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ORIGINAL ARTICLE

Fears of Compassion Scales: Cross-Cultural Adaptation and Validity Evidence for Use in Brazil

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Abstract

Fears of compassion are associated with harmful mental health effects, with research increasing worldwide. As a measure to assess this construct, the Fears of Compassion Scales were developed, with adapted versions in several countries. This study aimed to perform the cultural adaptation and search for evidence of validity of the Fears of Compassion Scales for use in Brazil. After the translation and cultural adaptation process, two online surveys were conducted. In the first, 284 adults (mean age = 36.47) answered the Fears of Compassion Scales and a sociodemographic questionnaire. Through Exploratory Factor Analysis and Cronbach's alpha and McDonald's omega tests, the three scales showed good internal consistency indices and confirmed the original format of the instrument, with a one-factor solution. One item of scale 1 did not fit and was excluded, while a new item in scale 2, developed through focus groups, showed good fit indices. In the second data collection, 381 women (mean age = 31.56) answered the Fears of Compassion Scales, the Self-Compassion Scale, and the Psychological Well-Being Scale. Confirmatory factor analyses corroborated the format proposed in the first analysis, and convergent and divergent validity data were confirmed. The results indicate that the Fears of Compassion Scales are suitable for use in Brazil. The instrument tends to contribute to studies on the theme, providing a better understanding of its functioning and enabling future interventions to improve access to compassion and all its benefits.

Keywords Fears of compassion · Compassion · Psychometric properties · Factor analysis

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Introduction

The mental health benefits of developing compassion have been widely described in the literature, covering mental, physiological, and psychosocial health (Breines et al., 2014; Di Bello et al., 2020; Kirby et al., 2017; Macbeth & Gumley, 2012; Muris & Petrocchi, 2016; Zessin, Dickhäuser, et al., 2015). However, despite its noted benefits, blocks, fears, and resistances to compassion are often observed in individuals (Gilbert & Mascaro, 2017).

Fears to compassion can be understood as blocks to enter into social interactions based on compassion, being experienced on emotional (based on fear of abuse, rejection, humiliation, or shame, for example), cognitive (as a conflict to internal values based on critical voices, for instance), or physical levels (including freezing sensations or sympathetic activation — Gilbert et al., 2011). In this sense, fears of compassion can be experienced in three flows: fear of being compassionate to others, fear of receiving compassion from others, and fear of self-compassion (Gilbert & Mascaro, 2017). Factors that make compassion difficult are related to a series of variables: genetic, neural, and hormonal, personality traits, and aspects of the social contexts in which the individual is inserted (Conway & Slavich, 2017; Narvaez, 2017). In Western culture, predominantly marked by competitiveness, being individualistic, ambitious, and competitive are values propagated as essential to survival ("the dog-eat-dog world"), causing impacts on the development of compassion and the adoption of prosocial behavior (Basran et al., 2019; SL Brown & Brown, 2015; Keltner et al., 2014).

In addition to cultural influences, negative early experiences with caregivers can lead to a conditioning process between openness to care and aversive responses to neglect and abuse. The emotions provoked by compassion, in these cases, are perceived as a threat (Gilbert et al., 2011; Kirby et al., 2019; Matos et al., 2017). The dynamic underlying this phenomenon is related to attachment formation, and an explanatory analogy might be that of "a book that closes" when exposed to abuse and neglect (Gilbert, 2009; Gillath et al., 2005). When the environment promotes emotions of the affiliation system — such as receiving or directing compassion — the system can open, but it opens on the same page where it was closed, reactivating the emotional memories that promoted its closure (Gilbert, 2009; Gilbert et al., 2011). In this way, a caring or compassionate posture offered through the therapeutic relationship, for example, can promote the re-experience of traumatic emotions that can be intensely manifested, leading into shame, humiliation, neglect, abuse, or, in some cases, into grieving processes of becoming aware of never having been in a safe relationship before (Gilbert, 2022; Matos et al., 2017). The blockage to the affiliation system promoted by fears of compassion operates as an automatic protective response to threats; as a response to danger, it acts automatically and with little awareness of its effects and responses (Gilbert & Mascaro, 2017).

The impacts on mental health justify the increase of studies about the theme, once studies have demonstrated the harmful effects of fears of compassion (Kirby et al., 2019). Associations of fears of compassion with symptoms of depression, anxiety, and stress are repeatedly reported (Kirby et al., 2019; Merritt & Purdon, 2020). Moreover, fears of compassion were pointed out as predictors for higher levels of depression, anxiety, and stress and lower social safeness facing the COVID-19 pandemic, in addition to increasing the impact of perceived threat of COVID-19 on psychological distress (Matos et. al, 2021). Fears of compassion also are related to alexithymia, paranoia, and insecure attachment style (Gilbert et al., 2014a, 2014b; Matos et al., 2017), with higher levels of self-criticism and coldness and lower levels of empathy (Gilbert et al., 2012, 2014a, 2014b), as well as also playing an important role in the development of eating disorders (Duarte et al., 2020) and in emotional eating (Zhang et al., 2021). More than that, fears of compassion seem to impact on social behavior, being related to difficulties to moral boundary (Crimston et al., 2021), difficulties to engage in the social distance measures against COVID-19 (Pfeiffer & Lisboa, 2021), and an antisocial leadership style (Basran et al., 2019). More specifically, fear of receiving compassion from others has been shown to be strongly associated with feelings of inferiority and inadequacy (Oliveira et al., 2017), demonstrating a strong relationship with depression (Gilbert et al., 2014a, 2014b). These relationships seem to be explained by the interpretation of depressed patients that they do not deserve to receive compassion, even if they want to (Gilbert et al., 2014a, 2014b; Pauley & McPherson, 2010). Fear of receiving compassion from others also seems to act as a predictor of paranoid ideation, justifying the suspicious and defensive posture in relation to the provision of care by other people (Matos et al., 2017). Studies investigating fear of self-compassion point to associations with self-criticism, shame, and avoidant attachment (Naismith et al., 2019) and greater severity of PTSD symptoms (Boykin et al., 2018). Furthermore, fears of receiving compassion from others and from oneself seem to have a mediating effect on the relationships between traumatic memories of shame and outcomes of depression, anxiety, and paranoid symptoms (Matos et al., 2017). As the fears of compassion can be seen as phenomenon experienced in care mentalities, clinical context may play an important role in its expression, alongside its potential of treatment, mainly through the therapeutic relationship (Bell et al., 2021; Leaviss & Uttley, 2015; Steindl et al., 2022).

Despite their important impacts, fears of compassion have only recently reported data in the literature (Gilbert et al, 2011). Other measures that assess difficulties in affiliative mentalities are found in the investigation of fear of happiness (Joshanloo et al., 2014) and fear of intimacy (Descutner & Thelen, 1991), for example. Even when dealing with theoretically similar constructs with regard to difficulties with emotions related to the affiliation system, only the Fears of Compassion Scales (Gilbert et al., 2011) proposes to specifically assess the difficulties in developing compassion.

Fears of Compassion Scales

To facilitate the process of investigating fears of compassion, Gilbert et al. (2011) developed the Fears of Compassion Scales, a self-report instrument composed of three scales that assess fears of being compassionate towards others, of receiving compassion from others, and of directing compassion and kindness towards oneself. Initially, the authors of the scales developed 20 items for each of the three scales, based upon literature on psychotherapy, attachment theory, and discussions with patients who faced blocks to interventions. After the processes of content validation and exploratory factor analysis — having as a sample a group of university students and a group of therapists — the authors finalized the instrument with 10 items for scale 1 "Expressing compassion for others," 13 items for scale 2 "Responding to the Compassion from Others" and 15 items for the third scale "Expressing compassion and kindness to yourself." The analyses showed good internal consistency for the three scales for the two groups, with Cronbach's alphas of 0.91 and 0.85 for scale 1 — students and therapists, respectively, 0.85 and 0.87 for scale 2 and 0.84 and 0.78 for scale 3.

The scales, developed in 2011, have been widely used in the literature (Kirby et al., 2019), with validation in Portugal (including a recent validation study to be used in individuals with psychosis — Carvalho et al., 2021; Jorge, 2016; Simões & Pinto-Gouveia, 2012), Japan (Asano et al., 2017), Italy (Dentale et al., 2017), Canada (Geller et al., 2019), Germany (Biermann et al., 2020), Iran (Khanjani et al., 2020), and China (Guo et al., 2020), showing good internal consistency indices, with only small differences in the factor structure. However, there is still no data reported in the Brazilian literature on the construct, and there is still no version of the instrument adapted or validated for use in Brazil.

Even though it is only a recently investigated construct, there is a growing body of evidence pointing to the mental health impairments associated with fears of compassion (Kirby et al., 2019). These data reinforce the importance of research on the subject, in order to better understand its origins and effects and enable the development and improvement of interventions. For this, reliable measurements are essential. Thus, the development and validation of existing measures for different cultures is needed. Due to the scarcity of studies on fears of compassion in the Brazilian context and the absence of measures to survey this construct in Brazilian Portuguese, the aim of this study is to carry out the process of cultural adaptation and search for evidence of validity of the Fears of Compassion Scales for use in Brazil and investigate its behavior in a Brazilian sample. For that purpose, the study is composed of three data analysis procedures: the first one consists in the translation and adaptation procedures of the Fears of Compassion Scales for use in Brazil, including content validity analysis; then evidence of reliability and construct validity investigations will be presented; lastly, factor confirmatory analysis along with convergent and divergent validity data analysis will be discussed.

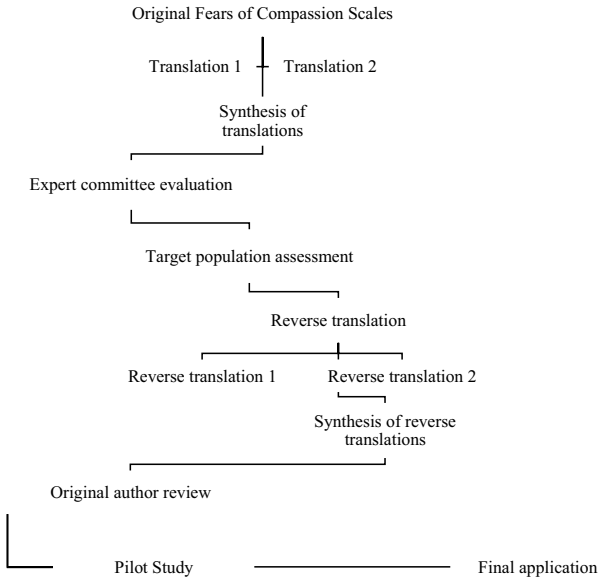

Fig. 1 Fears of Compassion Scales translation and cultural adaptation procedures

Method

Translation and Cultural Adaptation of Fears of Compassion Scales for Use in Brazil

The process of translation and cultural adaptation, based on the assumptions guided by Borsa et al. (2012) is shown in Fig. 1. Before starting the process, authorization was requested by email from the authors of the original scales. After receiving authorization, the translation of the original instrument was started, conducted by two independent Brazilian translators fluent in English — as instructed by Cassepp-Borges et al. (2010), followed by the synthesis of the translations by a third translator.

The translated scales were sent to a committee of five psychologists, specialists in the themes of compassion to assess the clarity of language, theoretical pertinence, and practical relevance of the items. The Content Validity Index (CVI) was calculated as described by Cassepp-Borges et al. (2010). Only item 2 of the first scale presented a content validity coefficient (CVC) below acceptable (<0.8) for the item clarity of language. Semantic adjustments were made based on the judges' suggestions, even for items with an adequate CVC, in order to make the instrument more sensitive to the Brazilian reality. After adjustments, the scales were re-evaluated by the judges and the results showed adequate CVC for all items of all scales. The CVI results are shown in Table 1. The translation process, focused on cultural adaptation, required adjustments to some expressions (such as "letting them off the hook," in item 2 of scale 1, "makes people soft," in item 9 of scale 1, and "Getting on in life," in item 3 of scale 3, for example) and some terms, such as "warmth," which in some items was translated as "caring"

Table 1 Content validity coefficient (CVCc) of the Fears of Compassion Scales in the two evaluations by the panel of judges

	CVC_c 1st evaluation			CVC_c 2nd evaluation		
Item	Clarity	Pertinence	Relevance	Clarity	Pertinence	Relevance
Scale 1: Expressing compassion for other people						
1	0.95	0.95	0.95	1.00	1.00	1.00
2	0.65	1.00	1.00	1.00	1.00	1.00
3	1.00	1.00	1.00	0.93	0.93	0.93
4	0.75	0.95	1.00	1.00	1.00	1.00
5	0.90	1.00	0.95	1.00	1.00	1.00
6	0.85	1.00	1.00	1.00	1.00	1.00
7	0.95	0.90	0.90	1.00	1.00	1.00
8	1.00	1.00	1.00	1.00	1.00	1.00
9	0.90	1.00	1.00	1.00	1.00	1.00
10	0.95	0.95	0.95	0.87	1.00	1.00
Total	0.889	0.974	0.974	0.973	0.986	0.986
Scale 2: Receiving compassion from other people						
1	0.90	0.90	1.00	1.00	1.00	1.00
2	0.85	1.00	1.00	1.00	1.00	1.00
3	0.90	1.00	1.00	1.00	1.00	1.00
4	1.00	1.00	0.95	1.00	1.00	1.00
5	0.95	1.00	1.00	1.00	1.00	1.00
6	1.00	0.95	1.00	1.00	1.00	1.00
7	0.95	0.95	1.00	1.00	1.00	1.00
8	0.90	1.00	1.00	1.00	1.00	1.00
9	1.00	1.00	1.00	1.00	1.00	1.00
10	0.90	1.00	1.00	1.00	1.00	1.00
11	0.85	1.00	1.00	0.93	1.00	1.00
12	1.00	1.00	1.00	1.00	1.00	1.00
13	0.95	1.00	1.00	1.00	1.00	1.00
Total	0.934	0.984	0.996	0.987	0.992	0.992
Scale 3: Expressing Kindness and Compassion to yourself						
1	0.95	1.00	1.00	1.00	1.00	1.00
2	0.85	0.90	1.00	1.00	1.00	1.00
3	0.85	0.90	0.95	1.00	1.00	1.00
4	1.00	1.00	1.00	1.00	1.00	1.00
5	0.95	1.00	1.00	1.00	1.00	1.00
6	0.95	1.00	1.00	1.00	1.00	1.00
7	1.00	1.00	1.00	1.00	1.00	1.00
8	1.00	1.00	1.00	1.00	1.00	1.00
9	0.90	0.90	0.90	0.93	0.87	0.93
10	0.90	1.00	1.00	1.00	1.00	1.00
11	0.90	1.00	1.00	1.00	1.00	1.00
12	0.90	1.00	1.00	1.00	1.00	1.00
13	0.95	1.00	1.00	1.00	1.00	1.00
14	0.95	0.95	0.95	1.00	0.93	0.93
15	1.00	1.00	1.00	1.00	1.00	1.00

Table 1 (continued)

	CVC_c 1st evaluation			CVC_c 2nd evaluation		
Item	Clarity	Pertinence	Relevance	Clarity	Pertinence	Relevance
Total	0.936	0.976	0.986	0.988	0.980	0.984

and in an item as "care" (in item 11 of scale 2), in order to better adjust the term to the context of the sentence. Such adjustments were carried out based on suggestions from the translators and judges and on discussions carried out by a committee, composed of three researchers and experts in the field (one PhD, one master, and one undergraduate), who were trained for the process of cultural adaptation of the instrument.

The adjusted scales were submitted to an assessment of the target audience through focus groups, composed of four participants, with varying ages, gender, and educational levels (Pasquali, 1998). In the first group, adjustments in three items were suggested, due to lack of clarity. After the adjustments were made, the scale was submitted to the second group, with no further adjustments required. In conducting the focus groups, a recurring theme was noted in the doubts and discussions of scale 2 items "Fear of receiving compassion from other people" around the idea of fearing to receive care because it seems to be "playing the victim." Considering the theoretical relevance of the topic, the researchers' committee created a new item for the second scale: "It is difficult for me to receive care and kindness from others because I'm afraid they'll think I'm playing the victim." With the new item, the scales were again submitted to a focus group, and the individuals' return indicated an adequate understanding of all items.

Then, the back translation process was performed by two independent translators — Brazilians fluent in English. A synthesis of the translations was performed by a third translator, and this version was sent to the authors of the original scales. The adapted instrument was discussed with the original authors. Semantic adjustments were made, and the proposal for the new item was presented, with its inclusion authorized by the authors of the scales. With the final version, a pilot survey was conducted with 15 participants who met the inclusion criteria for the larger study sample to search for evidence of validity — Brazilian, aged between 18 and 65 years and reporting no psychological/psychiatric diagnosis — to verify if the instrument was clear in an application context. With no new changes, the collection for the study to search for evidence of validity was conducted.

Evidence of Validity and Psychometric Properties of the Fears of Compassion Scales

Participants

Two data collections were conducted for the study. With the first collection, analyses were performed to verify the reliability and factorial structure of the scales. With the second collection, analyses were performed to confirm the factor structure and assess the convergent and divergent validity of the scales. The inclusion criteria included being Brazilian, being between 18 and 65 years old, and not having a psychological/psychiatric diagnosis (self-report). The first collection was carried out between April

and June 2020; the sample consisted of 284 adults aged between 18 and 65 years (mean age = 36.47; SD = 12.45) from 14 states in Brazil, but mostly from Rio Grande do Sul (80%). In general, the sample consisted mostly of people declared to be female (75%), white (87%), and heterosexual (88%). The second collection was carried out between April and June 2021 and consisted of 381 women (mean age = 31.56, SD = 11.02) from 24 Brazilian states (19.9% from São Paulo, 15.5% from Paraná, and 13.2% from Rio Grande do Sul) participated in the study. This sample was also composed mostly of self-declared heterosexual people (76.7%) and white (66.1%).

Instruments

All participants answered the adapted Fears of Compassion scales and a sociodemographic data questionnaire. Participants in the second data collection also answered the Self-compassion Scale (Neff, 2003; Brazilian version of Souza & Hutz, 2016) and the Psychological Well-Being Scale – EBEP (Machado et al., 2013). Psychological well-being and the positive components of self-compassion are positively related to higher levels of mental health, as opposed to fears of compassion (Kirby et al., 2019; Leaviss & Uttley, 2015; Zessin et al., 2015). A positive correlation between fears of compassion and a negative components of self-compassion are expected, as well as a negative correlation between fears of compassion with psychological well-being and self-compassion components.

The Self-Compassion Scale (Neff, 2003; Brazilian version of Souza & Hutz, 2016). The instrument has 26 items divided into six opposing factors: self-kindness vs. self-judgment, mindfulness vs. over-identification, common humanity vs. isolation. This scale is answered on a 5-point scale, from 1 = almost never to 5 = almost always. The internal consistency of the six subscales in the original instrument ranged from 0.75 to 0.81. For the Brazilian version, the alpha of each subscale was: self-criticism ($\alpha = 0.77$), over-identification ($\alpha = 0.76$), common humanity ($\alpha = 0.66$), isolation ($\alpha = 0.79$), self-kindness ($\alpha = 0.81$), and mindfulness ($\alpha = 0.77$), with the total internal consistency of SCS-Brazil being $\alpha = 0.92$.

The Psychological Well-Being Scale – EBEP (Machado et al., 2013). This is an instrument composed of 36 items, divided into six factors: positive relationships with others, autonomy, mastery over the environment, personal growth, life purpose, and self-acceptance. The scale is answered on a 6-point scale, from 1 = strongly disagree to 6 = strongly agree. The six EBEP subscales showed positive associations with previous indicators of well-being (life satisfaction, positive affect, and balance between affections), as well as negative associations with previous indicators related to psychopathies (negative affect and depression). The measurements showed internal consistency ranging from 0.77 to 0.89.

Procedures

Ethical Procedures The study protocol was approved by the Research Ethics Committee of the Pontifical Catholic University of Rio Grande do Sul on December 11,

2020 (CAAE: 40,787,620.3.0000.5336). Participation in the research was voluntary, and all respondents signed an informed consent form, before completing the questionnaire.

Data Collection Both samples were accessed for convenience, using the Snowball method (Heckathorn, 2011), with online collection using the Qualtrics platform. The dissemination took place through the social networks of the researchers involved in the study.

Data Analyses To assess the reliability of the scales, in addition to Cronbach's alpha, the McDonald's omega test was performed, as it is a more sensitive index of internal consistency (Dunn et al., 2014; Irwing & Hughes, 2018). With the first sample, a robust exploratory factor analysis (EFA) was conducted using the FACTOR 10.01.01 software (Lorenzo-Seva & Ferrando, 2006) based on the polychoric correlation matrix of the items, using the unweighted least squares (ULS) extraction method. To avoid factor overestimation, the parallel analysis retention method by random permutation of sample values was used, with the generation of 500 polychoric correlation matrices (Timmerman & Lorenzo-Seva, 2011). The adopted procedures aimed to provide more reliable estimates for the non-normal distribution of the sample, as is the case in this study. Aiming to confirm the factor structure found in the first analysis, a confirmatory factor analysis (CFA) was conducted with the second sample, in the JASP system (Version 0.14.1), using the lavaan package (Rosseel, 2012). Considering the sample size, the non-normality of the data, and the categorical nature of the variables, the robust DWLS estimator was used (Li, 2016). The model fit indices considered included standardized root mean square residual (SRMR) for the absolute fit indices; root mean square error of approximation (RMSEA) as a corrective index of parcimnomics, and the comparative fit index (CFI), and Tucker–Lewis Index (TLI) for fit comparison (T. A. Brown, 2015). Following the indications of Bentler (1990) and Hu and Bentler (1999), the following adjustment indicators were taken: $SRMR < 0.10$, $RMSEA < 0.08$, $CFI \geq 0.90$ and $TLI \geq 0.90$. Finally, a convergent validity analysis was performed using Pearson's correlation with the positive and negative factors of the Self-Compassion Scale, as also used by Biermann et al. (2020) and Geller et al. (2019) and with the Psychological Well-being Scale (EBEP).

Results

Factor Structure and Reliability

The three scales presented adequate values in the Kaiser–Meyer–Olkin (KMO) and Bartlett's test of sphericity, confirming the adequacy of the factor analysis for data processing. The parallel analysis (Timmerman & Lorenzo-Seva, 2011) pointed to unidimensionality for the three scales, once a single factor exceeded the portion of total explained variance when compared to the mean of the random

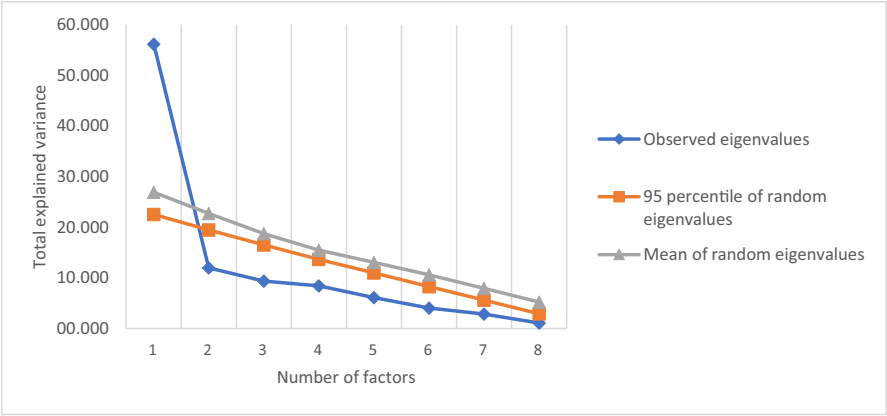

Fig. 2 Parallel analysis by the random permutation method of the values from scale 1

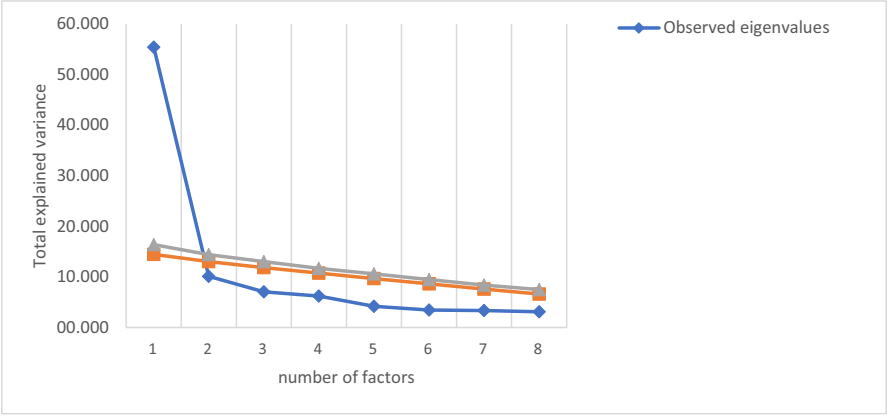

Fig. 3 Parallel analysis by the random permutation method of the values from scale 2

factors (Figs. 2, 3, and 4), corroborating with that proposed in the original scales (Gilbert et al., 2011). Descriptive values of scale items are shown in Table 2.

In scale 1 "Expressing compassion for other people" (KMO = 0.85; Bartlett's test of sphericity = χ^2 (45) = 1081.1, $p < 0.0001$), all items presented factor loadings above 0.40, except for item 7, as shown in Table 3. Item 7 "People need to help themselves instead of waiting for others to help them" presented a low factor loading (0.176), and the reliability analyses led to an increase in the rates with its withdrawal. Thus, it was decided to exclude the item. With the removal of item 7, the analyses were repeated, showing good fit indices, with factor loadings between 0.469 and 0.821. The scale showed good internal consistency, with a McDonald's omega of 0.829, and a Cronbach's alpha of 0.837 after item exclusion. The CFA

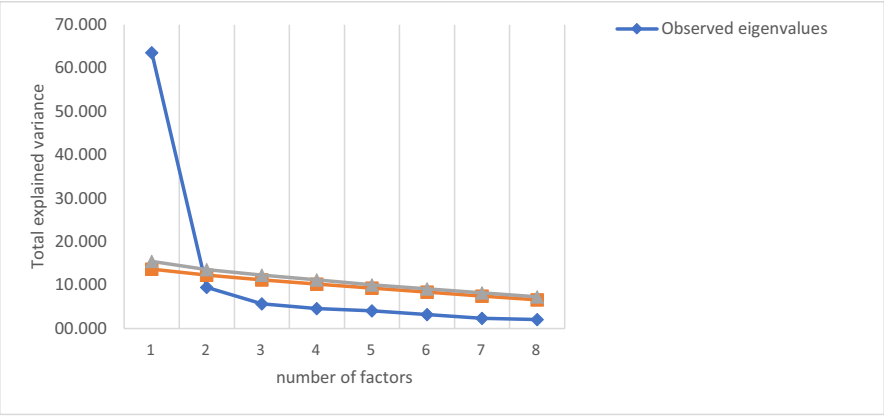

Fig. 4 Parallel analysis by the random permutation method of the values from scale 3

confirmed the one-factor model, showing satisfactory fit indices (SRMR = 0.074, RMSEA (90%) = 0.078 [0.061–0.097], CFI = 0.971, TLI = 0.962).

In the second scale, "Receiving compassion from other people" (KMO = 0.91; Bartlett's test of sphericity = χ^2 (91) = 2065.4, $p < 0.0001$), all items had satisfactory factor loadings (Table 4), and the scale demonstrated good internal consistency, with good omega (0.891) and alpha (0.884) values. The new item included in the cultural adaptation process showed good consistency, with a factor loading of 0.773, in addition to the reliability analyses pointing to a decrease in the omega and alpha values if the item were excluded. Thus, item 14 presented good psychometric adequacy to the scale. The CFA showed good fit indices to the one-factor structure of the scale (SRMR = 0.070, RMSEA (90% I.C.) = 0.059 [0.048–0.071], CFI = 0.981, TLI = 0.977).

Scale 3 "Expressing kindness and compassion to yourself" (KMO = 0.92; Bartlett's test of sphericity = χ^2 (105) = 2672.9, $p < 0.0001$) presented adequate factor loadings for all items (Table 5). The reliability analyses showed satisfactory values, with McDonald's omega of 0.925 and Cronbach's alpha of 0.917, indicating good internal consistency. No items were added to or removed from this scale. Through the CFA, the one-factor model was corroborated, with fit indices confirming that proposed by the original authors and presented from the EFA analysis (SRMR = 0.065, RMSEA (90% CI) = 0.023 [< 0.001–0.038], CFI = 0.997, TLI = 0.997).

Convergent and Divergent Validity

For the convergent and divergent validity analysis, the positive and negative components of the Self-Compassion Scale as well as the subscales of the Psychological Well-Being Scale were considered. The three Fears of Compassion Scales showed correlations as expected with the theoretically related constructs, as shown in Table 6. Negative correlations with the self-compassion components and with the Psychological Well-Being Scale subscales were confirmed, while positive

Table 2 Mean and standard deviation of the items on the three scales

Item (short content)	Mean sample 1	SD	Mean sample 2	SD
Scale 1: Expressing compassion for other people				
1. People will take advantage	1.37	1.05	1.95	1.31
2. It's allowing to get rid of responsibilities	1.18	0.92	1.38	1.26
3. People don't deserve it	1.25	1.08	1.54	1.44
4. Become an easy target	1.49	0.93	2.08	1.25
5. People will take advantage if you forgive	1.63	0.98	2.24	1.26
6. People will drain my emotional resources	1.17	0.91	1.56	1.41
7. People need to help themselves	2.45	1.12	2.46	1.18
8. Become too dependent upon me	1.44	0.91	1.85	1.29
9. Compassionate people are naive	1.31	0.94	1.66	1.28
10. Discipline/punishments are more helpful	1.62	1.04	1.61	1.34
Total	1.38	0.63	1.76	0.90
Scale 2: Receiving compassion from other people				
1. Sign of weakness	0.77	0.78	0.65	0.94
2. Fear of when you need it, they won't be	1.77	1.04	2.29	1.43
3. Fearful of becoming dependent	1.65	1.14	2.30	1.55
4. Doubt if it's genuine	1.74	1.13	2.08	1.45
5. It is frightening	0.86	0.82	0.99	1.29
6. I feel anxious/embarrassed	1.28	0.98	1.46	1.42
7. They will find out something bad about me	1.01	1.02	1.15	1.39
8. Only if they want something from me	1.19	0.91	1.59	1.41
9. I feel empty and sad	0.51	0.62	0.39	0.79
10. They are getting too close	0.87	0.81	1.05	1.24
11. I rarely feel cared for	1.06	0.95	1.51	1.40
12. I try to keep distance	0.83	0.84	1.03	1.26
13. I put up a barrier	0.73	0.79	0.94	1.22
14. Fear of playing the victim	1.03	0.98	1.31	1.40
Total	1.09	0.59	1.34	0.88
Scale 3: Expressing kindness and compassion to yourself				
1. I don't deserve it	0.74	0.83	0.87	1.22
2. It makes me sad	0.57	0.65	0.71	1.11
3. It is about being tough rather than compassionate	0.88	0.89	1.13	0.126
4. I would rather not know	0.47	0.63	0.38	0.80
5. I feel kind of empty	0.50	0.64	0.54	0.99
6. Sense of loss/grief	0.52	0.74	0.52	1.00
7. My standards will drop	1.37	1.17	1.52	1.46
8. I will become a weak person	0.82	0.88	1.05	1.32
9. I don't know where to begin	0.81	0.87	0.85	1.19

Table 2 (continued)

Item (short content)	Mean sample 1	SD	Mean sample 2	SD
10. Fear to become dependent on it	0.70	0.77	0.86	1.23
11. My flaws will show	1.02	0.94	1.13	1.36
12. I will become someone I don't want to be	0.71	0.79	0.82	1.21
13. Others will reject me	0.76	0.86	0.73	1.12
14. It's easier to be critical	2.20	1.16	2.38	1.42
15. Bad things will happen	0.75	0.79	0.80	1.15
Total	0.85	0.58	0.95	0.86

Table 3 Factor loads and reliability of scale 1: expressing compassion for others

Item (short content)	Factor loadings EFA	Factor loads without item 7	Factor loadings CFA	If item excluded	
				McDonald	Cronbach
1. People will take advantage	0.603	0.608	0.627	0.811	0.794
2. It's allowing to get rid of responsibilities	0.532	0.533	0.643	0.814	0.794
3. People don't deserve it	0.481	0.472	0.505	0.818	0.799
4. Become an easy target	0.824	0.821	0.716	0.788	0.772
5. People will take advantage if you forgive	0.829	0.821	0.747	0.787	0.770
6. People will drain my emotional resources	0.646	0.647	0.614	0.807	0.789
7. People need to help themselves	0.176			0.837	0.829
8. Become too dependent upon me	0.695	0.688	0.664	0.801	0.782
9. Compassionate people are naive	0.692	0.689	0.694	0.802	0.784
10. Discipline/punishments are more helpful	0.434	0.469	0.502	0.821	0.801

correlations were identified with the negative components of self-compassion. Similar correlations with positive and negative facets of self-compassion were found by Biermann et. al. (2020) and Simões and Pinto-Gouveia, (2012), in validation studies in Germany and Portugal, respectively. The data of the presented study point to good convergent and divergent validity for the three subscales.

Discussion

In order to develop a version of the Fears of Compassion Scales for use in Brazil, this study aimed to promote the cultural adaptation and the analysis of evidence of the instrument's validity. Results showed good content validity indices (Cassepp-Borges et al., 2010). The three scales presented good internal consistency, with

Table 4 Factor loads and reliability of scale 2: receiving compassion from other people

Item (short content)	Factor loadings EFA	Factor loadings CFA	If item excluded	
			McDonald	Cronbach
1. Sign of weakness	0.488	0.395	0.892	0.884
2. Fear of when you need it, they won't be	0.479	0.489	0.889	0.881
3. Fearful of becoming dependent	0.484	0.503	0.889	0.883
4. Doubt if it's genuine	0.555	0.654	0.887	0.879
5. It is frightening	0.735	0.703	0.881	0.873
6. I feel anxious/embarrassed	0.661	0.718	0.884	0.875
7. They will find out something bad about me	0.705	0.658	0.883	0.873
8. Only if they want something from me	0.696	0.727	0.882	0.872
9. I feel empty and sad	0.691	0.537	0.886	0.879
10. They are getting too close	0.791	0.679	0.879	0.872
11. I rarely feel cared for	0.723	0.639	0.882	0.873
12. I try to keep distance	0.793	0.681	0.879	0.872
13. I put up a barrier	0.787	0.714	0.880	0.873
14. Fear of playing the victim	0.773	0.751	0.879	0.870

Table 5 Factor loads and reliability of scale 3: expressing kindness and compassion to yourself

Item (short content)	Factor loadings EFA	Factor loadings CFA	If item excluded	
			McDonald	Cronbach
1. I don't deserve it	0.661	0.663	0.923	0.914
2. It makes me sad	0.802	0.688	0.919	0.911
3. It is about being tough rather than compassionate	0.677	0.569	0.923	0.913
4. I would rather not know	0.721	0.619	0.922	0.914
5. I feel kind of empty	0.804	0.716	0.920	0.912
6. Sense of loss/grief	0.827	0.688	0.919	0.911
7. My standards will drop	0.619	0.718	0.924	0.917
8. I will become a weak person	0.861	0.803	0.917	0.907
9. I don't know where to begin	0.696	0.692	0.922	0.913
10. Fear to become dependent on it	0.803	0.780	0.919	0.910
11. My flaws will show	0.803	0.788	0.918	0.908
12. I will become someone I don't want to be	0.804	0.768	0.919	0.910
13. Others will reject me	0.821	0.704	0.918	0.909
14. It's easier to be critical	0.515	0.546	0.925	0.918
15. Bad things will happen	0.823	0.715	0.918	0.909

Table 6 Correlations of the Fears of Compassion Scales with the Self-Compassion Scale and the Psychological Well-Being Scale

	Fear of being compassionate to others	Fear of receiving compassion	Fear of self-compassion
Self-Compassion Scale			
Positive components			
Self-kindness	−0.106*	−0.403**	−0.489**
Common humanity	−0.014	−0.260**	−0.385**
Mindfulness	−0.104*	−0.353**	−0.414**
Negative components			
Self-judgment	0.215**	0.549**	0.607**
Isolation	0.327**	0.630**	0.550**
Over-identification	0.264**	0.554**	0.547**
Psychological Well-Being Scale			
Positive relationships with others	−0.351**	−0.580**	−0.464**
Autonomy	−0.117*	−0.321**	−0.363**
Domain over the environment	−0.124*	−0.402**	−0.412**
Personal growth	−0.156**	−0.297**	−0.403**
Purpose in life	−0.193**	−0.457**	−0.466**
Self-acceptance	−0.227**	−0.514**	−0.542**

*$p < 0.05$; **$p < 0.00$

adequate Cronbach's alpha and McDonald's omega values. The parallel analysis (Timmerman & Lorenzo-Seva, 2011) used for the exploratory factor analysis confirmed the unidimensional format of the three scales, as proposed in the original instrument (Gilbert et al., 2011), which was corroborated with the confirmatory factor analysis conducted with a second sample collected. The scales also proved to be valid based on convergent and divergent validity analyses, showing adequate relationships with the components of self-compassion and psychological well-being.

From the discussions promoted in focus groups with the target population, a new item was developed for scale 2 Receiving compassion from other people, contemplating the theme of fear of being seen as someone who is "playing the victim" when receiving compassion from other people. Theoretically, the idea of having one's intentions misinterpreted was already considered in discussions about the fear of offering compassion (Gilbert & Mascaro, 2017). The Portuguese version of the instrument for adolescents even added this theme in the adaptation of one of the items in the fear of being compassionate with others scale (Jorge, 2016). However, the fear that their intentions will be misinterpreted had not yet been presented from the perspective of those who fear receiving compassion from others (Gilbert & Mascaro, 2017; Kirby et al., 2019). We can understand that the focus group discussions suggest that the fear of being misunderstood can also block the receipt of compassion, for the fear that the other person may think that the individual does not really need care. Thus, there may be a block to authorize being cared for because of the fear of being seen as someone manipulative, who would take advantage of the

other's kindness without actually needing it (Gilbert & Mascaro, 2017). The item was submitted to evaluation by focus groups with the target population and pilot application, and its inclusion was approved by the authors of the original scale. In addition, the item was well suited to the instrument, with an increase in internal consistency indices with its insertion and a satisfactory factor loading, with justified methodological and theoretical criteria for its inclusion in the scale.

Only one item of the instrument — including the three scales — had to be excluded: "People need to help themselves instead of waiting for others to help them" (item 7 of scale 1), as it had low factor loading and values of alpha and omega decreased with the presence of the item. Thus, this item was excluded from the scale and the other items were renumbered. Gilbert and Mascaro (2017) discuss the blocks that tend to be manifested by people exposed to excessively competitive environments. Cultures based on competitiveness tend to cause a hyperactivation of the social ranking mentality, guiding the attention, intention, and behavior of individuals to meet this mentality. Thus, the belief that "each one must do it for themselves" is easily activated, as the individual finds himself in a world where counting on other people's help can be harmful (Brown & Brown, 2015; Gilbert, 2014; Gilbert & Mascaro, 2017). Considering that one of the main functions of the competitive mentality is to create positive impressions in other people's minds — to be accepted, wanted, and admired and, with this, to obtain advantages in the search for resources — the idea that people need to help themselves and not expect to be helped, as the item states, seems adapted to current culture (Gilbert & Mascaro, 2017). In this environment, not counting on help from others can be seen as an expression of strength and expecting the same from other people could, in this context, demonstrate an act of genuine concern, understanding that this other person would be adequately adapted to this specific context. The excluded item "People need to help themselves instead of waiting for others to help them" had the highest descriptive mean among all items of the three scales in the studied sample ($M = 2.45$). In other words, the naturalization of the idea that people should not count on or expect support from other people undermines the collectivism of a social group as well as the development of solidarity and cooperative attitudes. Of concern is that other beliefs can also be naturalized over time — such as that people do not deserve compassion or that it is more appropriate to punish than to help — facilitating the development of fear of expressing compassion as an adaptation to the sociocultural context.

Convergent validity analysis showed negative relationships between the three fears of compassion scales and both psychological well-being and self-compassion measures. More than confirming the validity of the instrument, these data also point to the harmful effects of the fears of compassion, which are being widely documented in the recent literature (Kirby et al., 2019). Taking into account the associations presented by this study, fears of compassion not only impact on mental health on individual levels (with positive relationships with self-criticism levels and negative associations with self-compassion levels, sense of autonomy, personal growth, purpose in life, and self-acceptance), but also promote difficulties in relation with others, as indicated by the negative associations with positive relationships with others and domain over the environment subscales. Once compassion is understood as a prosocial motivation, it is worth to better understand its social effects, considering

that it impacts on the feeling of safety in relation to the world (Gilbert et al., 2019; Matos et al., 2021a, 2021b).

The Brazilian validation of the fears of compassion scales may facilitate the access of these data on research context, but also benefits the clinical context, as it helps in the evaluation process and may help to work with resistances to the therapy. Gilbert (2022) defends that fears of compassion are not a problem to the therapy; they are the therapy. Given its importance, the impact of fears of compassion on the therapeutic process has been a focus of interest in recent research (Bell et al., 2021; Gilbert, 2022; Steindl et al., 2022). Once they impact on the possibility to engage in care relations, as the therapeutic relationship, it seems to be of great use for clinicians to have access to how to be aware of its presence, how it can be experienced, how it can impact on the therapeutic process, and how it can be safely addressed.

Final Considerations

This study sought to carry out the cultural adaptation process and seek evidence of validity of the Fears of Compassion Scales to be used in Brazil. The three adapted scales showed good levels of internal consistency and content validity, both convergent and divergent validity, indicating that it is a valid instrument. The factorial solution found by exploratory factor analysis was corroborated by confirmatory factor analysis and indicated unidimensionality for the three scales, as proposed in the original instrument (Gilbert et al., 2011).

Despite efforts for a homogeneous sample, one of the limitations of this study refers to the few participants from states other than from the southern region of Brazil. In both samples, there was a predominance of participants from Brazil's southern states. Future studies with larger samples from other regions to verify their adequacy in comparison with the data from the present study will be of great value and may make use of multigroup factor analysis, for example. Still in relation to the sample, another limitation refers to the fact that the confirmatory factor and convergent and divergent analyses were conducted with a sample consisting entirely of women. Future studies may investigate these data in a more homogeneous sample and verify if this data can be refuted or confirmed. Another limitation of this research refers to the moments of data collection, coinciding, in the first collection, with the first weeks of quarantine in Brazil in response to the coronavirus pandemic, while the second collection took place a year later, when a new wave was being faced in the country. Studies (Talevi et al., 2020; Xiong et al., 2020) have pointed out important damage to mental health due to the social isolation caused by the pandemic, which can influence the participants' responses. To minimize this bias in the sample responses, participants who reported psychopathology were excluded from the sample. Furthermore, in the divergent validity analysis, important negative relationships between fears of compassion and mental health variables were found. Future research should investigate this data more deeply, given their implications.

Theoretically, fears of compassion are described as a trait in response to early life experiences (Gilbert & Mascaro, 2017; Matos et al., 2017). Future studies that

assess the stability of this construct over time, with follow-up of the participants at different times, may not only verify evidence of the instrument's validity through stability over time, but also assess whether the construct is in fact stable and nonresponse dependent. Another point refers to the exclusion of the item from the scale of expression of compassion for other people, which seemed adapted to the current cultural reality. Studies in different social and political moments will be of great help in observing the levels of fears of compassion in the general population in response to dynamic and changing social processes and as a way to analyze how the excluded item would behave under these circumstances.

The validation of the instrument for use in Brazil contributes to the development of research on the blocks faced by the practices of compassion, a subject that is being increasingly discussed in countries around the world (Kirby et al., 2019). Clinicians can also benefit from using the instrument to understand the blocks their patients face in developing a compassionate posture. The benefits of compassion at individual and collective levels justify the growing interest in research and interventions on this subject (Keltner et al., 2014; Kirby et al., 2017; Zessin et al., 2015). To promote the health benefits associated with compassion, it is essential that the attention of researchers and clinicians turn to the processes — individual, cultural, and the dynamics established between these two aspects — that complicate or block its development.

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Data Availability The data that support the findings of this study are available from the corresponding author upon request.

Declarations

Ethics Approval This research was performed in accordance with the Guidelines and Regulatory Norms involving research with human beings provided for in Resolution No. 510 of the National Health Council from Brazil (2016) and Resolution No. 016/2000 of the Federal Council of Psychology from Brazil (2000). The Ethics Committee of the Pontifical Catholic University of Rio Grande do Sul (PUCRS) granted approval under the CAAE number: 30586320.0.0000.5336.

Consent to Participate Informed consent was obtained from all individuals for whom identifying information is included in this article.

Conflict of Interest The authors declare no competing interests.

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