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

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A B S T R A C T

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,