



# Stripping the Forest from the Rotten Trees: Compassionate Self-Responding Is a Way of Coping, but Reduced Uncompassionate Self-Responding Mainly Reflects Psychopathology

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Self-compassion is regarded as a cognitive coping strategy that reflects a positive way of relating to oneself when experiencing personal failure, inadequacy, or general problems in life. It entails being kind and understanding to oneself, recognizing that suffering is a common and normal aspect in life shared by all humans, and holding a balanced perspective on one's difficulties, which constitute the three compassionate characteristics of self-kindness, common humanity, and mindfulness (Neff 2003b). The construct of self-compassion is typically assessed with the Self-Compassion Scale (SCS), a self-report scale containing 26 items, of which half measure the three abovementioned positive ways of self-responding, while the other half intend to measure their precise counterparts, the uncompassionate features of self-judgment, isolation, and over-identification (Neff 2003a). The SCS yields a total score of self-compassion (that includes the reversely scored uncompassionate features) and has been widely employed to demonstrate its potential as a protective factor against mental health problems. Most of this research has been focused on the relationship of self-compassion with anxiety, depression, and stress, and the corpus of work demonstrates that self-compassion is negatively associated with symptom levels of these types of internalizing psychopathology (MacBeth and Gumley 2012).

Recently, critique has been raised regarding the validity of the SCS (Muris et al. 2016; see also López et al. 2015; Pfattheicher et al. 2017). This criticism is primarily targeted to the inclusion of the uncompassionate features (i.e., self-

judgment, isolation, and over-identification) in the total score of the scale. For one thing, from a definitional point-of-view, it is crystal clear that these uncompassionate features closely parallel psychopathological symptomatology. That is, self-judgment bears similarities with harsh self-criticism (Zuroff et al. 1990), and isolation shares features with social withdrawal and loneliness (Rubin and Coplan 2004), while over-identification closely matches with self-absorption and self-focused rumination (Lyubomirsky and Nolen-Hoeksema 1995). Even more, face validity checks by naïve psychologists and psychology students showed that the uncompassionate SCS items are indeed perceived to reflect psychopathological symptoms (Muris et al. in press, Study 1) and survey data have indicated that these items have much in common with symptoms of anxiety and depression (Muris et al. in press, Study 2) and are strongly related to and almost completely redundant with the personality trait of neuroticism (Pfattheicher et al. 2017), which is widely regarded as a vulnerability marker for psychopathology (Ormel et al. 2013).

Finally, a meta-analysis by Muris and Petrocchi (2016) pointed out that the compassionate characteristics as measured with the SCS are negatively correlated with psychopathological symptoms, which is consistent with their hypothesized protective nature. However, the uncompassionate features are positively linked to symptoms, indicating that they rather reflect increased vulnerability to mental health problems. Moreover, there is evidence showing that scores on uncompassionate components as measured by the SCS generally account for a larger percentage of explained variance in psychopathological symptoms than scores on the compassionate characteristics (Muris 2016; Muris et al. in press, Study 2). Altogether, this has led to the criticism that the uncompassionate elements in the SCS reflect a number of toxic processes that do not fit with the true protective nature of self-compassion, and that their inclusion in the total score is likely to magnify the (negative) link with psychopathology.

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Neff (2016a, 2016b) defends the SCS by pointing out that the scale is fully in line with her theoretical notion of self-compassion as a state of mind involving a balance between compassionate and uncompassionate self-responding. She maintains that it is appropriate to employ the total score as an index of self-compassion, which was initially supported by factor analytic studies showing that SCS items besides their loading on six separate factors also share variance in a common overall factor (e.g., Neff, Whittaker, and Karl 2017; but see López et al. 2015). However, further research using more sophisticated statistical methods (such as bi-factor 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. 2018). Nevertheless, an absolute positive development in this type of research is that in recent papers, Neff (e.g., Neff et al. in press, Neff et al. 2018) increasingly acknowledges the distinction between the compassionate and uncompassionate features of self-compassion as measured with the SCS. For example, in the Neff et al. (in press) study, a comparison was made between compassionate and reduced uncompassionate responding in their relations to 50 psychological variables in seven domains. For the domain of psychopathology, which included depression, anxiety, stress, self-criticism, rumination, thought suppression, worry, and negative affect, it was found that reduced uncompassionate self-responding was more strongly (negatively) associated with symptom levels than compassionate self-responding (see left panel of Table 1). Although Neff et al. (in press) acknowledge that this finding replicates the result of the

meta-analysis presented by Muris and Petrocchi (2016), they also quickly note that “this finding does not necessarily mean that the reduced uncompassionate behavior measured by the SCS “inflates” the link between self-compassion and psychopathology”. However, as we will show below, we contest this last point.

In Neff et al.’s (in press) paper, zero-order correlations were calculated between compassionate and uncompassionate self-responding and several indices of psychopathology. However, since compassionate and uncompassionate self-responding showed a considerable degree of overlap with each other ( $r = 0.70$ ), it is important to calculate partial correlations. Using the online program <http://vassarstats.net>, we re-analyzed Neff et al.’s (in press) data by computing these partial correlation coefficients with measures of psychopathology in which we controlled for the overlap between compassionate and uncompassionate self-responding. As can be seen in the right panel of Table 1, the correlations between SCS compassionate self-responding and various indices of psychopathology clearly dropped as a result of this procedure, while those between SCS (reduced) uncompassionate self-responding and measures of psychopathology slightly decreased but still remained substantial. It becomes even more interesting when looking at the percentages of explained variance associated with all these correlations (these can be obtained by squaring the correlation coefficients). On the basis of the SCS total score—which is the recommendation by Neff that is commonly adhered to by other researchers—one would conclude that self-compassion is an important correlate of psychopathology, explaining between 22 and 64% of the variance in symptoms. However, when looking at compassionate self-responding

**Table 1** Results of the re-analysis of Neff et al. (in press) data on the link between SCS scores and indices of psychopathology. In the partial correlation analyses—which were conducted via <http://vassarstats.net>

—we controlled for the overlap between SCS compassionate and SCS reduced uncompassionate responding (which was set to  $r = .70$  as for the total sample 1 in Neff et al.’s study)

	Neff et al.’s analysis: zero-order correlations			Re-analysis: partial correlations	
	Total SCS	SCS Compassionate self-responding	SCS Reduced uncompassionate self-responding	SCS Compassionate self-responding	SCS Reduced uncompassionate self-responding
Depression	– .69*	– .56*	– .71*	– .13	– .54*
Anxiety	– .47*	– .33*	– .54*	.08	– .46*
Stress	– .65*	– .48*	– .71*	.03	– .60*
Self-criticism	– .80*	– .65*	– .81*	– .20	– .65*
Rumination	– .60*	– .38*	– .71*	.23	– .67*
Thought suppression	– .58*	– .42*	– .64*	.05	– .53*
Worry	– .74*	– .59*	– .76*	– .13	– .60*
Negative affect	– .51*	– .37*	– .56*	.04	– .45*

SCS Self-Compassion Scale

\*  $p < .001$

only, these percentages drop considerably to a range between 0 and 5%. On the basis of these results, it is hard to evade the conclusion that the links with psychopathology are predominantly carried by the inclusion of uncompassionate self-responding items in the SCS (which accounted for 21 to 45% of the unique variance in symptoms) and thus that the use of the total score does seriously magnify the relation between self-compassion and psychopathology.

Neff et al. (in press) do not see this as a problem; they “interpret these findings to mean that [reduced uncompassionate self-responding] more powerfully “explains” the link between self-compassion and psychopathology” and refer to intervention studies which consistently show that successfully induced self-compassion is accompanied by reduced levels of psychopathological symptoms. However, here too, it is important to make a distinction between changes in compassionate and uncompassionate self-responding as a result of treatment. To illustrate this point, we refer to the study by Wadsworth et al. (2018) who examined how the two types of self-responding as measured by the SCS changed in clinically referred patients who received cognitive-behavioral or dialectical behavior therapy for their emotional problems, and how such changes were related to symptom improvement. Their results showed that therapy resulted in an increase of compassionate self-responding and a decrease of uncompassionate self-responding, and that both of these changes were significantly associated with the reduction in symptom levels of anxiety and depression over the course of therapy. Most importantly, however, an additional analysis (again conducted with <http://vassarstats.net>) revealed that only the change in uncompassionate self-responding made a unique contribution to reductions in symptoms of anxiety and depression (explained unique variance being 5 and 6%, respectively), while the share of the change in compassionate self-responding in symptom reductions was small and non-significant (i.e., less than 0.5%). Wadsworth et al. (2018, p. 236) conclude that these findings suggest that the negative aspects of self-compassion are an important target for treatment. However, given that the uncompassionate components of the SCS have so much in common with psychopathology, one could also state that these findings indicate that symptom reduction is an important target for treatment, which is of course knocking on an open door. The concept of self-compassion then becomes totally redundant.

The tautological nature of the relation between the uncompassionate components of the SCS and psychopathology is most evident for self-judgment, and even Neff and coworkers have difficulty with making the proper distinction. That is, in earlier work, Neff (2003a) notes that self-judgment includes “harsh self-criticism” (p. 224), but in a recent paper (Neff et al. in press), self-criticism is treated as an index of psychopathology, which—not surprisingly—shows a very high correlation ( $r = .81$ ) with the SCS component of self-judgment.

Given this definitional confusion and overlap (which appears also present for isolation and over-identification), we argue that it would be best not to treat the uncompassionate self-responding components as defining and central features of self-compassion. Otherwise, one would partly predict psychopathology from psychopathology, which is meaningless if one intends to demonstrate the protective mechanism of *true* compassionate self-responding. As an ultimate defense for the SCS, Neff et al. (in press) point out that many other scales also include positive and reduced negative behaviors for measuring a construct. As an example, they refer to the Healthy Eating Index (Kennedy, Ohls, Carlson, and Fleming 1995), which contains items measuring eating good foods such as fruit and vegetables and (reversed) items measuring eating bad foods that contain lots of fat and sugar. Of course, stating that the use of two-dimensional approach of SCS is warranted just because other scales adopt such an approach as well is not a strong argument. What matters here is whether both positive and negative items have predictive value. Although it sounds quite logical that both the intake of healthy food and (limited) consumption of bad foods are relevant aspects of healthy eating, the predictive value of this scale is totally dependent on the research question and the criterion variable under consideration. For example, if we intend to study the risk of healthy eating on cancer, it seems relevant to take both good and bad eating habits into account. However, if the focus is to examine whether healthy eating *prevents* high cholesterol levels in the blood, the inclusion of the bad food items seem less appropriate as it is clear that excessive consumption of bad food items (in particular those containing saturated fat) directly leads to increased levels of cholesterol. This would merely show the obvious, namely that “eating fat increases blood fat,” and would add little to our knowledge on the *preventive* potential of healthy eating on blood cholesterol. The analogue with self-compassion of course is self-evident. The idea behind this construct is that it might have predictive value in helping people to deal in a more effective way with life adversity thereby shielding the person against developing psychopathology. The inclusion of the uncompassionate self-responding components, however, do not serve this purpose, they are fused with symptoms and thus merely boost the relation between self-compassion and psychopathology.

In one of her latest publications, Neff et al. (in press) uses the metaphor of the forest and the trees to explain the holistic concept of self-compassion (the forest) and its negative and positive components (various species of trees) and plead for the use of the SCS total score as this would be “the most straightforward way to understand the link between self-compassion and well-being”. Here, we demonstrate that with-in a context of psychopathology, this advice is unwarranted: the inclusion of the uncompassionate self-responding components in the SCS will produce results that are largely tautological in nature. Most importantly, this will limit research in

establishing whether compassionate self-responding has any unique and strong protective role in times of distress and adversity. To continue with Neff et al.'s metaphor: from the story of the Three Little Pigs and The Big Bad Wolf we already know that houses built of wood from rotten trees yield little protection. For patients with mental health problems as well as their clinicians, it is more crucial to find out what trees should be employed to construct strong houses.

## Compliance with Ethical Standards

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

**Ethical Approval** This article does not contain any studies with human participants or animals performed by any of the authors.

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