

Compassionate love: Theory, measurement, and application

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Abstract: We review research on the conceptualization and measurement of compassionate love, generally defined as giving of oneself for the good of another. We begin by summarizing an existing model of compassionate love (Underwood, 2002, 2009) that outlines the antecedents, components, and consequences of this kind of love. Next, we discuss measurement, focusing on the most widely used scale, the Compassionate Love Scale (Sprecher & Fehr, 2005) and its derivatives. This scale can be used to assess compassionate love for strangers/humanity, close others, or a specific close other. We then present research on the antecedents or precursors of compassionate love, followed by a review of research on correlates of compassionate love (e.g., empathy, compassion) that could be either causes, outcomes, or reciprocally causal. The focus then shifts to the link between compassionate love and well-being. Finally, we discuss compassionate interventions and end with a call for further research on the epidemiology of compassionate love.

Keywords: compassionate love, theories, measurement, application, Compassionate Love Scale

1. Introduction

Compassionate love is distinct from but related to compassion, which is the focus of many articles in this special issue. As will be elaborated further in a later section, compassionate love is more encompassing and involves an emotional engagement including a focus on the flourishing of the other, whereas compassion is focused more on another's suffering (Underwood, 2009). Compassionate love is a type of giving, selfless love that can be experienced for many others, ranging from a romantic partner to all of humanity. As Berscheid (2010) pointed out nearly two decades ago, "Although featured in many religions and many love literatures for thousands of years... systematic examination of Compassionate Love is relatively recent" (p. 16). The scientific study of compassionate love was spearheaded by Lynn Underwood (2002, 2009), an epidemiologist serving as Vice President of Research at the Fetzer Institute. In the late 1990s, the Institute issued a request for proposals (RFP) focused on compassionate love. Many of the projects funded by this initiative were published in the first-ever book on the science of compassionate love (Fehr et al., 2009). Since then, research on compassionate love has flourished. In the close relationships field, the focus largely has been on compassionate love for a romantic partner. However, there also have been studies of compassionate love in familial relationships, friendships, and even for strangers/all of humanity. The latter has been explored by scholars in a variety of disciplines.

The purpose of this article is to describe what is known so far about this ubiquitous, but still relatively under-studied type of love, with a focus on research that has used the Sprecher and Fehr (2005) Compassionate Love Scale or one of its derivatives (e.g., Chiesi et al., 2020; Hwang et al., 2008). These are the assessments of compassionate love most frequently found in the literature.¹ We also include research using other compassion/compassionate love scales when the findings would augment our discussion of a particular topic. We hope that this review of existing research on compassionate love – conducted by a number of different scholars for different targets and different purposes – will encourage future research to fill existing gaps.²

We begin the chapter by presenting theories of compassionate love, followed by a discussion of measurement of this construct. Next, we focus on the antecedents or predictors of compassionate love. We then discuss research on the many correlates of compassionate love (e.g., empathy, sacrifice) which could be construed as antecedents, consequences, or reciprocally causal. The relation between compassionate love and well-being is examined in the next section. We end the paper with a discussion of strategies for enhancing this kind of love and suggestions for future work in this area.

2. Theories of compassionate love

Underwood (2002, 2009) played a key role in bringing compassionate love to the fore of scientific study. She defined compassionate love as “attitudes and actions related to giving of self for the good of the other” (Underwood, 2009, p. 4) and delineated various characteristics that need to be present, to varying degrees, for an experience to be identified as compassionate love. These include free choice (the giver deliberately decides to extend this type of love); an accurate understanding of the other, including the other’s needs and feelings; valuing the other at a fundamental level; openness and receptivity to the other; and a “response of the heart” (i.e., emotional engagement).

Underwood (2002, 2009) developed a comprehensive model in which she presented factors that influence whether compassionate love is expressed. The model begins with a substrate that includes contextual factors (cultural, social, environmental) as well as individual-level factors (e.g., biological, developmental, personality) as antecedents of compassionate love. For example, Underwood posits that an early secure and nurturing environment is likely to lead to compassionate love. In addition, the religious and cultural environment plays a role in the likelihood of an individual being compassionately loving. The second element in the model involves the more proximal variable of motive and discernment. For an individual to express compassionate love, their motives must be centered on the good of the other. Inappropriate or self-focused motivations will impede the expression of compassionate love.

A parallel development in social psychology was Berscheid’s (2006, 2010) quadrumvirate model of love. (This theory differs from Underwood’s in that the focus is on love as experienced in romantic relationships.) Berscheid posited that compassionate love is one of four fundamental kinds of love that partners can experience in a relationship, along with romantic/passionate love, companionate love, and attachment love. She maintained that compassionate love has its basis in human evolution. Given their vulnerability, infants depend on the care and protection of caregivers for their survival and to reach reproductive age. Thus, the tendency to reach out to

¹ For example, as of 02/08/2026, the Sprecher and Fehr (2005) article describing the original development of the scale has been cited 1,251 times.

² To accomplish this review, we searched several databases (e.g., Google Scholar) for recent empirical research (and other scholarship) that has focused on compassionate love, to add to the work with which we were already familiar based on our past writings.

others for protection (i.e., the attachment system) and the tendency to respond to others' distress (i.e., the caregiving system) are part of the evolutionary history of humankind. Berscheid also distinguished between *historical causes* (i.e., evolutionary factors) and more *immediate causes* of compassionate love. She postulated that the principal immediate (proximal) cause of compassionate love is the perception that the other is in distress. The specific behaviors that are enacted depend on an individual's appraisal of the kind of response that would be most effective in alleviating the other's distress.

Berscheid's (2006, 2010) assumption that compassionate love has an evolutionary basis is shared by other theorists. Mikulincer et al. (2009; see also Gillath et al., 2005; Mikulincer & Shaver, 2007) argue that attachment security enables the activation of the caregiving system and provides a psychological foundation for the capacity to experience compassionate love toward others, ultimately ensuring survival. Mikulincer, Shaver, and colleagues have amassed an impressive program of research showing that attachment security (chronic and primed) is associated with compassionate feelings and with effective caregiving (e.g., helpfulness, alleviation of distress) in both close and non-close relational contexts. Keltner and colleagues (Goetz et al., 2010; Keltner, 2009) also offer an evolutionary account of compassion (not compassionate love, *per se*). They maintain that compassion serves important evolutionary functions, such as increasing the probability that vulnerable offspring will survive because compassionate caregivers are likely to respond to the child's distress signals. (This aspect of the evolutionary account is central to both Berscheid's [2006] and Mikulincer et al.'s [2009] conceptualizations of compassionate love.) Keltner and colleagues also suggest that compassion plays an important role in the formation of prosocial relationships with non-kin. Those who have the capacity for compassion are more likely to develop cooperative, trustworthy, and mutually beneficial relations with people outside of the kinship circle. Such relations can contribute to survival and well-being.

3. Measurement of compassionate love

3.1 Original development of the Compassionate Love Scale

In early research on compassionate love, Underwood (2002) assessed the construct using two items from the Daily Spiritual Experience Scale: "I feel a selfless caring for others" and "I accept others even when they do things I think are wrong" (Underwood & Teresi, 2002). These two items have been used in other research, including two waves of the General Social Survey (e.g., Davis et al., 2005; Smith, 2009; see also Oman et al., 2010).

Influenced by Underwood's (2002, 2009) conceptualization, Sprecher and Fehr (2005) offered the following definition:

Compassionate love is an attitude toward the 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 (p. 630).

Sprecher and Fehr (2005) developed a multi-item self-report instrument, the Compassionate Love Scale, to assess people's dispositional tendency to experience compassionate love. Items were based on the above definition, Underwood's (2002) two items (cited above), a review of scales measuring related constructs (e.g., agape [altruistic] love style, Hendrick & Hendrick, 1986), and an analysis of lay conceptions of compassionate love (Fehr & Sprecher, 2003, 2009a). Sprecher and Fehr constructed a scale that could be used for multiple targets – close others in general (e.g., family and friends), a specific close other (e.g., romantic partner), and strangers or all of

humanity. The final 21-item Compassionate Love scale (CLS) is shown in Table 1, which presents the items worded with a specific close other as the target and the humanity version item presented below each item. The CLS has fared well in tests of reliability and validity (Fehr & Sprecher, 2009b; Sprecher & Fehr, 2005; see Sprecher & Fehr, 2025, for a review). Across studies, including those conducted in multiple countries with the scale translated into multiple languages, the CLS, in its various versions, has yielded high Cronbach alphas (generally .90 and higher). The scale also has fared well in terms of validity, with positive correlations with various prosocial motivations and behaviors, including social support, sacrifice, responsive caregiving, and more. Discriminant validity also has been established. For example, several studies have shown that scores on the CLS are correlated – but not redundant – with scales that assess empathy, self-compassion, compassionate goals, and more (for a review, see Sprecher & Fehr, 2025; we also discuss these findings in more detail in later sections.)

3.2 Alternative versions of the Sprecher and Fehr (2005) Compassionate Love Scale

Several researchers have created short forms of the CLS in part to have fewer items available for inclusion in large epidemiological studies and in other research in which briefer assessments may be necessary. Table 1 presents the specific items from the full Compassionate Love Scale that have been selected for various brief measures, as discussed next.

The first systematic creation of a brief version of the CLS was Hwang et al.'s (2008) Santa Clara Brief Compassion Scale (SCBCS). They had a sample of students from Santa Clara University complete the 21-item version of the Compassionate Love-Strangers/Humanity version (CLS-Humanity) and then selected five items for their brief version based on the content of the items and psychometric analyses. Their goal was to create a measure of compassion (rather than compassionate love). Their brief version was correlated .95 with the 21-item CLS. Others have used the Hwang et al. brief measure, including presenting psychometric and validity evidence and translating the scale into other languages (e.g., Carrero et al., 2023; Caycho-Rodriguez et al., 2022; Novak et al., 2021; Plante & Mejia, 2016, Ramsey et al., 2023). Another brief version (9 items) of the CLS-humanity was created by Chiesi et al. (2020). They collected data from a sample of undergraduate students from Canada, and used Item Response Theory Analysis to select the items that most precisely measured the underlying concept without redundancy. The correlation between their brief version and the longer CLS was .95. Furthermore, the correlations of the full 21-item CLS and their short version with outcomes variables (e.g., satisfaction with life) did not differ significantly. Recently, Hajiheydari et al. (2022, 2023) translated the Chiesi et al. version of the CLS into Persian.

Schlosser et al. (2023) created a 7-item version of the 21-item CLS-Humanity. They chose seven items based on psychometric analyses conducted with a sample obtained through Prolific (an online platform for participant recruitment) collected from multiple nations (primarily European) and an analysis of the content validity of each item. They named their version the Compassion for Others Scale and showed that it had impressive psychometric properties (e.g., high Cronbach's alpha and McDonald's omega, correlation of 0.96 with the full 21-item scale). In a second study, they translated their scale into German and provided evidence that the German 7-item version also exhibited strong reliability and validity.

Table 1. Items in the Sprecher and Fehr (2005) Compassionate Love Scale and in the Various Derivatives of the Scale

	Fehr, 2024 6 items (family members)	Hwang et al., 2008 5 items (stranger/humanity)	Chiesi et al., 2020 9 items (stranger/humanity)	Neto & Neto, 2022 5 items (partner)	Schlosser et al., 2023 7 items (others)	Sprecher & Fehr, 2026 5 items (friends/acquaintances)
Each item in the original CLS is presented below first in the version for a specific close other and then below the item is the stranger/humanity version.						
1) When I see ____ feeling sad, I feel a need to reach out to him/her. When I see people I do not know feeling sad, I feel a need to reach out to them.					√	
2) I spend a lot of time concerned about the well-being of ____. I spend a lot of time concerned about the well-being of humankind.				√	√	
3) When I hear about ____ going through a difficult time, I feel a great deal of compassion for him or her. When I hear about someone (a stranger) going through a difficult time, I feel a great deal of compassion for him or her.		√	√	√		
4) It is easy for me to feel the pain (and joy) experienced by ____. It is easy for me to feel the pain (and joy) experienced by others, even though I do not know them.			√			
5) If ____ needs help, I would do almost anything I could to help him or her. If I encounter a stranger who needs help, I would do almost anything I could to help him or her.			√	√	√	
6) I feel considerable compassionate love for ____. I feel considerable compassionate love for people from everywhere.			√			
7) I would rather suffer myself than see ____ suffer. I would rather suffer myself than see someone else (a stranger) suffer.						
8) If given the opportunity, I am willing to sacrifice in order to let ____ achieve his/her goals. If given the opportunity, I am willing to sacrifice in order to let people from other places who are less fortunate achieve their goals.					√	
9) I tend to feel compassion for ____. I tend to feel compassion for people, even though I do not know them.	√	√	√			√
10) One of the activities that provides me with the most meaning to my life is helping ____. One of the activities that provides me with the most meaning in life is helping others in the world when they need help.	√	√	√		√	

	Fehr, 2024 6 items (family members)	Hwang et al., 2008 5 items (stranger/humanity)	Chiesi et al., 2020 9 items (stranger/humanity)	Neto & Neto, 2022 5 items (partner)	Schlosser et al., 2023 7 items (others)	Sprecher & Fehr, 2026 5 items (friends/acquaintances)
Each item in the original CLS is presented below first in the version for a specific close other and then below the item is the stranger/humanity version.						
11) I would rather engage in actions that help _____ than engage in actions that would help me. I would rather engage in actions that help others, even though they are strangers, than engage in actions that would help me.		√				
12) I often have tender feelings toward _____ when he or she seems to be in need. I often have tender feelings toward people (strangers) when they seem to be in need.	√	√	√	√	√	√
13) I feel a selfless caring for _____. I feel a selfless caring for most of humankind.	√		√			√
14) I accept _____ even when he or she does things I think are wrong. I accept others who I do not know even when they do things I think are wrong.						
15) If _____ is troubled, I usually feel extreme tenderness and caring. If a person (stranger) is troubled, I usually feel extreme tenderness and caring.	√		√		√	√
16) I try to understand rather than judge _____. I try to understand rather than judge people who are strangers to me.						
17) I try to put myself in _____'s shoes when he or she is in trouble. I try to put myself in a stranger's shoes when he or she is in trouble.						
18) I feel happy when I see that _____ is happy. I feel happy when I see that others (strangers) are happy.						
19) _____ can assume that I will be there if he/she needs me. Those with whom I encounter through my work and public life can assume that I will be there if they need me.						
20) I want to spend time with _____ so that I can find ways to help enrich his/her life. I want to spend time with people I don't know well so that I can find ways to help enrich their lives.	√			√		√
21) I very much wish to be kind and good to _____. I very much wish to be kind and good to fellow human beings.						

Whereas most adaptations of the Sprecher and Fehr (2005) CLS have involved shortening it, Miller and Verhaeghen (2022) combined the CLS-humanity version with at least four other compassion scales, for a total of 72 items, to examine how compassion was associated with indicators of mindfulness, including self-awareness. They reported that the various compassion scales were interrelated, and that a factor analysis of the 72 items yielded several factors including those that they labeled as empathy, recognizing suffering, and willingness to act. More recently a brief 20-item version of this scale has been developed (Verhaeghen, 2024).

In terms of compassionate love for a partner, after using the full 21-item Compassionate Love Scale-Partner version and translating it to Portuguese (e.g., Neto, 2012), Neto and Neto (2022) developed a short form of this scale. They argued that the five CLS items that Hwang et al. (2008) selected in developing their brief scale (to assess compassion for humanity) were not well-suited to assess compassionate love for a partner. Instead, with similar psychometric procedures used by Hwang et al. (e.g., item-to-total correlations, moderate means), they selected five items for a short form of the Compassionate Love for a Partner Scale. The correlation between their brief form and the longer CLS-partner version ranged from .90 to .94 (across two studies), and their brief form demonstrated strong reliability and validity. For example, the alphas for their brief scale ranged from .72 to .90. Scores on their scale were correlated with related variables such as passionate love, showing convergent validity (and not associated with variables such as anxiety and depression, showing discriminant validity). This scale has been used in several of their studies on compassionate love in romantic relationships (e.g., Neto & Neto, 2024b, 2025).

Sprecher and Fehr also have used short forms of their scale in research with time constraints or multiple purposes. For example, in a research program consisting of seven studies on compassionate love in the family, Fehr (2024) used the six items from CLS that had the highest factor loadings in Sprecher and Fehr (2005). Across studies, Fehr assessed compassionate love experienced by parents for their (young and adult) children and compassionate love experienced by adult children for their parents. The findings were nearly identical regardless of whether the full or brief version was used. Sprecher et al. (2023) included five compassionate love items (for humanity) in a program of laboratory research that involved college students becoming acquainted.

Many other scales have been developed to assess the construct of compassion. These include Khoury et al.'s (2023) Compassion Questionnaire for Others (see revision by Khoury & Vergara, 2025), the Pommier et al. (2020) Compassion Scale, the Gu et al. (2020) Sussex-Oxford Compassion for Others Scale, the Compassion for Others Scale (Martins et al., 2013), and the Compassion for Others subscale of the Compassionate Engagement and Action Scale (Gilbert et al., 2017). There are also scales measuring compassion for specific groups (e.g., compassion in healthcare workers, S. Sinclair, Hack, et al., 2021, 2022), for the self (Gu et al., 2020; Khoury & Vergara, 2025; Neff, 2003), and even for animals (Khoury & Vergara, 2024). A review of these and other measuring instruments is beyond the scope of this article (but for reviews of many of these, see Addiss et al., 2022 and Jiang et al., 2023).

In sum, there are multiple derivatives (typically brief forms) of the original Sprecher and Fehr (2005) 21-item scale to measure compassionate love for multiple targets. There also are several scales focused on compassion for others. Research that has included more than one of these scales has shown high inter-correlations. We encourage researchers to use the particular set of items most appropriate for their research purposes.

4. How do people score in compassionate love for different targets?

Compassionate love can be experienced for those “near and dear” as well for strangers or even all of humanity, although levels of compassionate love differ as a function of the target. A consistent finding is that scores on the Compassionate Love Scale (CLS) are high for the version that refers to close others, in which items refer variously to “people close to me,” “family and friends”, or a special close other. For example, in Sprecher and Fehr’s (2005) Study 1, the mean score for the close others version was 5.96 (on a 7-point scale). For a specific close other – namely a romantic or married partner – CLS scores are generally as high or higher. In studies that used dating samples, the means on the CLS-Partner were: 5.92 (Sprecher & Fehr, 2005; Study 3), 5.73 (Sprecher & Fehr, 2011), and 6.08 (Fehr, 2024, Study 5). Means ranged from 5.32 to 5.61 in a sample of German couples (Aguilar-Raab et al. 2023). In Portuguese samples (using the 21-item CLS-Partner translated into Portuguese and/or Neto and Neto’s [2022] brief version of compassionate love for a romantic partner), compassionate love scores tend to be slightly lower, ranging from 5.15 (Neto & Neto, 2022) to 5.27 (Neto, 2012). In a recent study conducted with a sample from Angola, Africa, the mean on their brief scale was 5.82 (Neto & Neto, 2025). Scores on the CLS-Partner are lower when people experience a crisis as shown in a recent study on pregnancy loss (mean of 4.76; Hill et al., 2025).

High scores on compassionate love for the partner are generally found among older couples. This can be due to any number of reasons including that those who are still together (and did not divorce earlier in life) are particularly likely to experience this type of love and because there may be more health and other challenges by one or both partners that contribute to compassionate love by the other. With a sample of people who were caregivers for their partner with Alzheimer’s disease (Monin et al., 2015), the caregivers’ mean level of compassionate love for their partner was 6.16 (7-point scale). Their partner also expressed very high levels of compassionate love for them (mean of 6.53). Similar results were found in a study of high-functioning, older couples. In this study (Rauer et al., 2014), a 5-point scale was used for the CLS, but when converted to a 7-point scale, the mean scores are 6.26 and 6.22, respectively, for husbands and wives. When the couples were assessed 17 months later, these means had declined slightly but were still very high.

Scores also are extremely high – as high as 6.69 – when parents rate their young and adult children (Fehr, 2024; Studies 1 & 2). When young adult and older adult children rate their parents, mean ratings are lower but still high, ranging from 5.22 to 5.65 (Fehr, 2024; Studies 3 -7), with mothers receiving significantly higher ratings than fathers from both their sons and their daughters (means were 5.62 for mothers vs. 5.22 for fathers Study 6).

People also experience compassionate love for their friends. In research-in-progress (Fehr & Sprecher, 2026; Supplementary Document), a sample of over 700 participants from many areas of the U.S. and who ranged in age from 18 to over 80, were administered a brief 5-item version of the CLS (as part of a larger study), with the items referring to “friends and acquaintances.” The mean score was 5.73.

Scores on the strangers/humanity version of the CLS tend to be lower than for close others. For example, in Sprecher and Fehr (2005; Study 1), the mean was 4.32. Mean scores generally hover slightly above the mid-point of the scale in other studies that have administered the 21-item CLS-Humanity: 4.58 (Sprecher et al. 2014), 4.88 (Hwang et al., 2008; Study 1), 4.60 (Martins et al., 2013), and 4.85 (Górska et al., 2023). In a 5-item version of the CLS administered to young college students, the mean of the items targeting humanity/strangers was 5.10 (Sprecher et al., 2023). In three studies conducted with nursing students in Turkey, it was expected that mean levels of compassionate love in this group (assessed with a Turkish translation of the CLS-Humanity) would be high. Mean scores ranged from 5.04 to 5.47 (Agarwal et al., 2017;

İbrahimoglu et al., 2021; Lok et al., 2023). Agarwal et al. (2017) found that nursing students' compassionate love scores were higher than those of medical students.

Thus, there appears to be a compassionate love hierarchy, with parents reporting very high levels of compassionate love for their young and adult children. Adult children report somewhat lower levels of compassionate love for their parents. People also report high levels of compassionate love for their romantic partner. In two studies conducted with older couples, compassionate love scores were near the ceiling of the scale, despite (or perhaps because of) various health challenges. Finally, the lowest scores (but still generally around the midpoint of the scale) are found when people report on their compassionate love for strangers/all of humanity. Although challenging to do, future longitudinal research following a diverse sample responding to versions of the compassionate love scale for different targets would be important to conduct.

5. Predictors/antecedents of compassionate love

Are some people more inclined to feel compassionate love than others? In an attempt to answer this question, researchers have examined a plethora of demographic variables and psychological dispositions (e.g., personality traits). Most of these studies are cross-sectional, conducted with non-representative samples, and are generally based on bivariate analyses (without controlling for other potential predictors of compassionate love). As will be discussed later in Future Directions, we encourage more large-scale studies, such as cross-national, epidemiological studies.

5.1 Demographic predictors

The key demographic variables that have been examined for their associations with compassionate love (as well as compassion) are gender, age, and religiosity. A few studies also have included measures of socioeconomic status.

5.1.1 Gender

Women generally are described as more nurturant, caring, and supportive than men (see Bedrov & Gable, 2023, for a review). Thus, it might be expected that women would score higher than men on measures of compassionate love. This was the case in Sprecher and Fehr's (2005) original studies, for all versions of the 21-item Compassionate Love Scale: Close others, a romantic partner, and strangers/all of humanity (see also Sprecher et al., 2007). This gender difference also was found in more recent research when a brief version of the CLS-Humanity scale was administered to a large sample of university students (Sprecher et al., 2023) and when a brief version focused on friends and acquaintances was administered to a diverse U.S. sample (Fehr & Sprecher, 2026; see Supplementary document).

Women also score higher than men on the brief Santa Clara Compassion Scale for Humanity (Hwang et al., 2008), including in a Czech sample (Novak et al., 2021), a sample of Turkish nursing students in Iran (Arianpoor et al., 2024) and in a lifespan study of over 1000 American adults (Lee et al., 2021). This gender difference also has been reported in studies using other scales that assess compassion, administered in several countries (e.g., Martins et al., 2013; Pavlova et al., 2023; Pommier et al., 2020, Sanchez et al., 2020, Steinvik et al., 2024a). In a review of studies that used compassion measures, including the CLS, Addiss et al. (2022) concluded that being female was associated with higher scores on compassion in the majority of studies.

Researchers also have examined whether there are gender differences in compassionate love for targets other than strangers/all of humanity. Fehr (2024) predicted that in the context of the family, mothers would report higher levels of compassionate love for their children compared to fathers. This was not the case when mothers and fathers completed the CLS for their young and adult children (Fehr, 2024; Studies 1 & 2). When young adult children reported on compassionate love for a parent, both sons and daughters reported higher levels of compassionate love for their mother than their father (Fehr, 2024, Study 6).

In Neto and Neto's extensive program of research on compassionate love for a romantic partner, women and men generally have not differed in terms of compassionate love for their romantic partner across samples (e.g., college students, large samples of adults across the lifespan) and measures (full CLS-Partner and their short form). Gender differences have not always been significant in multiple regression analyses that include gender along with other predictors (Neto & Wilks, 2017, Neto & Neto, 2022, Neto & Neto, 2024a, 2024b, Neto & Neto, 2025). Recently Neto and Neto (2024b) demonstrated measurement invariance (i.e., a scale measures the same underlying construct in the same way in different groups and time points) across age and gender using a lifespan sample.

Compassionate love and compassion are generally measured using self-report measures. Do objective observers perceive women as more compassionate than men? McNeil and Repetti (2023) coded videos of married couples' conversations in terms of how often the partners expressed compassion toward one another. Husbands and wives did not differ, as assessed by objective coders.

In sum, in many studies, women have scored higher (than men) on compassionate love or compassion measures. In other studies, gender differences have not been found. Interestingly, gender differences are least likely to be found when the target is a close other (e.g., family member, romantic partner). When the target is strangers/all of humanity, women generally score higher than men.

5.1.2 Age

Do people become more compassionately loving with age? To our knowledge, all of the research examining age as an independent variable has used only adult samples (see Frazier & Buote, 2026, for a model of the development of compassionate love in children). Age across the adulthood lifespan is generally uncorrelated with compassionate love/compassion for humanity (Martins et al., 2013; Novak et al., 2021; Pavlova et al., 2023; see also review by Addiss et al., 2022). Similarly, in a U.S. sample, no associations were found between age (18 to 80+) and scores on a brief version of CLS focused on friends/acquaintances, as indicated in the Supplementary Document; Fehr & Sprecher, 2026).

Does age play a role in compassionate love for close others? We reported earlier that studies that have focused on older couples facing a health issue report high levels of compassionate love for each other (Monin et al., 2015; Rauer et al., 2014). However, in other studies involving larger cross-sections of the population, age has not been found to be correlated with compassionate love for a romantic partner, as shown in research by Neto and Neto with samples of participants across a wide range of ages (e.g., 26 to 90 years; Neto & Wilks, 2017; Neto & Neto, 2022, 2024a, b; 2025). Also, as mentioned earlier, Neto and Neto (2024b) demonstrated measurement invariance across age (and gender) in a lifespan sample, indicating that compassionate love items have the same meaning across age groups. Similarly, when the target is a family member, age is generally uncorrelated with the experience of compassionate love, as shown in Fehr's (2024) research. Overall, then, when scores on compassionate love/compassion scales are correlated with age

across the adult lifespan, the correlations are generally nonsignificant, regardless of the target (humanity, romantic partner, family). Of course, there could still be individual variation in the extent to which people's levels of compassionate love change with age that is not captured by simple correlations (see e.g., Arianpoor et al., 2024).

5.1.3 Religion/spirituality

Underwood (2002, 2009) posited that the religious socialization of an individual is a predictor of compassionate love. Consistent with her theory, studies conducted in different countries (with different religions) have shown that various measures of religiosity (e.g., frequency of church attendance, religious faith) and spirituality are positively associated with compassionate love for close others and compassionate love/compassion for strangers/humanity (e.g., Addiss et al., 2022; Choudhary & Madnawat, 2017a; Hwang et al., 2008; Sprecher & Fehr, 2005). Novak et al. (2021) created four categories of religiosity: religious, religious outside of church, non-religious, and convinced atheist. Mean compassion scores (Santa Clara scale) were highest for the religious group, with the atheist group scoring the lowest in compassion, although still above the midpoint of the scale. (The mean scores of these groups differed significantly.) Relatedly, Hwang et al. (2008) found that vocational identity, defined as "a strong sense of calling" was correlated with compassionate love for humanity.

In their program of research on compassionate love for a romantic partner (using the full CLS-Partner and their brief scale with Portuguese samples), Neto and Neto have consistently found that people who describe themselves as "believers," especially those who are regular church attendees, score higher in compassionate love for their romantic partner than those who classify themselves as "non-believers" (Neto, 2012; Neto & Neto, 2022; Neto & Neto, 2024a; Neto & Wilks, 2017). However, when religion is entered into regression analyses along with other demographic variables, it is not always a significant predictor of compassionate love. (These results underscore the importance of controlling for covariates when examining any particular antecedents of compassionate love.)

Qualitative research underscores the link between compassionate love and spirituality. For example, Graber and Mitcham (2009) conducted interviews with 24 hospital-based physicians and nurses who were nominated by peers as being particularly compassionate. Nearly all of the compassionate clinicians indicated that they had daily spiritual experiences and felt God's presence and guidance in their caregiving.

Given that compassionate love is a main theme in many religions and spiritual traditions, it is not surprising that self-reports of compassionate love/compassion are associated with religiosity and spirituality. However, as noted by Addiss et al. (2022), religion also has been used (and still is used) to justify negative treatment of outgroups. In the studies we reviewed, measures of spirituality were more highly correlated with compassionate love/compassion than were measures of religiosity. In fact, Saslow (2011) found that compassion was related to spirituality but not religiosity. Thus, interventions aimed at increasing spirituality (e.g., Avants et al., 2005) seem promising for cultivating compassionate love for various outgroups.

5.1.4 Socioeconomic status (SES)

Studies on the link between SES and compassionate love/compassion have produced mixed findings. For example, in a Czech sample, no associations were found between achieved education level and employment status and scores on the Santa Clara scale (e.g., Novak et al., 2021). In Fehr and Sprecher (2026; see Supplementary Document), using a U.S. sample, no

association was found between the MacArthur scale of subjective social class and compassionate love experienced for friends/acquaintances (see Supplementary Document).

However, Hajiheydari et al. (2022) obtained a small positive correlation between compassionate love for humanity and SES in a sample of Iranian students. In an impressive 32-year prospective study (Saarinen et al., 2021), it was found that the higher the parents' level of SES, the greater the compassion of their adult children, but only when the children were between ages 30 to 40. The adult children's compassion predicted higher SES ten years later, but not vice-versa.

Stellar et al. (2012) conducted a series of studies in which they assessed dispositional compassion as well as people's reactions to the suffering of others. They found that lower class participants showed more compassion (self-report and physiological measures [heart rate deceleration]) than upper-class participants. The authors suggested that because lower-class people have more difficult lives than higher-class people, they are more attuned to other people's distress.

Thus, so far, there is not a clear bottom line about the role of socioeconomic status in affecting compassionate love. Future research should conduct more nuanced analyses, which could include examining possible non-linear associations and the intersection of various other demographic traits (e.g., race) with social class.

5.2 Attachment and personality differences

Individual dispositional variables also are likely to be associated with the degree of compassionate love experienced for others. In this section, we focus on research that has examined attachment and personality traits.

5.2.1 Attachment

As mentioned in the Introduction, several theorists have posited a link between attachment security and compassionate love. Empirical evidence supports this link. With a sample of college students who completed a brief CLS-Humanity and ratings of Bartholomew and Horowitz's (1991) four-category attachment paragraphs (which measure secure, preoccupied, dismissing, and fearful attachment styles), Sprecher et al. (2023) found that CLS scores were positively associated with agreement with the secure attachment paragraph and negatively associated with agreement with the dismissing-avoidance paragraph. With similar measures of attachment but with the items in the CLS focused on a romantic partner, Sprecher and Fehr (2011) obtained similar results – those higher on attachment security and those lower on avoidant-dismissive attachment were higher in compassionate love.

Connections between attachment and compassionate love have been found in other studies, as well. Sabey and Rauer (2018) conducted a longitudinal study with older couples and found that attachment avoidance was negatively associated with compassionate love for one's spouse (CLS-Partner; the correlation was stronger for wives than for husbands). Rindt-Hoffman et al. (2019) examined the link between attachment and compassionate love in a sample of mental health professionals. All three versions of the CLS were administered (specific close other, close others, strangers/humanity). In regression analyses, secure attachment predicted compassionate love for a specific close other and for close others in general, but not for strangers/humanity. Finally, in their program of research, Mikulincer and Shaver (2005, 2017) have found associations between attachment security (dispositional and primed) and compassionate responses to others' distress. In short, people who are securely attached are more likely to report experiencing compassionate love than those who are high in attachment avoidance.

5.2.2 Personality

In research on the relation between personality and compassionate love, personality is usually measured in terms of the Big Five traits. These traits play a role in predicting compassionate love. For example, Choudhary and Madnawat (2017b) administered the CLS-Humanity and a measure of the Big Five personality traits to psychiatrists in India. They found that Openness and Conscientiousness were significant (positive) predictors, whereas Neuroticism, Extraversion, and Agreeableness were not. This study was replicated with a predominantly Christian sample of Americans by Wing et al. (2018). They found that scores on Pommier's (2010) Compassion Scale were positively correlated with Agreeableness and Conscientiousness of the Big Five. Pommier et al. (2020) also examined links between compassion and the Big Five. They obtained significant correlations with all of the Big Five factors, although the correlation for Neuroticism was negative. Fehr and Sprecher (2026; see Supplementary Document) correlated scores on the Big Five personality traits (measured with Gosling et al.'s [2003] brief measure of the Big 5) with a brief measure of compassionate love for friends and acquaintances. Agreeableness and Openness had the highest (positive) correlations with compassionate love (Conscientiousness and Extraversion also had positive, although weaker, correlations). V. Sinclair et al. (2020) found that Agreeableness, Openness, and Conscientiousness predicted compassion (using Pommier's [2010] Compassion Scale), in a Canadian sample, but only Openness was a significant predictor in a Spanish sample.

Finally, self-esteem is another individual difference variable that is associated with compassionate love. Chiesi et al. (2020) obtained a positive correlation between self-esteem and compassionate love, assessed with the CLS-Humanity and their brief version of that scale. Hajiheydari et al. (2023) replicated this finding using Chiesi's scale translated into Persian. In a series of studies, Sprecher and Fehr (2006) asked participants to describe an experience of compassionate love and rate how the experience affected them. Participants reported that the experience increased their self-esteem.

In summary, although links between personality and compassionate love have not been studied extensively, there are some associations. The most consistent finding in studies using the Big Five is a positive correlation between Conscientiousness and compassionate love. Some studies also have found positive associations for Agreeableness and Openness. Self-esteem is also positively related to compassionate love. While these personality factors are linked with directing compassionate love to others, future research could consider whether personality plays a role in receiving compassionate love from others.

6. Antecedents or outcomes?

Unlike age, gender, and personality – which presumably are present before people develop the capacity to experience compassionate love – it is unclear whether many of the variables that are conceptually related to, and correlated with, compassionate love (e.g., empathy, compassion) are predictors or consequences of compassionate love. In this section, we focus on links between compassionate love and a variety of other prosocial variables (e.g., compassion, empathy, sympathy). Definitions of these constructs and their inter-relations are hotly contested (e.g., Breyer, 2020; Jeffrey, 2016; S. Sinclair et al., 2017, Vaish & Grossman, 2024), leading Gerace (2020) to query: "Roses by other names?" (p. 736). It is beyond the scope of this paper to weigh in on these debates. Here we focus on empirical research that has examined the link between these variables and compassionate love. We explore these associations in order to highlight the distinctions and similarities that compassionate love has with other related prosocial concepts.

6.1 Compassion

Lazarus (1991) defined compassion as an emotion that involves “being moved by another’s suffering and wanting to help” (p. 289). Goetz et al. (2010) defined compassion as “a feeling that arises in witnessing another’s suffering and that motivates a subsequent desire to help” (p. 351). Although compassion and compassionate love are often equated, Underwood (2009) argued that compassion “might imply a limited focus to those who are suffering, and it can imply detachment,” whereas compassionate love “implies some degree of emotional engagement, as appropriate, and also emphasizes the enhancement of human flourishing” (p. 4). This distinction has not been captured in current measures of these constructs, as evidenced by very high correlations between the CLS scale and scales that purport to assess compassion *per se* (e.g., .95 in Hwang et al., 2008, .96 in Schlosser et al., 2023). High correlations are not surprising, given that these scales are composed of items taken from the CLS. However, other researchers also have found positive correlations between compassion measures (not derived from CLS) and scores on a version of the CLS. For example, Martins et al. (2013) developed a Compassion scale (that did not include any of the CLS items) and found it was moderately to strongly correlated with the CLS (the version of the scale was not specified). In a series of studies, Pommier et al. (2020) found that their compassion scale had weak to moderate positive correlations with the CLS-Humanity version and the Santa Clara compassion scale.

6.2 Sympathy

Sympathy has been defined as “feelings of sorrow or concern for distressed or needy others” (Vaughan et al., 2009; see also Goetz et al., 2010). Sympathy is often seen as an antecedent of compassionate love/compassion (e.g., Vaughan et al., 2009). Compassionate love would seem to be a broader concept than sympathy, given that it includes moving beyond feelings of sorrow or concern to taking action to alleviate another’s distress. Moreover, compassionate love presumably can be experienced in the absence of sympathy, as when compassionate love is motivated by the enhancement of another’s growth and well-being, rather than by the alleviation of distress (Underwood, 2002, 2009).

We are unaware of any studies in which measures of sympathy and compassionate love have been administered. However, in a qualitative study, S. Sinclair et al. (2017) asked cancer patients to describe their definitions of sympathy, empathy, and compassion. Sympathy was conceptualized as a negative, pity-based response in which the other is lacking in understanding and focused on mitigating their own distress. Compassion was conceptualized as encompassing elements of empathy, but also included love as the motivation and altruistic actions. Compassion was regarded as the most beneficial and impactful relative to empathy and sympathy (the latter was seen as unhelpful).

6.3 Empathy

Scholars generally define empathy as the ability to feel what another person is feeling or experiencing (e.g., Batson & Oleson, 1991; Eisenberg & Fabes, 1998; Lazarus, 1991). Some scholars view compassionate love/compassion and empathy as interchangeable (see e.g., Klimecki, 2019; S. Sinclair et al., 2017, for reviews). Other scholars regard empathy as a prerequisite for the experience of compassionate love (see e.g., Fehr & Sprecher, 2005, 2009b; Underwood, 2009). Even though empathy is generally associated with prosocial motivations and behaviors, unlike compassionate love, people can use empathy for negative purposes (e.g., understanding the

vulnerability a grief-stricken person is experiencing and exploiting that vulnerability for personal gain; see e.g., L. Sinclair et al., 2016).

Sprecher and Fehr (2005) hypothesized that empathy and compassionate love would be correlated, but that the coefficients would not be so high as to suggest these are redundant constructs. They found that scores on the CLS were moderately correlated with standard empathy scales, regardless of whether the target was close others or strangers/humanity ($r = .45$ to $.68$). Other researchers have reported similar findings, using empathy scales as well as scales that assess empathic concern (e.g., Gu et al., 2020; Hwang et al., 2008; Schlosser et al. 2023; Simard et al., 2023; L. Sinclair et al., 2016).

Klimecki et al. (2013) showed participants videos depicting people in various situations (e.g., in distress) that were high or low in emotional intensity. Participants reported on their emotional reactions to the videos and their degree of empathy. Empathy ratings were significantly correlated with scores on the CLS-Humanity across videos. More recently, Górska et al. (2023) used a similar methodology with students in Israel. Empathy ratings in response to videos of people suffering were significantly correlated with CLS-Humanity scores.

In terms of disentangling empathy and compassionate love, Sprecher and Fehr (2005) found that when controlling for compassionate love, empathy was no longer a significant predictor of outcome variables such as helpfulness and volunteerism, whereas when empathy was controlled for, compassionate love remained a significant predictor (Sprecher & Fehr, 2005, Study 2). In another approach, L. Sinclair et al. (2016) had participants describe an experience of either compassionate love, empathy, good mood, or, in the control condition, a typical day. The dependent variable was prejudice toward immigrants. It was found that the compassionate love group had significantly lower prejudice scores than all of the other groups.

6.4 Social support

Social support is generally regarded as a behavioral manifestation of compassionate love, although it is possible that providing support to another person could increase compassionate love toward them. Correlations between the CLS and measures of social support tend to be moderate to strong, regardless of whether the target is close others in general or a specific close other (e.g. romantic partner, one's parent, one's child; e.g., Fehr, 2024; Sprecher & Fehr, 2008; Sprecher & Fehr, 2005; Studies 2 & 3). Neff and Karney (2005, 2009) found that compassionate love for one's spouse (operationalized as a positive global evaluation of the partner along with an accurate understanding of their specific strengths and weaknesses) was associated with the provision of social support to them during an interaction in the laboratory. Collins et al. (2014) found that scores on the CLS-Partner were associated with provision of support to a dating partner during a stressful laboratory task. Fehr (2004; Study 7) obtained similar results when replicating this study with mother-daughter pairs.

6.5 Caregiving

As discussed earlier, according to attachment theorists, compassionate love is part of the caregiving system. Gouriluk (2009) correlated scores on the CLS-Partner scale with scores on the four subscales of Kuncze and Shaver's (1994) caregiving scale: proximity, sensitivity, cooperation and compulsive caregiving. Correlations were positive and moderate for all of the subscales, except for a low correlation with the compulsive caregiving subscale. Fehr (2024) obtained significant, generally moderate, correlations between compassionate love for a family member (parent to child; adult child to parent) and the capable caregiving subscale of Feeney and Collins' (2003) caregiving scale. Subscales assessing obligatory care and caregiving motivated by the

other's neediness were uncorrelated with compassionate love for a family member. Finally, Roberts et al. (2009) found that in an end-of-life context, compassionate love took the form of caring for the other physically and emotionally, healing and forgiving, and letting go of the other.

6.6 Helpfulness

Are people who love compassionately also more helpful to others? Sprecher and Fehr (2005) found that scores on Penner et al.'s (1995) Helpfulness scale were significantly associated with CLS-Close Others and CLS-Humanity. Similar findings were obtained with a measure of volunteerism across several domains (e.g., social causes, charity). Omoto et al. (2009) found that other-focused motivations for volunteerism (e.g., "to help members of a particular community") were more strongly associated with conceptualizing volunteerism as an expression of compassionate love than were self-focused motivations (e.g., "to feel better about myself").

Scores on the Santa Clara Scale also are positively correlated with helpfulness (Hwang et al., 2008). Finally, in a study of adolescents' reactions to depictions of cyberbullying, Steinvik et al. (2024a) found that compassion (Gilbert et al. [2017] scale) was correlated with the helpful response of "prosocial defending".

6.7 Self-sacrifice

Many scholars define compassionate love in terms of making sacrifices for another (see Shacham-Dupont, 2003). In empirical investigations, compassionate love for a dating partner is moderately associated with willingness to sacrifice for them (Gouriluk, 2009; Sprecher & Fehr, 2008). In Fehr's (2024) program of research, parents' compassionate love for their young and adult children was significantly, moderately correlated with a measure of willingness to sacrifice for them (Studies 1 & 2). This also was the case when adult children reported on compassionate love and willingness to sacrifice for their parents (Studies 3-6).

In summary, correlations between compassionate love and a number of benevolent interpersonal concepts are generally moderate in magnitude. Empathy, sympathy, and compassion may well be prerequisites for the experience of compassionate love. Variables such as social support, caregiving, helpfulness, and self-sacrifice generally are construed as behavioral manifestations of compassionate love. However, it is also plausible that these variables could function as precursors or antecedents of compassionate love. For example, being placed in a caregiving role for a loved one could engender feelings of compassionate love, as in parents caring for their newborn child or caring for a loved one who has developed health challenges.

7. Compassionate love and well-being

By now, there is substantial evidence – across different measures and types of samples – of a link between compassionate love/compassion experienced for others and the well-being of the giver of compassionate love. Below we focus on research that has examined how the experience of compassionate love is associated with several indices of well-being, including positive and negative affect, satisfaction with life/subjective well-being, and physical and mental health. The vast majority of studies on this topic are correlational (cross-sectional, typically bivariate correlations), leaving causal questions unanswered.

7.1 Positive and negative affect

Many scholars have examined the associations of compassionate love and compassion scales with positive and negative affect, typically using Watson et al.'s (1988) Positive and Negative Affect

Scales (PANAS). In many of these studies, conducted in Canada, United States, Iran, and Europe, compassionate love for humanity is correlated positively with positive affect and negatively with negative affect (e.g., Chiesi et al., 2020; Hajiheydari et al., 2022, 2023; Klimicki et al., 2013). This pattern also was found at each time point in a 3-wave longitudinal study conducted in Chile using the Santa Clara Brief scale, translated into Spanish (Oriol et al., 2023). Similar associations are obtained in studies assessing compassionate love for a partner (CLS-Partner, full and brief scale) in North American and Portuguese samples (Neto & Wilks, 2017; Neto & Neto, 2022; Study 3).

Other researchers also have reported a significant correlation between compassionate love/compassion and positive affect, but a *nonsignificant* relation between compassionate love and negative affect (Neto, 2012; Neto & Neto, 2022; Study 2; Schlosser et al., 2023; Wing et al., 2018). When Sprecher and Fehr (2006) asked participants to describe an experience of compassionate love and respond to questions about its effects, they reported that the experience increased positive affect, but did not change negative affect. Thus, the existing research suggests that compassionate love is linked with positive emotions. For negative affect, the correlations are either negative or nonsignificant.

7.2 Life satisfaction/subjective well-being

People who experience high levels of compassionate love for others also experience high levels of well-being, as assessed by the Satisfaction with Life Scale (SWLS; Diener et al., 1985) or the Subjective Well-Being Scale (SWB; Diener, 2000). The link between compassionate love and life satisfaction holds across targets (e.g., humanity; Chiesi et al., 2020; Hajiheydari et al., 2022, 2023; romantic partner, Neto, 2012; Neto & Neto, 2025, Neto & Wilks, 2017; see Sprecher & Fehr, 2025, for a review; see also Nakamura et al., 2026). In Neto and Wilks' (2017) study, correlations between compassionate love and life satisfaction were somewhat lower for young adults than for middle-aged and older adults. Compassion, as assessed by the Santa Clara scale (Hwang et al., 2008), also is positively correlated with satisfaction with life (Oriol et al., 2023; Sanchez et al., 2020).

In a research program on compassionate love for a family member (Fehr, unpublished), compassionate love was significantly correlated with life satisfaction across a range of relationships – parents reporting on compassionate love for their children of various ages and adult children of various ages reporting on compassionate love for their parents.

Verhaeghen (2024) obtained a positive correlation between compassion (assessed by a short form of the Miller & Verhaeghen [2022] compassion scale) and items measuring flourishing (self-perceived success in several important areas of life) – another marker of well-being. Furthermore, Fehr and Sprecher (2026; see Supplementary Document) found a positive correlation between the brief form of CLS focused on friends and acquaintances and an index of well-being that included items such as satisfied with life, energetic, optimistic, depressed (reverse scored), and anxious (reverse scored). Finally, having a balance between self- and other- compassion also is associated with well-being as shown in a series of experience sampling studies (using single-item measures; Ciarrochi et al., 2024; Sahdra et al., 2023).

7.3 Physical and mental health

Some compassionate love/compassion studies have focused on physical and/or mental health. In an impressive 5-year longitudinal study with a large, lifespan sample, Lee et al. (2021) examined how compassion for others (Santa Clara scale) and self-compassion were associated with physical and mental health outcomes. Compassion for others and for self were both related with

improvements in physical health among adults under the age of 60 years. Increases in both types of compassion (self and others) over time were associated with improved mental health. High baseline scores and increases in both kinds of compassion also were associated with lower loneliness (assessed during a follow-up session). The researchers concluded that interventions aimed at increasing compassion (for self and others) are likely to have salutary effects on health and well-being. Ramsey et al. (2023) used the same measures in a sample of people with schizophrenia (and a control group). In this study, self-compassion, but not compassion for others, predicted self-reported health outcomes for both groups. The path from self-compassion to health was mediated by depression and anxiety.

According to Rauer, Sabey, and colleagues, as people age and deal with increased health challenges, partners would be expected to experience greater compassionate love for each other. In a series of studies conducted with a sample of older married couples, the researchers administered the CLS-Partner, compassionate love received from their spouse, a self-report measure of health, and a checklist of physician-diagnosed illnesses (Rauer et al., 2014). Results showed that the more compassionately a wife loved her husband, the better her health. However, receiving compassionate love (from her husband) was weakly negatively associated with her health. A husband's compassionate love for his wife was not related to his own health. In fact, the more compassionate love he received from his wife, the poorer his health. (The authors state that one of the greatest fears of aging is becoming dependent on one's partner, which may explain this negative association.) One year later, the participants again reported on compassionate love for their spouse (Sabey & Rauer, 2018). Over time, there were small, but significant, declines in compassionate love for both partners. When correlations were computed between compassionate love (at Time 1 and Time 2) and Time 1 health, there were no significant associations (Time 2 health data were not reported in this paper). The researchers then conducted an analysis that included husbands' and wives' health at Time 1 as a predictor of compassionate love for their spouse at Time 2 (controlling for Time 1 compassionate love). In this analysis, the poorer the husband's health, the greater the increase in his wife's compassionate love for him over time. No significant effects were found for wives.

Some studies have focused specifically on mental health. For example, McDonald et al. (2021) administered several measures of mental health to a sample of first responders, along with scales to assess self-compassion and compassionate love (Santa Clara scale, although the authors preferred the term compassionate love). In regression analyses, self-compassion was a significant predictor of most of the measures of mental health (e.g., depression, anxiety), whereas compassionate love was not. Other studies have found that correlations between compassionate love (assessed with various scales) and variables such as depression, anxiety, stress are nonsignificant (e.g., Neto & Neto, 2022; Wing et al., 2018).

Contrary to these findings, Chiesi et al. (2020) reported negative correlations between compassionate love (using the CLS-Humanity and their short form) and anxiety. In two studies using the CLS-Humanity and their Compassion for Others Scale, Schlosser et al. (2023) found significant, but small, positive correlations between scores on these scales and personal distress. Similar findings were reported by Pommier (2010). Thus, there is some evidence of a link between compassionate love and health, although the findings are not consistent across studies. When self-compassion is also included in analyses, it surpasses compassionate love as a predictor of mental health.

In conclusion, the experience of compassionate love is associated with positive affect, decreased negative affect (sometimes), and satisfaction with life. Links between compassionate love and health are less clear.

8. Interventions for increasing compassionate love

Clearly, compassionate love is associated with myriad intrapersonal and interpersonal benefits. Given these benefits, it would seem important to develop interventions to increase this kind of love in close relationships as well as for those outside of one's inner circle. Fortunately, the intervention strategies that have been developed so far have produced promising results. We discuss five relevant lines of research, while acknowledging that there are other approaches.

8.1 Security priming

In tightly controlled laboratory experiments conducted by Mikulincer, Shaver, and their colleagues (e.g., Mikulincer & Shaver, 2007; Mikulincer et al., 2009, Mikulincer et al., 2001), it has been shown that when attachment security is primed (e.g., recalling personal memories, seeing a picture of a supportive interaction), participants experience greater prosocial variables (empathy, compassion) for another in need. Security priming also has been found to reduce prejudice toward outgroup members (Mikulincer & Shaver, 2001). Mikulincer et al. (2009) suggest that attachment security diminishes the need for defensive self-protection, thereby enabling the activation of the caregiving system (see Condon (2026) for a more detailed discussion of security priming).

L. Sinclair et al. (2016) found that priming compassionate love directly (e.g., by having participants describe an especially vivid experience of this kind of love) resulted in lower levels of prejudice toward outgroups, compared to various control conditions. Steinvik et al. (2024b) had adolescents complete a visualization exercise intended to increase compassion or empathy (along with a control condition) before viewing videos of bullying situations. Participants in the compassion group reported less empathic distress and empathic anger than participants in the other groups. However, the three groups did not differ in terms of their self-reported bystander responses to the bullying videos.

8.2 Formation of cross-group friendships and exposure to diversity

Wright, Aron, and their colleagues (see Brody et al., 2009, for a review) have examined the role of cross-group friendships in increasing compassionate love, operationalized in this research as positive attitudes toward outgroup members. In one of their studies, white women engaged in several interactions with either a white, Asian, or Latina woman. During the interactions, the participants engaged in closeness and friendship-building exercises. Later, white participants in the cross-group friendship condition reported more positive attitudes toward their partner's ethnic group as a whole and toward minorities in general compared to white participants who were paired with a white partner (Wright & Van Der Zande, 1999). In another study, Welker et al. (2014) found that when white couples were paired with black couples and engaged in a friendship-building exercise, attitudes toward the outgroup became more positive (which the authors interpreted as an emergent property of compassionate love). Aron and colleagues extended this work to a number of important real-world settings, including designing interventions to improve strained relations between police officers and their local community (Aron, 2010).

Finally, Plante and Mejia (2016) tracked changes in levels of compassion (Santa Clara scale) in a large sample of college students, from entrance to graduation. They found that those who had attended a racial/cultural awareness workshop while at the university were more likely to show increases in compassion scores.

8.3 Experiential learning opportunities

Plante and colleagues (Plante et al., 2009) have examined whether educational experiences, immersion trips, and social justice field practicum placements can increase compassion. They administered the Santa Clara scale to students at Santa Clara University before and after they participated in humanitarian immersion trips (e.g., traveling to New Orleans to assist after Hurricane Katrina). In two studies it was found that students who planned to participate in immersion programs had higher compassion scores than those who did not. The hypothesis that compassion would increase among students who actually participated in humanitarian immersion programs was not supported in their first study but did receive support in their second study (Plante et al., 2009).

8.4 Meditation

Many kinds of meditation training (e.g., mindfulness, lovingkindness) have been used in hopes of increasing compassionate love/compassion for others as well as self-compassion (see e.g., Condon, 2026). In research conducted by Oman et al. (2010), health professionals were given training in Passage Meditation which involves memorizing spiritual and inspirational text and engaging in practices such as focused attention. Participants experienced increases in compassionate love (measured with Underwood's [2009] two items referred to earlier) as well as increased empathic perspective-taking, forgiveness, and altruistic actions. In a more recent study conducted with a large sample of older Americans, Lekhak et al. (2024) compared meditators with non-meditators. Participants were asked if they felt loved by others (this was taken as a measure of received compassionate love). As predicted, meditators scored higher on the love question than non-meditators. Moreover, love mediated the negative relation between meditation and poor mental health (depression, anxiety). In a recent meta-analytic review of the efficacy of loving-kindness compassion meditation (LKCM), it was concluded that this intervention showed some promise for increasing life satisfaction, but findings were complicated by different moderators having different effects (Gu et al., 2022).

Carrero et al. (2023) examined the effects of a brief, one-time lovingkindness meditation intervention on positive and negative emotions in student and community samples in Spain (most participants were women). Dispositional compassion (Santa Clara scale) was used as a control variable. The meditation group reported higher levels of positive emotions (compassion, gratitude, love), but also higher levels of negative emotions (e.g., guilt, shame) compared to an active-breathing control group. The authors point out that it is not unusual for people to experience ambivalent emotions in the early stages of learning meditation practice. Finally, Fortney et al. (2013) conducted a mindfulness intervention in a sample of primary care physicians. The intervention did not significantly increase compassion (Santa Clara scale).

8.5 Compassion training

There are many training programs that focus on increasing compassion. These include the Stanford Compassion Training Program (Jinpa & Wiess, 2013; see also Goldin & Jazaieri, 2017; Jazaieri et al., 2013; Klimecki et al., 2013), Compassion Therapy (Craig et al., 2020; Gilbert, 2009), Cognitive-Based Compassion Therapy (CBCT, Pace et al., 2019) and more (see reviews by Kirby et al., 2017; Addiss et al., 2022; see also Jha et al., 2026). Aguilar-Raab et al. (2023) compared the efficacy of Cognitive-Based Compassion Therapy versus "usual treatment" (e.g., medications; this group was considered the control group) for treating depression. A sample of depressed women and their partners completed measures of self-compassion, compassionate love (CLS-

Partner), and relationship functioning. The 10-week CBCT intervention increased self-compassion and mindfulness in the depressed participants but did not affect compassionate love for the partner, nor variables that assessed relationship functioning.

In summary, there is evidence that compassionate love (or proxies for this construct) can be enhanced through intrapersonal (e.g., security priming, meditation, compassion-based therapies), experiential (e.g., humanitarian missions), and interpersonal (cross-group friendship formation) interventions.

9. Future directions and conclusions

There has been remarkable progress in the study of compassionate love over the past decade. We believe that this is an important prosocial variable that should be incorporated into future large-scale epidemiological studies to examine as a contributor to, and manifestation of, health and wellbeing, including across cultures. Although the research to date on compassionate love has primarily been based on convenience samples and cross-sectional designs, future large-scale (funded) epidemiological studies that include items on compassionate love could not only advance our understanding of factors associated with health and wellbeing but also our further understanding of compassionate love.

Another area for further exploration concerns the associations between compassionate love and related concepts. Links between compassionate love and prosocial emotions as well as prosocial behaviors could be further examined empirically. Research has shown that compassionate love overlaps with, but is not redundant with, concepts such as empathy, sympathy, support, and the like. The boundaries between compassion and compassionate love are less clear, and the distinctions and similarities could be further examined. As discussed earlier, Underwood (2002, 2009) differentiated between these concepts, arguing that compassionate love, but not necessarily compassion, promotes flourishing. These concepts also have been distinguished by defining compassion as being moved by the suffering of another, whereas compassionate love also includes the motivation to help alleviate the suffering. However, many definitions of compassion (see e.g., reviews by Addiss et al., 2022; Jiang et al., 2023; see also Hightower & Addiss, 2026) do include the desire to reduce suffering as part of the definition of the construct. Moreover, in studies that have included scales to assess compassion and compassionate love, scores on these scales are extremely highly correlated, generally in the .90s. (Given that several of the most commonly-used compassion scales are composed of items taken from the Compassionate Love Scale, these correlations are not surprising.)

Establishing the causal relations between compassionate love/compassion and prosocial variables also should be a priority for future research. As already discussed, it is possible that caregiving, providing support, and making sacrifices for others elicit compassionate love, rather than being outcomes of this kind of love. It is of conceptual and practical importance to clearly identify which variables are precursors of compassionate love. Answering the question, “What causes compassionate love?” is a necessary prerequisite for understanding how best to facilitate it. In addition, as we examine individual factors associated with compassionate love, it is important to consider their unique associations controlling for other related individual difference variables.

In future research it also will be important to examine the benefits of *receiving* compassionate love. Nearly all of the research has focused on the antecedents, concomitants, and outcomes of extending compassionate love to others. These are all positive. However, less is known about whether receiving compassionate love is a uniformly positive experience. In the helping and social support literatures, it has been shown that people sometimes react negatively to receiving

help (or social support) because it implies dependency or incompetence (e.g., Gray et al., 2020; Newsom, 1999). In an attempt to address this issue, Sprecher and Fehr (2006) asked participants to describe an experience in which they either extended compassionate love to another person or were the recipient of compassionate love. The self-reported consequences of receiving compassionate love were similar to the effects of extending compassionate love – positive mood, enhanced self-esteem, greater self-awareness, heightened spirituality, and greater closeness to the other (see Sprecher et al. [2007] for similar findings). However, more research is needed to fully elucidate the extent to which giving *and* receiving compassionate love have salutary effects.

We also encourage research that extends beyond correlational studies in which compassionate love scales (and correlates or predictors) are administered at only one point in time and without consideration of possible covariates. As has been argued elsewhere (e.g., Addiss et al., 2022; Gu et al., 2022), there is a need for more longitudinal research, and with consideration of multiple factors, to clearly identify which factors are antecedents, concomitants, and consequences of compassionate love. There are some promising starts. For example, Arianpoor et al. (2024) administered the CLS four times over a 14-week period to students in Iran. Their goal was to assess changes in compassionate love. Although there was a general increase over time, they also found considerable individual variability. We also encourage more experience sampling/daily diary studies (see Sahdra et al. [2023] for an example). Daily diary studies that include both members of a dyad are especially valuable, as exemplified by Ciarrochi et al. (2024) and Reis et al. (2014; see also Kirby et al., 2026). Although there is a limit in how many questions can be asked in multiple assessments over a brief period of time, we encourage such research and recommend including multi-item measures of compassionate love.

More experimental studies are also needed to examine the causal role of compassionate love in various outcome variables. The priming studies conducted by L. Sinclair et al. (2016) and Mikulincer et al. (2009) are an encouraging start. Experimental studies also would be helpful to examine behavioral manifestations of compassionate love, such as specific helping behaviors that can be observed and coded.

Finally, we echo Addiss et al.'s (2022) call for research that considers cultural factors (see Nakamura et al. (2026) for comparisons across cultures). For example, based on interviews with Black couples in the United States, Apollon (2021) underscored the importance of considering the current cultural context and the historical trauma experienced by this group and how these factors might influence flourishing, resilience, and compassionate love in their relationships. Clearly, this message also applies to other marginalized groups.

In conclusion, as is evident from this review, research on compassionate love has increased exponentially in recent years. And yet there are miles to go before there are definitive answers to questions regarding its antecedents, concomitants, and outcomes. In order to progress toward that goal, it is valuable to assess and integrate what is known so far about this important kind of love and identify the most pressing issues for future research.

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