CONSENSUAL QUALITATIVE RESEARCH ON FREE ASSOCIATIONS FOR COMPASSION AND SELF-COMPASSION¹

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Abstract: The aim of our study was to explore the first three associations for the following two stimulus words: compassion and self-compassion. In addition, we were interested in whether the participants would conceptualise these words more in terms of emotions, cognitions, or behaviours. The sample consisted of 151 psychology students. A consensual qualitative research approach was adopted. Three members of the core team and an auditor analysed the free associations of compassion and self-compassion. The data showed that there were four domains for both compassion and self-compassion; the Emotional, Cognitive, Behavioural and Evaluative Aspects of compassion/self-compassion. The only domains that differed were the Biological Aspect of compassion and the Situational Aspect of self-compassion. The most frequently represented domain for both compassion and self-compassion was the Emotional Aspect, while both more positive as well as negative emotions were associated with self-compassion than was the case with compassion. The findings of our study show that the participants perceived compassion as mainly consisting of empathy; the emotions of love, sadness and remorse; cognitive understanding; and behavioural displays of help, physical or mental closeness. Compassion was seen as being mainly directed at those close to them, such as family and friends, and at vulnerable people. Compassion occurs in situations of loss or any other kind of suffering. The participants viewed self-compassion primarily in terms of the positive emotions of love and calmness; the negative emotions of unhappiness, sadness and remorse; cognitive understanding; and behavioural displays of self-help through the provision of self-support and self-assurance. Self-compassion is triggered mainly in situations involving internal suffering caused by criticism or externally as a response to a difficult situation. Self-compassion is evaluated in both negative (because of its misuse) as well as positive terms (because of its connection to virtues). The findings of our qualitative study support the idea that compassion is a multidimensional construct consisting of emotional, cognitive, and behavioural aspects.

Key words: compassion; self-compassion; free associations; consensual qualitative research

Introduction

Compassion is an important human virtue in all major religions around the world, including Christianity, Judaism, Buddhism, Hinduism, and Islam (Balslev & Evers, 2011). Karen

¹ This article was supported by the VEGA Scientific Grant Agency under grant no. 1/0578/15.



Armstrong even launched a "Charter of Compassion," a document and related web page motivating all humans to allow more compassion into their lives in order to build a better place for all people to live in (https://charterforcompassion.org). Similarly, Ekman and Ekman (2017, p. 41) have called for a global compassion not only in relation to those close to us but all human beings: "It would be a different world, a desirable world, if all of us felt global compassion, a concern to alleviate the suffering of anyone, regardless of their nationality, language, culture, or religion". Despite being rooted in religion, compassion is one of the most rapidly growing areas of interest in psychology, medicine, neuroscience, pedagogy, organisational science, ethics, and social work (Seppälä et al., 2017).

There has been a boom in quantitative research on compassion and self-compassion in various scientific disciplines in recent years (e.g., Duarte et al., 2017; MacBeth & Gumley, 2012; Neff, 2003; Neff, Kirkpatrick, & Rude, 2007). A meta-analysis by Zessin, Dickhäuser and Garbade (2015) found there was a significant positive relationship between self-compassion and well-being. Compassion is an important factor in understanding mental health (MacBeth & Gumley, 2012), and self-compassion is related to health-promoting behaviour in individuals, according to a meta-analysis by Sirois, Kitner and Hirsch (2014). Therefore, it is surprising to find that qualitative methodologies are rarely used to study these phenomena. So far, we have discovered only one qualitative study that focuses mainly on compassion (van der Cingel, 2011) and one on self-compassion (Pauley & McPherson, 2010). Both these studies were conducted using healthcare samples and therefore have limited generalizability to other populations.

In addition, there is an ongoing debate as to what compassion actually is. Different scholars see compassion as very different constructs. For example Ekman (2003) sees it as the experience of empathic distress, for Sprecher and Fehr (2005) compassion is a special kind of love and not a distinct emotion, while others see compassion as a distinct emotional state (e.g. Haidt, 2003). By contrast, Jazaieri et al. (2013) and Strauss et al. (2016) perceive compassion as a multidimensional construct, not only as an emotional state but also as a phenomenon with cognitive and behavioural components. Furthermore Gilbert et al. (2017) see it as a sensitivity connected to motivation and helping behaviour.

Among those who see compassion as an emotion is Lazarus (1991, p. 289), who included compassion in his taxonomy of emotions: "Compassion...is not a sharing of another person's emotional state, which will vary depending on what the other person's emotional experience seems to be, but an emotion of its own...". The consequence of feeling compassion is to be moved and to want to help so as to end suffering. Similarly, Goetz et al. (2010), in their empirical review on compassion, concluded that compassion is an emotional state because compassion is connected to distinctive affective, expressive, and physiological characteristics.

By contrast, Ekman (2010) has argued that compassion cannot be considered an emotion. For Ekman (2010) the distinctive features of emotions are that they can be enacted constructively or destructively, emotions need not be cultivated, emotions twist perception, emotions can be out of control, and emotions are temporary; nonetheless he does not think compassion satisfies these criteria. However, we reject that, on the grounds that compassion fatigue (Figley, 1995) is an example of a destructive type of compassion, and in the extreme version hypersensitive people who have problems saying no are unable to control it. Anger

management training is an example of altering emotions. Giving money to a masked beggar and then finding out the person was not a true beggar is an example of compassion distorting perception and of the transitory nature of compassion.

Some scholars (Jazaieri et al., 2013) perceive compassion as comprising cognitive (an awareness of the suffering), emotional (being emotionally moved by the suffering) and behavioural elements (wish to see the suffering relieved and helping). Strauss et al. (2016) suggested that compassion is a process with cognitive, affective, and behavioural components. Specifically, they (Strauss et al., 2016, p. 19) reported that compassion is created by the following five elements: 1) Recognising suffering; 2) Understanding the universality of suffering in the human experience; 3) Feeling empathy for the person suffering and connecting with the distress (emotional resonance); 4) Tolerating uncomfortable feelings aroused in response to the suffering person (e.g., distress, anger, fear), so remaining open to and accepting of the person suffering; and 5) Motivation to act/acting to alleviate suffering.

The first two of these elements are cognitive, while the second two are emotional and the last one is behavioural.

According to Neff and Germer (2013) self-compassion is merely compassion for oneself. The whole discussion about what compassion is therefore also relates to self-compassion and the answer is connected to both constructs.

Research goals

To the best of our knowledge, only in the two studies mentioned above (Pauley & McPherson, 2010; van der Cingel, 2011) has a qualitative analysis been used to explore compassion and self-compassion. Consequently, very little is known about the words people associate with these constructs, how the terms are conceptualised, and how they are interpreted. For that reason, our goal was to identify and categorise associations linked to the words compassion and self-compassion.

Given the ongoing debate over what compassion is, we were also interested in whether our participants would conceptualise these words more in terms of emotions, cognitions, or behaviours.

Methods

Sample

The participants were psychology students at Comenius University in Bratislava. They were selected on the assumption they have better skills of mentalisation, greater experience of psychological constructs and in their future work they will require an understanding of subjective human experiences. Of the 151 participants, 37 were men. The mean age was 22.2 years (SD = 4.4).

Testing materials

The participants were asked two open-ended questions "...without censoring, please write down the first three associations when you see the word compassion" and "...without

censoring, please write down the first three associations when you see the word self-compassion".

Procedure

The data was collected as a part of a larger questionnaire battery on self-compassion and self-criticism. The questions on the free associations came at the beginning of the questionnaires immediately after the informed consent form and the socio-demographic information.

Data analysis Consensual Qualitative Research

According to Chambers (2002), qualitative approaches are prone to distortion, which can lead to the incomplete or unsystematic coverage of the data, selective selection owing to researcher perception or to disagreement among the group of researchers. To overcome these limitations, we used the Consensual Qualitative Research (CQR) method (Hill, 2012) in our study. The aim of this qualitative method is for the researchers to reach a consensus once the data categorisation has been performed separately by each researcher. A consensus is achieved through subsequent group discussions, with an auditor checking there is consensus in the later stages and through them all agreeing on the final categorisation of the data.

Determining thematic areas

Before starting to work on the data, the researchers completed the questionnaire according to how they expected the participants would answer. This was done to make sure their expectations were clear. Three assessors in the core team were given the participants' free associations for the words compassion and self-compassion separately. Individually each member of the core team labelled the domains and thematic areas in the text and assigned the free associations to them. Following the group discussion, the assessors agreed on the domains, subdomains, categories, and characteristics.

Audit

The auditor checked the domains, subdomains, categories, and characteristics agreed by consensus and gave the assessors feedback on the analysis. The auditor's comments were taken into account and acted upon.

Results

Four researchers performed a consensual qualitative analysis on the responses given by the 151 respondents in relation to the two stimulus words, and 742 coded statements were then identified. These described the free associations for compassion (391) and self-compassion (351). At the beginning of the analysis we all agreed to exclude associations which

were irrelevant to the constructs being investigated and that had no connection to either compassion or self-compassion. There were 11 for compassion (e.g. grammar) and 15 for self-compassion (e.g. wood).

The coded statements were categorised under the 5 domains, 12 subdomains, 12 categories and 21 characteristics which were created for compassion or under the 5 domains, 12 subdomains, 17 categories and 14 characteristics created for self-compassion. The categorisation of the stimulus word compassion can be found in Appendix 1, including specific examples of participant statements. The categories for the word self-compassion can be found in Appendix 2. The most frequently represented domain for compassion is the *Emotional Aspect of compassion* (f = 187; 48.95%). In terms of frequency the *Behavioural Aspect of compassion* (f = 83; f = 21.73%) comes next, and the *Biological Aspect of compassion*

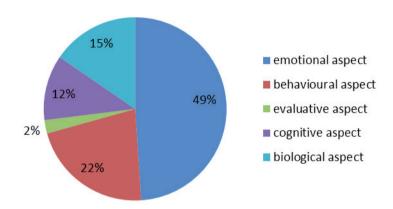


Chart 1. Percentage of each domain in compassion

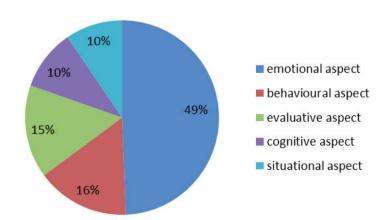


Chart 2. Percentage of each domain in self-compassion

 $\textbf{Table 1.} \ \ Comparison \ \ of \ qualitative \ analysis \ for \ compassion \ and \ self-compassion \ after \ discarding \ categories \ with \ fewer \ than \ 5 \ associations$

Compassion 382	Self-compassion 336
Emotional aspect of compassion 187 Empathy 71 Word empathy 54 Empathy towards others 17 Emotions 116 Synonyms of emotions 8 Specific emotions 108 + Love 26 + Happiness 7 - Sadness 22 - Remorse 34	Emotional aspect of self-compassion 166 Empathy towards self 10 Emotions towards self 156 Specific emotions 152 + Love 31 + Calmness 13 - Sadness 22 - Remorse 35 - Unhappiness 12 - Anger 6 - Vulnerability 8
Cognitive aspect of compassion 44 Understanding 44 General understanding 40	Cognitive aspect of self-compassion 34 Understanding 25 General understanding 13 Understanding self 12 Balancing 9
Behavioural aspect of compassion 83 Display of help 24 Help 18 Support 6 Display of favour 54 Physical closeness 10 Mental closeness 44 Tenderness 17 Care 5 Goodness 7 Companionship 6 Display of motivation 5	Behavioural aspect of self-compassion 52 Display of help towards self 6 Display of favour towards self 46 Self-forgiveness 6 Self-support 10 Self-care 6 Self-assurance 11 Self-acceptance 8
Biological aspect of compassion 59 People 50 Types of compassionate relationships 27 Family and close ones 11 Vulnerable people 5 Friends 11 Types of compassionate situations 23 Loss 8 General suffering 15 Disease 6 Animals 8	Situational aspect of self-compassion 32 Types of external situations 9 Types of internal situations 23 Resulting from the inside 14 Resulting from the interaction with others 9
Evaluative aspect of compassion 9 General evaluation 5	Evaluative aspect of self-compassion 52 Misunderstanding 8 Related to self 8 Negative evaluation 19 Misuse of self-compassion 14 Pointlessness of self-compassion 5 Positive evaluation 17 Connection with virtues 11 Importance of self-compassion 6

(f = 59; 15.44%) is third, followed by the *Cognitive Aspect of compassion* (f = 44; 11.52%) and the final domain, the *Evaluative Aspect of compassion* (f = 9; 2.36%). For a comparison of the frequencies in each compassion domain see Chart 1.

The most frequent self-compassion domain was the *Emotional aspect of self-compassion* (f = 166; 49.4%). The next two were equally represented: the *Behavioural Aspect of self-compassion* (f = 52; 15.48%) and the *Evaluative Aspect of self-compassion* (f = 52; 15.48%). They were followed by the *Cognitive Aspect of self-compassion* (f = 34; 10.12%) and the final domain was the *Situational Aspect of self-compassion* (f = 32; 9.52%). For a comparison of the frequencies in each self-compassion domain, see Chart 2.

A comparison of the free associations for compassion and self-compassion is presented in Table 1. For clarity and concision we have included only categories with five or more associations.

Discussion

The aim of the study was to find out what participants associate with the words compassion and self-compassion and whether they conceptualise these associations more in terms of emotions, cognitions, or behaviours.

Despite the participants having been asked to write down their first three associations, we ended up with various numbers of associations for the two stimulus words. Given that there were 151 participants, ideally there would have been 454 associations if everybody had followed the instructions. However, there were 391 associations for compassion and only 351 associations for self-compassion. This could indicate that self-compassion is used less frequently and is consequently a less understandable term or that people were less willing to share their associations as self-compassion is more related to the self and therefore more personal.

The domains that resulted from the analysis of the first three associations for the word compassion were Emotional Aspect, Cognitive Aspect, Behavioural Aspect, Biological Aspect and Evaluative Aspect. Very similar domains emerged from the analysis of the answers for the word self-compassion. These were Emotional Aspect, Cognitive Aspect, Behavioural Aspect, Situational Aspect and Evaluative Aspect.

Emotional aspect

The most frequently represented domain for compassion and for self-compassion was *Emotional Aspect*, which is most fleshed out in terms of subdomains, categories, and characteristics for both stimulus words. The emotional states participants in our study associated with the words included both positive and negative feelings. This may contribute to the mixed nature of compassion, which is a mixture of negative emotions that are the result of suffering and positive feelings associated with the motivation to help a sufferer. The negative emotions to do with suffering associated with compassion were sadness and remorse, and to a lesser extent pain. Love and happiness were also mentioned by the participants and were included in the group of emotions with positive valence.

The emotional aspect of compassion and self-compassion was the most frequent and the richest domain, suggesting that people see compassion and self-compassion mainly as emotions. This domain consists of two subdomains—"Empathy" and "Emotions". Participants connected compassion with the affective component in particular: either with specific emotions or with empathy—resonance with the emotions of others. Klimecki, Leiberg, Lamm, and Singer (2012) discuss the difference between empathy and compassion from a neuropsychological point of view. In their experiment they found greater negative affect and the activation of the brain areas associated with resonance with other peoples' pain among participants who watched a video of suffering following empathy training. However, when the same video was watched after compassion training was conducted participants reported an increased positive affect and various brain areas were activated. They concluded that these socio-affective states are related, but also have significant differences that are indicative of their functions. The "Emotions" subdomain was made up of two categories: 1) "Synonyms for Emotions" and 2) "Specific Emotions". The first category contained associations relating to the general concept of emotion, like "feeling" or "sentiment". The second category was more specific. The "Specific Emotions" category includes specific emotions related to compassion. Negative emotions like "sadness", or "remorse" were dominant. In their study Goetz et al. (2010) refer to compassion as a distinct emotion which differs from sadness, distress, love, and other emotions. A compassionate facial expression used in a study by Keltner and Haidt (1999) was most frequently identified as sadness. Quite a lot of positive characteristics were found in our data for compassion, like "love" and "happiness", which partially supports the conclusion of Sprecher and Fehr (2005) that compassion could be a special kind of love. But the frequency of these associations was comparable with that of the negative characteristics, which could be interpreted as being a result of the fact that compassion is a mixed emotion. Compassion itself combines negative emotional aspects evoked by both situations of suffering and by emotions expressed by sufferers with whom we resonate emotionally. At the same time, compassion produces positive feelings brought about by helping behaviours. This positive feeling is our natural reward-physiological feedback in real time, a reaction to our behaviour towards a person in need of help (Ekman, 2014). The mixed nature of self-compassion can be seen in the mix of negative emotions brought about by suffering and the positive feelings associated with the relief of the suffering. Self-compassion was related to remorse, sadness, and unhappiness. On the other hand, self-compassion was connected to love and calmness. Interestingly, more emotional characteristics were found for self-compassion than for compassion. This could suggest that people are more emotionally involved with the self than with others. Not surprisingly, for both self-compassion and compassion, there were more free associations connected with negative emotions than with positive emotions. As compassion and selfcompassion are felt in distressful situations or even situations involving suffering, it is no wonder that people emotionally resonate with the discomfort experienced by the people involved-either their own or that of others.

Behavioural aspect

The second frequency domain for compassion and self-compassion was the identical *Behavioural Aspect* domain. Behavioural Aspect has three main subdomains when related to compassion and two subdomains when related to self-compassion, and there

is a difference only in one subdomain. The subdomains for which compassion and self-compassion are common are "display of help" and "display of favour". In compassion, there is an extra category, "display of motivation", which is relevant to Gilbert's theory (Gilbert et al., 2017). Not surprisingly, display of motivation does not appear in relation to self-compassion because people are naturally driven to help themselves but need motivation to act compassionately towards others.

Biological aspect

The third most frequent domain for compassion was *Biological Aspect*, and for self-compassion it was *Evaluative Aspect*. The biological aspect of compassion includes associations relating to living things. In addition to people, participants mentioned animals and in one case plants. In associations linked to human beings, relationships such as "friend" or "child" were mentioned, which is compatible with the evolutionary view that compassion has evolved to protect the weak (e.g., Goetz, Keltner, & Simon-Thomas, 2010). As the target of self-compassion is the self, there is no need to specify who it is associated with, but there is a need to describe the situations in which self-compassion occurs in more detail. A similar domain is living organisms in the case of compassion and types of situations in the case of self-compassion. The participants described compassionate situations as those in which a person suffers.

Evaluative aspect

The Evaluative Aspect domain was also identified in the data relating to compassion and self-compassion. Interestingly, the Evaluative Aspect of compassion was less frequently represented than was the case with self-compassion, where the Evaluative and Behavioural Aspects are second most frequent. The reason more people evaluated self-compassion than compassion could be that it creates more cognitive dissonance, which they feel the need to explain or at least comment on. As Leary et al. (2007) have suggested, self-compassion leads people to understand their role in situations of distress without feeling negative emotions towards the self. Negative evaluation, which is another subdomain found in the data, may therefore be connected to a lack of personal experience of self-compassion.

Cognitive aspect

The *Cognitive Aspect* domain included understanding. In relation to compassion, this domain mainly comprises general understanding and understanding for others and within self-compassion it concerns understanding of the self. These could also be referred to as cognitive empathy, the term used by Bloom (2016). Compassion involves understanding suffering, and was expressed by the participants as "understanding" or "understanding others". In relation to self-compassion, the main category was "understanding self" and "general understanding", while a further category was "balancing", indicated by statements like "thinking about self" or "thinking about life".

Definitions of compassion and self-compassion

The categories obtained from our data are similar to the definitions of compassion by Jazaieri et al. (2013) and Strauss et al. (2016), which state that compassion is an affective, cognitive, and behavioural process. We therefore consider compassion and self-compassion to consist of various aspects (Jazaieri et al., 2013; Strauss et al., 2016), as the data shows that the emotional aspect occurs most frequently and is possibly the most important domain for both constructs.

Both these definitions are relevant to self-compassion, with the only caveat being that it is directed towards the self and not other people. All five elements of the definition by Strauss et al. (2016) could be seen in our data. Recognition of suffering is present in the Biological Aspect of compassion and the Situational Aspect of self-compassion, which clearly indicate that people interpret it in terms of the suffering of the person. A feeling of empathy was frequently found in the data and so the whole subdomain is called *empathy*. The connection between empathy and living organisms as postulated in the theory by Strauss et al. (2016) is seen in the Biological Aspect domain. Tolerating uncomfortable feelings elicited in situations involving suffering were manifested in the data as negative emotional associations connected with compassion. The Behavioural Aspect was also evident in compassion, with participants reporting a general desire to help or concrete acts of helping like "hugging" or "supporting". The participants' answers on self-compassion mainly concerned helping and favouring one's self. The second element in the definition by Strauss et al. (2016) was not so clear in our data because of the complexity of the meaning and the simplicity of our data. However, there were humanity associations for both compassion and self-compassion in our data.

Analysis of the most frequent associations

In order to summarise our findings we described the most frequent associations for both constructs. We decided to include only categories containing at least 10 associations. The analysis showed that the participants saw compassion as mainly consisting of empathy; the emotions of love, sadness and remorse; cognitive understanding; behavioural displays of help; and physical or mental closeness. They thought compassion was mainly directed towards people close to them, such as family and friends, and vulnerable people. Compassion occurs in situations involving loss or any other kind of suffering. The participants saw self-compassion primarily in terms of the positive emotions of love and calmness; the negative emotions of unhappiness, sadness and remorse; cognitive understanding; behavioural displays of helping oneself by providing self-support and self-assurance. Self-compassion mainly appeared in relation to internal suffering in response to criticism or externally in relation to difficult situations. Self-compassion was evaluated in both negative (because of its misuse) and positive terms (because of its connection to virtues).

Limitations and future work

We have focused on free associations produced in response to the words compassion and self-compassion. We limited these to the first three associations. The associations have

limited reporting value and, as we had no opportunity to ask the participants for details, the statements could have been misinterpreted. To some extent, we solved this by using the Consensual Qualitative Research method of data analysis. As very little is known yet about what compassion and self-compassion mean to people, it is a promising area for further qualitative research. In our future work, we would like to use open-ended questionnaires, in-depth interviews, or focus groups to explore people's perceptions and experiences of compassion and self-compassion more deeply.

The fact that our sample comprised psychology students is another limitation. In the future it would be a good idea to analyse the free associations of a community sample and then compare the results. Also, it would be useful to use a quantitative methodology to test peoples' constructions of compassion and self-compassion, as evidence from this kind of research is still viewed more seriously than that obtained using a qualitative methodology (Masaryk & Sokolová, 2012). In future, it would be useful to investigate what compassion and self-compassion are and whether there is a particular facial expression associated with these emotions as there are with other primary emotions.

Conclusion

The findings of our qualitative study support the idea that compassion is a multidimensional construct consisting of emotions, cognitions, and behaviours. The free associations elicited the same four domains for both compassion and self-compassion: the Emotional Aspect of compassion/self-compassion, the Cognitive Aspect of compassion/self-compassion, the Behavioural Aspect of compassion/self-compassion. The only domains that differed were the Biological Aspect of compassion and the Situational Aspect of self-compassion. As the target of self-compassion is the self, there is no need to specify who it is associated with, but the situations in which self-compassion occurs require more detailed descriptions. Where compassion is concerned a very similar domain focuses on different living organisms and on the types of situations in which self-compassion occurs.

The participants mainly viewed compassion and self-compassion in terms of emotions. The emotions were negative as well as positive, which suggests compassion may be a mixed emotion. Our study showed that the participants perceived compassion as consisting mainly of empathy; the emotions of love, sadness and remorse; cognitive understanding; behavioural displays of help; and physical or mental closeness. Compassion was mainly directed towards those close to them, such as family and friends, and towards vulnerable people. Compassion occurs in situations of loss or any other kind of suffering. The participants saw self-compassion primarily in terms of the positive emotions of love and calmness; the negative emotions of unhappiness, sadness and remorse; cognitive understanding; and behavioural displays of helping the self by providing self-support and self-assurance. Self-compassion mainly occurs in situations of internal suffering because of criticism or externally because of difficult situations. Self-compassion is evaluated in both negative (because of its misuse) and positive terms (because of its connection to virtues). The participants described the behavioural aspect more in relation to compassion than in relation to self-compassion, as if it was more natural to turn emotions and cognitions into behaviours towards others, rather

than oneself. In addition, the participants referred to more evaluative aspects in relation to self-compassion than in relation to compassion, suggesting that being compassionate towards the self is not as socially desirable and accepted yet and therefore, requires more justification. Research on free associations is just the first stage in the qualitative research which needs to be performed to obtain a better understanding of how people conceptualise the constructs of compassion and self-compassion.

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Appendix 1. Results of qualitative analysis of compassion

COMPASSION 382			
Emotional aspect of comp	compassion 187 /Domain/		
Subdomain	Category	Characteristic	Example
Empathy 71	Word empathy 54		Empathy
	Empathy toward others 17		Your pain in my heart, feel with others
Emotions 116	Synonyms of emotions 8		Feeling, emotion
	Specific emotions 108	+ Love 26	Love, higher kind of love
		+ Happiness 7	Happiness, smiling
		+ Other positive emotions 3	Soothing, Interest, Gratitude
		- Sadness 32	Sadness, tears
		- Remorse 34	Remorse, pity
		- Pain 4	Pain
		- Other negative emotions 2	Anger, Disappointment
Cognitive aspect of compa	compassion 44 /Domain/		
Subdomain	Category	Characteristic	Example
Understanding 44	General understanding 40		Understanding
	Understanding for others 4		Understanding the other person
Behavioural aspect of compassion 83 /Domain/	npassion 83 /Domain/		
Subdomain	Category	Characteristic	Example
Display of help 24	Help 18		Help
	Support 6		Support
Display of favour 54	Physical closeness 10		Hug, touch
	Mental closeness 44	Tenderness 17	Gentleness, softness

		Comfort 4	Comfort, sacrifice
		Reconciliation 3	Reconciliation, acceptance
		Care 5	Care, listening, advice
		Goodness 7	Goodness, better life
		Humanity 2	Humanity
		Companionship 6	Companionship
Display of motivation 5			Effort, willingness
Biological aspect of compa	compassion 59 /Domain/		
Subdomain	Category	Characteristic	Example
People 50	Types of compassionate relationships 27	Family and close ones 11	Family, parents
		Vulnerable people 5	Women, child
		Friends 11	Friend, friends
	Types of compassionate situations 23	Loss 8	Loss, funeral
		General suffering 15	Suffering, disaster
		Disease 6	Disease, bad situation
		Homelessness 2	Homeless
Animals 8			Dog, pet
Plants 1			Flower
Evaluative aspect of comp	compassion 9 /Domain/		
Subdomain	Category	Characteristic	Example
General evaluation 5			Point of view, comparison
Evaluation of importance			Everybody should be compassionate
Evaluation of unimportance 2			Unimportant

Appendix 2. Results of qualitative analysis of self-compassion

SELF-COMPASSION 336			
Emotional aspect of self-com	of self-compassion 166 /Domain/		
Subdomain	Category	Characteristic	Example
Empathy towards self 10			Empathy towards me
Emotions towards self 156	Synonyms of emotions 4		Feeling, emotion
	Specific emotions 152	+ Love 31	Love for self, love
		+ Happiness 4	Happiness, joy
		+ Soothing 3	
		+ Calmness 13	
		+ Other positive emotions 2	Gratitude, Pride
		- Sadness 22	Sadness, tears
		- Remorse 35	Remorse, pity
		- Unhappiness 12	Unhappiness, failure
		- Vulnerability 8	Weakness, vulnerability
		- Anger 6	Anger, hatred
		- Injustice 4	Injustice
		- Powerlessness 4	Powerlessness, loss of power
		- Fear 3	Fear, doubt
		- Other negative emotions 5	Pain, loneliness
Cognitive aspect of self-compassion 34 /Domain/	passion 34 /Domain/		
Subdomain	Category	Characteristic	Example
Understanding 25	General understanding 13		Understanding, knowledge

	Understanding of self 12		Inner voice which understands and doesn't judge, understanding of self
Balancing 9			Overthinking, awareness of own limits
Behavioural aspect of self-compassion 52 /Domain/	mpassion 52 /Domain/		
Subdomain	Category	Characteristic	Example
Display of help towards self 6			Willingness to help self, help when failing
<u>Display of favour towards</u> self 46	Self-forgiveness 6		Ability to forgive self, forgiveness
	Self-support 10		Self-support, encouragement
	Self-care 6		Care for self, to be good towards self
	Self-respect 4		Respect for self, regard for self
	Self-assurance 11		Trust in self, self-confidence
	Self-acceptance 8		Acceptance of shortcomings, acceptance of self
	Humanity 1		Humanity
Situational aspect of self-com	of self-compassion 32 /Domain/		
Subdomain	Category	Characteristic	Example
Types of external situations 9			School, work
Types of internal situations 23	Resulting from the inside 14		Problems , worries
	Resulting from interaction with others 9		Conflict, misunderstanding

Evaluative aspect of self-com	of self-compassion 52 /Domain/		
Subdomain	Category	Characteristic	Example
Misunderstanding 8			Not a common word, I was not taught it
Related to self 8			Self, mine
Positive evaluation 17	Connection with virtues 11		Mental health, intelligence
	Importance of self-compassion 6		Underrated, important
Negative evaluation 19	Misuse of self-compassion 14		Justifying mistakes, not solving situation
	Pointlessness of self-compassion 5		Pointless, short-term