017, 2020; Mascaró et al., 2020). In fact, often the nature of compassion is misunderstood and certain meanings and associations of the word ‘compassion’ can lead to fears, blocks and resistances to compassion and self-compassion in the context of CFT. The current paper will elaborate on the definition of compassion from the perspective of CFT, outline the components and competencies of compassion according to the CFT model, and suggest distinctions between compassion and other commonly related concepts. The paper will then explore people’s understanding of compassion via their selection of the words they associate with compassion and self-compassion, and more detailed descriptions they provide of recalled experiences of giving and receiving compassion, and examine possible cultural differences.

CFT is an approach to psychotherapy that integrates clinical, social, developmental and evolutionary psychology, psychophysiology and neuroscience, along with the wisdom traditions (e.g., Buddhist philosophy) (Gilbert, 2010, 2014). As a psychotherapy, CFT incorporates assessment, case formulation and treatment planning, as well as psychoeducation, skills training and experiential exercises (Gilbert & Simos, 2022). First developed to work specifically with shame and self-criticism

(Gilbert & Irons, 2005), CFT has now been trialed with a range of clinical presentations, such as borderline personality disorder, eating disorders, depression, psychosis, and substance use (Craig et al, 2020). Two systematic reviews have found that CFT demonstrates positive outcomes, leading to increases in self-compassion and decreases in mental health symptoms (Craig et al, 2020; Leaviss & Uttley, 2015). While evidence from randomised controlled trials is growing, more needs to be done (Craig et al., 2020).

At the heart of CFT is the cultivation of a compassionate motivation. CFT therapists guide their clients towards cultivating compassion across three flows: being compassionate towards others, being open to receiving compassion from others, and offering compassion to oneself, or self-compassion (Gilbert, 2020). Often, CFT begins with a thorough examination of the question ‘What is compassion?’. Different perspectives abound in the scientific literature, with compassion being conceptualised variously as a motivation, a disposition, a feeling, an attitude or as a multidimensional construct (Jazaieri et al., 2013; Seppälä et al., 2017; Strauss et al., 2016). Definitions of compassion and self-compassion also vary amongst the different compassion-based interventions (see Gilbert, 2017, Kirby, 2016 and Strauss et al., 2016 for a review of compassion definitions). For example, mindful self-compassion (MSC; Neff & Germer, 2013), compassion cultivation training (CCT; Jazaieri et al., 2013), cognitively based compassion training (CBCT; Pace et al., 2009), and cultivating emotional balance (CEB; Kemeny et al., 2012) all offer nuanced definitions that vary. As an evolutionary-based approach to psychotherapy, CFT views compassion as an innate motivation that evolved from caring motivational systems common to mammals, and defines compassion broadly as *a sensitivity to suffering in self and others, with a commitment to try to alleviate and prevent it* (Gilbert, 2014; Gilbert & Choden, 2013).

This definition of compassion used in CFT incorporates two components. First is the *sensitivity to suffering in self and others*, which is conceptualised as *compassionate engagement*, that is, paying attention to, noticing, and being sensitive to pain, distress and suffering. The second component, *with a commitment to try to alleviate and prevent it*, is considered *compassionate action*. Compassion involves not only noticing the distress, but responding to it, approaching the distress rather than avoiding, and taking some sort of action that is helpful. Compassion, like other evolved motives, is therefore a stimulus-response algorithm incorporating a feature detector (detecting signs of suffering) and a response action (taking helpful action to either alleviate or prevent suffering) (Gilbert, 2009, 2014, 2020).

However, the compassion algorithm can be both facilitated and inhibited, and people undertaking CFT can often experience the emergence of fears, blocks and resistances (FBRs) to compassion across the three flows (Gilbert et al., 2011), FBRs are examples of inhibitors to compassion (Gilbert & Mascaró, 2017) as they may hinder the access to and activation of compassion motivational systems. *Fears* of compassion relate to the

avoidance or fear response that individuals can have to compassion (e.g., compassion is perceived weak, self-indulgent, self-pitying, or too personally distressing; Gilbert & Mascaro, 2017). *Blocks* to compassion are more linked to situational factors, where the person may want to be compassionate but cannot do so because of a lack of resources, time, availability and so on. *Resistances* to compassion occur when a person could be compassionate but chooses not to be because they cannot see the value of compassion (Steindl et al., 2022). One reason for these FBRs is the varied definitions and negative connotations they might have towards the word ‘compassion’ (Kirby et al., 2019). People vary widely in their sense and understanding of compassion and what it is, and will often confound compassion with other concepts, such as kindness (Gilbert et al., 2019). They can also use certain terms interchangeably, such as compassion, sympathy and empathy (Sinclair et al., 2017), or have an unclear definition of what compassion is (González-Hernández et al., 2021). Some may see compassion and self-compassion as simply being nice, soft, too much like pity or self-pity, too indulgent or self-indulgent, or they may see compassion as a weakness that makes them vulnerable (see Gilbert & Mascaro, 2017 for a review). Fears of compassion (i.e., FBRs) play an important role in mental health, being highly correlated with shame, self-criticism and depression (Kirby et al., 2019 for a review), and can become obstacles to progress and therefore an important therapeutic focus in CFT (Gilbert, 2020).

According to the CFT broad definition of compassion described above, the two components of compassion, engagement and action, draw upon 12 clearly defined competencies in CFT (i.e., six for compassionate engagement and six for compassionate action). The six competencies of compassionate engagement have been described in detail by Gilbert (2009, 2010, 2014). Compassionate engagement begins with *sensitivity* as a competency of awareness and noticing. This then triggers a physiological and emotional response where one feels *sympathy* towards the sufferer, or sympathetic emotions in response to the distress and suffering, which may involve feeling moved by the suffering as well as concerned, distressed or alarmed (Eisenberg, et al., 2015). Given the sometimes distressing nature of becoming aware of and moved by suffering, the third competency of compassionate engagement is *distress tolerance*, such that the sympathetic concern does not become personal distress and therefore motivate the person to avoid or turn away from the suffering to reduce their own distress (Gilbert, 2010). With a sympathetic response and the ability to tolerate the distress that may come along with that, the fourth competency of compassionate engagement is *empathy*, or the ability to resonate with (affective empathy; emotional contagion) and understand (cognitive empathy; perspective taking; mentalising) the emotions, motives and experiences of the person who may be suffering (Decety & Cowell, 2014). Compassionate engagement also involves the fifth competency of *non-judgement*, which refers to

the ability to approach suffering and the sufferer without criticising, condemning or shaming, and the sixth competency of *care for well-being*, or a connection with a fundamental caring motivation (Gilbert, 2009, 2010, 2014).

The six competencies of compassionate action involve bringing *attention* to the steps to take to be helpful or alleviate or prevent suffering, using *reasoning* skills to help identify the best course of action, developing a suite of helpful *behaviours* ranging from calming or soothing to active or even forceful, practicing *sensory* focusing skills and exercises to cultivate a calm and insightful mind, as well as *feelings* associated with care, courage, affiliation and safeness, and using *imagery* to develop, practice and apply compassion in daily life (Gilbert, 2009, 2010, 2014).

In amongst all of these competencies are important qualities of: *wisdom*, arising from a non-blaming, non-shaming understanding of the nature of life and suffering and how much of what we experience is shaped by our genes and social experiences; *strength* and *courage* arising from grounding the body and creating a sense of inner stillness, stability and determination; and a *caring-commitment* arising from wisdom, strength and courage, and cultivating a heartfelt wish to alleviate and prevent suffering and the conditions that give rise to suffering, as well as a desire to be caring, supportive and helpful to oneself and others (Gilbert, 2009, 2020).

There are a number of words or concepts that can be confounded with the word 'compassion'. From a CFT perspective, it can be useful to explore these with clients to ensure there is a shared understanding about what is meant by compassion and cultivating a compassionate motivation. For example, compassion is not a feeling, but can be textured by all sorts of feelings: warmth, tenderness, nervousness, sorrow, anger, determination, and many others. Rather, compassion is a motivation, orienting humans towards engaging with distress and suffering in self and others, and trying to alleviate or prevent that suffering through helpful action (Gilbert, 2020).

Compassion is also not the same as love or kindness. There are many types of love, and while compassion may involve a universal, unconditional love, it has been distinguished from compassion in that love involves appreciation of the other person's positive attributes, and often through a mutual sharing of positive events (Shaver et al., 1987), while compassion is a response to suffering (Stellar & Keltner, 2014). Furthermore, loving someone need not be a prerequisite for compassion, which may be directed to those we don't love or like, or perhaps even those we loathe; our enemies. So too, compassion may be directed to those parts of ourselves we dislike or loathe. Kindness refers to actions intended to benefit others (Curry et al., 2018). Compassion refers to a sensitivity to suffering and taking action to try to alleviate or prevent that suffering. Compassionate action may be a specific form of kindness, and is also intended to benefit others, but kindness doesn't always involve a compassionate motivation per se, with the defining feature of compassion, unlike kindness, being the presence of suffering (Gilbert et al., 2019).

While compassion draws on the skill of empathy, it is not the same as empathy. As mentioned above, empathy is the ability to sense and understand the feelings and perspectives of somebody else, or the different parts of ourselves. Empathy as a competency can be brought to a range of motivations, sometimes even competitive or cruel motivations. In compassion, we create an empathic bridge between self and other, or self and self, to engage with suffering and take helpful action. Singer and Klimecki (2014) summarise the psychological and neurological distinctions between empathy and compassion.

Compassion is not pity. Although the 1474 Oxford English Dictionary saw “pity” as synonymous with “compassion”, more recently, negative connotations of superiority and contempt have become attached to the word “pity” (Kimble, 2004). Unlike pity, compassion motivates us to take helpful action. Where pity might look at a suffering person and say, “Oh, the poor thing,” compassion rolls up its sleeves and says, “Right...what can I do to help?”. In this same sense, compassion is not simply being nice. Compassionate action can be delivered nicely, but not necessarily. Think of a child reaching for a saucepan of boiling water. Compassion motivates us to act, but with blunt, sharp urgency. Compassion is not always nice, agreeable or pleasing. But it is always wise, strong, courageous and committed to being helpful, and commonly involves working with a calm and insightful mind (Gilbert & Mascaro, 2017).

People worry that compassion, especially self-compassion, is indulgent, letting ourselves or others off the hook to simply feel good. Such negative beliefs about self-compassion can lead to less self-compassionate responding despite self-compassion being related to better coping and greater self-improvement (Chwyl et al., 2020). But compassion is not about allowing ourselves or others to indulge in pleasure. It is about health and well-being, and living a good life, and many people also identify certain advantages to self-compassion, such as individuals with anorexia nervosa reporting that self-compassion results in improved health, personal development, growth and coping, improved outlook and enhanced social relationships (Kelly et al., 2021). Sometimes, this is the much tougher road, although compassion is delivered in a non-blaming, non-shaming, non-attacking and non-condemning way. Compassion involves the wisdom, strength, courage and commitment to make choices that support health and well-being (Kirby & Gilbert, 2017). As such, compassion is not weak, but rather strong, grounded, stable and determined, and CFT invites us to consider with respect to compassion across the three flows, “may I be helpful, rather than harmful, to myself and others”.

Finally, compassion is not easy and does not always feel good. Compassionate engagement means being sensitive to suffering, and balancing sympathy and empathy with distress tolerance. Compassionate action means trying to be helpful, and working out just what might be the best way to alleviate or prevent suffering. Rather than being easy, the components and competencies of compassion require awareness, wisdom, strength, stability, courage, care, commitment, determination, and

practice. None of this necessarily feels good. Compassion is about alleviating and preventing suffering. And it focuses on our well-being now and into the future. As a result, compassion for others and ourselves can involve making the tough decisions, doing the hard yards, and sometimes sacrificing what might feel good now for what is good in the long term. Think of a compassionate parent: “Eat your vegetables, do your homework, brush your teeth”. Compassion wants what is good for us!

Thus, CFT focuses on cultivating compassion across the three flows, based on cultivating the competencies of compassionate engagement and action and frequently circling back to qualities of wisdom, strength, courage and a caring-commitment. However, definitions of compassion vary amongst researchers, clinicians and lay people. In fact, often the nature of compassion is misunderstood and the meanings and associations of the word ‘compassion’ can lead to FBRs to compassion and self-compassion in the context of CFT. The aims of the current paper are to (a) explore peoples’ semantic associations with compassion, distinguishing compassion to others and self-compassion, with the specific aim to identify which words people usually associate with compassion; (b) examine possible cultural differences in the words associated with compassion by comparing participants’ responses in three different countries (Singapore, Australia and Portugal); (c) explore recalled memories of personal experiences of compassion for others, receiving compassion from others and self-compassion; and (d) examine possible cultural differences in recalled memories of personal experiences of compassion, by comparing participants responses in three different countries (Singapore, Australia and Portugal). From the findings of the current study, we aim to offer a number of clinical considerations for CFT therapists as they develop a shared understand with clients regarding the question of ‘What is compassion?’.

METHODS

Participants

Five hundred and eighty-four participants aged 17 to 73 years took part in this study ($M_{age} = 26.84$, $SD = 13.24$, 72.4% females), which were recruited from the general community population of three different countries: Australia, Portugal and Singapore. The sample included 296 participants from Australia ($M_{age} = 25.44$, $SD = 12.99$, 75.7% females), 183 from Portugal ($M_{age} = 22.44$, $SD = 4.84$, 82.7% females), and 105 from Singapore ($M_{age} = 34.45$, $SD = 15.56$, 55.2% females). Three participants identified their gender as “other”.

Participants included undergraduate students from the University of Queensland (UQ), Australia, who were granted one course credit for their participation using the Student Research Participation Scheme, and from the University of Coimbra (UC), Portugal. The remaining participants were recruited from the community in Australia, Portugal and Singapore via word-of-mouth and advertising through social media.

Procedures

Prior to data collection, ethical clearance for the Australian and Singaporean sample collection was provided through UQ's Psychology Student Research Ethics (Ethics clearance number: 18-PSYCH-4-76-JMC) and, for the Portuguese sample, by the Ethical and Deontology Committee of Research from the Faculty of Psychology and Educational Sciences of the University of Coimbra [CEDI_FPCEUC_28-11-2019]. In the present study, qualitative data were used through a multi-method approach - online (through the publication of the questionnaire on social networks) and in paper (face-to-face). Firstly, participants gave their informed consent while they were informed that their cooperation was voluntary, that their answers were confidential and only used for the purpose of the study and that they could withdraw from the study whenever they want. Then they were asked to complete the self-report questionnaire.

Participants were eligible for the study if they were a student at the university, including first-year students who were aged 17 years and above, or members of the general community (in Australia, Portugal and Singapore) aged 18 years and above. Participants completed questionnaires that were disseminated via an online link, which was constructed on Qualtrics™ (Qualtrics International Inc, Provo, Utah, USA) through UQ's School of Psychology website, and on LimeSurvey™, through the UC Institutional account. The questionnaire ended with a debrief page that consisted of further information about the study, relevant references, and support services should there be any elevated physical or mental discomfort after participating in the study.

Measures

Demographics

Participants' gender (male, female, or other), age (in years), and country of both origin and residence were collected via a demographics questionnaire. Participants

were asked to state the country of birth and the country in which they currently resided. These questions were asked due to the multi-cultural backgrounds and high prevalence of migrants in Australia, Portugal and Singapore. Country of residence instead of nationality was used to distinguish Australian, Portuguese and Singaporean participants.

Meaning and Experiences of Compassion

A self-report questionnaire, the *Meaning and Experiences of Compassion Questionnaire* (Steindl & Matos, 2018), assessing the meaning and the subjective experiences of compassion was developed by the authors S. S. and M. M. In the first part, participants were asked to select the three words, from a set of twenty-nine, that best described what compassion and self-compassion meant to them. Participants were instructed to choose three words related to the meaning of compassion (to others) and three words associated with the meaning of self-compassion. The list of twenty-nine words associated with the meaning of compassion/self-compassion was generated by the authors based on a review of existing compassion definitions and related concepts in the literature of the topic, and on their clinical and training experience in CFT. Participants were given the possibility of choosing another word (i.e., Other) they thought best described the meaning of compassion/self-compassion but was not listed amongst the twenty-nine words in the questionnaire, and asked to specify it.

The second part of the questionnaire explored subjective experiences of compassion across the three flows: expressing compassion towards others, receiving compassion from others and directing compassion to oneself. Participants were asked to write about their personal experiences of compassion, being as detailed as possible. For each experience, they were instructed to describe their inner experience (how they felt) as well as the situation itself. Three open questions assessed personal experiences of compassion for each of the three flows. The instructions were as follows: Compassion to others – “Please describe in detail a recent moment when you experienced compassion for others, this could be a situation where you expressed compassion towards others.”; Compassion from others – “Please describe in detail a recent moment when you experienced compassion from others, this could be a situation where you experienced compassion expressed towards you from someone else.”; Self-compassion – “Please describe in detail a recent moment when you experienced self-compassion, this could be a situation where you were compassionate towards yourself when you were experiencing a difficult situation.”.

The qualitative self-report measure was first developed in English (and used to collect the Australian and Singaporean samples), and translated to Portuguese by the author M. M. and a bilingual speaker.

Data analysis

Descriptive analyses were conducted to assess the frequencies and percentages of responses of qualitative data in the total sample and for each country. In each sample, the frequency for each compassion-related word corresponds to the total number of participants who selected that word amongst the three words that, for them, best described the meaning of compassion/self-compassion. This frequency was computed by summing the number of participants who selected the word amongst the three word options related to the meaning of compassion/self-compassion. The percentage for each word was then calculated based on that frequency in relation to the N of the sample.

Thematic analysis was used to identify, analyse and report patterns (themes) within the qualitative data regarding compassion experiences (Braune & Clarke, 2006). There was a familiarization with the data as the transcriptions that were read and re-read and a CFT framework was used to identify and analyze patterns and code the data. Initial codes were generated systemically across the data set. Once codes had been ascribed, potential themes were identified, reviewed and defined based on relevant theory. For experiences of compassion to others and receiving compassion from others, response categories were then organized in major (concerning to whom one was being compassionate to, or who was being compassionate towards the self) and minor (regarding the type of situation that involved directing compassion to others or receiving compassion from others) themes. For experiences of self-compassion, response categories were organized into themes related to the type of situation where one was compassionate towards oneself. When participants' descriptions of their experiences did not fall into the CFT framework definition of compassion (i.e., that did not involve the components of compassionate engagement and/or compassionate action, or the competencies of compassion), were too generic and vague, reflected fears, blocks and resistances (FBRs) to compassion, or when people couldn't recall an experience, they were coded within the major category of "Not compassion experience". These responses were then coded into minor sub-categories specifying which of the above-mentioned case applied. We chose to present a selection of de-identified participant quotations to support the final themes/major categories within a tabular form, rather than including these data within the text directly (Table 1).

Table 1

Major themes identified with selected supporting quotations of experiences of compassion from participants qualitative responses to the questionnaire

Theme	Quotation
<i>Experiences of compassion to others</i>	
Compassion for a grieving person	<p>“Recently my friend’s grandmother passed away. I felt a great empathy for her as my grandmother also recently passed. I showed her compassion by sitting with her and talking about how she felt and making sure she was ok.”</p> <p>“A friend had recently lost her dog. I empathised greatly with her as I had lost a pet as well and new that it was equivalent to losing a very good friend. I was very sad for her and her experience but I was always available to listen and put a smile on her face and whenever she smiled or thanked me for listening I felt very content that I could help her.”</p> <p>“I reached out to a friend who recently separated from her husband (I invited her over to my house). As she talked I felt moved by her pain and suffering (I felt sad). I have felt motivated to spend more time with her than I would normally do so, cook meals for her & check in on her with messages etc.”</p>
Compassion for friends	<p>“When my friend was stressed about University work. I tried my best to understand how she was feeling and tried to say words of encouragement to her. I also tried to help her come up with ideas on how she could get on top of her work so she would be less stressed. I like helping people so once I had talked to her and she started to feel a lot better, this made me feel happy and glad I could do something to help her.”</p> <p>“When I go to the city, I often see homeless people sleeping on the streets. Last winter, I saw an elderly homeless man who had a dog with him. I felt really sad for him and his pet dog as it was really cold during that time. I also saw that he didn’t have a lot of clothing yet he held his dog close to him (inside his jacket) to keep his dog warm. My friends and I felt really sad and decided to buy some hot coffee and food for him and his dog. He thanked us a lot and showed gratitude.”</p> <p>“I heard of a mother of 5 children who had fled domestic violence and was living in a caravan park. She had nothing and needed something to cook food on for her children, food, bedding etc. I found items from my home, plus bought an electric hot plate, toasted sandwich maker and some fresh food to be passed on to her. I did not meet this person, nor did I want anything in return, as I can imagine what it would be like if I was in the same situation.”</p>
Compassion for strangers	<p>“When a sibling was upset, I felt compassionate towards them and tried to see the world from their perspective. I felt warm and loving and like I was being helpful in some way by sharing the experience with them, rather than leaving them to experience the negative emotions alone. It is good to feel as though you can aid another person in some way.”</p> <p>“One day my mother came home and said she had a rough day at work, so I asked her about her day and listened to her, paying full attention and being supportive. I felt that by being compassionate to others, it really helps you to connect with them.”</p>
Compassion for a family member(s)	

Table 1 (continued)
Major themes identified with selected supporting quotations of experiences of compassion from participants qualitative responses to the questionnaire

<p>Compassion for colleagues</p>	<p>“Once a colleague was new to the workplace, and I noticed she was being bullied by the current employees, I heard one employee complain she was nowhere to be found so I looked for her in the bathroom to see if she was okay. She was very upset and I talked to her and consoled her.”</p> <p>“A work colleague sent an email to all those that were affected that she would attend to overdue work as soon as she could but was away all week due to a sick child. I felt that maybe she had her own feelings of guilt or stress and as a parent myself to let her know that she should be kind to herself and quoted to her something to remind herself of ‘The obligation for working mothers is a very precise one: the feeling that once ought to work as if one did not have children, while raising one’s children as if one did not have a job’. I received a very nice email back that she really appreciated the thought on that day. My own feelings were that she felt my own compassion.”</p> <p>“My partner has experienced a lot of stress recently due to work and assignments for university. I have been compassionate towards him and supported and comforted him at every opportunity. When I can do this in-person, I hug him and talk with him about what he’s going through and ways to try and alleviate the stress as well as give him supportive encouragement. In these moments, I feel sympathetic and empathetic towards him as well as upset and sad that he has to experience these negative emotions; I feel incredibly motivated to do whatever I can to help him.”</p> <p>“My girlfriend has some on and off issues with her family and recently they have been getting sometimes really bad and awful. I try my best to console and help her whenever I can, and do whatever I can in order to help her. Whether it be just being there for her or trying to take her mind off things. Just doing this made me feel like I was just helpful and kind and it gave me strength to know that I can at least do this for her.”</p> <p>“I guess I feel compassionate when I try to help someone worse off. Can’t really think of an example. But I feel like when it happens I want to be compassionate and help, but I also feel some guilt if I am better off than someone. (i.e. someone is worse off than me). But I still try to be compassionate.”</p> <p>“When a friend’s mum passed away. Even though I hadn’t experienced such a situation myself, I put myself in her shoes in order to understand how she would feel.”</p> <p>“My friend’s dog passed away and she was very upset, I also felt sad and somewhat angry at life.”</p> <p>“During my volunteer placement, I attempted to show compassion by undertaking the tasks given and understanding and listening to what the supervisor was saying. Despite there being an age difference, personal conversation was also shared.”</p> <p>“I have compassion for someone I love, I feel grateful and lucky to have this person in my life.”</p>
<p>Compassion for a partner</p>	<p>“My partner has experienced a lot of stress recently due to work and assignments for university. I have been compassionate towards him and supported and comforted him at every opportunity. When I can do this in-person, I hug him and talk with him about what he’s going through and ways to try and alleviate the stress as well as give him supportive encouragement. In these moments, I feel sympathetic and empathetic towards him as well as upset and sad that he has to experience these negative emotions; I feel incredibly motivated to do whatever I can to help him.”</p> <p>“My girlfriend has some on and off issues with her family and recently they have been getting sometimes really bad and awful. I try my best to console and help her whenever I can, and do whatever I can in order to help her. Whether it be just being there for her or trying to take her mind off things. Just doing this made me feel like I was just helpful and kind and it gave me strength to know that I can at least do this for her.”</p> <p>“I guess I feel compassionate when I try to help someone worse off. Can’t really think of an example. But I feel like when it happens I want to be compassionate and help, but I also feel some guilt if I am better off than someone. (i.e. someone is worse off than me). But I still try to be compassionate.”</p> <p>“When a friend’s mum passed away. Even though I hadn’t experienced such a situation myself, I put myself in her shoes in order to understand how she would feel.”</p> <p>“My friend’s dog passed away and she was very upset, I also felt sad and somewhat angry at life.”</p> <p>“During my volunteer placement, I attempted to show compassion by undertaking the tasks given and understanding and listening to what the supervisor was saying. Despite there being an age difference, personal conversation was also shared.”</p> <p>“I have compassion for someone I love, I feel grateful and lucky to have this person in my life.”</p>
<p>Not a compassionate situation</p>	<p>“I have compassion for someone I love, I feel grateful and lucky to have this person in my life.”</p>

Table 1 (continued)

Major themes identified with selected supporting quotations of experiences of compassion from participants' qualitative responses to the questionnaire
Experiences of receiving compassion from others

Receiving compassion in a grieving situation	<p>"I had lost my grandmother and one of my teachers pulled me aside after class and asked how I was going and offered for me to talk to them about it if I ever needed. I felt extremely grateful as they were the only person outside of the family to offer that and I felt that they truly cared about me."</p> <p>"A close friend of mine committed suicide and so many friends and family came over and comforted me and let me know that they were there for me and made sure that I was ok and they helped to cheer me up and get me doing normal daily things in order to not keep wallowing in my sadness for too long."</p>
Receiving compassion from friends	<p>"I recently talked to someone about stresses I'd been feeling in my life. Today they called me to check how I was doing. I felt supported and safer, knowing that there was something thinking about me and how I am doing."</p> <p>"When I was dealing with some personal problems and was in a state where I did not know what to do, my friends helped me and were there for me and we talked through what I could do to fix the situation. They said words of encouragement and tried to understand where I was coming from. After I talked to them, I felt much better than I did before."</p>
Receiving compassion from strangers	<p>"When I was ill, several strangers came to my rescue and assisted me, looking for any way to help me and monitoring me to make sure I was okay. While I felt very embarrassed, it was good to know that there are people out there who care and this made me feel safe and hopeful for the future. It restored my faith that people are capable of great compassion and inspired me to do better and be more open when people needed emotional and physical support."</p> <p>"I was picking up my daughter from school, and my determined toddler was throwing a tantrum because I would not let him walk on the road, he fell down and cut his mouth. He was screaming, and bleeding (slightly) from the lips. I was so mortified for making a scene at the school, and was feeling inadequate as a mum for letting it happen. However, I was totally overwhelmed when so many parents who I had never talked to stepped in to help by offering water, tissues, and even an ice block for him!"</p>
Receiving compassion from a family member(s)	<p>"I experienced compassion from a family member when I was feeling incredibly ill and had to travel on the plane for 8+ hours. They comforted me and assured me that I could get through the experience, and that things would be better once we reached our destination. Although I was feeling terrible at the time, this compassion helped me feel loved and supported, gaining a sense of courage to continue."</p> <p>"Recently, I had had some issues on my health and it affected my feeling very much as everything was uncertain before the medical reports were out. My family showed very good support and accompanied me to face it positively. At the end, there was not really any problem. Their attitude to understand the problem (i.e. find out the problem - see the doctor), to face the problem, if any, to accept it and to let go something out of our control helped a lot. Even if I still worried, I felt I could handle the problem easier with my family's support."</p>

Table 1 (continued)
Major themes identified with selected supporting quotations of compassion from participants qualitative responses to the questionnaire

<p>Receiving compassion from colleagues</p>	<p>“I experienced compassion from others when I had a panic attack at work because it was very busy. I was very stressed out and therefore kept doing things incorrectly which in turn made me more stressed and negative. I eventually broke and my work mates helped me to recover. They took over what I was doing until I was calm and okay to go back to work. The manager sat with me in a quiet place and helped me to cope and calm down by giving me strategies to work with my anxiety.”</p> <p>“I think define ‘compassionate experiences towards me’ as situations where people take time out of their personal schedule just to hear me out, listen to where I’m at, and give me guidance. One such situation was when my mentor Skyped me a week ago to ask how I was and to give tips on employability, goal-setting. I felt really encouraged. More than the practicality and soundness of the advice she gave, I was just encouraged by the fact that there was someone willing to listen.”</p>
<p>Receiving compassion from a partner</p>	<p>“I fell over and thought I had damaged my knee badly, and my partner helped me through it. Although I was in pain, I felt comfortable and supported, and encouraged to breathe through the experience.”</p> <p>“I was stressed out about my job. My boyfriend sat down with me, listened to why I was unhappy with my job and helped me to come up with solutions.”</p>
<p>Not a compassionate situation</p>	<p>“I usually won’t tell my friends my concerns because I like to keep them to myself and I feel insecure when others know my problems. However, when I do tell my friends my problems I feel a bit relieved I guess.”</p> <p>“Nothing really, except perhaps a conversation where someone expressed care, acknowledgement about how I had managed and got through past, difficult, experiences as a parent. The same acknowledgement or feeling I draw on, myself. Nothing big. To be honest, I rely on myself not others, for kindness and compassion.”</p> <p>“Had food with friends. Friends gave me last piece. Felt really touched that my best friends let me have the last piece of food. I will treasure them forever.”</p>
<p><i>Experiences of Self-compassion</i></p>	
<p>Self-compassion in a grieving situation</p>	<p>“Recently a family member died and I allowed myself to feel the emotions of grief associated with this loss rather than focusing on something else as I normally would and attempting to push it from my mind. This was self-compassion as it allowed me closure and time to grieve for the person.”</p> <p>“A day recently when grief for loved ones I’ve lost was particularly over whelming. I felt heartbroken, lost and scared about the future I gave myself permission to stay in bed. I made myself be honest with my husband and say I’m having a bad day and why. I did things that made me happy, indulged myself. I had a nice bath, drank tea and ate chocolate, read a book and listened to music Took time for myself.”</p>

Table 1 (continued)
Major themes identified with selected supporting quotations of compassion from participants qualitative responses to the questionnaire

Self-compassion when facing problems with friends	<p>“I guess a self-compassion i experienced would be the realization of what makes me uncomfortable and eliminating that from my life. A couple of weeks ago, I had an argument with a friend and it made me realize that sometimes it’s easier to just let go of any negativity in my life rather than hold onto someone and try and change them. I was able to grow as a person and realize my self-worth more when I was able to rid the negativity from my life.”</p> <p>“I was surfing and getting frustrated with myself and the surf, I was at the beach with a group of friends and we were all surfing. We got separated and I was by myself, while paddling in to move back up the beach I was thinking I wonder where my friends are and I know they are going to ask how the surf was, in my mind I started to relay what I would say back which was pure negativity. I then started to tell myself that the surf while being tricky to stay in one spot, was fun and I managed to catch waves rather than paddling around and not catching anything. Those few words had pushed my negative thoughts out of my mind and rather than being angry and negative when I met up with everyone I was happy.”</p>
Self-compassion when facing academic problems	<p>“When I was working on difficult assessment and felt as though I wasn’t doing enough, I tried to be compassionate towards myself by not pushing myself to the point of overwhelm. When assuring myself that no matter what, I was enough, I felt stronger and more capable. Showing compassion to myself during stressful times allowed me to perseverer even though it was difficult. I am beginning to recognise my feelings and experience every situation fully, enabling me to let go and love the experience for what it is, an opportunity for growth.”</p> <p>“Receiving exam results and realising why I had fallen short, why that was ok and how I could do better. I felt a sense of relief and a motivation to make a change.”</p>
Self-compassion when facing personal problems	<p>“I have been feeling bad about my weight for a while as I have stopped running. I have re-focused my attention to being healthy and not giving myself a hard time. As a result I have enjoyed exercising a lot more and have appreciated how much better I feel when I eat well. Removing the pressure of avoiding ‘treat’ food has meant I’ve eaten less of it because I am more mindful and supportive of myself when I want to have something.”</p> <p>“I was panicking about running late and I began to feel a sense of self-loathing. I stepped back and looked at myself, rationalising that being late does not make me a bad person and it was understandable. I was warm and spoke to myself in a soothing, quiet voice to calm myself down.”</p>

Table 1 (continued)
Major themes identified with selected supporting quotations of experiences of compassion from participants qualitative responses to the questionnaire

Self-compassion when facing family problems	<p>“Recently I was having a rough time in agreeing with what my parents had to say about certain aspects of my life. It led me to be quite upset and I felt so emotionally drained at that point. I made a decision that day that I wasn’t going to let that get me down and instead use it to fuel my motivation and desire to excel in my studies. I tried to calm myself down and do the things that usually relax me like listening to music, and just having that moment to realise that it’s okay for me to be upset and have a little cry because that’s all part of being human and part of being able to stay emotionally resilient and move on.”</p>
Self-compassion when facing health problems	<p>“When I was told I had to take at least a month off dancing because of injury I was very upset. I experienced self-compassion when I told myself it was okay to feel upset but it will be fine and worth it when the injury is finally fixed.”</p> <p>“I have been down with a skin condition since young and my doctor told me I will never be healed from it. When it gets bad sometimes, I encouraged myself and do things that I love to distract myself. I feel more relaxed and less anxious.”</p>
Self-compassion when facing problems with a partner	<p>“I used warm & friendly (encouraging) self-talk when faced with relationship difficulties. This took me from a feeling of distress to one of calmness.”</p> <p>“Recently, my anxiety had caused me to feel anxious and worried about my relationship with my partner and how he perceived me. This led to many paranoid feelings of self-doubt and fear of the future of our relationship. However, I was able to direct compassion towards myself as I sat down and properly thought through the situation and reasoned with my anxiety. I tried to be as non-judgmental towards myself as I could and tried to be as tolerant of my anxiety as possible, which ultimately made me feel proud and content with myself.”</p>
Self-compassion when facing work problems	<p>“Difficult work situation - silenced any critical voice and reassured that action taken was the right thing to do even though difficult.”</p> <p>“I was really stressed and overwhelmed recently with the immense workload I had, and I was overworking myself extensively. Once I realised the upset state I was in, I recognised that I needed a break and allocated the entire night off from university work and just relaxed, watched TV and did whatever I wanted to do - which I hadn’t done in a while. Doing this for myself was almost like a sigh of relief, since I never really am self-compassionate on a daily basis.”</p>

Table 1 (continued)

Major themes identified with selected supporting quotations of compassion from participants' qualitative responses to the questionnaire

Self-compassion when facing a failure/setback	<p>“When I realized that I had failed the physical tests, I felt a huge revolt, but with calm and seeing everything I had done so far, I was proud of myself and started to feel self-compassion. Internally I accepted my failure, I had the courage to fight for it and so I had to feel good about my performance and deal with this failure. I became aware that it was not the end of the world and that better things could come.”</p> <p>“When I failed at the driving test, at first I felt really bad and stupid because the mistakes I made were absurd. However, in the end I managed to reason well and it was clear to me that I could pass the next time. I have the skills and I won't make the same mistakes again. So, I was able to calm myself down and change from a negative to a more realistic perspective, having a little more self-confidence.”</p> <p>“I felt happy with my makeup”</p> <p>“When I was sick and still had to perform at a high level of sport.”</p> <p>“I feel like I have been fairly compassionate towards myself to a point I start to ignore my responsibilities or either leave them to last minute to finish.”</p>
Not a self-compassion situation	<p>“Self-compassion makes me feel weak, I'm much more critical of myself. An example of my sort of self-compassion would be when my grandmother died suddenly a few months ago. Family members were crying but I just stood there playing on my phone, I kept telling myself that it's stupid to cry, she was old and it was going to happen eventually, don't be a little bitch about it. I still haven't cried over her death. Don't feel much about it.”</p> <p>“I can't remember the last time I felt compassionate about myself.”</p> <p>“I really feel empty inside and I feel like no one truly understands me.”</p> <p>“I don't think I have any experiences of self-compassion. I don't exactly hate who I am, but I usually hate what I do.”</p> <p>“I'm not very good at being self-compassionate.”</p>

RESULTS

Semantic associations of compassion

The frequencies and percentages for words associated with the meaning of compassion to others in the total sample and per country are presented in Table 2. In the total sample, the three words most frequently chosen by participants to describe what compassion is were Empathy (50.7%), Kindness (41.1%) and Understanding (40.4%). Following those, Sensitivity (25.2%), Support (19.4%), Care (14.6%), Acceptance (12.5%), Non-judgment (11.6%), Love (11.5%) and Respect (6.9%) were amongst the top ten words most frequency selected to define what compassion is. The least frequent (< 2%) words chosen to describe the meaning of compassion were Coping, Motivation and Flexibility.

Table 2

Frequencies and percentages of selected words associated with the meaning of compassion in the total sample (N = 584) and per country (Australia n = 296; Portugal n = 183; Singapore n = 105)

Words	Total sample (N = 584)		Australia sample (n = 296)		Portugal sample (n = 183)		Singapore sample (n = 105)	
	Frequen- cy (n)	%	Frequen- cy (n)	%	Frequen- cy (n)	%	Frequen- cy (n)	%
Kindness	240	41.1	145	48.99	40	21.86	55	52.38
Strength	33	5.65	21	7.09	2	1.09	10	9.52
Care	85	14.55	62	20.95	8	4.37	15	14.29
Sensitivity	147	25.17	68	22.97	56	30.60	23	21.90
Courage	18	3.08	9	3.04	6	3.28	3	2.86
Understanding	236	40.41	127	42.91	71	38.80	38	36.19
Openness	21	3.59	14	4.73	3	1.64	4	3.81
Empathy	296	50.68	122	41.22	124	67.76	50	47.62
Action	20	3.42	10	3.38	9	4.92	4	3.81
Motivation	5	0.86	5	1.69	0	-	0	-
Sympathy	24	4.11	22	7.43	4	2.19	3	2.86
Wisdom	17	2.91	9	3.04	2	1.09	6	5.71
Mindfulness	12	2.05	8	2.70	0	-	2	1.90
Tolerance	30	5.14	4	1.35	25	13.66	1	0.95
Nurturance	13	2.23	9	3.04	3	1.64	1	0.95
Commitment	13	2.23	2	0.68	6	3.28	5	4.76
Acceptance	73	12.5	34	11.49	23	12.57	15	14.29
Non-judgment	68	11.64	35	11.82	23	12.57	10	9.52
Helpfulness	36	6.16	9	3.04	21	11.48	6	5.71

Table 2 (continued)

Frequencies and percentages of selected words associated with the meaning of compassion in the total sample (N = 584) and per country (Australia n = 296; Portugal n = 183; Singapore n = 105)

Warmth	38	6.51	23	7.77	5	2.73	10	9.52
Love	67	11.47	33	11.15	11	6.01	23	21.90
Coping	1	0.00	0	-	0	-	1	0.95
Support	113	19.35	63	21.28	40	21.86	10	9.52
Respect	40	6.85	16	5.41	18	9.84	6	5.71
Flexibility	7	1.20	2	0.68	5	2.73	0	-
Tenderness	27	4.62	10	3.38	16	8.74	1	0.95
Awareness	21	3.60	12	4.05	3	1.64	6	5.71
Attention	14	2.40	3	1.01	10	5.46	1	0.95
Connection	16	2.74	8	2.70	8	4.37	0	-
Other	9	1.54	2	0.68	6	3.28	1	0.95
Missing	4	0.68	0	-	1	0.55	0	-

When examining the data for each country, participants from Australia chose Kindness (49%), Understanding (42.9%) and Empathy (42.2%) as the three words that best describe the meaning of compassion to others. Sensitivity (23%), Support (21.3%), Care (21%), Non-judgment, (11.8%), Acceptance (11.5%), Love (11.2%) and Warmth (7.8) were part of the ten most frequently selected words. The least frequent (< 2%) words to be picked were Coping, Flexibility, Attention and Tolerance.

In the Portuguese sample, participants selected Empathy (67.7%), Understanding (38.8%) and Sensitivity (30.6%) as the top three words best described the meaning of compassion to others. Amid the ten words most frequently indicated were also Kindness (21.9%), Support (21.9%), Tolerance (13.7%), Acceptance (12.6%), Non-judgment (12.6%), Helpfulness (11.5%), and Respect (9.8%). Mindfulness, Motivation, Wisdom, Strength, Awareness, Nurturance, and Openness were the less frequent (< 2%) selected words to describe compassion.

In the Singaporean sample, Kindness (52.4%), Empathy (47.6%) and Understanding (36.2%) were the three words most frequently chosen to best describe the meaning of compassion to others. Sensitivity (21.9%), Love (21.9%), Care (14.3%), Acceptance (14.3%), Strength (9.5%), Non-judgment (9.5%), Warmth (9.5%) and Support (9.5%) were part of the ten words most frequently designated by participants. The least frequent (< 2%) words to be selected were Mindfulness, Connection, Flexibility, Motivation, Attention, Tenderness, Coping, and Nurturance.

In the option Other amid the three words that best described the meaning of compassion, participants from Australia specified Selflessness and Vulnerable, Portuguese participants nominated Comfort, Gentleness and Solidarity, and one participant in Singapore designated the Trust.

Semantic associations of self-compassion

The frequencies and percentages for words associated with the meaning of self-compassion in the total sample and per country are reported in Table 3. In the total sample, the most frequent three words selected by participants to describe what self-compassion is were Acceptance (40.7%), Strength (21.6%) and Understanding (20.7%). Amongst the top ten words most frequency chosen to define self-compassion were also Awareness (18.7%), Care (18.5%), Courage (17.3%), Love (17.1%), Mindfulness (16.9%), Kindness (16.3%) and Motivation (11.3%). The least frequent (< 2%) words chosen to describe the meaning of self-compassion were Helpfulness and Connection.

Table 3

Frequencies and percentages of selected words associated with the meaning of self-compassion in the total sample (N = 584) and per country (Australia n = 296; Portugal n = 183; Singapore n = 105)

Words	Total sample (N = 584)		Australia sample (n = 296)		Portugal sample (n = 183)		Singapore sample (n = 105)	
	Frequen- cy (n)	%	Frequen- cy (n)	%	Frequen- cy (n)	%	Frequen- cy (n)	%
Kindness	95	16.27	66	22.30	12	6.56	17	16.19
Strength	126	21.58	64	21.62	43	23.50	19	18.10
Care	108	18.49	75	25.34	20	10.93	13	12.38
Sensitivity	52	8.90	30	10.14	12	6.56	10	9.52
Courage	101	17.29	48	16.22	35	19.13	18	17.14
Understanding	121	20.72	66	22.30	27	14.75	28	26.67
Openness	40	6.85	22	7.43	11	6.01	7	6.67
Empathy	36	6.16	19	6.42	5	2.73	12	11.43
Action	27	4.62	17	5.74	2	1.09	8	7.62
Motivation	66	11.30	26	8.78	29	15.85	11	10.48
Sympathy	17	2.91	8	2.70	4	2.19	5	4.76
Wisdom	42	7.19	19	6.42	13	7.10	10	9.52
Mindfulness	98	16.78	66	22.30	18	9.84	14	13.33
Tolerance	42	7.19	9	3.04	27	14.75	6	5.71
Nurturance	30	5.14	22	7.43	7	3.83	1	0.95
Commitment	14	2.40	7	2.36	3	1.64	4	3.81
Acceptance	234	40.07	99	33.45	94	51.37	41	39.05
Non-judgment	53	9.08	26	8.78	16	8.74	11	10.48
Helpfulness	5	0.86	2	0.68	2	1,09	1	0.95
Warmth	19	3.25	7	2.36	4	2,19	8	7.62
Love	100	17.12	49	16.55	26	14.21	25	23.81
Coping	56	9.59	28	9.46	20	10.93	8	7.62
Support	24	4.11	16	5.41	1	0.55	7	6.67
Respect	40	6.85	16	5.41	19	10.38	5	4.76
Flexibility	20	3.42	5	1.69	13	7.10	2	1.90

Table 3 (continued)

Frequencies and percentages of selected words associated with the meaning of self-compassion in the total sample (N = 584) and per country (Australia n = 296; Portugal n = 183; Singapore n = 105)

Tenderness	19	3.25	9	3.04	8	4.37	2	1.90
Awareness	116	19.86	29	9.80	62	33.88	15	14.29
Attention	14	2.40	8	2.70	6	3.28	0	-
Connection	11	1.88	4	1.35	4	2.19	3	2.86
Other	13	2.23	3	1.01	6	3.28	1	0.95
Missing	16	2.74	0	-	0	-	0	-

In regard to the data for each country, Australian participants nominated Acceptance (33.5%), Care (25.3%) and, equally with 22.3%, Kindness, Understanding and Mindfulness as the best words to describe the meaning of self-compassion. Strength (21.6%), Love (16.6%), Courage (16.2%), Sensitivity (10.1%) and Awareness (9.8%) also integrated the list of the ten most frequently selected words. The least frequent (< 2%) words to be chosen were Helpfulness, Connection and Flexibility.

In the Portuguese sample, Acceptance (51.4%), Awareness (33.9%) and Strength (23.5%) were the three words most frequently selected to describe the meaning of self-compassion. Following those, Courage (19.1%), Motivation (15.9%), Understanding (14.8%), Tolerance (14.8%), Love (14.2%), Care (10.9%) and Coping (10.9%) were amongst the top ten words most frequently elected to define what self-compassion is. The words Commitment, Action, Helpfulness and Support were the less frequently (< 2%) chosen to define self-compassion.

In the Singaporean sample, Acceptance (39.1%), Understanding (26.7%) and Love (23.8%) were the three words most frequently nominated to best describe the meaning of self-compassion. Strength (18.1%), Courage (17.4%), Kindness (16.2%), Awareness (14.3%), Mindfulness (13.3%), Care (12.4%) and Empathy (11.4%) were amidst the ten words most frequently selected by participants. The least frequent (< 2%) words to be associated with the meaning of self-compassion were Attention, Helpfulness, Nurturance, Tenderness and Flexibility.

Two per cent ($n = 13$) participants selected the option Other within the three words that best described the meaning of self-compassion. In this option, Australian participants specified the words Forgiveness, Gentleness, Patience and Resilience, Portuguese participants listed Self-love, Arrogance, Masochism and Respect one's pace, and one participant in Singapore nominated Pity.

Experiences of compassion

Of the total sample, 483 participants reported personal experiences of directing compassion to others, 472 described experiences of receiving compassion from others, and 449 narrated experiences of being compassionate to oneself.

Experiences of compassion to others

Frequencies and percentages for the major and minor categories of experiences of compassion to others are given in Table 4. In the total sample, the most frequent major categories of compassion to others experiences (i.e., whom one was being compassionate to) were situations where participants recalled being compassionate towards friends (31.5%) or strangers (21.3%), with around 8% of participants narrating experiences where directed compassion to other people that were mourning the loss of a loved one (7.9%) or where they were compassionate to a family member (7.5%). Experiences of being compassionate to a partner or to colleagues were less reported. Interestingly, a significant proportion of participants (27.3%) described experiences that did not meet the criteria for being considered a compassion to others experience. Table 1 presents a selection of de-identified participant quotations of the major themes of experiences of compassion to others.

In terms of the minor categories (i.e., type of situation), most participants narrated experiences where they were compassionate to a friend going through personal problems (21.3%), for strangers in various situations (12.6%), for other people in situations of grief and loss (7.9%) or for a family member facing various personal problems (7.2%). The remaining participants evoked experiences where they were compassionate to a friend struggling with an academic or work-related problem, to an elderly person struggling with a difficulty, in situations of voluntary work, to friends facing health problems or with financial difficulties, to a partner dealing with various personal problems, to colleagues with personal struggles, towards a homeless person or an animal suffering. From the participants who described experiences that did not meet the criteria for compassion to others, the vast majority narrated instances that could not be considered a compassion to others experience according to the CFT framework (68%), followed by those whose descriptions were too generic and vague (17%) or that reflected FBRs to being compassionate to others (8%), and those couldn't recall a situation where they had shown compassion to others (7%).

Table 4
Frequencies & percentages of major and minor categories of experiences of compassion to others in the total sample (N = 483) and per country (Australia n = 240; Portugal n = 173; Singapore n = 70)

<i>Experiences of Compassion to Others</i>	Total sample (N = 483)		Australia sample (n = 240)		Portugal sample (n = 173)		Singapore sample (n = 70)	
	Frequen- cy (n)	%	Frequen- cy (n)	%	Frequen- cy (n)	%	Frequen- cy (n)	%

Major categories

Table 4 (continued)

Frequencies & percentages of major and minor categories of experiences of compassion to others in the total sample (N = 483) and per country (Australia n = 240; Portugal n = 173; Singapore n = 70)

Compassion for a grieving person	38	7.9	26	10.8	12	6.9	0	-
Compassion for friends	152	31.5	83	34.6	44	25.4	25	35.7
Compassion for strangers	103	21.3	37	15.4	45	26.0	21	30.0
Compassion for a family member(s)	36	7.5	20	8.3	14	8.1	2	2.9
Compassion for colleagues	11	2.3	8	3.3	2	1.2	1	1.4
Compassion for a partner	11	2.3	9	3.8	2	1.2	0	-
Not compassion to others experience	132	27.3	57	23.8	54	31.2	21	30.0
Minor categories								
Compassion in a grief situation	38	7.9	26	10.8	12	6.9	0	-
Compassion for friends with personal problems	103	21.3	55	22.9	32	18.5	16	22.5
Compassion for friends with academic or work problems	29	6.0	17	7.1	8	4.6	4	5.6
Compassion for friends with health problems	16	3.3	10	4.2	3	1.7	3	4.2
Compassion for friends with financial problems	4	0.8	1	0.4	1	0.6	2	2.8
Compassion for strangers	61	12.6	21	8.8	27	15.6	13	18.3
Compassion in voluntary work situations	18	3.7	9	3.8	7	4.0	2	2.8
Compassion for elderly people	19	3.9	5	2.1	9	5.5	5	7.0
Compassion for homeless people	5	1.0	2	0.8	2	1.2	1	1.4
Compassion for a family member(s) with personal problems	35	7.2	20	8.3	13	7.5	2	2.8
Compassion for colleagues	7	1.4	5	2.1	1	0.6	1	1.4
Compassion for colleagues with personal problems	5	1.0	3	1.3	2	1.2	0	-
Compassion for a partner with personal problems	11	2.3	9	3.8	2	1.2	0	-
Compassion for animals	2	0.2	0	-	0	-	1	1.4

Table 4 (continued)

Frequencies & percentages of major and minor categories of experiences of compassion to others in the total sample (N = 483) and per country (Australia n = 240; Portugal n = 173; Singapore n = 70)

Not compassion to others experience minor categories								
Not compassion to others	90	68.2	37	64.9	46	85.2	7	33.3
Generic/vague description	23	17.4	11	19.3	7	13.0	5	23.8
Lack of memory	9	6.8	1	1.8	1	1.9	7	33.3
FBRs of compassion	10	7.6	8	14.0	0	-	2	9.5

Key. FBRs: Fears, blocks and resistances of compassion

In regard to the data for each country, the most frequent type of experience described by Australian participants were situations of being compassionate towards friends (34.6%), strangers (15.4%) or people grieving the death of a significant other (10.8%). Experiences of directing compassion to a family member, to a partner, or a colleague were also narrated by Australian participants. In terms of the type of compassion experience, being compassionate to a friend dealing with personal problems (22.9%), to someone in a grieving situation (10.8%), to a family member struggling with a personal problem (8.3%), or to a friend facing an academic or work problem (7.1%) were the situations most frequently reported. Approximately 24% participants recalled experiences that could not be considered compassion experiences, with most of these corresponding to situations that didn't fall into the CFT conceptualization of compassion (64%), that were too unspecific (19%), or that reflected FBRs to compassion (14%).

In the Portuguese sample, experiences of being compassionate to strangers (26%) and to friends (25.4%) were the experiences recounted by the majority of participants. Participants also described situations where they were compassionate to a family member (8.1%) or to a bereaved person (6.9%). Experiences involving colleagues or a partner were less frequently reported. Regarding the minor categories, the most frequently reported experiences involved being compassionate to a friend facing personal problems (18.5%), to strangers in various situations (15.6%), to a family member struggling with a personal problem (7.5%), or to someone mourning the death of a love one (6.9%). Thirty-one per cent of participants described experiences that did not fall into the compassion experiences category. From these, the majority were experiences that didn't meet the criteria to be considered a compassion experience according to the CFT framework (85%), followed by situations that were described in an unclear way (13%).

In the Singaporean sample, the most frequently recalled experiences of compassion to others involved friends (35.7%) or strangers (30%). A small percentage

of participants also described experiences of being compassionate towards a family member or a colleague. In regard to the minor categories, experiences of being compassionate to a friend facing personal problems (22.5%), to strangers in various situations (18.3%), or to an elderly person struggling with a difficulty (7%) were amongst the most frequently narrated situations by Singaporeans. Around 30% recounted experiences that did not involve being compassionate to others. These participants either couldn't recall such experiences (33%), or narrated situations that did not correspond to the notion of what compassion is or entails (33%), that were too unspecific (24%) or that suggested FBRs to compassion (9.5%).

Experiences of receiving compassion from others

Table 5 presents the frequencies and percentages for the major and minor categories of experiences of receiving compassion from others. In the total sample, the most frequent major categories of experiences of receiving compassion to others (i.e., who was being compassionate towards the self) were situations where participants recalled receiving compassion from friends (44%) or from a family member (13%). Situations where strangers, (6.4%) a partner (5.5%) or colleagues (5.3%) directed compassionate towards oneself were also narrated by participants, along with experiences where one was the object of others compassion when mourning the loss of a significant other (5%). A significant number of participants (20.6%) recounted situations that did not meet the criteria for being considered a compassion experience. A selection of de-identified participant quotations of the major themes of experiences of receiving compassion from others can be found in Table 1.

In terms of the minor categories (i.e., type of situation), participants narrated experiences where they received compassion from a friend (29.9%) or from a family member (13.3%) when struggling with a personal problem, or when they received compassion from a friend in relation to an academic or work problem (8%) or a health problem (6.6%). The remaining participants narrated experiences where they received compassion from strangers or from their partner, in a grieving situation, from colleagues when facing an academic or work problem, from friends or colleagues in relation to a financial difficulty, or from strangers when dealing with a health issue. From those participants whose responses were coded as a 'Not receiving compassion experience', 40% were experiences that didn't meet the criteria to be considered a compassion experience according to the CFT framework, followed by situations that were described in an unclear way (32%), by instances where participants couldn't recall such an event (20.6%) and by experiences that reflected FBRs to receiving compassionate from others (7%).

Table 5

Frequencies & percentages of major and minor categories of experiences of receiving compassion from others in the total sample (N = 472) and per country (Australia n = 235; Portugal n = 168; Singapore n = 69)

Experiences of Receiving Compassion from Others	Total sample (N = 483)		Australia sample (n = 235)		Portugal sample (n = 168)		Singapore sample (n = 69)	
	Frequen- cy (n)	%	Frequen- cy (n)	%	Frequen- cy (n)	%	Frequen- cy (n)	%
Major categories								
Receiving compassion in a grieving situation	24	5.1	12	5.1	12	7.1	0	-
Receiving compassion from friends	208	44.1	110	46.8	66	39.3	32	46.4
Receiving compassion from strangers	30	6.4	10	4.3	17	10.1	3	4.3
Receiving compassion from a family member(s)	62	13.1	35	14.9	20	11.9	7	10.1
Receiving compassion from colleagues	25	5.3	12	5.1	5	3.0	8	11.6
Receiving compassion from a partner	26	5.5	16	6.8	9	5.4	1	1.4
Not receiving compassion experience	97	20.6	40	17.0	39	23.2	18	26.1
Minor categories								
Receiving compassion in grief situations	24	5.1	12	5.1	12	7.1	0	-
Receiving compassion from friends in relation to an academic or work problem	38	8.1	28	11.9	5	3.0	5	7.2
Receiving compassion from friends in relation to a personal problem	141	29.9	66	28.1	53	31.5	22	31.9
Receiving compassion from friends in relation to a health problem	31	6.6	20	8.5	7	4.2	4	5.8
Receiving compassion from friends in relation to a financial problem	5	1.1	2	0.9	1	0.6	2	2.9

Table 5 (continued)

Frequencies & percentages of major and minor categories of experiences of receiving compassion from others in the total sample (N = 472) and per country (Australia n = 235; Portugal n = 168; Singapore n = 69)

Receiving compassion from strangers	28	5.9	9	3.8	16	9.5	3	4.3
Receiving compassion from strangers in relation to a health problem	2	0.4	1	0.4	1	0.6	0	-
Receiving compassion from a family member(s) in relation to a personal problem	63	13.3	36	15.3	20	11.9	7	10.1
Receiving compassion from colleagues in relation to an academic or work problem	15	3.3	4	1.7	4	2.4	7	10.1
Receiving compassion from colleagues in relation to a financial problem	3	0.6	2	0.9	1	0.6	0	-
Receiving compassion from a partner in relation to a personal problem	25	5.3	15	6.4	9	5.4	1	1.4
Not receiving compassion experience minor categories								
Not compassion from others	39	40.2	14	35.0	18	46.2	7	38.9
Generic/vague description	31	32.0	12	30.0	17	43.6	2	11.1
Lack of memory	20	20.6	9	22.5	3	7.7	8	44.4
FBRs of compassion	7	7.2	5	12.5	1	2.6	1	5.6

Key. FBRs: Fears, blocks and resistances of compassion

When examining the data for each country, the most frequent experiences described by participants from Australia were experiences of receiving compassion from friends (46.8%), followed by experienced where they had been the recipient of compassion from a family member (14.9%), from a partner (6.8%), from colleagues (5.1%) from strangers (4.3%), or when suffering with grief (5.1%). In terms of the minor categories, the most frequent situations were experiences of receiving

compassion when dealing with a personal problem from friends (28%) or a family member (15.3%), or from friends when facing an academic or work difficulty (11.9%) or a health problem (8.5%). Seventeen percent of participants narrated situations that did not correspond to a compassion experience. These were situations where participants' descriptions didn't fall into the CFT conceptualization of compassion (35%), that were too generic (30%), that they couldn't recall (12.5%) or that reflected FBRs to compassion (22.5%).

In the Portuguese sample, the most frequently recalled experiences involved receiving compassion from friends (39.3%), followed by receiving compassion from a family member (11.9%) or from strangers (10%). Other situations entailed being the recipient of compassion in a grieving situation (7%), from a partner (5.4%) or from colleagues (3%). Regarding the type of situation, Portuguese participants narrated experiences of receiving compassion when struggling with a personal problem from friends (31.5%) or from a family member (11.9%), or from strangers (9.5%). Around 23% of participants recounted situations that did not meet the criteria for being considered a compassion experience. Most of these participants either narrated situations that couldn't be considered receiving compassion from others (46%) or that were too unspecific (43.6%). A few participants couldn't recall experiences like these and one manifested FBRs to receiving compassion in their description.

In the Singaporean sample, the majority of participants reported situations where they had received compassion from a friend (46.4%), followed by from colleagues (11.6%) or a family member (10%). Less frequently recalled experiences involved receiving compassion from strangers or from a partner, and in grieving situations. In regard to the minor categories, experiences of being the recipient of a friend's (31.9%) or a family member's (10%) compassion when struggling with a personal problem, or of receiving compassion from a colleague (10%) or a friend (7.2%) in relation to an academic or work problem were the most frequently recalled situations. Twenty-six percent of participants described situations that could not be considered experiences of receiving compassion from others. From these, most either couldn't recall such a situation or recounted experiences that didn't correspond to receiving compassion from others (according to CFT). Two participants gave descriptions that were nonspecific and one that reflected FBRs to receiving compassion.

Experiences of self-compassion

Frequencies and percentages for experiences of self-compassion are presented in Table 6. In the total sample, the most frequent self-compassion experiences were situations where participants recalled being compassionate towards themselves

when struggling with an academic problem (23.5%) or a personal problem (21.6%). Other narrated experiences involved directing compassion towards oneself when facing a health problem (5%), a work problem (4.7%), a difficulty with a partner (3.3%), a family problem (2.2%), in a grieving situation (2%), when dealing with a problem with a friend(s) (1.8%) or when facing a more general failure or setback (1%). Surprisingly, 35% of participants recounted experiences that were not self-compassion. The majority of these participants described experiences that did not meet the criteria for being considered a self-compassion experience according to the CFT model (56.4%), couldn't recall being self-compassionate (17.2%), were afraid or resistant of directing compassion to themselves (15.4%) or were too vague in their descriptions (10.9%). A selection of de-identified participant quotations of the themes of experiences of self-compassion is given in Table 1.

Table 6

Frequencies & percentages of major categories of experiences of self-compassion in the total sample (N = 449) and per country (Australia n = 227; Portugal n = 151; Singapore n = 71)

Experiences of Self-compassion	Total sample (N = 449)		Australia sample (n = 227)		Portugal sample (n = 151)		Singapore sample (n = 71)	
	Frequen- cy (n)	%	Frequen- cy (n)	%	Frequen- cy (n)	%	Frequen- cy (n)	%
Self-compassion in a grieving situation	9	2.0	6	2.6	2	1.3	1	1.4
Self-compassion when facing problems with friends	8	1.8	3	1.3	2	1.3	3	4.2
Self-compassion when facing academic problems	105	23.5	68	30.0	25	16.6	12	16.9
Self-compassion when facing personal problems	97	21.6	44	19.4	39	25.8	14	19.7
Self-compassion when facing family problems	10	2.2	5	2.2	3	2.0	2	2.8
Self-compassion when facing health problems	23	5.1	19	8.4	2	1.3	2	2.8
Self-compassion when facing problems with a partner	15	3.3	7	3.1	6	4.0	2	2.8
Self-compassion when facing work problems	21	4.7	12	5.3	4	2.6	5	7.0
Self-compassion when facing a failure/setback	5	1.1	0	-	5	3.3	0	-
Not self-compassion experience	156	34.7	63	27.8	63	41.7	30	42.3

Table 6 (continued)

Frequencies & percentages of major categories of experiences of self-compassion in the total sample (N = 449) and per country (Australia n = 227; Portugal n = 151; Singapore n = 71)

Minor categories for not self-compassion experience								
Not self-compassion	88	56.4	21	33.3	54	85.7	13	43.3
Generic/vague description	17	10.9	9	14.3	7	11.1	1	3.3
Lack of memory	27	17.2	12	19.0	2	3.2	13	43.3
FBRs of self-compassion	24	15.4	21	33.3	0	-	3	10.0

Key. FBRs: Fears, blocks and resistances of compassion

When exploring the data of each country, the most frequent type of self-compassion experiences described by Australian participants were being self-compassionate when facing an academic problem (30%) or a personal problem (19.4%). Amongst other experiences less recalled were being compassionate towards oneself when struggling with a health difficulty, a work problem, problems with a partner, a family member or with friends or when mourning the loss of a significant other. Circa 28% of Australian participants narrated situations that did not correspond to self-compassion experiences. These participants recounted situations that were not self-compassion (33%), that reflected FBRs to being compassionate towards themselves (33%), couldn't remember such an event (19%) or were overly vague in their account (14%).

In the Portuguese sample, the most frequent self-compassion experiences recounted by participants were being self-compassionate when facing a personal problem (25.8%) or an academic problem (16.6%). Other experiences of self-compassion described comprised being compassionate for oneself when struggling with problems with a partner, when facing a failure or setback, when dealing with a work-related or a family problem, and also when facing a health issue, problems with a friend(s) or when grieving. Significantly, around 42% of participants narrated situations coded as 'Not self-compassion'. The vast majority of these responses could not be considered a self-compassion experience according to CFT (85.7%). Other descriptions were too unspecific (11%) or participants couldn't recall such a moment (3%).

In the Singaporean sample, experiences involving being compassionate towards oneself when facing a personal problem (19.7%) or an academic problem (16.9%) were the most frequent situations recalled by participants. Other experiences narrated by participants entailed being self-compassionate when facing a work problem, a difficulty with a friend(s), a family member or a partner, when struggling with a health problem or in a grieving situation. From the 42% of participants who described 'Not self-compassion' experiences, the majority either recounted

an event that didn't entail being to self-compassionate to oneself (according to the CFT model) (43%) or couldn't remember such a situation (43%). Other participants provided descriptions that reflected FBRs to being self-compassionate (10%) or were too generic in their narrative (3%).

DISCUSSION

The current study sought to explore peoples' semantic associations with compassion (to others) and self-compassion, and to examine recalled memories of personal experiences of compassion for others, receiving compassion from others and self-compassion. Furthermore, this study aimed to investigate possible cultural differences in these aspects by comparing participants' responses in three different countries (Singapore, Australia and Portugal).

The results of this study help elucidate the semantic associations that people in the general community hold regarding the word 'Compassion'. We found that, across the entire sample, people associate compassion most frequently with the words 'Empathy', 'Kindness' and 'Understanding', with over 40% of the sample selecting these among their top three words. From a CFT perspective, 'Empathy', selected by 50.7% of participants, is considered a competency of compassionate engagement (Gilbert, 2009, 2010, 2014). Empathy is the ability to understand the perspective of the person who is suffering, their feelings, thoughts and motives, as well as resonate affectively with that person's experience, thus building an empathic bridge to cultivate a compassionate motivation and help guide compassionate action (Gilbert, 2014). Of course, empathy enables us to resonate with positive and negative feelings, and can also be brought to various motivations, such as a competitive motivation. In the case of compassion, empathy helps us to understand and resonate with the suffering (Singer & Klimecki, 2014). In the CFT model, kindness is considered to be different to compassion. While people have been found to be able to differentiate kindness from compassion when given brief scenarios to consider (Gilbert et al, 2019), when asked to choose words they associate with compassion in our study, 'Kindness' was selected by 41.1% of participants. However, compassion is differentiated from kindness because of the necessary presence of suffering (Gilbert et al., 2019). Finally, 'Understanding' was selected by 40.4% of participants. To be understanding can reflect a mental process of comprehending another's situation and experience, or it may reflect an attitude towards that person of acceptance and tolerance. In a sense, selecting understanding may relate to aspects of the CFT model of compassion such as empathy, non-judgment, and wisdom.

Interestingly, despite the differences of kindness and compassion held by the CFT model, we found that ‘Kindness’ was the most frequently selected word in both the Australian (49%) and Singaporean (52%) samples. ‘Empathy’ (Australians 42.2%; Singaporeans 47.6%) and ‘Understanding’ (Australians 42.9%; Singaporeans 36.2%) were also in the top three selected words. However, the Portuguese sample most frequently selected ‘Empathy’ (67.7%), followed by ‘Understanding’ (38.8%) and ‘Sensitivity’ (30.6%), with kindness dropping to fourth most selected at 21.9%. ‘Sensitivity’ is considered an important part of the CFT model of compassion, in that it appears both in the definition of compassion and is also one of the six competencies of compassionate engagement (Gilbert, 2009, 2010, 2014). Nevertheless, the difference between the Portuguese sample and the Australian and Singaporean sample may reflect language differences. In Australia and Singapore, the official language is English, and the list of words used in this study was originally developed in English. The English words were then translated to Portuguese language by M.M. and a back-translation procedure by a bilingual speaker was used to ensure the words corresponded in both languages. It is, however, possible that cultural differences exist between these countries in terms of the meaning associated with ‘Compassion,’ ‘Self-compassion’ and our list of words, and these differences may underlie these findings.

The current study also explored people’s semantic connotations of the word ‘Self-compassion’. Across the entire sample, the most frequently selected words were ‘Acceptance’, ‘Strength’, and ‘Understanding’. ‘Acceptance’, selected as a word associated with self-compassion by 40.07% of participants, seems very relevant to compassion, especially from the CFT perspective of ‘Non-judgment’, one of the six competencies of compassionate engagement (Gilbert, 2009, 2010, 2014). However, in our study ‘Non-judgment’ was selected by less than 10% of participants, suggesting that ‘Acceptance’ as a word was closer to their sense of self-compassion. Also, ‘Acceptance’ appears to be more specifically associated with self-compassion than compassion for others, as it was selected by only 12.5% of the total sample as a word associated with ‘Compassion’. ‘Strength’, selected by 21.6% of participants to be associated with ‘Self-compassion’, is an important quality of compassion and self-compassion from the perspective of CFT. Again, it is interesting to note that this word was much more specifically associated with ‘Self-compassion’ compared with ‘Compassion’ where it was selected by 5.65% of the total sample. Conversely, ‘Kindness’ seemed less associated with ‘Self-compassion’ (16.27% of the total sample) than ‘Compassion’ (41.1% of the total sample). This finding is less relevant to the CFT model than perhaps the MSC model that posits ‘self-kindness’ as one of the three key aspects to their definition of self-compassion (along with mindfulness and common humanity; see Neff, 2003). ‘Understanding’, as discussed above, was the third most selected word for ‘Self-compassion’.

In terms of each country, we found that 'Acceptance' was the most frequently selected word associated with 'Self-compassion' for the Australian, Portuguese and Singaporean participants. This may be a particularly helpful finding, tapping into people's intuitive wisdom around accepting oneself, one's thoughts and feelings, and one's context or environment as a way to alleviate suffering in oneself. Despite this consensus around the word 'Acceptance', our results also indicated diversity in the word associations participants across countries had with 'Self-compassion'. In the Australian sample, participants also nominated 'Care' (25.3%) and 'Kindness', 'Understanding', and 'Mindfulness' (all 22.3%). In the Portuguese sample participants nominated 'Awareness' (33.9%) and 'Strength' (23.5%). In the Singaporean sample participants nominated 'Understanding' (26.7%) and 'Love' (23.8%). This is also a useful finding, as it emphasises the importance of inquiry and discussion when introducing self-compassion in community-based programs or in individual or group therapy. Self-compassion (and, for that matter, compassion for others) are not just one singular thing across individuals, let alone countries. Individual, societal and cultural differences should be taken into account, especially in early conversations about compassion and self-compassion as part of CFT.

An important finding of the current study is that people's understanding of compassion and self-compassion may very well differ from that held by the CFT model. For example, words derived from the competencies of compassionate engagement held by CFT model, including sensitivity, empathy, tolerance, sympathy, and non-judgment, were all selected as words associated with self-compassion by less than 10% of participants. Thus, the psychoeducation aspect of CFT regarding what compassion is and the competencies it entails is extremely important. However, it should be delivered in a careful, delicate fashion, avoiding arguments at all costs, seeking an understanding of the client's perspective first, helping them to feel heard and understood, as well as accepted and validated, prior to offering the CFT model.

One approach to developing a shared understanding of compassion between the CFT therapist and client is to explore the client's memories of compassion across the three flows. In the current study, we endeavoured to examine participants' experiences of compassion for others, receiving compassion from others and self-compassion. We found that participants most often recalled experience of offering compassion to a friend (31.5%) and stranger (21.3%), with many of these experiences relating to compassion for friends with personal problems (21.3%). In terms of receiving compassion from others, the vast majority of participants reported receiving compassion from friends (44.1%), and again in relation to personal problems. Finally, experiences of self-compassion were largely in response to facing academic (23.5%) or personal (21.6%) problems, although a majority of the sample were university students, and so concerns regarding their studies would naturally be a prominent.

Nevertheless, there is significant common ground regarding memories of personal experiences of compassion across the three flows, including a recognition that compassion is a response to pain, distress and suffering.

Of particular note in our findings was that a significant proportion of people described an experience that could not be categorised as compassion across the three flows. In particular, a number of participants stated that they were not able to remember examples of compassion, or expressed certain FBRs to compassion. In fact, this inability to recall compassion may itself be a block. Future research should explore the link between how people perceive compassion (in terms of semantic associations and meanings) and how they recall personal experiences of compassion. For example, if a person does not view compassion (across any of the three flows) as important, they may not be able to remember experiencing it. Alternatively, if a person views compassion as important but they lack confidence in their ability to enact it, they may also not be able to remember experiencing it.

Another possible explanation for this inability of people to recall compassion experiences might lie in their levels of FBRs to compassion. Fears of compassion have been found to be linked to one's attachment history and affiliative experiences (Gilbert et al. 2011; Matos et al., 2017), to increase vulnerability to mental health difficulties (Kirby et al., 2019), and may vary between different cultures (Steindl et al., 2019). Individual differences in self-criticism might also help explain these findings, since self-criticism is known to be associated to fears of compassion (Gilbert et al. 2011) and to how people respond to compassion focused interventions (Duarte et al., 2015; Longe et al., 2010; Matos et al., 2022). Future research might thus seek to examine the role of FBRs to compassion, and self-criticism, on how people perceive compassion/self-compassion and their ability to recall compassion experiences. Finally, current psychopathological symptoms (e.g., depression) may influence people's recollections of compassion, and hence future studies should take current mood symptoms into account. Furthermore, exploring what variables help explain why some people recall compassion, especially certain individual differences in age, gender, culture, as well as clinical versus non-clinical sample, will be important future research.

In addition, our findings should be interpreted considering some methodological limitations that future research may seek to address. Despite their adequacy given the qualitative nature of our study, the three samples used were not representative of the entire population of each country which impairs the generalizability of the findings. Furthermore, because the meaning of compassion can be embedded by cultural, societal and linguistic influences, the generalization of the findings to other populations from different cultural backgrounds should be made with caution and warrants replication in other languages/cultures. The

developmental range of the whole sample was large (17 to 73 years old), and two of the samples had an unequal gender distribution, with more female respondents. Thus, in the future research should attempt to explore whether age and developmental stage play a role in the meaning and subjective experiences of compassion, and examine these aspects in more gender balanced samples. More research should be done on people's semantic associations and meanings of the words compassion and self-compassion, as well as the way this may influence subjective experiences of compassion across the three flows and how these might be interpreted or remembered. Nevertheless, we draw from the findings of this study a number of clinical considerations for CFT practice, especially in the early stages of CFT when the CFT therapist and client are developing a shared understanding of 'what is compassion?'

Our findings suggest that there is considerable diversity of semantic understanding of what compassion is, and thus the CFT therapist should not assume that the words compassion and self-compassion are understood in the same way by any given client.

Taking a guided discovery approach is important when developing a shared understanding of 'what is compassion' between CFT therapist and client. Rushing too quickly to a didactic approach, telling the client what compassion is, may illicit resistance, discord in the therapeutic relationship, or even therapeutic rupture. Asking the client first 'What is compassion?' and then validating their perspective, especially those aspects of their perspective that aligns with the model, is vital in the first instance.

One way to use guided discovery regarding the question 'what is compassion?' is to explore memories of personal experiences of compassion across the three flows. Our findings suggest that this is a helpful way to identify compassion and explore the qualities clients may have brought to personal experiences of it.

However, a significant number of people will find it difficult to remember examples of compassion, or may express FBRs to compassion when asked for personal experiences, and so the CFT therapist should be prepared to work with this when it arises.

In preparation for such blocks, the CFT therapist may also have examples in mind. One such example is to ask the client to imagine that they have a friend who is experiencing a significant health concern and needs a particular medical investigation, but is also fearful of doctors or hospitals and so has been avoiding this investigation. Once the client confirms they can imagine such a situation, the CFT therapists asks them how they might approach their friend, and what they might do, to be helpful and to alleviate their friend's suffering. When thoroughly explored, the client will often arrive at the various competencies of compassionate

engagement and action, giving the CFT therapist an opportunity to validate and affirm the client and arrive at a definition of compassion.

There remains a need to provide psychoeducation regarding the question of ‘what is compassion’. The CFT therapist should present the CFT model of compassion, the broad definition, the various competencies and qualities associated with this definition, and the differences between compassion and other concepts, such as kindness. However, this process of providing information is often helped by first asking permission to do so. In other words, the CFT therapist might say, “Would you mind if I talk about the approach we take to compassion, what it is and so on, from a compassion focused therapy perspective?” The client will almost certainly give permission, however, by asking for it, the CFT therapist is demonstrating collaboration and respect for the client, and this often decreases the risk of further resistance or discord arising when the education offered differs somehow from the client’s perspective.

The CFT therapist should always return to the client and their perspective, inviting them to comment or question the definition and its components, and facilitating a thorough exploration and discovery of compassion across the three flows from the CFT perspective. Creating a shared understanding of compassion at the start is particularly helpful as therapy progresses and reduces the risk of FBRs arising in later therapy sessions.

While a range of approaches are invaluable when developing a shared understanding of ‘what is compassion’, one commonly used strategy for collaboratively exchanging information in a health setting, drawn from motivational interviewing (MI; Steindl et al., 2018) is the elicit-provide-elicite (EPE) technique (Rollnick et al, 2008). In the context of CFT, EPE would involve the CFT therapist *eliciting* from the client what they already know about compassion, *providing* (with permission) information regarding compassion that is tailored so that it complements the client’s response, and then *eliciting* the client’s feelings, thoughts, perspectives and questions about the information that was provided. Rather than simply providing information in a non-collaborative, didactic way, EPE can help with reducing discord, increasing information retention and increasing the likelihood of behaviour change. Given the findings of the current study, the various semantic associations with the words ‘compassion’ and ‘self-compassion’, and diversity of memories of subjective experiences of compassion across the three flows, including both being unable to remember examples of compassion or expressing FBRs to compassion, we recommend EPE, or conversations like this that take into careful consideration the therapeutic process, be a part of the early CFT sessions when the CFT therapist and client are developing a shared understanding of ‘What is compassion?’.

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