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Douglas B. Samuel
Purdue University, USA
Editor

Dear Dr. Samuel,

I am writing to submit our manuscript entitled "The validity of the self-compassion scale: A study on post-traumatic growth and post-traumatic stress symptoms in a sample of rescue workers" for consideration for publication in *Assessment*.

The Self-Compassion Scale (SCS; Neff, 2003) has been one of the most successful new psychological scales that have been proposed in recent years. At the moment of the submission, a search with the keyword "Self-Compassion Scale" returned 7,800 results on Google Scholar.

Although it has been very successful, the SCS is also the object of a hotly debate: On the one side, the author strongly maintains that the construct of self-compassion, as measured by the SCS, can be articulated into 6 sub-scales, and that the total SCS score captures the intensity with which self-compassion is present in the responder. On the other side, a number of researchers have proposed that it is more useful to code the SCS in terms of a two-factor structure in which one dimension corresponds to the positively phrased items (self-kindness, common humanity, mindfulness) and the other dimension corresponds to the negatively phrased items (self-judgment, isolation, over-identification) – Muris et al. (2019). This distinction has important consequences. If we can isolate two opposite polarities in the construct, then a number of issues can be raised. One issue concerns the fact that the negative dimension could be reduced to Negative Affect (Geiger et al., 2018). And so the question remains of what is the added value offered by the positive dimension. Another important issue concerns the relation between self-compassion and therapeutic intervention. If a bi-dimensional structure is justified, then it become possible to try to understand whether there is a relation between a specific psychological malfunctioning and one or the other of the two polarities of self-compassion, or whether is more beneficial to strengthen one or the other dimension.

So far, this debate has been carried out almost exclusively in terms of the factor structure of the SCS. The results of such approach have been inconclusive. In our study we deal with this problem in a different manner. We considered the relations between self-compassion and other psychological constructs in a larger nomological network (if we examine self-compassion, coping, post-traumatic stress, and post-traumatic growth, does a SEM model produce a better fit when self-compassion is operationalized in terms of a single construct, or when it is operationalized in terms of a bipolar construct?). We also examined a large sample of rescue workers by hypothesizing that such participants had a larger probability of developing self-compassion and post-traumatic growth than the undergraduate students that had been usually considered in previous studies.

Our results are very clear and provide a useful contribution to this debate.

Our manuscript describes an original work and is not under consideration by any other Journal. All authors approved the manuscript and its submission in the present version.

With kind regards,

Corrado Caudek, Ph.D.