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**Examination of the Relationship Between Fears of Compassion and Anxiety in Adults***Yetişkinlerde Şefkat Korkusu ile Kaygı Arasındaki İlişkinin İncelenmesi***Fikriye Alkım Arı , Faika Şanal Karahan ****Authors Information****Fikriye Alkım Arı**

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**ABSTRACT**

The main purpose of this research is to examine whether adults' trait anxiety, state anxiety, and gender together predict the fears of compassion (fear of compassion for others, fear of compassion from others, and fear of self-compassion). Besides, in this study, it was aimed to examine whether fears of compassion differ significantly according to trait anxiety levels (low, medium and high). The study group consisted of 437 (241 female and 196 male) adults. Data were collected using the State-Trait Anxiety Scale, the Fears of Compassion Scale, and the Personal Information Form. Data were analyzed using Multiple Linear Regression Analysis and One-way analysis of variance (ANOVA). Research findings of this study shows that adults' trait anxiety, state anxiety, and gender together predicts the 18% of the total variance in fear of compassion to others, 15% of total variance in fear of compassion from others, and 16% of total variance in fear of self-compassion. In addition, this study shows that while adults' anxiety levels (high, medium, and low) decrease, their fears of compassion decreases. The findings are discussed based on the relevant literature. The limitations of the research and suggestions for future theoretical and practical research are presented.

**Article Information****Keywords**

Fears of Compassion  
State Anxiety  
Trait Anxiety  
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**ÖZET**

Bu araştırmanın temel amacı, yetişkinlerin sürekli kaygı, durumluk kaygı ve cinsiyetlerinin birlikte şefkat korku türlerini (başkalarına şefkat gösterme korkusu, başkalarından şefkat görme korkusu ve kendine şefkat gösterme korkusu) yordayıp yordamadıklarını incelemektir. Ayrıca, bu çalışmada, şefkat korkusu türlerinin (başkalarına şefkat gösterme korkusu, başkalarından şefkat görme korkusu ve kendine şefkat gösterme korkusu) sürekli kaygı düzeylerine (düşük, orta ve yüksek) göre anlamlı olarak fark gösterip göstermediğinin incelenmesi amaçlanmıştır. Çalışma grubu 437 (241 kadın ve 196 erkek) yetişkinden oluşmaktadır. Veriler Durumluluk-Sürekli Kaygı Ölçeği, Merhamet Korkusu Ölçeği ve Kişisel Bilgi Formu kullanılarak toplanmıştır. Veriler Çoklu Doğrusal Regresyon Analizi ve Tek yönlü varyans analizi (ANOVA) kullanılarak analiz edilmiştir. Araştırma bulguları, yetişkinlerin sürekli kaygıları, durumluk kaygıları ve cinsiyetlerinin birlikte başkalarına şefkat gösterme korkusu puanlarına ilişkin toplam varyansın %18'ini, başkalarından şefkat görme korkusu puanlarına ilişkin toplam varyansın %15'ini ve kendine şefkat gösterme korkusu puanlarına ilişkin toplam varyansın %16'sını yordadıklarını göstermektedir. Ayrıca bu çalışmada, yetişkinlerin kaygı düzeyleri (yüksek, orta ve düşük) düştükçe başkalarına şefkat gösterme korkusu, başkalarından şefkat görme korkusu ve kendine şefkat gösterme korkusu puanlarının da düştüğünü göstermektedir. Bulgular, ilgili literatüre dayanılarak tartışılmıştır. Araştırmanın sınırlılıkları, gelecekteki teorik ve pratik araştırmalar için önerileri sunulmuştur.

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**Ethical Statement:** The ethics committee permissions for the research were obtained from the Uşak University Social and Humanities Sciences (Date: 08/04/2021; Number: 2021/75).

## INTRODUCTION

At the beginning of the twenty-first century, a different approach was developed to understand and explain human behavior. This approach, which continues to affect many fields including educational sciences, especially psychology and psychological counseling and guidance, is Positive Psychology. Seligman and Csikszentmihalyi (2020), two of the representatives of positive psychology, defended the view that "the pathology-oriented philosophy of psychology of currently known traditional psychology approaches limits and narrows psychology". The traditional psychology handles the problematic behaviors of the person in terms of psychopathology. Therefore, while approaches of traditional psychotherapy aim to reduce pathology, positive psychology focuses on strengthening the positive and strong aspects of the individual. The basic concepts of Positive Psychology are well-being, subjective well-being, psychological well-being, optimism, hope, resilience, forgiveness, gratitude, compassion and others.

The first study on compassion, one of the concepts named above, was conducted by Neff (2003). Neff (2003) defined the concept of compassion as "the individual's being open to his own pain and being emotionally affected by it, not avoiding it and not disconnecting it, the willingness to soothe one's own pain and to heal oneself with compassion." Later studies brought new explanations to the concept of compassion. It has been emphasized that compassion is an emotional state. Compassion has been described as a response to pain, including empathy, sympathy, and pity. In addition, compassion has been defined as a prosocial mood that motivates self-help and soothing behaviors (Stellar & Keltner, 2014; Gustin, 2017; Stellar et al., 2017). Kirby et al. (2019) argued that compassion was not a static emotion and manifested itself in an interpersonal context. Emphasizing that the concept was in mutual interaction, Kirby et al. (2019) stated "compassion is not a static emotion; on the contrary, it manifests itself in an interpersonal context; that is, there is a flow from oneself to another, from another to oneself and from oneself to oneself (self-compassion)." They added that compassion was a feeling that spread like a wave, and that the compassion shown by someone could cause other people to show compassion to others.

On the other hand, Gilbert et al. (2014) described compassion as a complex situation. The individual may focus on showing compassion to others and self, but may also experience a totally opposite situation. There can be many reasons that prevent individuals from showing compassion to other people. Gilbert and Procter (2006) state that when under stress and distress, an individual's desire to be compassionate and their attitude to show compassion may vary from individual to individual. For, according to researchers, developing a sense of compassion to oneself and others depends on the empathic and visualization capacity of the individual under stress. For example; for a stressed individual who has difficulty envisioning a situation in his or her mind, it will be very difficult to show compassion.

Gilbert and Procter (2006) and Joeng & Turner (2015) state that people may be afraid to show compassion, because, according to these researchers, showing compassion means making one more sensitive to pain. Therefore, researchers consider receiving and showing individual compassion as a kind of weakness. Stellar and Keltner (2014) have expressed an opinion against the view of the aforementioned researchers. According to Stellar and Keltner (2014), the feeling of compassion can lead to bonding with ourselves and others. When others are in pain and need help the most, it can connect the individual or person to those who need help.

According to Moses (2002), Germer (2009) and Jazaieri et al. (2013), many people in the world are of the opinion that showing compassion to and receiving compassion from others is easier and more enjoyable than showing compassion to self. However, they also state that compassion towards others may not be expressed or may be suppressed. Jazaieri et al. (2013) discussed the situations that could prevent, suppress, and make it difficult to express compassion, and stated that some people may fail to show compassion, while others may experience the fear of compassion while at the same time experiencing compassion. When the relevant literature is examined, it is observed that very different views have been expressed on showing compassion, fear of showing compassion, and fear of receiving compassion.

Singer and Klimecki (2014) state that the possibility of harming the interests of the person or the group to which one is affiliated may prevent the individual from showing compassion to others or frighten him or her. A study by Neff and Pommier (2013) reports that the higher level of self-compassion an individual has, the higher this individual will empathize with others and be willing to help another person in case of need. It is stated that individuals with self-compassion are able to forgive their own mistakes and manage to live in some way or other. It is also stated that individuals with self-compassion do not hesitate to show compassion to other people as they see it as a natural consequence of being human, they understand their predicaments and are inclined to help them (Welp & Brown, 2014). Welp and Brown (2014) state that whether an individual shows self-compassion or not is affected by interpersonal relationships. People who consider their own mistakes as “a consequence of being human” are both forgiving and compassionate towards themselves, and also consider other people's mistakes as a human condition and help them. People with low self-compassion levels do not consider other people's mistakes as normal. These characteristics negatively affect their behavior of helping other people. Fear of showing compassion to others may stem from confusing compassion with obedience. For example, being kind and forgiving can be regarded as being weak and submissive (Gilbert et al., 2011).

Receiving compassion from others can be seen as an extension of the capacity of self-compassion. It has been reported that secure and compassionate people have subjective well-being both in childhood and adulthood (Gill, 2015). Fear of receiving compassion from others (for example, feeling that one does not deserve or should not respond to care and favor from others) has been associated with conditions such as self-criticism, insecure attachment, depression, anxiety, and stress (Gilbert et al., 2011). For some, being the object or recipient of compassion can produce reactions of fear, avoidance, or negative emotions such as grief or loneliness. Increasing this aspect of compassion may help individuals become more comfortable being the target of another person's attention, as well as help improve relationships and social connectedness (Gilbert et al., 2011; Jazaieri et al., 2013).

According to the results of a meta-analytical study by Kirby et al. (2019), it has been determined that individuals with fears of compassion are vulnerable to many health problems. The study of Basran et al. (2019), on the other hand, shows that fears of compassion is related to the prosocial and antisocial behavior dimensions. Dias, et al. (2020) investigated the effect of fears of compassion on body image and irregular eating. Research findings showed that there were significant relationships between fears of compassion, being ashamed of one's body and irregular eating behaviors. The findings of a study conducted by Zhang et al. (2021) with secondary school students on fears of compassion, difficulties in emotion regulation and emotional eating indicate that eating disorders and difficulties in emotion regulation are related to fears of compassion.

When the studies conducted on fears of compassion in Türkiye are examined, it is seen that Necef and Deniz (2018) adapted the Fears of Compassion Scale into Turkish. Meriç (2020) investigated whether fears of compassion, self-compassion and psychological resilience of the parents of children attending preschool differ according to gender, age, education level, socioeconomic level, and whether they worked or not. It was observed that of the sub-dimensions of fears of compassion, showing compassion and kindness to others and showing compassion and kindness to self did not differ significantly according to level of education, but the mean scores of the parents with secondary education level concerning responding to compassion from others were significantly higher than the mean scores of the other parents. It was determined that of the sub-dimensions of fears of compassion, responding to compassion from others and showing kindness and compassion to self did not differ significantly according to socioeconomic level, but the mean scores of the parents with a medium socioeconomic level in regard to showing compassion to others were found to be significantly higher than the mean scores of the other parents. It was determined that the self-compassion mean scores of the parents aged between 31 and 40 were significantly higher than the mean scores of the parents aged between 21 and 30. It was also determined that self-compassion mean scores of the parents differed significantly depending on whether they worked or not, and that the self-compassion mean scores of the working parents were significantly higher than the mean scores of the non-working parents. In addition, it was found that the fears of compassion levels of the parents had a statistically negative and significant correlation with the levels of self-compassion. It was determined that the resilience levels of the parents had a statistically negative and significant correlation with the levels of responding to compassion from others and showing compassion and kindness to self, which are the sub-dimensions of fears of compassion, but they did not have a statistically significant correlation with the levels of showing compassion to others.

Bakalım and Karahan (2022), on the other hand, examined whether the psychological flexibility sub-dimensions of adult individuals were significant predictors of the sub-dimensions of fears of compassion. In addition, the researchers examined whether the fears of compassion scores differed significantly according to gender and relationship status. The findings of the study indicated that psychological flexibility was a significant predictor of fears of compassion. The findings revealed that men's fears of compassion was higher than women's, and that the fear of responding to compassion from others was significantly higher in married individuals than in single individuals.

When the results of these studies conducted both in Türkiye and abroad on fears of compassion are evaluated in general, it is observed that fear of compassion from others, fear of compassion for others, and fear of self-compassion are affected by many variables. As Gilbert (2011) argues, a person's tendency to make excessive self-criticism, insecure attachment status, depression, anxiety and methods of coping with stress may affect that person's fear of showing compassion and fear of receiving compassion. For example, showing compassion or receiving compassion may cause anxiety in insecurely attached individuals because they will avoid close relationships with other people. In fact, they may not be able to show their compassion due to high anxiety or may avoid receiving compassion from other people. Likewise, regarding topics such as depression and stress, a person may fail to receive compassion because the intervening variable underlying the problem may be anxiety.

In conclusion, high anxiety is thought to play an important role in all types of fears of compassion. However, it is believed that people's attitudes and their cognitive constructs related to phenomena may vary in childhood and especially in adolescence, but these attitudes may crystallize (crystallization of

attitudes) beginning with adulthood, so the concerns about and fears towards other people may be more stagnant in adulthood. In this context, the present study considers understanding the relationship between state anxiety and trait anxiety and fears of compassion to be important. It is also noteworthy that studies investigating adults' fears of compassion in Türkiye are so few that they can be counted. Therefore, the aim of this study is to examine whether adults' trait anxiety and state anxiety levels predict types of fears of compassion (fear of compassion for others, fear of compassion from others, and fear of self-compassion). In addition, the present study also aimed to examine whether the types of fears of compassion differed significantly by gender.

## METHOD

### Research Model

This study was conducted using the relational survey design, which is one of the general survey models. At this study the relationship between fears of compassion and anxiety in adults is investigated.

### Study Group

The study group consisted of 439 (243 women and 196 men) adults. 305 participants are married, 101 participants are single and 34 of them were divorced. 276 participants have undergraduate students, 59 participants have master degree. The rest of the participants are graduated from high school. The ages of participants ranged 25 to 66 years.

### Ethical Statement

The study was carried out within the framework of the Helsinki Declaration and all participants whose informed consents were obtained took part in this study as volunteers. The ethical approval was given by Usak University Ethical Committee.

**Ethical Committee Name:** Usak University Social and Humanities Sciences

**Approval Date:** 08.04.2021

**Document Number:** 2021-75

### Data Collection Tools

**Fears of Compassion Scale.** The Fears of Compassion Scale was developed by Gilbert et al. (2011). It was adapted into Turkish university students by Necef and Deniz (2018). The scale, graded according to a five-point likert type, consists of 35 items. The Fears of Compassion Scale consists of three sub-dimensions: “expressing compassion for others”, “responding to the expression of compassion from others” and “expressing kindness and compassion towards yourself”. High scores indicate high fear of compassion for the relevant sub-dimension. In the adaptation study of the scale, it is found that the total score of the Cronbach Alpha internal consistency coefficient was .92 for the total score; the sub-dimension of showing compassion to others is .83; the sub-dimension of responding to compassion from others is .83; the sub-dimension of showing self-compassion and understanding is .93. The item analysis showed that the corrected item-test correlations of the scale were between .35 and .80. In this study, the total score of the Cronbach Alpha internal consistency coefficient of the scale was .95; the fear of compassion for others is .87; the fear of compassion from others sub-dimension is .88; the fear of self-compassion sub-dimension is .95.



**The State Anxiety and Trait Anxiety Scale.** The State-Trait Anxiety Inventory (STAI) developed by Spielberger et al. (1970) was adapted into Turkish and standardized by Öner and Le Compte (1983). Both scales consist of 20 items each. Responses to the items range from 1 to 4. The total score obtained from each scale varies between 20 and 80. A high score indicates a high level of anxiety (Ceviz et al., & Tektaş, 2021). The scores obtained from the scale are theoretically between 20-80. The average score level determined in the applications is between 36-41 is changing. The Reliability coefficients determined for the Trait Anxiety Inventory range from .86 to .92 in the English form, and between .83-.87 in Turkey. Item correlations .34-.72 varies between .71 and .86 (Öner, 1983, pp. 15-16).

**Personal Information Form.** The personal information form was developed by the researcher to investigate the participants age, gender, education level, marital status.

### Data Collection Process

The data collection set consisting of the State-Trait Anxiety Inventory (STAI), the Fears of Compassion Scale, and the Personal Information Form was applied to adults by using google form. Data were applied to adults who volunteered to participate in the study and collected by the researchers.

### Data Analysis

First, the skewness and kurtosis values of each variable were determined to test the assumption of normality of the distribution of the collected data. Then, the linearity assumption was tested by determining the correlation coefficients between variables using the Pearson Correlation Analysis technique and One way ANOVA. Based on the results of these analyses, Multiple Linear Regression Analysis was applied to the data. Analysis was performed with SPSS 22.0 package program.

## RESULTS

### Preliminary Analysis

Before starting the analysis, the data were evaluated in terms of normality, extreme values and missing data. There are no missing data as data were collected online from 439 (243 female and 196 male) adult participants. It is seen that the skewness and kurtosis values of the variables of the study are in the range of  $\pm 1.5$  (Table 1). Outliers were checked with the Mahalanobis distance test. Since the data of two participants were outliers, they were excluded from the data set. Finally, the analyzes were carried out on the data of 437 participants. The descriptive statistics of the variables of this study and the correlation coefficients between the variables are presented in Table 1.

**Table 1. Descriptive statistics and relations between variables**

Variables	1	2	3	4	5	Mean	Sd	$\alpha$
1. Fear of compassion for others	-					16.92	7.24	.87
2. Fear of compassion from others	.62*	-				18.24	8.88	.85
3. Fear of self-compassion	.44*	.69*	-			17.60	13.08	.93
4. State anxiety	.28*	.19*	.25*	-		40.91	11.35	.94

5. Trait anxiety	.37*	.30*	.30*	.71*	-	43.87	9.10	.89
6. Gender <sup>a</sup>	.13*	.18*	.20*	-.07	-.15*			
Skewness	-.08	.42	.63	.30	.25			
Kurtosis	-.36	.25	-.26	-.36	-.14			

Note. N = 437; \*p < .01;  
 a1=female; 2=men

As seen in Table 1, state anxiety showed positive correlations with fear of compassion for others (r = .28), fear of compassion from others (r = .19), and fear of self-compassion (r = .25). Trait anxiety has a positive and significant relationship with fear of compassion for others (r = .37), fear of compassion from others (r = .30), and fear of self-compassion (r = .30). Cronbach Alpha internal consistency coefficients for all variables of the study were found to be high.

The main purpose of this research is to examine whether adults' trait anxiety, state anxiety, and gender together predict fears of compassion (fear of compassion for others, fear of compassion from others, and fear of self-compassion). Therefore, in accordance with the purpose of this study, the results of multiple regression analysis applied to the data are presented below, respectively.

### Findings on whether adults' trait anxiety, state anxiety, and gender together predict fear of compassion for others

The findings regarding whether adults' trait anxiety, state anxiety, and gender together predict fear of compassion for others are presented in Table 2.

**Table 2. Multiple linear regression analysis findings regarding the prediction of fear of compassion for others**

	Fear of compassion for others				
	B	Standard Error	β	t	p
Constant	-1.429	1.939		-.737	.462
Trait Anxiety	.318	.050	.400	6.335	.000
State Anxiety	.006	.040	.009	.140	.889
Gender <sup>a</sup>	2.871	.642	.197	4.474	.000

Note. N = 437; R=.424; R<sup>2</sup> =.180; F=31,606; p<.001  
 a1=femal, 2 = Men

As seen in Table 2, state and trait anxiety variables and gender were used as predictors of fear of compassion for others. Trait anxiety and gender regressed significantly predicted fear of compassion for others (R<sup>2</sup>=.180; F=31,606; p<.001). This finding shows that trait anxiety and gender together explain 18% of the total variance in fear of compassion for others. Among the independent variables, trait anxiety (β = .400) is the strongest predictor of fear of compassion for others. This is followed by gender (in favor of women) (β = .197). The power of state anxiety (β = .040) to predict fear of compassion for others was not significant (p > .05).



### Findings on whether adults' trait anxiety, state anxiety, and gender together predict fear of compassion from others

The findings regarding whether adults' trait anxiety, state anxiety, and gender together predict fear of compassion from others are presented in Table 3.

**Table 3. Multiple linear regression analysis findings regarding the prediction of fear of compassion from others**

	Fear of compassion from others				
	B	Standart Error	$\beta$	t	p
Constant	-2.283	2.423		-.942	.346
Trait Anxiety	.378	.063	.387	6.017	.000
State Anxiety	-.052	.050	-.067	-1.047	.296
Gender <sup>a</sup>	4.208	.802	.236	5.247	.000

Note. R=.384; R2=.147; F=24,959; p<.001

a1=Female 2=Male

As seen in Table 3, state and trait anxiety variables and gender were used as predictors of fear of compassion from others. Regression trait anxiety and gender significantly predicted fear of compassion from others (R=.384; R2=.147; F=24,959; p<.001). This finding shows that trait anxiety and gender together explain 14.7% of the total variance in fear of compassion from others. Among the independent variables, trait anxiety ( $\beta = .387$ ) is the strongest predictor of fear of compassion from others. This is followed by gender (in favor of women) ( $\beta = .236$ ). The power of state anxiety ( $\beta = -.067$ ) to predict fear of compassion from others was not significant ( $p > .05$ ).

### Findings on whether adults' trait anxiety, state anxiety, and gender together predict fear of self-compassion

The findings regarding whether adults' trait anxiety, state anxiety, and gender together predict fear of self-compassion are presented in Table 4.

**Table 4. Multiple linear regression analysis findings regarding the prediction of fear of self-compassion**

	Fear of self-compassion				
	B	Standart Error	$\beta$	t	p
Constant	-13.776	3.545		-3.886	.000
Trait Anxiety	.432	.092	.301	4.707	.000
State Anxiety	.070	.073	.060	.953	.341

Gender <sup>a</sup>	6.606	1.173	.251	5.630	.000
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Note. R=.398; R2 =.158; F=27,143; p<.001  
 a1=Female 2= Male

As seen in Table 4, state and trait anxiety variables and gender were used as predictors of fear of self-compassion. Regression trait anxiety and gender significantly predicted fear of self-compassion (R=.398; R2 =.158; F=27,143; p<.001). This finding shows that trait anxiety and gender together explain 15.8% of the total variance in fear of self-compassion. Among the independent variables, trait anxiety ( $\beta = .301$ ) is the strongest predictor of fear of self-compassion. This is followed by gender (in favor of women) ( $\beta = .251$ ). The predictive power of state anxiety ( $\beta = .060$ ) for fear of self-compassion

In addition, in this study, it was aimed to examine whether fears of compassion (fear of compassion for others, fear of compassion from others and fear of self-compassion) differ significantly according to trait anxiety (low, medium and high) levels.

Table 5 presents the ANOVA and Tukey analysis findings applied to the data to determine whether the fears of compassion (fear of compassion for others, fear of compassion from others, and fear of self-compassion) differ significantly according to trait anxiety (low, medium and high) levels.

**Table 5. ANOVA and Tukey test results regarding the examination of the fears of compassion according to low, medium and high trait anxiety levels**

	Group	N	Mean	SD	F	p	Significant Difference
Fear of compassion for others	1. Low	137	39.93	8.75	24.094	.000	1<2
	2. Medium	165	44.49	8.78			1<3
	3. High	135	47.12	8.39			2<3
Fear of compassion from others	1. Low	140	40.58	9.14	15.096	.000	1<2
	2. Medium	155	44.84	8.84			1<3
	3. High	142	46.07	8.47			
Fear of self-compassion	1. Low	167	40.87	8.98	20.967	.000	1<2
	2. Medium	141	44.15	8.06			1<3
	3. High	129	47.47	9.04			2<3

As seen in Table 5, individuals with low trait anxiety scores have lower fear of compassion for others than individuals with medium and high anxiety levels. Individuals with moderate trait anxiety scores have lower fear of compassion for others than individuals with high anxiety levels.

Again, as seen in Table 5, individuals with low trait anxiety scores have lower fear of compassion from others than individuals with medium and high anxiety levels. In addition, individuals with low trait anxiety scores have lower fear of self-compassion scores than individuals with medium and high anxiety levels.

## DISCUSSION

In this study, it was aimed to examine whether the trait anxiety, state anxiety, and gender together predicted fears of compassion (fear of compassion for others, fear of compassion from others, and fear of self-compassion). Research findings showed that adults' trait anxiety, state anxiety, and gender together predicted 18% of the total variance in fear of compassion for others. Although this percentage of explanation are low, the significance level of  $p < .001$  is still important. Among the predictors variables, trait anxiety is the strongest predictor of fear of compassion for others. This finding, that anxiety, which is one of the basic structures of personality, is directly related to anxiety in basic emotions, supports the theoretical views on these concepts (Krohne & Hindel, 1988). This finding also supports previous research findings (Gilbert et al., 2011; Gilbert et al., 2014; Gilbert & Procter, 2006) showing that fears of compassion is associated with trait anxiety. Research findings showed that adults' trait anxiety, state anxiety, and gender together predicted 15 % of total variance in fear of showing compassion from others, and 16 % of total variance in fear of showing self-compassion. Although these percentages of explanation are low, but the significance level of  $p < .001$  is still important. Among the predictors variables, trait anxiety is the strongest predictor both fear of compassion for others, and fear of self-compassion. These findings indicate that anxiety, which is one of the basic structures of personality, is directly related to anxiety in basic emotions, supports the theoretical views on these concepts (Krohne & Hindel, 1988). When which of the trait and state anxiety scores explains the fears of compassion effectively is considered, it is seen that trait anxiety has an important role in explaining the fears of compassion. On the other hand, it is observed that state anxiety does not contribute to the explanation of the fears of compassion. State anxiety is a state of anxiety that arises against a certain situation in daily life, but according to a well-known general knowledge, those with high trait anxiety also have high state anxiety. Evidence for the effect of trait anxiety on fears of compassion can generally be obtained from the literature on Attachment Theory. For example, Miculincer et al. (2005) stated that anxiously attached individuals may be overly concerned with being compassionate and helpful in order to be loved, so while they may be attached submissively, avoidant individuals are disturbed by distressing emotions and stay away from others who are in distress. As Miculincer et al. (2005) emphasized, secure attachment increases the capacity to engage in empathy, caring and compassionate behavior towards others. Securely attached individuals are more sensitive to their own and others' emotional states and needs.

Among the predictors variables, gender (in favor of women) is the important predictor of fear of compassion for others, and fear of self-compassion, but the power of state anxiety to predict fear of compassion for others, and fear of self-compassion were not significant. This finding, that anxiety, which is one of the basic structures of personality, is directly related to anxiety in basic emotions, supports the theoretical views on these concepts (Krohne & Hindel, 1988). This finding also supports previous research findings (Gilbert et al., 2011; Gilbert et al., 2014; Gilbert & Procter, 2006) showing that fears of compassion is associated with trait anxiety. Among the predictors variables, gender (in favor of women) is the important predictor of fear of compassion for others, but the power of state anxiety to predict fear of compassion for others was not significant. Based on this finding, it can be said that trait anxiety and gender play a role on fears of compassion. In this context, it is seen that the role played by personality

trait anxiety and gender should be taken into account. In addition, this study showed that as adults' trait anxiety levels (high, medium, and low) decreased, their fear of compassion for others, fear of compassion from others, and fear of self-compassion decreased.

The findings of this research also indicated that individuals with low trait anxiety scores have lower fear of compassion for others than individuals with medium and high anxiety levels. Individuals with moderate trait anxiety scores have lower fear of compassion for others than individuals with high anxiety levels. This finding shows that as the level of trait anxiety decreases, the fear of compassion for others decreases.

Individuals with low trait anxiety scores have lower fear of compassion from others than individuals with medium and high anxiety levels. According to this finding, it can be said that as the level of anxiety decreases, the fear of compassion from others decreases, but there is no significant difference between the fear of compassion from others of those with medium and high levels of anxiety.

Individuals with low trait anxiety scores have lower fear of self-compassion than individuals with medium and high anxiety levels. Individuals with moderate trait anxiety scores have lower fear of self-compassion scores than individuals with high anxiety levels. This finding shows that as the level of trait anxiety decreases, the level of fear of self-compassion decreases. On the one hand, this finding of this research supports the theoretical views. In conclusion, this research shows that anxiety is very closely related to fears of compassion. As a personality trait, the high level of trait anxiety increases the fears of compassion. Therefore, the relationships between the fears of compassion and the individual's attachment characteristics, early childhood experiences and cognitive structures can be investigated.

### **Limitations, Implications for Future Theoretical and Applied Research**

This research has some limitations. First, the participants of this research are adults willing to participate in the study. In future studies, it is recommended to use methods such as cluster and proportional sampling in sample design. In future research, it is recommended to study with adults in different cities and with different sample groups. Secondly, in this study, correlations between various variables (anxiety, gender, fears of compassion) examined. However, in future research, it is recommended to test the relationship between anxiety and fear with a structural equation model.

Despite its limitations, this research primarily provides theoretical contributions to the literature on fears of compassion types (fear of compassion for others, fear of compassion from others, and fear of self-compassion). In addition, this research offers some implications for fears of compassion practices, along with theoretical and applied research in the future. The results of this research have contributed to the theoretical views in the relevant literature, as stated while discussing the findings above

The results of this research also offer implications for current psychological counseling and guidance practices. Especially, trait anxiety and gender play a role in fears of compassion (fear of compassion for others, fear of compassion from others, and fear of self-compassion) of adults. The results of this research can be used in psychological counseling and guidance services to be offered to adults when coping with fears of compassion.

In conclusion, this research shows that anxiety is very closely related to fears of compassion. As a personality trait, the high level of trait anxiety increases the fears of compassion. Therefore, the

relationships between the fears of compassion and the individual's attachment characteristics, early childhood experiences and cognitive structures can be investigated.

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## Author Contributions

This study was conducted by all the authors working together and cooperatively. All of the authors substantially contributed to this work in each step of the study.

## Conflict of Interest

It has been reported by the authors that there is no conflict of interest.

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## Ethical Statement

The study was carried out within the framework of the Helsinki Declaration and all participants whose informed consents were obtained took part in this study as volunteers. The ethical approval was given by Usak University Ethical Committee.

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