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ORIGINAL ARTICLE

The Social Self-Compassion Scale (SSCS): Development, Validity, and Associations with Indices of Well-Being, Distress, and Social Anxiety

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Abstract
Self-compassion refers to being kind and understanding towards oneself following adverse life experiences. Although it is valuable to focus on self-compassion in general, there is merit in also considering specific types of self-compassion. Accordingly, the current research describes a domain-specific measure of being self-compassionate in response to interpersonal adversities and challenges. The Social Self-Compassion Scale (SSCS) assesses self-compassion in the context of social stress (e.g., being criticized, excluded, committing a social blunder). The psychometric properties and factor structure of this domain-specific scale are explored using three university student samples (N = 719). We also report normative data from a community sample of people seeking help for shyness and social anxiety. As hypothesized, scores on the SSCS were associated negatively with social anxiety, fear of negative evaluation, and shame, and they were associated positively with social self-efficacy and well-being as well as indices tapping mattering and mindfulness. Moreover, a series of regression analyses showed that levels of social self-compassion often accounted for significant unique variance in key outcomes beyond variance attributable to general self-compassion. Collectively, results support the assessment of individual differences in social self-compassion and the utility of an explicit emphasis on how people react to themselves following challenging and difficult interpersonal experiences. The implications are discussed along with key directions for future research.

Keywords Self-compassion · Stress · Social anxiety · Mindfulness · Self-esteem · Mattering

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As a whole, thus far the psychological literature has been largely dominated by a focus on negative orientations and vulnerabilities that predict psychological distress and addictive tendencies. However, in more recent years, in keeping with a positive psychology framework, there is increasing recognition that vulnerability to psychopathology and related forms of maladjustment are often related to the absence of positive factors. The current research continues this emphasis by examining individual differences in self-compassion from a unique perspective. As conceptualized by Neff (2003), self-compassion refers to having a warm and accepting stance towards those aspects of oneself that are disliked or painful. Self-compassion is seen as a factor that is linked closely with mindfulness (Neff and Dahm 2015). There is also mounting evidence from a variety of contexts that there are benefits of self-compassion among people from various backgrounds (e.g., Kotera and Ting 2019; Vettese et al. 2011).

In the current article, the development and applications of a new domain-specific scale are described. This new measure assesses self-compassion in response to adverse interpersonal experiences (e.g., being judged or criticized by others). A focus on social self-compassion has not been a central focus thus far in the published literature. This work is based on recognition that some of the most impactful events and occurrences for most people involve interpersonal stressors and various forms of mistreatment. The stress and distress of negative social interactions and negative social exchanges, over and above general stressors, are well-documented (e.g., Bolger et al. 1989; Flett et al. 1997; Lakey et al. 1994). Certain people have interpersonally based vulnerabilities that need to be countered by developing interpersonally based strengths, resources, and competencies. For instance, the individual with a mental health problem who is subjected to blatant stigma and other forms of prejudice needs to adopt a compassionate approach to the self that extends to being kind and self-accepting in these difficult interpersonal circumstances. A particular emphasis on social self-compassion would represent a logical extension of the protective role of self-compassion in bullying and exposure to stigma and the internalization of this stigma (see Heath et al. 2018; Vigna et al. 2018). An emphasis on low social self-compassion, as opposed to low self-compassion in general, could be more closely tied to early adverse developmental experiences related to a less than optimal family environment. Accordingly, given these observations, the current work seeks to differentiate people who still find ways to blame and criticize themselves when they have been treated badly by other people versus those people who are kind, accepting, and understanding toward themselves following these experiences and interpersonal exchanges.

Self-compassionate people provide themselves with warmth and nonjudgmental understanding when they encounter suffering, failure, or feelings of inadequacy. Not surprisingly, then, self-compassion has been found to help maintain well-being given that it is associated with a host of positive benefits and buffers against many psychosocial risk factors. For instance, it is positively associated with positive construal of the self and others, as well as optimism and happiness (Neff et al. 2007; Raque-Bogdan et al. 2011). It is also positively associated with social connectedness, emotional intelligence, and self-acceptance, among many other positive outcome variables (Breines and Chen 2012; Neff 2003). Above and beyond self-esteem, self-compassion is also related to more measured responses to stressful events (Leary et al. 2007) and lower narcissism (Neff 2003). Collectively, past research has shown that self-compassion is an important source of happiness and psychological well-being (Barnard and Curry 2011).

It may be possible for individuals to be compassionate toward themselves in certain situations (such as the loss of a loved one) yet be largely unable to show themselves the same level of kindness and understanding following events that tap into other domains, such as

social mistakes and responding to negative evaluation from others. Some people who may be self-compassionate in some contexts find it difficult to engage in self-compassion when faced with this kind of interpersonal treatment. An emphasis on social self-compassion is very much in keeping with the burgeoning research on the role of interpersonally based vulnerabilities in anxiety, depression, and personality dysfunction. Unfortunately, however, little is known about social self-compassion at present.

This type of self-compassion seems especially pertinent for people who are struggling with social anxiety, as such individuals have a tendency to focus on their shortcomings, mistakes, and inadequacies rather than their strengths and competencies (see Cox et al. 2004; Shahar et al. 2015). This points to the need to counter these negative self-evaluations by being more self-compassionate in general but especially with respect to their perceived reactions and responses to setbacks and challenges in the interpersonal realm. Social self-compassion may also be relevant in other clinical domains, as illustrated by case accounts whereby individuals responded to unwarranted and undeserved mistreatment by then internalizing these negative social experiences and being self-critical (e.g., Angus and Kagan 2013; Lander 2012).

The relevance of self-compassion in interpersonal contexts is suggested by past research, including evidence that general self-compassion is a buffer of reactions to imagined interpersonal events that cause distress (see Leary et al. 2007). Research on social self-compassion grew out of investigations showing that socially anxious people are high in self-criticism and low in self-compassion (see Werner et al. 2012), yet they are responsive to interventions designed to boost self-compassion. For instance, a brief self-compassion induction administered to undergraduate students has been linked to a reduction in anticipatory anxiety only among those with high levels of social anxiety (Harwood and Kocovski 2017). In addition, preliminary results of a single case experimental study (Boersma et al. 2015) suggested that compassion-focused therapy (CFT) for those diagnosed with social anxiety disorder (SAD) is a promising method of addressing related problems such as shame and self-criticism. Participants engage in specific cognitive, behavioral, mindfulness, and compassion-focused imagery exercises that promote self-care in the form of compassion for the self and for others (Gilbert 2010). Other findings suggest that a 12-week mindfulness-based intervention for those with SAD, which incorporates specific instruction on self-compassion and developing a kinder and more accepting stance of oneself, is a suitable treatment option for SAD (Koszycki et al. 2016).

Self-Compassion and the Domain-Specific View of the Self

As suggested earlier, there is no existing measure of self-compassion in the interpersonal context. Several findings in the general self-concept literature point to the feasibility of developing such a domain-specific measure as a supplement to the current predominant focus of assessment on self-compassion in general. First, research and theory on self-esteem have shown that it is valid to identify self-esteem domains that contribute to a higher order general factor with specific components. Thus, it is meaningful and feasible to assess facets of self-esteem such as achievement-based self-esteem, social self-esteem, and appearance self-esteem (see Heatherton and Polivy 1991; Marsh 1992). Similarly, research on the self-efficacy construct shows that it is both possible and meaningful to assess self-efficacy in various forms, including academic self-efficacy, social self-efficacy, and emotional self-efficacy (e.g., Chemers et al. 2001; Kirk et al. 2008; Smith and Betz 2000). Finally, research on life satisfaction indicates that it is possible and meaningful to distinguish life satisfaction in the

physical, achievement, and interpersonal domains (see Alfonso et al. 1996). By extension, it should be possible and meaningful to assess domains of self-compassion. Moreover, in keeping with the ability of previous researchers to isolate interpersonal facets of self-esteem and self-efficacy, it follows that there are also meaningful individual differences in social self-compassion. Our emphasis on this element reflects our contention that many vulnerable people define themselves according to how they evaluate themselves in terms of social circumstances.

Accordingly, in the current research, an adapted version of the Self-Compassion Scale (Neff 2003; Raes et al. 2011) was developed and evaluated and was tailored to reactions to adverse interpersonal experiences. Revised items were generated through modifying the short-form Self-Compassion Scale (SCS-SF; Raes et al. 2011). Specifically, this modified measure known as the Social Self-Compassion Scale (SSCS) was developed to assess individual differences in the level of self-compassion people typically report when reflecting upon interpersonally challenging situations involving social judgment. This measure was modified with the expectation that social self-compassion would be associated strongly with self-compassion in general given that it is seen as a central facet of self-compassion when the construct is viewed from a multidimensional perspective. More notably, this measure was modified based on the claim that it would be predictive of a variety of psychosocial outcomes over and above the original short-form version of the Self-Compassion Scale (SCS-SF; Raes et al. 2011). As such, across three samples, social self-compassion was hypothesized to predict unique variance in key outcome variables beyond the variance attributable to general self-compassion, especially when problems in psychosocial adjustment were the focus. This emphasis on psychosocial outcomes was based on our intuitive sense that social self-compassion could be and should be more relevant than general self-compassion when seeking to predict adjustment difficulties with an interpersonal emphasis (e.g., shame and fear of negative social evaluation).

Method

Procedure

All three self-report studies involved surveying undergraduate participants at an Ontario (Canada) postsecondary institution following receipt of formal approval from the ethics review board. Each study was hosted separately online using Qualtrics, whereby volunteers could elect to participate for course credit. Participants in each study completed a consent form, a demographics questionnaire, and a package of questionnaires (detailed below).

The samples described above were comprised of university students as participants. This focus on university students is in keeping with growing concerns about the prevalence and impact of mental health problems among university students (Khanlou 2019) and calls for a greater emphasis on applications of positive factors such as the promotion of mattering in university and college settings (see Flett et al. 2019). However, it should be noted that in a subsequent segment of article, there is mention of descriptive normative data from a fourth sample of people seeking help for social anxiety and shyness, as these individuals were expected to evidence the lowest levels of social self-compassion as compared with the university student population.

With regard to analyzing the data, the factor structure of the SSCS will first be assessed. Given that the SSCS contains items worded positively in the self-compassion direction and

items worded negatively in the self-critical direction, a two-factor solution-reflecting item wording directions was expected. However, given that the SSCS was being pilot-tested as a new measure, exploratory factor analyses (EFAs) were first conducted for samples one and two, followed by a confirmatory factor analysis (CFA) to confirm the factor solution in sample three. For each study, the negatively phrased items of the SSCS were reverse-coded prior to analysis. For the EFAs, the principal axis factoring extraction method with Promax (oblique) rotation was performed. The number of components to be extracted was determined in consideration of the scree plot (Cattell 1966), cumulative variance explained, and interpretability.

To run the CFA, the maximum likelihood estimation method was used with the goal of producing a standardized factor solution. Several model fit indices and their criteria were used to examine the goodness-of-fit for the model with respect to the dataset: the Tucker-Lewis Index (TLI), the comparative fit index (CFI), and the root mean square error of approximation (RMSEA). After evaluating the model fit, construct reliability was calculated for convergent validity and average variance extracted (AVE) for discriminant validity. After the factor structure analyses, bivariate correlations between the SSCS and the variables were evaluated for each sample. In addition, for each sample, hierarchical linear regression analyses were conducted to test whether the SSCS is predictive of these same variables over and above the original short-form version of the SCS (SCS-SF; Raes et al. 2011).

Participants

The first sample was composed of 221 participants (142 women, 79 men) with an average age of 19.5 years. The majority of the sample was White (65.6%), followed by Asian (18.1%), African American (5.4%), Hispanic (0.5%), South Asian and Middle Eastern descent (6.4%), and mixed race individuals or those specifying another race (4%). The second sample consisted of 227 participants (171 women, 56 men) with an average age of 19.68 years. The sample was 68.3% White, 15.9% Asian, 6.2% African American, 1.7% Hispanic, 5.6% South Asian and Middle Eastern descent, and 2.3% specifying mixed race or another race. Lastly, the third sample consisted of 271 participants (217 women, 54 men) with a mean age of 19.31 years old. Again, the majority of the sample was White (73.4%), followed by Asian (15.5%), African American (3%), Hispanic (0.8%), South Asian and Middle Eastern descent (4.7%), and those identifying as mixed race or another race (2.6%).

Common Measures (Studies 1 to 3)

Participants across the three studies completed three similar measures, in addition to measures specific to each study. These common measures will first be summarized, followed by details of additional study measures.

One measure common to all studies was the Social Phobia Inventory (SPIN; Connor et al. 2000), a 17-item scale for social anxiety disorder (social phobia). Participants also completed the short-form Self-Compassion Scale (SCS-SF; Raes et al. 2011), a 12-item scale measuring the degree to which individuals are kind to themselves rather than harshly self-critical when confronted with pain and suffering. The last measure used across all three studies was the Social Self-Compassion Scale (SSCS; see Appendix).

As mentioned previously, the SSCS was developed by adapting the 12-item, short-form version of the Self-Compassion Scale created by Raes et al. (2011) and measures the degree to which individuals tend to be kind and understanding towards themselves in the context of social stress. Each item was revised to refer to having (or having a relative lack of) self-compassion after perceiving that a social blunder has been committed among others or there is difficulty in remaining calm and controlled in social circumstances. In this regard, items were adapted in a way that best reflects the core meaning of the construct and then tested whether items should all be retained by conducting various factor analyses. The short-form version of the scale was adapted rather than the original longer version given that the focus was on examining total scores rather than subscale scores.

Study 1: Additional Measures

Adaptive Disengagement Scale (ADS) The ADS is a four-item scale designed to measure the extent to which an individual is able to adaptively disengage (by using self-protection and self-safety strivings) after a negative social experience (Leitner et al. 2014).

Depression Anxiety Stress Scale (DASS) This scale contains a total of 42 items, which are divided into three separate subscales that measure the degree to which someone has experienced depression, anxiety, and stress in the last week. The Depression Subscale was used in the present study (Lovibond and Lovibond 1995).

Freiburg Mindfulness Inventory (FMI) This 14-item scale measures dispositional mindfulness, otherwise known as the degree to which one tends to report paying attention to present moment and having a nonjudgmental attitude (Walach et al. 2006).

Depressive Experiences Questionnaire (DEQ) The nine-item Self-Criticism Subscale from this questionnaire measures the extent to which an individual tends to be self-critical (Bagby et al. 1994).

Perceived Social Self-Efficacy Scale (PSSE) This 25-item scale measures the level of confidence an individual has in relation to performing various social activities (Smith and Betz 2000).

Study 2: Additional Measures

Brief Fear of Negative Evaluation (BFNE-II) This 12-item scale measures the extent to which you typically fear evaluation from others (Carleton et al. 2007).

UCLA Loneliness Scale (UCLA) This scale contains 20 items and measures the extent to which participants identify with feeling lonely or alone (Russell et al. 1978).

Rejection Sensitivity Questionnaire (RSQ/RS - Personal) This scale describes eight scenarios in which participants rate how concerned they would feel, using a rating scale from 1 (very unconcerned) to 6 (very concerned). This questionnaire also measures expectations for each

situation. The alpha coefficient for this scale was only .65, so results should be interpreted with caution (Downey and Feldman 1996).

Experience of Shame Scale (ESS) The ESS contains 25 items asking participants how often they felt ashamed, embarrassed, or self-conscious in the last year (Andrews et al. 2002).

Study 3: Additional Measures

Negative Self-Portrayal Scale (NSPS) This 27-item scale assesses the degree to which individuals worry that characteristics they perceive to be inferior about themselves will be scrutinized and negatively evaluated by critical others in social situations (Moscovitch and Huyder 2011).

Brief Narcissistic Personality Inventory (NPI-16) This scale contains 16 forced choice–type response items whereby respondents select one of two statements that best describe them. The measure evaluates normal or subclinical levels of narcissism within the general population (Ames et al. 2006).

Rosenberg Self-Esteem Scale (SES) The SES is composed of 10 items measuring global self-worth (Rosenberg 1965).

General Mattering (GMS) This scale is composed of five items assessing the degree to which an individual feels they matter to others. Responses are rated on a 4-point Likert scale ranging from 0 (not at all) to 3 (a lot) (Marcus and Rosenberg 1987).

Ryff's Psychological Well-Being Scale The 42-item version was used. It assesses the following psychological well-being indicators: autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance. For this research, the total score is presented (Abbott et al. 2006).

Self-Pity Scale This 6-item scale measures the extent to which individuals pity themselves when they feel upset by something or someone or when something has thrown them off balance (Janke et al. 1985).

Self-Critical Rumination Scale This 10-item scale evaluates the extent to which an individual engages in negative self-evaluation through rumination and repetitive thinking (Smart et al. 2016).

Results

Normative data from the SSCS were collected across the student samples described above. Descriptive statistics showed similar results between sample 1 ($M = 2.96$, $SD = .51$), sample 2 ($M = 2.97$, $SD = .55$), and sample 3 ($M = 2.93$, $SD = .57$). These samples can be compared with a fourth sample composed of members from the community who were seeking self-

help due to acknowledged difficulties with social anxiety and shyness ($N = 145$, $M = 2.29$, $SD = .57$, $\alpha = .85$). Data from this sample were collected during a randomized controlled trial that assessed the efficacy of a mindfulness and acceptance-based self-help approach for the treatment of social anxiety (for more details on this sample, please see Kocovski et al. 2019).

Factor Structure of the SSCS

As noted earlier, the factor structure of the SSCS was assessed by conducting exploratory factor analyses (EFAs) for studies 1 and 2, followed by a confirmatory factor analysis (CFA) for sample three to confirm the factor solution. Exploratory factor analyses (EFAs) were first conducted to examine the factorial structure and construct validity of the SSCS. The appropriateness for conducting the EFA was confirmed by the Kaiser-Meyer-Olkin Measure of Sampling Adequacy for study 1 (KMO = .80) and study 2 (KMO = .83). This was further supported by Bartlett's Test of Sphericity for study 1 (χ^2 [66] = 636.69), $p < .0001$) as well as for study 2 (χ^2 [66] = 904.10), $p < .0001$).

The exploratory factor analysis for study 1 indicated that the two-factor solution accounted for 45.73% of the variance, and of that percentage, 31.24% of variance was accounted for by the negatively worded, self-criticism items. As can be seen in Table 1, all items loaded on the expected factor with the exception of item 7 ("when something upsets me in social situations, I try to keep my emotions in balance") and item 12 ("I'm intolerant and impatient towards myself when socially anxious"). These factor loadings were below the recommended value of at least 0.40 (Comrey and Lee 1992). In addition, item 6 ("when I'm having a hard time in social situations, I give myself the caring and tenderness I need") cross-loaded on both factors; however, in line with expectations, it loaded more strongly on the factor representing the positively worded items. Results suggested that another sample would need to be tested to further evaluate the factor structure of items from the SSCS. As a result, the exploratory factor analysis for study 2 indicated that the two-factor solution accounted for 52.46% of the variance, and of that percentage, the self-critical items accounted for 34.47% of the variance.

Table 1 Exploratory factor analyses loadings for the SSCS

	Study 1		Study 2	
Item	Negative factor	Positive factor	Negative factor	Positive factor
1	.59	− .03	.61	− .19
2	− .24	.46	− .23	.67
3	− .10	.53	− .29	.74
4	.57	− .08	.61	− .04
5	.04	.65	− .18	.59
6	.24	.42	− .39	.65
7	− .05	.13	− .17	.42
8	.67	.01	.71	− .34
9	.74	.13	.81	− .28
10	.08	.55	− .06	.47
11	.50	− .01	.66	− .32
12	.13	− .12	.73	− .38

Principal axis factoring extraction method with Promax (oblique) rotation

With this sample, all SSCS items loaded onto the expected factor at .40 or higher, and there were no items that cross-loaded on both factors (see Table 1).

A confirmatory factor analysis was conducted in order to confirm the two-factor solution of the SSCS obtained by the EFAs. The standardized factor loadings are depicted in Fig. 1. Item numbers in the figure correspond to the item numbers in the Appendix. The model fit indices were as follows: TLI = .942, CFI = .961, and RMSEA = .053. The TLI and CFI values are representative of good fit (Bentler 1990), and the RMSEA value is acceptable (Fabrigar et al. 1999). Discriminant validity of this model was examined by the AVE, which had a low value of .34 for the positive factor and an adequate value of .53 for the negative factor. This low AVE value for the positive factor is partly due to the factor loading of item 7, which is below the recommended threshold of at least 0.50 (Hair Jr. et al. 2006). However, Fornell and Larcker

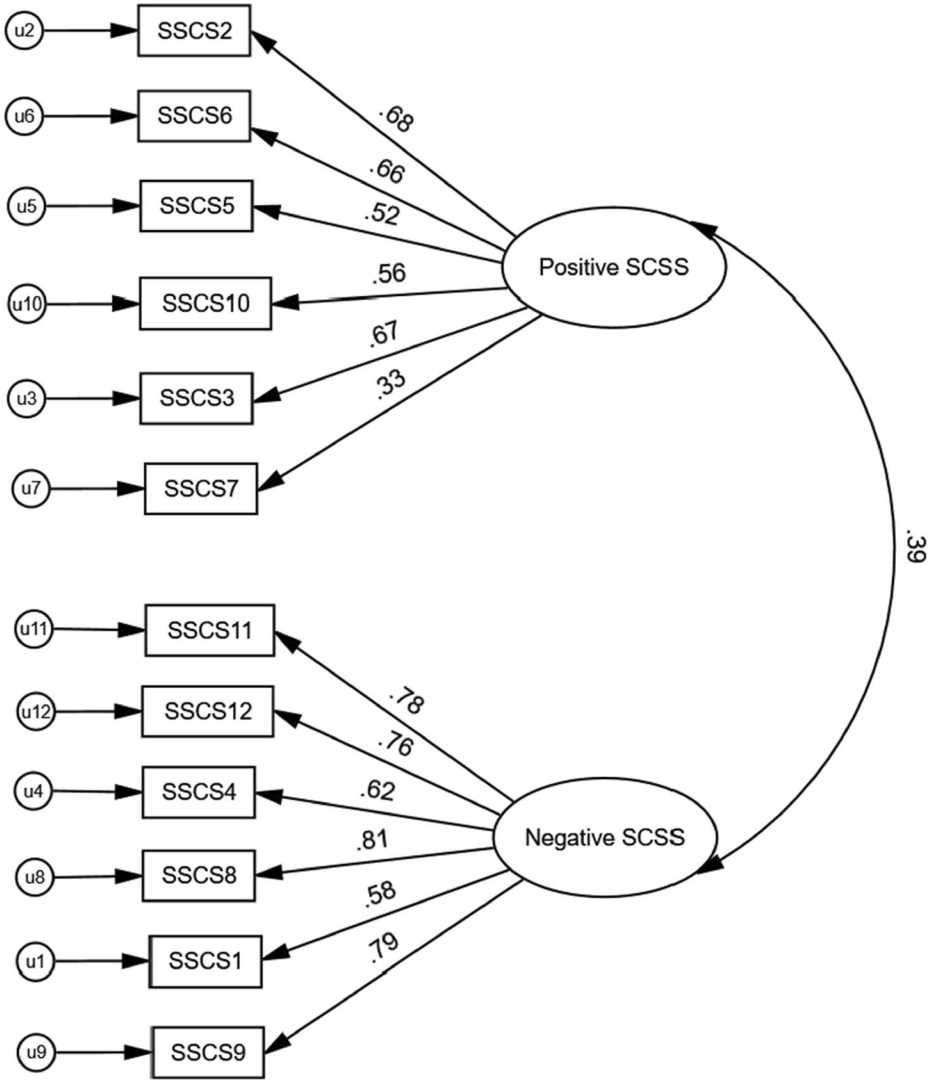

Fig. 1 Confirmatory factor analysis standardized loadings for the SSCS

(1981) state that if AVE is less than .5 but composite reliability is higher than .06, then the convergent validity of the construct is still considered adequate. The composite reliability (CR) estimates were .747 for the positive factor and .870 for the negative factor. Additionally, both factors demonstrate good internal consistency, as the alpha coefficient was .74 for the positive factor and .87 for the negative factor.

Lastly, analyses of the data from the third sample showed that items worded in the self-compassion direction accounted for 17.53% of the variance and items worded in the self-critical direction accounted for 35.37% of the variance. All scale items from the SSCS loaded .50 or higher on the expected factor, and no items cross-loaded on both factors (see Table 1). Collectively, results from all three samples provided support for a two-factor solution consisting of two correlated factors (a self-compassion factor and a self-criticism factor).

A priori, it was decided that one overall total score for the SSCS would be examined as opposed to examining the positive and negative subscale scores separately, given that a summary score is more interpretable and parsimonious. This decision is supported by the research literature, which indicates that the SCS can be used flexibly to suit research needs (for discussion, see Neff et al. 2017).

Study One: Correlations and Regression Analyses

As can be seen from Table 2, SSCS total scores showed a fairly strong correlation with self-compassion (SCS). Using Cohen's (1988) conventions for interpreting the effect size of correlation coefficients (1988), the SSCS showed moderate correlations with social anxiety (SPIN), depression (DASS), mindfulness (FMI), and perceived social self-efficacy (PSSE). The SSCS had strong correlations with adaptive disengagement and self-criticism. As illustrated, the SSCS and the SCS performed quite similarly when looking at the direction and magnitude of associations for the outcomes measured.

Next, a series of partial correlations were conducted controlling for the effects of the risk factors relating to self-criticism, social anxiety, and depression. When controlling for the effects of all three variables, the SSCS was still significantly related to perceived social self-efficacy ($r = .29$, $p \leq .01$), adaptive disengagement ($r = .40$, $p \leq .01$), and mindfulness ($r = .29$, $p \leq .01$). Further tests evaluated whether social self-compassion would still be related to

Table 2 Study 1: Correlation coefficients and alphas

	1	2	3	4	5	6	7	8
1 SSCS	–							
2 SCS	.69**	–						
3 SPIN	− .47**	− .42**	–					
4 ADS	.59**	.55**	− .51**	–				
5 DASS	− .33**	− .37**	.38**	− .38**	–			
6 FMI	.45**	.54**	− .34**	.47**	− .28**	–		
7 DEQ	− .51**	− .58**	.52**	− .46**	.48**	− .38**	–	
8 PSSE	.47**	.41**	− .59**	.49**	− .17*	.50**	− .35**	–
Mean	2.96	2.96	26.07	4.54	12.46	36.08	33.84	78.88
SD	.51	.51	13.7	1.27	10.51	6.08	8.86	16.74
Alpha	.79	.79	.93	.87	.95	.82	.83	.95

**$p \leq .01$; *$p \leq .05$; $n = 221$. *SSCS* Social Self-Compassion Scale; *SCS* short-form Self-Compassion Scale; *SPIN* Social Phobia Inventory; *ADS* Adaptive Disengagement Scale; *DASS* Depression Subscale; *FMI* Freiberg Mindfulness Inventory; *DEQ* Self-Criticism Subscale; *PSSE* Perceived Social Self-Efficacy Scale

various outcomes after taking other protective variables into account. When simultaneously controlling for perceived social self-efficacy, mindfulness, and adaptive disengagement, social self-compassion was still significantly related to self-criticism ($r = -.29$, $p \leq .01$), depression ($r = -.14$, $p = .04$), and social anxiety ($r = -.14$, $p = .05$).

Hierarchical linear regression analyses were conducted for each study to assess the incremental validity of the SSCS (see Table 3). Before conducting these analyses, some key preliminary assumptions were examined. For instance, the relationship between the SSCS and each predictor variable was confirmed as linear, and normal probability plots indicated that the values of the residuals for each outcome variable followed an approximately normal distribution. For each analysis, the SCS was added in step one, and the SSCS was added in step two. As illustrated in Table 3, regarding the prediction of social anxiety ($F(2, 209) = 31.13$, $p < .001$), the SSCS accounted for 5.6% of additional variance in social anxiety (SPIN) scores. In the final step of the regression analysis, both the SCS and the SSCS emerged as significant predictors of social anxiety. With regard to the prediction of perceived social self-efficacy ($F(2, 211) = 32.33$, $p < .001$), the SSCS significantly added an additional 6.8% of variance in PSSE scores.

Study Two: Correlations and Regression Analyses

As can be seen from Table 4, the SSCS had moderate correlations with loneliness (UCLA) and rejection sensitivity (RSQ). The SSCS showed strong correlations with social anxiety (SPIN), fear of negative evaluation (BFNE), and the experience of shame (ESS).

As seen in Table 3, the SSCS was a significant predictor of fear of negative evaluation within the second step of the regression analysis. With regard to the prediction of fear of negative evaluation ($F(2, 218) = 56.49$, $p < .001$), the SSCS significantly predicted an

Table 3 Summary of regression results for studies 1 through 3

Scale	β	ΔR^2	p value
[a]Social anxiety	− .33	.05	≤ .01
[a]Adaptive disengagement	.39	.08	≤ .01
[a]DASS: Depression Subscale	− .15	.01	.09
[a]Freiberg Mindfulness Inventory	.15	.01	.06
[a]DEQ: Self-Criticism Subscale	− .21	.02	≤ .01
[a]Perceived Social Self-Efficacy Scale	.35	.06	≤ .01
[b]UCLA Loneliness Scale	.20	.02	.02
[b]Brief Fear of Negative Evaluation	− .46	.10	≤ .01
[b]Rejection Sensitivity Questionnaire	− .36	.06	≤ .01
[b]Experience of Shame Scale	− .29	.04	≤ .01
[c]Mattering	.37	.05	≤ .01
[c]Revised Ryff's Psychological Well-being Scale	.27	.02	≤ .01
[c]Self-Pity Scale	− .17	.01	.04
[c]Self-Critical Rumination Scale	− .33	.03	≤ .01
[c]Self-Esteem	.00	.00	.95
[c]Narcissism	.20	.01	.05
[c]Negative Self-Portrayal	− .28	.02	≤ .01

[a] Study 1

[b] Study 2

[c] Study 3

Degree of additional variance SSCS contributes above short-form Self-Compassion Scale

Table 4 Study 2: Correlation coefficients and alphas

	1	2	3	4	5	6	7
1 SSCS	–						
2 SCS	.72**	–					
3 SPIN	− .54**	− .47**	–				
4 BFNE	− .57**	− .49**	.61**	–			
5 UCLA	− .33**	− .33**	.46**	.28**	–		
6 RSQ	− .39**	− .30**	.39**	.30**	.47**	–	
7 ESS	− .57**	− .59**	.62**	.65**	.43**	.35**	–
Mean	2.97	2.94	20.85	42.14	40.23	10.80	58.78
SD	.55	.57	6.98	13.37	13.25	4.75	14.98
Alpha	.82	.84	.93	.77	.95	.65	.94

**$p \leq .01$; *$p \leq .05$; $n = 227$. *SSCS* Social Self-Compassion Scale; *SCS* short-form Self-Compassion Scale; *SPIN* Social Phobia Inventory; *BFNE* Brief Fear of Negative Evaluation; *UCLA* Loneliness Scale; *RSQ* Rejection Sensitivity Questionnaire; *ESS* Experience of Shame Scale

additional 10.4% of variance above the SCS. With regard to the prediction of the experience of shame ($F(2, 219) = 71.11$, $p < .001$), the SSCS accounted for an additional 4.3% of variance above the SCS. In the final step, both the SCS and the SSCS were significant predictors of shame.

Study Three: Correlations and Regression Analyses

The results from Table 5 illustrate that the SSCS had moderate correlations with negative self-portrayal (NSPS) and psychological well-being (PWB) and strong correlations with social anxiety (SPIN), general mattering (GMS), self-pity (SVF), and self-critical rumination (SCR). Although the SSCS was significantly and strongly associated with self-pity, the correlation was negative. As expected, the SSCS had a significant but small association with both narcissism and self-esteem. Surprisingly, both the SCS and the SSCS were significantly and positively related to narcissism, although the correlation was fairly weak in magnitude.

Table 5 Study 3: Correlation coefficients and alphas

	1	2	3	4	5	6	7	8	9	10
1 SSCS	–									
2 SCS	.80**	–								
3 SPIN	− .57**	− .49**	–							
4 NSPS	− .48**	− .48**	.65**	–						
5 NPI-16	.17**	.12*	− .39**	− .20**	–					
6 SES	.21**	.25**	− .12	− .21**	.09	–				
7 GMS	.50**	.46**	− .41**	− .39**	.18**	.23**	–			
8 PWB	.45**	.46**	− .47**	− .35**	.13*	.14*	.55**	–		
9 SVF	− .51**	− .57**	.53**	.51**	− .27**	− .27**	− .33**	− .41**	–	
10 SCR	− .68**	− .70**	.59**	.65**	− .22**	− .31**	− .49**	− .46**	.62**	–
Mean	2.92	2.87	26.96	61.46	.27	23.07	10.04	166.22	12.14	2.51
SD	.56	.63	14.79	23.15	.19	2.65	2.70	30.31	5.90	.76
Alpha	.83	.86	.93	.96	.71	.90	.83	.93	.90	.93

**$p \leq .01$; *$p \leq .05$; $n = 271$. *SSCS* Social Self-Compassion Scale; *SCS* short-form Self-Compassion Scale; *SPIN* Social Phobia Inventory; *NSPS* Negative Self-Portrayal Scale; *NPI-16* Narcissism; *SES* Self-Esteem; *GMS* General Mattering Scale; *PWB* Psychology Well-Being; *SVF* Self-Pity; *SCR* Self-Critical Rumination Scale

As illustrated in Table 3, with regard to the prediction of general mattering ($F(2, 261) = 45.76$, $p < .001$), the SSCS significantly predicted 5% of unique variance above the SCS. With regard to the prediction of psychological well-being ($F(2, 259) = 40.75$, $p < .001$), the SSCS accounted for 2.7% of variance beyond the SCS.

Discussion

Collectively, the current findings indicate that the Social Self-Compassion Scale (SSCS) can be used to measure important and meaningful individual differences in the capacity to be self-compassionate in the context of social stress and other interpersonal adversities. As discussed in more detail below, deficits in social self-compassion are associated with lower levels of positive forms of functioning and higher levels of various forms of distress, and it is often the case that social self-compassion predicts beyond the variance attributable to self-compassion in general.

The results across the three samples indicated that the SSCS items are assessed with an adequate degree of reliability. As is often the case, psychometric analyses indicated that the measure has two factors that reflect the items worded in the positive self-compassionate direction and the negative self-critical direction. However, in keeping with the original intent and conceptualization outlined by Neff (2003), results present one overall score to reflect levels of social self-compassion. Extensive evidence of validity was obtained. For instance, social self-compassion was associated with positive indices such as mindfulness and social self-efficacy, while it was associated negatively with measures reflecting constructs such as rejection sensitivity, loneliness, and shame.

Results with the university student participants demonstrated across the three samples that, when comparing the SCS versus the SSCS, the correlations tended to be comparable. However, when pitted against the original short-form SCS scale, the SSCS was able, in many instances, to predict a wide variety of psychological outcomes, and in several instances, it uniquely predicted significant variance in key outcomes. Furthermore, the social self-compassion mean obtained from a community sample of participants seeking help for social anxiety (Kocovski et al. 2019) was significantly lower than all three of the samples comprised of emerging adults, in keeping with the notion that more extreme deficits in social self-compassion are found among people with more extreme forms of psychosocial dysfunction. Collectively, the data suggest that this adapted measure is reliable and valid for future use and assessment purposes.

Overall, the pattern of correlational findings indicated that the SSCS is significantly and moderately correlated in the anticipated directions with measures such as shame, fear of negative evaluation, self-critical rumination, and social anxiety. The need for and the value of an interpersonal approach to self-compassion were illustrated by links that the SSCS had with measures of interpersonally based constructs such as shame and social phobia. One of the most consistent findings across the samples was the strong negative correlation between social self-compassion and social anxiety and factors highly reflective of social anxiety, such as fear of negative evaluation and negative self-portrayals. The findings here are in keeping with past evidence of a negative link between self-compassion and social anxiety (e.g., Blackie and Kocovski 2018, 2019), and they attest to the potential therapeutic role of fostering a self-compassionate orientation in people prone to social anxiety but one that is tailored to their need to be self-compassionate rather than self-critical when they have experienced events that trigger social anxiety or perhaps feel they have not measured up to social expectations or have committed some kind of social blunder. An emphasis on social self-compassion is likely a key element when seeking to promote a degree of self-acceptance in social circumstances.

Overall, as can be seen from the regression results, in several key instances, the SSCS was a significant predictor in the final step of the regression analyses. For example, the SSCS was a significant predictor of 5% or more unique variance in levels of adaptive disengagement, fear of negative evaluation, mattering, rejection sensitivity, social self-efficacy, and social anxiety. These unique links with indices that have a psychosocial basis (e.g., fear of negative evaluation, rejection sensitivity, and mattering) are in accordance with the general notion that social self-compassion is particularly relevant in terms of interpersonally based outcomes. It is important to underscore that these findings emerged despite the substantial correlation between the SCS and SSCS found in each sample. Results from all featured regressions show that there is something particularly characteristic about social self-compassion and its applicability that is not otherwise captured by the more general construct of self-compassion itself.

Taken together, the findings attest to the usefulness of focusing on individual differences in social self-compassion in keeping with the premise that there is a particular need to focus on whether someone can be self-compassionate in the face of social adversity or when they are not responding adaptively in social circumstances. This modified measure demonstrated adequate internal consistency, and its relevance was illustrated by its link with theoretically relevant measures. The measures of social self-compassion and general self-compassion were substantially correlated across samples, but not to the extent that these measures were redundant with each other.

Collectively, it seems that this initial set of results attests to the potential usefulness of this new measure. A focus on social self-compassion as assessed by this new measure seems like an important focus for prevention and the promotion of resilience not only among university students but people of various ages, including children and adolescents. Ruminations and other negative thoughts should be less impactful if balanced by social self-compassion given evidence that rumination is associated generally with low self-compassion (see Johnson and O'Brien 2013; Krieger et al. 2013). This emphasis on social self-compassion also has potential from a person-focused perspective; this would seem to be an essential therapeutic and counseling focus for people who are highly negative about how they respond and react in interpersonal exchanges.

The current work yielded some unique insights relevant to the nomological network of the self-compassion construct. This work not only highlighted the relevance of an interpersonal emphasis but also identified some variables associated with social self-compassion that have either not been studied thus far or have received little empirical attention. For instance, social self-compassion is associated with higher levels of adaptive disengagement and lower levels of rejection sensitivity, self-pity, and self-critical rumination. The association with self-critical rumination points to the need to consider self-compassion as a protective factor that can limit various negative forms of rumination. Other findings extend earlier research; for instance, the strong positive link between social self-compassion and general feelings of mattering to others extends research linking mattering with general self-compassion (Raque-Bogdan et al. 2011) and other resources (see Rosenberg and McCullough 1981) and expands upon the recent focus in the literature on mattering more generally (see Flett 2018; Flett et al. in press). The evidence that feelings of not mattering are accompanied by deficits in an interpersonally based form of self-compassion attests to the need for promoting resilience according to an interpersonal lens of determinations of self-worth. Moreover, social self-compassion predicted unique variance in mattering beyond the variance attributable to general self-compassion. The results suggest that people need to feel like they are significant to others, and this feeling of mattering is effective, in part, because it provides a resource that seems particularly relevant following interpersonal stress.

Limitations and Future Directions

The most evident limitation of this work is that support for the scale was obtained primarily through the use of postsecondary samples. However, the descriptive normative data that were obtained from the community sample suggests that there are distinctive and characteristic differences in levels of social self-compassion depending on who is surveyed. Future research will need to evaluate the utility of the SSCS by further assessing high school, community, and clinical samples. Additionally, it may be illuminating for future research to explore how levels of social self-compassion may vary as a function of diverse cultural groups. Second, research should continue to assess the psychometric properties of the SSCS by examining its validity and how it relates to outcomes beyond those assessed in the current research, particularly with respect to other global measures of self-worth and well-being. Another limitation associated with this research is that the increase in family-wise error rates across the reported statistical analyses was not controlled for. Overall, this research is in its early stages and replication is therefore encouraged. Moreover, the test-retest reliability of the SSCS has yet to be evaluated, and given the present research is cross-sectional and self-report in nature, future studies explicitly focused on longitudinal assessments are recommended.

It should also be noted that much remains to be learned about social self-compassion as a psychological construct. There are several important issues that merit investigation, including the point in development when individual differences in social self-compassion can be identified. There is also the question of whether people who are high in self-reported levels of social self-compassion are able to be self-compassionate across a range of different types of relationships. Work by Lakey and colleagues has shown that the social regulation of affect varies across the people in our lives, and it is very much the case that we are socially influenced with some people being more interpersonally challenging than others (see Lakey and Rhodes 2015). It remains to be established whether the degree of social self-compassion and the capacity to be self-compassionate vary depending on the interaction partner (e.g., experiencing parental criticism vs. judgment from a friend). There are also clear clinical considerations. For instance, compassion-focused therapy (CFT) is underscored by a focus on social relationships and their fundamental relevance in understanding mental health problems (Gilbert 2010, 2014). A component of CFT may involve addressing feelings of shame and self-criticism that have resulted in response to interpersonal problems and adverse social situations. Increases in social self-compassion would be a strong indicator of therapeutic progress.

Social self-compassion may be especially relevant for groups who typically suffer from a relative lack of self-compassion and a high incidence of social anxiety in response to negative social events that have occurred in the past. Future research could explore social self-compassion among bullied youth, who may have inadequate social support resources, and among marginalized youth who have been subject to interpersonal adversities. Moreover, individuals who have experienced violence or who are physically or emotionally abused may have particularly low levels of social self-compassion, and fostering social self-compassion is needed in order to counter the tendency of individuals with a history of maltreatment to internalize this treatment into forms of self-blame or perhaps even self-criticism in extreme situations (for a discussion, see Flett, Flett et al. 2015).

In summary, the present research provides initial evidence for the relevance of the social self-compassion construct and scale. The results with the SSCS help to paint a picture of how a socially self-compassionate person can be characterized, especially in terms of associated levels of well-being and psychological distress. This contrasts sharply with a person with low

social self-compassion. Individuals with low social self-compassion would tend to report higher levels of social anxiety and low levels of perceived social self-efficacy. In response to social adversity, they would be likely to report greater fears of negative self-evaluation and to internalize shame. It is anticipated that the addition of this newly developed scale will be of utility for application in both research, educational, and clinical contexts. More broadly, this research supports the usefulness of assessing self-compassion in different domains.

Compliance with Ethical Standards All three self-report studies involved surveying undergraduate participants at an Ontario (Canada) postsecondary institution following receipt of formal approval from the ethics review board.

Conflict of Interest The authors declare that they have no conflict of interest.

Consent to Participate Informed consent was obtained from all individual participants included in the studies.

Appendix. Social Self-Compassion Scale

1. When I fail to do the right thing in a social situation, I become consumed by feelings of inadequacy.
2. I try to be understanding and patient towards myself when I fall short of my social expectations.
3. When I make a mistake in public, I try to take a balanced view of the situation.
4. When I'm feeling anxious in a social setting, I feel like other people are probably more relaxed than I am.
5. I try to see my failings in social situations as part of the human condition.
6. When I'm having a hard time in social situations, I give myself the caring and tenderness I need.
7. When something upsets me in social situations, I try to keep my emotions in balance.
8. When I fail to do the right thing in a social situation, I tend to feel alone in my failure.
9. When I'm feeling socially anxious, I tend to obsess and fixate on everything that is wrong.
10. When I'm feeling socially inadequate, I try to remind myself that feelings of inadequacy are shared by most people.
11. I'm disapproving and judgmental about my own social flaws and inadequacies.
12. I'm intolerant and impatient towards myself when socially anxious.

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