

12-19-2022

Consensual Qualitative Research of Compassion and Self-Compassion Definitions: A General Public Perspective

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Recommended APA Citation

Halamová, J., Petrovajová, A., & Žilinský, T. (2022). Consensual Qualitative Research of Compassion and Self-Compassion Definitions: A General Public Perspective. *The Qualitative Report*, 27(12), 2871-2884. <https://doi.org/10.46743/2160-3715/2022.5350>

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Abstract

Even though compassion for others and for the self are important indicators of mental and physical health and well-being, scientists vary greatly in defining them. Therefore, we examined how the public defines compassion for others and self and explore what are the similarities or differences between researchers' definitions and public's definitions of compassions as well as between compassion and self-compassion themselves. 305 members of public defined compassion and self-compassion using their own words, of which we randomly selected 35 for the analysis. The definitions have been analysed using the modified Consensual Qualitative Research (CQR-M) method. The research team composed of three researchers: two core team members and one auditor. Since the domains in both definitions of compassion and self-compassion emerged matching and their proportions turned out to be similar too, we are inclined to side with the proposition that these two constructs are comparable in certain, particularly cognitive, and behavioural areas. However, differences in some categories and subcategories make us believe that they are likely to be processed in a different way. Definitions provided by the study participants majorly correspond with theoretical concepts and definitions of compassion and self-compassion of Gilbert (2009) and Strauss et al. (2016).

Keywords

compassion, self-compassion, definition, consensual qualitative research

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Acknowledgements

Compliance with Ethical Standards Disclosure of potential conflicts of interest The authors declare that they have no potential conflicts of interests. Funding Writing this work was supported by the Vedecká grantová agentúra (Scientific Grant Agency) VEGA under Grant 1/0075/19. Ethical approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent Informed consent was obtained from all individual participants included in the study. Availability of data and materials In order to comply with the ethics approvals of the study protocols, data cannot be made accessible through a public repository. However, data are available upon request for researchers who consent to adhering to the ethical

regulations for confidential data. Author Contributions JH designed the research project. AP collected the data. AP and TZ were members of the core team and JH was the auditor. AP and JH wrote the first draft of the article. TZ edited, amended and translated the article. All authors interpreted the results, revised the manuscript and read and approved the final manuscript.

Consensual Qualitative Research of Compassion and Self-Compassion Definitions: A General Public Perspective

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Even though compassion for others and for the self are important indicators of mental and physical health and well-being, scientists vary greatly in defining them. Therefore, we examined how the public defines compassion for others and self and explore what are the similarities or differences between researchers' definitions and public's definitions of compassions as well as between compassion and self-compassion themselves. 305 members of public defined compassion and self-compassion using their own words, of which we randomly selected 35 for the analysis. The definitions have been analysed using the modified Consensual Qualitative Research (CQR-M) method. The research team composed of three researchers: two core team members and one auditor. Since the domains in both definitions of compassion and self-compassion emerged matching and their proportions turned out to be similar too, we are inclined to side with the proposition that these two constructs are comparable in certain, particularly cognitive, and behavioural areas. However, differences in some categories and subcategories make us believe that they are likely to be processed in a different way. Definitions provided by the study participants majorly correspond with theoretical concepts and definitions of compassion and self-compassion of Gilbert (2009) and Strauss et al. (2016).

Keywords: compassion, self-compassion, definition, consensual qualitative research

Introduction

Compassion for others and for the self are important indicators of mental and physical health and well-being (Biber & Ellis, 2019; Marsh et al., 2017; Zessin et al., 2015) as well as indicators of good interpersonal relationships (Neff & Beretvas, 2013). Due to their wide associations with positive impact on people's lives, it is essential to understand how the public interprets these two constructs. To this date, there seem to be only a very limited number of studies that investigated this area (Baránková et al., 2019; Gilbert et al., 2019; Halamová et al., 2018) and even scientists vary greatly in defining compassion. Therefore, we see it as a meaningful contribution to examine how the public defines compassion for others and for the self themselves. This could help us to answer the following question: What are the similarities or differences between researchers' definitions and public's definitions of compassions?

Definitions of Compassion and Self-Compassion

Scientific debate about the definitions of compassion and self-compassion is fruitful as some researchers consider compassion, and similarly self-compassion, to be an emotion, whereas others see it more as a cognitive phenomenon and others as a multidimensional

construct. Goetz et al. (2010), for example, define compassion as a unique emotional experience with the primary function of protecting the weak and suffering ones. This emotional state appears in situations of witnessing someone's suffering. As a result of that, motivation to help and alleviate this suffering is triggered (Keltner & Lerner, 2010). In contrast, Feldman and Kuyken (2011) conceptualise compassion as an orientation of mind that detects pain and perceives it as a common human experience. Compassion then allows a person to react to someone else's pain in an empathic, kind, calm and patient way.

Neff (2003a) incorporated compassion into her model of self-compassion, defining self-compassion as a compassion directed inwards. Self-compassionate state of mind is understood as a balance between increased compassionate (self-kindness, common humanity, and mindfulness) and decreased uncompassionate (self-criticism, isolation, hyper-identification with suffering) approach to oneself, in moments when facing feelings of personal inadequacy or adverse life events (Neff, 2016). Although the abovementioned aspects of self-compassion appear separate, it is hypothesised that they influence each other and together form a system (Neff, 2016). Neff's (2003b) self-compassion concept inspired Pommier (2010) in her definition of compassion. Pommier's (2010) six-factor model of compassion adopted kindness, common humanity and mindfulness from Neff (2003b), however the contrasting three factors (self-criticism, isolation, hyper-identification with suffering) differs from the original. Lack of kindness towards other can be characterised as a cold and careless attitude and has been labelled as indifference. If a person does not feel an inner connection with others, they'd experience feelings of being cut off, expressed through separation. And finally, inability to deal with an emotional reaction when confronted with the suffering of another person leads to denial, labelled as disengagement (Pommier, 2010).

Gilbert (2009) conceptualises compassion from evolutionary perspective. Compassion can be understood as an evolved competency that is ingrained in human affect system, specifically in its soothing part. It is defined as "a deep awareness of the suffering of another coupled with the wish to relieve it" (Gilbert, 2009, p. 13) and contains cognitive, affective, and behavioural aspects. Gilbert (2009) divides his concept of compassion into two psychologies of compassion. The first psychology includes competencies needed for recognising and tuning into one's suffering to engage with this suffering: care for well-being, sensitivity, sympathy, empathy, distress tolerance and non-judgemental attitude (Gilbert et al., 2017). The second psychology of compassion is composed of competencies needed for acting in a compassionate way: attention, imagery, reasoning, behaviour, sensory and feeling, and to alleviate and prevent suffering (Gilbert et al., 2017). Gilbert and Procter (2006) also point out the importance of developing genuine interest in one's own well-being, learn how to be sensitive, compassionate, and tolerant to oneself in times of hardship, nurture empathy and warmth, and not to judge and be self-critical. Gilbert and Irons (2005) suggest that compassion for the self could inhibit the affective threat system (linked to feelings of uncertainty and protection) and conversely, reinforce the affiliative self-soothing system (linked to feelings of safeness and connection).

Based on the existing research and definitions of compassion and self-compassion, Strauss et al. (2016) proposed a definition of compassion as a "cognitive, affective and behavioural process" (p. 19), composed of aspects common for both compassion and self-compassion: recognition of suffering, understanding the universality of human suffering, emotional resonance with a person in distress, tolerance of difficult feelings arising when confronted by this distress (e.g., anxiety, anger, fear) and motivation to act in order to alleviate this suffering.

The Relationship Between Self-Compassion and Compassion - Quantitative Research

Even though several researchers define self-compassion as compassion directed inwards (Neff, 2003a), or attribute compassion and self-compassion the same aspects (Strauss et al., 2016), it is questionable whether these two constructs could fall under one umbrella construct (Strauss et al., 2016). Therefore, we focus on summarising existing research analysing the relationship between compassion and self-compassion first, starting with quantitative studies.

According to recent research, relationship between self-compassion and compassion for others could be weak, in fact in certain populations non-existent (Strauss et al., 2016). Pommier (2010) investigated this relationship too and her findings show no link between these two constructs. Similarly, Neff and Pommier (2013) looked at how compassion and self-compassion relate to one another in different populations. They found no correlation in the group of undergraduate college students and only a weak one in a sample of adults and practising meditators (Neff & Pommier, 2013). It stays unclear, whether this weak or non-existent relationship is a result of inaccurate questionnaire items and unsound measuring tools, or mirrors true independence of these two constructs (Strauss et al., 2016). This under-researched area was also the focus of López et al. (2017). Their study looked at average values of self-compassion and compassion, their relationship and how they relate to psychological well-being and demographic factors. Using different methods than the previous studies, they showed the relationship between compassion and self-compassion to be non-significant. Additionally, Mills et al. (2018) investigated this relation in a sample of palliative doctors and nurses. In line with the other studies, they only found a weak negative correlation between self-compassion and compassion.

Since the abovementioned quantitative studies found only weak or non-existent relationship between self-compassion and compassion (López et al., 2017; Mills et al., 2018; Neff & Pommier, 2013; Pommier, 2010), it is fair to hypothesise that it is possible to be compassionate to others but not to oneself, and the other way around (López et al., 2017), and that compassion and self-compassion unlikely originate from one construct.

The Relationship Between Self-Compassion and Compassion - Qualitative Research

To our knowledge, so far only one qualitative study (Halamová et al., 2018) looked at the relationship between compassion and self-compassion and its results directly contradict the findings of above-discussed quantitative studies. This Consensual qualitative research (Hill et al., 1997) was used in this study and the findings suggest that these two constructs are similar or that, at least, participants in their study conceptualise these two constructs in a similar way. Halamová et al. (2018) asked a sample of psychology students what free associations come to their mind when they come across the words of compassion and self-compassion. They were also interested in knowing whether these two constructs are conceptualised more in terms of emotions, cognition, or behaviours. Results showed that both constructs were mainly represented in terms of emotions. Participants associated compassion predominantly with empathy, emotions of love, sadness and remorse, cognitive understanding, behavioural displays of help, and physical or mental closeness. Compassion was mainly targeted at family, friends, and vulnerable people, and appeared in situations of various types of suffering. Self-compassion, on the other hand, was mainly associated with positive emotions of love and calmness, negative emotions of unhappiness, sadness and remorse, cognitive understanding and behavioural display of self-help facilitated by self-support and self-assurance. Self-compassion was mostly triggered in situations of inner (criticism) and external (difficult situation) suffering.

Purpose of Research Study

The purpose of this study is to analyse the definitions of two constructs – compassion to the self and compassion to others – and their similarities, as defined by the public so to understand whether they differ from their definitions proposed by researchers in this area. We perceive the added value of this research in the fact that there is a lack of consensus in how compassion and self-compassion are conceptualised, whether they are similar or different constructs. Neff (2003a), for example, understands compassion for the self to be the same construct as compassion for others, except to be directed inwards, despite research showing the relationship between these two constructs to be weak or non-existent (López et al., 2017; Mills et al., 2018; Neff & Pommier, 2013; Pommier, 2010). Additionally, we will look at how members of the public define compassion and self-compassion in accordance with definitions of Gilbert et al. (2017), Neff (2003b), Pommier (2010) and Strauss et al. (2016).

Methods

Research Team

The research team was comprised of three researchers - one psychology master student (female meeting criteria for master's degree in psychology), one psychology doctoral student (male learning to do qualitative analysis) and one full professor of psychology (female with long-term research interest in compassion). Both students were coders while the professor served as the auditor.

Research Sample

All procedures performed in studies involving human participants were in accordance with the ethical standards of the Ethics committee of Faculty of Social and Economic Sciences at Comenius University in Bratislava (8 January 2018 ref: 2/2018) and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. The participants in our study were recruited using a voluntary response sampling method. A web address to a battery of psychometric measures and open-ended questions was distributed through social media of the university and through interest groups of one of the researchers. Participants were motivated to participate by potentially winning one of three €50 gift vouchers. All participants completed a written consent to voluntary participation in the study provided to them online. Participation was limited by age (18 and above) and mother tongue (Slovak). The original research sample consisted of 305 participants, aged between 18 and 63 years ($M=27.51$; $SD=8.5$) and gender split at 86% women and 14% men. For the analysis of compassion and self-compassion definitions, 35 participants were randomly selected from the original sample using the Random Number Generator Plus application. This has been already suggested by some scientists to increase representation of the selected participants multiple views of the whole sample (e.g., Maxwell, 1996). The age range of this smaller sample was 18 to 50 years ($M= 26.11$; $SD= 6.67$) with 89% women and 11% men.

Research Procedure

Data collection took place through an online questionnaire, with informed consent in the first part and socio-demographic data, such as age, gender, nationality, education, in the second part. Following this, two open-ended questions were asked to collect definitions of compassion and self-compassion from participants:

- What is your personal definition of compassion for others?
- What is your personal definition of compassion for the self?

Data Analysis

Consensual Qualitative Research

Compassion and self-compassion definitions were analysed using the modified Consensual Qualitative Research (CQR-M) method (Spangler et al., 2012), which is based on the original Consensual Qualitative Research (Hill et al., 1997) but is more suitable for the analysis of larger amount of simpler and briefer texts. In comparison with the original CQR, according to the CQR-M research members do not construct core ideas but code data straight into domains, categories, and subcategories. In addition, in the CQR-M, it is recommended to use frequencies instead of general, typical, or variant categorisations (Spangler et al., 2012).

Initially, all three researchers recorded their expectation regarding what they thought the participants' definitions of compassion and self-compassion to be. This was a necessary step to be taken prior to seeing the data for the first time to minimise the influence the data may have on the coding process. The initial data set consisted of compassion and self-compassion definitions from 20 randomly selected participants from the original pool of 305. The first course of action, for each of the coder individually, was to sort the definitions, or relevant parts of definitions, into domains and name them. It is important to note, that at this stage, the first categories started to materialise too. Once done, the coders met to discuss their domains (and emerging categories) and to agree on which appear to be the mostly pertinent ones. Following this, coders (again individually) organised all textual units within each domain into their categories and subcategories. Once this was done, they met again to find consensus between their respective codes and consulted the auditor. After the discussion with and feedback from the auditor, the coders added definitions from another 10 randomly selected participants to their data set and applied their coding strategy to analyse this data. As still some new codes had appeared coders then again met to seek agreement and once this step was done, they added another five randomly selected participants to their data set. This was done to finally test the saturation of the data as one of the forms of saturations called information redundancy suggested by Alam (2021). The auditor was then consulted, and her feedback incorporated. Due to saturation of domains and categories, the analysis was terminated with 35 participants and no more data were added to the analysis.

Results

Defining Self-Compassion and Compassion for Others

Results from our CQR-M analysis are summarised in Table 1, with domains in bold, categories underlined and *subcategories* in italics.

Table 1*Definitions of Compassion and Self-Compassion*

Compassion for others 103	Self-compassion 77
Emotional aspect 34 <u>Empathy</u> 29 <i>Empathy for others</i> 18 <i>Striving for empathy</i> 6 <i>Empathy in adverse situation</i> 5 <u>Pity</u> 3 <i>Pity for others</i> 2 <i>Pity in adverse situation</i> 1 <u>Authenticity</u> 1 <u>Togetherness</u> 1	Emotional aspect 27 <u>Empathy</u> 1 <i>Empathy for the self</i> 1 <u>Pity</u> 8 <i>Pity for the self</i> 7 <i>Pity for the self in adverse situation</i> 1 <u>Authenticity</u> 4 <u>Togetherness</u> 1 <u>Negative perception of self-compassion</u> 5 <u>Openness to one's own feelings</u> 8
Cognitive aspect 26 <u>Understanding inner experience</u> 13 <i>Understanding others</i> 11 <i>Striving for understanding others</i> 2 <u>Understanding situation</u> 8 <i>Understanding others' situation</i> 1 <i>Understanding others' adverse situation</i> 7 <u>Non-judgemental attitude</u> 5 <i>Non-judgemental attitude towards others</i> 3 <i>Non-judgemental attitude to all humanity</i> 2	Cognitive aspect 18 <u>Understanding inner experience</u> 8 <i>Understanding oneself</i> 7 <i>Striving for understanding oneself</i> 1 <u>Understanding situation</u> 10 <i>Understanding one's situation</i> 5 <i>Striving for understanding one's situation</i> 1 <i>Understanding one's adverse situation</i> 4
Behavioural aspect 43 <u>Doing</u> 28 <i>Doing for others</i> 18 <i>Striving for doing for others</i> 6 <i>Doing for others in adverse situation</i> 4 <u>Being</u> 15 <i>Being with others</i> 11 <i>Striving for being with others</i> 3 <i>Being with others in adverse situation</i> 1	Behavioural aspect 32 <u>Doing</u> 17 <i>Doing for the self</i> 8 <i>Striving for doing for the self</i> 2 <i>Doing for the self in adverse situation</i> 1 <i>Self-soothing</i> 5 <i>Self-criticising</i> 1 <u>Being</u> 15 <i>Being with the self</i> 9 <i>Striving for being with the self</i> 1 <i>Being with the self in adverse situation</i> 2 <i>Self-isolating</i> 3

Note. Numbers represent the frequency of occurrence for the categorisation unit. **Domains** are in bold. Categories are underlined. *Subcategories* are in italics.

The CQR-M analysis produced 180 textual units, of which 103 (57.22%) belong to the construct of compassion and 77 (42.78%) to the construct of self-compassion. Two participants completed self-compassion definitions with *don't know*. Textual units of both constructs were divided into three domains, 19 categories and 34 subcategories. Both compassion and self-compassion shared the same domains - emotional, cognitive, and behavioural aspect. For compassion, the most frequent domain was the behavioural aspect ($f=43$; 41.75%), followed by emotional aspect ($f=34$; 33.01%) and cognitive aspect ($f=26$; 25.24%). In case of self-compassion, the order of domains mirrors those of compassion. Behavioural aspect ($f=32$; 41.56%) as the most frequent domain, is followed by emotional aspect ($f=27$; 35.06%) and lastly by cognitive aspect ($f=18$; 23.38%).

The domain of emotional aspect comprised of emotional content, such as feelings and empathy. The cognitive aspect covered cognitive processes, such as understanding and non-judgemental attitude. The behavioural aspect represented all behaviours associated with compassion and self-compassion. Furthermore, CQR-M showed noticeable similarities among some categories and subcategories of compassion and self-compassion. The presence of adverse situation was shared across all three domains; striving to respond in a compassionate or self-compassionate way appeared in all but emotional aspect of self-compassion.

The emotional aspect of compassion was predominantly defined as empathy ("Tuning into the feeling of another and experiencing it with him"), striving for empathy ("Striving for tuning into the feelings of another by all means, even though I'm often in doubt if I do it rightly"), and empathy in adverse situation, meaning empathy in situations of suffering of others ("Feeling problems, suffering, fate...together with other people"). For some compassion also meant pity ("To feel pity inside"), pity in adverse situation ("I feel sorry if something bad happens to them"), authenticity ("My compassion for others is always real and authentic") or togetherness ("It is a feeling of togetherness"). In self-compassion, the emotional aspect was mainly defined in terms of feelings associated with pity, which included pity for the self ("To feel pity for myself, but not for too long") and pity for the self in adverse situation ("When I pity myself for what happened to me, and I feel terribly sorry for myself"). The second most frequent category was openness for one's own feelings ("The ability to accept my feelings and experience given situation"), which included statements of accepting feelings (often negative ones), embracing them, and resigning oneself to them. Negative perception of self-compassion was the third most frequent category within the emotional aspect of self-compassion. In this category, participants linked self-compassion to feelings of failure, weakness, and despair ("There are cases, when I don't want to allow myself to feel compassion for the self, because I get the feeling I failed, and I feel weak"). Next category in order of frequency came authenticity, which included statements of admitting one's own mistakes or honesty with oneself ("Don't lie to yourself about how things are"). Whereas empathy was the most common category in the emotional aspect of compassion, in the same aspect of self-compassion it appeared only once ("Knowing how to tune into one's feelings from the perspective of someone else") as well as did togetherness for the self ("A feeling of togetherness from someone, who knows him best, and it is in some situations he himself").

Cognitive aspects of compassion were primarily characterised by the category of understanding inner experience, which included the subcategory of understanding others as imagining and understanding the feelings of others ("Understanding of what they are going through") and subcategory of striving for understanding others ("Striving to understand how he perceives things and what does it mean for him"). Next in order of categories came understanding situation, which consisted of understanding others' adverse situation ("Understanding another person in an adverse situation") and understanding others' situation ("From the perspective of interpersonal relationships, it the analysis of situation"). The compassion definitions also contained a non-judgemental attitude category that included all non-judgemental statements as well as statements of acceptance of other people's feelings and humanity in general. It is divided between subcategory of non-judgmental attitude towards others ("Without judging and evaluating the experience based on my own values and my own way of experiencing things") and subcategory of non-judgemental attitude towards all humanity ("[The need to help others] without minding who they really are because we are all humans"). In self-compassion, the category of understanding inner experience contains all accounts of one's understanding of their self and feelings ("Understanding in one's gut") as well as striving to understand oneself ("The need to understand oneself"). The category of understanding situation, a slightly more frequent than understanding inner experience, is further split between understanding one's situation ("Realistic assessment of the situation I'm

finding myself in"), understanding one's adverse situation ("Awareness of one's problems") and striving for understanding one's situation ("Striving to deconstruct, analyse...and adequately evaluate one's situation"). This category included statements of awareness and assessment of one's situation as well as striving for their adequate evaluation.

The most frequent domain of compassion and self-compassion was the behavioural aspect. In definitions of compassion, majority of participants associated it with concrete actions (doing for others) aimed at helping other people in their difficulties ("To help them find the most suitable solution"). Another two subcategories emerged within the doing category as well; one named as striving for doing for others ("The need to help others because you care that they have a good life") capturing the motivation to help others, and another one as doing for others in adverse situation that included all behaviours leading to alleviating of suffering of others ("To embrace them and help them to release some of their suffering"). Participants in addition to? doing also identified dimensions of being. Being with others captures passive behaviour in the presence of a suffering person, manifesting as loving, caring, showing support, or soothing ("No superficial words, instead a physical presence of someone who cares about you and knowledge that one isn't left to their own devices). Striving to being with others can be described as motivation to listen and support others ("Striving to hear out others"). Finally, a subcategory of being with others in adverse situation also appeared ("[Offer a shoulder] to cry on"). In the definitions of self-compassion, categories, and subcategories like compassion were identified. However, unlike in compassion, where doing for others dominated the behavioural domain, in self-compassion doing and being with the self-seemed more in balance. Being with the self-included statements of looking after and being oneself ("Allow to be vulnerable and weak in front of oneself"), doing for the self, on the other hand, included statements of self-directed actions of help ("To find some sort of solution"). Subcategories linked to adverse situation also emerged, with doing for the self in adverse situation ("Encourage one's [disappointed, sad and angry] self") and being with the self in adverse situation ("To forgive yourself your insufficiencies"). Furthermore, subcategories of striving for doing for the self ("I'm striving to convince myself of my value, that my actions make sense, not always successfully though") and striving for being with the self ("It is necessary to like oneself") appeared within the doing and being category, respectively. Finally, the remaining three subcategories were self-soothing, including spiritual and inner calmness ("The only thing that help is a prayer"), subcategory of self-isolating that described behaviour leading to alleviation of suffering through setting firm boundaries with the external world ("I don't want to communicate with anyone") and subcategory of self-criticising ("I'm striving...on one hand, to criticise myself") showing the need for self-critique.

Discussion

The aim of this research was to find out how public defines compassion and self-compassion and what similarities can be drawn out from these definitions in regard to these two constructs. Additionally, we were also interested in knowing how these definitions compare to those conceptualised by relevant academics. Participants were asked to define compassion and self-compassion using their own words. Provided definitions were analysed through modified consensual qualitative research method. Results show identical domains for both constructs as well as their similar proportions. Domains that emerged were named emotional, cognitive, and behavioural aspects.

Whereas the emotional aspect of compassion for others was defined predominantly in terms of empathy and marginally as pity, the emotional aspect of self-compassion was strongly characterised by pity for the self, openness to one's own feelings and negative perception of self-compassion. Participants viewed compassion as tuning into the feelings of other people

and experiencing these feelings together; self-compassion, on the other hand, was more seen, in emotional terms, as a negative phenomenon. Participants stated that self-compassion meant pity, feelings of weakness, failure, surrender to mostly negative emotions. Gilbert et al. (2017) included empathy in the first psychology of his model of compassionate mind signifying its importance as a competence allowing us to feel other people's feelings. Similarly, empathy is an intrinsic part of definition of compassion by Strauss et al. (2016). Empathy in compassion was already pointed out by two studies previously conducted in Slovakia (Baránková et al., 2019; Halamová et al., 2018). Association between self-compassion and negative emotions, such as unhappiness, sadness and remorse appeared in Halamová et al. (2018) study too. Neff (2015) states that self-compassion might be, incorrectly though, understood as self-pity. Our study shows that people indeed seem to make this link although, from our study, we cannot deduce why. A set of follow-up interviews could, perhaps, help us explain this relatively strong association as well as help us understand the disproportion of positive and negative emotions in compassion and self-compassion. What is also interesting and worth further research is the fact that none of the participants viewed the emotional aspect of self-compassion in terms of some form of striving to alleviate suffering. Although some categories and subcategories are shared between compassion and self-compassion, the inner structure of the emotional aspect as well as contrasting connotations show more differences than similarities to assume that these two constructs represent one construct with opposite directions.

On the other hand, the analysis showed that the cognitive aspect of both compassion and self-compassion is in many ways similar. The proportions of both sets of categories of understanding are also similar. The cognitive aspect of compassion was mainly understood as understanding other people's feelings and what is going on for them in adverse situation. In self-compassion, the cognitive aspect was represented majorly by understanding one's own feelings and one's own situation, if the situation was hard to cope with. Understanding suffering is an essential part of compassion/self-compassion definition by Strauss et al. (2016). Reflecting on and understanding the causes of suffering is covered by the term of cognitive empathy used by Gilbert (2015). Also, understanding as a separate category appeared in previous studies of Baránková et al. (2019) and Halamová et al. (2018). Besides, categories of understanding, our analysis found a category of non-judgemental attitude towards others as part of the cognitive aspect of compassion, without any similar counterpart in self-compassion. Gilbert (2015) in his model of compassionate mind presents non-judgement, a critical competency needed for showing compassion to others. Based on our results, we are assuming that non-judgemental attitude is not necessarily a part of self-compassion as we are more likely to act in a self-critical manner in cases of mistakes and failure. A critical approach would not be our default response in cases of friends or other people; people more often show kindness to others rather than to themselves (Neff, 2003b).

Most of the participants associated compassion and self-compassion with some forms of behaviour. Compassion was mainly characterised by doing for others and being with others. For self-compassion, it was similarly doing for the self and being with the self that were the strongest subcategories. However, doing for others dominated compassionate behaviour unlike self-compassion, where doing and being with the self were more balanced. This would imply that with others, we are primarily focusing on helping with finding a solution, whereas with ourselves, we are both allowing ourselves to be vulnerable and engage in self-help or seek help outside of us. Our categories of doing and being could be, to some extent, identified in Gilbert's competency of compassionate behaviour; our behaviour is context dependent, which means that sometimes it is more appropriate to act passively, i.e., calmly, and warmly (being), and other times through courageous and confrontational actions (doing). In self-compassion, we also identified self-soothing and self-isolating as pronounced subcategories. Self-soothing could be described as a behaviour leading to relaxation and spiritual connection, such as one

achieved in a prayer. Self-isolating could be understood as a form of self-protection by setting boundaries with the outer world to alleviate one's suffering. Halamová et al. (2018) identified help and self-help behaviours in their study. Self-isolation is a reaction to our personal struggles, and it indicates diminished perception of suffering in all humankind (Neff & Tirsch, 2013). Overall, the behavioural aspect shares the same categories between compassion and self-compassion although it does show some differences in subcategories; we are inclined to assume more similarity than differences in this aspect.

Subcategories related to the presence of adverse situation were identified in all domains. This subcategory was mostly associated with compassion, specifically with understanding others' adverse situation, empathy in adverse situation and doing for others in adverse situation. Although less pronounced in self-compassion, understanding one's adverse situation was also the most frequent, followed by being with self in adverse situation. Suffering or adverse situations are often contained in most of the definitions of compassion or self-compassion; it is, in fact, seen as their condition. Gilbert (2009) defines compassion as "a deep awareness of the suffering of another coupled with the wish to relieve it" (p. 13). Self-compassion according to Neff (2003a) is a way of dealing with oneself in situations triggering feelings of inadequacy and suffering. Strauss et al. (2016) incorporated suffering in all five components of her definition of compassion and self-compassion.

The most frequent domain in compassion to others was behavioural aspect ($f=43$; 41.75%), followed by emotional aspect ($f=34$; 33.01%) and cognitive aspect ($f=26$; 25.24%). Behavioural aspect ($f=32$; 41.56%) was also the most frequent domain in compassion for the self and was equally followed by the emotional ($f=27$; 35.06%) and cognitive aspect ($f=18$; 23.38%). Our finding does not correspond with the findings of other recent Slovakian studies that both showed emotional aspect to be the dominant one, succeeded by the behavioural aspect (Baránková et al., 2019; Halamová et al., 2018). Also worth noticing is the fact that self-compassion generated less data (43%) than definitions of compassion (57%), with two participants not providing any definition for self-compassion at all. This, on the other hand, is in line with the study of Halamová et al. (2018) and their assumptions that self-compassion is a less commonly used term than compassion and may be therefore less understandable or might be considered more personal and therefore makes people less willing to share their explanation.

In contrast with the existing quantitative studies (López et al., 2017; Mills et al., 2018; Neff & Pommier, 2013; Pommier, 2010) and in support of one of the cited qualitative studies (Halamová et al., 2018), it seems that the public conceptualises compassion and self-compassion to a greater degree similarly. Both constructs share their emotional (empathy, pity, authenticity, and togetherness), cognitive (understanding inner experience, understanding situation) and behavioural aspects (doing, being), and both recognise the presence of an adverse situation. The main differences between compassion and self-compassion can be seen in the negative perception of self-compassion and openness to one's feelings in the emotional, non-judgemental attitude in cognitive, and subcategories of self-soothing, self-isolating and self-criticising in the behavioural aspect. Also, the emotional aspect of compassion seems to be mainly defined by empathy, whereas the same aspect of self-compassion is more characterised by pity and openness to one's own feelings. Despite these differences, we believe that, overall, these two constructs show more similarities than differences. However, they might be processed differently; for example, the level of self-criticism may affect the extent to which people can engage in compassionate behaviour but struggle to express the same behaviour towards themselves.

Considering similarities and differences of our results with existing definitions of compassion and self-compassion, we see a lot of similarities with the concept of Gilbert (2009), whose compassionate mind model contains compassion attributes of care for well-being (subcategories of striving in our study), sensitivity to distress (categories of empathy in our

study), distress tolerance (categories of being in our study), empathy (categories of understanding in our study) and non-judgement (categories of authenticity and non-judgmental attitude). The attribute of sympathy, as being emotionally moved by one's suffering, did not show in our results; however, our categories of doing show evidence of acting on one's suffering which could partially be caused by the experience of being emotionally moved.

Our results also correspond with the definition of Strauss et al. (2016) with all five components of their definition present: recognising suffering (subcategories of adverse situation in our study), understanding of human suffering (subcategory of non-judgmental attitude to all humanity in our study), feeling for the person suffering (categories of empathy in our study), tolerating distress (categories of being in our study) and motivation to act and acting to diminish suffering (subcategories of striving and categories of doing in our study).

To some extent, we found parallels between concepts of Neff (2003a) and Pommier et al. (2019) and our study as well. The dimensions of kindness and self-kindness could be seen in our categories of being and subcategory of self-soothing; common humanity, though very marginally, appeared as non-judgmental attitude to all humanity; and mindfulness could be detected in categories of understanding and openness to one's feelings. However, interestingly, our data show evidence of pity, self-criticism, and self-isolation as part of self-compassion definitions as well as negative perception of self-compassion itself. This contradicts Neff's definition of self-compassion and adds to the myths about self-compassion being linked to pity and weakness (Neff, 2003a; 2015).

Our analysis identified three common domains for compassion and self-compassion constructs: emotional, cognitive, and behavioural aspect. Since the domains in both definitions of compassion and self-compassion emerged matching and their proportions turned out to be similar too, we are inclined to side with the proposition that these two constructs are comparable in certain, particularly cognitive, and behavioural, areas. However, differences in some categories and subcategories make us believe that they are likely to be processed in a different way; for example, the level of self-criticism may affect the extent to which people can engage in compassionate behaviour but struggle to express the same behaviour towards themselves. Definitions provided by the study participants majorly correspond with theoretical concepts and definitions of compassion and self-compassion of Gilbert (2009) and Strauss et al. (2016).

Limitations

Data were collected through online questionnaire which could have easily led to misunderstandings of the task as well as shorter answers. The participants had no opportunity to ask clarifying questions. Also, voluntary response sampling means that only people motivated and interested in the study take part. Therefore, the transferability of results needs to be interpreted in this context.

Future Research

Based on our research as well as limited number of studies, we recommend that additional research be done to investigate the resemblance and relationship of compassion and self-compassion to provide us with better understanding of their conceptualisation and functioning. Research based in different cultures could help distinguish whether similarities and differences between these two constructs are universal or culturally conditioned.

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Acknowledgements: The authors declare that they have no potential conflicts of interests. Writing this work was supported by the Vedecká grantová agentúra (Scientific Grant Agency) VEGA under Grant 1/0075/19. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study. To comply with the ethics approvals of the study protocols, data cannot be made accessible through a public repository. However, data are available upon request for researchers who consent to adhering to the ethical regulations for confidential data. JH designed the research project. AP collected the data. AP and TZ were members of the core team and JH was the auditor. AP and JH wrote the first draft of the article. TZ edited, amended, and translated the article. All authors interpreted the results, revised the manuscript, and read and approved the final manuscript.

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Article Citation

Halamová, J., Petrovajová, A., & Žilinský, T. (2022). Consensual qualitative research of compassion and self-compassion definitions: A general public perspective. *The Qualitative Report*, 27(12), 2871-2884. <https://doi.org/10.46743/2160-3715/2022.5350>
