

# Protection as the Mirror Image of Psychopathology: Further Critical Notes on the Self-Compassion Scale

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Self-compassion can be defined as the tendency to be caring, warm, and understanding towards oneself when faced with personal shortcomings, problems, or failures. Kristin Neff certainly should be applauded for her seminal work on self-compassion. That is, she was the first putting this self-related construct on the scientific agenda and publishing a considerable amount of theoretical and empirical articles on this topic. From the start, Neff (2003a) has persisted in a conceptualization of self-compassion mainly drawn from writings of Buddhist teachers, postulating that the construct essentially consists of three core components. The first component is self-kindness and refers to the tendency to be kind to and understanding with oneself when confronted with personal disappointments. The second component is common humanity, which deals with recognizing that one's failures and problems are an integral part of human life. The third and final component is mindfulness and relates to the ability of not becoming too absorbed with personal problems but rather to keep a balanced view on the positive and negative experiences in life. Self-compassion nicely fits within the current positive psychology trend, because it can be regarded as a protective factor that fosters resilience in the face of adversity and stress.

Indeed, studies on self-compassion are steadily increasing, especially in the field of clinical psychology and psychiatry. In general, this work indicates that higher levels of self-compassion are associated with lower levels of anxiety and depression (MacBeth and Gumley 2012) as well as a wide variety of other psychopathological symptoms (e.g., posttraumatic stress, psychosis, addiction, disruptive behavior, and eating problems; Muris and Petrocchi 2016).

Researchers mainly rely on Neff's invented (2003b) Self-Compassion Scale (SCS) or its abbreviated version, the Self-Compassion Scale-Short Form (SCS-SF; Raes et al. 2011), for measuring this construct. The SCS contains 26 items, half of which directly measure the three core components of self-kindness (e.g., "I'm kind to myself when I'm experiencing suffering"), common humanity (e.g., "I try to see my failings as part of the human condition"), and mindfulness (e.g., "When something upsets me I try to keep my emotions in balance"). The other half of items intend to tap the dimensional counterparts of the three key components and assess self-judgment (e.g., "When times are really difficult, I tend to be tough on myself"), isolation (e.g., "When I fail at something that is important to me, I tend to feel alone in my failure"), and over-identification (e.g., "When something upsets me, I get carried away by my feelings"). However, Neff (2003b) already found in the initial psychometric study that the three hypothesized dimensions (i.e., self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification) did not exist, and from then on, it became gradually accepted that the SCS contains six subscales, with three subscales being positive indicators and three subscales being negative indicators of the self-compassion construct. Researchers using the SCS frequently neglect this important issue and only compute a total SCS score by summing the ratings across all items (after reversing the ratings on negative indicator items; see Lopez et al. 2015). On a brief

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note, the SCS-SF is essentially a condensed version of the SCS and has a similar composition: The scale is composed of 12 items of which six items represent the three positive (key) components and six items that belong to the three negative components of self-compassion. In the remainder of this letter, we will only refer to the SCS, although the text equally applies to the SCS-SF.

Although sound evidence exists for the basic psychometric qualities of the SCS, scholars are increasingly criticizing this measure of self-compassion. Basically, the critique refers to Neff's theoretical conceptualization of the self-compassion construct and the operationalization of this concept in the SCS, which would also compromise the validity of this scale. Recently, Neff (2016) replied to the negative commentaries concerning her self-compassion questionnaire. She argued that the SCS is consistent with her working definition of self-compassion as "a dynamic balance between the compassionate versus the uncompassionate ways that individuals emotionally respond to pain and failure (with kindness or judgment), cognitively understand their predicament (as part of the human experience or as isolating), and pay attention to suffering (in a mindful or over-identified manner)" (p. 264). Furthermore, she cited empirical evidence to justify the use of a SCS total score, while also making the case that there is support for a six-factor structure of the scale and theoretical reasons for a two-factor solution in which the positive subscales are collapsed into one factor (self-compassion) and the negative subscales are combined into another factor (self-criticism or self-coldness). Neff (2016) concluded that "the way that the SCS is currently structured provides a great deal of flexibility for researchers in terms of using the SCS in a way that best addresses their particular research questions and theoretical perspectives" (p. 271). In this letter, we will carefully analyze Neff's (2016) defensive arguments, and stress that the raised critiques with regard to her conceptualization of self-compassion and the SCS have face value and are definitely justified. In our conclusion, we will also give a clear recommendation on how the SCS should be used as an index of self-compassion in future research.

Self-compassion is a protective construct indicating that it is a personal attribute that helps the individual to deal more effectively with experiences of distress and suffering. The three positive components of self-compassion (i.e., self-kindness, common humanity, and mindfulness) are nicely in line with the protective nature of the concept. When construing the SCS, Neff's (2003b) initial idea was to measure these three components as opposite dimensions with high compassionate reactions on the one hand and low compassionate responses on the other hand. This was essentially the key reason for why items were included in the questionnaire intending to measure uncompassionate behavior (in order to avoid the problem of double negation such items were phrased in a negative way; e.g., "I am disapproving and judgmental about my own flaws

and inadequacies" was preferred over "I am *not* disapproving and judgmental about my own flaws and inadequacies"). Neff (2016) now claims that the negative components are part of her original definition of self-compassion, but this is just totally incorrect. In fact, even in her more recent papers, she still advocates that the construct basically contains three positive components that are dimensional in nature. The negative components in the SCS are merely described as the opposites of the three positive components (e.g., Albertson et al. 2015; Neff 2016; Neff and Faso 2015).

The fundamental issue is that factor analytic studies have produced no evidence whatsoever for the three-dimensional structure of the SCS. Neff should know this as the initial psychometric evaluation of the SCS already revealed that even the contrasts of self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification were not unidimensional, but each of them rather represented two separate (but related) factors (Neff 2003b). Unsurprisingly, the overall factor analysis performed on all 26 items of the SCS convincingly showed that a six-correlated-factor model yielded the best fit for the data, and it should be noted that most subsequent studies have shown that this structure of six related components provides the most optimal factor solution for the scale (Arimitsu 2014; Azizi et al. 2013; Castilho et al. 2015; Chen et al. 2011; Garcia-Campayo et al. 2014; Hupfield and Ruffieux 2011; Lee and Lee 2010; Mantzios et al. 2015; Petrocchi et al. 2014; Williams et al. 2014).

Of importance, previous research testing the factor structure of the SCS has revealed no support for a one-factor model or a hierarchical six-factor model in which a higher-order factor accounts for the shared variance among the subscales. What this implies is that there is no obvious empirical foundation for deriving a total self-compassion score from the scale. In Williams et al.'s (2014) words, "the SCS may be better suited to measuring six hypothesized facets of self-compassion ... rather than for measuring an overarching construct" (p. 416). In an attempt to validate the use of the total score of the SCS, Neff (2016) proposed the bi-factor model (Holzinger and Swineford 1937) as an alternative method for looking at the structure of the scale, and even presented data from a recent study to support this idea (Neff et al., Examining the factor structure of the Self-Compassion Scale in five distinct populations, submitted). In this study, confirmatory factor analyses were conducted to test the bi-factor model as well as the more conventional models (i.e., the six-correlated-factor model and the hierarchical higher-order six-factor model) for the structure of the SCS in five distinct non-clinical and clinical samples (Neff et al., Examining the factor structure of the Self-Compassion Scale in five distinct populations, submitted). Results unequivocally demonstrated that "the correlated-six-factor model appeared to fit the data more satisfactorily than the higher-order factor

model or the bi-factor model in all samples” (Neff 2016, p. 267). Oddly enough, based on the observation that the bi-factor model demonstrated “acceptable fit” in three (non-clinical) of the five samples and the finding of a satisfactory omega test statistic (which is known to be inflated in lengthy scales containing multiple factors, like the SCS; see Reise et al. 2010), Neff concluded that there is sufficient proof to justify the use of the SCS total score. Such a selective decision by Neff is of course unwarranted. Actually, her results should give rise to a cautionary note rather than an encouragement regarding the employment of the SCS total score.

There is one other important reason why we plead against the use of the SCS total score, and this has to do with the inclusion of the three negative components, which goes completely against the idea of measuring a protective mechanism. Specifically, in our opinion, the negative components are problematic because they assess characteristics that are known to be associated with psychopathology. That is, self-judgment shows overlap with harsh self-criticism (e.g., Zuroff et al. 1990), isolation shares features with social withdrawal and loneliness (e.g., Rubin and Coplan 2004), whereas over-identification parallels self-absorption and self-focused rumination (e.g., Lyubomirsky and Nolen-Hoeksema 1995), all of which have been shown to be pervasive features of mental health problems. Thus, it can be argued that the SCS is not an optimal instrument for measuring the true protective nature of self-compassion, precisely because this questionnaire includes negative items that tap toxic mechanisms which may inflate the relationship with psychopathology (Muris 2016). This point has been nicely illustrated by Muris and Petrocchi (2016) who conducted a meta-analysis to explore the relations between the specific SCS components and psychopathology. The results clearly indicated that the inversely scored negative components of self-judgment, isolation, and over-identification were more clearly related to psychopathology than the positive components of self-kindness, common humanity, and mindfulness (with effect size  $r$ 's ranging between  $-0.47$  and  $-0.50$  versus  $-0.27$  and  $-0.34$ ). This demonstrates that although the protective influence of self-compassion certainly seems to exist, this effect is likely to be boosted when the assessment also includes the aforementioned negative components.

Our critical remarks are not meant to cast doubts on the relevance of self-compassion as a protective mechanism within the context of mental health problems. We do want to note that in general, the positive psychological field has received similar critiques in terms of a lack of theoretical clarity (e.g., Miller 2008). Obviously, this issue with self-compassion nicely fits within this critique. Therefore, we want to increase awareness among researchers that the use of the SCS total score as an index of self-compassion is problematic. As we have shown, the empirical support for using the total scale score is weak and by partially operationalizing self-

compassion as a mirror image of psychopathology, the link with mental health problems becomes clearly inflated. In response to the raised critiques, Neff (2016) postulated that the SCS precisely measures self-compassion as she has defined it, that the scale can be used in a flexible manner depending on the interests of researchers, and that the “overall SCS score is likely to be the preferred way of representing the link between self-compassion and well-being” (p. 271). We have shown that these arguments are unjustified. After all, the research is showing that the inclusion of negative components in the SCS is unfortunate and not in agreement with the protective nature of the self-compassion construct. For those who intend to use the scale in future studies, our urgent advice would be to analyze the six subscales separately. Especially within the context of psychopathology, we consider this as the only way to examine the contribution of true self-compassion components beyond the tautological influence of the negative components.

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