ANNALS OF PSYCHOLOGY/ROCZNIKI PSYCHOLOGICZNE
2023, XXVI, 2, 135–157
DOI: https://doi.org/10.18290/rpsych2023.0009

PSYCHOMETRIC PROPERTIES OF THE SELF-COMPASSION SCALE IN THE POLISH POPULATION

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The purpose of the present study was to adapt the Self-Compassion Scale (SCS; Neff, 2003) into Polish, to examine its validity and reliability, and to determine population norms for this tool. The study involved 604 adults (aged 18–85 years, 278 women and 326 men), constituting a representative sample of the Polish population in terms of gender, age, and place of residence. The adaptation procedure was carried out according to the rules of translation, demonstrating the fidelity of the translation of the original version of the questionnaire. The reliability of the measurement was tested using Cronbach's alpha internal consistency method and test–retest method. The validity was assessed by analyzing correlation coefficients between SCS scores and the intensity of mindfulness (understood as a trait), resilience, empathic sensitivity with its subscales of perspective taking, personal distress and emphatic concern, and the level of depression and anxiety. Measurement stability was assessed using intraclass correlation coefficients applied to two consecutive measurements. The factor structure was verified using confirmatory factor analysis. The results showed that the SCS in the Polish version has good psychometric properties, and the emerged factor structure indicates that the best fit and specification had a model with two general factors of CS (compassionate self-responding) and RUS (reduced uncompassionate self-responding) and three specific factors: self-kindness, shared humanity, and mindfulness.

Keywords: self-compassion; mindfulness; self-compassion scale; self-kindness; shared humanity.

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Paweł Holas' work on this manuscript was supported by the funds of the Faculty of Psychology, University of Warsaw, granted in 2022 by the Polish Ministry of Science and Higher Education (501-D125-01-1250000, commission 5011000617).

Handling editor: Monika Wróbel, University of Lodz. Received 8 Aug. 2022. Received in revised form 6 Feb. 2023, 19 April 2023. Accepted 21 April 2023. Published online 26 May 2023.

The concept of self-compassion was first introduced to the scientific literature over 15 years ago by Kristin Neff (2003a). The concept of self-compassion originates in Far Eastern philosophy, and the author has developed its definition from her practice of Buddhist meditation. The essence of self-compassion is how we relate to ourselves in the face of experiencing suffering or failure (Neff, 2003a, 2003b). As a result of her conceptualization, Neff identified three main components with two opposing poles representing compassionate and non-compassionate attitudes (subcomponents): self-compassion (self-kindness and self-judgment), shared humanity (common humanity and isolation), and mindfulness (mindfulness and over-identification), which we will describe in what follows (Neff, 2003b).

Self-kindness can be defined as the ability to be kind and gentle with oneself, as well as forgiving of one's own mistakes and flaws. Its opposition, self-judgment, involves acting towards oneself with criticism, devaluation, and hostility (Neff, 2003b). The positive subcomponent of shared humanity—common humanity—describes the extent to which an individual sees his own experience as part of the overall human experience (Neff, 2004). The opposite of shared humanity is isolation, which relates to the sense that emotional pain, failures, and flaws are intrinsic to the self and separate individuals from others. The fifth subcomponent is mindfulness, which consists in observing and becoming aware of one's difficult sensations and feelings without trying to eliminate, suppress, repress, avoid, or even change them (Neff, 2003a). Focusing solely on one's suffering and being caught in rumination relates to a negative pole of mindfulness component called over-identification.

Since its definition and operationalization, this construct has occupied a prominent place in research and therapeutic interventions—especially those belonging to the third wave of cognitive-behavioral therapies (Wilson et al., 2019). Research is unanimous in highlighting the association between self-compassion and not only general psychological well-being (Barnard & Curry, 2011; Neff, 2004; Zessin et al., 2015) but also a variety of phenomena such as empathy and helping intentions (Welp & Brown, 2013), optimism (Neff et al., 2007), happiness (Inam et al., 2021), academic motivation (Neff et al., 2005), and health-seeking behaviors (Neff, 2003a). Many studies have also tested the relationship between self-compassion and psychopathology and found an inverse correlation between the level of self-compassion and psychological distress indexed by anxiety, depression, and stress (e.g., de Souza et al., 2020; Holas et al., 2021; Pauley & McPherson, 2009; for meta-analysis see Marsh et al., 2018). Self-compassion was also a robust and vital predictor of symptom severity and quality of life in mixed anxiety and depression (Van Dam, 2011). Finally, Neff et al. (2018) recently demonstrated that self-compassion significantly predicts well-being in almost all areas of functioning (50 different outcome measures), including interpersonal functioning, positive psychological health, and psychopathology.

The vast majority of research on self-compassion has been conducted using the Self-Compassion Scale (SCS) developed by Neff (2003b). The full version of the self-compassion tool consists of 26 statements to which respondents respond on a 5-point scale (1 being almost never and five being almost always) by determining the frequency of specific emotions, thoughts, or behaviors. Exploratory and confirmatory factor analyses revealed six subscales. Thus, the tool contains questions designed to measure how often people respond to their own faults and suffering with: (1) kindness and gentleness (Self-kindness, SK), (2) disapproval and judgment (Self-judgment, SJ), (3) understanding that one's own experience is also part of people's overall experience (Common humanity, CH), (4) a sense of isolation and separation (Isolation, IS), (5) mindfulness (Mindfulness, MI), and (6) over-identification (Over-identification, OI). Questions that refer to a "non-compassionate" attitude in response to suffering (SJ, IS, and OI) have an inverted scale—a higher score, therefore, indicates a lower frequency of a given response.

The original English-language version of the scale to measure self-compassion had satisfactory psychometric values—good convergent and differential validity and high reliability (test–retest correlation coefficient of $r = .93$, Cronbach's alpha $\alpha = .92$; Neff, 2003b). Since its publication, the scale has been translated and validated in at least 17 countries. Most cultural adaptations of the tool in question had at least as satisfactory psychometric properties as the original version (Neff et al., 2008).

Despite the abundance of publications on the topic of self-compassion and the scale used to measure it, there are still critical discussions regarding the theoretical definition of the concept.[1] Doubts mainly concern the ambiguous results obtained when studying the factor structure of the SCS scale: some reports indicate the validity of a six-factor model with correlated factors (Benda & Reichova, 2016; Castillo et al., 2015; Cunha et al., 2016; Garcia-Campayo et al., 2014; Hupfeld & Ruffieux, 2011; Korsou & Leys, 2016; Kumlander et al., 2018; Petrocchi et al., 2014; Pfattheucher et al., 2017; Ursic et al., 2019, as cited in Muris & Otgaar, 2020), while others bet on a two-factor model indicating two overarching factors representing compassionate and non-compassionate attitudes (Brenner et al., 2017; Coroiu et al., 2018; Costa et al., 2016; Halamova et al., 2018; Hayes et al., 2016; Zhang et al.,

[1] Recently, British authors have published their own conceptualization and tools for measuring compassion towards others and towards oneself (Gu et al., 2019; Strauss et al., 2016). The scales they extracted, regardless of the direction of compassion flow (to others, to self), consist of the following five subscales: (a) recognition of suffering, (b) understanding the universality of suffering, (c) empathy and emotional connection to that person's suffering, (d) tolerating uncomfortable, aroused feelings in order to remain open and accepting toward that person's suffering, and (e) action or motivation to act to alleviate suffering (Gu et al., 2019).

2019, as cited in Muris & Otgaar, 2020). Some of these authors postulated to distinguish two separate factors: "self-compassion" to describe the positive factor and "self-criticism" or "self-coldness" to describe the negative factor (e.g., Costa et al., 2016; Lopez et al., 2015). Neff et al. (2019) prefer, instead, to use the terms: compassionate self-responding (CS) to represent the three components of self-kindness, common humanity, and mindfulness and reduced uncompassionate self-responding (RUS) to represent lessened self-judgment, isolation, and over-identification measured by the SCS. In their recent large study, Neff and collaborators suggested that SCS scale scores can be analyzed through the lens of a single overarching factor (level of overall self-compassion) and the six subscales constituting self-compassion components (Neff et al., 2019). However, they noted that whether self-compassion can be best measured as a total score or if CS and RUS should be measured separately is largely a psychometric question, which has yet to be definitively solved.

Purpose of the Study

This study aimed to assess the psychometric properties (reliability and validity) and the factor structure of the Polish version of the Self-Compassion Questionnaire. The reliability of the measurement was measured by Cronbach's alpha internal consistency method and the repeated measurement method (test–retest). The validity was assessed using the analysis of correlation coefficients between SCS scores and intensity of mindfulness (understood as a trait), resilience, empathic sensitivity with its subscales of perspective taking, personal distress and empathic concern, and levels of anxiety and depression. The research found significant correlations, ranging in size from small-moderate to large, between self-compassion and mindfulness, mental health, and well-being (e.g., López et al., 2018; Neff et al., 2018). Therefore, we predicted that there would be significant correlations between the self-compassion scale and the mindfulness trait, resilience, depression, and anxiety small-moderate in size (positive for mindfulness and resilience and negative for depression and anxiety). We also used empathy to measure convergent validity on SCS. Self-compassion entails compassionate feelings, a caring attitude, and non-judgmental understanding, which, although directed to the self, foster compassion, acceptance, and openness toward others (e.g., Hoffmann et al., 2011; Neff & Pommier, 2013). Indeed previous studies showed that self-compassion and its components are related to empathy (Fuochi et al., 2018; Inam et al., 2021), including small to moderate positive correlations between common humanity (Fuochi et al., 2018), all of the positive components of self-compassion in the Inam et al. (2021) and the other-oriented aspects of empathy (perspective taking and empathic concern), and between mindfulness and lowered

personal distress. We expected, therefore, positive correlations between self-compassion and its positive components and perspective taking (PT), and empathic concern (EC), and negative with personal distress (PD) component of empathy. The measurement's stability was assessed through intraclass correlation coefficients applied for two consecutive measurements.

The factor structure was validated using confirmatory factor analysis (CFA) and exploratory structural equation modeling (ESEM; Marsh et al., 2014). The latter approach is less rigorous than CFA, allowing items to load on only one factor. ESEM, using target rotation, retains the structure of the method modeled in CFA but also allows for cross-loading, thus reducing inflated inter-factor correlations. Following the procedure used in the study by Neff et al. (2018), we specified several models that expressed different theoretical assumptions. In the baseline model, we specified only one general factor that explained all items. In the next models, we assumed a complex method structure and specified models with two (CS and RUS) or six (SK, CH, MI, SJ, IS, and OI) correlated factors. We also tested two bi-factor models with one or two (CS and RUS) general factors and six specific (SK, CH, MI, SJ, IS, and OI) uncorrelated factors. Following Neff et al.'s (2018) approach, we also computed ESEM versions of each CFA model. The original concept proposed by Neff (2003b) assumed three facets of self-compassion, i.e., self-compassion, shared humanity, and mindfulness. Each involved positive and negative aspects of self-compassion (i.e., CS and RUS). Therefore, we also tested four additional models: the CFA model involving three factors (self-compassion, shared humanity, and mindfulness), and its ESEM version; the CFA bifactor model involving two general factors (CS and RUS) and three specific factors (self-compassion, shared humanity, and mindfulness), and its ESEM version.

METHOD

Participants

Because our study focused on validating the scale consisting of 26 items, we needed at least 10–20 times larger sample size (Everitt, 1975; Hair et al., 1995). A total of 604 adults participated in the study. This group was a representative sample of the Polish population regarding gender, age, and place of residence. Measurements were made using a professional company with a nationwide survey panel, which has a current and valid certificate from the Pollsters' Quality Control Program (PKJPA) confirming the high quality of survey services.

To test whether the sample size of $N = 604$ was sufficient to ensure the test power of 0.8, we made Monte Carlo simulations ($n = 1000$) using the original, 6-factor model proposed by Neff (2003). We specified the population model with item loadings and factor correlations close to the Neff's (2003) results and performed computation with the app *pwrSEM* (https://yilinandrewang.shinyapps.io/pwrSEM; Wang & Rhemtulla, 2021). With 284 degrees of freedom in the model and 604 observations, the power to reject model on the basis of the RMSEA fit index (exceeding 0.08) is close to 1. We did not observe any convergence problems in any of the simulated datasets. Similarly, to detect effect size of the model parameters (item loadings and factor correlations) similar to the Neff's (2003) results using sample size of 604, we obtained power of almost 1. Thus, we could be quite certain that the sample size was sufficient to provide optimal power to the survey.

Table 1
Demographic Characteristics of the Study Sample

Variables	*n*	%
Gender		
Female	278	46.0
Male	326	54.0
Residence		
Village	234	38.7
Small town (< 20 thousand inhabitants)	62	10.3
Medium-sized town (20 to 99 thousand inhabitants)	134	22.2
Large city (100 to 500 thousand inhabitants)	96	15.9
Very large city (> 500 thousand inhabitants)	78	12.9
Education		
Primary/lower secondary school	18	3.0
Basic education	60	9.9
Secondary	183	30.3
Post-secondary education	57	9.4
Higher, BA	49	8.1
Higher, MA/MSc	237	39.2
Marital status		
Single	97	16.1
Informal	103	17.1
Married	343	56.8
Widow/widower	22	3.6
Divorced	41	6.8

Results from 604 individuals aged 18–85 years (M = 47.93, SD = 14.55), 278 women (46.0%) aged 18–85 years (M = 50.30, SD = 13.74), and 326 men (54.0%) aged 18–80 years (M = 45.92, SD = 14.93) were included in the analyses. Table 1 shows the demographic characteristics of the study sample.

In addition, a group of 53 students and graduates of a Warsaw university (M = 23.25, SD = 2.41), aged 19–29 (48 females [90.6%] and 5 males [9.4%]) were measured twice with SCS within four weeks in order to determine the values of intraclass correlation coefficients.

Procedure

After obtaining consent from Kristen Neff to adapt the self-compassion scale to Polish conditions, the adaptation procedure was carried out following accepted standards using the translation–back translation method. It included the following steps: (1) translation of the original questionnaire into Polish by two independent translators (an English speaker and a psychologist with fluency in English; Polish is the native language for each); (2) analysis of the resulting translations and creation of a single concordant version by an expert team consisting of an English expert and a psychologist and psychiatrist who deal with the construct of self-compassion in training and research; (3) translation of the developed Polish version into English (back translation) by a bilingual person—proficient in both Polish and English; (4) discussion of any discrepancies within the team. The process was done according to the principles of translation, demonstrating the fidelity of the translation of the original version, allowing, however, justified modifications determined by the specificity of language (Zawadzki & Hornowska, 2008). The Polish translation and the original SCS-SF are included in Appendixes 1 and 2 respectively.

Measures

Mindful Attention Awareness Scale (MAAS)

The 15-item MAAS is a one-dimensional questionnaire that assesses the frequency with which an individual is openly attentive to and aware of present events and experiences (Brown & Ryan, 2003). It uses a 6-point Likert scale (from *almost always* to *almost never*). Higher scores indicate higher mindfulness. MAAS reliability (Cronbach's alpha) in our study was .88.

The Brief Version of the Empathic Sensitivity Questionnaire (Brief-ESQ)

We used the Brief-ESQ, a 12-item short version of the multidimensional tool the Empathic Sensitivity Questionnaire (Kaźmierczak et al., 2007) developed with the inspiration of the Index of Interpersonal Reactivity (Davis, 1980, 1983). It uses a 5-point Likert response format and captures cognitive and emotional dimensions of empathy. The cognitive aspect of empathy is represented by the Perspective Taking subscale (PT), while its emotional aspects are represented by the two subscales: Personal Distress (PD) and Empathic Concern (EC). Cronbach's alphas for Brief-ESQ subscales were .79, .82 and .76, respectively.

Patient Health Questionnaire-9 (PHQ-9)

The PHQ-9 is a screening tool for the risk of depressive disorders assessment (Kroenke et al., 2001). It has nine basic items referring to the frequency of depressive symptoms (described in the DSM-IV diagnostic criteria) in the last two weeks, and one additional item. The answers are given on a scale from 0 (*not at all*) to 3 (*nearly every day*). An additional item not included in the overall result refers to how the depressive symptoms interfered with the individuals' functioning. The questionnaire has good psychometric properties (e.g., Kroenke et al., 2001; Levis et al., 2019). We used the Polish translation of PHQ-9 developed by the MAPI Research Institute (www.phqscreeners.com). The Cronbach's alpha was α =.93 in our study.

Generalized Anxiety Disorder-7 (GAD-7)

The GAD-7 is a screening tool for the risk of generalized anxiety disorder assessment (Spitzer et al., 2006). It has seven items asking about the frequency of symptoms during the last two weeks. The answers are given on a scale from 0 (*not at all*) to 3 (*nearly every day*). The questionnaire has good psychometric properties (e.g., Rutter & Brown, 2017; Spitzer et al., 2006). We used the GAD-7 version translated into Polish by the MAPI Research Institute (www.phqscreeners.com). The Cronbach's alpha was α = .96 in this study.

Brief Resilience Questionnaire (BRS)

The BRS (Smith et al., 2008, the Polish translation by Paweł Holas) assesses the perceived ability to bounce back or recover from stress. It was developed to assess a unitary resilience construct, including positively and negatively worded items.

There are six items, and answers are given on a scale from 1 (*strongly disagree*) to 5 (*strongly agree*). The Cronbach's alpha was $\alpha = .89$ in the present study.

RESULTS

The analyses were conducted using IBM SPSS Statistics 27.0 and Amos Graphics 26.0. The raw data are available at https://osf.io/yu6e5/.

Factor Structure

The factor structure of the questionnaire was verified using confirmatory factor analysis (CFA) and exploratory structural equation modeling (ESEM). To test models, we used lavaan package and R software (R Development Core Team, 2011; Rosseel, 2012). We use the robust maximal likelihood method to estimate the models' parameters. The adequacy of the models was assessed with chi-square tests and several goodness-of-fit indices such as the root-mean-square error of approximation (RMSEA), the comparative fit index (CFI), and the standardized root-mean-square residual (SRMR). We assumed that CFI values equal to or higher than .90 as well as RMSEA and SRMR values equal to or lower than .08 suggest acceptable model fit, while CFI values equal to or above .95 as well as RMSEA and SRMR values equal to or lower than .05 indicate very good model fit (e.g., Bentler, 1990). We compared the relative fit of alternative models using the Akaike Information Criterion. Additionally, we evaluated the model fit, considering the magnitude of correlations between factors—too high correlations ($r > .85$) indicate a multicollinearity problem suggesting the presence of redundant factors.

The self-compassion measure proposed by Neff (2003) has an unclear factorial structure which creates ambiguity in the understanding of the self-compassion concept. Since self-compassion can be conceptualized as a unidimensional concept, as well as including two, three, or six separate but correlated facets, we test CFA and ESEM versions of the following models: (a) a one-factor model, (b) a two-factor model, (c) a three-factor model, (d) a six-factor model, (e) a bifactor model with one general and six specific factors, (f) a bifactor model with two general as well as six specific factors, (g) a bifactor model with two general and three specific factors. Table 2 presents the results of CFA and ESEM for each of the models.

Table 2

Confirmatory Factor Analysis (CFA) and Exploratory Structural Equation Model (ESEM) Results for Alternative Factor Structures of the Self-Compassion Scale

Model	CFA						ESEM					
	χ^2	*df*	CFI	RMSEA	SRMR	AIC	χ^2	*df*	CFI	RMSEA	SRMR	AIC
1-F (a)	4612	299	.42	.16	.21	37271	–	–	–	–	–	–
2-F (b)	1429	298	.85	.08	.09	34090	960	276	.89	.07	.05	30595
3-F (c)	4501	296	.43	.15	.21	37165	800	253	.93	.06	.03	33551
6-F (d)[a]	–	–	–	–	–	–	–	–	–	–	–	–
1-F bi-6 (e)[a]	–	–	–	–	–	–	–	–	–	–	–	–
2-F bi-6 (f)[a]	–	–	–	–	–	–	–	–	–	–	–	–
2-F bi-3 (g)	948	272	.91	.06	.09	33660	**517**	**205**	**.96**	**.05**	**.03**	**33364**

Note. 1-F = a one-factor model, 2-F = a two-factor model, 3-F = a three-factor model, 6-F = a six-factor model, 1-F bi-6 = a bifactor model with one general and six specific factors, 2-F bi-6 = a bifactor model with two general as well as six specific factors, 2-F bi-3 = a bifactor model with two general and three specific factors.
[a] the model was not identified.

All models that included six specific factors revealed problems with identification (e.g., negative variances, the variance-covariance matrix of the estimated parameters not positive definite, etc.). We suspect that this is due to the collinearity problem within the data: some of the six specific scales, i.e., SJ, OI, II, were highly correlated to each other ($r > .90$). Only three models fitted data acceptably: the CFA and ESEM bi-factor models assuming two general factors of CS and RUS as well as three specific factors, and the ESEM model with three specific factors. The other models were poorly fitted to data or not identified. The ESEM bi-factor models assuming two general factors of CS and RUS, as well as three specific factors (i.e. self-compassion, shared humanity, and mindfulness), showed the best-fit CFI = .96, RMSEA = .05, SRMR = .03, AIC = 33364. Table 3 shows the factor loadings values obtained for each item.

Table 3

Standardized Factor Loadings for Bifactor ESEM Solutions with Two General and Three Specific Factors

Items	CS	RUS	SC	SH	MI
Self-kindness					
SCS5	**.59**	–.05	**.21**	.03	.01
SCS12	**.54**	–.05	**.22**	.04	.02
SCS19	**.54**	–.03	**.31**	–.03	–.06
SCS23	**.50**	–.05	**.26**	–.06	.00
SCS26	**.55**	–.03	**.13**	–.07	.00
Self-judgement					
SCS1	–.07	**–.48**	**.34**	–.03	.07
SCS8	–.39	**–.05**	**.17**	.07	–.15
SCS11	.08	**–.51**	**.39**	.00	.18
SCS16	.03	**–.72**	**.06**	–.06	.13
SCS21	–.10	**–.53**	**.30**	.18	–.03
Common humanity					
SCS3	**.48**	.04	–.02	**.15**	.11
SCS7	**.48**	.15	–.04	**–.17**	–.06
SCS10	**.45**	.20	.01	**–.13**	–.01
SCS15	**.54**	–.02	.03	**.12**	.04
Isolation					
SCS4	.01	**–.64**	.16	**.23**	.12
SCS13	.08	**–.70**	–.16	**.17**	–.06
SCS18	.03	**–.63**	.02	**.30**	.06
SCS25	.03	**–.69**	–.01	**–.01**	.02
Mindfulness					
SCS9	**.49**	–.07	.01	.15	**.38**
SCS14	**.50**	–.05	–.06	.14	**.23**
SCS17	**.54**	–.07	–.05	.06	**.14**
SCS22	**.56**	–.09	–.06	–.18	**.01**
Over-identification					
SCS2	.03	**–.70**	–.06	.05	**.09**
SCS6	.11	**–.73**	.09	.11	**.06**
SCS20	.04	**–.61**	.08	–.16	**.39**
SCS24	.02	**–.64**	.07	.04	**.38**

Note. CS = compassionate self-responding, RUS = reduced uncompassionate self-responding, SC = self-compassion, SH = shared humanity, MI = mindfulness.

Loadings values (> .40) suggest that two general factors referring to positive and negative aspects of self-compassion have interpretable content: CS and RUS. Only one item, SCS8, has factor loading lower than .40 in the target factor (RUS). Three specific factors loaded items with a value less than .40, which means that they explained only residual covariances between items related due to three aspects of self-compassion (self-compassion, shared humanity, and mindfulness). The CS and RUS were not correlated, $r < .01$.

Reliability Analysis

Table 4 shows the value of reliability coefficients of the measurement determined by Cronbach's α method along with descriptive statistics.

Table 4

Descriptive Statistics and Reliability Coefficients

Scale	*M*	*SD*	*min*	*max*	*S*	*K*	α
SK	16.04	3.16	5.00	25.00	–.13	1.53	.84
CH	12.89	2.47	4.00	20.00	–.30	1.47	.73
MI	13.20	2.47	4.00	20.00	–.02	1.08	.77
SJ	14.69	2.94	5.00	25.00	.35	1.44	.71
IS	11.87	2.95	4.00	20.00	.45	.70	.82
OI	11.79	2.99	4.00	20.00	.51	.69	.82
CS	42.13	7.06	13.00	65.00	–.20	2.05	.90
RUS	38.35	7.99	13.00	65.00	.48	1.03	.91
Total	80.47	10.68	30.00	124.00	.41	3.92	.87

Note. SK = self-kindness, CH = common humanity, MI = mindfulness, IS = isolation, OI = over-identification, CS = compassionate self-responding, SJ = self-judgement, RUS = reduced uncompassionate self-responding.

Correlation coefficients in the test–retest method for all subscales were high (above 0.7). The correlation coefficient for the general scale was rho (47) = .94; $p = .01$. Those values indicate the very satisfactory stability of the measurement over time. It is worth noting that these values are similar to the results obtained in the original validation of the scale. Table 5 shows the value of Spearman correlations rho coefficients for two consecutive measurements.

Table 5

Spearman's Rho Correlations Coefficients for Two Consecutive Measurements

SCS scale	Spearman's rho
Overall scale	.937**
Self-kindness	.756**
Self-judgment	.773**
Common Humanity	.720**
Isolation	.769**
Mindfulness	.763**
Over-identification	.813**

Note. ** Result significant at the 0.01 level (two-sided).

Validity Analysis

The validity of the questionnaire measurement was verified by analyzing the correlations between the scores obtained with the SCS and those obtained with the MAAS, Brief ES (EC, PT, PD), BRS, PHQ-9, and GAD-7 questionnaires. The results are shown in Table 6.

Table 6

Correlation Coefficients Between SCS Results and Scores in MAAS, EC, PT, PD, PHQ-9, GAD-7 and BRS Questionnaires

Scale	MAAS	EC	PT	PD	PHQ-9	GAD-7	BRS
SK	.31*	.31**	.34**	–.07	–.16**	–.14**	.28**
CH	.19**	.35**	.31**	.09*	–.03	–.01	.13**
MI	.34**	.31**	.43**	–.17**	–.19**	–.17**	.39**
CS	.33**	.37**	.42**	–.07	–.15**	–.13**	.31**
SJ	–.21**	–.10*	.01	.49**	.40**	.38**	–.32**
II	–.27**	–.14**	–.04	.63**	.50**	.47**	–.47**
OI	–.31**	–.13**	–.09*	.63**	.49**	.48**	–.56**
RUS	–.30**	.14**	–.05	.64**	.51**	.50**	–.51**
Total	.42**	.13**	.30**	–.51**	–.48**	–.48**	.57**

Note. SK = self-kindness, CH = common humanity, MI = mindfulness, IS = isolation, OI = over-identification, CS = compassionate self-responding, SJ = self-judgement, RUS = reduced uncompassionate self-responding, MAAS = mindful attention/awareness scale, EC = empathic concern, PT = perspective taking, PD = personal distress, PHQ-9 = depression, GAD-7 = generalized anxiety.

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

Statistically significant positive correlations were obtained between scores on the MAAS questionnaire and all subscales of the SCS questionnaire. Scores of BRS correlated positively with SK, CH, MI, and CS subscales of the SCS and negatively with scores on the SJ, II, OI, and RUS scales of the Self-Compassion Scale. Scores on the PHQ-9 and GAD-7 questionnaires correlated negatively with all subscales of the SCS questionnaire except for scores on the CH scale. Scores on the EC and PT scales correlated positively with scores on the SK, CH, MI, and CS subscales of the Self-Compassion Scale. Scores on the EC scale also correlated negatively with scores on the SJ, II, OI, and RUS scales of the SCS. Scores on the PD scale also correlated negatively with scores on the SJ, II, OI, and RUS scales of the SCS questionnaire, positively with scores on the CH subscale, and negatively with scores on the MI subscale of the SCS.

DISCUSSION

Good psychometric parameters characterize the Self-Compassion Scale (SCS) in the Polish version and could be used as a standardized tool for examining the level of self-compassion in the adult population.

The current results suggest that the tool has comparable reliability and validity to the original questionnaire. Regarding external validity, following expectations, we found that compassionate self-responding, self-kindness, common humanity, and mindfulness scores of SCS positively correlated with resilience, empathic concerns, perspective-taking, and mindfulness (understood as a trait). As expected, too, reduced uncompassionate self-responding, isolation, over-identification, and self-judgment correlated negatively with scores of depression, general anxiety, and personal distress. These findings are congruent with previous studies (e.g., López et al., 2018) and pointed to the consideration of the self-compassion as an important factor in inter- and intrapsychic well-being (e.g., Barnard & Curry, 2011; Neff et al., 2018).

In addition, the obtained results demonstrate relatively high temporal stability of the SCS over four weeks. This supports the recognition of the relative persistence of the level of self-compassion. It is worth noting that the values obtained are very close to the results of validation studies conducted on the original scale (Neff, 2003a). Our analyses, which were designed to determine the best factor structure for the SCS, showed that the model assuming two general factors of compassionate self-responding (CS) and reduced compassionate self-responding (RUS), as well as six specific factors and the model with two general factors of CS and RUS

as well as three specific factors, had an acceptable fit using CFA. At the same time, the rest of the models did not have a good fit. Following the fact that the model with two general factors of CS and RUS as well as six specific factors had a wrong specification, it turned out that the factor structure of the SCS tool adapted to Polish conditions is best suited to a model with two general factors of CS and RUS and three specific factors: self-kindness, shared humanity, and mindfulness.

Contrary to Neff's (2016) and Neff et al. (2019) findings, the use of a total SCS score was not justified, neither do we find support for the best fit for the 6-factor correlated and single-bifactor models. In Neff et al. study (2019), they found support for the two-bifactor model. However, it was not well specified. In the current study, however, we found that the two-bifactor and three-specific factors model was well-specified and had the best fit. This model is the same as Neff et al. (2019) model nr 5 with a correlated two-bifactor model (a general factor representing CS with three group factors representing higher levels of self-kindness, common humanity, and mindfulness, and a general factor representing RUS with three group factors representing lower levels of self-judgment, isolation, and over-identification). Importantly, the fit values of this model in the CFA version they reported are similar to ours. In the end, Neff et al. (2019) chose the 1-F bifactor model because such a model left larger loads for six specific factors, and in a model like ours (2-F bifactor) the loads for specific factors were too low. In the Polish validation of SCS the 1-F bifactor was impossible to estimate.

The discrepancy between our and Neff's (2003b, 2016) and Neff et al.'s (2019) results may be viewed from the perspective of the debate in the literature on the definition and understanding of the self-compassion construct. The existing discrepancies in the area of the factor structure of the tool indicate an insufficient fit between the model created by Neff and the way the trait of self-compassion is measured. A growing number of studies on the factor structure of the SCS do not support her original findings. For example, Montero-Marín et al. (2016) also did not find support for the original structure proposed for the SCS. Instead, the authors reported that the structure with the best fit comprised the three negative first-order factors and one negative second-order factor, which they named "self-criticism."

On the other hand, in 2016, Neff presented empirical evidence in five different populations using bivariate factor analysis, which indicated that a general factor could explain at least 90% of the reliable variance in SCS scores. It is worth noting, however, that the tool and how the construct is understood and defined provide ample room for further exploration. As Muri and Otgaar (2020) highlighted, resolving this debate is important from the perspective of further research and potential clinical applications of self-compassion measurement tools. The discrepancies between our findings and Neff et al. (2019), indicating that the Polish version does not support

the original scale's proposed model, could also lie in the cultural specificity of the Polish sample. As we did not evaluate this issue, developing a more elaborate explanation is difficult. Future research needs to address this subject and investigate potential differences in cultural background, including the religious attitudes that may shape the idiosyncratic meaning of compassion and related construct. The findings obtained in our study may indicate the need to use the results of the SCS questionnaire with caution—by taking into account the nature and properties of compassionate self-responding (CS) to represent the three positive components of self-compassion, i.e., self-kindness, common humanity, and mindfulness. In addition, by taking into account reduced uncompassionate self-responding (RUS) to represent lessened self-judgment, isolation, and over-identification measured by the SCS. Those interested in obtaining an overall self-compassion score are referred to using the Polish short form the SCS (Holas et al., 2023).

The Polish adaptation of SCS is intended to be used in the adult population. The SCS, in its Polish adaptation, requires further research. This includes assessing sensitivity to change during compassion-based interventions or other interventions that could theoretically alter levels of self-compassion (such as mindfulness training) and further tests of convergent validity and differential validity with additional theoretically related and unrelated constructs. Some psychometric properties were not assessed because they were beyond the scope of the current study. Additionally, cross-validation in non-general populations (e.g., meditators, clinical populations) would be desirable to support this scale and further the understanding of self-compassion across different groups.

Despite the limitations mentioned above, the Polish version of the SCS is a tool with good psychometric properties that can be useful in both research and practical applications—interventions directed at developing mindfulness and self-compassion (e.g., Mindful Self-Compassion programs, Neff & Germer, 2013). Research shows that an increase in self-compassion mediates the positive effects of Mindfulness-Based Interventions on mental health (MBI's, e.g., Buxton et al., 2023; Holas et al., 2023). Research also shows that interventions aimed at cultivating self-compassion are effective in developing well-being, lowering psychopathology, and reducing human suffering (Kirby et al., 2017; Wilson et al., 2019).

CRediT Author Statement

Paweł Holas (50%): design, methodology, validation, formal analysis, writing (original draft), supervision, writing (review and editing).

Yuliana Shevchuk (30%): resources, writing (original draft).

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APPENDIX 1

POLISH VERSION OF THE SELF-COMPASSION SCALE

JAK TYPOWO PODCHODZĘ DO SIEBIE W TRUDNYCH MOMENTACH

Proszę przeczytaj uważnie każde ze stwierdzeń. Zaznacz po lewej stronie przy każdym z nich jak często zachowujesz się w opisywany sposób, używając do tego następującej skali:

Prawie nigdy				Prawie zawsze
1	2	3	4	5

_____ 1. Jestem krytyczna(y) i mało wyrozumiała(y) wobec moich własnych wad i niedociągnięć.
_____ 2. Kiedy czuję się przygnębiona(y), nadmiernie skupiam się na wszystkim, co idzie źle.
_____ 3. Kiedy sprawy przyjmują dla mnie zły obrót, postrzegam trudności jako część życia, przez którą każdy przechodzi.
_____ 4. Kiedy myślę o swoich niedociągnięciach, budzi to we mnie poczucie oddzielenia i odcięcia od reszty świata.
_____ 5. Staram się być dla siebie życzliwa(y), kiedy spotyka mnie jakieś cierpienie.
_____ 6. Kiedy nie powiedzie mi się coś ważnego, ogarnia mnie uczucie, że nie jestem taka(i) jak trzeba.
_____ 7. Kiedy czuję się beznadziejna(y), przypominam sobie, że jest mnóstwo ludzi na świecie czujących się tak jak ja.
_____ 8. W okresach naprawdę trudnych jestem dla siebie twarda(y).
_____ 9. Kiedy coś mnie denerwuje, staram się zachować równowagę emocjonalną.
_____ 10. Kiedy czuję się jakoś gorsza(y), staram się pamiętać, że większość ludzi tak ma.
_____ 11. Jestem nietolerancyjna(y) i niecierpliwa(y) wobec tych aspektów mojej osobowości, których nie lubię.
_____ 12. Kiedy przechodzę przez bardzo trudny okres, staram się być łagodna(y) i troskliwa(y) w stosunku do siebie.
_____ 13. Gdy jestem przygnębiona(y), mam zwykle poczucie, że inni ludzie są prawdopodobnie szczęśliwsi ode mnie.
_____ 14. Kiedy zdarza się coś bolesnego, staram się zachować wyważony ogląd sytuacji.
_____ 15. Staram się patrzeć na swoje wady i błędy, jako na nieodłączny aspekt bycia człowiekiem.
_____ 16. Kiedy postrzegam jakiś aspekt mnie którego nie lubię, dobija mnie to.
_____ 17. Kiedy nie udaje mi się coś istotnego, staram się patrzeć na to z dystansem.
_____ 18. Kiedy naprawdę zmagam się z czymś, mam skłonność do myślenia, że innym ludziom musi to iść lżej niż mi.
_____ 19. Jestem dobra(y) dla siebie, kiedy przeżywam cierpienie.
_____ 20. Kiedy coś mnie zdenerwuje, daję się ponieść emocjom.
_____ 21. Bywam surowa(y) dla siebie, kiedy przeżywam cierpienie.
_____ 22. Kiedy jest mi źle, staram się podchodzić do swoich uczuć z zaciekawieniem i otwartością.
_____ 23. Jestem tolerancyjna(y) wobec swoich wad i słabości.
_____ 24. Kiedy wydarzy mi się coś bolesnego, mam skłonność do wyolbrzymiania tego.

_____ 25. Kiedy nie powiedzie mi się coś ważnego, zazwyczaj czuję się w tym osamotniona(y).

_____ 26. Staram się być wyrozumiała(y) i cierpliwa(y) w stosunku do tych aspektów mojej osoby, których nie lubię.

Klucz:

Życzliwość wobec siebie (*self-kindness*, SK), itemy: 5, 12, 19, 23, 26

Samo-osądzanie (*self-judgment*, SJ, odwrotnie punktowane): itemy: 1, 8, 11, 16, 21

Poczucie współdzielenia ludzkich doświadczeń (*common humanity*, CH), itemy: 3, 7, 10, 15

Izolacja (*isolation*, IS, z odwrotną punktacją), itemy: 4, 13, 18, 25

Uważność (*mindfulness*, MI), itemy: 9, 14, 17, 22

Nadmierna identyfikacja (*over-identification*, OI, punktacja odwrotna), itemy: 2, 6, 20, 24

Aby obliczyć czynnik główny współczujące reagowanie na siebie (*compassionate self-responding*, *CS*), należy wziąć średnią z podskal pozytywnych (SK, CH, MI), a następnie obliczyć średnią całkowitą dla CS. Żeby obliczyć czynnik główny obniżone niewspółczujące reagowanie na siebie (*reduced uncompassionate self-responding*, *RUS*) należy wziąć średnią z podskal negatywnych (SJ, IS, OI), a następnie obliczyć średnią całkowitą dla RUS.

APPENDIX 2

ORIGINAL ENGLISH VERSION OF 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. I'm disapproving and judgmental about my own flaws and inadequacies.
_____ 2. When I'm feeling down, I tend to obsess and fixate on everything that's wrong.
_____ 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
_____ 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.
_____ 5. I try to be loving towards myself when I'm feeling emotional pain.
_____ 6. When I fail at something important to me, I become consumed by feelings of inadequacy.
_____ 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.
_____ 8. When times are really difficult, I tend to be tough on myself.
_____ 9. When something upsets me, I try to keep my emotions in balance.
_____ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
_____ 11. I'm intolerant and impatient towards those aspects of my personality I don't like.
_____ 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.
_____ 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
_____ 14. When something painful happens, I try to take a balanced view of the situation.
_____ 15. I try to see my failings as part of the human condition.
_____ 16. When I see aspects of myself that I don't like, I get down on myself.
_____ 17. When I fail at something important to me, I try to keep things in perspective.
_____ 18. When I'm really struggling, I tend to feel like other people must be having aneasier time of it.
_____ 19. I'm kind to myself when I'm experiencing suffering.
_____ 20. When something upsets me, I get carried away with my feelings.
_____ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.
_____ 22. When I'm feeling down, I try to approach my feelings with curiosity and openness.
_____ 23. I'm tolerant of my own flaws and inadequacies.
_____ 24. When something painful happens, I tend to blow the incident out of proportion.
_____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.
_____ 26. I try to be understanding and patient towards those aspects of my personality I don't like.