



# Understanding self-compassion in adolescents: Validation study of the Self-Compassion Scale



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## ABSTRACT

Self-compassion is an adaptive self-attitude when considering personal inadequacies or difficult life situations and seems to be crucial to adolescent's experience. However, self-compassion remains less investigated in adolescence. This paper aims to analyse the psychometric properties of Self-Compassion Scale (SCS; Neff, 2003) and test its six-factor structure through a Confirmatory Factor Analysis in a representative sample of adolescents. The sample consists of 3165 adolescents, aged between 12 and 19 years old ( $M_{age} = 15.49$ ) from Portuguese schools. Results confirm the six-factor and second-order structures of the SCS and the measurement invariance across gender. The SCS and subscales also revealed good internal reliability and convergent validity with measures of positive emotional memories, depressive, anxiety and stress symptoms. Overall, our findings suggest that the SCS is a valid and reliable measure to assess self-compassion among adolescents.

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## 1. Introduction

In the last years, there has been an increasing interest and a growing body of research about the nature and implications of self-compassion in various fields from health and education to business and sociological domains. Self-compassion is rooted in Asian philosophy and according to Neff (2003) entails three main interacting components: Self-Kindness (i.e., the tendency to be kind and understanding towards oneself in instances of pain or failure rather than being harshly critical); Common Humanity (i.e., the ability to perceive one's experiences as part of the larger humanity experience rather than seeing them as separating and isolating); and Mindfulness (i.e., being aware of present moment experience in a balanced manner rather than over-identifying with one's negative emotions).

In face of negative external events (e.g., experiences of failure, shame, bullying), painful or distressing feelings are not avoided, suppressed or perpetuated by self-critical evaluations but instead are seen as part of a shared human experience through an attitude of acceptance, kindness, compassionate and non-judgmental, allowing proactive and effective behaviours (Neff, 2003). Indeed, several studies have shown that self-compassion is negatively associated with anxiety, stress, depression, rumination (Castilho, Pinto-Gouveia, & Duarte, 2015; Neff, Rude, & Kirkpatrick, 2007; Raes, 2010), shame (Gilbert & Procter, 2006), and academic failure (Neff, Hseih, & Dejithirath, 2005). On the

contrary, self-compassion is strongly and positively linked to psychological well-being, happiness, life satisfaction, optimism, emotional intelligence, and interpersonal connectedness (Neff et al., 2007).

Although research on self-compassion in adolescent samples is scarce, some studies have recently emerged. Overall, these findings point out that self-compassion is associated with positive psychological indicators (e.g., early memories of warmth and safeness, secure attachment, mindfulness, mental health, life satisfaction, emotional well-being; Cunha, Martinho, Xavier, & Espírito-Santo, 2013; Bluth & Blanton, 2014; Marshall et al., 2015; Neff & McGehee, 2010). Inversely association patterns between self-compassion and maladaptive outcomes were found (e.g., negative affect, aggression, trauma-related symptoms, depression, anxiety; Barry, Loflin, & Doucette, 2015; Bluth & Blanton, 2015; Tanaka, Wekerle, Schmuck, & Paglia-Boak, 2011; Vettese, Dyer, Li, & Wekerle, 2011; Zeller, Yuval, Nitzan-Assayag, & Bernstein, 2014).

The major developmental tasks during the transition from childhood to adulthood, including identity formation, playing different social roles, autonomy from parents, necessity of belonging and acceptance of peer group, make adolescence a time of heightened vulnerability to suffering (Steinberg & Morris, 2001). Thus, self-compassion could be beneficial for this age group by providing a way for adolescents to perceive their failures or mistakes proportionally and in a balanced perspective, to experience supportive and warmth feelings towards themselves without engaging in the problematic process of self-criticism, evaluation and social unfavourable comparisons (Neff & McGehee, 2010). Therefore, the cultivation of self-compassion may function as a protective strategy and may be a preventive and intervention target for adolescents in

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order to foster their resilience and well-being in various contexts of their lives (e.g., family, school, friendships and community).

The majority of research conducted on self-compassion has widely used the Self-Compassion Scale (SCS; Neff, 2003). Neff (2003) conducted several confirmatory factor analyses (CFA) and results determined that a single higher-order factor of self-compassion could explain the inter-correlations between the six subscales (NNFI = .90; CFI = .91), indicating that this scale may be analysed through its six subscales separately or as an overall score. Neff (2003) also found good internal reliability for the total score and for their subscales and good convergent and divergent validities. The SCS has been adapted and validated in other countries. The Portuguese version in non-clinical and clinical adult samples (Castilho et al., 2015) confirmed the six-factor and higher-order structures of the SCS and found good psychometric properties, high internal consistency for the total score ( $\alpha = .94$  for non-clinical and  $\alpha = .92$  for clinical samples) and subscales (ranging between .70 and .88).

An exploratory study was conducted to adapt the Portuguese version of the SCS for adults to adolescents. This adaptation took into account the cultural and linguistic issues, but did not alter the items' content of the original version, by maintaining the semantic equivalence across languages. For instance, in some items an example was added in order to make them more comprehensible for adolescents (e.g., item 5 "I try to be loving towards myself when I'm feeling emotional pain (e.g., do or say something kind towards myself)"; item 6 "When I fail at something important to me I become consumed by feelings of inadequacy (e.g., feelings of failure)"; item 22 "When I'm feeling down I try to approach my feelings with curiosity and openness (e.g., without judgments or trying to avoid them)". Overall, these results showed promising psychometric properties for the SCS, despite its construct validity was not analysed (Cunha, Xavier, & Vitória, 2013). Therefore, this study aims to examine the factorial structure of the SCS in a large sample of adolescents from community and test the measurement invariance across gender. Finally, convergent validity is also explored with other related measures.

## 2. Method

### 2.1. Participants

The sample consists of 3165 adolescents, 1461 males (46.2%) and 1704 females (53.8%), with a mean age of 15.49 ( $SD = 1.59$ ) ranging between 12 and 19 years old. This sample is from 7th to 12th grade ( $M = 9.70$ ,  $SD = 1.43$ ). No gender differences were found for age,  $t_{(3007,314)} = 0.572$ ,  $p = .567$ , and years of education,  $t_{(3053,235)} = -1.648$ ,  $p = .099$ .

### 2.2. Measures

Self-Compassion Scale (SCS; Neff, 2003; Portuguese version for adolescents: Cunha, Xavier, et al., 2013) comprises 26 items and six subscales: Self-Kindness; Self-Judgement; Common Humanity; Isolation; Mindfulness; Over-Identification. Respondents were instructed with the sentence "how I typically act towards myself in difficult times" and were asked to answer each item according to a 5-point scale (1 = Almost Never; 5 = Almost Always). Subscale scores are computed by calculating the mean of subscale item responses. To compute the total score of SCS, the Self-Kindness, Common Humanity, and Mindfulness are summed with reverse scores of the Self-Judgement, Isolation, and Over-identification subscales. Higher scores indicate greater self-compassion. In the original version, the total score showed an excellent internal consistency ( $\alpha = .92$ ) and the six subscales revealed adequate coefficients of internal consistency, ranging between .75 and .81.

Early Memories of Warmth and Safeness Scale (EMWSS; Richter, Gilbert, & McEwan, 2009; Portuguese version for adolescents: Cunha, Xavier, Martinho, & Matos, 2014) measures recall of feeling warm,

safe and cared for in childhood (e.g., "I felt that I was a cherished member of my family."). This is a 21-item scale rated on a 5-point scale (0 = No, never; 4 = Yes, most of the time). Richter et al. (2009) found a high Cronbach's alpha of .97. The Portuguese version for adolescents also revealed an excellent internal reliability ( $\alpha = .95$ ). In the current study, EMWSS Cronbach's alpha was .95.

Depression, Anxiety and Stress Scales (DASS-21; Lovibond & Lovibond, 1995; Portuguese version: Pais-Ribeiro, Honrado, & Leal, 2004) depression, anxiety and stress symptoms. The 21-items indicate negative emotional symptoms rated on a 4-point scale (0–3). Lovibond and Lovibond (1995) found high internal consistency ( $\alpha = .91$  for depression,  $\alpha = .84$  for anxiety and  $\alpha = .90$  for stress). In the Portuguese version, the internal consistency was good ( $\alpha = .85$ , .74 and .81, respectively). In the present study, the Cronbach's alpha for subscales were .88, .83 and .86 respectively.

### 2.3. Procedures

This adolescents' sample was collected from public schools in the north and centre regions of Portugal. Ethical approvals were obtained by the Portuguese Ministry of Education and the National Commission for Data Protection. The head teacher of the school and parents were informed about the goals of the research and gave their written consent. Adolescents assented to participate and were informed about the purpose of the study and aspects of confidentiality. They voluntarily participated and filled out the instruments in the classroom. The teacher and research assistant were present to provide clarification if necessary and to ensure confidential and independent responding.

### 2.4. Data analysis

Statistical software IBM SPSS (v.20) and AMOS (v. 18) was used. Descriptive statistics, independent sample t tests, Cohen's d and the effect size correlation were calculated. Pearson correlations were computed to assess the convergent and divergent validities.

A CFA using a maximum likelihood estimator (ML) was performed for factor validity and model invariance across gender. The chi-square and simultaneously the following goodness-of-fit indices were analysed: GFI, CFI, TLI  $\geq .90$ , acceptable,  $\geq .95$ , good; RMSEA  $\leq .06$ , good,  $\leq .08$ , acceptable. The improvement of model fit was based on Modification Indexes (MI  $> 11$ ;  $p \leq .001$ ) by adding sequentially correlational measurement errors for the residuals with higher MI values. The best fitting model as determined by chi-square difference test and comparison indices, such as AIC and ECVI, with smaller values indicating superior models and more stable model for population under study (Kline, 2005).

Regarding local adjustment of the model, all standardized factor loadings should be significant ( $p < .05$ ) and equal or greater than .50. The average variance extracted (AVE) was analysed to assess the discriminant validity of the measure (Hair, Anderson, Tatham, & Black, 1998).

### 2.5. Preliminary data analyses

The assumptions of multivariate normality and linearity were examined and all items showed acceptable values of asymmetry and kurtosis ( $Sk < |3|$  and  $Ku < |8| - |10|$ ; Kline, 2005), ranging between  $-.003$  (item 17) and  $.241$  (item 11) for skewness and between  $-.208$  (item 22) and  $-.979$  (item 13) for kurtosis. The presence of multivariate outliers was screened by using Mahalanobis Distance statistic ( $D^2$ ). Although some cases presented  $D^2$  values indicating possible outliers, these were retained since their elimination did not alter the results and excluding those cases would decrease factor's variability.

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