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The Polish adaptation of the *Self-Compassion Scale Short Form*

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Summary

Aim. This study aimed to adapt the shortened version of the Self-Compassion Scale (SCS-SF) into Polish and to evaluate the psychometric properties and factor structure of this new measure.

Method. The study included 596 adults (aged 18–50) from the general population (459 women). Of these 596, 47 individuals completed the SCS-SF one month later to assess its stability. The adaptation procedure followed the procedure of the translation of the original version of the scale. Reliability of the measurement was checked using Cronbach's alpha internal consistency index and the test-retest method. Convergent validity was evaluated using correlations between SCS-SF scores and intensity of mindfulness (understood as a trait), life satisfaction, self-esteem, acceptance of experiences, and levels of anxiety and depression. Stability was assessed by intraclass correlation coefficients between two measurements. Construct validity was examined using confirmatory factor analysis.

Results. The results showed that the Polish version of the SCS-SF has good psychometric properties and stability. Confirmation analysis suggests the presence of one main factor – global self-compassion assessment.

Conclusions. The SCS-SF measures a global level of self-compassion and should be useful particularly when respondents' time is limited. To obtain measures of sub-scales of self-compassion, we recommend using a full version of the SCS.

Key words: self-compassion, Polish adaptation, mindfulness

Introduction

In the last decade, there has been a marked increase in interest in the concept of self-compassion due to its association with positive mental health indicators, including life satisfaction, optimism and positive affect, among others [1–4]. Self-compassion is a concept that is well known in philosophical and psychological traditions of the Far East – particularly in Buddhist psychology, where it was treated as equally important and primary to compassion for others [5]. Self-compassion includes being moved by another person's suffering and wanting to relieve it. Self-compassion contains the same characteristics, but it is directed toward oneself along with feelings of concern and kindness in the face of personal suffering or failure [6, 7].

Kristin Neff, who in 2003 published a pioneering paper on the subject [7] drawing on studies in Buddhist psychology [8], is considered a pioneer of self-compassion research in Western literature. Neff identified three components of a self-compassionate attitude toward oneself: kindness and gentleness toward oneself (self-kindness), a sense of shared human experience (common humanity) and mindfulness (mindfulness) [6].

The first of these components, kindness to oneself, is the opposite of self-judgment and self-criticism. It can be defined as the ability to be kind and gentle with oneself in the face of difficulties and setbacks and to forgive one's own mistakes and weaknesses. The second, a sense of sharing the human experience, assumes that suffering is an unavoidable human experience shared by all people instead of seeing it as a source of isolation; [9]. The third dimension is mindfulness, which implies observing and becoming aware of one's painful sensations and feelings without over-identifying with them and thus trying to get rid of them, suppressing, repressing, and avoiding them [7]. Indeed, according to Neff, denying pain or ignoring it cannot go hand in hand with a compassionate attitude toward oneself. These three dimensions theoretically interact with each other so that improvement in one can lead to improvement in the other [6].

Self-compassion is thus based on the presence of positive constructs of kindness to self, a sense of shared human experience (common humanity) and mindfulness, and the absence of their opposites: self-judgment, isolation and over-identification. Positive constructs may be explained by significant associations between self-compassion and well-being (e.g. happiness and good self-esteem) and personality traits (e.g., agreeableness) [10]. Negative constructs may be explained by significant associations with mental health problems (e.g. depression, anxiety and stress) and shame [3, 7, 11].

Self-compassion has been studied extensively in the past two decades, including in clinical samples due to its association with indicators of psychopathology and well-being. A meta-analysis based on 20 studies found a large effect size for the association between self-compassion and depression, stress and anxiety [2]. Among other things, previous research indicates that self-compassion plays a significant role in maintaining 'psychological resilience' by moderating people's reactions to negative events [12, 13]; is associated with greater motivation to take action and less fear of failure [14]; supports health-promoting behaviours such as adhering to a diet, quitting smoking or

exercising regularly [12]; and is positively related to interpersonal functioning [15]. Research also suggests that self-compassion may act as a moderator in the relationship between global self-esteem and negative affect and depressive symptoms [16], and function as a mediator in predicting social anxiety [17], as well as emotional distress (anxiety and depression) in both healthy and depressed individuals [18].

In addition to research on relationships between self-compassion and well-being and mental health, there is also research on the effects of trainings and interventions to develop mindfulness and self-compassion, due to their effectiveness in reducing symptoms of emotional disorders [e.g., 19–21]. Attempts to situationally induce self-compassion have found that it can be effective in increasing people's ability to cope with difficult and negative emotions [3, 16]. Thus, it can be said that this construct has important implications for psychiatry and clinical psychology.

Developed by Neff in 2003, the *Self-Compassion Scale* (SCS [6]) is the most popular tool for measuring self-compassion, although other scales to measure self-compassion have recently been developed [22–4]. The full SCS contains 26 questions to which respondents respond on 5-point scales indicating the frequency of specific emotions, thoughts, or behaviours [6]. Analyses of the original 26 item scale found six first-order factors, corresponding to the six constructs discussed above, and one second-order factor, reflecting the overall level of self-compassion. Although several validation studies have confirmed this structure, both in clinical and non-clinical samples [2], the scale has been criticized, and the generalizability of the structure obtained by Neff has been questioned [25–27].

There have also been studies that have proposed a model with two first-order factors, consisting of positive and negative items. These have been discussed as reflecting two independent components, often referred to as self-criticism and self-compassion [28]. Analyses of the Polish adaptation of the SCS [29] did not confirm the original structure proposed by Neff. Instead, this study found a factor structure better suited to a two-factor model with the separation of two scales specifying compassionate (CS) and non-compassionate stance toward self (RUS) with three specific factors of positive and negative aspects of self-kindness, common humanity and mindfulness. It is clear that further research is needed to understand the self-compassion concept and the properties of the measures that are meant to asses it. It is also necessary to assess the psychometric properties of the abbreviated version of the SCS, which is important due to the possibility of reducing the measurement time and the effort of the subjects. This study aims to evaluate the psychometric properties of the Polish adaptation of the brief version of the SCS.

An abbreviated *Self-Compassion Scale*

In 2011, a team of Dutch researchers published an abbreviated version of the SCS (*Self-Compassion Scale Short Form* – SCS-SF) consisting of 12 items of the original *Self-Compassion Scale* (SCS). They suggested that such an abbreviated scale might

be useful in clinical or research settings with time constraints [11]. The authors were guided by the idea that the items of the shortened scale should be derived from each of the six subscales of the full SCS (two items each), correlate highly with it, and have high discriminatory power while maintaining the construct validity of the scale.

It turned out that the SCS-SF had a strong correlation with the full SCS ($r = 0.97$), and there was no loss of internal validity compared to the original. Moreover, confirmatory factor analysis (CFA) of the SCS-SF showed the same factor matrix as the full version of the scale. Also, it indicated the existence of 6 factors: (1) mindfulness and (2) over-identification, (3) self-love and (4) self-judgment, (5) common humanity, and (6) isolation. The validation authors [11] concluded that the SCS-SF can be used as a cost-effective alternative to the full version of the SCS. Due to the relatively low internal consistency of some subscales (i.e., lower than 0.6), the authors recommended that the SCS-SF should be used exclusively to obtain an overall score of self-compassion, whereas the full version of the SCS needs to be used to obtain information about its subscales.

Inherent in further work on the self-compassion construct is, among other things, cross-cultural research to collect data from individuals from non-English-speaking populations. A number of studies on the SCS-SF replicated the structure proposed by Raes et al. [11] and showed good properties of the scale [30–32]. Still, there also exist adaptations in which authors failed to replicate the original structure, instead found the solution with a two-factor structure (in a clinical population [33], and among students [34]).

Purpose of the study

This study aims to assess the psychometric properties and factor structure of the *Self-Compassion Scale Short Form* (SCS-SF) in the Polish version – including evaluation of its reliability, measurement stability, factor structure, and validity. Validity was determined based on correlations between the SCS-SF and the Polish versions of the following measures: *Satisfaction with Life Scale* (SWLS), *Rosenberg Self-Esteem Scale* (SES), *Hospital Anxiety and Depression Scale* (HADS), *Mindful Attention Awareness Scale* (MAAS), and *Acceptance and Action Questionnaire* (AAQ-II). Based on previous studies that documented significant correlations (from small/moderate to large) between self-compassion and mindfulness and between self-compassion and indicators of mental health and well-being [28, 35, 36], we predicted significant correlations between self-compassion (total score) and mindfulness (MAAS), self-esteem scale (SES), anxiety and depression symptom severity (HADS), and acceptance of experience (conceptualized as the inverse score of the experiential avoidance scale, AAQ-II). We selected these measures based on theoretical premises and previous research that has found significant correlations between these scales and the full version of the SCS. These correlations ranged in size from small to moderate, between self-compassion and mindfulness, and between self-compassion and indicators of mental health and well-being [28, 35, 36].

As we noted earlier in the introduction, self-compassion is considered to enhance people's resilience when facing stress and adversity [3, 7, 13]. For example, Leary et al. [3] in a series of experimental studies, demonstrated that students scoring high on self-compassion exhibited weaker negative emotions and a more accepting attitude towards their failures than students scoring low on self-compassion. Self-compassionate individuals may attend to what they are experiencing in the present moment, even difficult experiences, with more acceptance and kindness as they can rely on their ability to soothe themselves upon encountering adversity [37]. In turn, this may help reduce repetitive negative thinking and may help to decrease overall psychological distress.

Indeed, studies have found that brooding was a significant mediator of relationships between self-compassion and depression, and both brooding and worrying (defined as future-oriented negative thinking) mediated relationships between self-compassion and anxiety [38]. As MacBeth and Gumley concluded in their meta-analysis of the association between self-compassion and psychopathology [1, p. 550] "The reported associations provide empirical evidence for the relevance of theoretical models of compassion that emphasize the importance of self-compassion for developing wellbeing, reducing depression and anxiety, and increasing resilience to stress".

We examined the validity of the SCS-SF in terms of what is called convergent validity, i.e., the extent to which scores on a measure are related to measures of constructs that are conceptually related to the construct measured by the target measure. We expected that self-compassion (total score) would be negatively correlated with the severity of symptoms of anxiety and depression. Given that meeting the present moment experience with acceptance is the operant definition of mindfulness, and mindfulness is a subscale of self-compassion, we expected that self-compassion would be positively correlated with mindfulness and with acceptance of experience (conceptualised as a reverse score of experiential avoidance scale, AAQ-II). Both self-compassion and self-esteem are positive views of the self and both were found to be correlated with each other and predictive of psychological adjustment [17, 39].

Being self-compassionate requires being mindful and having an accepting stance toward one's painful experiences without over-identifying with them [7]. Based on the theoretical assumptions just described and the results of previous studies [6, 7], we expected to find positive correlations between self-compassion total score of the SCS-SF and life satisfaction [6, 39], self-esteem [39, 17], mindfulness [31], and acceptance of experience (reverse score of experiential avoidance scale, AAQ-II [40). In addition, we expected that there would be negative correlations between self-compassion measured with the SCS-SF and depression and anxiety [26, 41].

Item-level reliability was estimated using Cronbach's alpha. The scale's stability across time was assessed using intraclass correlation coefficients applied to two consecutive measurements. Consistent with previous recommendations to treat the SCS-SF as a measure of a single, overall factor of self-compassion[11], we used confirmatory factor analysis to determine if this new version of the SCS-SF could be characterised as a measure of a single, overall factor of self-compassion.

Method

Participants

The study included 596 individuals aged 18–50 ($M = 23.85$; $SD = 6.19$), including 459 women aged 18–50 ($M = 23.55$; $SD = 6.13$) and 137 men aged 18–50 ($M = 23.68$; $SD = 6.41$). The factor structure and validity of the tool were studied in 596 individuals without current mental disorders, as determined in a structured psychiatric interview (*Mini-International Neuropsychiatric Interview*, V. 5.0.0 [42, 43]) conducted before the study by trained clinicians (psychologists).

To examine stability and reliability over time, 47 of these 596 individuals, aged 19–30 ($M = 23.26$; $SD = 2.41$), completed the SCS-SF four weeks after the first survey.

Measures

Mindful Attention Awareness Scale, (MAAS [36], Polish adaptation [44]). The MAAS is a one-dimensional 15-item questionnaire used to assess the frequency with which a person is openly attentive and aware of current events and experiences [45]. It uses a 6-point Likert scale ("almost always" to "almost never"). A higher score indicates a higher level of mindfulness. The Cronbach's alpha coefficient in this study was 0.83.

Satisfaction with Life Scale (SWLS [46], Polish adaptation [47]). The SWLS comprises five items rated using a 7-point scale and measures global cognitive ratings of satisfaction with life. Lower SWLS scores indicate lower life satisfaction. The Cronbach's alpha coefficient in the present study was 0.83.

Hospital Anxiety and Depression Scale (HADS [48], Polish adaptation [49]). The HADS is a self-report instrument used to assess symptoms of depression and anxiety. The questionnaire consists of 14 items – 7 relating to anxiety and 7 relating to depression. Factor analyses of the two subscales revealed a two-factor solution that corresponds well with the HADS subscales for anxiety (HADS-A) and depression (HADS-D), respectively. The Cronbach's alpha coefficient in the present study was 0.87.

Acceptance and Action Questionnaire-II (AAQ-II [50]) consists of 7 statements measuring acceptance of an experience (psychological flexibility) and, without recoding, it's opposite, experiential avoidance. Subjects rate each statement on a 7-point scale ranging from 1 = "never true" to 7 = "always true". After recoding, higher scores indicate higher acceptance of the experience. The Cronbach's alpha coefficient in this study was 0.85.

Rosenberg Self-Esteem Scale (SES [51]) is the most widely used scale to measure the level of trait self-esteem. It contains ten items. A representative item is: "I feel I have many good qualities". The Cronbach's alpha coefficient in this study was 0.85.

Adaptation process and application of the SCS-SF

The translation was edited by an expert team consisting of an English speaker, a psychologist and a psychiatrist involved in training and research on the construct of self-compassion. This version was then translated by someone who was fluent in both Polish and English to check the equivalence of the two versions. This made it possible to correct the translation of two items (for the content of the questions, see the Appendix).

The SCS consists of six subscales: (1) kindness to self, (2) common humanity and (3) mindfulness, as well as (4) judging self, (5) isolation, and (6) over-identification. The first three are positive in nature, and the last three are negative. The way the SCS-SF scores are calculated, according to the literature [11], is by adding up all twelve items of the scale (after first recoding the six negative ones).

Results

Data analysis

The data analyses focused on three issues: the factor structure of the SCS-SF, the reliability of the SCS-SF, both internal and across time, and the validity of the SCS-SF

Factor structure

The factor structure of the SCS-SF scale was examined using confirmatory factor analysis. In the initial model, the fit with a one-dimensional factor was examined. Although satisfactory values of fit indices were not obtained in this initial analysis, CFI = 0.78, RMSA = 0.11; SRMR = 0.08, and TLI = 0.73, the fit was improved by modelling correlations between residuals, a common practice in CFA. These correlated residuals were between items 7 and 3 (0.37), items 10 and 2 (0.27), items 9 and 8 (0.28), and items 12 and 11 (0.17). When these correlated residuals were modelled, the fit indices were acceptable in terms of: CFI = 0.90; RMSEA = 0.08, SRMR = 0.06, and TLI = 0.87.

The factor loadings estimated by this model are presented in Table 1.

Table 1. **Values of factor loadings for individual items**

Item no.	f	p
1	0.58	0.001
2	0.40	0.001
3	0.30	0.001
4	0.64	0.001
5	0.57	0.001

table continued on the next page

6	0.34	0.001
7	0.54	0.001
8	0.52	0.001
9	0.53	0.001
10	0.43	0.001
11	0.56	0.001
12	0.72	0.001

f – factor loading value; p – statistical significance

Although there were more women than men in our sample, there were enough men to examine the invariance of the factor structure between men and women. To do this, we conducted a multi-group confirmatory analysis. The model comparison tests did not find statistically significant differences between men and women groups in terms of: measurement weights ($chi^2(11) = 9.32$; $p > 0.05$), structural covariances ($chi^2(1) = 0.38$; $p > 0.05$), and measurement errors ($chi^2(17) = 15.83$; $p > 0.05$). These results suggest that there are no differences between women and men in the factor structure of the SCS-SF. This conclusion is consistent with results of previous research (52, 53]).

Reliability analysis

Measurement reliability was assessed in terms of the homogeneity of items and absolute stability. Cronbach's α for the SCS-SF scale was 0.82, which indicates high homogeneity of the scale items and supports the assumption that the tool has a one-dimensional structure. The correlation between test and retest scores, measured four weeks apart was 0.96, indicating high reliability over time. In the appendix, the reader will find additional information on the values of reliability coefficients (Cronbach's α) for the SCS-SF items when one item is removed (Table 1). The appendix also contains a table with intraclass correlation coefficients for each item separately (Table 2). High values of intraclass correlation coefficients were obtained, indicating high measurement stability.

Validity analysis

The validity of the SCS-SF was examined by analysing correlations between scores on the SCS-SF and the scores on the SWLS, SES, HADS, MAAS, and AAQ questionnaires. These correlations are presented in Table 2.

Table 2. **Correlation coefficients between scores on the SCS-SF and scores on the SWLS, SES, HADS, MAAS and AAQ questionnaires**

		SSCI
Scale	Variable	R
SWLS	Satisfaction with Life	0.483***
SES	Self-esteem	0.625***
HADS	Depression	-0.246**
HADS	Anxiety	-0.597***
HADS	Overall score.	-0.358***
MAAS	Mindfulness	0.286***
AAQ	Experiential acceptance	0.486***

r – reliability index; ** p <0.01; *** p <0.001

As can be seen from the results presented in Table 2, we found statistically significant correlations between the SCS-SF scores and all of the validation measures. The sign of these correlations was consistent with our expectation: positive correlations with scores on measures of life satisfaction, self-esteem and mindfulness; and negative correlations with scores on measures of anxiety and depression.

Discussion of results

The results confirmed the single-factor structure of an abbreviated Polish version of the *Self-Compassion Scale* (SCS-SF). Moreover, the analyses found that this version is psychometrically sound. This new measure should be particularly useful in clinical or research settings in which respondents' time is limited. The results suggest that the proposed measure is reliable and is stable across time. This structure has also been confirmed in other cultural adaptations of the tool in different countries [e.g., 31]. The *Self-Compassion Scale* (SCS-SF) is characterized by good psychometric parameters and allows for measuring the level of self-compassion.

Previous research [1, 38, 41] demonstrated the importance of self-compassion in understanding well-being. This research suggests that self-compassion promotes well-being and acceptance of experience via adaptive coping strategies and effective regulation of emotions [55]. Accordingly, self-compassion may act as a buffer against psychopathology (including depression, anxiety, and stress [1,16]). In addition, self-compassion is vital to working effectively in environments marked by stress and resulting in high levels of job burnout, as well as in sports and health-related areas (including chronic pain, HIV and cancer) [52, 53].

Self-compassion has great potential in therapy and therapeutic interventions as self-compassion is amenable to change [2]. Such programmes already exist, such as

Mindful Self-Compassion (MSC [20]), and research on their effects shows that they are effective in improving well-being and reducing symptoms of mental disorders [12, 21]. The Polish version of the SCS-SF, which provides a way to assess global levels of self-compassion in a short period of time, opens up research opportunities for Polish authors on this construct.

Several limitations of this study are worth mentioning. The sample consisted of people under the age of 50. Although we have no reason to believe that the meaning of self-compassion or the interpretation of the items used to measure self-compassion differ meaningfully for people younger and older than 50, they may, and future studies need to examine this possibility explicitly. Although we had enough males to conduct analyses that confirmed the invariance of the factor structure between men and women, something that is consistent with previous research, a larger sample of men would provide the basis for a more confident conclusion.

We did not assess some psychometric properties. This includes evaluating sensitivity to change under interventions directed at developing compassion and mindfulness. There is also a necessity of research in clinical populations, such as the evaluation of patients with depression and anxiety disorders, assuming the important role self-compassion has for mental health [51]. Future studies also need to examine cross-validation in other populations such as mindfulness practitioners.

Conclusions

Despite the limitations noted above, the Polish version of the *Self-Compassion Short Form* is an instrument with good psychometric properties. The SCS-SF can be successfully applied in research studies directed at further exploration of both the trait of self-compassion and psychological well-being in general, and can be used in studies on the effects of interventions directed at developing self-compassion. This abbreviated version may be particularly useful when respondents have limited amounts of time.

The scale should be used with the goal of obtaining an overall score of self-compassion. For information on self-compassion subscales, it is advisable to use the full version of the SCS (compassionate and non-compassionate attitudes toward self (RUS) and the three specific positive and negative factors [29]). Further work on the properties of this abbreviated version in specific groups, particularly clinical groups and samples with balanced numbers of men and women, is recommended.

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APPENDIX

Jak zazwyczaj reaguję na siebie w trudnych momentach (SCS-SF)

Autor: Kristin Neff

Tłumaczenie: Paweł Holas, Tomasz Jankowski

Przed odpowiedzią przeczytaj uważnie każde ze zdań. Odnosząc się do poniższej skali, zaznacz jak często zachowujesz się w dany sposób.

Prawie nigdy **Prawie zawsze**

1 2 3 4 5

____1. Kiedy nie powiedzie mi się coś ważnego, ogarnia mnie uczucie, że nie jestem taki jak trzeba.

____2. Staram się być wyrozumiały i cierpliwy w stosunku do tych aspektów mojej osoby, których nie lubię.

____3. Kiedy zdarza się coś bolesnego, staram się zachować wywarzony ogląd sytuacji.

____4. Gdy jestem przygnębiony, mam zwykle poczucie, że inni ludzie są prawdopodobnie szczęśliwsi ode mnie.

____5. Staram się patrzeć na swoje wady lub błędy, jako na nieodłączny aspekt bycia człowiekiem.

____6. Kiedy przechodzę przez bardzo trudny okres, staram się być łagodny i troskliwy w stosunku do siebie.

____7. Kiedy coś mnie denerwuje, staram się zachować równowagę emocjonalną.

____8. Kiedy nie powiedzie mi się coś ważnego, zazwyczaj czuję się w tym osamotniony.

____9. Kiedy czuję się przygnębiony, nadmiernie skupiam się na wszystkim, co idzie źle.

____10. Kiedy czuję się jakoś gorszy/a, staram się pamiętać, że większość ludzi tak ma.

____11. Jestem krytyczny i mało wyrozumiały wobec moich własnych wad i niedociągnięć.

____12. Jestem nietolerancyjny i niecierpliwy wobec tych aspektów mojej osoby, których nie lubię.