

The Self-Compassion Scale

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Abstract

Self-compassion involves relating to ourselves with greater kindness, common humanity and mindfulness and less self-judgment, isolation and over-identification in situations of perceived failure, inadequacy or personal suffering. Most research on self-compassion uses the Self-Compassion Scale (SCS) to measure the construct. The SCS is considered to be generally reliable and appears to have adequate convergent, discriminant, predictive, and known groups validity. There is an ongoing discussion about whether self-compassion is better measured as a global construct, or whether it is best measured as two separate constructs which represent compassionate versus reduced uncompassionate self-responding. The application of the state-of-the-art bifactor-ESEM framework to the factor structure of the SCS supports the existence of a global self-compassion factor as well as the six specific dimensions, but does not support the use of two separate factors representing compassionate versus reduced uncompassionate self-responding.

Keywords: Bifactor; Bifactor-ESEM; CFA; ESEM; Factor structure; Self-compassion; Self-Compassion Scale (SCS); Validity

THE SELF-COMPASSION SCALE

Over the last few years, research on self-compassion has grown at an exponential rate. There have been almost 1500 articles or dissertations written about self-compassion since 2003 (based on a Google Scholar search of entries with "self-compassion" in the title in April 2018), almost half of which have been published in the last two years. The majority of research studies have utilized the Self-Compassion Scale (SCS; Neff, 2003a) to examine the construct of self-compassion. Neff's operationalization of self-compassion was based on compassion for others as broadly conceptualized in Buddhist philosophy (e.g., Brach, 2003; Kornfield, 1993; Salzberg, 1997), and refers to how we relate to ourselves in instances of perceived failure, inadequacy or personal suffering.

Theoretically, self-compassion is comprised of six components that combine and mutually interact to create a self-compassionate frame of mind when faced with personal inadequacy or life difficulties: increased self-kindness and reduced self-judgment, greater feelings of common humanity and fewer feelings of isolation, greater mindfulness and less over-identification. Self-kindness entails being gentle, supportive and understanding towards oneself. Rather than harshly judging oneself for shortcomings, the self is offered warmth and acceptance. Common humanity involves recognizing the shared human experience, understanding that all humans fail, make mistakes, and lead imperfect lives. Rather than feeling isolated by one's imperfection - egocentrically feeling as if "I" am the only one who has failed or am suffering - one takes a more connected perspective with regard to personal shortcomings and individual difficulties. Mindfulness involves being aware of one's present moment experience of suffering with clarity and balance, without running away with a dramatic storyline about negative aspects of oneself or one's life experience - a process that is termed "over-identification."

As Neff (2016a) writes, the various components of self-compassion are conceptually distinct and tap into different ways that individuals *emotionally* respond to pain and failure (with kindness and less judgment), *cognitively* understand their predicament (as part of the human experience and less isolating), and *pay attention* to suffering (in a mindful and less over-identified manner). The six elements of self-compassion are separable and do not co-vary in a lockstep manner, but they do mutually impact one another. Put another way, self-compassion represents a dynamic system in which the various elements of self-compassion are in a state of synergistic interaction (Neff, 2016a, 2016b).

SCS Items

The 26 items of the SCS are written in a face-valid manner and measure the cognitions and emotions associated with compassionate and uncompassionate responses to feelings of personal inadequacy and general life difficulties. Sample items (Neff, 2003a) are: Self-Kindness (“I try to be loving towards myself when I’m feeling emotional pain”), Self-Judgment (“I’m disapproving and judgmental about my own flaws and inadequacies”), Common Humanity (“When things are going badly for me, I see the difficulties as part of life that everyone goes through”), Isolation (“When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world”), Mindfulness (“When I’m feeling down I try to approach my feelings with curiosity and openness”), and Over-Identification (“When something upsets me I get carried away with my feelings”). Scores for negative items representing uncompassionate self-responding are reverse-coded to indicate their absence. Neff (2003a, 2003b) defines self-compassion as the relative balance of compassionate versus uncompassionate responses to suffering, which is why the SCS measures both.

The SCS was developed in a sample of college undergraduates (Neff, 2003a). After

identifying 71 items that made sense to students using a small pilot sample (N=68), exploratory factor analyses (EFA) were used with a larger sample (N=391) to identify 26 items that loaded best on separate subscales representing the six components of self-compassion. Confirmatory factor analyses (CFA) were used to provide support that scale items fit as intended with the proposed a priori theoretical model (Furr & Bacharach, 2008). An initial CFA found an adequate fit to a six-factor inter-correlated model (NNFI=.90; CFI=.91) and a marginal fit to a higher-order model representing the construct of self-compassion as a whole (NNFI=.88; CFI=.90). Cross validation using CFA in a second sample (N=232) found adequate fit for a six-factor inter-correlated model (NNFI=.92; CFI=.93) and a higher-order model (NNFI=.90; CFI=.92). Findings were interpreted as evidence that the subscales could be examined separately or else that a total score could be used to represent overall self-compassion levels.

Scale Validity

In the original publication (Neff, 2003a), total SCS scores evidenced good internal reliability (Cronbach's α =.92), as did the six subscales (Cronbach's α ranging from .75 to .81). Test-retest reliability over a three-week interval was also good for the total score (Cronbach's α =.93) and six subscale scores (with Cronbach's α ranging from .80 to .88). Moreover, the internal reliability of SCS scores has been found to be high across a wide variety of populations (Neff et al., 2018).

There is a large body of research indicating that scores on the SCS predict wellbeing, constituting predictive validity. For example, higher scores on the SCS have been associated with greater levels of happiness, optimism, life satisfaction, body appreciation, perceived competence, and motivation (Hollis-Walker & Colosimo, 2011; Neff, Hsieh & Dejithirat, 2005; Neff, Pisitsungkagarn & Hsieh, 2008; Neff, Rude, & Kirkpatrick, 2007); lower levels of

depression, anxiety, stress, rumination, self-criticism, perfectionism, body shame and fear of failure (Breines, Toole, Tu, & Chen, 2014; Finlay-Jones, Rees, & Kane, 2015; Neff, 2003a; Neff et al., 2005; Raes, 2010), and healthier physiological responses to stress (Breines et al., 2014; Friis, Johnson, Cutfield & Consedine, 2016). Findings with the SCS converge with those obtained with experimental methods involving behavioral interventions or mood manipulations (e.g., Albertson, Neff, & Dill-Shackleford, 2015; Breines & Chen, 2012; Diedrich, Grant, Hofmann, Hiller, & Berking, 2014; Johnson & O'Brien, 2013; Leary, Tate, Adams, Allen & Hancock, 2007; Neff & Germer, 2013; Odou & Brinker, 2014; Shapira & Mongrain, 2010; Smeets, Neff, Alberts & Peters, 2014), suggesting that findings with the SCS are robust.

The SCS demonstrates good discriminate validity and is not significantly associated with social desirability (Neff, 2003a). Self-compassion can be empirically differentiated from self-esteem and the SCS demonstrates incremental predictive validity with regard to the construct (Kreiger, Hermann, Zimmermann & grosse Holtforth, 2015; Neff & Vonk, 2009). Self-compassion can also be differentiated from self-criticism. Although a key feature of self-compassion is the lack of self-judgment, overall SCS scores still negatively predict anxiety and depression when controlling for self-criticism and negative affect (Neff, 2003a; Neff et al., 2007). Neff et al. (2007) found that the SCS predicted significant variance in positive wellbeing after controlling for all of the Big Five personality traits and Neff, Tóth-Király and Colisomo (in press) established incremental validity with neuroticism in three separate studies.

The SCS demonstrates known groups validity: undergraduate and community adults evidence significantly lower scores on the SCS than individuals who practice Buddhist meditation, as would be expected given the Buddhist roots of the construct (Neff, 2003a; Neff & Pommier, 2013). The scale demonstrates good convergent validity as well. For instance,

therapists' ratings of how "self-compassionate" individuals were (using a single item) after a brief interaction significantly correlated with self-reported SCS scores (Neff et al., 2007), and there was a strong association (.70) between self-reported and partner-reported scores on the SCS among couples in long-term romantic relationships (Neff & Beretvas, 2013). Similarly, high levels of agreement (.77) were found between independent coders using SCS items to rate the level of self-compassion displayed in brief verbal dialogues (Sbarra, Smith, & Mehl, 2012). These findings suggest that the SCS measure behaviors that are clearly observable by others.

Factor Structure of the SCS

Neff (2003a) originally used confirmatory factor analysis (CFA) to examine the factor structure of the SCS, and found adequate fit for a higher-order model and a six-factor correlated model, justifying use of the SCS as a total score or else six subscale scores. Since then several other validation studies have been carried out on the SCS (for an overview, see Tóth-Király, Bőthe, & Orosz, 2017), and while the six-factor correlated model has generally been replicated, findings of a single higher-order factor have been inconsistent. For instance, Williams, Dalgleish, Karl, and Kuyken (2014) did not find support for a higher-order factor with the SCS in four different populations (student, community, meditator, and clinical), but did find support for a six-factor correlated model. They suggested that the six subscales but not a total score be used.

Other researchers who have found that use of a total score is not justified through higher-order factor analyses have instead argued that two separate positive and negative factors representing self-kindness, common humanity, and mindfulness items vs. self-judgment, isolation and over-identification items demonstrate better fit (e.g., Costa, Marôco, Pinto-Gouveia, Ferreira, & Castilho, 2015; López et al., 2015; Montero-Marín, Gaete et al., 2016). These researchers tend to use the term "self-compassion" to describe one factor and the terms

"self-criticism" or "self-coldness" to describe the second factor (Costa et al., 2015; Gilbert, McEwan, Matos, & Rivis, 2011; López et al., 2015). However, self-criticism and self-coldness primarily describe self-judgment and do not describe isolation (a way of cognitively understanding suffering) or over-identification (a way of paying attention to suffering). Also, this term obscures the fact that negative items are reverse-coded to indicate their absence. Therefore, we prefer the terms "compassionate" vs. "reduced uncompassionate" self-responding to describe these two sets of subscale items.

Empirical support for a two-factor model has been inconsistent. López et al. (2015) conducted exploratory factor analysis (EFA) and found that compassionate items loaded on one factor and reduced uncompassionate items loaded on a second factor. No CFA was conducted to confirm this two-factor model, however. Costa et al. (2015) compared a higher-order model, a six-factor uncorrelated model, a two-factor uncorrelated model that separated compassionate and reduced uncompassionate self-responding items, and a two-factor model that included correlated errors designed to improve model fit, and found that the two-factor model with correlated errors had the best fit. In other research, however, a two-factor model has not been supported (e.g., Neff et al., 2018; Neff, Whittaker & Karl, 2017; Cleare, Gumley, Cleare & O'Conner, 2018).

It is important that the psychometric analyses used to examine psychological measures be consistent with the psychological theory underlying those measures (Morin, Arens, & Marsh, 2016a). Higher-order models are commonly employed to validate the simultaneous use of a total score and sub-scale scores in measures of multidimensional psychological constructs (e.g., Chen, West, & Sousa, 2006; Gignac, 2016). A higher-order model represents several first-order factors (representing sub-scale scores) and a higher-order factor (representing a total score) that explains their inter-correlation, but makes the strong and rather unrealistic assumption that the higher-

order factor only influences individual item responses through the pathway of the first-order factors, appropriate for certain constructs like IQ.

The bifactor approach is an increasingly popular way to model multidimensional constructs (Reise, 2012; Rodriguez, Reise, & Haviland, 2016). Unlike a higher-order model, a bifactor model does not assume that the general or group factors are higher or lower than the other, and models the direct association of the general factor and group factors on individual item responses. The group factors are orthogonal (i.e., they do not correlate), facilitating the disaggregation of the total covariance into global and specific elements. Omega values can also be calculated that represent the amount of reliable variance in item responding explained by the general factor. Neff (2016a) argued that a bifactor model provides a better theoretical fit with her conceptualization of self-compassion than a higher-order model given that SCS items are directly representative of self-compassion as a whole in addition to its constituent components.

Neff et al. (2017) examined the SCS using bifactor CFA analysis in four different populations: undergraduates, community adults, meditators, and a clinical population. While the one-factor, two-factor correlated, and higher-order models had poor fit across samples, the six-factor correlated and bifactor models had acceptable fit using liberal fit criteria in the undergraduate, community and meditator samples. Fit was inadequate in the clinical sample. Nonetheless, omega values revealed that over 90% of the reliable variance in scores could be explained by a general self-compassion factor in all four samples. Findings were interpreted as providing support for use of a total score as well as six subscale scores, but not as two separate scores representing compassionate vs. reduced uncompassionate responding. Cleare et al. (2018) independently replicated these findings: support was not found for a one-factor, two-factor, or higher-order model, but was found for a six-factor correlated and bifactor model, with 94% of

the variance in item responding explained by the general factor.

However, Montero-Marín et al. (2016) did not find support for a bifactor CFA model in two Spanish and Brazilian-Portuguese samples of doctors, but did find support for two higher-order factors representing compassionate and reduced uncompassionate self-responding, in addition to six first-order factors. Brenner, Health, Vogel and Credé (2017) found that a two-bifactor CFA model with six group factors and two uncorrelated general factors had better fit than a single bifactor model in a sample of U.S. undergraduates, though findings for some indicators were poor and the choice of examining two uncorrelated general factors is not theoretically consistent with the construct of self-compassion.

Recently, CFA has been criticized due to the fact that it implicitly assumes the unidimensionality of psychological constructs (Morin et al., 2016a; Morin, Arens, Tran, & Caci, 2016b). This unidimensionality is expressed by forcing scale items to load only on their respective factors, when in fact in multidimensional measures scale items are fallible by nature and are expected to demonstrate associations with non-target, yet conceptually-related constructs. This is not related to random measurement error, but to the notion that items often present more than one source of true score variance and subsequently belong to more than one construct. The six components of the SCS are conceptually close and interrelated as a system, thus it is reasonable to expect significant associations between items and other subscales (for instance a self-kindness item on the SCS might be expected to load on reduced self-judgment, or an isolation item might be expected to load on over-identification). CFA forces these non-target associations, which manifest in the form of cross-loadings, to be zero. This is problematic, given that even small cross-loadings could inflate factor correlations when not accounted for in the model (Asparouhov, Muthén, & Morin, 2015). Exploratory Structural Equation Modeling

(ESEM), as a synergy of EFA and CFA, is specifically designed to model these types of system-level interactions by freely estimating cross-loadings (Marsh, Morin, Parker, & Kaur, 2014; Morin, Marsh, & Nagengast, 2013). Moreover, target rotation (Browne, 2001) facilitates the use of the ESEM framework in a confirmatory manner, making it possible to directly compare it to CFA (Tóth-Király, Bóthe, Rigó, & Orosz, 2017). Hupfeld and Ruffieux (2011) as well as Tóth-Király, Bóthe & Orosz (2017) used ESEM to examine the factor structure of the SCS and found that it provided a better fit and a more realistic representation of the data compared to CFA.

Fortunately, a bifactor model can also be estimated with ESEM (Morin et al., 2016a, 2016b). The bifactor ESEM framework may be particularly appropriate for the SCS because it can simultaneously model both the specific and overall relationship of items using a bifactor analytic approach as well as their interaction as a system with an ESEM approach. Tóth-Király, Bóthe & Orosz (2017) applied the bifactor ESEM approach to the SCS, and results strongly supported the presence of a global self-compassion factor as well as the six-specific factors.

Neff et al. (2018) examined the factor structure of the SCS using bifactor ESEM analyses in 20 international samples - 7 English and 13 non-English - including 10 community, six student, one mixed community/student, one meditator, and two clinical samples (N=11,685). Five different models were examined with both CFA and ESEM: a one-factor, two-factor correlated, six-factor correlated, a bifactor model, and a two-bifactor correlated model representing two general correlated factors (each with three group factors representing compassionate and reduced uncompassionate self-responding). Analyses found that the ESEM models were generally superior to the CFA models. Also, while a one factor and two-factor correlated ESEM models had poor fit across samples, a six-factor correlated, single bifactor and two-bifactor ESEM models had excellent fit in every one of the 20 samples examined. When

examining fit for the sample as a whole, fit for each model was excellent (six-factor: CFI=.99, TLI=.97, RMSEA=.05; single bifactor: CFI=.99, TLI=.97, RMSEA=.05; two-bifactor: CFI=.99, TLI=.99, RMSEA=.04). However, apart from the statistical criteria, theoretical conformity and the examination of parameter estimates (i.e., factor loadings) should also be conducted. While generally supporting the loading of individual items on their six respective subscale factors ($M_{\lambda}=.56$), as well as a single general factor ($M_{\lambda}=.62$), the separate compassionate vs. uncompassionate factors were not well-defined by their corresponding factor loadings ($M_{\lambda}=.22$ and $M_{\lambda}=.17$, respectively). This argues against the use of two general factors and supports the superiority of the bifactor-ESEM model with one general factor. Moreover, 95% of the reliable variance in item responding could be attributed to a total score.

This general pattern of results – with a six-factor correlated and bifactor ESEM model displaying excellent model fit in addition to better factor definition - was replicated in a separate study by Neff, Tóth-Kiraly and Colosimo (in press) in two additional samples (N=576 and N=581). In this case, the amount of reliable variance explained by a total self-compassion score was 94% and 98%, respectively. These data provide support for the idea that the SCS is best used as a total score rather than two separate scores representing compassionate and reduced uncompassionate self-responding, and that the use of six subscale scores is also justified.

Other Formats of the SCS

A short form of the SCS containing 12 of the original 26 SCS items was developed for those who are primarily interested in examining self-compassion as a whole (Raes, Pommier, Neff, & Van Gucht, 2011). Two Dutch samples were used to construct and cross-validate the factorial structure of a 12-item Self-Compassion Scale–Short Form (SCS-SF). The SCS-SF was then validated in a third, English sample. The SCS-SF demonstrated adequate internal

consistency (Cronbach's $\alpha \geq .86$ in all samples) and a near-perfect correlation with the long form SCS ($r \geq .97$ all samples). Confirmatory factor analysis on the SCS-SF supported the same correlated six-factor structure as found in the long form, as well as a single higher-order factor of self-compassion. The SCS-SF is a reliable alternative to the long form SCS, especially when looking at overall self-compassion scores. Because each subscale only contains two items, however, reliability of the subscales is lower (r 's ranging from .54 - .75). Therefore, use of the SCS-SF subscales is not recommended.

The SCS has been translated into 22 different languages (see www.self-compassion.org for these translations). It is recommended that attempts to translate the SCS into other languages use the bifactor-ESEM approach to validate translations. M-Plus syntax for the bifactor-ESEM model used in Neff et al., 2018 can be found at: ADD IN. In addition to foreign language translations, Neff and colleagues are using bifactor-ESEM to create an 18-item youth version of the SCS that will be appropriate for individuals ages 10-15. They are also creating a state form of the SCS which will assess the degree to which individuals are feeling self-compassionate in the moment.

Use of the SCS

Table 1 presents the 26 SCS items, along with coding instructions. The SCS can be administered in a paper or computerized format. It is freely available for use by anyone interested, including researchers, clinicians, and individuals. Although researchers should cite Neff (2003a) in publications using the scale, no other permission to use the scale is needed. Researchers can find the SCS (both the long form and short form) at www.self-compassion.org. Individuals can also fill out the SCS and have their scores automatically calculated at the site. Instructions for administering the SCS are straightforward. Individuals are asked to consider "How I typically act towards myself in difficult times." They are instructed to "Please read each

statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, from 1 = “Almost Never” to 5 = “Almost Always.” Anchors are not given for responses of 2, 3 or 4 but are intuited based on the distance from the endpoints. Scores for negative items representing uncompassionate self-responding are reverse-coded to indicate their absence. Means for each subscale are first calculated, then a grand mean of the six subscale means is used to represent overall self-compassion levels.

There have not been norms established for what constitutes low, medium or high levels of self-compassion. However, mean scores on the SCS are typically very close to 3.0 among undergraduates and community adults in the U.S., and the standard deviation is typically very close to .60 (Neff, 2003a; Neff & McGehee, 2010; Neff & Pommier, 2013; Yarnell & Neff, 2013). Thus, a score of 2.4 or below could be considered low, a score between 2.4 and 3.6 could be considered average, and a score of 3.6 or above could be considered high.

Recommendation for Use of a Total Score vs. Subscale Scores

Given that over 90% of the reliable variance in item responding on the SCS can be explained by a general self-compassion score (Neff, Tóth-Király, & Colisomo, in press; Neff, Tóth-Király et al., 2018; Neff, Whittaker, et al., 2017), this would suggest that self-compassion is best understood as a holistic construct and that a total score should be used in most research. However, the six-factor structure of the SCS has also consistently been confirmed, meaning that use of the individual subscales is valid. Use of the six separate subscales may have relevance for understanding the mechanisms by which self-compassion engenders well-being. There are some differences in the strength of the association between various SCS components and various outcomes. For instance, a meta-analysis by Muris and Petrocchi (2017) found that the SCS subscales representing reduced uncompassionate self-responding are more strongly linked to

psychopathology than those representing compassionate responding. They interpreted these findings to mean that these subscales “inflate” the link between self-compassion and psychopathology, but given that reduced uncompassionate self-responding is inherent to self-compassion, we prefer to interpret findings to mean they “explain” the link between self-compassion and psychopathology.

Recently, Neff, Long, et al. (in press) directly investigated the differential link of the six SCS subscales and wellbeing in seven domains – psychopathology, positive psychological health, emotional intelligence, self-concept, body image, motivation, and interpersonal functioning. They found that while reduced negative self-responding had a stronger link to negative emotionality and self-evaluation than positive self-responding, they were roughly equivalent predictors in other domains. Given the negativity bias and the tendency for negative events to be more potent than positive events (Rozin & Royzman, 2001), it makes sense that reduced levels of negative self-responding would be more strongly associated with psychopathology and have a stronger influence on self-evaluation. However, increased compassionate responding also had substantial correlations with psychopathology, and tended to have a stronger association with outcomes like emotional awareness, goal re-engagement, compassion for others and perspective-taking. For many aspects of psychological functioning, moreover, such as happiness, wisdom, body appreciation, or grit, all six subscales appeared to make an equal contribution to well-being. In summary, these findings suggest that both compassionate and reduced uncompassionate self-responding make an important contribution to psychological functioning, supporting the idea that they operate together as a holistic system.

Another reason for using a total score on the SCS stems from the growing body of research on self-compassion interventions, which indicates that learning to be more self-

compassion changes all six components at the same time. The vast majority of intervention studies examining change in self-compassion have documented a simultaneous increase in self-kindness, common humanity and mindfulness and decrease in self-judgment, isolation, and over-identification of roughly the same magnitude. This is true for a wide variety of methodologies such as self-compassion meditation training (e.g., Albertson et al., 2015); online psycho-education (e.g., Krieger, Martig, van den Brink, & Berger, 2016); Affect Training (Hildebrandt, McCall, & Singer, 2017); Compassion Focused Therapy (e.g., Kelly & Carter, 2015); and Mindful Self-Compassion (e.g., Neff, 2016a). No matter which components of self-compassion have the strongest association with particular outcomes, therefore, implications for intervention are the same. The way to increase self-kindness, common humanity and mindfulness is to teach self-compassion. The way to decrease self-judgment, isolation and over-identification is to teach self-compassion. For researchers who are primarily interested in self-compassion as a mind-state that can be learned, therefore, use of a total score is most appropriate.

For those more interested in unpacking the mechanisms of how self-compassion enhances well-being, however, it may be useful to examine the six constituent components themselves. However, we caution against entering the six subscales simultaneously in regression analyses to determine their differential association with outcomes. Given the deep intertwining of the various components in the definition, operation, and measurement of self-compassion, and given that almost all of the reliable variance in item responding on the SCS is explained by the system of self-compassion as a whole, to separate out the shared variance of the six subscales would change their meaning in a way that would render findings less interpretable.

Limitations

It should be noted that the SCS is a measure of Neff's (2003b) conceptualization of self-

compassion only. There are other ways to conceptualize the construct, however. For example, Social Mentality Theory (SMT; Gilbert, 1989, 2005) posits that self-compassion is a state of mind that emerges from mammalian bio-social roles involving care-giving and care-seeking, while self-criticism emerges from evolved social roles that protect us from social threats. The Forms of Self-Criticism and Self-Reassurance Scales (Gilbert, Clarke, Hempel, Miles & Irons, 2004) was developed to measure these two ways of relating to oneself, and is a more appropriate measure for those working within the Social Mentality Theory framework. More recently, Gilbert and colleagues (Gilbert et al., 2017) have developed a model of compassion for self, for others, and from others, based on the broadly used definition of compassion as sensitivity to suffering with a commitment to try to alleviate it (Goertz, Keltner, & Simon-Thomas, 2010). They developed the Compassion Engagement and Action Scales, including self-compassion and other compassion scales with items tapping into compassionate engagement with distress and the motivation to alleviate that distress (e.g., thinking about and taking actions to help). It is unclear if the desire to alleviate distress operates the same way for self and others, however, given that the desire to alleviate personal distress overlaps with resistance to distress. Such resistance can exacerbate psychopathology, which is why clinical approaches such as Acceptance and Commitment Therapy (Hayes, Strosahl, & Wilson, 1999) and Mindfulness-Based Cognitive Therapy (Segal, Williams & Teasdale, 2012) are aimed at reducing resistance to personal distress. More research is needed to determine whether the motivation to alleviate suffering operates the same way for compassion and self-compassion.

Strauss et al. (2016) propose that measures of compassion for self or others should include five key elements: 1) Recognizing suffering; 2) Understanding the universality of suffering in human experience; 3) Feeling empathy for the person suffering 4) Tolerating

uncomfortable feelings in response to suffering, so remaining open to and accepting of the person suffering: and 5) Motivation to alleviate suffering. While the SCS taps into most of these elements, no items explicitly address the motivation to alleviate suffering out of concern that it is easily conflated with resistance to personal distress (undermining the fourth element) in a way that is less problematic in measures of compassion for others. Still, future research might fruitfully explore whether adding items to the SCS that are focused on the motivation to help and support oneself in times of distress could strengthen the measurement of self-compassion.

Summary

Self-compassion is an attitude and mindset which describes how we relate to ourselves in situations of perceived failure, inadequacy or personal suffering, and is commonly measured with the SCS. The SCS is considered to be generally reliable and appears to have adequate convergent, discriminant, predictive, and known groups validity. There is an ongoing discussion about whether self-compassion is better measured as a global construct versus measuring compassionate and reduced uncompassionate self-responding separately. The application of the state-of-the-art bifactor-ESEM framework provides a way to take into account the multiple sources of construct-relevant psychometric multidimensionality inherent in the SCS. Evidence using this approach supports the co-existence of a global self-compassion factor as well as the six specific dimensions, but does not support the use of two separate factors representing compassionate versus reduced uncompassionate self-responding.

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Table 1
The Self-Compassion Scale

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost never				Almost always
1	2	3	4	5
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				

Coding Key for Subscales:

Self-Kindness Items: 5, 12, 19, 23, 26

Self-Judgment Items (reverse scored): 1, 8, 11, 16, 21

Common Humanity Items: 3, 7, 10, 15

Isolation Items (reverse scored): 4, 13, 18, 25

Mindfulness Items: 9, 14, 17, 22

Over-identified Items (reverse scored): 2, 6, 20, 24

To compute a total self-compassion score, take the mean of each subscale (after reverse coding), then compute a total mean.