



## Setting the Record Straight About the Self-Compassion Scale

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Recently, Muris and colleagues published a letter to the editor of the journal *Mindfulness* with the colorful title “Stripping the forest from the rotten trees: Compassionate self-responding is a way of coping, but reduced uncompassionate self-responding mainly reflects psychopathology.” (Muris et al. 2018). It was written in response to a journal article I wrote with colleagues (Neff et al. 2018a) titled “The forest and the trees: Examining the association of self-compassion and its positive and negative components with psychological functioning,” and contains some seriously erroneous claims. The Self-Compassion Scale (SCS; Neff 2003) measures self-compassion as a system-level balance between compassionate self-responding (kindness, common humanity, and mindfulness) and reduced uncompassionate self-responding (reduced self-judgment, isolation, and over-identification). Neff et al. (2018a) examined the link between scores on the SCS and well-being in a variety of domains: psychopathology, positive psychological health, emotional intelligence, self-concept, body image, motivation, interpersonal functioning, and markers of sympathetic nervous system activity after stress. The study used a total SCS score, six subscale scores, and also a mean score of the three positive and three negative components to examine the association of self-compassion with outcomes. Although my research does not find that two separate positive and negative factors of self-compassion are supported psychometrically and in fact the two cannot be clearly distinguished because they have so much overlap (see below; Neff 2018b), we calculated mean scores for the three positive and three negative subscales in order to better investigate claims that inclusion of the negative components in the SCS inflates the link between self-compassion and psychopathology (Muris and Petrocchi 2017). **Given the deep intertwining of the various components in the operation and measurement of self-compassion, however, we used zero-order correlations rather than regressions or partial correlations in our analyses because to separate out their shared variance**

**would change the meaning of components in a way that would render findings uninterpretable.**

We found that while reduced negative self-responding had a stronger link to negative emotionality and self-evaluation than positive self-responding, they were roughly equivalent predictors in other domains. Also, for most outcomes, including psychopathology, both the positive and negative components of the SCS significantly predicted well-being with a medium to large effect size. We concluded that while the degree of association between SCS components and various outcomes differed across domains, both compassionate and reduced uncompassionate responding made an important contribution to the link of self-compassion to well-being.

In their letter, Muris et al. used partial correlations to re-analyze our data on the link between self-compassion and psychopathology, which included outcomes such as depression, anxiety, and stress, as well as risk factors for psychopathology such as self-criticism, rumination, and thought suppression. They did not address our concerns with the inappropriate use of regressions or partial correlations. They found that when the considerable overlap between compassionate and uncompassionate self-responding was separated out, uncompassionate self-responding explained most of the variance in psychopathology compared to compassionate self-responding. It makes sense that the primary way that self-compassion is associated with reduced psychopathology is through decreased uncompassionate self-responding given that the latter is a risk factor for psychopathology. On the other hand, using partial correlations to separate out the shared variance between compassionate and reduced uncompassionate responding is highly questionable since the presence of compassionate self-responding reduces uncompassionate self-responding and they interact as a holistic system. Moreover, analyses of the SCS indicate that two positive and negative factors cannot be distinguished psychometrically when appropriate analytic models are used (see below; Neff 2018b).

Muris et al. argue that the fact that negative self-responding has a stronger association with negative outcomes than positive self-responding somehow calls the construct of self-compassion into question, because they assume that uncompassionate self-responding is the same thing as

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psychopathology. For this reason, they argue that the negative components inflate the link between self-compassion and psychopathology and that it creates a tautology. This is a deeply problematic assumption. Uncompassionate self-responding refers to how people treat themselves when they are feeling inadequate or experience suffering. For example, items on the SCS measure self-judgment (e.g., “I’m disapproving and judgmental about my own flaws and inadequacies”; isolation (e.g., “When I’m really struggling, I tend to feel like other people must be having an easier time of it”); and over-identification (e.g., “When something painful happens I tend to blow the incident out of proportion.”) In contrast, outcomes like depression, anxiety, and stress are generalized mood disorders that impair functioning. For example, items from the Depression, Anxiety, and Stress Scale (DASS-21) measure the degree to which individuals have experienced depression (e.g., “I felt down-hearted and blue”), anxiety (e.g., “I felt I was close to panic”), and stress (e.g., “I found myself getting agitated.”) Uncompassionate self-responding and psychopathology are not the same thing, although uncompassionate self-responding contributes to psychopathology. Importantly, however, you cannot directly teach people how to be less depressed, anxious, or stressed. You *can* teach people to change the patterns of relating to themselves that lead to these mood disorders, however. Uncompassionate self-responding can be reduced by teaching people how to be self-compassionate.

As multiple studies indicate, self-compassion training alters the system-level balance between compassionate and uncompassionate responding, so that the former increases and the latter decreases. These changes happen simultaneously and to the same degree, which makes sense if they interact as a system experientially. This is true for a wide variety of methodologies such as self-compassion meditation training (e.g., Albertson et al. 2015); online psycho-education (e.g., Krieger et al. 2016); Affect training (Hildebrandt et al. 2017); compassion-focused therapy (e.g., Kelly and Carter 2015); and mindful self-compassion (e.g., Neff 2016). These intervention studies also find that self-compassion training significantly reduces psychopathology in terms of outcomes such as depression, anxiety, and stress. Experimental studies designed to increase self-compassion through mood induction (i.e., using writing prompts) also find that increased self-compassion is linked to reduced psychopathology in terms of depression, anxiety, shame, stress, and fear of failure (Diedrich et al. 2016; Johnson and O’Brien 2013; Leary et al. 2007; Mosewich et al. 2013; Odou and Brinker 2014; Shapira and Mongrain 2010).

More research needs to be done on the mechanisms of action of self-compassion on well-being as a result of intervention or mood induction. However, the fact that the same association between self-compassion and psychopathology is found whether it is examined with the SCS or with experimental methodologies is evidence that the SCS does not

inflate this link. Moreover, these studies suggest that the SCS must contain items that represent reduced uncompassionate self-responding in order to accurately estimate the link between self-compassion and psychopathology, given that reducing uncompassionate responding is a primary way that self-compassion functions. It is important to note that the claims of inflation by Muris and colleagues are not supported by any experimental research on self-compassion, but rather rely solely on cross-sectional findings with the SCS.

However, as mentioned above, recent research suggests that the positive and negative components of the SCS do not form two separate factors psychometrically when appropriate analytic models are used. Muris and colleagues write “research using more sophisticated statistical methods (such as bifactor confirmatory factor analysis or exploratory structural equation modeling) has indicated that structural models of the SCS produce an even better fit when compassionate and uncompassionate self-responding are included as separate factors (e.g., Brenner et al. 2017; Coroiu et al. 2018; Neff et al. 2018b)” (p. 2). This is a misleading statement. Coroiu et al. (2018) and Brenner et al. (2017) did find support for two separate factors using bifactor analyses in single sample studies, but these studies were deeply flawed because they used inappropriate analytic models: they examined an uncorrelated two-bifactor model (inconsistent with theory) rather than a correlated model (consistent with theory). In addition, the Neff et al. (2018b) study using exploratory structural equation modeling which Muris et al. are likely referencing (although they do not cite the paper explicitly, but only the Neff et al. 2018a paper which was not a psychometric analysis of the SCS) *did not* find that models of the SCS produced a better fit for separate positive and negative factors—just the opposite. This study is the most comprehensive examination of the factor structure of the SCS to date, which used state-of-the-art statistical analyses that are ideal for modeling system level interactions—bifactor analyses combined with exploratory structural equation modeling. We examined the SCS in 20 diverse samples, including 13 different translations, community, student, clinical, and meditator samples. In every single one of the samples examined, a general self-compassion factor and six specific factors were supported, but two correlated general factors representing positive and negative self-responding *were not* supported. This is because there was so much overlap in positive and negative item factor loadings that separate positive and negative factors could not be established. Moreover, 95% of the reliable variance in item responding was explained by a single general factor. Although it’s good for science when researchers disagree, it’s important that they also acknowledge and accurately represent the findings of those they disagree with.

As someone who has devoted her life to studying the benefits of self-compassion and teaching people how to be more self-compassionate, the most important question to me is: does teaching people to be more self-compassionate change

the way they relate to themselves, so that well-being is enhanced and psychopathology is reduced? The answer is clearly yes. The argument that reduced uncompassionate self-responding should not be included in the SCS or that it inflates the link between self-compassion and psychopathology is simply not supported by the empirical evidence.

## Compliance with Ethical Standards

**Conflict of Interest** The Self-Compassion Scale is free for use by researchers and the author declares that she has no conflict of interest.

**Ethical Approval** This article does not contain any studies with human participants performed by the author.

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