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Self-compassion as a healthy attitude toward the self: Factorial and construct validity in an Italian sample

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ABSTRACT

This paper aims to propose the Italian version of the Self-Compassion Scale (SCS, Neff, 2003b) and to provide new evidence concerning its relationships with various forms of self-view and well-being. In the first study, we analysed whether the scale preserved its original psychometric features. Among the tested models, both a six-factor and a bifactor model showed adequate fit indexes, sustaining the employment of both the six subscales and a total self-compassion score. In the second study, through Confirmatory Factor Analysis and partial correlations, we explored convergent, divergent, and predictive validity of the scale. As expected, self-compassion was associated with, yet distinguishable from, self-esteem and low labile self-esteem scores, and it was unrelated to narcissism and self-enhancement. -Moreover, self-compassion maintained its link with well-being variables also controlling for self-esteem, labile self-esteem, narcissism, and self-enhancement. Findings suggest that self-compassion may be conceived as a healthy self-attitude, alternative to self-esteem, as it is related to self-esteem benefits (low labile self-esteem and well-being), but not with its potential downsides (narcissism and self-enhancement). Therefore, self-compassion appears as a self-caring disposition that does not lead to overly positive self-evaluations and self-image enhancement.

1. Introduction

Psychological research has recently directed an increasing attention toward the construct of self-compassion. The theoretical definition of this construct is anchored to the broader concept of compassion, which has been defined as an affective state elicited by a non-judgmental awareness of the others' pain, leading to the desire to alleviate the others' sufferings (Neff, 2003a; Wispé, 1991). Likewise, self-compassion has been conceived as a positive attitude that arises in front of one's own experiences of troubles and suffering (Neff, 2003a). In particular, self-compassion consists of three bipolar components. The first dimension is self-kindness, which describes attitudes of kindness and understanding toward the self despite one's limits and failures, in contrast to the opposite pole, self-judgment, characterized by harsh self-criticism. The second component is common humanity, which is the awareness that one's negative experiences are part of the human nature and are shared with all the other humans. Its opposite pole, isolation, involves a sense of separation from others, as if one's own troubles and suffering were abnormal and unique. The third dimension is named mindfulness, as it describes a balanced awareness of personal negative experiences; its opposite pole, over-identification, represents a process of identification with one's own difficulties, promoting ruminant thoughts. Although these components have been theorized as conceptually distinct, they are all equally important in the definition of self-compassion. Therefore, self-compassion can be conceived as a dynamic system, resulting from the interaction of its three bipolar components (Neff, Whittaker, & Karl, 2017).

1.1. The Self-Compassion Scale and its factorial structure

Self-compassion is most often measured with the Self-Compassion Scale (Neff, 2003b), which consists of 26 items, designed to capture both the positive and negative poles of the three components, i.e. self-kindness vs. self-judgment, common humanity vs. isolation, and mindfulness vs. over-identification. In the original validation article, involving three samples, Neff (2003b) reported acceptable indexes of fit both for the six-factor solution and a higher-order model including the six first-order factors and a total self-compassion score as second-order latent variable. These preliminary analyses supported a twofold use of the scale, i.e. calculating the six subscales' scores and an overall score of self-compassion (Neff, 2003b). Actually, most of the self-compassion research focused on the global self-compassion score.

However, in the validation process of translated versions of the SCS, some inconsistent findings emerged about its factorial structure. First, several translations have confirmed the six-factor structure (e.g. Azizi, Mohammadkhani, Lotfi, & Bahramkhani, 2013; Castilho, Pinto-Gouveia, & Duarte, 2015; Chen, Yan, & Zhou, 2011; Lee & Lee,

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2010), while in other studies the six-factor solution emerged only by dropping out some items (Neff & Vonk, 2009; Petrocchi, Ottaviani, & Couyoumdjian, 2014). Secondly, the higher-order model found support in Chinese undergraduates (Chen et al., 2011) and Portuguese clinical and community samples (Castilho et al., 2015), but not in other analyses (e.g. Costa, Marôco, Pinto-Gouveia, Ferreira, & Castilho, 2016; Hupfeld & Ruffieux, 2011; Petrocchi et al., 2014; Williams, Dalgleish, Karl, & Kuyken, 2014). The lack of a clear second-order factorial structure may question the computation and interpretation of a SCS global score (e.g. Muris, Otgaar, & Petrocchi, 2016; Muris & Petrocchi, 2016; Neff, 2016a).

Based on a critical examination of the scale, an alternative two-factor model has also been proposed, in which a self-compassion factor is computed by collapsing the three positive subscales scores, while the items of the negative poles saturate a single factor, named self-criticism (Costa et al., 2016; López et al., 2015; Muris, 2015) or uncompassionate behavior (Neff, 2016a). Notably, this two-factor solution does not reflect the original theorization of the scale (Neff, 2016a). Indeed, the SCS was conceived as a tripartite instrument, able to disentangle three types of individual differences when dealing with personal failures and sufferings. First, differences in the way the self is treated, i.e. in a kind or denigrating way. Second, differences in the appraisal of difficulties, which may be seen as part of the human nature or as a source of isolation. Third, differences in the attitude toward personal sufferings, which may elicit a balanced awareness or an identification with one's own problems.

Given the complexity and heterogeneity of these findings, Neff (2016a, 2016b) proposed a different approach to test the dimensionality of the Self-Compassion Scale: the employment of a bifactor solution (Reise, Bonifay, & Haviland, 2013). In a bifactor model, a target factor directly influences item responses and, in turn, the items are measures of different group factors (Reise, Moore, & Haviland, 2010). The target factor consists in a single trait that accounts for some proportion of common item variance for all items, while group factors explain additional common variance for each subscale. Moreover, it is possible to compute, through the omega index and the omega hierarchical (McDonald, 1999), the percentage of total variance score explained by the general factor, the group factors, and error. The computation of a global scale score will be sustained if the large majority of the observed variance is accounted for by the target factor (Reise et al., 2010). The bifactor model may be an accurate way to represent self-compassion (Neff et al., 2017), as the target factor consists in the overall self-compassion score, thus explaining some proportion of common item variance for all items, and the six subscales represent the group factors, which account for additional common variance of the subscales. The computation of a total self-compassion score would be justified if the large majority of the observed variance was accounted for by the general self-compassion factor.

Since the work of Neff (2016a, 2016b), the bifactor model has received support from several studies on the SCS. Tóth-Király, Bőthe, and Orosz (2016) performed bifactor CFA and bifactor Exploratory Structural Equation Modelling (ESEM) on the Hungarian version of the SCS and found that the latter provided the best fit to the data, also compared to six-factor first-order CFA and ESEM. In the French validation of the SCS (Kotsou & Leys, 2016), the six-factor solution showed the best fit, but the omega index of the still acceptable bifactor model highlighted the relevance of the total score accounting for self-compassion. Also in the Brazilian validation of the SCS, the six-factor solution showed the best fit, but the bifactor approach led to acceptable fit indexes (de Souza & Hutz, 2016).

Neff et al. (2017) have recently compared the fit of one-factor, two-factor correlated, six-factor correlated, higher-order, and bifactor solutions. All these factorial structures have been explored in samples of undergraduates, community adults, meditators, and individuals with a history of recurrent depression. The higher-order model, the one-factor, and the two-factor correlated solutions demonstrated poor fit across all the samples, thus their use did not seem justifiable. On the contrary, the fit indexes supported the six-factor solution across all the samples and the bifactor model within three samples (undergraduates, community adults, and meditators). Notably, although the six-factor solution showed the best fit to the data, in the bifactor model the large majority of variance was accounted for by the general self-compassion factor. This supported the computation of a total scale score, despite the presence of multidimensionality, but also of the six subscales scores (Neff et al., 2017; Reise, Bonifay, et al., 2013a). Concluding, validations of translated versions of the SCS should also test a bifactor model, in addition to the other solutions already investigated (Neff, 2016a, 2016b; Neff et al., 2017).

1.2. Relations with self-esteem and validity issues

Several research findings suggest that self-esteem and self-compassion are strongly related but distinguishable constructs (Neff, 2011; Neff & Vonk, 2009). Self-esteem consists in a positive self-evaluation, related to attitudes of self-respect and worth (Klein, 1992), and to low self-perceptions of unworthiness and inadequacy (Rosenberg, 1989). As also self-compassion involves positive self-attitudes and feelings of self-worth (Neff, 2011), *convergent* validity could be assessed investigating the association between the SCS and the Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1965), the most used instruments for the assessment of global self-esteem. Consistently, previous studies showed correlations coefficients between SCS and RSES ranging from 0.57 to 0.59 (Leary, Tate, Adams, Batts Allen, & Hancock, 2007; Neff, 2003a, 2011; Neff & Vonk, 2009).

Notably, self-compassion has been theorized as a healthy attitude toward oneself, somehow alternative to self-esteem, as it may offer similar benefits without involving its potential downsides (Neff, 2003a, 2011; Neff & Vonk, 2009). Indeed, self-esteem is an adaptive self-attitude and one of the most important aspect of mental health (James, 1983), as suggested also by its associations with high levels of happiness and optimism and low scores of anxiety and depression (Pyszczynski, Greenberg, Solomon, Arndt, & Schimel, 2004). Nevertheless, research findings suggested that what people do to get and maintain high levels of self-esteem may lead to some problematic correlates, such as narcissism and self-enhancement (Baumeister, Campbell, Krueger, & Vohs, 2003; Crocker & Park, 2004).

Narcissism is an inflated, unrealistically positive self-view (Campbell & Foster, 2007), generated by a limitless and dysfunctional pursuit of self-esteem. A narcissistic self-view may represent a “social trap”, characterized by short term benefits, but long term aversive consequences in terms of underperformance, poor interpersonal relations, and even aggression (Campbell & Buffardi, 2008). While past research often found a positive association between self-esteem and narcissism (e.g. Crocker & Park, 2004; see also Stronge, Cichocka, & Sibley, 2016), no significant association emerged between self-compassion and narcissism (e.g. Leary et al., 2007; Neff, 2003b; Neff, Rude, & Kirkpatrick, 2007). The last finding is not surprising, since narcissism is characterized by pervasive grandiosity and feelings of entitlement (e.g. Emmons, 1987), perceptions that should be unrelated to self-compassion, as the latter does not involve judging attitudes toward the self or the others (Neff & Vonk, 2009). Consistent with these features and previous findings, a statistically non-significant relation between SCS and narcissism should be conceived as a proof of *divergent* validity.

The second potential downside of self-esteem is self-enhancement, which consists in positive illusions about the self that push individuals to perceive themselves as better than the others (e.g. Sedikides & Gregg, 2008; Taylor & Brown, 1988). Although self-enhancement is usually associated with well-being (e.g. Taylor & Brown, 1988), research also suggests that it may inhibit processes of learning and growth (e.g. Baumeister et al., 2003; Kim, Chiu, & Zou, 2010). While it's well established that high levels of self-esteem are combined with self-enhancing tendencies (e.g. Baumeister, Tice, & Hutton, 1989; Rosenberg,

Schooler, Schoenbach, & Rosenberg, 1995), no results are available concerning the association of self-compassion with self-enhancement. This fact is quite surprising, as several authors have theorized that self-compassion and self-enhancement should be unrelated (e.g. Breines & Chen, 2012; Leary et al., 2007; Neff, 2011; Neff & McGehee, 2010; Neff et al., 2007). Indeed, although self-compassion is a source of positive self-regard, it does not imply an overly positive evaluation of the self or positive illusions about the self-image (Breines & Chen, 2012; Leary et al., 2007; Neff, 2011). A statistically non-significant relationship between self-compassion and self-enhancement would represent a test of *divergent* validity, useful to confirm that self-compassion consists in a positive, but realistic, self-view, without feelings of superiority over the others or inflated self-illusions.

Occasionally, self-esteem may fluctuate based on specific outcomes and circumstances (Crocker, Luhtanen, Cooper, & Bouvrette, 2003). Such an instability may turn into a *labile* self-esteem (e.g. Butler, Hokanson, & Flynn, 1994; Dykman, 1998), characterized by daily oscillations between positive and negative self-evaluations, depending on personal experiences. People with this unstable kind of self-esteem are particularly sensitive to negative events and vulnerable to depression symptoms (Dykman, 1998). Previous research demonstrated that a high self-esteem is able to protect individuals from these fluctuations, as shown by the negative association between self-esteem levels and self-esteem instability (e.g. Zeigler-Hill, Chadha, & Osterman, 2008). A self-compassionate disposition is likely to offer a similar benefit. As self-compassion promotes attitudes of kindness and acceptance toward the self when facing failures (Neff & Vonk, 2009), it should also mitigate the shifts between positive and negative self-appraisals driven by favorable or adverse circumstances, fostering stable self-worth feelings. Notably, the relationship between self-esteem and labile self-esteem has yet to be investigated. A negative association between the two constructs would represent a further test of *convergent* validity of the SCS.

A final important positive correlate of self-esteem is well-being (Diener, Diener, & Diener, 1995). Self-compassion seems to share with self-esteem also this important benefit, as it showed (for a review, see Barnard & Curry, 2011) associations with positive affectivity (Leary et al., 2007; Neff & Vonk, 2009; Neff et al., 2007), life satisfaction, self-reported happiness, optimism (Neff et al., 2007), and general psychological health (Marshall et al., 2015). Importantly, a study corroborated the predictive validity of the SCS by showing that self-compassion preserved its associations with well-being indicators also controlling for self-esteem (Neff & Vonk, 2009). Nevertheless, no evidence is present in the literature about the effects of self-compassion on well-being controlling for narcissism, self-enhancement, and labile self-esteem. Such a proof would be important to further sustain the *predictive* validity of the scale.

2. Aims and studies overview

The aim of the present paper is twofold. First, in Study 1 we aimed at proposing an Italian version of the Self-Compassion Scale that reproduces, as far as possible, the psychometric characteristics of the original English version by Neff (2003b, 2016a, 2016b). Second, in Study 2 we aimed at investigating issues of convergent and divergent validity of the scale, assessing its relations with self-esteem and self-views scales, and of predictive validity, analyzing its association with well-being indicators. Alongside this second aim, we intended to provide further evidence, in part not available in the literature, that self-compassion represents a healthy attitude toward oneself, alternative to self-esteem, as it does not involve the potential downsides of the latter, while sharing with it important benefits.

Concerning the first aim, we acknowledge that an Italian translation of the SCS already exists, proposed by Petrocchi et al. (2014). Although their translated instrument showed a good reliability and gender differences as in the original version, some problematic issues emerged about its factorial structure. First of all, the six-factor solution had acceptable goodness of-fit indexes only after dropping two items ("*I try to see my failings as part of the human condition*", common humanity; "*I'm tolerant of my own flaws and inadequacies*", self-kindness). Secondly, as sometimes found in previous validation studies (e.g. Costa et al., 2016), the higher-order model showed inadequate fit indexes, justifying only the computation of subscales' scores, but not of a global self-compassion score. Additionally, no information concerning the fit of bifactor models has been reported. By consequence, at the present time an Italian version of the Self-Compassion Scale involving all the items of the original version, that is able to replicate the factorial structure of the original version, and that may be employed computing a single total self-compassion score, is not available.

Concerning the second aim, in the second study we tested validity issues of the SCS in the framework of self-related perceptions and views. In particular, we added relevant information to the existing literature in the following ways. First, we analysed, as far as we know for the first time, the relations of self-compassion with labile self-esteem and self-enhancement, providing new evidence concerning, respectively, convergent and divergent validity of the scale. Moreover, the investigated pattern of associations, involving at the same time self-esteem levels, labile self-esteem, narcissism, and self-enhancement, allowed us to depict self-compassion as a healthy way to relate to oneself, alternative to self-esteem. Finally, we tested convergent and divergent validity of the SCS using structural equation modelling with latent variables, which is recognized as a more stringent technique to test validity issues (Bagozzi & Burnkrant, 1979).

3. Study 1

The aim of the first study was to investigate the psychometric properties and the factorial structure of the Italian version of the SCS. In the original validation of the scale (Neff, 2003b), both the total score of the SCS and each subscale were characterized by a good reliability, and men presented higher levels of global self-compassion. We expected to find these features in the Italian version too. Moreover, we tested several factorial structures of the scale, trying to replicate and extend the findings obtained so far in the literature. Based on previous research findings, we expected satisfactory fit indexes for the six-factor correlated model and the bifactor solution representing a target group (self-compassion) and six group factors, and inadequate fit indexes for the other models tested. With the aim of extending the results reported by Neff et al. (2017), we also tested a bifactor model involving the distinction between self-compassionate and uncompassionate behaviors.

3.1. Method

3.1.1. Participants

A convenience sample of 522 Italian respondents (187 males, 327 females; 8 participants did not indicate gender) was recruited from the general population by seven research assistants in Northern Italy. Due to a higher proportion of women accepting to participate compared to men, gender was not balanced. We address this issue in the limitations of our analysis. Respondents' age ranged from 18 to 72 years ($M = 30.05$; $SD = 12.47$). Participants were characterized by different levels of education: 6.7% had a secondary school diploma, 61.9% a high school diploma, and 30.7% a university degree (0.8% did not indicated their level of education).

3.1.2. Procedure

First of all, the 26 statements of the SCS have been translated into Italian adopting a back-translation procedure, with the aim of preserving as much as possible their original meaning. The Italian items can be found in the Appendix. As we collected the data of this study prior to the publication of the paper by Petrocchi et al. (2014), our version of the SCS developed independently from that one. Nevertheless, the items in the two versions are very similar. The few minor differences

regard stylistic choices and do not change the essence of the items. Our Italian version of the SCS was included in a questionnaire, which ended with a collection of socio-demographic information. Respondents gave informed consent and then filled out the questionnaire in the presence of the recruiter and in a silent place. As in the original version of the scale, participants had to rate the items on a 5-point Likert-type scale, from 1 (*almost never*) to 5 (*almost always*). Both a single total score of self-compassion and scores for each self-compassion subscale were computed. Before computing the overall self-compassion score, the items assessing the negative poles of the scale (self-judgment, isolation, over-identification) were recoded, so that higher scores were representative of higher levels of self-compassion, as a whole.

3.2. Results and discussion

Means and standard deviations of each self-compassion subscale are reported in Table 1. The overall self-compassion mean score was 2.92 ($SD = 0.60$). As predicted, the total score of self-compassion was reliable ($\alpha = 0.90$), as well as the single self-compassion subscales, which all showed acceptable-to-good levels of reliability (Table 1). As shown in previous studies (e.g. Neff, 2003b; Petrocchi et al., 2014; Tóth-Király et al., 2016), men were characterized by higher levels of global self-compassion than women ($M_{males} = 3.02$, $SD = 0.54$; $M_{females} = 2.86$, $SD = 0.62$; $t(512) = 3.01$, $p = 0.003$).

We then performed a confirmatory factor analysis, aiming to test the factorial structure of the SCS in its Italian version. Before analyzing the data, we checked the basic statistical assumptions for confirmatory factor analysis, i.e. normal distribution and multivariate normality. Absolute values of skewness ranged from 0.01 (item 18) to 0.48 (item 10), with a mean value of 0.19. For kurtosis, absolute values ranged from 0.42 (item 1) to 1.09 (item 14), with a mean value of 0.74. Mardia's (1970) test confirmed a deviation from multivariate normality (multivariate skewness: $b_{1p} = 63.94$, $p < 0.001$; multivariate kurtosis: $b_{2p} = 823.73$, $p < 0.001$), so this hypothesis had to be rejected. Although the multivariate normality is one of the basic assumption for covariance structure analysis (Bollen, 1989), Curran, West, and Finch (1996) demonstrated that relevant problems arise with values of skewness higher than 2.0 and of kurtosis higher than 7.0. The values of skewness and kurtosis in our data were all largely far from these problematic thresholds. Additionally, normal theory estimators in confirmatory factor analysis adequately work also with moderately skewed/kurtotic variables (Muthén & Kaplan, 1985). Given the partial non-normality of our data and the ordinal nature of the items responses (ranging from 1 to 5), we employed the Robust Maximum Likelihood (MLR) estimation procedure, starting from the asymptotic covariance matrix of polychoric correlations (Satorra & Bentler, 1994). Notably, Neff et al. (2017) employed the same estimation procedure.

Confirmatory factor analyses have been performed in Mplus 7.1 (Muthén & Muthén, 2012). As suggested by Hu and Bentler (1999), model fit was evaluated by considering several goodness-of-fit indexes. In addition to the Satorra-Bentler Chi-square, in order to compare our results with the factorial solutions investigated by Neff et al. (2017), we computed the same fit indexes explored in their study, i.e. the Comparative Fit Index (CFI), the Tucker-Lewis Index (TLI), the Root Mean Square Error of Approximation (RMSEA), with the 90% confidence interval (CI), and the Standardized Root Mean Square Residual (SRMR). We also computed the χ^2/df ratio, to minimize the dependence of the simple Chi-square on the sample size. As thresholds for an adequate fit, we considered a χ^2/df ratio lower than or around 3, CFI and TLI higher than 0.90, RMSEA between 0.05 and 0.08, and a SRMR lower than 0.08 (Hu & Bentler, 1999). As our aim was to compare several factorial solutions, we computed also the Akaike's Information Criterion (AIC). The lowest values of this fit index indicate the solution that best fits the data. Following Neff's (2016b), suggestion for the bifactor model we computed both the omega index and the omega hierarchical (McDonald, 1999). Omega index (ω) consists in the ratio of the true score variance to total variance, thus indicating the percentage of total score variance explained by all the factors. Omega hierarchical (ω_H) estimates the percentage of variance in the total score accounted for by the general factor (Hancock & Mueller, 2001; Raise et al., 2013a). Finally, we computed the amount of reliable variance of the scores attributed to the target score (self-compassion), dividing $omega_H$ by omega ($\frac{\omega H}{\omega}$).

All the fit indexes computed for the factorial structures investigated are reported in Table 2. Consistently with previous results (Neff et al., 2017), the one-factor and two-factor correlated models did not show adequate indexes of fit. In line with previous findings, the six-factor correlated solution showed adequate fit indexes, justifying the computation of the six subscales' scores. Standardized factor loadings were all significant at $p < 0.001$ and ranged from 0.44 (item 3, common humanity), to 0.73 (item 6, over-identification), proving meaningful links with their respective factors. As reported in Table 1, and in line with previous research (Neff, 2003b; Neff et al., 2017), all the self-compassion subscales were related to each other (correlations ranged from 0.32 to 0.95, all significant at $p < 0.001$).

Consistent with previous findings (Neff et al., 2017), fit indexes did not support the higher-order model. Regarding the bifactor solutions, the model with two (self-compassionate and uncompassionate behaviors) group factors showed acceptable fit indexes. However, this solution is problematic as two items did not significantly load on the general factor (items 3 and 10, common humanity), while one item (7, common humanity) presented an unexpected negative loading. As predicted, the bifactor model consisting of self-compassion as target factor and the six subscales as group factors was the best fitting solution. In line with Neff et al.'s (2017) findings, all the standardized factor loadings on the general factor were significant, ranging from 0.15 (item 7; common humanity), to 0.72 (item 16, self-judgment). In addition, the overall omega index (ω) was 0.92, thus confirming that the total variance in the scores is widely attributable to both the self-compassion general factor and to all the six subscales. The variance of the total score due to error was therefore <8%. The $omega_H$ (ω_H) was 0.82, meaning that the majority of the total variance in the scores may be attributed to the overall self-compassion general factor. Although the $omega_H$ value in our data was slightly lower than the values showed in the original scale (ranging from 0.85 to 0.90; Neff et al., 2017), it was clearly higher than the value of 0.70 that has been proposed as benchmark for this index (Reise, Scheines, Widaman, & Haviland, 2013). Notably,

Table 1
Means, standard deviations, Cronbach's α, and latent correlations between subscales in the CFA on the six-factor correlated solution (Study 1).

Subscale	*M*	*SD*	Cronbach's α	*1*	*2*	*3*	*4*	*5*
1. Self-kindness	2.78	0.79	0.78	—				
2. Self-judgment	3.05	0.80	0.75	0.61***	—			
3. Common humanity	2.88	0.80	0.69	0.67***	0.32***	—		
4. Isolation	3.05	0.93	0.73	0.53***	0.77***	0.43***	—	
5. Mindfulness	3.15	0.83	0.75	0.67***	0.44***	0.65***	0.56***	—
6. Over-identification	3.14	0.90	0.74	0.48***	0.84***	0.36***	0.95***	0.64***

*** $p < 0.001$.

Table 2
Model fit indexes in confirmatory factor analyses (Study 1).

Model	SBχ^2	*df*	χ^2/df	CFI	TLI	RMSEA (90% CI)	SRMR	AIC
One-factor	1726.42	299	5.74	0.637	0.605	0.096 [0.091, 0.100]	0.092	38,948.20
Two-factor (correlated)	1222.04	298	4.10	0.765	0.744	0.077 [0.073, 0.082]	0.072	38,361.14
Six-factor (correlated)	929.32	284	3.27	0.836	0.812	0.066 [0.061, 0.071]	0.066	38,037.92
Higher-order (six factors)	1235.29	298	4.15	0.761	0.740	0.078 [0.073, 0.082]	0.096	38,356.78
Bi-factor (two group factors)	957.305	273	3.50	0.826	0.793	0.069 [0.065, 0.074]	0.059	38,075.24
Bi-factor (six group factors)	758.60	273	2.78	0.876	0.853	0.058 [0.053, 0.063]	0.069	37,857.37

Note: SBχ^2 = Satorra-Bentler scaled chi-square; CFI = Comparative Fit Index; TLI = Tucker-Lewis Index; RMSEA = Root Mean Square Error of Approximation; CI = Confidence interval; SRMR = Standardized Root Mean Square residual; AIC = Akaike Information Criterion.

high levels of omega$_H$ (>0.80) indicate that the general factor is the main source of systematic variance, meaning that the scale score may be conceived as essentially unidimensional (Reise, Bonifay et al., 2013a; Reise, Scheines et al., 2013b; Rodriguez, Reise, & Haviland, 2016). Therefore, the use of a single total score of self-compassion is justified in the Italian version of the Self-Compassion Scale, as in the original version (Neff et al., 2017) and in the Hungarian version (Tóth-Király et al., 2016).

To summarize, the first study showed that the Italian version of the SCS largely kept the original features of the scale, i.e. high reliability, gender differences, and the possibility to examine both self-compassion as a whole and the six dimensions of self-compassion.

4. Study 2

In the second study, we tested validity issues of the SCS in its Italian version in the framework of self-related perceptions and views. Based on previous research findings and theoretical reasons (Neff, 2003a, 2011, 2016a; Neff & Vonk, 2009), we tested convergent validity investigating the relations that self-compassion holds with self-esteem levels and labile self-esteem, expecting a positive link with the former and a negative association with the latter. Regarding divergent validity, we analysed the relationships of self-compassion with two allegedly unrelated constructs, i.e. narcissism and self-enhancement. As far as we know, this is the first time these multiple relations are considered simultaneously. We also analysed predictive validity aspects, by testing the associations of self-compassion with several well-being indicators (i.e. general psychological health, life satisfaction, positive and negative affect), partialling out the effects of concurrent predictors (i.e. self-esteem, labile self-esteem, self-enhancement, and narcissism). Overall, the investigated association patterns could add relevant information to the claim that self-compassion is a healthy alternative to self-esteem (Neff, 2003b; 20,011; Neff & Vonk, 2009), presenting similar benefits (the negative association with labile self-esteem and the positive relation with well-being) while not being related to its potential downsides (narcissism and self-enhancement). Notably, these associations were tested adopting confirmatory factor analysis (CFA), a structural equation technique with latent variables that represents a more stringent strategy than other alternatives in testing relationships among variables and validity aspects (Bagozzi & Burnkrant, 1979).

4.1. Method

4.1.1. Participants

Data came from a convenience sample of 350 Italian respondents (138 males, 209 females; 3 participants did not indicate gender), recruited from the general population by five research assistants. As a higher proportion of women accepted to participate compared to men, gender was not balanced. Participants' mean age was 30.70 years (*SD* = 12.81), ranging from 18 to 76 years. The sample was characterized by different levels of education. Specifically, 0.6% had a primary school diploma, 8.3% a secondary school diploma, 52.8% a high school diploma and 37.1% a university degree (1.2% did not indicate their level of education).

4.1.2. Procedure

After giving informed consent to the recruiter, participants individually filled out a questionnaire, with the scales of interest, translated into Italian. When a validated Italian version of the scale was not available, the items were translated adopting a back-translation procedure, with the aim of preserving their original meaning. In addition to the Italian version of the SCS ($\alpha = 0.87$), the following measures were employed.

4.1.2.1. Rosenberg Self-Esteem Scale (RSES). Aiming to detect global self-esteem, we employed the Rosenberg's (1965) scale in its Italian version (Prezza, Trombaccia, & Armento, 1997). The scale consists of 10 items rated by participants on a 4-point Likert-type scale, from 1 (*strongly disagree*) to 4 (*strongly agree*). After appropriate recoding, higher scores indicated higher levels of global self-esteem. The reliability of the scale was acceptable ($\alpha = 0.67$).

4.1.2.2. Labile Self-Esteem Scale (LSE). With the aim to detect an unhealthy form of self-esteem, we employed the Labile Self-Esteem Scale (Dykman, 1998). This scale is composed of five items, designed to capture the tendency to frequently shift between positive and negative self-appraisals. Items were rated on a 5-point Likert-type scale, from 1 (*strongly disagree*) to 5 (*strongly agree*). The scale showed to be reliable ($\alpha = 0.80$).

4.1.2.3. How I See Myself Questionnaire (HSM). As measure of self-enhancement bias, we employed a modified version of the How I See Myself Questionnaire (Taylor & Gollwitzer, 1995). The original version of the scale consists of 21 positive (e.g. academic ability, intellectually self-confident, and sensitive to others) and 21 negative qualities (e.g. self-defeating, lacking motivation, lazy), developed to assess tendencies to self-enhance in college students. Respondents rate themselves on these features, in comparison with their peer college students on a 7 point Likert-Type scale, from 1 (*much less than the average college student of my age and gender*) to 7 (*much more than the average college student of my age and gender*). Aiming to use this instrument in a general adult population, we selected the items not exclusive to the academic setting and any reference to the college context was removed by instructions and response options. The employed scale consisted of 22 characteristics, 11 positive (e.g. cheerful and creative) and 11 negative (e.g. selfish and manipulative). Respondents were invited to indicate the degree to which they felt described by these features, compared with people living in their area, of their own gender and age, on a 7-point Likert-type scale from 1 (*much less than the average*) to 7 (*much more than the average*). Negative qualities were reverse coded, so that higher scores indicated higher levels of self-enhancement. The scale was reliable ($\alpha = 0.72$).

4.1.2.4. Narcissistic Personality Inventory (NPI). We employed the Italian version (Fossati, Borroni, & Maffei, 2008) of the 16-item Narcissistic Personality Inventory (NPI-16; Ames, Rose, & Anderson, 2006). The

instrument consists of 16 pairs of items, specifically designed to capture the narcissistic orientation in a non-clinical population. For each pair of statements, respondents were invited to select the item that better described them. Item were recoded when needed, so that higher scores indicated higher narcissism. The scale showed to be reliable ($\alpha = 0.72$).

4.1.2.5. General Health Questionnaire-12 (GHQ-12). The 12-item version of the General Health Questionnaire (Goldberg & Williams, 1988) was employed to assess general psychological health over the preceding few weeks. Items are on a 4-point Likert-type scale (from 0 to 3) and assess if an individual's general psychological conditions are better or worse than usual. After appropriate recoding, higher scores are representative of higher levels of general psychological health. Cronbach's alpha was 0.74.

4.1.2.6. Satisfaction With Life Scale (SWLS). The Italian translation (retrieved from http://internal.psychology.illinois.edu/~ediener/SWLS.html) of the SWLS (Diener, Emmons, Larsen, & Griffin, 1985) was employed to measure satisfaction with life. The scale captures cognitive evaluations about one's life, and it is therefore conceived as a measure of one's global life satisfaction. Participants were invited to indicate their degree of agreement with each statement, using a 7-point Likert-type scale, from 1 (*strongly disagree*) to 7 (*strongly agree*). The scale was reliable ($\alpha = 0.88$).

4.1.2.7. The Positive and Negative Affect Schedule (PANAS). The Italian validation (Terracciano, McCrae, & Costa, 2003) of the 20-item version of the PANAS (Watson, Clark, & Tellegen, 1988) was employed to assess affectivity. The instrument consists of two subscales, each composed by 10 mood states, aiming to detect positive or negative affectivity. Participants indicated the extent to which they experienced each of the 20 mood states during the previous weeks, on a 5-point scale, from 1 (*not at all*) to 5 (*very much*). Both the subscales were reliable ($\alpha_{\text{positive affect}} = 0.86$; $\alpha_{\text{negative affect}} = 0.88$).

4.2. Results and discussion

In order to preliminary explore divergent and convergent validity issues of the Italian version of the SCS, we performed a confirmatory factor analysis, using the statistical software Mplus 7 (Muthén & Muthén, 2012). With the aim to smooth measurement error maintaining an adequate ratio of cases to parameters, the parceling technique was adopted (Little, Cunningham, Shahar, & Widaman, 2002). According to the "Item-to-Construct Balance" technique (Little et al., 2002) and based on exploratory factor analyses loadings, we created three parcels for each investigated construct: self-compassion, global self-esteem, labile self-esteem, self-enhancement, and narcissism. Then the parcels were employed in a confirmatory factor analysis, to test a five-factor structure.

The model showed adequate fit indexes: $\chi^2(80, N = 350) = 225.19$, $p \cong 0.00$; $\chi^2/df = 2.81$; RMSEA = 0.07; CFI = 0.95; SRMR = 0.06. As reported in Fig. 1, the Italian version of the SCS was strongly related to global self-esteem ($\phi = 0.52$, $p < 0.001$), confirming the previous literature. Additionally, self-compassion was accompanied by low scores of labile self-esteem ($\phi = -0.50$, $p < 0.001$), further confirming convergent validity and previous research results showing that self-compassion predicts stable feelings of self-worth (Neff & Vonk, 2009). Regarding divergent validity, the Italian version of the SCS was unrelated both to self-enhancement ($\phi = 0.07$, $p = 0.315$) and narcissism ($\phi = 0.08$, $p = 0.218$), confirming our hypotheses. Notably, self-esteem was positively associated with both narcissism ($\phi = 0.37$, $p < 0.001$) and, especially, self-enhancement ($\phi = 0.62$, $p < 0.001$).

Aiming to test predictive validity, we investigated the associations between the SCS and well-being indicators, considering both zero-order correlations and partial correlations after controlling for the effects of self-esteem, labile self-esteem, self-enhancement, and narcissism. As reported in the second column of Table 3, the SCS scores were correlated positively with general psychological health, satisfaction with life, and positive affect, and negatively with negative affectivity. After controlling for the effects of the other self-related constructs (Table 3), we found that the relationships between self-compassion and well-being indicators always remained statistically significant, except for the association with positive affect controlling for self-esteem ($r = 0.10$, $p = 0.072$).

Taken together, the findings of the second study supported convergent, divergent, and predictive validity of the Italian version of the SCS. Additionally, they sustained Neff's theorization of self-compassion as a healthy way to relate to oneself, alternative to self-esteem (Neff, 2003a, 2011; Neff & Vonk, 2009).

5. General discussion

The aim of the present research was to propose an Italian version of the Self-Compassion Scale (Neff, 2003b) and to investigate issues of convergent, divergent, and predictive validity of the scale, extending

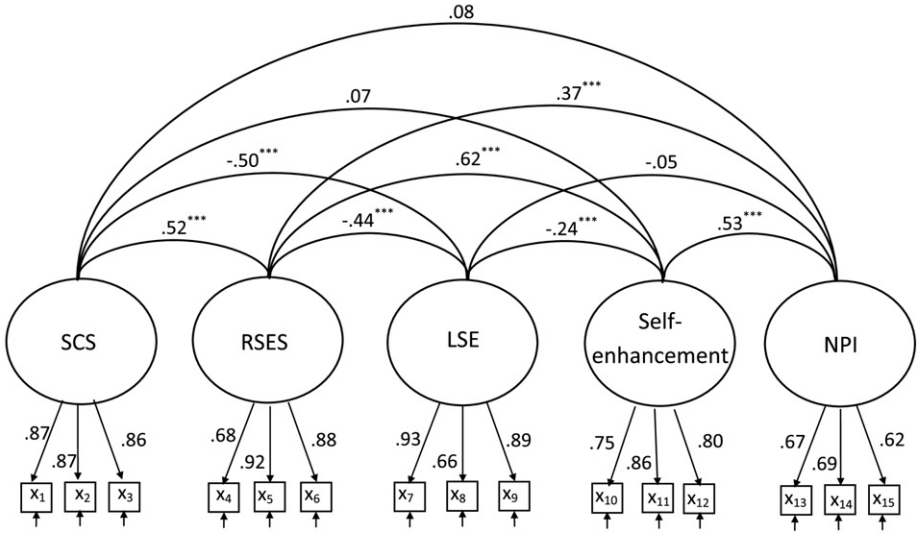

Fig. 1. Divergent and convergent validity: confirmatory factor analysis (Study 2). Note. SCS = Self-Compassion Scale; RSES = Rosenberg Self-Esteem Scale; LSE = Labile self-esteem; NPI = Narcissistic Personality Inventory. $\chi^2(80) = 225.19$, $p \cong 0.00$, $\chi^2/df = 2.81$, RMSEA = 0.07 (0.061–083; $p < 0.001$), SRMR = 0.06, CFI = 0.95. Standardized coefficients. ***$p < 0.001$.

Table 3
Correlations of the SCS in its Italian version with well-being indicators before and after controlling for the other psychological constructs (Study 2).

		SCS controlling for			
Variable	Zero-order correlation	RSES	LSE	Self-enhancement	NPI
General psychological health	0.48***	0.22***	0.39***	0.44***	0.49***
Satisfaction with life	0.30***	0.17**	0.18**	0.27***	0.31***
Positive affect	0.26***	0.10	0.11*	0.17*	0.25***
Negative affect	−0.36***	−0.21***	−0.17**	−0.34***	−0.39***

Note. RSES = Rosenberg Self-Esteem Scale; LSE = Labile self-esteem; NPI = Narcissistic Personality Inventory.
* $p < 0.05$.
** $p < 0.01$.
*** $p < 0.001$.

previous research findings on its relations with self-related perceptions and views.

In the first study, we presented the Italian version of the scale, developed with the aim to preserve the original psychometric characteristics (Neff, 2003b; Neff et al., 2017). In particular, we focused on the factorial structure, relevant for the employment of the scale. Our results replicated and extended the findings of Neff et al. (2017). Among the tested models, the one-factor, two-factor correlated, and the higher-order models did not show adequate indexes of fit. Also the bifactor solution with two group factors was not acceptable, confirming Neff's (2016a, 2016b) hypotheses that collapsing positive and negative components of self-compassion in separate dimensions may not be representative of the complexity of the scale. As predicted, both the six-factor solution and the recently proposed bifactor model (with six group factors) showed adequate indexes of fit, and the omega indexes proved that the large majority of the observed variance was accounted for by the overall self-compassion factor. Therefore, as in the original version of the SCS (Neff et al., 2017), also for the Italian version it seems justifiable to employ an overall self-compassion score as well as the six subscales' scores. This result is particularly valuable in the light of the previous critiques (e.g. Costa et al., 2016; López et al., 2015; Muris et al., 2016) to the use of a total SCS score, and thus to most of the self-compassion research. Moreover, as this Italian version of the SCS also proved to be reliable and able to detect gender differences, it seems to maintain all the main psychometric features of the original scale.

In the second study, we investigated convergent, divergent, and predictive validity issues of the Italian version of the SCS, investigating its associations with stable and labile forms of self-esteem, inflated self-view scales, and well-being indicators. In doing so, we meant to provide further evidence, in part not available in the literature, that self-compassion does not involve self-esteem downsides, i.e. narcissism and self-enhancement, while it offers similar benefits, such as stable self-worth feelings and associations with well-being. Consistent with this purpose, we simultaneously tested, through a confirmatory factor analysis, the associations of self-compassion with self-esteem, narcissism, and, for the first time, labile self-esteem and self-enhancement. Concerning predictive validity, we analysed the associations of the scale with several well-being indicators (general psychological health, satisfaction with life, positive affect, and low levels of negative affectivity), and we tested whether self-compassion maintained these relations also controlling for self-esteem, labile self-esteem, self-enhancement, and narcissism.

In line with our predictions, the Italian version of the SCS was related to higher levels of self-esteem (e.g. Neff, 2011; Neff & Vonk, 2009), but unrelated to narcissism and self-enhancement, which in turn were linked with self-esteem. Although narcissism, self-enhancement, and self-compassion all involve positive self-attitudes, self-compassion, compared to the other two self-views, entails a realistic self-appraisal, without stimulating overly positive self-evaluations or feelings of superiority (e.g. Breines & Chen, 2012; Leary et al., 2007; Neff, 2011; Neff & McGehee, 2010; Neff et al., 2007). This implies that self-compassion differs from self-enhancement by protecting the individual from exaggerate self-illusions and by stimulating processes of personal growth and learning from one's experiences.

Moreover, self-compassion shares with self-esteem the benefit of generating more stable feelings of self-worth, independently of outcomes achievement, as both these variables were negatively associated to labile self-esteem. This confirmed the results by Neff and Vonk (2009), and highlighted self-compassion's valuable role when individuals are facing failures and inadequacies, which may weaken one's feelings of self-worth (Neff, 2011). Lastly, both self-esteem and self-compassion were positively related to all the well-being variables. As proof of predictive validity, self-compassion largely held these relations also controlling for self-esteem, as already emerged in literature (Neff & Vonk, 2009), and for labile self-esteem, self-enhancement, and narcissism.

5.1. Limitations

Our analyses are not free from drawbacks. First, the exclusive reliance on convenience samples, possibly generating generalizability problems. Second, in both samples the proportion of female respondents was higher compared to male respondents. Future research may try to replicate the present findings with more gender-balanced samples. Third, confirmatory factor analysis is to some extent dependent on the sample, in particular on the sample size (Marsh, Balla, & McDonald, 1988). Overall, our findings and their limitations highlight the need to further validate the Italian version of the SCS, also relying on alternative and more innovative analyses, such as ESEM (e.g. Tóth-Király et al., 2016).

6. Conclusions

This paper tested – to our knowledge for the first time – the relationships between self-compassion, self-related perceptions and views through confirmatory factor analysis, a more stringent test compared to simple correlations (Bagozzi & Burnkrant, 1979). All the relationships emerged in the CFA supported the convergent and divergent validity of the Italian version of the SCS and, in a broader sense, of the construct in general. Likewise, partial correlations provided new evidence on the predictive validity if the SCS. The scale appears able to capture self-compassion as originally theorized (Neff, 2003b, 2011; Neff & Vonk, 2009), i.e. a healthy self-attitude, alternative to self-esteem. Self-compassion and self-esteem seem to offer similar benefits, such as stable feelings of self-worth that do not fluctuate according to daily experiences (low levels of labile self-esteem) and high levels of well-being. However, self-compassion does not involve the potential downsides of the pursuit of self-esteem, such as narcissism and self-enhancement. Indeed, self-compassion does not grow from outcomes achievement or unrealistic self-illusions. Self-compassion rather consists in a *relation with* the self, based on kindness and compassion (Neff, 2003b, 2011; Neff & Vonk, 2009). In a world that pushes individuals to evaluate themselves and others based on performance and outcomes achievement, self-compassion may represent an alternative healthy attitude toward oneself.

Appendix A

Table A1
Items of the Italian Self-Compassion Scale, in their original position.

1. Sono critico/a e severo/a nei confronti dei miei difetti e delle mie inadeguatezze.
2. Quando mi sento giù, tendo a ossessionarmi e a fissarmi su tutto ciò che è sbagliato.
3. Quando le cose mi vanno male, vedo le difficoltà come una parte della vita che tutti devono attraversare.
4. Quando penso alle mie inadeguatezze, questo tende a farmi sentire più separato/a e tagliato/a fuori dal resto del mondo.
5. Cerco di essere amorevole verso me stesso/a quando provo un dolore emotivo.
6. Quando non riesco in qualcosa che è importante per me, sono logorato/a da sentimenti di inadeguatezza.
7. Quando mi sento depresso/a, ricordo a me stesso/a che ci sono molte altre persone nel mondo che si sentono come me.
8. Quando sto attraversando dei momenti davvero difficili, tendo a essere duro/a con me stesso/a.
9. Quando qualcosa mi sconvolge cerco di tenere le mie emozioni in equilibrio.
10. Quando mi sento in qualche modo inadeguato/a, cerco di ricordare a me stesso/a che i sentimenti di inadeguatezza sono condivisi dalla maggior parte delle persone.
11. Sono intollerante e impaziente verso quegli aspetti della mia personalità che non mi piacciono.
12. Quando sto attraversando un momento molto difficile, do a me stesso/a la cura e la tenerezza di cui ho bisogno.
13. Quando mi sento giù, ho l'impressione che la maggior parte delle altre persone sia probabilmente più felice di me.
14. Quando accade qualcosa di doloroso, cerco di tenere una visione equilibrata della situazione.
15. Cerco di vedere i miei difetti come parte della condizione umana.
16. Quando vedo aspetti di me che non mi piacciono, me la prendo con me stesso/a.
17. Quando non riesco in qualcosa che è importante per me, cerco di mantenere una giusta prospettiva della situazione.
18. Quando sono davvero in difficoltà, ho l'impressione che le altre persone se la cavino meglio di me.
19. Sono gentile con me stesso/a quando sto soffrendo.
20. Quando qualcosa mi sconvolge, vengo trascinato/a via dai miei sentimenti.
21. Posso essere un po' freddo/a verso me stesso/a quando sto sperimentando sofferenza.
22. Quando mi sento giù, cerco di guardare ai miei sentimenti con curiosità e apertura mentale.
23. Sono tollerante con i miei difetti e le mie inadeguatezze.
24. Quando accade qualcosa di doloroso tendo a ingigantire la situazione a dismisura.
25. Quando non riesco in qualcosa che è importante per me, tendo a sentirmi solo/a nel mio fallimento.
26. Cerco di essere comprensivo/a e paziente verso quegli aspetti della mia personalità che non mi piacciono.

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