



To Whom It May Concern:

Dr. Kristin Neff grants permission to use the Compassion Scale (Pommier et al., 2019) for any purpose whatsoever, including research, clinical work, teaching, etc. Please cite:

Pommier, E., Neff, K. D. & Tóth-Király I. (2019). The development and validation of the Compassion Scale. *Assessment*, 21-39.

Permission is also given to translate the Compassion Scale using the analytic approach to validate the factor structure that was established in:

Neff, K. D., Tóth-Király, I., Yarnell, L., Arimitsu, K., Castilho, P., Ghorbani, N.,... Mantios, M. (2019). Examining the Factor Structure of the Self-Compassion Scale using exploratory SEM bifactor analysis in 20 diverse samples: Support for use of a total score and six subscale scores. *Psychological Assessment*, 31 (1), 27-45.

Best wishes,

Kristin Neff, PhD

The Compassion Scale (CS)

Instructions: Please read each statement carefully before answering. Please answer according to what really reflects your experience rather than what you think your experience should be. Indicate how often you behave in the stated manner, using the following scale:

**Almost
never**
1

2

3

4

**Almost
always**
5

1. I pay careful attention when other people talk to me about their troubles.
2. If I see someone going through a difficult time, I try to be caring toward that person.
3. I am unconcerned with other people's problems.
4. I realize everyone feels down sometimes, it is part of being human.
5. I notice when people are upset, even if they don't say anything.
6. I like to be there for others in times of difficulty.
7. I think little about the concerns of others.
8. I feel it's important to recognize that all people have weaknesses and no one's perfect.
9. I listen patiently when people tell me their problems.
10. My heart goes out to people who are unhappy.
11. I try to avoid people who are experiencing a lot of pain.
12. I feel that suffering is just a part of the common human experience.
13. When people tell me about their problems, I try to keep a balanced perspective on the situation.
14. When others feel sadness, I try to comfort them.
15. I can't really connect with other people when they're suffering.
16. Despite my differences with others, I know that everyone feels pain just like me.

Reference: [Pommier, E., Neff, K. D. & Tóth-Király I. \(2019\). The development and validation of the Compassion Scale. *Assessment*, 21-39.](#)

SCORING KEY

Kindness items: 2, 6, 10, 14

Common Humanity items: 4, 8, 12, 16

Mindfulness items: 1, 5, 9, 13

Indifference items (reverse scored): 3, 7, 11, 15

To reverse score items (1=5, 2=4, 3=3, 4=2, 5=1).

Subscale scores are computed by calculating the mean of the four subscale item responses. To compute a total compassion score, reverse score the indifference items then take a grand mean of all items.

When examining subscale scores, higher scores on indifference items indicate *less* compassion before reverse-coding, and *more* compassion after reverse coding. You can choose to report indifference scores with or without reverse-coding, but items must be reverse coded before calculating a total compassion score.

NORMS AND SCORE SIGNIFICANCE

There are no clinical norms or scores which indicate that an individual is high or low in compassion. Rather, CS scores are mainly used in a comparative manner to examine outcomes for people scoring higher or lower in compassion. When trying to determine whether compassion levels are high or low relevant to a particular sample, some researchers use a median split.

SCALE DEVELOPMENT, RELIABILITY AND VALIDITY

The Compassion Scale was designed to be analogous to the Self-Compassion Scale in terms of positive and negative aspects of kindness, common humanity, and mindfulness - but experienced toward others rather than oneself. In Study 1 (N = 465), a pool of 80 potential items was used to try to identify six subscales (with four items per subscale). However, the three negative subscales could not be differentiated, and therefore a single negative subscale was used and a 16-item scale was created. Various CFA and ESEM models were examined, and a bifactor ESEM structure (with one global factor representing compassion and four specific factors representing its components) was supported. Study 2 (N = 510) cross-validated the CS in a second student sample. Study 3 (N = 80) established the test-retest reliability of the scale ($r = .81$). Study 4 (N = 1394) replicated results with a community sample, while Study 5 (N = 172) replicated results with a sample of meditators, providing known-groups validity. Study 6 (N = 913) made small changes to the CS items to improve face validity.

Across studies, the CS was associated with other measures in a theoretically consistent manner. For instance, it was not significantly associated with social desirability or submissive compassion (providing discriminant validity), it had large associations with compassionate love for humanity and a compassionate disposition (providing convergent validity), and moderate associations with wisdom, mindfulness and social connectedness (providing construct validity). The CS total score was found to

be reliable (Cronbach's alpha ranged from .77 to .90 across studies), and subscales also showed adequate reliability. Results indicated that the CS and SCS have a modest correlation, with most people reporting much higher compassion for others than the self.

ANALYTIC APPROACH FOR VALIDATION AND TRANSLATION

In order to validate the factor structure of the Compassion Scale (including for translations) we strongly recommend the use of bifactor ESEM, as this is the most appropriate method to assess the operation of self-compassion components as a system. Information on this analytic method can be found in ([Neff et al., 2019](#)). Moreover, appropriate syntax for how to conduct these analyses for the SCS using Mplus can be found in the online supplement to that article and also [here](#).