Communicating with Compassion:

The Exploratory Factor Analysis and Primary Validation Process

of the Compassionate Communication Scale

by

Leslie Ramos Salazar

A Dissertation Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Philosophy

Approved April 2013 by the
Graduate Supervisory Committee:

Laura Guerrero, Chair
Anthony Roberto
Roger Millsap

ARIZONA STATE UNIVERSITY

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ABSTRACT

The purpose of this dissertation was to develop a Compassionate Communication Scale (CCS) by conducting a series of studies. The first study used qualitative data to identify and develop initial scale items. A series of follow-up studies used exploratory factor analysis to investigate the underlying structure of the CCS. A three-factor structure emerged, which included: Compassionate conversation, such as listening, letting the distressed person disclose feelings, and making empathetic remarks; compassionate touch, such as holding someone's hand or patting someone's back; and compassionate messaging, such as posting an encouraging message on a social networking site or sending a sympathetic email.

The next study tested convergent and divergent validity by determining how the three forms of compassionate communication associate with various traits. Compassionate conversation was positively related to compassion, empathetic concern, perspective taking, emotional intelligence, social expressivity, emotional expressivity and benevolence, and negatively related to verbal aggressiveness and narcissism. Compassionate touch was positively correlated with compassion, empathetic concern, perspective taking, emotional intelligence, social expressivity, emotional expressivity, and benevolence, and uncorrelated with verbal aggressiveness and benevolence. Finally, compassionate messaging was positively correlated with social expressivity, emotional expressivity, and uncorrelated with verbal aggressiveness and narcissism.

The next study focused on cross-validation and criterion-related validity. Correlations showing that self-reports of a person's compassionate communication were positively related to a friend or romantic partner's report of that person's compassionate

communication provided cross-validation. The test for criterion-related validity examined whether compassionate communication predicts relational satisfaction. Regression analyses revealed that people were more relationally satisfied when they perceived themselves to use compassionate conversation, when they perceived their partner to use compassionate conversation, and when their partner reported using compassionate conversation. This finding did not extend to compassionate touch or compassionate messaging. In fact, in one regression analysis, people reported more relational satisfaction when they perceived that their partners used high levels of compassionate conversation and low levels of compassionate touch. Overall, the analyses suggest that of the three forms of compassionate communication, compassionate conversation is most strongly related to relational satisfaction. Taken together, this series of studies provides initial evidence for the validity of the CCS.

DEDICATION

I dedicate this dissertation to G-d, my mother Elvia Salazar, my father Jeffrey Stevens,

and my angelic grandfather, Jose Luis Salazar.

ACKNOWLEDGMENTS

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Chapter 1

Introduction

"Love and compassion are necessities, not luxuries. Without them, humanity cannot

survive." – The Dalai Lama

Suffering is a common issue that occurs at various levels of the human

experience, including the personal, interpersonal, small group, organizational, and mass

media levels. Cassell (1982) defined suffering as "a state of severe distress associated

with events that threaten intactness of the person. It occurs when an impending

destruction of the person is perceived" (p. 640). For Fordyce (1988), suffering is "an

affective or emotional response in the central nervous system, triggered by . . . aversive

events, such as loss of a loved one, fear, or threat" (p. 278). Both of these definitions

describe suffering as triggered by a response to a perceived event, experienced negatively

at both the physical and psychological levels. Because suffering is a painful human

experience, it can lead to many negative outcomes such as depression and anxiety (Leary,

Tate, Adams, Allen, & Hancock, 2007). Therefore, research on compassion has been

growing as scholars and clinicians try to find ways to minimize the suffering of other

people (Davidson & Harrington, 2002; Goetzs, Keltner, & Simon-Thomas, 2010).

Compassion can serve to help alleviate and overcome negative emotional life

experiences. The Dalai Lama (1995) defined compassion as the commitment to reduce

the suffering of another person, and has advocated that there is a need to practice

compassion to help minimize the suffering of humanity. In line with the Dalai Lama's

reasoning, researchers have discovered that compassion for others is associated with the

well-being of other people. For instance, compassionate communication has been shown

to reduce depressive symptoms, anxiety, self-criticism and shame (Shapiro, Astin, Bishop, & Cordova, 2005; Leary, Tate, Adams, Allen, & Hancock, 2007). Compassion also correlates positively with self-esteem (Neff, 2003b; Laithwaite et al., 2009). Thus far, however, most research has focused on defining compassion as a concrete emotion rather than a communicative or behavioral process (Ladner & Hurley, 2005).

Statement of the Problem

Research has typically focused on compassion as a type of emotion or internalized experience rather than a form of communication. Measures of compassion have focused on compassionate love (Sprecher & Fehr, 2005; Hwang, Plante, & Lackey, 2008), self-compassion (Neff, 2003), and compassion toward others (Pommier, 2011). Although the compassionate love scale focuses on caring, concern, tenderness, and an orientation toward helping others, it does not tap into specific behaviors that people use to communicate compassion. Similarly, Pommier's (2011) measure of compassion includes a dimension related to kindness, but does not explicate how kindness is communicated.

Because compassion has generally been studied as a psychological concept, there is a pressing need to investigate how compassion is communicated, especially because compassionate communication is likely to provide a means of increasing understanding and reducing suffering. At the moment, compassionate communication has been studied qualitatively using interview methods (Way & Tracy, 2012; Miller, 2007), and there is a need to study this construct quantitatively (Neff, 2003a). Given that there is no current instrumentation of compassionate communication, this exploratory project seeks to develop and test the validity of a new measure of compassionate communication.

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The Significance of Studying Compassion

Studying compassion and compassionate communication matters for several important reasons. One reason is that compassion has been shown to promote health and well-being in individuals throughout their lives (Neff, 2003b). The practice of compassion promotes happiness, optimism, and better mental health in depressed individuals (Shapira & Mongrain, 2010). Compassion has been shown to improve an individual's ability to deal with illnesses and injury (Terry & Leary, 2011). Compassion can also be a practical way for individuals to conquer harmful states such as stress and anxiety (Allen & Leary, 2010, Neff, 2003b, Neff, Kirkpatrick & Rude, 2007). Therefore, compassion can help people lead healthier lives.

Another reason why compassion matters to the research community is that it can lead to a better quality of life by improving human relationships. Research has shown that compassion leads to the nurturing of relationships, which can enhance relational satisfaction (Neff, 2003b). Forming compassionate goals in relationships has also been shown to lower distress and promote human connection in relationships (Crocker et al., 2010). Using compassionate communication to correct mistakes and engage in constructive problem-solving tasks is a skill that can help people maintain relationships (Baker, & McNulty, 2011).Thus, compassion can be useful to promote healthy relationships.

Compassion can also serve as a tool to reduce human suffering. Distress is felt by every single human on this planet and this is something that people all have in common. The effects of suffering can be detrimental, leading to loneliness, depression, anxiety, and pain (Neff, 2003b). Suffering is inevitable, but with compassion people can reduce one

another's feelings of distress that are caused by unfortunate circumstances such as losing a relative, or finding out that one's best friend is terminally ill. Compassion and mindfulness have also been shown to serve as a buffer for numerous health concerns of cancer patients with issues of mood disturbance, stress, depression, and pain (Brown & Ryan, 2003). Based on these findings, compassion can help humans in distress.

Lastly, being able to communicate compassion can serve as a skill that helps prevent destructive communication and violence in human relationships. The prevalence of violence in romantic relationships and family relationships is still a problem (Whitaker et al., 2007). Sometimes relational conflict leads to violence because individuals are unable to manage conflict once it arises (Follette & Alexander, 1992). On the other hand, individuals with a compassion trait tend to engage in more positive behaviors in their relationships (Neff & Beretvas, 2013). Also, based on the argument skill deficiency model, people are more likely to engage in destructive patterns of conflict that can lead to violence if they lack communication skills (Brown & Ryan, 2003). Learning to argue compassionately may help break this cycle and prevent violence and abuse.

Goals of the Present Project

The primary goal of this dissertation is to develop and provide preliminary validation for a new measure of compassionate communication. This instrument, which will be called the Compassionate Communication Scale, will include items that reflect ways that people communicate compassion to a person in distress. The goal is to develop a self-report instrument that may be useful for researchers and practitioners who are interested in studying the communicative properties of compassion. The development of this instrument can help researchers continue the study of compassion, which is recently

gaining more attention in the fields of psychology (Neff, 2003a; Neff, 2003b; Pommier, 2011) and health (Wachholtz & Pearce, 2007). Such an instrument could also help launch more research on compassion from a communication perspective since most previous research has focused on compassion as a psychological construct rather than a form of communication. The instrument may also be useful for practitioners who are designing teaching programs on compassionate communication (Garrison, 2010).

A secondary goal of this dissertation is to better understand how compassionate communication is associated with traits related to social skills, as well as to determine if perceptions of compassionate communication are associated with satisfaction in relationships. As noted previously, people who are socially skilled tend to have healthier relationships, to use more prosocial behavior, and to engage in less violent or destructive behavior. Thus, determining how compassionate communication is associated with traits that represent positive and negative personality characteristics can help paint a broader picture of the type of person who is likely to engage in (or not engage in) compassionate communication. Similarly, it is important to determine whether perceptions of compassionate communication are positively associated with relational satisfaction. If they are, then a stronger case can be made that compassionate communication helps people maintain healthy relationships.

Substantive Validity, Factor Structure, and Reliability

To accomplish the goals described above, a series of studies are presented in this dissertation. Chapter 2 includes a pilot study that was utilized for initial item development, as well as three follow-up studies that focus on refining these items and

testing the underlying factor structure. These studies focus on substantive validity, identification of an underlying factor structure, and reliability.

Substantive validity refers to both the construct conceptualization and also the development of the scale items. To achieve construct conceptualization one needs to adhere to the definition that is commonly used to operationalize a construct (i.e., in this case, compassionate communication). Then, the initial items need to be constructed carefully. To determine the types of compassionate communication items that would be used for this initial scale, the participants in a pilot study read a definition of compassion and then described how they communicate compassion to others. After collecting potential items using over-inclusiveness, Clark and Watson (1995) suggested that researchers need to identify and drop weaker items that are not necessarily related to the construct of interest. To decide which items to drop, researchers should determine content validity for each item, which is defined as how relevant and representative the items are to the construct at hand (Haynes, Richard, & Kubany, 1995, p. 238). Thus, the most relevant items must be kept and the least relevant items should be omitted from the creation of the scale. These guidelines were followed when deciding which items to include and delete based on the pilot study.

The research presented in Chapter 2 also focuses on identifying the underlying structure of the items in the Compassionate Communication Scale. If the structure of a construct has fidelity, the structure should parallel the model underlying the construct based on theoretical or conceptual grounding (Loevinger, 1957). Typically, exploratory factor analysis is used to extract factors or dimensions of a given construct which are meaningful to that construct (Preacher & MacCallum, 2003). It is important to recognize

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that exploratory factor analysis is a statistical tool that helps researchers determine how items cluster together, but it does not tell researchers why items cluster a particular way, nor does it provide a formal test of a hypothesis (DeCoster, 2000). Therefore, exploratory factor analysis gives researchers information that helps them identify the underlying structure of a group of items, but it does not test the validity of that structure.

Once a structure has been established, the next step is to test the internal consistency of the subscales that emerged. This can be done using Cronbach's (1951) alpha statistic, which examines the internal interrelation of the scale's items. This analysis can also determine if dropping items from a particular scale will increase a scale's reliability.

Construct Validity and Associations with Trait Variables

Chapter 3 reports a study that examines how compassionate communication is associated with traits such as emotional intelligence, social expressivity, emotional expressivity, verbal aggressiveness, benevolence, and narcissism. This study helps establish construct validity for the Compassionate Communication Scale while also providing information about how different forms of compassionate communication are associated with various traits in unique ways. Such unique associations also suggest that sub-scales are distinct. For example, two of the types of compassionate communication found in this study are compassionate conversation and compassionate touch. If compassionate conversation is associated with some traits that compassionate touch is not associated with, this gives researchers evidence that these two forms of compassionate communication are distinct.

Construct validity involves showing that an instrument accurately measures what it is supposed to measure. Convergent and discriminant validity are two sub-types of construct validity. Convergent validity is established when an instrument is correlated with similar instruments that are already established in the research community (Campbell & Fiske, 1959). On the other hand, discriminant validity is established when instrument has no correlations with constructs that are different from the construct or when an instrument is negatively correlated with an opposite construct. In Chapter 3, constructs related to communication skills such as emotional intelligence and expressivity are hypothesized to be positively correlated with compassionate communication. On the other hand, constructs such as verbal aggressiveness and narcissism are hypothesized to have inverse associations with compassionate communication.

Cross-Validation and Criterion-Related Validity

Chapter 4 reports a different study that further establishes the validity of the Compassionate Communication Scale by determining whether self-reports of compassionate communication correlate with friend's reports, thereby providing cross-validation of the scale. This study also provides evidence of criterion-related validity. Criterion-related validity is established when a measure (independent variable) is associated with an outcome variable in a logical way. When data on the independent and dependent (outcome) variables are collected at the same time, this type of validity is also referred to as concurrent validity. The study reported in Chapter 4 supplies a test of concurrent validity by examining how self-reports of compassionate communication are associated with one's own and a friend's level of relational satisfaction. These data also provide important information because they determine whether one person's level of

compassionate communication is associated with another person's level of satisfaction. Such a finding would show that compassionate communication has dyadic effects in relationships.

General Discussion

Finally, Chapter 5 provides a general discussion of the findings from all of the studies, followed by limitations and directions for future research. This section emphasizes the necessity of the development of a measure on a new construct and the utility of exploratory factor analysis in uncovering a construct's underlying factors by discussing the series of exploratory factor analysis studies. Further, this segment also highlights the findings of the convergent validity study with positively correlated constructs (e.g., compassion; empathy) and compassionate communication with the literature of compassion. The divergent validity study also focuses on negatively correlated constructs (e.g., narcissism) with compassionate communication and how these findings augment the compassion literature. The criterion-related validity of compassionate communication is also discussed with the link of compassionate communication and the outcome of relational satisfactions in friendships. Lastly, the limitations of this study and ideas for future studies are presented.

Chapter 2

Scale Development

This chapter focuses on defining compassionate communication and discussing

the process of developing the Compassionate Communication Scale. Creating a new

measure is typically a multi-step process, with researchers revising, adding, and deleting

items as they obtain more information about the structure, validity, and reliability of a

scale (DeCoster, 2000). Such is the case with this project. This chapter focuses on

defining compassion and compassionate communication and distinguishing them from

related concepts. Although some measures of compassion exist, there is a need for a

measure of compassionate communication. To that end, this study presents a pilot study

and three follow-up studies that focus on developing the Compassionate Communication

Scale.

Defining Compassion and Compassionate Communication

Compassion has been researched as an internalized experience rather than a

behavioral communication process. The experience of compassion is popularly defined as

a "sympathetic consciousness of others' distress together with a desire to alleviate it"

(Merriam-Webster, 2012, para. 1). Compassion has also been defined as the "the self's

experiencing a certain sorrow at the suffering of the other when the self stands as a non-

responsible witness to that suffering. It is a sorrow, moreover, which constitutes a mode

of the self's moral acknowledgement of the other, in his suffering. Thus, compassion is

both a certain sort of moral emotion and a certain sort of moral understanding" (Tudor,

2001, p.77). Empathy, on the other hand, refers to "the ability to imaginatively take the

role of another and understand and accurately predict that person's thoughts, feelings, and

actions" (Mehrabian, Young, & Sato, 1988, p. 221). Another definition has been the ability to "perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain there to as if one were the person, but without ever losing the as if condition" (Rogers, 1959, p. 210-211).

Researchers have defined compassion as separate and distinguishable from other constructs such as empathy, forgiveness, and sympathy (Rapgay, 2002). Sympathy is a more general term that refers to the "heightened awareness of the suffering of another person as something to be alleviated" (Wispe, 1986, p. 318). Sympathy is more general because it takes into account both the active and passive process of one's awareness, which is often communicated as "I feel bad for you my friend" (Tudor, 2001). Empathy has an effortful element of perspective-taking, or imagining the self in another person's shoes, whereas sympathy is a more generalized internal awareness that another person is suffering. Compassion extends sympathy by including to the urge to do something to reduce another's suffering. Unlike empathy, which involves stepping into another person's internal feelings of distress without necessarily feeling empowered to do something about it, compassion includes a drive to pull people out of their misery (Tudor, 2001, p. 79). In other words, compassion occurs when one "stretches out" of the self toward other people to "pull them out" of their suffering rather than solely "entering into" another person's states of suffering and being equally miserable in another person's experience (Tudor, 2001, p. 79). Therefore, although empathy and sympathy may prompt a person to experience compassion, the three concepts are not the same.

The experience of compassion encompasses the behaviors and emotions that are triggered to initiate supportive behaviors toward a person who is dealing with a difficult

situation (Pommier, 2011). Research suggests that people are motivated to express compassion to improve the lives of others during difficult moments such as a death or divorce, by reducing negative feelings such as pain, anxiety, and fear (Gerard & McPherson, 2010). Being able to feel compassion toward others has also been shown to promote positive affect, or good feelings toward other people (Gilbert, McEwan, Matos, & Rivis, 2011; Lutz, Greischar, Rawlings, Richard, & Davidson, 2004).

The experience of compassion is also distinct from the communication of compassion. Compassion urges people to do something to help alleviate another person's suffering, but this urge or motivation does not always translate into action. For instance, even when people feel compassion for someone, they might remain silent because they do not know how to express compassion, or they may not know what to do or say about a particular situation. Thus, a person can feel sympathy, empathy, and compassion, but still not communicate in a compassionate manner. This is one way social skills may help determine if a person attempts to provide compassionate communication.

Compassionate communication is also different than other similar constructs, such as expressing sympathy and empathy, because it involves three specific components: (1) acknowledging the suffering of another human, (2) expressing caring, kindness, and understanding, and (3) withholding judgment toward a person's shortcomings (Neff, 2003a). Truly compassionate communication also involves putting the distressed person's needs first. For illustrative purposes, assume that there is a woman who was recently diagnosed with diabetes. Sympathy would encompass feelings of sorrow for that woman. A person may express that sympathy by saying, "I am so sorry to hear about this." Others may feel bad for the woman who was diagnosed, but they may not actually help her or

communicate compassionately. A person who has diabetes may be better able to empathize with the woman in this circumstance, and express that empathy by saying something like, "I have diabetes too and I understand what you are going through right now." The empathizer is able to perceive and identify with the other person's circumstances and feelings as if it was happening to her or him. Of course, people can also experience and express empathy by imagining how they would feel if they were in someone's place. Expressions of both sympathy ("I'm sorry about what happened to you") and empathy ("I understand how you are feeling and feel badly for you") are part of the passive process of compassionate communication, but compassionate communication is an active process because it also communicates care while withholding judgment.

In addition, although similar, the constructs of social support and compassionate communication are distinct from one another. Researchers have not agreed upon a solid definition of social support and several definitions have been proposed by those studying interpersonal communication (Virtanen & Isolatus, 2011). Social support has been defined as "reassurance, validation, and acceptance, the sharing of needed resources and assistance, and connecting or integrating structurally within the web of ties in a supportive network" (Cobb, 1976, p. 300). This definition highlights the idea that individuals are all connected in a network and due to this interdependence with other people individuals are motivated to provide social support, which might eventually be reciprocated. Another common definition is provided by Albretch and Adelman (1987), who defined social support as the "verbal and nonverbal communication between recipients and providers that reduces uncertainty about the situation, the self, the other, or

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the relationship, and functions to enhance a perception of personal control in one's life experience" (p. 19). According to this definition, social support seeks to alleviate uncertainty to help the distressed person process the situation and overcome her or his distress. Virtanen and Isolatus (2012) examined several definitions of social support and found that a key element to all of these definitions includes acknowledging that individuals perceive that something is missing, or that there is a void when another person is in distress. Social support is then used to try and help the distressed person restore wholeness.

Other researchers have suggested that social support can take different forms. Most notably, Cutrona and Suhr (1992) identified five different types of social support, including: *emotional support,* which involves communicating care and empathy; *esteem support* which focuses on making a person feel important and valued; *informational support,* which involves giving someone facts and other information that might help solve a problem; *network support,* which involves referring someone to a person who has had similar experiences; and *tangible aid,* which encompasses doing favors or taking concrete actions to help someone, such as cooking dinner, babysitting, or helping with homework. Compassionate communication is closest to emotional support, and, as such, represents one of many ways that a person can be socially supportive.

The Instrumentation of Compassion

Researchers have developed several measures to assess the construct of compassion. One of the first sets of scales related to compassion toward others was developed by Sprecher and Fehr's (2005), who created two 21-item Compassionate Love Scales—one measuring generalized compassionate love that is directed toward humanity,

and another measuring compassionate love directed toward a specific person, such as a romantic partner, friend, or family member. These scales were developed to measure "an attitude toward other(s), either close others or strangers or all of humanity; containing feelings, cognitions, and behaviors that are focused on caring, concern, tenderness, and an orientation toward supporting, helping, and understanding the other(s) particularly when the other(s) is (are) perceived to be suffering or in need" (Sprecher & Fehr, 2005, p. 630). This definition is similar to Lazarus' (1991) definition of compassion as wanting to help people who are suffering. Both versions of the Compassionate Love Scale focus on internal feelings (e.g., "It is easy for me to feel the pain (and joy) experienced by others, even though I do not know them"), attitudes ("I would rather suffer myself than see someone else suffer"), and, to a lesser extent, behavioral motivations ("When I see people I do not know feeling sad, I feel a need to reach out to them"), rather than focusing on how compassion is communicated (Sprecher & Fehr, 2005, p. 650).

Having these types of feelings, attitudes, and motivations helps predict prosocial behavioral patterns. Indeed, without the experience of compassionate love people tend not to be self-motivated enough to express compassion by helping others or providing social support (Sprecher & Fehr, 2005). Sprecher and Fehr found evidence for this by showing that generalized compassionate love is associated with prosocial behavior, such as helping strangers and serving as a volunteer. Similarly, when people experience compassionate love toward a particular person, they are more likely to report supporting that person by giving emotional support and providing guidance and advice (Sprecher & Fehr, 2005). Yet as noted earlier in this dissertation, social support is likely to include a broader set of behaviors than compassionate communication includes.

A brief form of the Compassionate Love Scale has also been created. Specifically, Hwang, Plante, and Lackey (2008) developed the Santa Clara Brief Compassion Scale, which is a 5-item brief version of the Compassionate Love Scale. The five items included in this scale are as follows: (1) When I hear about someone (a stranger) going through a difficult time, I feel a great deal of compassion for him or her; (2) I tend to feel compassion for people, even though I do not know them; (3) One of the activities that provides me with the most meaning in my life is helping others in the world when they need help; (4) I would rather engage in actions that help others, even though they are strangers, than engage in actions that would help me; and (5) I often have tender feelings toward people (strangers) when they seem to be in need. These five items capture some important qualities defining compassion, including feeling badly when others are suffering and having altruistic attitudes and motivations, but as with the longer scale, the brief version does not include items that address the ways that people communicate compassion.

While the scales measuring compassionate love focus on people's attitudes toward others, Neff (2003a) developed a multidimensional scale for measuring self-compassion, which involves being able to cope with one's own suffering "with a sense of warmth, connection, and concern" (Raes, Pommier, Neff, & Gucht, 2010, p. 250). Her Self-Compassion Scale (SCS) contains three key dimensions that operationalize self-compassion: self-kindness versus self-judgment; common humanity versus Isolation; and mindfulness versus over-identification (Neff, 2003a). Self-kindness is the predisposition to care for oneself without judging oneself. Neff (2003a) defines common humanity as recognizing that human flaws and problems are generally applicable to all human beings.

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For example, if an individual is suffering, then the individual can frame this suffering as an inclusive experience by realizing that the rest of humanity may be suffering as well. This leads the suffering person to feel less isolation. Lastly, Neff (2003a) defines mindfulness as being conscious about suffering rather than ignoring it, but also putting one's suffering into a broader, more balanced perspective rather than exaggerating it. By doing so, people who are suffering can confront and cope with their distress more effectively (Neff, 2003a).

After the development of the Self-Compassion Scale, Pommier (2011) developed the Compassion Scale, which focuses on compassion toward others. Pommier's (2011) 24-item scale was modeled after the dimensions of the Self-Compassion Scale, which include the three dimensions of kindness (indifference), common humanity (separation), and mindfulness (disengagement). However, Pommier (2011) distinguished self-compassion from compassion to others by using three different terms to reflect other people instead of the self. Instead of using the term self-judgment, the term indifference is used to refer to being cold and uncaring toward others. Instead of using the term isolation, the term separation is used to refer to feeling separate from other people. Finally, instead of using the term over-identification, the term disengagement is used to refer to dismissing other people's distress. Pommier (2011) found support for a 6-factor model of compassion that included both negatively and positively worded items rather than the original 3-factor model of only kindness, common humanity, and mindfulness found by Neff (2003a).

Pommier's (2011) Compassion Scale is broader than Sprecher and Fehr's (2005) Compassionate Love Scale because it focuses on six factors. The scale includes items

such as "Everyone feels down sometimes, it is part of being human" and "I pay careful attention when other people talk to me." These items are likely related to compassion in some cases but not others. For example, recognizing that everyone feels down sometimes could lead people to downplay the distress of others rather than feel compassion, and paying careful attention when others are talking can simply be a sign that one is listening and trying to absorb information. Four other items in Pommier's (2011) Compassion Scale include references to compassionate (or uncompassionate) communication: (1) "If I see someone going through a difficult time, I try to be caring toward that person," (2) "Sometimes I am cold to others when they are down and out" (reverse coded), (3) "I tend to listen patiently when people tell me their problems," and (4) "When others feel sadness, I try to comfort them." Thus, Pommier's (2011) scale contains a mix of items measuring attitudes, feelings, motivations, and communication.

The field of communication is currently missing a scale for measuring the construct of compassionate communication. The aforementioned scales either focus on internal feelings and motivations, or they include a mix of internal and external manifestations of compassion without delving into the specific ways that people communicate compassion. Some communication scholars have studied compassionate communication, but have used qualitative methods or applied best practice recommendations from experts in the health industry rather than using a quantitative scale. For example, Way and Tracy (2012) studied compassionate communication among hospice workers and Miller (2007) explored compassionate communication in the workplace by focusing on employees' compassionate responses in human service jobs. Although these scholars have explored compassionate communication in meaningful

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ways using qualitative methods, a scale is needed so that quantitative scholars will also have the tools necessary to study compassionate communication.

The importance of the development of a compassionate communication instrument is also highlighted by current practices in the medical and educational fields. For example, doctors are currently being taught how to communicate compassionately with their patients using the "Schwartz Communication Sessions," which is a mandatory two-year course requirement for medical students, and the communication practices in this curriculum have not been examined empirically (Shield, Tong, Tomas, & Besdine, 2011). Another example, is that there are no current scales that can help oncologists give bad news in a compassionate way toward their patients, and without any direction, oncologists tend to communicate poorly when communicating bad news to patients who are terminally-ill with cancer (Loprinzi, Schapira, Moynihan, Kalemkerian, von Gunten, & Steensma, 2010). Similarly, Rehnling (2008) presents the significance of the study of compassionate listening during serious moments of major distress such as a painful illness by issuing a scholarly call for future work in this important area. These calls for more work on compassionate communication suggest that there is a need to develop a compassionate communication scale. To that end, the primary goal of this dissertation is to develop a scale measuring compassionate communication.

The first step in the process of developing the Compassionate Communication Scale is to develop items representing different aspects of compassionate communication and then to determine the underlying factor structure of those items. Developing scales often requires more than one study, with items being refined, dropped, and added to try to find the best-fitting items that represent a clear underlying structure (DeCoster, 2000).

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For this dissertation, four studies were undertaken to identify the items for the Compassionate Communication Scale, as well as their underlying structure: a pilot study and three follow-up studies. The pilot study focuses the creation of items based on the definition of compassion. The follow-up studies focus on exploring the underlying structure of the compassionate communication scale using exploratory factor analysis as well as establishing the reliability of the subscales.

The Pilot Study

The pilot study involved collecting qualitative data on various ways that people communicate compassion to others, and then creating scale items from these data. Collecting qualitative data was important because it allowed a variety of responses to emerge rather than only incorporating the researcher's point of view.

Participants

Participants were a sample of college students, ($N = 54$) including 28 men and 26 women, who were recruited in undergraduate lower-division and upper-division communication courses. Participants received extra credit for their participation in this study.

Procedures

Participants were given the definition of compassion and were asked to follow the instructions provided in the questionnaire. Participants read the following definition: "Compassion occurs when you are touched by the suffering of another, when you let someone else's pain into your heart rather than ignoring it or avoiding it. Feelings of caring for a person's welfare arise, it's experienced for someone who made a mistake or made a misdeed, it means that an open-minded, nonjudgmental attitude is taken toward

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the person as opposed to an attitude of harsh criticism, or severe judgment towards them. You recognize your shared humanity with another person." Then, participants were given the following instructions based on the definition provided: List at least 3 ways you communicate compassion in your close relationships when someone is suffering. After the data were collected, this preliminary study yielded a total of 113 compassionate communication items and irrelevant statements were eliminated which yielded 61 items.

Face Validity

To obtain face validity, the initial items were evaluated by three professors and three graduate students. Items that were a) unclear, b) repeated, c) double barreled, and d) did not seem to operationalize compassion were eliminated, made clearer, or separated. The evaluators individually either 1) wrote out comments on a hard copy of the questionnaire, or 2) provided comments via Microsoft Word and were returned to the researcher through email. The researcher first provided each evaluator a handout that had the definition of compassion, a list of 61 items that were originally constructed by the undergraduate students, and were told that this questionnaire was about communicating compassion in close relationships. The researcher asked these individuals to 1) read the definition of compassion, 2) ensure that all the items in the list corresponded to the definition, 3) ensure that items were clear, unrepeated, and not double barreled (e.g., I hang out with them and do something fun with them), 4) suggest items for deletion that sound irrelevant to the definition of compassion, and 5) help reword unclear items to become more readable statements for the questionnaire. For example, "I hold their hand" was reworded to "hold their hand," "I send cards" to "send cards," "I give a head nod" to "show agreement by nodding my head when they speak."

Results

This process yielded 65 items total after 4 double barreled questions were separated into unique questions. After yielding these 65 items, the data was examined to determine the number of participants who came up with the same item to find out which scale items were mentioned more often than the other scale items (See Table 1). The most mentioned compassionate communication items included, "hug them," "listen with interest when they talk," "express sympathy toward their situation," "make frequent phone calls to see how they're doing," "support him or her emotionally the best I can," "let them know that I love them," "smile at them," and "post a positive message on their Facebook wall." In order to develop the scale given these initially created items, a follow up study below was conducted using only 65 items from the study.

Follow-Up Study 1

This study involved having a different sample respond to a questionnaire containing the 65 items from the pilot study, and then analyzing their responses using exploratory factor analysis. Exploratory factor analysis is a statistical invention that is used to discover the underlying factor structure of newly developed scales (Kim & Mueller, 1978). As noted previously, exploratory factor analysis cannot validate a scale, but it can show how items cluster together into meaningful subscales.

Participants

Participants included a sample of young adult college students ($N = 325$) including 166 men and 159 women. Participants ranged from 18-28 years of age. The sample included 211 (65%) Caucasians, 45 (14%) Hispanics, 19 (6%) African-Americans, 40 (12%) Asian-Americans, 3 (1%) Native-Americans, and 29 (9%) Other.

Procedures

 Upon IRB approval, students were recruited in undergraduate level
communication courses and were offered extra credit for their participation in the study.
The recruitment script was posted by the instructors who agreed to offer extra credit to
their students for completing the questionnaire on the Blackboard and participants were
allowed to download the recruitment script which provided a web link that would take
them directly to the questionnaire. The participants were asked to complete demographic
questions and a 65-item questionnaire on compassionate communication using
SurveyMonkey. Participants completed the compassion items by referencing someone
who participants were relationally close to who may be dealing with a distressing
situation (e.g., friend, dating partner). Participants were also asked to respond to the
degree to which each compassionate communication statement applied to their own
communicative behaviors using a 5-point Likert-type scale, 1 (*never*) to 5 (*very often*).
High scores were representative of high compassionate communication and low scores
were representative of low compassionate communication.

Analysis and Results

 An exploratory factor analysis was performed using the decision-making
procedures recommended in Costello and Osborne's (2005) article on the best practices
in using exploratory factor analysis. Costello and Osborne (2005) suggested using the
maximum likelihood method with a promax rotation when trying to determine the
structure of correlated items. This method initially yielded nine factors with eigenvalues
over 1.0. Each item was evaluated based on the criteria set forth by Costello and Osborne
(2005), which included: 1) primary loading of over .50, 2) a minimum of three items per

factor, and 3) the elimination of any split factor loadings. Based on the pattern of loadings found in this study, split factor loadings were defined by items having a secondary loading that was within .20 of the primary loading. Items that were split, had primary loadings less than .50, and were one of less than three items to load on a factor were dropped and the analysis was re-run.

The secondary exploratory factor analysis yielded three factors with eigenvalues greater than one. The first factor yielded twenty items, the second factor yielded five items, and the third factor yielded four items. Costello and Osborne (2005) recommended the examination of the scree plot to determine the number of factors to be retained. The scree plot also indicated that a three-factor solution was most reasonable. All items met the criteria described above and had commonalities above .40. The first 20-item factor, *compassionate conversation*, had a Cronbach's alpha reliability of .96. Sample items include, "lighten the situation," "try to relate to their situation," and "express sympathy toward their situation." Compassionate conversation accounted for 40.59% of the variance. The second 6-item factor, *compassionate messaging,* had an alpha reliability of .85. Sample items include, "Send them a supportive private message on their Facebook page" and "send them an email letting them know that I am thinking of them." Compassionate messaging accounted for 9.29% of the variance. The third 4-item factor, *compassionate touch,* had an alpha reliability of .85. Sample items include: "hold their hand," and "rub their shoulders." Compassionate touch accounted for 2.72% of the variance. For more details about the primary factor loadings, means, and standard deviations for each scale item please see Table 2.

Follow-Up Study 2

The second follow-up study sought to replicate and add to the previous study. Given that the scales that emerged for compassionate messaging and compassionate touch contained far fewer items than the scale measuring conversational messaging, new items were created for the messaging and touch subscales. The new touch items included: hug them, rub their shoulders, put my arm around their shoulder, and pat their back. These items are similar to those found in the comforting literature (Dolin & Booth-Butterfield, 1993). In addition, two messaging items were added: Send them encouraging text messages and text them to make sure they are alright.

Participants

Participants were college students (N = 565) including 280 men and 285 women. Participants were aged from 17-42 years of age. The sample included 394 (69.7%) Caucasians, 62 (11%) Hispanics, 18 (3.2%) African-Americans, 60 (10.6%) Asian-Americans, 2 (.4%) Native-Americans, and 28 (5%) Other.

Procedures

Students were instructed to provide their demographic information and were asked to take the compassionate communication scale that now consisted of 36 items. Students took the questionnaire via SurveyMonkey via a link that was provided by their instructor through Blackboard. Students were told to indicate how they communicated compassion to someone who was relationally close to them who may be in a distressing situation. Students were given extra credit for their participation in this study.

Analysis and Results

Initially confirmatory analysis was applied to determine if the model would fit as expected. The 20 items that previously loaded on compassionate conversation were set to load together on a factor. The five items that previously loaded on compassionate messaging, plus the two items created for compassionate messaging in this study, were set to load on a second factor. Finally, a third factor was set with the four items that previously loaded on the compassionate touch factor plus the four newly created items. The confirmatory factor analysis produced marginal to poor results (CFI= .83, X^2/df= 6.31, and RMSEA= .16), suggesting that more refinement was necessary. Therefore, exploratory factor analysis was again conducted, following the same procedures as adhered to for the first follow-up study and as recommended by Costello and Osborne (2005).

The initial analysis yielded six factors. After eliminating items that were split, had primary factor loadings below .50, or commonalities below .30, the analysis was re-run. Four factors with eigenvalues greater than 1.0 then emerged. However, the scree plot suggested that there were only three meaningful factors. Examination of the factor loadings suggested that some of the items that loaded fairly highly on the first factor were loading even more highly on the fourth factor. To further explore the dynamics underlying these items, all of the items with high loadings (defined as .50 or higher) on either Factors 1 or 4 were re-analyzed (without including the items that had loaded cleanly on Factors 2 or 3) using exploratory factor analysis. This analysis produced a two-factor solution as evidenced both by eigenvalues over 1.0 and the scree plot. Taken together, these analyses suggest that there are three primary factors, but that the first

factor can broken down into two sub-dimensions representing emotionally-focused compassionate conversation and instrumentally-focused compassionate conversation. The Cronbach's alpha reliabilities for the four scales, when broken down this way, were .87 for emotionally-focused compassionate conversation, .89 for instrumentally-focused compassionate conversation, .82 for compassionate messaging, and .91 for compassionate touch. The 5 items of the emotionally-focused compassionate conversation scale accounted for 14% of the total variance. The 8 items of the instrumentally-focused compassionate conversation scale accounted for 34% of the total variance. The 2 items of the compassionate messaging accounted for 2.8% of the variance. The 7 items of the compassionate touch scale accounted for 5.8% of the variance. The correlations between the factors were all below .30, with the exception of the correlation between emotional compassion and instrumental compassion ($r = .73$, p < .01). For more details about the primary factor loadings, means, and standard deviations for each scale item please see Table 3.

Follow-Up Study 3

A final study focusing on scale development was administered to a new sample. The questionnaire was designed to provide further information regarding the factor structure of the compassionate communication items. At this point it was unclear whether there was a single factor representing compassionate conversation, or whether there were two factors—one representing emotionally-focused compassionate conversation and the other representing instrumentally-focused compassionate conversation. This type of distinction would be consistent with work on social support, which has distinguished between emotional support and instrumental support (Burleson, Kunkel, Samter, &

Werking, 1996; Cutrona & Suhr, 1992; House, 1981). Thus, two items that focused specifically on instrumentally-focused conversational compassion were added: "let them know that I will be there if they need help or advice" and "offer to help them." Two items focused specifically on emotionally-focused conversational compassion were also added: "Empathize with them by trying to understand their feelings or emotions" and "express sympathy toward their situation." Another issue was that the items that specifically mentioned compassion had been dropped due to split factor loadings. Given that compassion is the central construct connected to compassionate communication, it seemed ill-advised not to include any items mentioning the concept of compassion in the scale. Therefore, three additional items mentioning compassion were added: "I demonstrate compassion toward their feelings or emotions," "I send an email communicating compassion toward them," and "I post a compassionate message on their social networking site (e.g., Facebook).

Participants

The participants of this study were college students (N = 518) including 256 men and 262 women. Participants were aged from 17-42 years of age and with a mean age of 24. The sample included 313 (56.4%) Caucasians, 48 (8.6%) Hispanics, 26 (4.7%) African-Americans, 99 (17.8%) Asian-Americans, 3 (.5%) Native-Americans, and 29 (5.2%) Other.

Procedures

Upon IRB approval, the same procedures were run again, but with a 34-item compassionate communication scale. Participants from lower-division undergraduate communication courses were invited to participate. These participants were asked basic

demographic questions in addition to completing the Compassionate Communication

Scale along with other constructs such as verbal aggression, benevolence, emotional

intelligence, compassion, and social skills, which will be discussed in Chapter 3 of this

dissertation.

Analysis and Results

Given the inconsistency of results found in the first two studies employing factor

analysis, as well as the addition of new items, this study utilized exploratory factor

analysis rather than confirmatory factor analysis. After removing items that did not meet

the specified criteria, this final exploratory factor analysis yielded three factors with

eigenvalues greater than 1.0. These factors accounted for 54.26% of the variance. The

scree plot also showed that there were three meaningful factors. The first factor,

compassionate conversation, included 9 items such as "let them know that I will be there

if they need me," "listen with interest when they talk," and "empathize with them by

trying to understand their feelings or emotions." The second factor, *compassionate touch*,

included 7 items such as "touch them on their arm," "hold their hand," and "touch their

shoulder." The third factor, *compassionate messaging,* included 7 items such as: "send an

email communicating compassion toward them," "Post a compassionate message on their

social networking site (e.g., Facebook)," and "Reply to their emails in a compassionate

way." The alpha reliabilities for these scales were as follows: compassionate

conversation= .91, compassionate touch= .91, and compassionate messaging= .88.

Compassionate conversation accounted for 28.52% of the variance, compassionate touch

accounted for 16.32% of the variance, and compassionate messaging accounted for

9.43% of the variance. For more details about the primary factor loadings, means, and

standard deviations for each of the self-report items of the Compassionate

Communication Scale, please see Table 4. The complete scale with instructions can be

found in Table 5. Finally, for details about the intercorrelations between the refined scale

factors please see Table 6.

This analysis yielded support for a three-factor model rather than a four-factor

model that includes both emotionally- and instrumentally-focused compassionate

conversation. The compassionate conversation factor retained items from the first two

studies. The compassionate touch factor also retained items from the first two studies.

Finally, the compassionate messaging factor included the newly constructed compassion

items and also retained some items from the previous two investigations.

Discussion

This series of studies commenced the process of developing the Compassionate

Communication Scale. The pilot study yielded 113 responses that were reduced to 65

items. Three follow-up studies using different samples employed exploratory factor

analysis to revise and refine the scale and determine the underlying factor structure of the

items. Taken together, the findings suggest that a three-factor structure makes the most

conceptual sense for measuring compassionate communication. The three factors that

comprise the Compassionate Communication Scale are: compassionate conversation,

compassionate messaging, and compassionate touch.

Compassionate conversation involves showing compassion through means such

as listening attentively, letting the distressed person disclose feelings, and making

sympathetic and empathetic remarks. The listening literature has suggested that empathic

listening is valuable in being attentive to another person's emotional and cognitive states

with the goal of understanding another person's experiences and this literature does correspond with the attentive listening items of the compassionate conversation scale (Stewart, 1983; Drollinger, Comer, & Washington, 2006). Researchers have argued that empathic listening involves the perception process of another person's feelings and attitudes to understand their inner world (Drollinger, Comer, & Warrington, 2006). Thus, listening is an important component to compassionate conversations.

Compassionate conversation can also include sympathy and empathy. In a compassionate conversation, one can express sympathy or empathy to try to reduce another person's distress (Neff, 2003a). A researcher, Waite (2011) suggests that when individuals express sympathy they are expressing how they feel about another person's suffering, but expressed empathy, on the other hand, is more about understanding another person's experiences of suffering. Some health research suggests that listening to another person's suffering can lead to feelings of fatigue because one person can absorb too much of another person's pain, which can lead to compassion fatigue (Biro, 2010). Thus far, there is no research linking listening to compassion, but from this study, listening is an important component to compassionate conversations.

Compassionate conversation may also be synonymous to emotional support and similar to social support. After the results from the last rotated version of the scale, it was interesting that all of the scale items of the previous emotional conversation scale were retained. This suggests that the factor of compassionate conversation may be undistinguishable from emotional support (Jones, 2006) with the slight difference that compassionate conversation also focuses on listening and attentiveness. Thus, one can be emotionally supportive and this can mean that one is also communicating

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compassionately, and vice versa. Given that compassion is considered a moral emotion

(Tudor, 2001), then compassionate communication may be the communication of a moral

emotion of compassion, which can then be characterized as emotionally supportive

communicative behaviors (Jones & Burleson, 1997). One difference may be the intensity

of the emotion that is expressed during compassionate conversation. For instance, several

specific emotional items from the initial scale were not retained in the final version of the

compassionate scale such as, "cry with them" and "try to make them laugh," but more

general emotional items were retained, "express sympathy toward their situation," and

"support him or her emotionally the best I can."

At the same time, compassionate conversation may not be in line with the

helping, or assisting behaviors component of the definition of social support literature

(Virtanen & Isotalus, 2012; Mikkelson, Floyd, & Perry, 2011; Edwards, Rose, Edwards,

& Singer, 2008; Cutrona, 1996; High, Dillard, James, 2012). After obtaining the last

rotation of the first exploratory factor analysis, some of the instrumentally-focused

compassionate conversation were retained (e.g., let them know that I will be there if they

need me), but most of the helping items were not retained (e.g., help them if they request

assistance; offer to help them with anything they need). This suggests that compassionate

conversation is not about performing altruistic or specifically social support behaviors.

Perhaps several socially supportive behaviors were not retained from the initially

constructed scale (e.g., make them food ($n = 6$); hang out with them; invite them out for

lunch ($n = 1$); give them small gifts that I know they like ($n = 10$)) because the emphasis

of this scale was communication, and not the behaviors of compassion. Thus, this

suggests that one does not need to necessarily assist another person by doing specific

behaviors, or provide resources to another person, but rather it is using communication as a tool to convey compassion to another person during conversations.

The second type of compassionate communication, *compassionate messaging,* involves sending messages of support using mediated forms of communication, such as email and social networking sites. Most research has investigated the construct of compassion and its element of expression in face-to-face settings such as nurses and doctors expressing compassion to suffering patients (Heffernan, Griffin, Quinn, Rita, & Fitzpatrick, 2010), supervisors showing compassion in the work environment (Miller, 2007), and teachers expressing compassion to their students (Hartsell, 2006). This research has focused on people engaging in compassionate communication in live face-to-face conversations. However, people also use computer-mediated channels to communicate compassion to others who are in need. Computer-mediated communication (CMC) refers to using channels that involve technology as a means for communicating. Examples of CMC include communicating via phone, email, text messaging, blogs, and social networking sites such as Myspace (Bordia, 1997), as well as using newer technologies such as Instagram and Skype. Social networking sites have been shown to integrate face-to-face communication via visual cues such as video chat features and pictures (Wang, Moon, Kwon, Evans, & Stefanone, 2010). CMC provides people with new and varied ways to communicate compassionately to others. For instance, a person may choose to communicate compassionately by posting an inspirational quote to a friend in need on their Facebook page instead of calling them or stopping by to chat in person. Although some forms of CMC are text-based and contain less nonverbal communication than live face-to-face communication (Bordia, 1997), others, such as

Instagram and Skype, involve a multitude of visual nonverbal cues. Nearly all CMC, however, precludes any type of touch, which is an important part of communicating comfort and compassion (Dolin & Booth-Butterfield, 1993).

The third and final type of compassionate communication, *compassionate touch,* involves using tactile behaviors such as hugging or holding someone's hands as a means of comfort and compassion. Little research has investigated tactile communication as a correlate of compassion, although studies have shown that touch is a key behavior used to communicate comfort (Dolin & Booth-Butterfield, 1993) and social support (Jones & Guerrero, 2001). Touch is likely related most to the caring aspect of compassion since tactile behavior promotes intimacy and social bonding in relationships (Monsour, 1988). Touch also communicates positive emotions, including those related to caring and intimacy, which can make a distressed person feel better (Newcomb, 1990). Thus, compassionate touch may be an especially powerful form of compassionate communication.

Chapter 3

Compassionate Communication and Related Constructs

The external construct validation process includes both convergent validity and divergent (or discriminant) validity. A construct is a trait or a characteristic on which individuals tend to differ (Nunnally, 1978). Construct validity is the extent to which the measurement process measures the postulated construct accurately (Cronbach & Meehl, 1955). Construct validity can be tested by checking for convergent and divergent validity. Convergent validity is established when the test scores on a measure are correlated with test scores on other measures assessing similar constructs. Correlations between compassionate communication and similar constructs such as compassion, sympathy, emotional intelligence, emotional expressivity, social expressivity, and benevolence would provide evidence of convergent validity. On the other hand, divergent validity is established when the test scores of a measure are negatively associated or uncorrelated with dissimilar or opposite constructs. Negative correlations between compassionate communication and the dissimilar constructs of narcissism and verbal aggressiveness can provide evidence of divergent validity, as can a lack of correlation between these variables. Thus, one purpose of the study reported in this chapter is to examine how compassionate communication is correlated with similar and dissimilar constructs to provide evidence of construct validity.

Another goal in this study is to determine how traits related to social skills are related to compassionate communication. Considerable literature suggests that people who possess social skills communicate in productive ways that support and validate others. This finding should extend to compassionate communication. Social skills have

been defined by Segrin (1992) as the ability to communicate effectively with others. Low

social skill ability has been associated with negative outcomes such as depression

(Segrin, 2000). Segrin and Taylor (2007) argued that the literature has de-emphasized the

association between social skills and positive outcomes such as well-being, and has over-

emphasized the association between a lack of social skills and negative outcomes such as

depression. Yet Segrin and Taylor (2006) found that social skills are positively correlated

with high-quality relations with others. This indicates that social skills promote healthy

relationships. Indeed, the possession of social skills has been associated with having

satisfying relationships with others (Flora & Segrin, 1999) and being socially supportive

(Riggio & Zimmerman, 1991). Morternson (2009) found that people from both the U.S.

and China are more likely to seek social support if they possess social skills and trust

others. Further, those with social skills are better able to give and receive support in

stressful situations (DiTommaso, Brannen, & Best, 2004).

Thus far, however, little social scientific research has made a direct association

between compassionate communication and social skills. Theoretically speaking, this

association can challenge the current scholarly assumption that compassion is a trait,

rather than part of a learned communication skill (Blum, 1994). If compassionate

communication and social skills are associated, this would open up a new line of inquiry

to determine if compassionate communication is part of a cluster of social skills that

people possess, or if social skills enable people to better interpret and respond to the

distress of others. Finding positive associations between compassionate communication

and various social skills also provides evidence of convergent validity given that

compassionate communication and social skills such as emotional intelligence, emotional

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expressivity, and social expressivity all require encoding and decoding skills and result in more positive interaction. This dissertation also examines how compassionate communication is associated with the traits of benevolence, verbal aggressiveness, and narcissism. Since benevolence is a trait that involves having a predisposition toward supporting and validating others, it should be positively correlated with compassionate communication. The opposite trait, verbal aggressiveness, which involves attacking and criticizing others, should be negatively correlated with compassionate communication. Finally, narcissism should also be negatively associated with compassionate communication because narcissists are focused on themselves rather than other people. Each of these traits are discussed next.

Compassion

Compassionate communication should be associated with the similar construct of compassion. Pommier's (2011) development of the Compassion Scale served to operationalize the composite construct of compassion. Pommier's (2011) conceptualized and operationalized compassion as a multidimensional construct, which has the subscales of kindness, common humanity, and mindfulness. Compassionate conversation is a similar construct to compassion because it focuses on the elements of expressing compassion during interactions in face-to-face settings. Compassionate conversation is similar to kindness because when one is kind and nonjudgmental to another person, one is displaying the general construct of compassion (Neff, 2003a). Compassionate touch is also a similar construct to compassion and kindness because it expresses compassion via touch such as holding someone's hand, or patting someone in the back, which can show kindness. Finally, compassionate messaging is a way of expressing compassion online

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through messages that reduce distress in computer-mediated settings via social networking sites such as Facebook and email. Therefore, people who experience high levels of compassion should be more likely to send these types of messages. Therefore, the first hypothesis is that:

> H1: Compassion is positively associated with (a) compassionate conversation, (b) compassionate messaging, and (c) compassionate touch.

Empathetic Concern and Perspective Taking

Compassionate communication should be linked to empathetic concern and perspective taking. Previous research has tied the construct of compassion to empathetic concern (Neff, 2003a; Pommier, 2011). Given that compassion has an element of empathy, when people feel empathy toward someone who is distressed, they should want to communicate compassionately toward the distressed person. For example, if a friend recently went through a relational breakup with a romantic partner of over six years, then a person may feel empathy, and may want to communicate compassion to help this friend cope with this distressing situation. Both compassionate conversation and compassionate touch may occur after one feels empathy toward a person in interactions. A person with the traits of empathetic concern and perspective taking may also engage in compassionate messaging through the use of social networking sites and emails. Based on this discussion, compassionate conversation, compassionate touch, and compassionate messaging should be associated with the similar constructs of empathetic concern and perspective taking, such that:

> H2: Empathetic concern is positively associated with (a) compassionate conversation, (b) compassionate messaging, and (c) compassionate touch.

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H3: Perspective-taking is positively associated with (a) compassionate

conversation, (b) compassionate messaging, and (c) compassionate touch.

Emotional Intelligence

Researchers have investigated how the experience of compassion is associated with emotional intelligence. Emotional intelligence has been defined as the "ability to monitor one's own and other's feelings and emotions, to discriminate among them, and to use this information to guide one's thinking and action" (Salovey & Mayer, 1990, P. 189; Mayer & Salovey, 1993). Scholars have examined how emotional intelligence is related to being able to use emotions constructively to solve individual and relationship problems (Akerjorder & Severinsson, 2004). Emotional intelligence, measured as regulating moods and emotions, appraising emotions, and possessing social skills, has been positively associated with social supportive behaviors in other distressful contexts such as those that occur in workplace, school, family, and nursing relationships (Dulewicz et al., 2003; Pau & Croucher, 2003; Akerjordet & Severinsson, 2004).

Studies have also found that those who possess emotional intelligence are better able to cope with mental health issues and stress, and are able to respond appropriately to social environmental stressors (Ciarrochi, Dean, & Andersen, 2002). Emotional intelligence research has been aligned with prosocial behaviors such as social support (Cherniss, 2002). Further, those with emotional intelligence are able to discern socially appropriate behaviors over those who seem to lack emotional intelligence (Ciarrochi & Deanne, 2001). Other research has found that being able to communicate with others is an important way to deal with the emotions of other people to help deal them cope with painful events (Freshwater & Stickley, 2004; Ciarrochi & Deanne, 2001).

Emotional intelligence has also been shown to associate with behaviors that promote the well-being of others such as providing acknowledgement and guidance to foster good relationships (Adams, 1998). For instance, emotional intelligence mediates family communication patterns in close relationships (Keaten & Kelly, 2007). Emotional intelligence has also been associated with effective communication in friendships (Yousefi, 2006) and has been linked to effective problem-solving during conflicts and relationship satisfaction in cohabiting couples (Smith, Heaven, & Ciarrochi, 2008).

As the aforementioned studies demonstrate, emotional intelligence is associated with communication that solves problems and provides social and emotional support. Other studies have looked more specifically at how emotional intelligence is related to compassion. Neff (2003b) found a positive association between self-compassion (i.e., self-kindness, common humanity, mindfulness) and emotional intelligence. Further, compassion has been examined in nurses in health contexts because nursing entails reducing the suffering of patients that may be undergoing both physical and emotional pain. Thus far, research has found that nurses who are self-compassionate also tend to possess emotional intelligence (Heffernan, Griffin, McNulty, & Fitzpatrick, 2010). Other research suggests that nurses are expected to be sensitive to others' emotions to better serve their unique needs (Freshwater & Stickley, 2004).

Generally research suggests that emotional intelligence should be positively associated with the modalities of compassionate communication. For instance, emotional intelligence may be positively associated with conversational compassion. For example, those who possess emotional intelligence may be more likely to choose to communicate compassion in conversations with others because they may possess the ability to regulate

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their own, as well recognize another person's emotions (Mayer & Salovey, 1993).

Furthermore, people with high emotional intelligence are more likely to possess self-monitoring skills, or the ability to adjust their self-presentation based on others' emotions (Schutte, Malouff, Bobik, Coston, Greeson, Jedlicka, Rhodes, & Wendorf, 2001). Those with high emotional intelligence are also more likely to engage in cooperative behavior in their relationships (Schutte et al., 2001). Thus, if an individual recognizes another person's suffering using their emotional intelligence, then an individual may be more likely to offer help to another person.

Further, emotional intelligence may be positively associated with compassionate messaging because people who possess emotional intelligence may be more likely to discriminate between those who might need the expression of compassion via email or via a social networking page (Freshman & Rubino, 2004). Indeed, people who tend to use email and social networking sites such as Facebook have been shown to possess higher emotional intelligence than those who do not use these modalities (Woods, 2001). However, there are times when people who are low in emotional intelligence might prefer to provide compassionate communication online rather than in non-mediated contexts, assuming that they provide any compassionate communication at all. People with maladaptive uses of the Internet and mobile communications tend to possess low emotional intelligence and have difficulty regulating their own and others' emotions (Beranuy, Oberst, Carbonell, & Chamarro, 2009). Specifically, people who are low in these social skills are more likely to get addicted to or rely on social media on the Internet, in part because they lack the skills necessary to communicate effectively in face-to-face situations or are fearful of rejection (McKenna, Green, & Gleason, 2002; Young,

2007). Similar reasoning may prompt those who are low in emotional intelligence to leave a message via email or a social networking site as a way of expressing compassion instead of communicating compassion conversationally. Thus, high levels of emotional intelligence may be related to communicating compassion a variety of ways, including through messaging, but those who are low in emotional intelligence (and other social skills) may be more likely to communicate compassion using computer-mediated messaging than conversation.

Finally, emotional intelligence may be positively associated with compassionate touch communication. Those who possess emotional intelligence have been shown to use touch, or tactile communication with distressed persons (Clements, & Tracy, 1977). Tactile communication is primarily used as a means of expressing emotion during conversations (Hertenstein & Keltner, 2010). For instance, people who wish to express happiness or care may hug another person to share their joy or to comfort someone. Tactile communication is mainly focused on communicating either warm emotions (e.g., happiness) or cold emotions (e.g., sadness) during moments of human bonding (Hertenstein & Campos, 2001). Thus, tactile communication, along with the other two modalities of compassionate communication, is likely to be positively associated with emotional intelligence. This reasoning leads to the following hypothesis:

H4: Emotional intelligence is positively associated with (a) compassionate
    conversation, (b) compassionate messaging, and (c) compassionate touch.

Social and Emotional Expressivity

Social expressivity and emotional expressivity represent encoding skills in social situations. Social expressivity is defined as "verbal expression, verbal fluency, and ability

to initiate conversations" with others in social environments (Riggio, 1986, p. 650).

Expressivity has been an important social skill in commencing social support interactions (Heppner, Walther, & Good, 1995) and problem-solving processes (Cook, 1987). Further, Saurer and Eisler (1990) found that that people high in expressivity skills are better able to establish large social support networks (e.g, friends, colleagues) in comparison to those who do not possess expressivity skills. Verbal encoding skill ability has also been shown to be associated with cognitive complexity and competence in communicating one's needs to other people (Rubin & Henzl, 1984). Verbal (social) expressivity also helps form positive impressions by allowing individuals to come across as more confident, likeable, and with better speaking ability in comparison to those who lack social expressivity skills (Riggio & Friedman, 1986). Individuals with verbal expressivity skills are also perceived to have a more extraverted or "social" personality (Riggio & Friedman, 1982) than are those who do not possess such skills.

Social expressivity is an important factor in both obtaining and providing social support. For instance, Riggio, Watring, and Throckmorton (1993) found that individuals who express their concerns verbally are better able to obtain social support. Further, those with encoding skills experience less loneliness and feel more secure in their relationships than those with poor social skills (DiTommaso, Brannen-McNulty, Ross, & Burgess, 2003). Lack of both social and emotional expressivity skills have also been correlated with negative social outcomes (e.g., rejection) (Gross, 1998; 1999). Further, suppressing both verbal communication and emotions has been shown to reduce the expressions of both positive and negative emotions (Keltner & Kring, 1998). Lack of expressivity has been shown to lead to distractions, negative emotional experiences, and loss of rapport

and social affiliation when interacting with others (Butler, Egloff, Wilhelm, Smith, Erickson, & Gross, 2003). Individuals who lack expressivity skills tend to communicate less effectively in both their verbal and nonverbal responses to another person than individuals who possessed expressivity skills (Butler et al., 2003).

Emotional expressivity is defined as "individuals' ability to express, spontaneously and accurately, felt emotional states as well as the ability to nonverbally express attitudes and cues of interpersonal orientation" (Riggio, 1986, p. 651). Sending or encoding nonverbal communication to others such as a smile is an example of emotional expressivity (Riggio, 1986). Emotional expressivity can include the display of both positive (e.g., happiness) and negative emotions (e.g., anger), which trigger human behavioral responses (Gross & John, 1995). Emotional expressivity has also been associated with general well-being (Buck, Goldman, Easton, & Smith, 1998) and health (Fernandez-Ballesteros, Ruiz, & Garde, 1998; Leising, Muller, & Hahn, 2007). Interestingly, Pennebaker, Zech, and Rime (2001) found that expressing emotions allows individual to expand their understanding of their experiences.

Emotional expressivity has also been associated with personal and interpersonal traits. For instance, scholars have found that emotional expressivity is positively related to extraversion, power dominance, and affiliation (Friedman, 1979; Friedman, Riggio, & Segall, 1980). In workplace contexts, group members tend to hold a preference for men with extraverted personalities who are perceived to have good social and emotional expressivity (Riggoi et al., 2003). Emotional expressivity has also been shown to smooth over conversations in friendships (Levine & Feldman, 1997). In addition, emotional expressivity promotes effective and healthy interpersonal interactions (Gottman &

Levenson, 1992; Simpson, Gangestad, & Nations, 1996), which promotes relational

connection. Research suggests that emotional expressivity leads to interpersonal liking

(Riggio & Friedman, 1986), cooperative behavior, and trustworthiness (Boone & Buck,

2003). People who are perceived to be high in emotional expressivity tend to be

perceived to be both interpersonally and physically attractive (Sabatelli & Rubin, 1986).

Emotional expressivity has been associated with social support in face-to-face

settings. Research suggests that it can be beneficial to express both positive and negative

emotions to someone who is in need of social support (Rime, Corsini, & Herbette, 2002).

Those who have personal traits of openness and extraversion are skilled at social support

in their social networks (Swickert, Hittner, Harris, & Herring, 2002). Several researchers

have found that emotional expressivity is associated with the ability to give and receive

social support (Bonnano & Papa, 2003; Vingerhoets, Cornelius, Van Heck, & Becht,

2000). Emotional expressivity has also been shown to promote emotional contagion,

which leads people to experience similar emotions and therefore feel more empathy

toward one another (Hatfield, Cacioppo, & Rapson, 1994). Emotional expressivity is also

associated with giving sympathetic responses (Eisenberg, Fabes, Schaller, & Miller,

1989). Thus, emotional expressivity may facilitate conversational compassion.

Similarly, some literature suggests that social and emotional expressivity might be

correlated positively with certain forms of computer-mediated communication. Research

suggests that those who communicate in online settings using social networking sites

such as Facebook and who possess both emotional and social skills are able to project

more positive images of themselves to other people than those who do not possess such

skills (Weisbuch, Ivcevic, & Ambady, 2009). Individuals who engage in nonverbal

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expressivity and self-disclosure online are perceived as expressing their "real life" self, and are therefore seen as more likable on social networking sites (Weisbuch, Ivcevic, & Ambady, 2009). Another study suggests that users of social networking sites, emails, and blogs are able to improve social skills in the real world by practicing their responses on the Internet (Fisher, 2010). For instance, seeing a status update from an acquaintance on Facebook may facilitate future conversations because the status change could be used as a conversation starter, and having conversations such as those could improve individuals' social skills in real-life. Another study suggests that shy individuals (who may lack the social skills of expressivity) are more likely to self-disclose and express themselves in online settings than in face-to-face settings (Stritzke, Nguyen, & Durkin, 2004). Further, individuals with low self-esteem confirmed a preference for self-disclosing via email communication, while high self-esteemed individuals confirmed a preference for face-to-face interactions due to the perceptions of interpersonal risks (e.g., social rejection) (Joinson, 2004). On the other hand, those with the traits of extraversion have been shown to possess social expressivity skills and this allows them to provide social support to others by adjusting their emotions to a particular synchronous setting in online chat rooms (Van Zalk, Branje, Denissen, Van Aken, & Meeus, 2011).

These findings are in line with the idea that people generally express themselves similarly via face-to-face and computer-mediated settings, but with minor differences. People who are emotionally and socially expressive are comfortable communicating using both synchronous and asynchronous modes of communication. Therefore, they should be able to converse and express themselves in various communication situations (McKenna, Green, & Gleason, 2002), including being able to provide support using

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compassionate conversation, messaging, and touch. In contrast, those who are less socially skilled tend to be uncomfortable with all types of communication, but especially with live interactions that are synchronous. Therefore, they may experience less stress when communicating online. Indeed, those who lack social support networks and define themselves as socially anxious or shy tend to self-disclose more in online versus offline settings when they want to elicit social support or maintain friendships (McKenna et al., 2002). Taken together, the research evidence suggests that those who are emotionally and socially expressive may provide compassion using various modalities, including during conversations, with messaging, and through touch. Those who are low in social and emotional expressivity may show a preference for compassionate messaging rather than compassionate conversation or compassionate touch, although they are likely to use relatively low levels of all three kinds of compassionate communication. This is partly because messaging is seen as lower risk and as requiring less general social skill than conversation or tactile communication. Thus, while it is clear that social and emotional expressivity should be associated with more compassionate conversation and compassionate touch, the relationship between compassionate messaging and expressivity is less clear, leading to the following:

> H5: Social expressivity is positively associated with (a) compassionate
>
> conversation and (b) compassionate touch.
>
> R1: Is social expressivity associated with compassionate messaging?
>
> H6: Emotional expressivity is positively associated with (a) compassionate
>
> conversation, and (b) compassionate touch.
>
> R2: Is emotional expressivity associated with compassionate messaging?

Benevolence and Verbal Aggressiveness

Benevolence and verbal aggressiveness have been studied alongside one another. Beatty, Rudd, and Valencic (1999) found that benevolence and verbal aggressiveness are two underlying dimensions of the Verbal Aggressiveness Scale (VAS). Half of the VAS items are worded to convey benevolence, which are "conscious and intentional efforts to engage in nurturing, supportive, conformational behavior during interaction" (Beatty et al., 1999, p. 12). Beatty and his colleagues (1999) challenged Infante and Wingley's (1986) operationalization of verbal aggressiveness by suggesting that a person can be unskillful at offering support or comfort toward another and could also avoid harming another person. In other words, verbal aggressiveness and benevolence are not meant to be antonyms, but rather separate underlying dimensions that reflect distinct aspects of one's personality.

At the moment, scholars do not disagree about whether benevolence and verbal aggressiveness are two dimensions of the same construct of verbal aggressiveness, or whether they are separate constructs altogether (Beatty et al., 1999; Levine, Beatty, Limon, Hamilton, Buck, & Chory-Assad, 2004). For instance, Kotowski, Levine, Baker, and Bolt's (2009) study supports the idea that the VAS is measuring two separate constructs, benevolence and verbal aggressiveness, rather than one sole construct. Their investigation suggested that the "aggressiveness" items are not correlated with the benevolence items (Levine et al., 2004).

Previous studies have found an association between benevolence and prosocial factors (Mayer, Davis, & Schoomar, 1995; Levine et al., 2004). Benevolence is defined as wanting to do good to another person (Mayer, Davis, & Schoormar, 1995, p. 718).

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Garsee and Glixman (1967) found that benevolence is one of the most important interpersonal values. Not surprisingly, benevolence has been found to be positively associated with interpersonal trust, integrity, and ability (e.g., skills, competencies) in working environments (Mayer, Davis, & Schoorman, 1995). In another study, Levine et al. (2004) argued that verbal benevolence is a predictor of supportive messages such as empathy and communicative responsiveness. Further, Levine et al. (2004) found that scoring high on benevolence predicted prosocial communication including using positive messages and expressing empathic concern. Thus, this study will investigate whether having a benevolent communication style is positively associated with various forms of compassionate communication as follows:

      H7: Benevolence is positively associated with (a) compassionate conversation, (b)

             compassionate messaging, and (c) compassionate touch.

      Verbal aggressiveness, on the other hand, has been linked to a lack of communication skills. For example, Infante and Wigley (1986) suggested that those who are equipped with communication skills are less likely to react aggressively toward others. Infante and Wigley (1986) defined verbal aggressiveness as the intention to harm another person's self-concept using words. Verbal aggressiveness includes but is not limited to teasing, threats, and swearing (Infante, 1987). Being verbally aggressive does not usually entail physical aggression, although past research suggests that those who lack argumentative skills are more prone to engage in verbal aggressiveness and violent behavior (Infante, 1987; Infante, Chandler, & Rudd, 1989).

      Worthington (2005) found that verbal aggressiveness is negatively associated with various listening styles. This implies that those who are high in verbal

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aggressiveness may not be able to suspend judgment and may not have the skills of argumentation (Infante, 1989). Further, those who do not engage in listening may be less attuned to decoding cues in a particular situation (Imhof, 2004). Those who are verbally aggressive are also perceived to be less responsive (Martin & Anderson, 1996). Verbally aggressive individuals also report being lonely, and both verbal aggressiveness and loneliness predict that ambiguous messages will be interpreted as negative messages (Edwards, Bello, Brown, & Hollems, 2001). In addition, verbal aggressiveness has been shown to be associated with other personal characteristics such as psychotism, neuroticism, and extraversion (Heisel, France, & Beatty, 2003).

Verbal aggressiveness has also been explored in various contexts. For instance, Madlock and Kennedy-Lightsey (2010) found that people reported lower job satisfaction, communication satisfaction, and job commitment in the workplace when their supervisor was verbally aggressive. Similarly, Infante and Golden (1987) found that verbally aggressive supervisors are perceived negatively in comparison to those who are non-aggressive, and verbal aggressiveness can trigger more turnover effects (Infante & Rancer, 1996). In educational settings, instructors who use verbal aggressiveness in the classroom are perceived as less immediate (Rocca & McCroskey, 1999) and credible by their students (Schrodt, 2002). Further, verbal aggressiveness leads to reductions in affective learning (Myers & Knox, 2000) and student self-esteem (Schrodt, 2003).

Verbal aggressiveness has also been applied to relationships. For instance, Weger (2006) found that verbal aggressiveness is negatively associated with fear of intimacy, avoidant and anxious attachment styles, and the fear of being abandoned in romantic relationships. Verbal aggressiveness is negatively associated with liking (Myers &

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Johnson, 2003) and marital dissatisfaction (Rancer, Baukus, & Amato, 1986). In dating

relationships, the presence of verbal aggressiveness is negatively associated with self-

esteem and commitment to the relationship (Rill, Baiocchi, Hopper, Denker, & Olson,

2009). In the family context, children's reports of relationship satisfaction with their

parents are negatively associated with their parents' use of verbal aggressiveness

(Roberto, Carlyle, Goodall, & Castle, 2009). Fathers who use verbal aggressiveness tend

to be perceived as critical and sarcastic by their sons (Beatty, Zelley, Dobos, & Rudd,

1994). Verbally aggressive mothers have been shown to be more likely to physically

abuse their children (Wilson, Hayes, Bylund, Rack, Herman, 2006). Verbal

aggressiveness has also been found to be a function of various family communication

patterns such as conversation orientation (e.g., fostering an equally interactive

communication climate in the family) and conformity orientation (e.g., fostering a

climate of similar attitudes and values) (Schrodt & Carr, 2012). These investigations

indicate that those who are verbally aggressive might be less prone to be perceived

positively by those around them. Given the overall pattern of findings, the tendency to be

verbally aggressive may associate negatively with the tendency to communicate

compassionately with others. To that end, another hypothesis is advanced:

> H8: Verbal aggressiveness is negatively associated with (a) compassionate
>
> conversation, (b) compassionate messaging, and (c) compassionate touch.

Narcissism

Narcissism is composed of both grandiose narcissism and vulnerable narcissism

(Pincus, & Lukowitsky, 2010). Grandiose narcissism consists of publicized patterns of

dominance, abuse, and exhibitionism, whereas vulnerable narcissism consists of

privatized patterns due to a lack of self-monitoring skills (American Psychiatric Association, 2000).

Narcissism can contribute to problems in human relationships. Narcissistic individuals tend to feel entitled by feeling more powerful, attractive, intelligent, and superior to their intimate partners and other people (Campbell, Rudich, & Sedikides, 2002; Gabriel, Critelli, & Ee, 1994; Rohmann, Bierhoff, & Schmohr, 2011). Ogrodniczuk, Piper, Joyce, Steinberg, and Duggal (2009) found that narcissism is associated with negative patterns of behaviors in relationships, such as being domineering, controlling, aggressive, vengeful, and intrusive. Narcissism has also been associated with problems in the workplace such as engaging in aggression and gossip toward colleagues, wasting organizational resources (Giacalone & Greenberg, 1997), and expressing anger when one's ego is threatened (Penney & Spector, 2002).

Narcissism may also be negatively associated with conversational compassion for a variety of reasons. First, narcissism is related to being unforgiving and expressing negative affect toward others (Besser & Zeigler-Hill, 2010). Second, narcissism is negatively associated with both emotional and cognitive empathic patterns, as well as feeling responsibility for helping others (Watson & Morris, 1991). Third, parental narcissism (e.g., self-love) has been associated with the inconsistent demonstration of affection toward one's children, with narcissistic parents sometimes providing affection to their children, but at other times dismissing their children (Trumpeter, Watson, O'Leary, & Weathington, 2008). Fourth, narcissism has been associated with a lack of concern for other people's problems, or a lack of empathy (Rhodewalt & Morf, 1995; Watson, Grisham, Troter, & Biderman, 1984).

Narcissism might also be associated with compassionate messaging. Scholars have examined the role of narcissism in the digital age and have found that narcissism is prevalent in social networking sites and email communication (Buffardi & Campbell, 2008). Communication technology allows narcissistic individuals to boost their self-image or ego by sharing information about themselves in ways that make them feel admired by people they see as "less superior" than themselves (Mehdizadeh, 2010). Other scholars argue that the use of social networking sites encourage narcissistic tendencies in its users (Jayson, 2009). Having numerous friends and also Tweeting about the self has been associated with high narcissism (McKinney, Kelly, & Duran, 2012). On the other hand, other scholars have found that narcissism is not associated with engaging in activities on social networking sites or with the amount of time spent performing these activities (e.g., posting on a friend's Facebook wall) (Bergman, Fearrington, Davenport, & Bergman, 2001; Buffardi & Campbell, 2008). Based on these previous studies findings, the following hypothesis and research question are posed:

H9: Narcissism is negatively associated with (a) compassionate conversation and

(b) compassionate touch.

R3: Is narcissism negatively associated with compassionate messaging?

Method

The participants for this study ($n = 518$) were the same as for Follow-Up Study 3, which is reported in Chapter 2. Participants were undergraduate students (men $n = 256$, women $n = 262$). The mean age of the participants was 24 and their ages ranged from 17-42. The sample included 313 (56.4%) Caucasians, 48 (8.6%) Hispanics, 26 (4.7%)

African-Americans, 99 (17.8%) Asian-Americans, 3 (.5%) Native-Americans, and 29 (5.2%) Other.

Procedures

Participants were invited by their instructors to go to a link via the SurveyMonkey in exchange of extra credit. After participants agreed to participate, they were asked demographic questions and also a series of questions on compassionate communication, compassion, emotional intelligence, social skills, verbal aggression, narcissism, benevolence, and social desirability.

Measures

Compassionate Communication. Compassionate communication was assessed by the scale described in Follow-Up Study 3 in Chapter 2 of this dissertation. This scale, which contains 34 items, is composed of 5-point Likert-type items (1= Never to 5=Very Often), and contains three subscales: compassionate conversation, compassionate messaging, and compassionate touch. Compassionate conversation refers to the expression of compassion during conversations in relationships, compassionate messaging refers to compassion that is expressed in computer-mediated environments such as in social networking sites such as Facebook, and compassionate touch refers to the expression of compassion using tactile communication. Sample items for Compassionate Conversation (7 items) include: "Let them know that I will be there if they need me," "Offer to help them with anything they need," and "Let them know that I will listen if they need to talk." Sample items for the Compassionate Messaging subscale (6 items) include: "Send them an email letting them know that I am thinking of them," "Send them a supportive private message on their social networking site (e.g., Facebook,

Twitter)," and "Post a positive message on their social networking site (e.g., Facebook)." Sample items for the Compassionate Touch subscale (7 items) include, "Touch their shoulder," "Hold their hand," and "Touch them on their arm." Reliabilities were .91 for conversational compassion, .88 for compassionate messaging, and .91 for compassionate touch.

Compassion. General compassion was assessed using Pommier's (2011) Compassion Scale (CS), which uses a 5-point Likert-type scale. Sample items include "My heart goes out to people who are unhappy," "I try to avoid people who are experiencing a lot of pain," and "I like to be there for others in time of difficulty." The kindness subscale includes four items and a sample item includes, "I like to be there for others in times of difficulty." The common humanity subscale includes four items and a sample item includes, "everyone feels down sometimes, it is part of being human." The mindfulness subscale includes four items and a sample item includes "when people tell me about their problems, I try to keep a balanced perspective on the situation." These scales range from 1 (almost never) to 5 (almost always), with higher scores representing greater compassion and lower scores representing lower compassion. Because the reliabilities for the common humanity and mindfulness subscales were below .70 even when deleting items that contributed to low reliability, the composite compassion scale was used for this dissertation. Alpha reliability for this scale was .90.

Empathetic Concern and Perspective Taking. Both empathetic concern and perspective taking were assessed using the Interpersonal Reactivity Index created by Davis (1980). For the purposes of solely examining empathetic concern and perspective taking, these two subscales were used. The Interpersonal Reactivity Index typically has

28 items, but because two subscales were elected, 7 items were used for Empathic Concern and 7 items were used for Perspective Taking. The Empathic Concern scale evaluates others' feelings of sympathy and concern for the distress experienced by other people (Davis, 1983). Sample items include "I often have tender, concerned feelings for people less fortunate than me" and "When I see someone being taken advantage of, I feel kind of protective towards them." The Perspective Taking scale evaluates how quickly people are able to cognitively take another person's point of view as their own (Davis, 1983). Sample items include "I try to look at everybody's side of a disagreement before I make a decision" and "When I'm upset at someone, I usually try to 'put myself in his or her shoes' for a while." The items range between 0 (does not describe me well) to 4 (describes me very well), higher scores indicate higher sympathy and higher perspective taking skills. In the present study, alpha reliabilities were .73 for the Perspective Taking scale and .75 for the Empathic Concern.

Emotional Intelligence. Emotional intelligence will be assessed using Schutte et al.'s (1998) Emotional Intelligence Scale (SEIS), a 33-item, 5-point Likert scale. Sample items include "I am aware of my emotions as I experience them," and "When I am in a positive mood, solving problems is easy for me." Schutte et al's (1998) scale is a brief version of Salovey and Mayer's (1990) 141 item scale of emotional intelligence and includes the following four subfactors: perceptions of emotions, emotional management of others, emotional management of self, and utilizing emotions. The scale ranges from 1 (Strongly disagree) to 5 (Strongly agree). General emotional intelligence is based on summing the scores of all 33 items. Participant responses range from 33-165 and high

scores indicate higher degrees of emotional intelligence (Schutte et al., 1998). In the current study, this scale was reliable at the .93 level.

Social and Emotional Expressivity. The social skills of social and emotional expressivity were assessed using subscales from the self-report Social Skills Inventory (SSI) (Riggio, 1986). The original inventory includes 15 items per subscale. However, given the large number of items in the current study's questionnaire, a subset of eight items was chosen to measure each specific social skill. Other scholars have also used subsets of seven or eight items to measure these skills (Burgoon, Buller, & Guerrero, 1995; Guerrero & Jones, 2003). Two subscales (emotional and social expressivity) were selected out of the six original subscales because of their relevance to compassionate communication. Each of these social skills were assessed using a 5-point Likert-type items. Sample items for emotional expressivity and social expressivity include "I have been told that I have an expressive face" and "I usually take the initiative to introduce myself to strangers," respectively. The scale ranges from 1 (not at all like me) to 5 (exactly like me). Reliabilities were .62 for the emotional expressivity scale and .91 for the social expressivity scale.

Benevolence. Benevolence was measured using Infante and Wigley's (1986) 20-item Verbal Aggressiveness Scale, which includes a subscale of benevolence (Kotowski et al., 2009). Specifically, benevolence was measuring with the 10 positively worded items from the scale. Sample items include: "I am extremely careful to avoid attacking individuals' intelligence when I attack their ideas" and "I try very hard to avoid having other people feel bad about themselves when I try to influence them." The response

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choice ranged from 1 (Almost never true) to 5 (Almost always true). In the present study, the reliability for this scale was .77.

Verbal Aggressiveness. Verbal aggressiveness was measured using Infante and Wigley's (1986) 20-item Verbal Aggressiveness Scale, which includes subscales for verbal aggressiveness and benevolence (Kotowski et al., 2009). The verbal aggressiveness subscale has 10 negatively worded items. Sample items include, "When individuals are very stubborn, I use insults to soften their stubbornness" and "When people do things which are mean or cruel, I attack their character in order to help correct their behavior." The subscale ranges from 1 (Almost never true) to 5 (Almost always true). The alpha reliability for this scale was .87 in the present study.

Narcissism. Narcissism was assessed using the 10-item Hypersensitive Narcissism Scale (HSNS) developed by Hendin and Cheek (1997). This 5-point scale was refined as a short-form narcissism scale that was originally developed from Murray's (1938) 20-item Narcissism Scale. Sample items include "I dislike sharing the credit of an achievement with others" and "I easily become wrapped up in my own interests and forget the existence of others." The scale asks if each statement is characteristic of the feelings or behaviors that a person identifies with, which ranges from 1 (very uncharacteristic or untrue) to 5 (very characteristic or true). The alpha reliability for this scale was .76 in the present study.

Social Desirability. Finally, social desirability was assessed using a 10-item version of the Marlow-Crown Social Desirability Scale (Crowne & Marlowe, 1960; Stranhan & Gerbasi, 1972). This scale helps to evaluate biases in the responses of the participants in responding to questionnaires in survey research. The survey asked

respondents to respond to statements such as "I'm always willing to admit it when I make a mistake" and "I sometimes try to get even" by indicating whether these statements are either "true" or "false" statements about themselves. The scale scores can range from 10-20, and higher values designate higher desirability bias. In the present study this scale was reliable at the .74 level.

Results

Prior to conducting the hypothesis tests, bivariate correlations were run and are reported in Table 7. These correlations are relevant for establishing evidence of convergent and divergent validity. In addition, correlations were run to determine if any of the three forms of compassionate communication were correlated with social desirability bias. These correlations showed that social desirability was not correlated with conversational compassion ($r = .03$, *ns*), conversational touch ($r = .02$, *ns*), or conversational messaging ($r = .05$, *ns*). Therefore, social desirability was not entered as a control variable in any of the analyses.

To assess the hypotheses and research questions in this chapter, a series of regression analyses were conducted using SPSS software. For each of these analyses, the three forms of compassionate communication (conversation, messaging, and touch) served as the predictor variables, and one of the following traits—compassion, sympathy and perspective-taking, emotional intelligence, social expressivity, emotional expressivity, benevolence, verbal aggressiveness, or narcissism—was the dependent measure.

Correlations

Correlations were examined to determine evidence of convergent and divergent validity for the three forms of compassionate communication. As shown in Table 7, compassionate conversation was positively correlated with compassion, empathetic concern, perspective taking, emotional intelligence, social expressivity, emotional expressivity, and benevolence, as well as negatively correlated with verbal aggressiveness and narcissism. Compassionate touch was positively correlated with compassion, empathetic concern, perspective taking, emotional intelligence, social expressivity, emotional expressivity, and benevolence, whereas it was uncorrelated with verbal aggressiveness and narcissism. Finally, compassionate messaging was positively correlated with social expressivity, emotional expressivity, and benevolence, and uncorrelated with verbal aggressiveness and narcissism. Correlations also showed that the three types of compassionate communication shared relatively small correlations with one another. These correlations ranged from .18 to .35, as shown in Table 6.

Compassion

The first hypothesis examined the association between compassion and the three subscales of compassionate communication. The results of the regression analysis showed that the predictor variables explained 44% of the variance, $R^2 = .44$, $F(3,452) = 118.56$, $p < .01$. The results also showed that compassionate conversation, ($\beta = .66$, $p < .001$) and compassionate messaging, ($\beta = -.08$, $p < .04$) predicted the trait of compassion, but not compassionate touch ($\beta = .05$, ns). As such, the results provided partial support for H1a, with two of the three forms of compassionate communication demonstrating the predicted positive associations with compassion.

Empathetic Concern

The second hypothesis explored the associations between empathetic concern and the three forms of compassionate communication. The results showed that the compassionate communication predictors explained 29% of the variance, $R^2 = .29$, $F(3,471) = 63.22$, $p < .001$, in empathetic concern. Specifically, compassionate conversation, ($\beta = .52$, $p < .001$) and compassionate touch, ($\beta = .09$, $p < .05$) were positively associated with empathic concern, but compassionate messaging ($\beta = -.07$, *ns*) was not. Thus, H2 was supported by two out of the three forms of compassionate communication.

Perspective-Taking

The third hypothesis predicted that perspective-taking would be positively associated with the three forms of compassionate communication. The regression model was significant, explaining 12% of the variance, $R^2 = .12$, $F(3,473) = 21.20$, $p < .001$. However, only one form of compassionate communication—compassionate conversation ($\beta = .32$, $p < .001$)—emerged as a significant predictor of perspective taking. The associations between perspective taking and both compassionate touch ($\beta = -.04$, *ns*) and compassionate messaging ($\beta = .05$, *ns*) were nonsignificant. Thus, the regression analysis provided limited support for H3.

Emotional Intelligence

The fourth hypothesis predicted that emotional intelligence would be positively associated with the three forms of compassionate communication. The regression analysis revealed that the predictors explained 22% of the variance, $R^2 = .22$, $F(3,396) = 36.36$, $p < .001$. The finding was that only compassionate conversation, ($\beta = .44$, $p < .001$)

predicted emotional intelligence, but not compassionate touch ($\beta = .08$, *ns*) or compassionate messaging ($\beta = -0.04$, *ns*). Therefore, H4 was only supported for one of three forms of compassionate communication.

Social Expressivity

The fifth hypothesis and first research question explored the association between social expressivity and compassionate communication. Specifically, H5 predicted that social expressivity would be positively associated with compassionate conversation and compassionate touch, while R1 asked if social expressivity would be associated (either positively or negatively) with compassionate messaging. The regression analysis showed that the predictors explained 8% of the variance, $R^2 = .08$, $F(3,475) = 13.72$, $p < .001$. In support of H5, compassionate conversation ($\beta = .18$, $p < .001$) and compassionate touch, ($\beta = .17$, $p < .001$) predicted the trait of social expressivity. In response to R1, the relationship between social expressivity and compassionate messaging was nonsignificant ($\beta = -.01$, *ns*).

Emotional Expressivity

The sixth hypothesis and second research question explored the association between emotional expressivity and compassionate communication. H6 predicted that emotional expressivity would be positively associated with compassionate conversation and compassionate touch. R2 asked whether there is an association between emotional expressivity and compassionate messaging. Together, the three forms of compassionate communication explained 8% of the variance, $R^2 = .08$, $F(3,472) = 13.42$, $p < .001$, in emotional expressivity. The analysis further showed was that compassionate touch, ($\beta = .20$, $p < .001$) and compassionate messaging, ($\beta = .09$, $p = .05$) predicted emotional

expressivity, but compassionate conversation did not (β =.08, *ns*). Therefore, H6 was partially supported and R2 was answered in the affirmative.

Benevolence

The seventh hypothesis predicted a positive association between benevolence and the three forms of compassionate communication. The regression analysis was significant, with the predictor variables accounting for 8% of the variance, R^2 =.08, $F(3,464) = 12.98$, $p < .001$. The hypothesis was only partially supported, in that only compassionate conversation (β =.23, $p <.001$) predicted benevolence, whereas compassionate touch (β = .09, *ns*) and compassionate messaging (β = .86, *ns*) did not.

Verbal Aggressiveness

The eighth hypothesis predicted a negative association between verbal aggressiveness and the three forms of compassionate communication. The regression analysis was significant, explaining 9% of the variance, R^2 =.09, $F(3,468) = 14.51$, $p < .001$. There was partial support for the hypothesis, with compassionate conversation (β = -.30, $p < .001$) emerging as a negative predictor of verbal aggressiveness. The finding for compassionate touch was the opposite of what was predicted, with touch emerging as a positive predictor of verbal aggressiveness (β = .11, $p < .03$). The association between verbal aggressiveness and compassionate messaging was not significant (β =.03, *ns*).

Narcissism

The final hypothesis and research question focused on narcissism. The regression model was nonsignificant, R =.11, $F(3,468) = 2.01$, $p > .05$, as were the findings for compassionate messaging (β = .01, *ns*) and touch (β =.01, *ns*). However, there was a

small but significant negative association between narcissism and compassionate conversation ($\beta = -.12$, $p < .02$).

Discussion

The objectives of this study were to determine convergent and divergent (discriminant) validity and to examine how the three forms of compassionate communication are associated with various traits, such as compassion, emotional intelligence, benevolence, and narcissism, when considered together. After examining whether the variables of interest were positively correlated with the subscales of compassionate communication, one can determine which variables may, or may not be traits that overlap with the construct of compassionate communication.

Convergent and Divergent Validity

Several findings provided evidence of construct validity for the various forms of compassionate communication. First, the correlations showed that compassion, empathetic concern, perspective taking, emotional intelligence, social expressivity, emotional expressivity and benevolence were all positively correlated with compassionate conversation, whereas verbal aggressiveness and narcissism were negatively correlated with compassionate conversation. This provides strong evidence for convergent and divergent validity for the construct of compassionate conversation since all of the correlations were as expected. Second, compassionate touch was positively correlated with compassion, empathetic concern, perspective taking, emotional intelligence, social expressivity, emotional expressivity, and benevolence. It was also uncorrelated with verbal aggressiveness and benevolence. This pattern of correlations provides evidence of convergent and divergent validity for the compassionate touch

scale. The correlations also supported for existence of convergent and divergent validity for the compassionate messaging scale. Specifically, social expressivity, emotional expressivity, and benevolence were positively correlated with compassionate messaging, whereas verbal aggressiveness and narcissism were uncorrelated.

Associations between Compassionate Communication and Various Traits

This study also shed light on how the different forms of compassionate communication work together to predict various personality traits and social skills. The findings suggest that the three forms of compassionate communication are distinct because they associate with various traits and social skills in different ways. In some cases, the results from the regression models differed from the results from the correlations. This is because the regression analysis takes into account the correlations between the three types of compassionate communication so that the unique contribution of each variable is estimated.

Compassion, empathetic concern, and perspective-taking. Compassionate people tend to have empathetic concern for others. They also tend to be able to take the perspective of others rather than seeing things only from their own point of view. One of the findings from the regression models was that compassionate conversation predicted the trait of compassion. Communicating compassion during conversations predicts the trait of compassion because a person who is communicating compassionately by attempting to reduce another person's distress may likely possess the trait of compassion (Neff, 2009).

Interestingly, even though compassionate touch was positively correlated with the trait of compassion, it was not a significant predictor of compassion in the regression

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analysis. On the other hand, compassionate touch was associated with the subscale of kindness, but not with common humanity, or mindfulness. This suggests that compassionate touch is not as strongly related to compassion as compassionate conversation, which is different than Dolin and Booth-Butterfield's (1993) findings. Dolin and Booth-Butterfield showed that touch was the top way that people said they would communicate comfort to a roommate who had just experienced a breakup. Perhaps, compassionate touch is used mainly to demonstrate kindness, or mainly concerned with communicating comfort in a kind manner (Dolin & Booth-Butterfield, 1993). Also, when one is comforting another person with touch, one is comforting solely the individual and during this process one may not be thinking about how this person's suffering is also shared with the rest of humanity (Neff, 2003a; Pommier, 2011). In addition, when comforting another person with touch, one might over-identify with another person's emotions instead of remaining mindful about maintaining a balanced emotional state without becoming fatigued by another person's distress, while still comforting another person (Neff, 2003b; Pommier, 2011). Therefore, touch may be associated more with comfort than with compassion. In some ways this makes sense since compassion involves more than just showing comfort, but also communicating empathy, relieving suffering, and withholding judgment—some of which may be better done through verbal than nonverbal messages.

One of the more surprising findings in this study emerged for compassionate messaging as it relates to the trait of compassion. The correlation between compassion and compassionate messaging was non-significant. However, in the regression analysis, compassion was *negatively* associated with compassionate messaging. Taken as a whole,

the regression analysis showed that compassion was related to high levels of compassionate conversation and low levels of compassionate messaging. This may indicate that people who are highly compassionate tend to exhibit compassion in face-to-face settings rather than online.

Another finding was that compassionate conversation and compassionate touch predicted empathic concern, but compassionate messaging did not. These findings are in line with the research on empathy, which suggests that it may be easier to trigger empathy in immediate contexts such as in face-to-face conversations than in mediated settings. This is because there is more depth in face-to-face conversations than in mediated settings (Lin, 2005). Compassionate conversation also emerged as the only predictor of perspective taking in the regression analysis. This result may reflect that perspective taking is mainly a cognitive construct that requires thought and verbal exchange rather than touch.

Social skills. Emotional intelligence, social expressivity, and emotional expressivity all reflect social skill at encoding or decoding messages. Emotional intelligence involves being able to accurately perceive and manage one's own emotions and the emotions of others. This skill may be most relevant in face-to-face contexts and during conversations when people are discussing sensitive or distressing issues. In line with this thinking, compassionate conversation was the only predictor of emotional intelligence in the regression analysis. People who have emotional intelligence may also be skilled in using socially altruistic behaviors such as compassion. For example, communicating compassion in conversations by expressing empathy may help people detect the negative emotions of others during moments of distress.

Social expressivity is the ability to engage other in social interaction, speak spontaneously, and initiate conversation (Riggio, 1986). Both compassionate conversation and compassionate touch were positively associated with social expressivity in the regression analysis. This is interesting given that social expressivity is focused on verbal skills rather than nonverbal skills (Riggio, 1986). Being outgoing and social may not only translate to showing more compassion during conversation, but also to showing more compassion through touch. As such, social expressivity may reflect a form of sociability that is reflected in both verbal and nonverbal communication when compassion is being displayed.

Emotional expressivity, on the other hand, was positively associated with compassionate touch and compassionate messaging. Emotional expressivity is the ability to spontaneously feel and express emotions nonverbally (Riggio, 1986). Given that emotional expressivity is primarily a nonverbal skill, it is not surprising that compassionate touch shared a positive association with this skill. It may be somewhat surprising, however, that compassionate messaging was positively associated with emotional expressivity but compassionate conversation was not. Perhaps a sample of college students, who may be more exposed to the digital age, perceive compassionate messaging in social networking sites such as Facebook as more relevant based on their frequency of use. In other words, today's generation may see computer-mediated communication as a valid and frequently used channel for expressing emotions, with those who are skilled in emotional expressivity likely to express those emotions online.

Benevolence and Verbal Aggressiveness

Benevolence and verbal aggressiveness are two opposing constructs, with benevolence focusing on validating others and verbal aggressiveness focusing on attacking others (Kotowski, et al., 2009). Interestingly, only compassionate conversation was positively associated with benevolence in the regression analysis. Perhaps benevolence is perceived as something that occurs during conversations because it involves validating and supporting others during interaction (Beatty et al., 1999). It may be more difficult to communicate validation with touch than with words. It might also be more difficult to communicate validation and goodwill online compared to face-to-face, in part because a person may not be receiving as much feedback about the types of support and validation a receiver needs.

Verbal aggressiveness, in contrast, was predicted by both compassionate conversation and compassionate touch in the regression analysis. The first of these associations is not surprising in that compassionate conversation was negatively related to verbal aggressiveness. Those who have a predisposition to attack and criticize others should be unlikely to engage in compassionate communication, which involves supporting and building people up rather than tearing them down. What is surprising, however, is that compassionate touch was positively associated with verbal aggressiveness. This finding only emerged in the regression analysis. The correlation between compassionate touch and verbal aggressiveness was nonsignificant. This suggests that compassionate touch only emerges as a positive predictor when considered alongside compassionate conversation. Why might this be the case? Perhaps verbally aggressive people try to counteract their negative verbal communication by using

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nonverbal behaviors such as touch. Or perhaps verbally aggressive people have a tendency to use touch rather than conversation when they want to show compassion because they know that their verbal communication may come across as attacking rather than caring.

Narcissism

Finally, both the correlations and the regression analysis showed that compassionate conversation was negatively associated with narcissism. This is aligned with the literature that suggests that compassion and narcissism are negatively correlated (Neff, 2003). If a person believes that she or he is superior to other people and is focused only the self, then this person may not be interested in expressing compassion toward another person because this would require practicing alter-centrism and altruism, which are skills in the ability to think about serving others' wellbeing. Narcissists typically do not have those skills.

Lastly, the results from this study provide two other pieces of information that support the validity of the Compassionate Communication Scale. First, the scales were not correlated with social desirability. One of the debates about using questionnaires to measure personality traits and skills is that individuals will have a response bias where they overestimate positive attributes (e.g., compassionate communication) about themselves and downplay the negative attributes (e.g., narcissism), which does not necessarily correlate with actual attributes. While the finding that social desirability is not correlated with any of the forms of compassionate communication does not mean that there is zero bias, it does suggest that social desirability was not a major problem in this study. Second, this study provides evidence that the three forms of compassionate are

distinct constructs. The three scales showed only modest correlations with one another, and each type of compassionate communication was correlated (and uncorrelated) in a somewhat different pattern with the various traits included in this study. Compassionate communication was correlated with almost all of the traits (either negatively or positively), and compassionate touch was correlated with most of the traits. Compassionate messaging was correlated with the smallest number of traits, which may mean that it is a more specialized form of compassionate communication.

Implications and Conclusions

Pragmatically speaking, understanding the associations between compassionate communication and various traits is important for a variety of reasons. First, at the individual level, people with autism and Asperger's syndrome may benefit from learning the communication behaviors that are needed to communicate compassion. At the moment, people with autism and Asperger's syndrome are mainly being trained on general sensitivity and expressivity social skills, but they may benefit also from a future compassionate communication and social skill based intervention to help them cope within their relationships (Krasny, Williams, Provencal, & Ozonoff, 2003). Since emotional intelligence, emotional expressivity, and social expressivity are skills related to different forms of compassionate communication, these may be important skills to teach during such interventions. Second, understanding these associations may help promote healthy human relationships such as friendships so that people can learn to practice compassionate communication and social skills in their relationships at the appropriate times. For instance, by communicating with skill and compassion, people might learn to maintain relationships more effectively, or cope better with each other during difficult

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moments in life such as an illness (Rolland, 1994). Third, this association might also help inform some training programs in social fields, such as programs for educators, health practitioners, business owners, and social workers who practice both compassionate communication and social skills to promote civil relationships in other settings.

Most research has treated compassion as an aspect of broader constructs rather than a major construct on its own. For example, compassion has generally been defined as a subdimension of skills such as emotional intelligence, rather than a separate and unique construct (Carrothers, Gregory, & Gallguer, 2000; Starkey & Nussbaum, 2005). The benefit of studying compassion as a separate construct is that one can explore its complexity. While studies such as this one suggest that individuals who act in compassionate ways toward others are indeed socially skilled and possess traits such as empathetic concern, perspective-taking, emotional expressivity, social expressivity, and benevolence, this does not mean that compassion is inseparable from such traits (Carrothers, Gregory, & Gallguer, 2000; Starkey & Nussbaum, 2005). In fact, the findings from this study suggest that these traits are only modestly related to compassionate communication.

Moreover, scholars have not focused on compassionate communication as separate from the broader construct of compassion. Certainly, as noted previously, there are times when people feel compassion for others but do not communicate their feelings. The associations between compassion and the three forms of compassionate communication found in this study certainly suggest this. The correlations showed that compassion was positively associated with compassionate conversation and compassionate touch, but these associations, again, were modest. In the regression

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analysis, a different pattern emerged; compassion was positively associated with compassionate conversation, but negatively associated with compassionate messaging. This shows that people who are highly compassionate may be more likely to use certain types of compassionate communication than others. Certain types of compassionate communication may also be associated with relationship characteristics, such as satisfaction, whereas others might not be. This potential link between compassionate communication and relational satisfaction is addressed in Chapter 4, as is the issue of whether self- and partner-reports of an individuals' compassionate communication are correlated. If they are, then these correlations will provide further evidence for the validity of the Compassionate Communication Scale.

Chapter 4

Cross Validation and Associations with Relational Satisfaction

The study presented in this chapter extends the research reported in Chapters 2 and 3 by providing further evidence of the Compassionate Communication Scale's validity. Specifically, this study focuses on cross-validation and criterion-related validity while also providing information on how the three forms of compassionate communication are associated with relational satisfaction. This is accomplished using a dyadic study where individuals report on their own compassionate communication and relational satisfaction, and then a friend also reports on that person's compassionate communication as well as their own level of relational satisfaction. Cross-validation is tested by determining whether an individual's self-reports of compassionate communication are positively correlated with how a friend perceives that individual to engage in compassionate communication.

The study reported in this chapter also seeks to provide evidence of criterion-related validity. There is evidence of criterion-related validity when a measure (or independent variable) is associated with an outcome variable (or dependent variable) in a logical way. When data on the independent and dependent variables are collected simultaneously, this type of validity is also referred to as concurrent validity. The study reported in this chapter tests concurrent validity by determining if self-reports and perceptions of a partner's compassionate communication are associated with one's own relational satisfaction.

Compassionate Communication and Relational Satisfaction

There are several reasons to believe that compassionate communication is positively associated with relational satisfaction in various types of relationships, including friendships, romantic relationships, and family relationships. The provision of emotional support is a key characteristic of close friendships, with friends expecting one another to be there for them in times of need (Sherrod, 1989; Wright, 1989). People also rate affective skills related to providing support and care as the most valued characteristics in their friends (Burleson, Kunkel, Samter, & Werking, 1996; Burleson & Samter, 1990). Westmyer and Myers (1996) demonstrated that these types of affective skills are especially important in best friendships, and that best friends engage in more affective social support than do casual friends or acquaintances. Since people value being cared for and supported in their friendships, it is likely that compassionate communication is related to satisfaction in friendships.

Although little to no work has examined how emotional support or compassionate communication is associated with relational satisfaction in friendships, research has examined the link between emotional support and satisfaction in romantic relationships. Cutrona (1996) advanced four reasons why emotional support is likely to increase relational satisfaction. First, when a person is distressed, receiving support from a partner will keep the distressed person engaged and prevent her or him from withdrawing from the relationship and becoming isolated. Second, receiving emotional support decreases depression. Third, an emotionally supportive environment fosters productive communication and helps prevent conflict from escalating in relationships. Finally,

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emotional support creates positive emotional experiences that may increase feelings of intimacy and closeness.

A series of studies by Cramer (2004a, 2004b, 2006) have examined the association between supportive communication and satisfaction in romantic relationships. These studies demonstrated that support was a stronger predictor of relational satisfaction than conflict (Cramer 2004a, 2004b). Moreover, Cramer (2004b) investigated whether the effect of support on relational satisfaction was direct, or whether it was mediated by decreased depression or conflict. He found that there was a direct effect for support on relationship satisfaction. In another study, Cramer (2006) examined how six different types of support are associated with relational satisfaction: caring, listening, socializing, practical assistance, financial assistance, and advice/guidance. Caring and listening were conceptualized as forms of emotional support. All six types of social support were correlated with one another and with relational satisfaction, but caring had the most powerful association with relational satisfaction. This is not surprising when considering other work on social support, which has shown that emotional forms of support are often more effective that other types. For example, support attempts that involve giving advice or problem-solving can be perceived as unwanted, unwarranted, intrusive, or as a sign that the caregiver thinks the distressed person is incompetent (Vangelisti, 2009). Support that is caring and compassionate is more likely to be received positively, as is support that is empathetic. Indeed, another study by Cramer and Jowett (2010) showed that perceived empathy, which is a component of compassionate communication, is an important predictor of relational satisfaction.

Given that the caring and empathetic components of emotional support are key characteristics of compassionate communication, it is logical to predict that compassionate communication is also positively associated with relational satisfaction. This prediction is tested within the context of both friendships and romantic relationships to see whether supportive, compassionate communication is not only valued in these relationships, but also related to satisfaction. Because data was collected from pairs of friends and romantic partners, this study also allows an examination of how one's relational satisfaction is associated with one's own self-reports of compassionate communication as well as one's reports of the friend's or romantic partner's compassionate communication. To test this as well as cross-validate the Compassionate Communication Scale, the following hypotheses are advanced, with the term "partner" referring to either a friend or romantic partner:

H1: Self-reports of an individual's compassionate communication (as measured by compassionate conversation, touch, and messaging) are positively associated with a partner's report of that individual's use of compassionate communication

H2: Individuals' self-reports of compassionate communication are positively associated with their own level of relational satisfaction.

H3: Individuals' self-reports of compassionate communication are positively associated with their partner's level of relational satisfaction.

H4: Individuals' reports of their partners' use of compassionate communication are positively associated with their own level of relational satisfaction.

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Method

This study includes a sample of 105 pairs of relational partners involved in friendships or romantic relationships (total *N*= 210). There were 29 romantic partner pairs, 12 cross sex friendship pairs, and 64 same sex friendship pairs. Of the same sex friendships pairs, 47 were female and 17 were male. The ages of the total sample ranged from 18 to 46 and the average age was 21.47. The total sample also included 76 males and 134 females. The total sample included 156 Caucasians, 24 Hispanics, 9 African-Americans, 12 Asian-Americans, 0 Native-Americans, and 9 Other. Participants' relational types were 45 (42.9%) best friends, 31 (29.5%) close friends, and 29 (27.6%) romantic partners.

Procedures

After securing IRB approval, undergraduate students were invited by their instructors to complete a two-tier process study in exchange for extra credit in their courses. These students will be referred to as "participants" in this study. The first part of the process asked these participants to go to a link via SurveyMonkey to complete a questionnaire that asked them demographic questions and questions about their use of compassionate communication in a particular relationship with a friend or romantic partner. Participants also reported their level of satisfaction in that particular relationship. They were asked to create a code which included their initials, birth date, and the last 4 digits of their social security in order to match these questionnaires to their partners' responses. Participants were assured that their responses would be anonymous and that there was no way to link the questionnaires to their identities.

For the second part of the study, participants were asked to invite the friend or romantic partner who they had referenced to complete a separate survey. This person will be called the "partner" in this study. The participants emailed their partners the code they had created along with a link to SurveyMonkey. Upon entering SurveyMonkey, partners were asked to participate in a study about their friend or romantic partner and their relationship with them. The items included a few demographic questions as well as questions about the participant's use of compassionate communication and the partner's level of satisfaction in the relationship. The questions referring to compassionate communication were framed by asking the partners to think about times during their relationship when that they were dealing with a distressing situation, and to recall how their partner communicated with them during these times.

Measures

Compassionate Communication. Compassionate communication was assessed using the Compassionate Communication Scale (CCS) developed in Chapter 2 of this dissertation. Sample items for compassionate conversation include: "Listen with interest when they talk" and "Express sympathy toward their situation." Sample items for compassionate messaging include, "Post a compassionate message on their social networking site (e.g., Facebook)" and "Send an email communicating compassion toward them." Sample items for compassionate touch include "Put my arm around their shoulder" and "Hold their hand." The scale ranges from 1 (almost never) to 5 (almost always), with higher scores representing greater compassion and lower scores representing lower compassion. Participants filled out the original Compassionate Communication Scale for the first part of the study. For the second part of the study, the

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partners filled out a modified version of the Compassionate Communication Scale that was worded to focus on the participant's behavior instead of their own. For example, sample items for the compassionate conversation subscale include: "Listens with interest when I talk" and "Expresses sympathy toward my situation." Sample items for the compassionate messaging subscale include: "Posts a compassionate message on my social networking site (e.g., Facebook)" and "Sends me an email communicating compassion toward me." Sample items for compassionate touch include: "Puts my arm around my shoulder" and "holds my hand." The alpha reliabilities for the scales completed by the participants about their own behavior were .91 for compassionate conversation, .91 for compassionate touch, and .88 for compassionate messaging. The alpha reliabilities for the scales completed by the partners about the participants were .96 for compassionate conversation, .96 for compassionate touch, and .92 for compassionate messaging. Please see Table 11 for the complete partner version of the Compassionate Communication Scale.

   Relational Satisfaction. Relational satisfaction was assessed using a modified 15-item version of Hendrick's (1988) Generic Measure of Relational Satisfaction. The stem asked participants to refer to their relationship with the friend or romantic partner they would invite to take the survey; partners were asked to refer to their relationship with the friend or romantic partner who sent them the link to the survey. Sample items include, "My friend/partner meets my needs," "In general, I am satisfied with our relationship," and "Overall, I am happy to be in a relationship with this person." Participants are asked to indicate whether they strongly disagree (1) to strongly agree (7) with each item.

Analysis and Results

Correlations were conducted to test H1 and determine whether participant's

scores were correlated with partner scores on the compassionate conversation,

compassionate touch, and compassionate messaging subscales. All three of the relevant

correlations were significant (see Table 12). Participants' reports of their own

conversational compassion were positively associated with partner reports of the

participants' conversational compassion, $r = .40$, $p < .001$. Participant self-reports of

compassionate touch were positively associated with partner reports of the participants'

compassionate touch, $r = .36$, $p < .001$. Finally, participants' self-reports of

compassionate messaging was positively correlated with to partner reports of the

participants' compassionate messaging, $r = .28$, $p < .001$. Thus, H1 was fully supported

and evidence for cross-validation was obtained.

H2 predicted that individuals' self-reports of compassionate communication are

positively associated with their own level of relational satisfaction. This hypothesis was

tested using regression analysis, with the participants' self-reports of the three forms of

compassionate communication as the predictor variables, and the participants' relational

satisfaction as the dependent variable. The regression model was significant, with the

predictors explaining 18% of the variance, $R = .42$, $F(3,91) = 6.23$, $p < .001$. The

participants' reported use of compassionate conversation, ($\beta = .44$, $p < .001$) predicted

their own relational satisfaction, but compassionate touch, ($\beta = -.04$, ns) and

compassionate messaging ($\beta = -.14$, ns) did not. Thus, H2 was partially supported.

To test H3, which predicted that the participant's perceived use of compassionate

communication would positively associate with the partner's reported level of relational

satisfaction, another regression analysis was conducted. The participants' self-reports of the three forms of compassionate communication again served as the predictor variables, but this time the partner's reported relational satisfaction served as the dependent variable. The regression model was significant, with the predictors explaining 18% of the variance, $R = .42$, $F(3,88) = 6.23$, $p < .001$. The participants' reported use of compassionate conversation, ($\beta = .44$, $p < .001$) predicted the partner's satisfaction, but compassionate touch, ($\beta = -.04$, ns) and compassionate messaging ($\beta = -.14$, ns) did not. Thus, H3 was partially supported.

H4 predicted that the partner's perceptions of the participant's compassionate communication would be positively associated with the partner's reported level of relational satisfaction. The results from a regression analysis were significant, with the three predictors explaining 8.7% of the variance, $R = .34$, $F(3,88) = 3.9$, $p < .01$. In support of H4, partners were more likely to report being relationally satisfied when they perceived that the participant uses high levels of compassionate conversation ($\beta = .27$, $p < .01$). However, contrary to H4, perceptions that the participant uses compassionate touch ($\beta = -.26$, $p < .02$) were negatively associated with the partner's level of relational satisfaction, and perceptions that the participant uses compassionate messaging were not significantly associated with relational satisfaction ($\beta = -.14$, ns). Therefore, H4 was also partially supported.

Discussion

The dual purposes of this study were to cross-validate the Compassionate Communication Scale by comparing self-reports to partner-reports, and to demonstrate criterion-related validity by showing that compassionate communication is associated

with an outcome variable (in this case, relational satisfaction) in a logical way. In terms of cross-validation, participant and partner reports were positively correlated for all three forms of compassionate communication—conversation, touch, and messaging. This suggests that there is overlap between how people see their own compassionate communication and how others perceive them to use compassionate communication. Thus, this study provided evidence that people can perceive the compassionate communication behaviors of their friends and romantic partners in ways that are at least somewhat consistent with self-reports.

This study also examined whether participants who reported high levels of compassionate communication would tend to be more satisfied with their relationships. As predicted, participant reports of conversational compassion were indeed associated with participant reports of relational satisfaction. This may be because if one is motivated to exert the effort necessary to engage in conversational compassion, then one might care more about the relationship, which can later provide an internal reward to the person giving the compassion in this effortful manner. On the other hand, expressing compassion through touch and messaging might not be as rewarding in these relationships. Perhaps expressing touch might make participants feel the distress of the participants and this might not be a pleasant experience. For instance, even in close relationships, too much compassion through touch might not necessarily be a good thing if it crosses privacy boundaries or is perceived as unwanted or condescending. In addition, perhaps communicating compassion online is not as socially rewarding because the sender does not see the receiver smile or look relieved upon receiving a compassionate message. If the receiver responds to the sender's compassionate message in a delayed fashion without

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as many nonverbal cues, compassionate communication might not impact relational satisfaction as much as it would in face-to-face conversations.

Next, this study examined whether participant's reported use of compassionate communication would be associated with their friend or romantic partner's satisfaction in the relationship. Partners reported more satisfaction when the participant reported using high levels of compassionate conversation, which suggests that friends and romantic partners may prefer these methods of communication. The participants' reported use of compassionate messaging or compassionate touch, on the other hand, was not associated with the partner's perceptions of relational satisfaction. This may be because friends and romantic partners are more satisfied when participants use more immediate ways of communicating, such as through face-to-face conversations, compared to a somewhat less immediate online setting such as Facebook or email (Bryant & Marmo, 2010).

The final hypothesis predicted that people would be more relationally satisfied when they perceived their partner to use high levels of compassionate communication. The results for this hypothesis were mixed and were dependent on the type of compassionate communication. People did report more satisfaction when their partner reported using more compassionate conversation. This suggests that people value and appreciate their partners' displays of caring, concern, and empathy. However, people tended to report *less* relational satisfaction when they perceived that their partner used high levels of compassionate touch. One reason for this might be that sometimes compassionate touch is not wanted and may be perceived as invasive depending on the type of distressing event (e.g., physical pain due to cancer) and individuals may prefer physical distance (Peterson et al., 2007). Another reason is that touch may also be

affected across other factors such as relational type and sex (Sorensen & Beatty, 1988).

For example, women's attitudes toward an initiator's touch in cross-sex relationships may

be less favorable for women than for men depending on the stage of relationship with that

person (Guerrero & Andersen, 1994).

Conclusion

Overall, this study provided cross-validation for the Compassionate

Communication Scale by showing that self- and partner-reports were correlated across all

three forms of compassionate communication. This study also demonstrated criterion-

related validity for compassionate conversation. People reported being more relationally

satisfied when they perceived themselves to use high levels of compassionate

conversation, when they perceived their partner to use high levels of compassionate

conversation, and when their partner reported using high levels of compassionate

conversation. Compassionate touch, on the other hand, was not positively associated with

relational communication in any of the regression analyses, and was *negatively* associated

in one case. Specifically, people reported more relational satisfaction when they

perceived that their partners used high levels of compassionate conversation and low

levels of compassionate touch. Perhaps touch alone is not very effective at alleviating

suffering or distress, so the best combination is low levels of touch coupled with

conversation that communicates caring, empathy, and concern without judgment. Touch

can communicate caring, but it cannot provide validation or demonstrate a lack of

criticism the same way that words can. Some touch may even be unwanted or perceived

as condescending. Similarly, compassionate messaging was not related to relational

satisfaction in any of the regression analyses. Communicating compassion may simply be

more effective in face-to-face contexts than online. Overall, it appears that of the three

forms of compassionate communication, compassionate conversation is the one that is

most related to relational satisfaction.

Chapter 5

General Discussion

The primary objective of this series of studies was to develop and provide evidence of validity of an instrument to measure compassionate communication in relationships. The development of this instrument facilitates the process of understanding how people communicate compassion to others who are in distress, which can be associated with the person's social skills and individual traits. A secondary and related objective of this dissertation was to determine how compassionate communication is associated with a variety of traits, such as perspective-taking, emotional intelligence, and narcissism, as well as relational satisfaction. For a complete summary of the predictions and whether the findings from this study were supportive (indicated by "yes"), non-supportive (indicated by "no") or in the opposite direction as predicted (indicated by "opposite"), please see Tables 8, 9, and 10. The studies reported in Chapters 3 and 4 of this dissertation examine these relationships. By doing so, these studies not only provide information about the types of people who are likely to use compassionate communication, but they also provide evidence of convergent, divergent, and criterion-related validity. Chapter 4 also cross-validates the Compassionate Communication Scale by showing that a person's self-reports of compassionate communication are correlated with partner-perceptions of that person's use of compassionate communication. This chapter will highlight the general findings across all of these studies and then discuss limitations and ideas for future research.

The Compassionate Communication Scale

After conducting a qualitative pilot study to identify the ways people communicate compassion, three follow-up studies using exploratory factor analysis were conducted. These studies, which used different college-age samples, provided support for three factors that represent different forms of compassionate communication: compassionate conversation, compassionate messaging, and compassionate touch. The first exploratory factor analysis yielded a three factor solution containing conversation, messaging, and touch. The second exploratory factor analysis yielded a four factor solution that included messaging and touch, but split compassionate conversation into emotionally- and instrumentally-focused forms of compassionate conversation. Finally, the third exploratory factor analyses yielded the cleanest three factor solution (conversation, touch, and messaging) with scale items that were more representative of the elements of compassionate communication.

The compassionate communication scale can be a valuable instrument for continuing to refine the study of communicative properties of compassion. The goal of this study was met, which was to develop a scale that will measure compassionate communication, when none previously existed. From the studies, it was shown that compassionate communication is not a unidimensional construct, but rather a multidimensional construct as suggested by other scholars (e.g., Neff, 2003; Pommier, 2011). The series of studies suggest that there are multiple ways to communicate compassion, which can be through face-to-face and/or online settings. In face-to-face settings, several scales emerged. In the first and third study, the conversational compassion subscale was predominant. In the second study, the conversational

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compassion subscale split into the instrumental and emotional elements of compassion. The validity of the compassionate conversation scale also received strong support in the correlational studies and also in the partner study, which provided evidence of construct validity. Based on the general findings across the studies, conversational compassion corresponds best with how people most likely communicate compassion in their close relationships.

Another form of compassionate communication focuses on sending messages in online settings. While the series of studies showed that this was the weaker scale in terms of its correlations with other similar and dissimilar constructs, the scale still shows merit for future exploration. As already mentioned, this suggests that compassion is present in online settings via Facebook, email, and other computer-mediated channels, but those with the trait of compassion may prefer communicating compassion through conversation or touch in face-to-face settings. From this subscale we also learned that communication technology is an area where compassion still needs further exploration. This project highlights the need to continue to explore compassionate messaging with different samples and in different technological spaces (e.g., medical blogs; trauma networking sites). This study only commenced the investigation of compassion in online settings; there is still much work to be done to determine how compassion in communicated based on variables such as type of social networking site, type of website, age of respondents, degree of online access, and online literacy, which may affect whether some people opt out of communicating compassionately in the digital age.

The tactile form of communicating compassion also emerged across all studies and this subscale has partial validation support. These studies commenced the study of

how compassion can be communicated via touch. From the final scale, it appears that certain areas came out in terms of places where it is most appropriate to touch a distressed person in when showing compassion (e.g., arm, hand, shoulder, back). Given that previous items were not retained in terms of places to touch (e.g., kiss them; hug them), these findings suggest that the type of touch does matter as does which body is touched. There are still gaps to fill in terms of compassionate touch. For instance, it is still not known whether compassionate touch is a process rather than a series of behaviors. Another scale with the tactile component has suggested that touch is an important way to express affection in relationships (Floyd & Morman, 1998). The compassionate touch scale also reveals that this merits future exploration on this domain.

At a basic level, the studies show that scholars can eventually operationalize the "immeasurable," which is compassionate communication, or one of the most difficult constructs to measure because of its complexity (Kraus & Sears, 2009). However, the Compassionate Communication Scale reported in this dissertation should be viewed as a work in progress rather than a final product. One reason for this was that it was challenging to obtain confirmatory factor analysis support across samples at this point. There are three reasons for this. First, the initial scale tested in Follow-Up Study 1 had many items and it became a process to eliminate and add items that best fit the definition of compassionate communication. Second, given that there is no theory associated with compassionate communication at this point, the confirmatory factor analysis process is much more difficult and tentative. Third, although there are other measures of compassion (e.g., Neff, 2003a; Pommier, 2011), there are no other measures of compassionate communication to help compare theoretically-based hypotheses that may

be more likely to be supported by confirmatory factor analysis. While the final scale in this exploratory investigation is much more refined, this scale will need further examination and validation using confirmatory factor analysis in the near future to determine if it still needs further refinement, or if it will produce a 'good fit' as it is. While the operationalization of compassion is still evolving, in can still change in the near future because the more scholars study compassionate communication, the more they are likely to uncover its far-reaching complexity.

Compassionate Communication and Associated Traits

One of the efforts of this study has also been to validate the Compassionate Communication Scale by examining related and dissimilar constructs. Previous studies have suggested that compassion has elements of kindness, common humanity, and mindfulness (Neff, 2003a; Pommier, 2011). In addition, compassion has elements of sympathy, empathy, emotional and social support (Liben, 2011; Wei, Liao, Ku, & Shaffer, 2011; Rousseau, 2004; Jones & Guerrero, 2001; Jones, 2004). Correlations showed that compassionate conversation is positively related to similar constructs (e.g., emotional intelligence, empathic concern) and negatively related to dissimilar constructs (e.g., verbal aggressiveness; narcissism). Another finding was that compassionate messaging is aligned with similar constructs (e.g., social expressivity; empathic concern), but not with dissimilar constructs (e.g., verbal aggressiveness, narcissism). Compassionate touch was also aligned with similar constructs (e.g., compassion, emotional intelligence, benevolence) and a dissimilar construct (e.g., verbal aggressiveness). These findings generally provide support for delineating what may and may not be associated with the different types of compassionate communication. The

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three compassionate communication scales all have in common that they express compassionate communication in their specific channel of communication.

However, there are some differences as well. Compassionate conversation was associated with the most traits, followed by compassionate touch. But compassionate touch did not always operate as expected. In the study reported in Chapter 3, compassionate touch was positively rather than negatively associated with verbal aggressiveness when entered alongside compassionate conversation. This shows that it is important to look at the three forms of compassion communication together rather than in isolation. It also suggests that verbally aggressive individuals might have trouble being compassionate during conversation, perhaps because of their tendency to attack and judge others. Touch may be a better alternative for communicating compassion in this case. Finally, compassionate messaging was associated with the least traits, but those it was associated with were in the predicted directions. This may reflect that it takes less skill to send a compassionate message via a computer-mediated channel, or that there is simply less variation in compassionate messaging based on traits.

Compassionate Communication and Relational Satisfaction

The cross-validation effort supported the Compassionate Communication scale. One of the strengths of this study was that it was able to provide support across self-report scores and friend-report scores on individuals' scores on the Compassionate Communication Scale. Interestingly, Pommier's (2011) Compassion Scale has not yet obtained this evidence for Other-Compassion by obtaining other-report methods of someone who personally knew them (e.g., close friend) as possessing those compassionate traits. Based on the significant correlations across samples, the

Compassionate Communication Scale has gained support that both individuals and their partners may be reporting on the same construct.

Additionally, the criterion validation effort demonstrated partial support for the Compassionate Communication Scale and relationship satisfaction. Similar to Neff's (2012) finding that self-compassion can be associated with the outcome of relational satisfaction in romantic relationships; the Compassionate Conversation Subscale was also associated with relational satisfaction when individuals are communicating compassionately, and when one is receiving compassionate communication. This finding may prompt future research to confirm this finding to investigate whether friends and romantic partners who are compassionate towards each other are indeed happier, or more satisfied than those who do not communicate compassionately. Given that this finding holds promise for future research, other relational outcome variables should also be explored such as relational commitment, relational quality, relational closeness, and relational trust.

On the other hand, compassionate touch and compassionate messaging were not found to be associated with relational satisfaction as originally predicted. One of the questions that remain unanswered is the reason why compassionate touch and compassionate messaging did not associate with relational satisfaction. This suggests that perhaps more qualitative methods should explore this question by engaging participants in deep interviewing techniques and also focus groups to determine why this is the case, and also some quantitative observational method techniques should be employed to determine whether participants' reports of relational satisfaction might change right after being touched (or touching someone), or receiving compassionate messages online (or

sending compassionate messages online) from one's partner. Generally, these different approaches of studying compassionate communication might help further explain the gap that was uncovered from the findings of this study, which suggests that much work remains in understanding compassionate touch and compassionate messaging.

Limitations, Strengths, and Future Directions

This study has several limitations should be discussed, all of which can help guide and improve future studies. First, although there was an attempt at using cross-sample studies amongst university students by surveying students in different classes at the upper- and lower-division level, using a population of solely college students impacts the generalizability of these findings. College students are often used as a convenient sample by researchers and it is a good way to commence an instrument, especially in the case of compassionate communication since college students are often dealing with issues related to stress, homesickness, relational breakups, and so forth, but more diversity is needed in future samples. Second, this study relied on self-report measures for several of the studies, which can often be biased. Although precautions were taken such as collecting information on social desirability bias and using participants' friends and romantic partners to cross-validate possibilities of biases; self-report measures are still a limitation. Seeing how people communicate compassionate in real-life settings or experimental situations would provide additional information on how people actually communication compassion. Third, no causal relationships can be derived from this study. Given that this study used a series of correlations and that data were collected at the same time, the findings can only reveal that variables are associated with one another. Why they are associated and in what direction are questions left for future research to determine.

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Fourth, the three compassionate communication subscales still need to be assessed for test-retest reliability to further provide support for internal validity. Fifth, the final scales still need support from confirmatory factor analysis, which can help validate the final factor structure found in this exploratory project. Sixth, after confirmatory factor analysis, the scales need to be tested for method effects by finding out whether responding to the compassionate communication via paper, interview, or through an online questionnaire produce different respondent results. Seventh, the scales also need additional construct validity and divergent validity after obtaining confirmatory factor analysis support. Overall, these limitations can be overcome by continuing the validation process of this initial scale.

Despite these limitations, this project also offers several strengths. First, the project consisted of multiple steps and methods in the development of a new scale for measuring compassionate communication. For instance, the items of the scale were originally developed employing qualitative methods by obtaining participant's written responses to an open statement, which reduced researcher bias. Then, the items were examined quantitatively using a series of exploratory analysis, which eliminated unessential scale items that failed to load on particular factors, and finally, yielded the three factors of compassionate conversation, compassionate messaging, and compassionate touch. Using both qualitative and quantitative approaches strengthened the validity of the items.

Second, the correlational study provided initial validation for the measures and showed the greatest support for compassionate conversation scale, which suggests that this factor had strong internal and external validation support. The validation strength of

the compassionate conversations scale suggests that this can lead to future studies of association with other social skills traits such as listening.

Third, the sample sizes across studies were adequate for the investigations that were conducted. Adequate sample sizes allow for the proper interpretation of data to effectively explore the hypotheses that were analyzed using the exploratory factor analyses and correlational methods.

Fourth, the alpha reliabilities of the main scales (e.g., compassion) were adequate given that these scales were already established by previous researchers. The reliabilities for the subscales of the new compassionate communication scale ranged from very good to excellent.

Fifth, the cross-validation study provided support for a significant association between an individual's scores and a partner's scores on the compassionate communication scale. This provides evidence that the Compassionate Communication Scale (e.g., compassionate conversation, compassionate touch) is measuring something that is at least partially observable by a partner. The cross validation study also reduced the possibility bias by ruling out common method variance when showing the one person's report of compassionate communication was associated with another person's report of relational satisfaction. Indeed, the criterion-validation study showed that using compassionate conversation does impact relational satisfaction of themselves and their partners, which suggests that this area should be further explored.

Lastly, participant bias was not apparent given that the compassionate communication scales did not correlate with the social desirability scale. These strengths

highlight that this project is useful and it is a good initiation of the validation of the compassionate communication scale.

The limitations of this study discussed earlier can also be addressed in future research. To improve generalizability, researchers can study compassionate communication across samples from different universities. For example, future studies need to validate this scale across universities and colleges from the West, South, Central, and East part of America. Doing so might provide evidence of validity and generalizability across samples of college students located in different geographical locations. Another study might be to explore whether compassionate communication would help university students who are experiencing difficulty getting along with their roommates, professors, or other classmates.

Future studies can also explore non-university samples that are known to be trained in compassion, or need compassion. For example, in hospices and cancer hospitals, there are many doctors, nurses, and staff who may be already engaging in compassionate communication with their patients who are in distress due to their illness. Likewise, the patients may prefer certain types of compassion versus others. Perhaps compassionate touch might be too evasive. Or, perhaps there are other types of compassionate compassion that still need to be found. Another interesting sample is marital counseling for spouses who are caregivers of a terminally-ill spouse. If researchers examined how compassion is communicated in these types of marriages that are in distress, then we might discover whether compassion is useful.

While the final study in this dissertation focused on compassionate communication in friendships and romantic relationships, other relational types still need

to be explored. For instance, compassionate communication could function differently in other dyads such as parent-child relationships, workplace relationships, and sibling relationships. Future studies may explore whether compassionate communication would be better received in one relational type versus another. Maybe compassionate communication is communicated differently in friendship relationships than in romantic relationships. Compassionate touch may be most appropriate in close relationships. Compassionate messaging may be enough in some relationships, but not in others. Future studies will need to verify if these speculations are true or not.

Future studies may also focus on providing more construct validation. Researchers may follow Cote, Buckley, and Best's (1987) recommendations of overcoming the specific limits of a single method, such as confirmatory factor analysis, multi-trait multimethod, and analysis of variance by assessing all three methodologies in combination to gather the best set of support for construct validity. For instance, the multi-trait multimethod approach provides construct validity by obtaining scores from self-report questionnaires, friendship assessments, and interviewer assessments (Furr & Bacharach, 2008) Conducting a confirmatory factor analysis alongside other methods can provide substantial support of validity for the Compassionate Communication Scale. While the series of studies reported in this dissertation were mainly exploratory, future studies should invest in rigorous validation techniques that can further refine this scale.

In addition, future studies should continue to assess how compassionate communication is related to other interpersonal constructs. For instance, researchers could examine if compassionate conversation, compassionate touch, and compassionate messaging predict constructs of closeness, attraction, trust, and commitment. Additional

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studies should continue to examine relational satisfaction given that this study found that it was associated with conversational compassion, and, in some cases, negatively associated with compassionate touch. There were also some differences based on whose perspective was taken into account. For example, when people perceived their partner to use high levels of compassionate conversation and low levels of compassionate touch, they reported high levels of satisfaction. However, one partner's report of compassionate touch was not a significant predictor of the other partner's level of satisfaction. Thus, perceptions may be especially important when looking at how compassionate communication is associated with relational outcomes such as satisfaction and closeness.

Lastly, the use of compassionate communication should be examined using communication and psychology theories as organizing frameworks. For example, Attribution Theory (Heider, 1958) may help determine when individuals would be more likely to communicate compassion under what circumstances. In general, people may be more willing to provide compassionate communication when they attribute a distressed person's suffering to external rather than internal causes. Another relevant theory may be Impression Management Theory (Berger & Calabrese, 1975), which can help determine if people use compassionate communication as a way to make themselves look good during other people in moments of distress. Face Management Theory and Social Politeness Theory may be relevant in that after a face threatening event that is distressing (e.g., illness; job loss; death) a person may want to preserve their positive face needs to remained liked by other people, and thus, those who are comforting them by communicating compassionately toward them (e.g., listen with interest when they talk; display interest in their issues) are displaying other-face concerns, which helps persons in

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distress maintain a positive face (Goffman, 1967; Brown & Levinson, 1987; Cupach & Metts, 1994). Overall, the field of communication can offer a lot of additional ways to study compassionate communication using communication theories.

Conclusion

The effort put forth to develop an instrument to measure compassionate communication is worthwhile. The call for future investigation continues. Future studies need to continue the process of validating the compassionate communication scale and assessing its relationship to other interpersonal communication and social skills constructs. This 23-item instrument may assist future researchers who are interested in compassion and compassionate communication. They now have a validated scale instead of having to create items from scratch like other scholars have. These studies can be useful in the field of communication and other interdisciplinary areas such as health, psychology, and sociology. Work in this area may also help people understand the Dalai Lama's recommendation that:

> "If you want others to be happy, practice compassion. If you want to be happy, practice compassion." – Dalai Lama

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Table 1

Pilot Study Items and Number of Respondents

Scale Items	Respondents Per Item
1. Hug them	49
2. Listen with interest when they talk	27
3. Make frequent phone calls to see how they're doing	19
4. Support him or her emotionally the best I can	13
5. Smile at them	13
6. Let them know that I love them	13
7. Express sympathy toward their situation	12
8. Post a positive message on their Facebook wall	10
9. Give them small gifts that I know they like	10
10. Let them know that I care about them	9
11. Offer to give advice if they want me to	9
12. Empathize with them by trying to understand their feelings or emotions	8
13. Cry with them	7
14. Pat them on the back	6
15. Send them an email letting them know that I am thinking of them	6
16. Listen without judging	6
17. Make them food	6
18. Send cards	6
19. Text them to just check up on them to make sure they are alright	5
20. Try to make them laugh	5
21. Be there for them when they need me	4
22. Hold their hand	4
23. Send them encouraging text messages	4
24. Give them lots of eye contact so they know I am listening to them	4
25. Listen to their whole story	4
26. Share a story that is related to their situation	4
27. Ask them why they got into that situation	3
28. Hang out with them	3
29. Touch them on their arm	3
30. Lighten the situation	3
31. Offer alternative solutions to the problem being faced when asked to do so	3
32. Offer to help get through this tough time	3
33. Reassure them that it is not their fault	3
34. Compliment them on their strengths	3
35. Let them pour their feelings or concerns out to me	3

36. Help them if they request assistance   3
37. Offer to help them   3
38. Touch their shoulder   3
39. Wish them good thoughts   2
40. Try to keep their mind off things   2
41. Let them know that it is okay to cry   2
42. Let them know that I will be there if they need me   2
43. Let them know that I will listen if they need to talk   2
44. Send them a supportive private message on their Facebook   2
45. Encourage them to vent out their frustrations   2
46. Do favors for them even though I'm not asked   1
47. Let them know that I feel bad that they are going through a tough time   1
48. Invite them out for lunch   1
49. Show agreement by nodding my head when they speak   1
50. Let them know that I am grateful for having them in my life   1
51. Do something fun with them   1
52. Let them know that they are not alone   1
53. Reassure them that everything will be alright   1
54. Reassure them that they are strong enough to handle this   1
55. Let them know that I believe in them   1
56. Let them know that I will keep them in my thoughts   1
57. Remind them that everyone goes through tough times   1
58. Let them know that I will stick by them no matter what   1
59. Call them to just check up on them to make sure they are alright   1
60. Forgive them if they did something wrong   1
61. Spend time with them even when I am busy   1
62. Display interest in their issues   1
63. Offer to help them with anything they need   1
64. Send them a message with an inspirational quote   1
65. Try to relate to their situation   1

Table 2

Item & Factor Loading Results for Pilot Study

Item	Load	α	*M*	*SD*
Compassionate Conversation		0.96	4.13	0.67
Lighten the situation	0.66			
Let them know that I will be there if they need me	0.8			
Show agreement by nodding my head when they speak	0.68			
Let them know that I will listen if they need to talk	0.82			
Reassure them that everything will be alright	0.74			
Listen without judging	0.66			
Offer alternative solutions to the problem being faced when asked to do so	0.73			
Let them pour their feelings or concerns out to me	0.73			
Help them if they request assistance	0.78			
Support him or her emotionally the best I can	0.86			
Offer to help them	0.77			
Listen with interest when they talk	0.82			
Empathize with them by trying to understand their feelings or emotions	0.79			
Express sympathy toward their situation	0.75			
Try to relate to their situation	0.63			
Give them lots of eye contact so they know I am listening to them	0.7			
Display interest in their issues	0.83			
Listen to their whole story	0.84			
Offer to help them with anything they need	0.82			
Allow them to vent out their frustrations	0.71			
Compassionate Touch		0.85	2.97	1.01
Touch them on their arm	0.6			
Hold their hand	0.73			
Touch their shoulder	0.69			
Pat them on the back	0.67			
Compassionate Messaging		0.85	2.64	0.98
Send cards	0.56			
Send them an email letting them know that I am thinking of them	0.71			
Send them a supportive private message on their Facebook	0.71			
Post a positive message on their Facebook wall	0.67			
Make frequent phone calls to see how they're doing	0.59			
Send them a message with an inspirational quote	0.72			

Table 3

Item & Factor Loadings for the Four Subscales of CCS

Item	Load	α	*M*	*SD*
Instrumental Compassionate Conversation		0.89	4.27	.64
Let them know that I will be there if they need me	0.84			
Let them know that I will listen if they need to talk	0.80			
Let them pour their feelings or concerns out to me	0.56			
Help them if they request assistance	0.77			
Support him or her emotionally the best I can	0.66			
Offer to help them	0.59			
Offer to help them with anything they need	0.70			
Text them to just check up on them to make sure they are alright	0.54			
Emotional Compassionate Conversation		0.87	4.18	.66
Listen with interest when they talk	0.55			
Empathize with them by trying to understand their feelings or emotions	0.76			
Express sympathy toward their situation	0.76			
Try to relate to their situation	0.68			
Display interest in their issues	0.55			
Compassionate Touch		0.91	2.75	.97
Touch them on their arm	0.72			
Hold their hand	0.70			
Touch their shoulder	0.81			
Pat them on the back	0.71			
Rub their shoulders	0.78			
Put my arm around their shoulder	0.81			
Touch their back	0.84			
Compassionate Messaging		0.82	2.55	.92
Send them a supportive private message on their social networking site (e.g., Facebook)	0.85			
Post a positive message on their social networking site (e.g., Facebook)	0.81			

Table 4

Item & Factor Loadings for the Three Subscales of
the CCS

Item	Loading	α	*M*	*SD*
Compassionate Conversation		0.91	4.23	.61
Let them know that I will be there if they need me	0.55			
Let them know that I will listen if they need to talk	0.67			
Listen with interest when the talk	0.77			
Empathize with them by trying to understand their feelings or emotions	0.82			
Express sympathy toward their situation	0.72			
Let them pour their feelings or concerns out to me	0.61			
Support him or her emotionally the best I can	0.69			
Try to relate to their situation	0.62			
Display interest in their issues	0.72			
Compassionate Touch		0.91	2.8	.93
Touch them on their arm	0.70			
Hold their hand	0.66			
Touch their shoulder	0.77			
Pat them on the back	0.73			
Rub their shoulders	0.84			
Put my arm around their shoulder	0.84			
Touch their back	0.87			
Compassionate Messaging		0.88	2.46	.93
Send them a supportive private message on their social networking site (e.g., Facebook)	0.67			
Post a positive message on their social networking site (e.g., Facebook)	0.80			
Send a supportive email	0.64			
Send an email communicating compassion toward them	0.63			
Post a compassionate message on their social networking site (e.g., Facebook)	0.86			
Reply to their social networking posts in a compassionate way	0.81			
Reply to their emails in a compassionate way	0.59			

Table 5

The Compassionate Communication Scale (Self-Report Version)
_____
Directions: The following statements describe ways people behave when someone they
know is dealing with a difficult situation in their lives. Please indicate the degree to
which you believe the statement applies to you when you are being compassionate
toward people who are close to you, such as a good friend. Please use the following 5-
point scale:

1 = never; 2 = rarely; 3 = sometimes; 4 = often; 5 = very often

				Very
Never				**Often**
1	**2**	**3**	**4**	**5**

When a friend of mine is distressed about something I tend to:

1. let me know that he or she will be there for me when I need a friend
2. let me know that he or she will listen if I need to talk
3. listen with interest when I talk
4. touch me on my arm
5. hold my hand
6. touch my shoulder
7. pat me on the back
8. empathize with me by trying to understand my feelings or emotions
9. express sympathy toward my situation
10. let me pour my own feelings or concerns out to him or her
11. send me a supportive private message on my social networking site (e.g.,
    Facebook)
12. post a positive message on my social networking site (e.g., Facebook)
13. send me a supportive email
14. send me an email communicating compassion toward me
15. support me emotionally the best he or she can
16. try to relate to my situation
17. display interest in my issues
18. rub my shoulders
19. put his or her arm around my shoulder
20. touch my back
21. post a compassionate message on my social networking site (e.g., Facebook)
22. reply to my social networking posts in a compassionate way
23. reply to my emails in a compassionate way

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Note. Compassionate Conversation (1, 2, 3, 8, 9, 10, 15, 16, 17); Compassionate Touch (4, 5, 6, 7, 18, 19, 20); and Compassionate Messaging (11, 12, 13, 14, 21, 22, 23).

Table 6

Descriptive Statistics and Intercorrelations of CCS Variables

Measure	1	2	3
1. Compassionate Conversation			
2. Compassionate Touch	.24**		
3. Compassionate Messaging	.18**	.35**	
M	4.23	2.8	2.46
SD	0.61	0.93	0.93

Note. *p<0.05, **p<0.001.

Table 7

Descriptive Statistics and Intercorrelations of Trait Variables

Measure	1	2	3	4	5	6	7	8	9	10	11	12	13
1. CC	-												
2. CT	.24**	-											
3. CM	.18**	.35**	-										
4. C	.67**	.18**	0.06	-									
8. EC	.54**	.18**	0.06	.69**	-								
9. PT	.34**	.13**	.11**	.45**	.53**	-							
10. EI	.48**	.16**	0.05	.53**	.45**	.41**	-						
11. SE	.23**	.22**	.09*	.17**	.15**	.113**	.49**	-					
12. EE	.15**	.25**	.18**	0.06	0.06	.11**	.36**	.68**	-				
13. B	.27**	.15**	.11*	.30**	.35**	.47**	.37**	.15**	.18**	-			
14. VA	-0.26**	0.05	0.03	-0.46**	-0.45**	-0.36**	-0.14**	0.14**	.15**	0.25**	-		
15. N	-0.12**	-0.02	0.02	-0.25**	-0.19**	-0.17**	-0.1*	0.01	0.15**	0.03	.46**	-	
16. SD	-0.02	0.02	0.1	-0.04	-0.01	0.15	-0.06	-0.03	0.03	.17**	-0.11**	-0.09*	-
M	4.23	2.8	2.46	3.85	2.62	.24	3.75	3.08	2.83	3.24	2.6	2.95	1.42
SD	.61	.93	.93	.54	.66	.63	.52	.94	.61	.56	.72	.60	.19

Note. CC = Compassionate Communication; CT = Compassionate Touch; CM = Compassionate Messaging; C = Compassion;
EC = Empathic Concern; PT = Perspective-Taking; EI = Emotional Intelligence; SE = Social Expressivity; EE = Emotional Expressivity;
B = Benevolence; VA = Verbal Aggressiveness; N = Narcissism; SD = Social Desirability.

Table 8

Predicted Associations Supported by Correlations and Regression for CC

Predicted Associations	Supported by Correlational Results?	Supported by Regression Results?
	Yes, No, or Opposite	Yes, No, or Opposite
Compassion is positively associated with compassionate conversation.	YES	YES
Empathic concern is positively associated with compassionate conversation.	YES	YES
Perspective-taking is positively associated with compassionate conversation.	YES	YES
Emotional intelligence is positively associated with compassionate conversation.	YES	YES
Social expressivity is positively associated with compassionate conversation.	YES	YES
Emotional expressivity is positively associated with compassionate conversation.	YES	NO
Benevolence is positively associated with compassionate conversation.	YES	YES
Verbal aggression is negatively associated with compassionate conversation.	YES	YES
Narcissism is negatively associated with compassionate conversation.	YES	YES

Table 9

Predicted Associations Supported by Correlations and Regression for CM

Predicted Associations	Supported by Correlational Results?	Supported by Regression Results?
	Yes, No, or Opposite	Yes, No, or Opposite
Compassion is positively associated with compassionate messaging.	NO	YES
Empathic concern is positively associated with compassionate messaging.	NO	NO
Perspective-taking is positively associated with compassionate messaging.	YES	NO
Emotional intelligence is positively associated with compassionate messaging.	NO	NO
Social expressivity is positively associated with compassionate messaging.	YES	NO
Is emotional expressivity associated with compassionate messaging?	YES	YES
Benevolence is positively associated with compassionate messaging.	YES	NO
Verbal aggressiveness is negatively associated with compassionate messaging.	NO	NO
Is narcissism negatively associated with compassionate messaging?	NO	NO

Table 10

Predicted Associations Supported by Correlations and Regression for CT

Predicted Associations	Supported by Correlational Results?	Supported by Regression Results?
	Yes, No, or Opposite	Yes, No, or Opposite
Compassion is positively associated with compassionate touch.	YES	NO
Empathic concern is positively associated with compassionate touch.	YES	YES
Perspective-taking is positively associated with compassionate touch.	YES	NO
Emotional intelligence is positively associated with compassionate touch.	YES	NO
Social expressivity is positively associated with compassionate touch.	YES	YES
Emotional expressivity is positively associated with compassionate touch.	YES	YES
Benevolence is positively associated with compassionate touch.	YES	NO
Verbal aggressiveness is negatively associated with compassionate touch.	NO	OPPOSITE
Narcissism is negatively associated with compassionate touch.	NO	NO

Table 11

The Compassionate Communication Scale (Partner-Report Version)
_____
Directions: For the following questions please think of the person who you are participating in this study with and how that person behaves when you are distressed about something in your life. Please think about the degree to which you believe each of the following statements applies to how YOUR FRIEND OR PARTNER acts toward you when you are distressed about something. Please use the following 5-point scale:

1 = never; 2 = rarely; 3 = sometimes; 4 = often; 5 = very often

				Very
Never				**Often**
1	**2**	**3**	**4**	**5**

When I am distressed about something my friend or partner tends to:

1. let me know that he or she will be there for me when I need a friend
2. let me know that he or she will listen if I need to talk
3. listen with interest when I talk
4. touch me on my arm
5. hold my hand
6. touch my shoulder
7. pat me on the back
8. empathize with me by trying to understand my feelings or emotions
9. express sympathy toward my situation
10. let me pour my own feelings or concerns out to him or her
11. send me a supportive private message on my social networking site (e.g., Facebook)
12. post a positive message on my social networking site (e.g., Facebook)
13. send me a supportive email
14. send me an email communicating compassion toward me
15. support me emotionally the best he or she can
16. try to relate to my situation
17. display interest in my issues
18. rub my shoulders
19. put his or her arm around my shoulder
20. touch my back
21. post a compassionate message on my social networking site (e.g., Facebook)
22. reply to my social networking posts in a compassionate way
23. reply to my emails in a compassionate way

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Note. Compassionate Conversation (1, 2, 3, 8, 9, 10, 15, 16, 17); Compassionate Touch (4, 5, 6, 7, 18, 19, 20); and Compassionate Messaging (11, 12, 13, 14, 21, 22, 23).

Table 12

Reporting Descriptive Statistics and Intercorrelations of Variables

Measure	1	2	3	4	5	6	7	8
1. Compassionate Conversation								
2. Compassionate Touch	.39**							
3. Compassionate Messaging	.20*	.41**						
4. Compassionate Conversation-F	.40**	.38**	.21*					
5. Compassionate Touch-F	0.01	.36**	-0.02	.19*				
6. Compassionate Messaging-F	0.04	0.06	.28**	.32**	.32**			
7. Relational Satisfaction	.38**	0.08	-0.06	.28**	-0.21	-0.03		
8. Relational Satisfaction -F	.39**	.24*	0.01	.66**	-0.12	0.07	.55**	
M	4.42	2.57	2.52	4.3	2.88	2.74	5.95	6.14
SD	0.49	1.05	0.92	0.78	1.26	1.16	0.88	0.85

Note. *p <0.05, **p < 0.001. These are intercorrelations for participants (n = 105) and participant's friends (n = 105).

APPENDIX A

DEVELOPMENT STUDY HUMAN SUBJECTS APPROVAL

Office of Research Integrity and Assurance

To:	Anthony Roberto
From:	Mark Roosa, Chair
	Soc Beh IRB
Date:	02/16/2012
Committee Action:	**Exemption Granted**
IRB Action Date:	02/16/2012
IRB Protocol #:	1202007442
Study Title:	Development of the Compassionate Communication Scale

The above-referenced protocol is considered exempt after review by the Institutional Review Board pursuant to Federal regulations, 45 CFR Part 46.101(b)(2) .

This part of the federal regulations requires that the information be recorded by investigators in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.   It is necessary that the information obtained not be such that if disclosed outside the research, it could reasonably place the subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, or reputation.

You should retain a copy of this letter for your records.

APPENDIX B

DEVELOPMENT STUDY INFORMED CONSENT

Dear Participant:

I am a graduate student under the direction of Professor Anthony Roberto in the Hugh Downs School of Human Communication at Arizona State University. I am conducting a research study to investigate communication within close relationships. I am inviting your participation, which will involve spending approximately 10-15 minutes filling out the attached questionnaire.

Your participation in this study is voluntary. You can skip the question if you wish. If you choose not to participate or to withdraw from the study at any time, there will be no penalty, (for example, it will not affect your grade). You must be 18 or older to participate in the study. Participation in this study may earn you extra credit in one of your classes. Although there may be no other direct benefits of participation for you, your participation will give us information that may help scholars better understand close relationships. There are no foreseeable risks or discomforts to your participation.

The questionnaire is anonymous. Please do NOT put your name anywhere on the questionnaire. The results of the research study may be published, but your name will not be known; results will only be shared in the aggregate form.

If you have any questions concerning the research study, please contact Leslie Ramos Salazar at lramossa@asu.edu. If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at (480) 965-6788.

A filled-out questionnaire will be considered your consent to participate.

Sincerely,

Leslie Ramos Salazar

APPENDIX C

DEVELOPMENT STUDY QUESTIONNAIRE

Ethnicity: Please indicate all that apply.
- A) Caucasian/Non-Hispanic
- B) Hispanic/Latino(a)
- C) African-American/Black
- D) Asian-American/Asian
- E) Native-American/American Indian
- F) Other (please specify): _____

Current Level of Education:

- A) Freshman
- B) Sophomore
- C) Junior
- D) Senior

Directions: The following statements describe ways some people behave while talking with or to others in close relationships who are dealing with a difficult situation in their lives. Please indicate the degree to which you believe the statement applies to you when you are being compassionate toward people who are close to you.

Please use the following 5-point scale:

1 = Never; 2 = Rarely; 3 = Sometimes; 4 = Often; 5 = Very Often

	Never	Rarely	Sometimes	Often	Very Often
1. Be there for them when they need me	◯	◯	◯	◯	◯
2. Ask them why they got into that situation	◯	◯	◯	◯	◯
3. Wish them good thoughts	◯	◯	◯	◯	◯
4. Send cards	◯	◯	◯	◯	◯
5. Hang out with them	◯	◯	◯	◯	◯
6. Try to keep their mind off things	◯	◯	◯	◯	◯
7. Let them know that I care about them	◯	◯	◯	◯	◯
8. Touch them on their arm	◯	◯	◯	◯	◯
9. Let them know that I love them	◯	◯	◯	◯	◯
10. Do favors for them even though I'm not asked	◯	◯	◯	◯	◯

	Never	Rarely	Sometimes	Often	Very Often
11. Let them know that I feel bad that they are going through a tough time	◯	◯	◯	◯	◯
12. Lighten the situation	◯	◯	◯	◯	◯
13. Let them know that it is okay to cry	◯	◯	◯	◯	◯
14. Invite them out for lunch	◯	◯	◯	◯	◯
15. Let them know that I will be there if they need me	◯	◯	◯	◯	◯
16. Show agreement by nodding my head when they speak	◯	◯	◯	◯	◯
17. Let them know that I will listen if they need to talk	◯	◯	◯	◯	◯
18. Cry with them	◯	◯	◯	◯	◯
19. Let them know that I am grateful for having them in my life	◯	◯	◯	◯	◯
20. Do something fun with them.	◯	◯	◯	◯	◯

	Never	Rarely	Sometimes	Often	Very Often
21. Let them know that they are not alone	◯	◯	◯	◯	◯
22. Reassure them that everything will be alright	◯	◯	◯	◯	◯
23. Listen without judging	◯	◯	◯	◯	◯
24. Reassure them that they are strong enough to handle this	◯	◯	◯	◯	◯
25. Let them know that I believe in them	◯	◯	◯	◯	◯
26. Offer alternative solutions to the problem being faced when asked to do so	◯	◯	◯	◯	◯
27. Let them know that I will keep them in my thoughts	◯	◯	◯	◯	◯
28. Offer to help get them through this tough time	◯	◯	◯	◯	◯
29. Remind them that everyone goes through tough times	◯	◯	◯	◯	◯
30. Reassure them that it is not their fault	◯	◯	◯	◯	◯

	Never	Rarely	Sometimes	Often	Very Often
31. Let them know that I will stick by them no matter what	○	○	○	○	○
32. Smile at them	○	○	○	○	○
33. Try to make them laugh	○	○	○	○	○
34. Call them to just check up on them to make sure they are alright	○	○	○	○	○
35. Offer to give advice if they want me to	○	○	○	○	○
36. Hug them	○	○	○	○	○
37. Make them food	○	○	○	○	○
38. Compliment them on their strengths	○	○	○	○	○
39. Let them pour their feelings or concerns out to me	○	○	○	○	○
40. Hold their hand	○	○	○	○	○

	Never	Rarely	Sometimes	Often	Very Often
41. Help them if they request assistance	○	○	○	○	○
42. Support him or her emotionally the best I can	○	○	○	○	○
43. Offer to help them	○	○	○	○	○
44. Give them small gifts that I know they like	○	○	○	○	○
45. Text them to just check up on them to make sure they are alright	○	○	○	○	○
46. Listen with interest when they talk	○	○	○	○	○
47. Forgive them if they did something wrong	○	○	○	○	○
48. Touch their shoulder	○	○	○	○	○
49. Spend time with them even when I am busy	○	○	○	○	○
50. Send them encouraging text messages	○	○	○	○	○

	Never	Rarely	Sometimes	Often	Very Often
51. Empathize with them by trying to understand their feelings or emotions	○	○	○	○	○
52. Express sympathy toward their situation	○	○	○	○	○
53. Send them an email letting them know that I am thinking of them	○	○	○	○	○
54. Send them a supportive private message on their Facebook	○	○	○	○	○
55. Try to relate to their situation	○	○	○	○	○
56. Give them lots of eye contact so they know I am listening to them	○	○	○	○	○
57. Display interest in their issues	○	○	○	○	○
58. Share a story that is related to their situation	○	○	○	○	○
59. Listen to their whole story	○	○	○	○	○
60. Offer to help them with anything they need	○	○	○	○	○

	Never	Rarely	Sometimes	Often	Very Often
61. Post a positive message on their Facebook wall	○	○	○	○	○
62. Encourage them to vent out their frustrations	○	○	○	○	○
63. Pat them on the back	○	○	○	○	○
64. Make frequent phone calls to see how they're doing	○	○	○	○	○
65. Send them a message with an inspirational quote	○	○	○	○	○
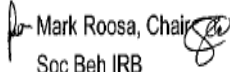
APPENDIX D

VALIDITY HUMAN SUBJECTS APPROVAL

Office of Research Integrity and Assurance

To: Anthony Roberto

From: Mark Roosa, Chair
Soc Beh IRB

Date: 04/13/2012

Committee Action: **Exemption Granted**

IRB Action Date: 04/13/2012

IRB Protocol #: 1204007706

Study Title: The Validation of the Compassionate Communication Scale

The above-referenced protocol is considered exempt after review by the Institutional Review Board pursuant to Federal regulations, 45 CFR Part 46.101(b)(2) .

This part of the federal regulations requires that the information be recorded by investigators in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.   It is necessary that the information obtained not be such that if disclosed outside the research, it could reasonably place the subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, or reputation.

You should retain a copy of this letter for your records.

APPENDIX E

INFORMED CONSENT FORM

Dear Participant:

I am a graduate student under the direction of Professor Anthony Roberto in the Hugh Downs School of Human Communication at Arizona State University. I am conducting a research study to investigate communication within close relationships. I am inviting your participation, which will involve spending approximately 20-30 minutes filling out a series of questionnaires. Please take as much time as necessary.

Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty, (for example, it will not affect your grade negatively). Because this study will serve the scientific community and the future research in the field of interpersonal communication we request that you please be as honest as possible. Please be as honest as possible in your answers and practice patience with the length of this questionnaire. Remember that honest participation in this study may earn you extra credit in one of your classes only if you put your name when requested in the separate questionnaire. Although there may be no other direct benefits of participation for you, your participation will give us information that may help scholars better understand close relationships. There are no foreseeable risks or discomforts to your participation.

The questionnaire is anonymous. Please do NOT put your name anywhere on the questionnaire. The results of the research study may be published, but your name will not be known; results will only be shared in the aggregate form.

If you have any questions concerning the research study, please contact Leslie Ramos Salazar at lramossa@asu.edu or (480)5220092.

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at (480) 9656788.

A filled-out questionnaire will be considered your consent to participate.

Sincerely,

Leslie Ramos Salazar

APPENDIX F

VALIDATION QUESTIONNAIRE

Instructions: The following are demographic questions about you. Please complete them as they apply to you.

Sex: M   F

Age: _____

Ethnicity: Please indicate all that apply.

   A) Caucasian/Non-Hispanic
   B) Hispanic/Latino(a)
   C) African-American/Black
   D) Asian-American/Asian
   E) Native-American/American Indian
   F) Other (please specify): _____

Instructions: The following statements describe the ways some people behave while talking with or to others in close relationships who are dealing with a difficult situation in their lives. Please indicate the degree to which you believe the statement applies TO YOU when you are being compassionate toward people who are close to you. Keep this person in mind for the entire questionnaire.

 Please use the following 5-point scale:

1 = Never; 2 = Rarely; 3 = Sometimes; 4 = Often; 5 = Very Often

When I see someone I am close to who is dealing with a difficult situation I tend to…

	Never	Rarely	Sometimes	Often	Very Often
1. Let them know that I will be there if they need me	○	○	○	○	○
2. Let them know that I will listen if they need to talk	○	○	○	○	○
3. Listen with interest when they talk	○	○	○	○	○
4. Empathize with them by trying to understand their feelings or emotions	○	○	○	○	○
5. Express sympathy toward their situation	○	○	○	○	○
6. Send them a supportive private message on their social networking site (e.g., Facebook)	○	○	○	○	○
7. Post a positive message on their social networking site (e.g., Facebook)	○	○	○	○	○
8. Send a supportive email	○	○	○	○	○
9. Touch them on their arm	○	○	○	○	○
10. Hold their hand	○	○	○	○	○
11. Touch their shoulder	○	○	○	○	○

	Never	Rarely	Sometimes	Often	Very Often
12. Let them pour their feelings or concerns out to me	○	○	○	○	○
13. Help them if they request assistance	○	○	○	○	○
14. Support him or her emotionally the best I can	○	○	○	○	○
15. Try to relate to their situation	○	○	○	○	○
16. Display interest in their issues	○	○	○	○	○
17. Check their social networking site (e.g., Facebook) for updates on how they are doing	○	○	○	○	○
18. Send an email communicating compassion toward them	○	○	○	○	○
19. Demonstrate compassion toward their feelings or emotions	○	○	○	○	○
20. Try to alleviate their distress	○	○	○	○	○
21. Try to make them feel better	○	○	○	○	○

	Never	Rarely	Sometimes	Often	Very Often
22. Post a compassionate message on their social networking site (e.g., Facebook)	◯	◯	◯	◯	◯
23. Reply to their social networking posts in a compassionate way	◯	◯	◯	◯	◯
24. Reply to their emails in a compassionate way	◯	◯	◯	◯	◯
25. Offer to help them	◯	◯	◯	◯	◯
26. Offer to help them with anything they need	◯	◯	◯	◯	◯
27. Text them to just check up on them to make sure they are alright	◯	◯	◯	◯	◯

	Never	Rarely	Sometimes	Often	Very Often
28. Pat them on the back	◯	◯	◯	◯	◯
29. Rub their shoulders	◯	◯	◯	◯	◯
30. Put my arm around their shoulder	◯	◯	◯	◯	◯
31. Touch their back	◯	◯	◯	◯	◯
32. Try to be loving toward their pain	◯	◯	◯	◯	◯
33. Let them know I feel bad for them	◯	◯	◯	◯	◯
34. Show them that I feel their distress	◯	◯	◯	◯	◯

APPENDIX G

COMPASSION SCALE

Instructions: This questionnaire will ask you questions about how you normally act toward others. Please read each statement carefully before answering. Please answer as honestly as possible. Also, indicate how often you behave in the stated manner, using the following scale:

	Almost Never		Sometimes		Almost Always
1. When people cry in front of me, I often don't feel anything at all.	○	○	○	○	○
2. Sometimes when people talk about their problems, I feel like I don't care.	○	○	○	○	○
3. I don't feel emotionally connected to people in pain.	○	○	○	○	○
4. I pay careful attention when other people talk to me.	○	○	○	○	○
5. I feel detached from others when they tell me their tales of woe.	○	○	○	○	○
6. If I see someone going through a difficult time, I try to be caring toward that person.	○	○	○	○	○
7. I often tune out when people tell me about their troubles.	○	○	○	○	○
8. I like to be there for others in times of difficulty.	○	○	○	○	○
9. I notice when people are upset, even if they don't say anything.	○	○	○	○	○
10. When I see someone feeling down, I feel like I can't relate to them.	○	○	○	○	○
11. Everyone feels down sometimes, it is part of being human.	○	○	○	○	○
12. Sometimes I am cold to others when they are down and out.	○	○	○	○	○

	Almost Never		Sometimes		Almost Aways
13. I tend to listen patiently when people tell me their problems.	○	○	○	○	○
14. I don't concern myself with other people's problems.	○	○	○	○	○
15. It's important to recognize that all people have weaknesses and no one's perfect.	○	○	○	○	○
16. My heart goes out to people who are unhappy.	○	○	○	○	○
17. Despite my differences with others, I know that everyone feels pain just like me.	○	○	○	○	○
18. When others are feeling troubled, I usually let someone else attend to them.	○	○	○	○	○
19. I don't think much about the concerns of others.	○	○	○	○	○
20. Suffering is just a part of the common human experience.	○	○	○	○	○
21. When people tell me about their problems, I try to keep a balanced perspective on the situation.	○	○	○	○	○
22. I can't really connect with other people when they're suffering.	○	○	○	○	○
23. I try to avoid people who are experiencing a lot of pain.	○	○	○	○	○
24. When others feel sadness, I try to comfort them.	○	○	○	○	○

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APPENDIX H

SOCIAL SKILLS SCALE

Instructions: The statements in this scale are based on the social skills in human interactions. Indicate the degree to which the statement represents your current social skills using the following scale:

	Not at all like me	A little like me	Like me	Very much like me	Exactly like me
1. I have been told that I have an expressive face.	○	○	○	○	○
2. Quite often, I tend to be the life of the party.	○	○	○	○	○
3. I am able to liven up a dull party.	○	○	○	○	○
4. People tell me that I am a very expressive person.	○	○	○	○	○
5. It is easy for others to tell how I am feeling.	○	○	○	○	○
6. I readily express my feelings and emotions.	○	○	○	○	○
7. It is difficult for others to tell how I'm feeling	○	○	○	○	○
8. My facial expression is usually neutral.	○	○	○	○	○

	Not at all like me	A little like me	Like me	Very much like me	Exactly like me
9. I always mingle at parties.	○	○	○	○	○
10. At parties I enjoy speaking to a great number of different people.	○	○	○	○	○
11. When in discussions, I find myself doing a large share of the talking.	○	○	○	○	○
12. I usually take the initiative and introduce myself to strangers.	○	○	○	○	○
13. I love to socialize.	○	○	○	○	○
14. I prefer jobs that require working with people.	○	○	○	○	○
15. When telling a story, I usually use a lot of gestures to get my point across.	○	○	○	○	○
16. I could talk for hours on just about any subject.	○	○	○	○	○

APPENDIX I

EMOTIONAL INTELLIGENCE SCALE

Instructions: Each of the following items asks about your emotions or reactions associated with emotions. After deciding whether a statement is generally true for you, use the 5-point scale to respond to the statement. There is no right or wrong answers. Please give the most honest response that best describes you using the following scale:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
1. I know when to speak about my personal problems to others.	◯	◯	◯	◯	◯
2. When I am faced with obstacles, I remember times I faced similar obstacles and overcame them.	◯	◯	◯	◯	◯
3. I expect that I will do well on most things I try.	◯	◯	◯	◯	◯
4. Other people find it easy to confide in me.	◯	◯	◯	◯	◯
5. I find it hard to understand the nonverbal message of other people.	◯	◯	◯	◯	◯
6. Some of the major events of my life have led me to reevaluation what is important and not important.	◯	◯	◯	◯	◯
7. When my mood changes, I see new possibilities.	◯	◯	◯	◯	◯
8. Emotions are one of the things that make my life worth living.	◯	◯	◯	◯	◯
9. I am aware of my emotions as I experience them.	◯	◯	◯	◯	◯
10. I expect good things to happen.	◯	◯	◯	◯	◯
11. I like to share my emotions with others.	◯	◯	◯	◯	◯

	Strongly disagree	Somewhat disagree	Neither agree or disagree	Somewhat agree	Strongly agree
12. When I experience a positive emotion, I know how to make it last.	○	○	○	○	○
13. I arrange events others enjoy.	○	○	○	○	○
14. I seek out activities that make me happy.	○	○	○	○	○
15. I am aware of the nonverbal messages I send to others.	○	○	○	○	○
16. I present myself in a way that makes a good impression on others.	○	○	○	○	○
17. When I am in a positive mood, solving problems is easy for me.	○	○	○	○	○
18. By looking at their facial expressions, I recognize the emotions people are experiencing.	○	○	○	○	○
19. I know why my emotions change.	○	○	○	○	○
20. When I am in a positive mood, I am able to come up with new ideas.	○	○	○	○	○
21. I have control over my emotions.	○	○	○	○	○
22. I easily recognize my emotions as I experience them.	○	○	○	○	○

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	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
23. I motivate myself by imagining a good outcome to the tasks I take on.	◯	◯	◯	◯	◯
24. I compliment others when they have done something well.	◯	◯	◯	◯	◯
25. I am aware of the nonverbal messages other people send.	◯	◯	◯	◯	◯
26. When another person tells me about an important event in his or her life,	◯	◯	◯	◯	◯
I almost feel as though I have experienced this event myself.	◯	◯	◯	◯	◯
27. When I feel a change in emotions, I tend to come up with new ideas.	◯	◯	◯	◯	◯
28. When I am faced with a challenge, I give up because I believe I will fail.	◯	◯	◯	◯	◯
29. I know what other people are feeling just by looking at them.	◯	◯	◯	◯	◯
30. I help other people feel better when they are down.	◯	◯	◯	◯	◯
31. I use good moods to help myself keep trying in the face of obstacles.	◯	◯	◯	◯	◯
32. I can tell how people are feeling by listening to the tone of their voice.	◯	◯	◯	◯	◯
33. It is difficult for me to understand why people feel the way they do.	◯	◯	◯	◯	◯

APPENDIX J

INTERPERSONAL REACTIVITY SCALE

Instructions: The following statements inquire about your thoughts and feelings in a variety of situations. Please read each statement carefully before responding and indicate how well it describes you by choosing the appropriate response using the following scale:

0 = Does not describe me well, 1; 2; 3; 4; = Describes me well

	Does not describe me well				Describes me well
1. I often have tender, concerned feelings for people less fortunate than me.	○	○	○	○	○
2. I sometimes find it difficult to see things from the "other guy's" point of view.	○	○	○	○	○
3. Sometimes I don't feel very sorry for other people when they are having problems.	○	○	○	○	○
4. In emergency situations, I feel apprehensive and ill-at-ease.	○	○	○	○	○
5. I try to look at everybody's side of a disagreement before I make a decision.	○	○	○	○	○
6. When I see someone being taken advantage of, I feel protective towards them.	○	○	○	○	○
7. I sometimes feel helpless when I am in the middle of a very emotional situation.	○	○	○	○	○
8. I sometimes try to understand my friends better by imagining how things look from their perspective.	○	○	○	○	○
9. When I see someone get hurt, I tend to remain calm.	○	○	○	○	○
10. Other people's misfortunes do not usually disturb me a great deal.	○	○	○	○	○
11. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.	○	○	○	○	○

	Does not describe me well				Describes me well
12. Being in a tense emotional situation scares me.	○	○	○	○	○
13. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.	○	○	○	○	○
14. I am usually pretty effective in dealing with emergencies.	○	○	○	○	○
15. I am often quite touched by things that I see happen.	○	○	○	○	○
16. I believe that there are two sides to every question and try to look at them both.	○	○	○	○	○
17. I would describe myself as a pretty soft-hearted person.	○	○	○	○	○
18. I tend to lose control during emergencies.	○	○	○	○	○
19. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.	○	○	○	○	○
20. When I see someone who badly needs help in an emergency, I go to pieces.	○	○	○	○	○
21. Before criticizing somebody, I try to imagine how I would feel if I were in their place.	○	○	○	○	○

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APPENDIX K

NARCISSISM SCALE

Instructions: Answer the following questions by deciding to what extend each item is characteristic of your feelings or behaviors. These feelings or behaviors are shared by humanity. Please be honest in your responses given the following scale:

	Very uncharacteristic or untrue, strongly disagree	Uncharacteristic	Neutral	Characteristic	Very characteristic or true, strongly agree
1. I can become entirely absorbed in thinking about my personal affairs, my health, my cares or my relations to others.	○	○	○	○	○
2. My feelings are easily hurt by ridicule or the slighting remarks of others.	○	○	○	○	○
3. When I enter a room I often become self-conscious and feel that the eyes of others are upon me.	○	○	○	○	○
4. I dislike sharing the credit of an achievement with others.	○	○	○	○	○
5. I feel that I have enough on my hands without worrying about other people's troubles.	○	○	○	○	○
6. I feel that I am temperamentally different from most people.	○	○	○	○	○
7. I often interpret the remarks of others in a personal way.	○	○	○	○	○
8. I easily become wrapped up in my own interests and forget the existence of others.	○	○	○	○	○
9. I dislike being with a group unless I know that I am appreciated by at least one of those present.	○	○	○	○	○
10. I am secretly "put out" or annoyed when other people come to me with their troubles, asking me for my time and sympathy.	○	○	○	○	○

APPENDIX L

VERBAL AGGRESSIVENESS SCALE

Instructions: This survey is concerned with how we try to get people to comply with our wishes. Indicate how often each statement is true for you personally when you try to influence other persons. Use the following scale:

	Almost Never True	Rarely True	Occassionally True	Often True	Almos Always True
1. I am extremely careful to avoid attacking individuals' intelligence when I attack their ideas.	○	○	○	○	○
2. When individuals are very stubborn, I use insults to soften their stubbornness.	○	○	○	○	○
3. I try very hard to avoid having other people feel bad about themselves when I try to influence them.	○	○	○	○	○
4. When people refuse to do a task I know is important, without good reason, I tell them they are unreasonable.	○	○	○	○	○
5. When other do things I regard as stupid, I try to be extremely gentle with them.	○	○	○	○	○
6. If individuals I am trying to influence really deserve it, I attack their character.	○	○	○	○	○
7. When people behave in ways that are in very poor taste, I insult them in order to shock them into proper behavior.	○	○	○	○	○
8. I try to make people feel good about themselves even when their ideas are stupid.	○	○	○	○	○
9. When people simply will not budge on a matter of importance I lose my temper and say rather strong things to them.	○	○	○	○	○
10. When people criticize my shortcomings, I take it in	○	○	○	○	○

APPENDIX M

SOCIAL DESIRABILITY SCALE

Instructions: Read all questions carefully and then decide whether the statement is true or false and write your response in the space provided. There is no right or wrong answers. Please be as honest as possible. Please answer according to whether you think a statement is "true" or "false."

	True	False
1. I'm always willing to admit it when I made a mistake.	◯	◯
2. I always try to practice what I preach.	◯	◯
3. I never resent being asked for a favor.	◯	◯
4. I have never been annoyed when people express ideas very different from my own.	◯	◯
5. I have never deliberately said something that hurt someone's feelings.	◯	◯
6. I like to gossip at times.	◯	◯
7. There has been occasions when I took advantage of someone.	◯	◯
8. I sometimes try to get even.	◯	◯
9. At times I have really insisted on having things my way.	◯	◯
10. There have been occasions when I felt like smashing things.	◯	◯

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APPENDIX N

FRIEND VALIDATION STUDY HUMAN SUBJECTS APPROVAL
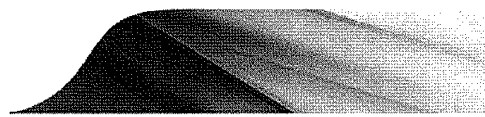
Office of Research Integrity and Assurance

To: Anthony Roberto

From: Mark Roosa, Chair
Soc Beh IRB

Date: 02/25/2013

Committee Action: **Exemption Granted**

IRB Action Date: 02/25/2013

IRB Protocol #: 1302008837

Study Title: Friend Validation of the Compassionate Communication Scale

The above-referenced protocol is considered exempt after review by the Institutional Review Board pursuant to Federal regulations, 45 CFR Part 46.101(b)(2) .

This part of the federal regulations requires that the information be recorded by investigators in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. It is necessary that the information obtained not be such that if disclosed outside the research, it could reasonably place the subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, or reputation.

You should retain a copy of this letter for your records.

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APPENDIX O

STUDENT INFORMED CONSENT

Dear Participant:

I am a graduate student under the direction of Professor Anthony Roberto in the Hugh Downs School of Human Communication at Arizona State University. I am conducting a research study to investigate communication within close relationships. I am inviting your participation, which will involve spending approximately 10-15 minutes filling out the attached questionnaire.

Your participation in this study is voluntary. You can skip the question if you wish. If you choose not to participate or to withdraw from the study at any time, there will be no penalty, (for example, it will not affect your grade). You must be 18 or older to participate in the study. Your
name will not be linked to any of your responses in this questionnaire. Although there may be no other direct benefits of participation for you, your participation will give us information that may help scholars better understand compassionate communication in close relationships. There are no foreseeable risks or discomforts to your participation.

The questionnaire is anonymous. Please do NOT put your name or anyone else's name (such as your friend's name) anywhere on the questionnaire. The results of the research study may be published, but your name will not be known; results will only be shared in the aggregate
form.

If you have any questions concerning the research study, please contact Leslie Ramos Salazar at lramossa@asu.edu. If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at (480) 9656788.

A filled out questionnaire will be considered your consent to participate.

Sincerely,

 Leslie Ramos Salazar

APPENDIX P

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If you have any questions concerning the research study, please contact Leslie Ramos Salazar at lramossa@asu.edu or (480)5220092.

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board, through the ASU Office of Research Integrity and Assurance, at (480) 9656788.

A filled out questionnaire will be considered your consent to participate.

Sincerely,

Leslie Ramos Salazar

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APPENDIX Q

RELATIONAL SATISFACTION SCALE

Instructions: Please respond to the following items with your selected friend in mind. It is important that all items are answered with that friend in mind. It is also very important that you do not discuss any part of this survey with your friend.
Rate the statements according to the following scale:

1 = Strongly Disagree; 2 = Disagree; 3 = Disagree Somewhat; 4 = Neutral; 5 = Agree Somewhat; 6 = Agree; 7 = Strongly Agree

	Strongly Disagree	Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Agree	Strongly Agree
1. My friend meets my needs.	○	○	○	○	○	○	○
2. In general, I am satisfied with this relationship.	○	○	○	○	○	○	○
3. This friendship is a good one compared to most.	○	○	○	○	○	○	○
4. I often wish I hadn't gotten into this relationship.	○	○	○	○	○	○	○
5. This relationship has met my original expectations.	○	○	○	○	○	○	○
6. I like my friend.	○	○	○	○	○	○	○
7. Many problems exist in this relationship.	○	○	○	○	○	○	○
8. If I had my life to live over again I would be friends with this person.	○	○	○	○	○	○	○
9. I often consider ending this friendship.	○	○	○	○	○	○	○
10. I think it is very likely that this friendship will succeed.	○	○	○	○	○	○	○

	Strongly Disagree	Disagree	Disagree Somewhat	Neutral	Agree Somewhat	Agree	Strongly Agree
11. Overall, I enjoy this friendship.	○	○	○	○	○	○	○
12. Overall, I am happy to be friends with this person.	○	○	○	○	○	○	○
13. There are few major things that I would like to change in this friendship.	○	○	○	○	○	○	○
14. In general, things are going well between my friend and I.	○	○	○	○	○	○	○
15. I regret being in this friendship.	○	○	○	○	○	○	○

BIOGRAPHICAL SKETCH

Leslie Ramos Salazar was born in Torrance, California in November 8. She attended Maude Price Elementary School, Griffiths Middle School, and Warren High School in Downey, California. After graduating from Warren High School in 2003, she attended California State University Long Beach (CSULB) where she earned a Bachelor of Arts degree with Magna Cum Laude Honors in Communication Studies with emphasis in Interpersonal and Organizational Communication in 2007. Afterwards, she continued to attend CSULB and earned her Master of Arts degree in Communication Studies in 2009 and received the CSULB Graduate Department Achievement Award in 2009. After graduating from CSULB she went to Arizona State University to complete her doctorate degree requirements at the Hugh Downs School of Human Communication. After earning her Ph.D. in May of 2013 and becoming "Dr. Leslie," she will begin her appointment as a tenure-track Assistant Professor at California State University Fresno. GO 'DOGS!