

ORIGINAL ARTICLE

Adaptation of the Fears of Compassion Scale into Turkish: a reliability and validity study

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BACKGROUND

The concept of fear of compassion draws the interest of researchers in both clinical and scientific fields. The Fears of Compassion Scale (FCS) was developed in order to examine the fear of compassion for others, compassion from others and compassion for one's self. This study aims to adapt the FCS into the Turkish language. The Satisfaction with Life Scale and the Self-Compassion Scale were used to assess the criterion-related validity of the FCS.

PARTICIPANTS AND PROCEDURE

In order to determine the construct validity of the scale, validity and reliability studies and factor analysis were carried out on 681 participants ($M_{age} = 32.00$, $SD = 10.15$; 64% female and 36% male).

RESULTS

The results of the confirmatory factor analysis yielded the expected 3-factor solution (the fear of compassion for

others, the fear of compassion from others and the fear of self-compassion), which consists of 35 items. The internal consistency validity coefficient of the whole scale was .92. Moreover, there were significant negative relationships between the Fears of Compassion Scale, the Satisfaction with Life Scale and Self-Compassion Scale, which are similar to those of the original scale.

CONCLUSIONS

These significant findings reveal the Turkish adaptation of the FCS to be a valid and reliable measurement tool.

KEY WORDS

compassion; fear of compassion; validity; reliability; scale adaptation

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BACKGROUND

In recent years, the compassion individuals direct towards themselves and others has been frequently discussed in mental health and psychotherapy studies. Compassion is expressed as the sensitivity shown to the pain and suffering of others and the efforts taken to alleviate it (Gilbert, 2009). Paul Gilbert (2009), who is the developer and the pioneer of compassion therapy, observed that patients experience difficulty receiving compassion from others, showing self-compassion and compassion to others. This observation led to the development of a scale that targets people's fear revolving around their experiences of compassion at a multirelational level. Fear of compassion is a universal and holistic concept, which is composed of three components; a) the fear of self-compassion, b) the fear of compassion for others, and c) the fear of compassion from others (Gilbert et al., 2011).

Before delving further into their meanings, it would be beneficial to first provide a brief explanation of these three components. The compassion individuals feel for themselves is the reflection of self-acceptance and the ability to see the pain and suffering they have endured and thereby treat themselves with kindness and understanding. In contrast, the compassion an individual shows others is considered to be the desire of not wanting them to suffer and always being of assistance so as to prevent it. Lastly, being open to the acceptance of compassion from others is being receptive to their politeness and sincerity, as opposed to resisting or avoiding it. There are studies to the effect that these three components are in correlation with one another (Gilbert, 2014).

This three-component theory on compassion was used as the basis for the 38-item Fears of Compassion Scale developed by Gilbert et al. (2011). It is measured with a 5-point Likert scale from 0 (*I do not agree*) to 4 (*I agree entirely*). According to Gilbert, conceptually the three-factor model has acceptable internal consistency and validity. Gilbert and Procter (2006) made observations in many clients who avoided feelings of compassion and other affiliated emotions, and based upon these observations decided to research the basic reasons for such behaviour in their studies.

As examples for the above-mentioned research, Gillath et al. (2005) investigated why people are resistant to positive emotions. From the perspective of attachment theory, they identified that individuals who have insecure attachment styles and who exhibit particularly avoidant behaviour display resistance to intense positive emotions (Gillath et al., 2005). In accordance with this theory, Gilbert et al. (2011) observed that where compassion from others is of concern, those who were made to undergo compassion exercises during therapy by their psychologists were possibly trying to avoid feelings and lifestyles that could trigger any disinterest and lack of compassion

they may have experienced during their childhood. The authors also addressed such avoidant behaviour with "Fear of Compassion from Others" as a sub-factor in the Fears of Compassion Scale. There are also studies that have found an association with the tendency to fear compassion from others and the feeling of shame. It is thought that suffering from depression and having experienced conflict with attachment figures in childhood and feelings of shame may be an obstacle to individuals accepting compassion from others (Matos et al., 2013). Gilbert's (2011) sub-factor "Fear of Compassion from Others" was also derived from this assertion.

Another sub-factor, the "Fear of Self-Compassion", examines the behaviour of individuals who block compassion for those other than themselves who are experiencing pain and suffering. Attachment theory is also the basis for researching the behaviour of individuals who avoid showing others compassion and kindness. Mikulincer and Shaver (2005) state that those who have secure styles of attachment display stronger tendencies of showing compassion and help for others, whereas those who have an avoidant and anxious attachment style are less open to showing empathy and tolerance to those who are not of their own kin. From an alternative perspective, the fear of showing compassion to those who are not of one's own kin but extending it to those who are closer to your own could be considered an evolutionary advantage (Gilbert, 2015).

When considering the "Fear of Self-Compassion", it is important to note that it has been found to have a positive relation with alexithymia and depression (Gilbert et al., 2014). Even though no direct relation between alexithymia and depression has been found, it has been determined that the fear of self-compassion and the fear of happiness have a mediating role in the relation between alexithymia and depression. In other words, symptoms of depression are more evident in individuals who are less capable in defining their emotions, and the fear of self-compassion has been identified as the reason for such an association. In another study, tendencies to criticise the self and feelings of self-hatred were shown to have a positive relation with the fear of self-compassion (Gilbert et al., 2012). In clinical observations, it was determined that individuals with the aforementioned tendencies of self-criticism and depression found self-compassion a difficult practice and that it was often met with resistance by patients (Gilbert & Procter, 2006).

In the meantime, research into the relation between fear of compassion and psychopathology was conducted using other sources. The Fears of Compassion Scale has been utilized to determine the effectiveness of compassion-based interventions in many of the studies conducted so far. Kirby et al. (2017) conducted an extensive meta-analysis for the existing compassion-based interventions. There is an increasing volume of research on how compassion-based

interventions help alter fears of compassion along with psychological constructs such as mindfulness, psychological distress, depression, anxiety and well-being (Kirby et al., 2017).

Pauley and McPherson (2010) carried out qualitative examinations (interpretative phenomenon analysis: IPA) on how individuals who had been diagnosed with depression or an anxiety disorder comprehend the concepts of fear of compassion from others and for others. According to the findings of the research, individuals with depression and anxiety found even the notion of self-compassion and compassion to others difficult to imagine and a huge challenge. A similar finding was made with respect to those diagnosed with post-traumatic stress disorder (PTSD) (Lawrence & Lee, 2014). Lawrence and Lee (2014) carried out qualitative evaluations after having had discussions with individuals with PTSD who subsequently underwent therapy centred on compassion. In the first phase of psychotherapy, they determined that the strong urge to self-criticise and the anxiousness felt in self-compassion, which stemmed from it being a new experience, were the two principle causes of the fear of compassion.

However, another study investigated the physiological roots for those who avoid self-compassion (Rockliff et al., 2008). Rockliff et al. (2008) found that when individuals who had a tendency for self-criticism were confronted with pictures that evoked compassion, they displayed an increase in heart rate as shown by those under threat. Pictures on the theme of compassion were expected to decrease the heart rate but actually showed an increase in those who had a strong tendency to self-criticise and insecure attachment styles. The visualisation of compassion is used as a technique in Compassion Centred Therapy (Gilbert, 2005).

Longe et al. (2010) found a similar reaction as captured by MR images displaying changes at a neurophysiological level. When individuals with a strong tendency of self-criticism and potential for autosuggestion were asked to imagine scenarios evoking failure and making mistakes, different areas of their brain were shown to become activated. Whilst the dorsolateral prefrontal cortexes were activated in those individuals who were highly prone to self-criticism, the ventrolateral prefrontal cortex was activated in those who were more prone to autosuggestion.

Researchers were able to identify individual differences by demonstrating the varying responses in terms of blood pressure and neurophysiology in people who experience difficulty in self-compassion. Patients showed resistance to psychotherapy interventions and were not able to cope with self-criticism and shame when they show or receive compassion. Thus it was evident that there was a need for a scale to evaluate an individual's difficulty with and resistance to compassion. Gilbert et al. (2011) were of the opinion that individuals who resist self-compassion or com-

passion for others, or receiving it from others, are effectively creating a barrier to their psychological well-being. Based on this precept, it was determined vital to develop a scale in order to ascertain these tendencies. The Fears of Compassion Scale contributed to the field by determining the three factors for fears of compassion. Exploratory factor analyses revealed three scales with single-factor solutions in the establishment of the Fears of Compassion Scale (Gilbert et al., 2011).

PURPOSE OF THE STUDY

There is no scale in Turkey to measure the components of compassion in individuals as referred to above. The aim of this study has been to adapt the Scale for Compassion as developed by Gilbert et al. (2011) into the Turkish language and examine the psychometric features of this adaptation. With the adaptation of this scale, it is believed that it will provide a basis for possible future studies on Turkish society's perception of compassion and its association with various psychological factors. In this study, confirmatory factor analysis has been conducted to determine whether the outcomes from the Turkish sample match the psychometric qualities obtained from the exploratory factor analysis in the development of the original scale by Gilbert et al. (2011). Through this scale, studies on compassion will also be able to focus on the resistance and difficulty experienced due to compassion. Both the clinicians and the researchers working in the field will be able to use this scale to detect fears of compassion and their link to other psychopathologies and cultural factors. Turkish society adopts a relational model that relies primarily on relatedness (Kagıtcıbası, 2005). That said, on the continuum of interpersonal distance the social relations in Turkey are heavily geared towards the relatedness or interdependence direction as opposed to the separation or independence direction. Thus, it can be hypothesized that Turkish people would experience less resistance when it comes to fear of compassion for others or compassion from others; however, fear of self-compassion can be more prominent as autonomy or psychological independence is less stressed than relatedness in the cultural context of Turkey.

PARTICIPANTS AND PROCEDURE

PARTICIPANTS

Six hundred eighty-one participants (average age = 32, $SD = 10.15$) partook in the factor analysis, validity and reliability studies in order to determine the construct validity of the scale. 63.9% of the participants were female and 36% were male. 90.7% were university grad-

uates, 4.8% were high school graduates, 2.3% were vocational high school graduates, and the remaining 1.9% were primary school graduates. The participants volunteered to partake in the study and were chosen randomly through social media.

DATA COLLECTION TOOL

Self-Compassion Scale (SCS). Deniz et al. (2008) carried out the Turkish reliability and validity studies of the SCS as developed by Neff (2003). The original version of the SCS consists of 26 items and 6 sub-divisions and has a 5-point Likert scale from 1 (*hardly ever*) to 5 (*nearly always*). The difference between the original English version and the Turkish adaptation is that the Turkish version presented a one-dimensional structure. The internal consistency coefficient was .89 and the test-retest correlation was .83. The results of the correlation analyses conducted with respect to criterion-related validity determined significant positive relations within the scale. In the present study, Cronbach's α was .91.

Satisfaction with Life Scale (SWLS). Durak et al. (2010) carried out the Turkish reliability and validity studies of the SWLS as developed by Diener et al. (1985). The original version of the SWLS consists of 5 items and has a 7-point Likert scale from 1 (*strongly disagree*) to 7 (*strongly agree*). The difference between the original English version and the Turkish adaptation is that the Turkish version presented a one-dimensional structure. In the present study, Cronbach's α was .84.

PROCEDURE

Permission was obtained to adapt the scale to Turkish from Paul Gilbert, one of the authors of the Fears of Compassion Scale which was used by Gilbert et al. (2011) in their studies. Thereafter studies for linguistic equivalence were carried out.

LINGUISTIC EQUIVALENCE

The first phase of the adaptation of the Fears of Compassion Scale in terms of its linguistic equivalence was regarding its suitability. The scale was translated from English to Turkish by the scale researchers and a linguist. Necessary discussions ensued on the translated version and subsequently the first Turkish translation of the scale was completed. This version was then translated again into English by two different linguists. Finally it was examined by a panel of education specialists, linguists (in Turkish and English) and researchers who unanimously agreed that the Turkish version of the Fears of Compassion Scale was linguistically equivalent to the original English scale.

RESULTS

CONSTRUCT VALIDITY

Confirmatory factor analysis (CFA) was conducted to confirm whether or not the structural validity in the original version of the Fears of Compassion Scale was present in the Turkish participants. Hence, a three dimensional structure as in the case of the original version was used. In the initial analysis, the factor loads of Item 2 (0.27) and Item 7 (0.25) as found in the sub-division of "Compassion for Others" were both below .30. Furthermore, the factor load of Item 3 (0.18) in the sub-division "Reciprocating Compassion" was also found to be below .30. Thus all three items were removed from the scale and the CFA was conducted once again. Subsequently, the 35 items and three dimensional structure were validated by the results of the CFA. The factor loadings of the scale were significant and found to be above .30, whilst their fit indices were found to have acceptable values; $\chi^2(552, N = 654) = 1631.68$, $\chi^2/df = 2.96$, CFI = .90, IFI = .90, SRMR = .06, RMSEA = .05, 90% CI [.05, .06]. The values demonstrated that the model had a good fit. The factor loadings obtained from the confirmatory factor analysis are presented in Figure 1.

CRITERION-RELATED VALIDITY

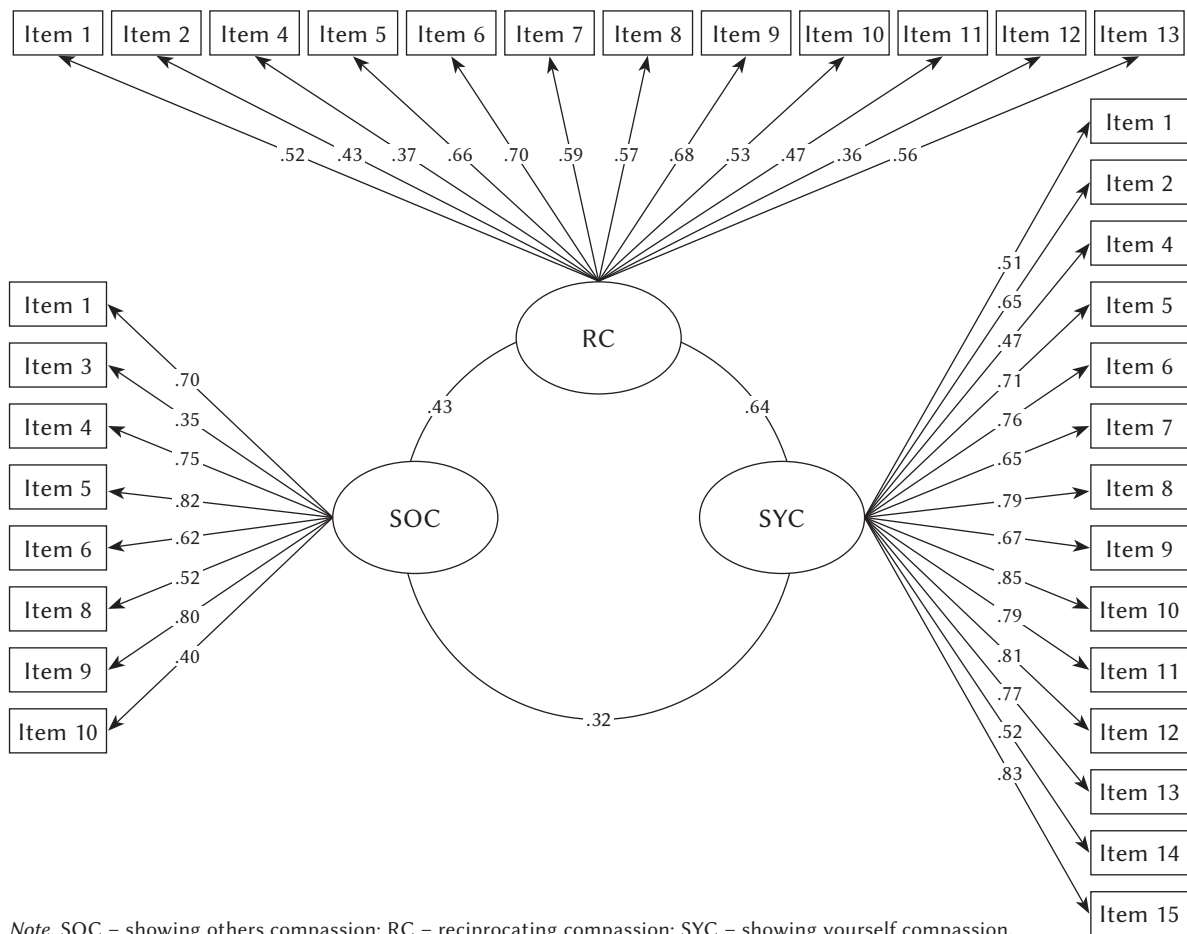
Criterion-related validity was used within the scope of the Fears of Compassion Scale, the Self-Compassion Scale and Satisfaction with Life Scale. The subdivisions of fear of compassion and the relationships individuals have with the fear of compassion were examined in light of the total score. The results of the analyses showed that there was a negative relation between the Self-Compassion Scale ($r = -.37$, $p = .001$) and the Satisfaction with Life Scale ($r = -.31$, $p = .001$). Furthermore, there was evidence indicating that there were significant negative relations between compassion for others ($r = -.15$, $p = .001$), reciprocating compassion ($r = -.25$, $p = .001$) and self-compassion ($r = -.41$, $p = .001$). Moreover, negative relations were also determined between satisfaction with life and compassion for others ($r = -.13$, $p = .001$), reciprocating compassion ($r = -.23$, $p = .001$) and self-compassion ($r = -.31$, $p = .001$). The findings for criterion-related validity are presented in Table 1.

RELIABILITY

The Fears of Compassion Scale's Cronbach α internal consistency coefficient for the whole scale was .92 and for the sub-divisions "Compassion for Others" .83, "Reciprocating Compassion" .83, and "Self-Compassion" .93. The results of the item analysis which

Figure 1

Standardized factor loading of the Fears of Compassion Scale



Note. SOC – showing others compassion; RC – reciprocating compassion; SYC – showing yourself compassion.

Table 1

Criterion-related validity results

Variable	1	2	3	4	5	6
1. Fear of compassion	–					
2. SOC	.63**	–				
3. RC	.82**	.40**	–			
4. SYC	.86**	.28**	.57**	–		
5. Self-compassion	–.37**	–.15**	–.25**	–.41**	–	
6. Life satisfaction	–.31**	–.13**	–.23**	–.31**	.41**	–

Note. ***p* < .001; SOC – showing others compassion; RC – reciprocating compassion; SYC – showing yourself compassion.

was carried out to calculate the total sum of items of the Fears of Compassion Scale and their strengths in terms of prediction and differentiation were found to be between .35 and .80 according to the scale's amended item-test correlations. The Fears of Compassion Scale's amended item-test correlations are presented in Table 2.

DISCUSSION

The purpose of this research was to conduct adaptation studies of the Turkish version of the Fears of Compassion Scale as developed by Gilbert et al. (2011), by using a broad sample of participants from both sexes, with varying ages and educational back-

Table 2*Item-total correlation results*

Showing others compassion		Reciprocating compassion		Showing yourself compassion	
Item	r_{jx}	Item	r_{jx}	Item	r_{jx}
1	.60	1	.42	1	.52
3	.35	2	.38	2	.67
4	.67	4	.38	3	.45
5	.72	5	.60	4	.54
6	.54	6	.61	5	.73
8	.46	7	.51	6	.75
9	.73	8	.54	7	.64
10	.39	9	.57	8	.77
		10	.48	9	.64
		11	.47	10	.80
		12	.37	11	.75
		13	.50	12	.76
				13	.72
				14	.51
				15	.79

Note. r_{jx} – item discrimination index.

grounds, and examine their psychometric features. Initially, permission to adapt the scale to Turkish was obtained from Paul Gilbert, one of the authors with intellectual property rights to the scale. This was followed by studies pertaining to its linguistic equivalence and validity, whereby important correlations were identified with the original scale and its Turkish version.

The confirmatory factor analysis results concluded that the Turkish scale supported the original three-factor structure and that the model had a good fit. The scale's internal consistency and findings were confirmed to be of statistical significance. The results of the correlation analyses which were carried out for the FCS's criterion-related validity demonstrated that the total sum of points that participants obtained from the FCS and the subcategories, and all the relations with the Self-Compassion and Satisfaction with Life scales therein, were significant and negative. Thus, the results of the validity test carried out for the English version of the FCS showed a significant negative relation similar to the results obtained from the Turkish version.

One of the limitations of this study is that the sample in the study consisted predominantly of

women. Fewer than 35% of the participants in the study were men. For this reason it would be useful to select a more homogeneous group of participants in future studies, especially when the goal of the study is to generalise the findings across genders. One of the strengths of the study is the large sample of participants, as CFA is a statistical method that is sensitive to the sample size. The number of participants is above the suggested sample size for a CFA model, which is 100 participants for each factor in the original scale (Kline, 2013).

The validity and reliability studies carried out for the FCS confirmed that it is a valid and reliable measurement tool. The Turkish adaptation of the FCS may prove to be an efficient tool in terms of identifying which cultural and global factors may be associated with respect to Turkish society's approach to the concepts such as fear of compassion from others, fear of compassion for others and fear of self-compassion. Likewise, it may also be used by researchers to comprehend on a theoretical level which cognitive, emotional and psychopathological factors shape native Turkish speakers' tendencies towards receiving compassion from others and showing compassion for others. In conclusion, with better comprehension of these factors, a brighter light will be shone on the concept of fear of compassion with the input of a three dimensional comprehensive scale. This would be reflected in future cultural psychotherapy, especially in Compassion Centred Therapy in Turkey in the form of individual or group therapy. Future studies that utilize the Turkish adaptation of the scale can explore how fear of compassion is experienced in Turkish society while taking cultural aspects such as interpersonal distance into account.

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