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Fears of compassion: Development of three self-report measures

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Objectives. There is increasing evidence that helping people develop compassion for themselves and others has powerful impacts on negative affect and promotes positive affect. However, clinical observations suggest that some individuals, particularly those high in self-criticism, can find self-compassion and receiving compassion difficult and can be fearful of it. This study therefore developed measures of fear of: compassion *for others*, compassion *from others*, and compassion *for self*. We also explored the relationship of these fears with established compassion for self and compassion for others measures, self-criticism, attachment styles, and depression, anxiety, and stress.

Method. Students ($N = 222$) and therapists ($N = 53$) completed measures of fears of compassion, self-compassion, compassion for others, self-criticism, adult attachment, and psychopathology.

Results. Fear of compassion *for self* was linked to fear of compassion *from others*, and both were associated with self-coldness, self-criticism, insecure attachment, and depression, anxiety, and stress. In a multiple regression, self-criticism was the only significant predictor of depression.

Conclusion. This study suggests the importance of exploring how and why some people may actively resist engaging in compassionate experiences or behaviours and be fearful of affiliative emotions in general. This has important implications for therapeutic interventions and the therapeutic relationship because affiliative emotions are major regulators of threat-based emotions.

The last 10 years has seen a growth of research into the nature and functions of compassion (Davidson & Harrington, 2002; Gilbert, 2005, 2009, 2010a, b; Goetz, Keltner, & Simon-Thomas, 2010). Compassion can be defined in many ways. For example, the Dalai Lama (1995) defines compassion as 'an openness to the suffering of others with a commitment to relieve it'. Compassion is also linked to feelings of kindness, gentleness,

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and warmth (Fehr, Sprecher, & Underwood, 2009). Research has begun to explore the attributes of compassion such as a motivation to care, a capacity for sympathy, an ability to tolerate unpleasant emotions, the capacity for empathic understanding, and non-judging or condemning (Gilbert, 2005, 2009, 2010a). In terms of the flow and direction of compassion, we can have compassionate feelings *for* others, experience compassion *from others*, and can have empathy and compassion *for ourselves* (self-compassion), especially in times of difficulty (Gilbert, 2009, 2010a; Neff, 2003a, b).

There is increasing evidence that helping people develop compassion for themselves and for others has powerful impacts on negative affect and promotes positive affect (Lutz, Greischar, Rawlings, Ricard, & Davidson, 2004). Lutz, Brefczynski-Lewis, Johnstone, and Davidson (2008) found that regular meditation practice of compassion for others has an impact on responses to stress and the frontal cortex. Compassion-practised individuals also showed increased sensitivity to detect and respond to distress in others. Fredrickson, Cohn, Coffey, Pek, and Finkel (2008) gave six 60-minute weekly group sessions (with home practice) with a CD-based loving-kindness meditation (compassion directed to self, then others, then strangers). This training increased positive emotions, mindfulness, feelings of purpose in life and social support, and decreased illness symptoms. Pace *et al.* (2008) found that compassion-focused meditations reduced stress-linked immune and behavioural responses. A study with a non-clinical sample found that a brief loving-kindness meditation increased people's feelings of social connectedness towards strangers (Hutcherson, Seppala, & Gross, 2008). In other words, compassion-focused meditations decrease negative affects and stress responses, increase positive affects and increase feelings of affiliation and kindness towards others.

Neff (2003a, b), a pioneer in studies of self-compassion (www.self-compassion.org), has shown that self-compassion can be distinguished from self-esteem and predicts some aspects of well-being better than self-esteem (Neff & Vonk, 2009). Self-compassion aids in coping with failure, such as academic failure (Neely, Schallert, Mohammed, Roberts, & Chen, 2009; Neff, Hsieh, & Dejitterat, 2005). Compassionate letter writing to oneself has also been shown to improve coping with life-events and reduces depression (Leary, Tate, Adams, Allen, & Hancock, 2007).

There is increasing evidence that compassion is a powerful antidote to a variety of mental health difficulties including depression and anxiety. Shapiro and her colleagues (Jain *et al.*, 2007; Shapiro, Astin, Bishop, & Cordova, 2005; Shapiro, Brown, & Biegel, 2007) found that, in the context of mindfulness training, loving-kindness and compassion-focusing meditations reduced depression. Developing *self*-compassion and compassion for others has recently been the focus of therapeutic interventions (Gilbert, 2000, 2007, 2009, 2010a, b). Gilbert and Procter (2006) demonstrated that Compassion-Focused Therapy (CFT) reduced shame, self-criticism, depression, anxiety, and stress in a chronic day hospital population. Mayhew and Gilbert (2008) found that in a small pilot study of three voice hearers, compassion training significantly benefited two, with a third finding it helpful but limited because he felt he did not deserve compassion (possibly due to undisclosed shame-linked fantasies). In a study of group-based CFT for 19 clients in a high security psychiatric setting, Laithwaite *et al.* (2009) found '... a large magnitude of change for levels of depression and self-esteem ... A moderate magnitude of change was found for the social comparison scale and general psychopathology, with a small magnitude of change for shame ... These changes were maintained at 6-week follow-up' (p. 521).

Fear of positive emotions

Although developing compassion appears to have significant positive effects on mental well-being, working with CFT has illuminated major difficulties in some people's abilities and motivations to develop compassion. For some people, compassion gives rise to avoidance or even fear reactions (Gilbert, 2010a). The fear of positive emotions has been noted in the literature before. For example, Arieti and Bemporad (1980) identified a subgroup of depressed people who had a 'taboo on pleasure' and were fearful of positive emotions. Some believed that 'if you're happy today something bad will happen tomorrow'. A client of PG recalled times when she was happy as a child but then her mother would become unpredictably angry or critical. So she learned that 'you should never be happy because that is the time you are off your guard and bad things can happen'. Another patient noted that it was at times when she felt happy that frightening thoughts came into her mind – such that something could happen to her children or husband that would end her happiness. However, she noted that when she was more depressed and miserable these distressing thoughts did not intrude. She was surprised to discover how fearful of being happy she actually was and was later able to link this with early life-events of loss. Hence, positive emotions can be conditioned to, and associated with, aversive outcomes. Since affiliative emotions are positive emotions that are associated with interpersonal closeness, then one can anticipate that aversive backgrounds, particularly those associated with abuse and neglect, might lead to fears of affiliative emotions (Gilbert, 2010a).

Based on the work of Bowlby (1969, 1973, 1980), Gilbert (2005, 2010a) suggested that capacities for compassion were rooted in, and developed by, the attachment system (see also Gillath, Shaver, & Mikulincer, 2005). However, the attachment system can operate like a book, closing down due to abuse or neglect but that the compassion of the therapist or some CFT exercises can reactivate the attachment motivational system. When it is opened it opens at the place that it was closed. Hence, if the attachment system becomes closed because of emotional conflicts, neglect, or abuse, reactivating the system will reactivate these emotional memories. The re-emergence of these difficulties and feelings can underpin fears of compassion and be major blocks to recovery, especially for people with high shame and self-criticism. The importance of understanding how the attachment system is regulated, how it underpins psychopathology and can be a focus within psychotherapy, has been central to a number of therapies (e.g., Holmes, 2001; Wallin, 2007).

Fear of compassion from others

Affiliative emotions are generally regarded as positive emotions but ones that have specific qualities of soothing, calming and are accompanied by feelings of well-being. These affiliative emotions are linked to specific neurophysiological systems especially endorphin and oxytocin, that are different from 'drive and excitement' systems (Depue & Morrone-Strupinsky, 2005). Affection and care are fundamental to attachment behaviours, the creation of a safe place and positive feelings about the self and others (Bowlby, 1969, 1973; Mikulincer & Shaver, 2007).

However, for reasons noted above some people find certain types of affiliative emotions more threatening than pleasant. This is clearly problematic given that, from an evolutionary point of view, affiliative emotions are major regulators of feelings of threat and social isolation (Depue & Morrone-Strupinsky, 2005; Gilbert, 2000, 2007, 2009, 2010a; Mikulincer & Shaver, 2007). The fear of compassionate feelings has

been explored by research into compassion activation using imagery. Rockliff, Gilbert, McEwan, Lightman, and Glover (2008) measured heart-rate variability when individuals were asked to imagine a 'compassionate being' expressing compassion to them. They found that low and high self-critics responded very differently to this compassion imagery, with high self-critics responding with a reduction in heart-rate variability (an indictor of increased threat) and low self-critics showed an increase in heart-rate variability.

Clinical work has also indicated that the feelings of warmth associated with compassion from others (and in trying to become self-compassionate) can activate grief feelings of wanting but not receiving affection and care from significant others, with an increased awareness of inner loneliness and a yearning for close and accepting/valuing relationships (Bowlby, 1980; Gilbert, 2010a). If the feelings of grief, triggered by the experience of kindness and compassion from others (and self-compassion), are very unfamiliar, or as children people learnt to dissociate or block them off, then they can be overwhelming and may even trigger dissociation again.

Individuals from secure backgrounds however, have been shown to perceive others as sources of soothing, security, and support and are more likely to engage in support seeking when distressed, be open to compassion from others, and feel helped by it. This is in contrast to individuals from insecure backgrounds who are uncertain of the availability and support of others and are prone to either cling anxiously to attachment figures without feeling soothed or avoid and withdraw from others (Collins, 1996; Collins & Read, 1990; Kobak, Cole, Ferenz-Gillies, Fleming, & Gamble, 1993; Meyer, Olivier, & Roth, 2005; Mikulincer & Florian, 1995).

Fear of compassion for others

Feeling and acting compassionately to others has been linked to a range of psychological processes that have emerged from the literature on helping. Tice and Baumeister (1985) found that personal identity, notably high masculine identity, especially when linked to loss of poise in helping, inhibited helping. Graziano, Habashi, Sheese, and Tobin (2007) found that helping and compassion (prosocial motivation) are linked to personality, empathy, and situational contexts. Reed and Aquino (2003) found that compassionate values were linked to a desired moral self-identity. Evidence from the attachment literature suggests that avoidant individuals view support seeking as a weakness and may perceive others in distress with contempt (Collins & Read, 1994; Feeney & Collins, 2001; Mikulincer, Shaver, Gillath, & Nitzberg, 2005). Anxiously attached individuals can be overly concerned with being compassionate and helpful in order to be liked and thus can act submissively, whilst avoidant individuals are uncomfortable with distress emotions and distance themselves from others in distress. Some individuals become personally distressed by others' distress and become avoidant (Collins & Read, 1994; Feeney & Collins, 2001; Mikulincer *et al.*, 2005). In contrast, attachment security is associated with increased capacities for engaging in empathic, compassionate, and caring behaviours towards others (Gillath *et al.*, 2005; Mikulincer & Shaver, 2007). Secure individuals are more sensitive to the emotional states and needs of themselves and others and are able to empathize and provide care without being overwhelmed by their distress and that of others.

Most spiritual traditions implore us to be more compassionate to each other with the recognition that often we are not. Compassionate actions may be suppressed if people perceive the recipient of compassion to have committed a moral injustice (Batson,

Klein, Highberger, & Shaw, 1995), and compassion can be inhibited by certain types of self-interest (Gerhardt, 2010). Evolutionary theorists have argued that altruism and compassion are expensive resources to dispense and therefore subject to evolutionary pressures. Thus, we are more likely to be compassionate and helpful to kin, those we like and see as potential reciprocators of helpfulness, than to non-kin and those we do not know or like (Burnstein, Crandall, & Kitayama, 1994). Individuals motivated by social dominance, especially for their group to be superior to other groups can endorse very non-compassionate values to out groups (Pratto, Sidanius, Stallworth, & Malle, 1994). When operating within corporations, individuals are at risk of significantly increasing exploitative and uncaring behaviours towards others (Bakan, 2005). Failures in compassion have also been attributed to obedience to authority, following group norms, fitting in, and carrying out orders (Kelman & Hamilton, 1989). So, self-interest can block compassion and there can be a fear that compassion may be detrimental to self-interest.

Fear of being compassionate can also arise from confusions of compassion with submissiveness, e.g., that being kind and forgiving is showing weakness and submissiveness. In studies of retributive versus restorative justice, people can fear that compassion may be letting people off the hook, or people will take advantage (McLaughlin, Huges, Fergusson, & Westmarland, 2003). To date, though there has been no specific study of the fear of *being* compassionate to others.

Compassion can also be reduced due to emotional state. For example, research has shown that traumatized individuals, and this includes those who are vicariously traumatized, can experience 'compassion fatigue', associated with detachment from empathic and sympathetic emotions for the suffering of others (Figley, 2002; Rothschild, 2006). Vitaliano, Zhang, and Scanlan (2003) found that caring and efforts to be compassionate could have detrimental effects on health if caring was seen as obligatory and if the perceived demands exceeded resources.

Fear of self-compassion

As noted above, self-compassion has been shown to have a variety of health benefits. However, there can also be a significant fear of being self-compassionate. Gilbert and Procter (2006) found that in a group of chronic mental health patients, their first movement towards self-compassion was often met with doubt, fear, and resistance. These were linked to feelings of whether compassion was deserved, or a weakness, unfamiliarity with compassion, unresolved grief of wanting love and kindness but often feeling lonely and rejected, and simply 'never considering the value of self-compassion'. Based on these findings Pauley and McPherson (2010) looked at the meaning and value of self-compassion in a depressed group. They found that whilst participants viewed self-compassion as potentially very helpful to them they also saw it as being very difficult to develop. They felt this difficulty was in part due to the impact of their illness. Pauley and McPherson (2010) note that 'an interesting related finding was that many participants reported that it was not just that they found it difficult to be self-compassionate, but also that they experienced the exact opposite of self-compassion when depressed or anxious' (p. 140).

The fear of self-compassion can be marked, especially if people come from low affection or abusive backgrounds (Bowlby, 1980; Gilbert, 2007; Mikulincer & Shaver, 2007). High self-critics in particular can struggle with developing self-compassion (Gilbert & Procter, 2006; Mayhew & Gilbert, 2008; Rockliff *et al.*, 2008). In a functional

magnetic resonance imaging (fMRI) study, Longe *et al.* (2010) found that being self-critical or self-reassuring to set-back events activated different brain areas. People high in self-criticism had more difficulty in being self-reassuring and showed a threat response during efforts to be self-reassuring.

However, despite the various fears of compassion, developing therapeutic techniques to engage with and help people resolve their fears of and resistance to compassion can have important therapeutic effects (Gilbert & Procter, 2006; Laithwaite *et al.*, 2009) – not least because the affiliative system is a major affect regulation system (Depue & Morrone-Strupinsky, 2005). To date, however, our understanding of the fear of and resistance to affiliative emotions and compassion is derived from attachment theory (Mikulincer & Shaver, 2007) and clinical observations (Gilbert, 2010a, b). To advance research and understanding into the nature of fear of affiliative emotions and compassion requires measures of these processes.

Aims

The aim of this study was to develop measures of fear of compassion in three domains: Fears and difficulties in feeling compassion *from others, for others*, and *for self*. We explored these three fears of compassion in relation to established self-compassion and other compassion scales, self-criticism and self-reassurance, attachment styles, and depression, anxiety and stress. We were particularly interested in exploring the relationship between fears of compassion and depression.

Methods

Participants

Students from the Universities of Derby and Nottingham participated in the study ($N = 222$; Psychology $N = 125$, Criminology $N = 97$). We conducted an independent t test to see whether these samples could be treated as one. There were no significant differences between the students from Derby and Nottingham and students from Psychology and Criminology courses. Participants were 168 women and 54 men, age ranged from 18 to 59 years ($M = 22.70$; $SD = 7.07$). In addition, we collected data from 59 therapists (49 women, 10 men) attending a three-day CFT workshop. Therapists age ranged from 26 to 61 years ($M = 39.52$; $SD = 10.99$). All participants completed a series of self-report scales measuring fears of compassion, compassion for self and others, self-criticism, adult attachment, and psychopathology.

Measures

Fears of Compassion Scales

We developed three scales for this study, measuring fear of compassion *for self* (compassion we have for ourselves when we make mistakes or things go wrong in our lives), fear of compassion *from others* (the compassion that we experience from others and flowing into the self), and fear of compassion *for others* (the compassion we feel for others, related to our sensitivity to other people's thoughts and feelings).

We generated a series of items based on various fears of compassion for each of these scales. Many of these items were derived from PGs discussions with patients, ideas generated in the psychotherapy literature (e.g., Arieti & Bemporad, 1980) and in the attachment literature (Bowlby, 1969, 1973, 1980).

We generated 20 items for each domain and then asked the research team (six people) to rank the items according to face validity and selected the items which were rated to be the most valid. Those items for which there was general agreement that they had low face validity or were difficult to understand were rejected. The subscales consisted of: fear of compassion *for Self* comprised 17 items (e.g., 'I worry that if I start to develop compassion for myself I will become dependent on it'); fear of compassion *from Others* comprised 15 items (e.g., 'I try to keep my distance from others even if I know they are kind'); fear of compassion *for Others* comprised 13 items (e.g., 'Being too compassionate makes people soft and easy to take advantage of'). The items were rated on a five-point Likert scale (0 = Don't agree at all, 4 = Completely agree). The full scales are given in tables 1–3. The Cronbach's alphas for these scales are reported in Table 5.

Self-Compassion Scale

This 26-item scale assesses levels of self-compassion (Neff, 2003a, b). There are three factors of *positive* self-compassion: *Self-kindness*, C*ommon humanity* and *Mindfulness*, and three factors that focus on a *lack* of self-compassion: S*elf-judgment*, *Isolation*, and *Over-identification*. We obtained two totals for this scale: *Self-compassion* (sum of the three positive factors) and *Self-coldness* (sum of the three negative factors). Participants indicate how often they engage in these ways of self-relating on a Likert scale 1–5. The scale has good reliability (Cronbach's alphas ranging from .75 to .81). In this study, we chose to study the negative and positive items of this scale separately and not as a single factor scale. This is because positive feelings (of compassion) and negative feelings (of loss and threat) are typically seen as two independent dimensions of affect (Watson *et al.*, 1995), and fMRI data suggest that they are tapping different physiological systems and probably should not be seen as a unitary concept (Longe *et al.*, 2010).

Compassionate Love Scale

This 21-item scale measures compassionate love for others (Sprecher & Fehr, 2005). There are three versions of this scale: one assesses compassionate love towards close others, one assesses compassionate love for a specific other, and the third measures compassionate love to strangers. In the current study, we used the version of the scale which measures compassion for strangers. This was to avoid compassion for others being associated with attachment issues. Respondents are asked to rate how true each compassionate statement is on a seven-point Likert scale ranging from 1 (not at all true of me) to 7 (very true of me). This scale has been found to have a good Cronbach's alpha value of .95 (Sprecher & Fehr, 2005).

Forms of Self-Criticism/Self-Reassuring Scale

This 22-item scale assesses participants' thoughts and feelings about themselves during a perceived failure. Two subscales measure forms of self-criticizing (*Inadequate self* and *Hated self*) and one subscale measures tendencies to be reassuring to the self (*Reassured self*). Participants respond on a Likert scale (0 = Not at all like me, 4 = Extremely like me). The scale has good reliability with Cronbach's alphas of .90 for Inadequate self, .86 for Hated self, and .86 for Reassured self (Gilbert, Clarke, Hempel, Miles, & Irons, 2004).

Adult Attachment Scale

This 18-item scale measures three attachment dimensions. C*lose* measures ease of getting close to others. *Depend* measures abilities to depend on others, and *Anxious* measures degree of worry about abandonment. Respondents are asked to rate on a Likert scale 1–5 how characteristic each statement is of them. The Cronbach's alphas were .75 for Depend, .72 for Anxiety and .69 for Close (Collins & Read, 1990).

Depression, Anxiety, and Stress Scale

This 21-item shortened version of the Depression, Anxiety, and Stress Scale (DASS-42) consists of three subscales measuring *Depression*, *Anxiety*, and *Stress*. Participants are asked to rate how much each statement applied to them over the past week, on a Likert scale 0–3. The DASS-21 subscales have Cronbach's alphas of .94 for Depression, .87 for Anxiety, and .91 for Stress (Antony, Bieling, Cox, Enns, & Swinson, 1998; Lovibond & Lovibond, 1995).

Results

Data analysis

Analyses were conducted using SPSS version 18. The data were checked for normality of distribution and outliers using box plots. In the student population, skewness values ranged from −0.00 to 1.09 and kurtosis values ranged from −0.01 to −0.71. We removed the data from six of the therapists as they were extreme outliers. In the therapist, population skewness values ranged from −0.06 to 1.64 and kurtosis values ranged from −0.04 to 2.87. The variables 'Depression' and 'Anxiety' was positively skewed and kurtotic; these floor effects are possibly due to the fact that a therapist population is likely to be less anxious than a younger, student population.

The three newly developed fear of compassion scales were subjected to separate exploratory factor analyses. Variables were then subjected to descriptive analyses, Pearson's correlations and standard regression analysis.

Factor analysis

The exploratory factor analyses used maximum-likelihood extraction and oblique (Promax) rotation. Each of the three scales revealed single-factor solutions with eigenvalues greater than one. Tables 1–3 give the items and factor loadings from the structure matrices. Some items had small factor loadings and were thus removed from the scales and from further analyses. The remaining items were then renumbered (see Tables 1–3) and are the basis for all subsequent analysis.

Descriptives

An independent measures *t* test with therapists and students showed that there were many significant differences between variables for these two groups. Therefore the student and therapist samples were analysed separately (see Table 4). Table 4 also displays the means and standard deviations for each group. Correlations for students and therapists are presented in Table 5 (student data are presented in the lower left of the matrix and therapist data are presented in the top right of the matrix in italics). The Cronbach's alphas for the three compassion scales are good (see Table 5).

Table 1. Fear of expressing compassion for others

Item		Factor 1
01	Being too compassionate makes people soft and easy to take advantage of	.82
02	People will take advantage of you if you are too forgiving and compassionate	.78
03	I fear that being too compassionate makes people an easy target	.77
04	I fear that if I am compassionate, some people will become too dependent upon me	.74
05	People will take advantage of me if they see me as too compassionate	.68
06	I worry that if I am compassionate, vulnerable people can be drawn to me and drain my emotional resources	.64
07	Being compassionate towards people who have done bad things is letting them off the hook	.64
08	There are some people in life who don't deserve compassion	.50
09	For some people I think discipline and proper punishments are more helpful than being compassionate to them	.49
10	People need to help themselves rather than waiting for others to help them	.46
	Eigenvalue	4.38
	Variance (%)	43.82

We explored gender differences in students (54 men, 168 women) with a t test [$t(72.56) = 2.33, p = .023$] and found that men ($M = 19.37, SD = 12.07$) had significantly higher mean scores on fear of compassion *for self* than women ($M = 15.09$, $SD = 9.59$). There were no significant gender differences for the other variables studied, or differences in gender within the therapists.

Table 2. Fear of responding to the expression of compassion from others

Item		Factor 1
01	I try to keep my distance from others even if I know they are kind	.70
02	Feelings of kindness from others are somehow frightening	.69
03	If I think someone is being kind and caring towards me, I 'put up a barrier'	.67
04	When people are kind and compassionate towards me I feel anxious or embarrassed	.65
05	If people are friendly and kind I worry they will find out something bad about me that will change their mind	.63
06	I worry that people are only kind and compassionate if they want something from me	.63
07	I often wonder whether displays of warmth and kindness from others are genuine	.59
08	Even though other people are kind to me, I have rarely felt warmth from my relationships with others	.58
09	If people are kind I feel they are getting too close	.55
10	I'm fearful of becoming dependent on the care from others because they might not always be available or willing to give it	.53
11	When people are kind and compassionate towards me I feel empty and sad	.52
12	I fear that when I need people to be kind and understanding that they wont be	.48
13	Wanting others to be kind to oneself is a weakness	.42
	Eigenvalue	4.56
	Variance (%)	35.05

Table 3. Fear of expressing kindness and compassion towards yourself

Item		Factor I
01	I worry that if I start to develop compassion for myself I will become dependent on it	.82
02	I fear that if I become too compassionate to myself I will lose my self-criticism and my flaws will show	.79
03	I fear that if I develop compassion for myself, I will become someone I do not want to be	.77
04	I fear that if I am more self compassionate I will become a weak person	.74
05	I fear that if I am too compassionate towards myself bad things will happen	.73
06	I fear that if I become kinder and less self-critical to myself then my standards will drop	.72
07	I fear that if I become too compassionate to myself others will reject me	.72
08	I would rather not know what being 'kind and compassionate to myself' feels like	.69
09	I fear that if I start to feel compassion and warmth for myself, I will feel overcome with a sense of loss/grief	.67
10	When I try and feel kind and warm to myself I just feel kind of empty	.63
11	I have never felt compassion for myself, so I would not know where to begin to develop these feelings	.62
12	I feel that I don't deserve to be kind and forgiving to myself	.58
13	If I really think about being kind and gentle with myself it makes me sad	.56
14	Getting on in life is about being tough rather than compassionate	.46
15	I find it easier to be critical towards myself rather than compassionate	.46
	Eigenvalue	6.80
	Variance (%)	45.35

Correlation analyses

The correlation matrix is given in Table 5 with therapist data in the top right-hand quadrant and the student data presented in the bottom left-hand quadrant. We first explored the correlations between the new fear of compassion scales. Fear of compassion *for self* was highly correlated with fear of compassion *from others* in both students

Table 4. Means, standard deviations, and *t* test *p* values for students ($N = 222$) and *therapists* ($N = 53$)

Self-report variables	Students ($N = 222$) Mean (*SD*)	Therapists ($N = 53$) Mean (*SD*)	*t* test *p*
Fear of compassion for self	16.12 (10.38)	*8.15 (6.51)*	<.001***
Fear of compassion from others	15.78 (7.81)	*8.81 (7.41)*	<.001***
Fear of compassion for others	21.18 (6.71)	*10.51 (5.36)*	<.001***
Self-compassion	36.97 (8.69)	*42.33 (7.93)*	<.001***
Self-coldness	43.25 (9.19)	*39.41 (9.64)*	.008**
Compassionate love for others	84.91(22.64)	*101.88 (15.82)*	<.001***
Inadequate self	20.13 (7.82)	*15.82 (7.84)*	.001***
Hated self	4.45 (4.46)	*2.72 (3.13)*	.002**
Reassured self	19.65 (5.57)	*21.88 (5.87)*	.012*
Depend attachment	18.74 (4.30)	*18.00 (4.64)*	.268
Anxious attachment	16.16 (5.56)	*13.17 (5.78)*	.001***
Close attachment	21.69 (4.69)	*20.09 (4.46)*	.026*
Depression	5.55 (4.79)	*1.82 (1.99)*	<.001***
Anxiety	4.87 (4.50)	*1.55 (1.59)*	<.001***
Stress	7.56 (4.75)	*6.14 (4.03)*	.031*

***$p < .001$; **$p < .010$; *$p < .050$.

Table 5. Correlations and Cronbach's alphas for students ($N = 222$; bottom left) and *therapists* ($N = 53$; top right)

	FCSelf	FCFrom Others	FCFor Others	Self-comp	Self-cold	CLO	Inad self	Hated self	Reas self	Close	Depend	Anxious	Depression	Anxiety	Stress
FCSelf		*.51***	*.08*	*−.54***	*.56***	*.00*	*.69***	*.59***	*−.62***	*−.39***	*−.05*	*.62***	*.43***	*.11*	*.18*
FCFrom Others	.67***		*.26*	*−.22*	*.42***	*−.02*	*.45***	*.45***	*−.35**	*−.50***	*−.21*	*.74***	*.31**	*.07*	*.31**
FCFor Others	.37***	.47***		*−.01*	*.19*	*−.10*	*.12*	*.10*	*.07*	*−.25*	*−.19*	*.22*	*.06*	*.21*	*.23*
Self-comp	−.21***	−.19***	−.17*		*−.81***	*.21*	*−.73***	*−.43***	*.72***	*.27*	*.14*	*−.41***	*−.36***	*−.09*	*−.17*
Self-cold	.35***	.27***	.25***	−.49***		*−.04*	*.83***	*.48***	*−.63***	*−.32**	*−.27*	*.61***	*.33**	*.09*	*.16*
CLO	.00	−.07	−.26***	.31***	.00		*.15*	*.08*	*.05*	*.24*	*.01*	*−.06*	*−.30**	*.02*	*−.33**
Inad self	.45***	.39***	.31***	−.48***	.76***	.00		*.61***	*−.70***	*−.29**	*−.12*	*.59***	*.31**	*.18*	*.20*
Hated self	.47***	.37***	.10	−.30***	.47***	−.05	.56***		*−.72***	*−.49***	*−.04*	*.58***	*.38***	*.14*	*.34**
Reas self	−.33***	−.19***	−.08	.56***	−.54***	.18***	−.52***	−.56***		*.37***	*.04*	*−.54***	*−.32**	*−.08*	*−.29**
Close	−.34***	−.49***	−.26***	.19***	−.22***	.05	−.27***	−.15*	.27***		*.59***	*−.54***	*−.25*	*−.12*	*−.28**
Depend	−.29***	−.42***	−.21***	.20***	−.23***	.05	−.31***	−.27***	.33***	.53***		*−.18*	*.12*	*.02*	*.21*
Anxious	.44***	.46***	.22***	−.20***	.43***	.06	.44***	.42***	−.40***	−.34***	−.30***		*.38***	*.20*	*.45***
Depression	.40***	.37***	.17*	−.27***	.52***	.03	.54***	.55***	−.44***	−.21***	−.23***	.43***		*.09*	*.49***
Anxiety	.29***	.33***	.19***	−.25***	.37***	.09	.37***	.35***	−.23***	−.15*	−.17*	.28***	.64***		*.30**
Stress	.31***	.31***	.15*	−.29***	.55***	.08	.52***	.41***	−.33***	−.20***	−.27***	.41***	.69***	.68***	
Alphas (Students)	.92	.85	.84	.89	.90	.95	.89	.81	.85	.76	.71	.87	.86	.81	.83
Alphas (Therapists)	*.85*	*.87*	*.78*	*.90*	*.93*	*.91*	*.90*	*.76*	*.91*	*.62*	*.64*	*.90*	*.71*	*.43*	*.85*

Note. FCSelf, Fear of compassion for self; FCFromOthers, Fear of Compassion from others; FCForOthers, Fear of compassion for others; Self-Comp, Self-compassion; Self-Cold, Self-coldness; CLO, Compassionate love for others; Inad Self, Inadequate self; Hated self; Reas Self, Reassured self; Close; Depend; Anxious; Depression; Anxiety; Stress.

***$p < .010$; *$p < .050$.

and therapists. Fear of compassion *for self* also showed a small correlation with fear of compassion *for others* in students but not therapists. Fear of compassion *from others* and *for self* showed a moderate correlation with fear of compassion *for others* in students. So, it appears that fear of compassion *for self* and compassion *from others* may reflect a difficulty in experiencing affiliative emotions *in general* – from both internal and external sources.

Self and other compassion

As noted above, in this study, we chose to analyse the positive and negative factors of the Neff (2003a, b) Self-Compassion Scale (SCS), separately. In the student sample, the positive self-compassion subfactor has small significant negative correlations with the three fear of compassion scales. The negative self-compassion subfactor (self-coldness) has a slightly higher positive correlation with the fear of compassion scales. The therapist population mirrors this in regard to fear of compassion *for self* and *from others* but not *for others*. The strongest associations are with the negative self-coldness items for both populations. In regard to Sprecher and Fehr's (2005) Compassionate Love for Others (CLO) Scale, only fear of compassion *for others* in the student sample showed a significant negative correlation.

Self-criticism

Fear of compassion *for self* and to a lesser extent fear of compassion *from others* were positively associated with feeling inadequate and self-hatred, and negatively associated with self-reassurance in both of our samples. Fear of compassion *for others* had a small correlation with feeling inadequate, only in students. These findings mirror the findings with the self-coldness subscale from the Neff (2003a, b) SCS indicating that self-criticism is significantly linked to fear of compassion *for self* and receiving compassion *from others*. This confirms clinical impressions, that self-critical people actually have a fear of being kind and affiliative to themselves.

Attachment

In students, the three attachment styles were linked to fear of compassion *for self*, *from others*, and *for others*. In the therapist group, the fear of self-compassion and compassion from others were very highly correlated with anxious attachment style. This indicates that anxious attachment is not just a fear of abandonment, but can be an actual *fear* of affiliation. This is strongly indicated in the attachment literature (Mikulincer & Shaver, 2007).

Depression, anxiety, and stress

Fear of compassion, especially fear of compassion *for self* and *from others*, are linked to depression, anxiety, and stress, in students only. In therapists, fear of compassion *for self* is correlated with depression, and fear of compassion *from others* is correlated with depression and stress.

Multiple regression

In a multiple regression analysis (students only), when entering fear of compassion *for self* and *from others*, self-compassion (Neff, 2003a, b) and self-criticism (Inadequate and Hated self-summed) as predictors of depression, these variables accounted for 38% of the variance [$F(4,197) = 29.90, p = .000$]. Self-criticism emerged as the best global predictor ($\beta = 0.54, p = .000$). This is because self-criticism is so strongly linked to depression.

Discussion

Clinical observations (Arieti & Bemporad, 1980) suggest that some people have a fear of positive emotions. This study explored fear related to a particular type of positive emotion linked to affiliation. Clinical (Gilbert, 2000, 2007, 2009, 2010a, b; Pauley & McPherson, 2010), attachment (Bowlby, 1969, 1973), and physiological evidence (Longe *et al.*, 2010; Rockliff *et al.*, 2008) suggest that some individuals find receiving affiliative and compassionate emotions from self or others difficult or even unpleasant/threatening. To study the different dimensions of fear of compassion and affiliative emotions, we designed three self-report scales measuring fears of compassion: *for self*, *from others*, and *for others*.

We found that for both students and therapists fear of compassion *for self* was highly and significantly linked to fear of compassion *from others*, suggesting a general difficulty in dealing with self or other generated affiliative emotions. Fears of compassion *for self* and *from others* were also linked to self-coldness, self-criticism, and depression. If individuals have a fear of a particular positive emotion, then clearly this could be targeted in therapy – no different in principle to desensitizing and facilitating exposure to any avoided or feared emotion. However, a fear of compassion might have very different implications for the formation and maintenance of the therapeutic relationship than (say) a fear of anxiety.

We were interested in the fact that in students a fear of compassion *for self* and compassion *from others* were also significantly linked to fear of compassion *for others*. In addition, in this population, fear of being compassionate to others was significantly associated with insecure attachment styles. This fits with the attachment literature suggesting that insecure attachment is related to problems with empathic engagement and abilities to effectively care for others (Mikulincer *et al.*, 2005). It is interesting to note that fear of being compassionate to others was (in our students) significantly associated with self-coldness and feeling inadequate.

When we explored the relationship between variables using a multiple regression (in students), we found that the variable self-criticism was so powerful that no other variables were significant predictors of depression. Indeed, as seen from the correlations in both students and therapists, self-criticism (both Inadequate self and Hated self) was very highly linked to the fears of compassion. This finding fits with other studies (e.g., Longe *et al.*, 2010; Rockliff *et al.*, 2008) and underlines the fact that self-criticism is not just about negative attitudes to oneself but it also contains within it a fear-based orientation to affiliation (Gilbert, 2010a). Given that affiliation is such an important emotional regulator of threat (e.g., Depue & Morrone-Strupinsky, 2005), this finding has important therapeutic implications.

In general, for fear of compassion *for self*, *from others*, and *for others*, our therapist group has similar correlations to the student sample. In regard to differences between therapists and students on all study variables, these may be related to their age, training, or

basic personality characteristics. It is interesting that this group of therapists is generally lower on fear of compassion.

These findings suggest that it is not just the absence of compassion that is important but also *the fear of compassion*. This means that people may actively resist engaging in compassionate experiences or behaviours. Therapeutically, this active resistance to compassion may be generated by various fears, that would need to be addressed within the therapeutic context. More worrying perhaps is the possibility that with increasingly competitive societies there is increasing fear of compassion (Gerhardt, 2010; Gilbert, 2009).

Our research has identified a potentially important area for future research and therapy development. If, in working with any psychological therapy, patients are not able to experience feelings of reassurance, compassion, and kindness, then it is possible that therapy will be of limited impact. This is because for over 120 million years the mammalian brain has been evolving important emotion regulation systems that are linked into affiliative interactions (Depue & Morrone-Strupinsky, 2005). The inability to experience the benefits of compassion and affiliation implies major difficulties in internal affect regulation (Gilbert, 2010a). Although some therapies focus on the importance of working with the difficulties within the attachment system (Holmes, 2001; Wallin, 2007), therapy may be further advanced by improving ways of accessing and facilitating the development of different forms of interpersonal safeness and compassion and addressing the fears of compassion (Gilbert, 2010a, b).

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