

Title	Validation of the Self-Compassion Scale: Correlations with the Beck Depression Inventory-II
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Abstract

Self-compassion denotes a compassionate and empathic attitude toward oneself (Neff, 2003b). In the past decade, the Self-Compassion Scale (SCS) has been used to measure self-compassion in individuals and its effects on social, psychological, and physiological functioning. While many studies have found positive effects of high self-compassion showing promise for the use of the construct in clinical and empirical applications, there is a dearth of literature regarding the psychometric properties of the SCS. This study evaluated the SCS and its subscales in relation to the well-established Beck Depression Inventory II (BDI-II). The study included 394 undergraduate Taunggyi University students who completed both the SCS and the BDI-II. As predicted, a statistically significant negative correlation was found between total SCS and BDI-II scores ($r = -.39$). Statistically significant negative correlations were also found between BDI-II (total) scores and the Self-Kindness ($r = -.16$), Common Humanity ($r = -.11$), and Mindfulness ($r = -.17$) subscales of the SCS. Statistically significant positive correlations were found with BDI-II total scores and the Self-Judgment ($r = .13$), Isolation ($r = .39$) and Over-Identified ($r = .36$) subscales of the SCS. This study evaluated the convergent and discriminant validity of the SCS and its subscales as compared to the BDI-II.

Key Words: Self-Compassion, Depression

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Introduction

Self-compassion is a construct drawn from the Buddhist tradition, describing compassion for oneself. As compassion is characterized by understanding, acceptance, and forgiveness extended to others (McKay & Fanning, 1992), self-compassion entails the same attributes of compassion turned inward (Neff & McGeehee, 2010). Neff (2003b) describes self-compassion as encompassing self-kindness, common humanity, and mindfulness in opposition to self-judgment, isolation, and over-identification. As such, the Self-Compassion Scale (SCS) contains all of these aspects as separate yet related subscales. While most individuals may relate to the notion of compassion and empathy towards others, affording the same kind of treatment towards oneself may be more novel. The construct of self-compassion regarding individual, relational, and physiological functioning is an exciting development in psychology.

While the notion of self-compassion is integral to eastern thought and religion, it has only become commonplace in western psychology in recent years. Kristin Neff is the most prolific scholar and empiricist concerning the construct. According to Neff (2009), self-compassion implies movement and motivation towards balance, health, and wellbeing for oneself. The self-compassionate individual meets their own feelings of inadequacy, suffering, or shortcomings with understanding and insight as opposed to criticism and judgment (Neff, 2009). Although awareness of one's suffering is a prerequisite to addressing it, self-compassion implies not over-identifying with one's emotional state (Neff, 2003a). Being self-compassionate should not be confused with self-centeredness (Neff, 2003b), nor should it be thought of as akin to self-pity (Goldstein & Kornfield, 1987). The definition and expression of self-compassion seems to fall somewhere in between, reminiscent of the Buddhist concept of the middle path (Hanh, 1997).

The distinction between compassion for self and others is less pronounced in the Buddhist tradition. Some explain this phenomenon as arising from a focus on interdependence over independence, characteristic of eastern philosophy and religion (Salzberg, 1997). While compassion for others is emphasized, the Buddhist tradition also underscores the need for self-compassion. This has traditionally been held as a prerequisite to maintaining the capacity for compassion towards others (BennettGoleman, 2001; Brach, 2003; Hanh, 1997; Neff, 2003b). Intuitively, one would expect self-compassion and compassion towards others to be correlated. However, some studies have reported minimal correlations between the two constructs (Wei, Liao, Ku, & Shaffer, 2011). While the notion of compassion for the self may seem to be foreign to western thought, the relationship and dynamics of one's relationship to oneself is

fundamental idea that appears in most schools of psychology. As a relatively new construct in empirical and research psychology, however, much remains to be explored and understood regarding self-compassion.

New psychological constructs need to be clearly operationalized and measurable to be appropriate for both empirical and clinical applications. The SCS (Neff, 2003b) has made research and applications of self-compassion more feasible. Since its inception, there have been scores of research studies published in the past decade concerning various topics, correlates, and implications of self-compassion. The results have been promising for both research and clinical use of self-compassion.

The current study evaluates the SCS compared to the Beck Depression Inventory II (BDI-II). This study evaluates the SCS and its subscales with the well-known BDI-II. This comparison allows for both convergent and discriminant validity of the SCS to be evaluated. Evaluating the psychometric properties of the SCS provides ground upon which continued study may ensue.

Definition of Terms

Self-Compassion is a construct drawn from the Buddhist tradition. It describes a compassionate attitude towards oneself characterized by acceptance of one's perceived shortcomings, inadequacies, failures, and suffering as being part of the human condition (Neff, 2003b). Self-compassion involves offering the same kindness one may extend to loved ones to oneself in spite of weaknesses, imperfections, and flaws. Furthermore, it is characterized by an openness to and nurturing of these aspects of self (Neff & Vonk, 2009).

Major Depression is defined by The Diagnostic and Statistical Manual of Mental Disorders-IV-TR as consisting of some or all of the following symptoms: subjective feelings of sadness and/or emptiness, anhedonia, significant weight gain or loss, insomnia or hypersomnia, feeling restlessness or physical agitation, fatigue or energy loss, feelings of worthlessness or excessive guilt, difficulty concentrating, and thoughts of suicide (American Psychiatric Association, 2000).

Statement of the Problem

The construct of self-compassion has recently become widely researched and applied to clinical settings. While the development of the SCS has spawned further interest in the topic and enabled researchers to measure self-compassion, there is a dearth of literature regarding the psychometrics of the inventory. The psychometrics of the SCS was reported by Neff

(2003b) who created the inventory, although further analyses are needed to provide a complete understanding of its properties. No previous study has analyzed the SCS and its subscales with regard to the well-established BDI-II.

Given that self-compassion and the SCS are gaining momentum in clinical and empirical applications, it is vital that its psychometric properties are evaluated. The current study evaluates the six subscales and the total score of the SCS with regard to the well-established BDI-II.

Hypotheses

The current study proposed three main hypotheses:

Hypothesis 1. The study predicted a negative correlation between total scores on the SCS and the BDI-II. This is the primary hypothesis of the study. A measure such as the SCS which evaluates an individual's level of self-compassion should be expected to be inversely associated to a measure of depression severity such as the BDI-II especially given that they represent some of the distinguishing attributes of depression (American Psychiatric Association, 2000). This idea is also supported by the finding that emotional balance is positively associated with levels of self-compassion (Leary et al., 2007).

Hypothesis 2. The study predicted a positive correlation between the Self-Judgment, Isolation, and Over-Identified SCS sub-scales with total scores on the BDI-II. This hypothesis is based in evaluating the convergent validity of the SCS as compared with the BDI-II. The three "negative" subscales of the SCS should be positively associated with increasing levels of depression. This hypothesis is based on previously reported findings comparing the above subscales of the SCS with levels of depression (Neff et al., 2008).

Hypothesis 3. The study predicted a negative correlation between the Self-Kindness, Common Humanity, and Mindfulness SCS sub-scales with total scores on the BDI-II. This hypothesis is based in evaluating the discriminant validity of the SCS as compared with the BDI-II. Those scoring high in these subscales of the SCS would be expected have lower depression scores. This hypothesis is also supported by findings reported by Neff et al. (2007) concerning "positive" psychological functioning and self-compassion.

Method

Participants

Participants were 394 University students 112 of whom (28.4%) were males and 282(71.6%) were females. They were attending at Taunggyi University in Taunggyi. Their ages ranged from 16 to 25 years and the mean ages of the participants were 19.07 years.

Instruments

The present study used two psychological inventories including the Self-Compassion Scale and the Beck Depression Inventory II.

The Self Compassion Scale. The Self-Compassion Scale (SCS) is a 26-item scale is designed to measure self-compassion (Naw Theint Theint Htoo, 2018). The SCS is designed to derive a total score of self-compassion while also assessing the subscales self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-Identification (Neff, 2003b). Items for self-judgment, over-identification and isolation are reverse coded. Responses are given on a 5-point scale from 1 (almost never) to 5 (almost always). Higher total scores represent higher levels of self-compassion.

The Beck Depression Inventory II. The Beck Depression Inventory II (BDI-II) is a 21-item self-report inventory designed to assess the severity of depression and depressive symptomatology (Nwe Nwe Aung, 2012). The inventory assesses a range of psychological and biological functioning. Each of the items is rated on a 4-point scale from 0 - 3 with a total possible score of 63. Higher total scores represent higher levels of depression. Ratings are summed to comprise a total score ranging from 0-63 indicating depression severity. Score ranges for the BDI-II indicating severity of depression are as follows: minimal (0 - 13), mild (4 - 19), moderate (20 - 29), and severe (29 - 63) (Beck, Steer, & Brown, 1996).

Procedure

Participants were asked to complete the questionnaires in their classrooms which took approximately 10 to 25 minutes to complete. Classrooms were kept quiet while students completed the questionnaires. The responses of the participants were scored to calculate the total score for each participant. The response percentage was high, that is, 91%.

RESULTS

Before analyzing the planned comparisons of the hypotheses, both the SCS and the BDI-II were assessed for their internal consistency using Cronbach's alpha. The SCS was found to have high internal consistency between items and the total score ($\alpha = .72$). The BDI-II was also found to have high internal consistency between items and the total score ($\alpha = .81$). Both the coefficient alphas for the SCS and BDI-II fall within the guidelines for acceptability for clinical purposes (Cicchetti, 1994).

Hypothesis 1

The first planned comparison predicted a negative correlation between total scores of the SCS and the BDI-II. A Pearson-product correlation was performed resulting in a significant negative correlation ($r = -.39, p < .01$). This finding indicates that the SCS total score and the BDI-II total scores are significantly and negatively correlated as predicted (See Table 1). This result is close to the reported correlation between the SCS and the original BDI ($r = -.51, p < .01$) by Neff (2003b), as well as comparisons between the SCS total score and the Zung Self-Rating Depression Scale ($r = -.54, p < .01$; Neff, Pisitsungkagarn, & Hsieh, 2008). Overall, this finding contribute to the discriminant validity of the SCS compared to the BDI-II total scores.

Hypothesis 2

Significant positive correlations were found between the BDI-II total score and the self-judgment, isolation, and over-identified sub-scales of the SCS. A Pearson product -correlation was calculated between the BDI-II total score and the above three subscales of the SCS. The association between the BDI-II total score and the self-judgment subscale was found to be significant ($r = .13, p < .05$). The association between the BDI-II total score and the isolation sub-scale of the SCS was also found to be significant ($r = .39, p < .01$). The association between the BDI-II total score and the over-identified sub-scale of the SCS was also found to be significant ($r = .36, p < .01$; See Table 1). The results are consistent with previously reported related findings regarding total scores of the BDI-II (Neff et al., 2007).

Hypothesis 3

The third hypothesis predicted a negative association between the self-kindness, common humanity, and mindfulness sub-scales of the SCS with regard to BDI-II total scores. The results of Pearson product-correlations calculated to evaluate the degree of association between these measures confirmed these predictions. The association between self-kindness and the BDI-II total score was found to be significant ($r = -.16, p < .01$; See Table 1).

Table 1 Intercorrelations Between Scales and Subscales

	1	2	3	4	5	6	7	8
1.SCS(Total)	1							
2.SK	.64**	1						
3.SJ	-.38**	-.08	1					
4.CH	.61**	.44**	-.05	1				
5.I	-.54**	-.04	.27**	-.01	1			
6.M	.57**	.40**	-.03	.40**	-.03	1		
7.OI	-.57**	-.10*	.20**	-.09	.50**	-.09	1	
8.BDI II	-.39**	-.16**	.13*	-.11*	.39**	-.17**	.36**	1

Note: 1.Self-Compassion Subscale(SCS); 2.Self-Kindness Subscale(SK); 3.Self-Judgment Subscale(SJ); 4.Common Humanity Subscale(CH); 5.Isolation Subscale (I) 6.Mindfulness Subscale(M); 7.Over-Identification Subscale(OI); 8.Beck Depression Inventory II(BDI II)

* $P < .05$, ** $P < .01$

The results of Pearson product-correlations calculated to evaluate the degree of association between these measures confirmed these predictions. The association between self-kindness and the BDI-II total score was found to be significant ($r = -.16$, $p < .01$; See Table 1). The association between common humanity and the BDI-II total score was also found to be significant ($r = -.11$, $p < .05$). In addition, the association between mindfulness and the BDI-II total score was found to be significant as well ($r = -.17$, $p < .01$). These findings show consistency between the three positive sub-scales of the SCS and contribute to the discriminant validity of the scale. These results are consistent with related previous studies (Neff et al., 2007).

DISCUSSION

This study evaluated the validity of the SCS and its subscales as they relate to the BDI-II. The SCS and its subscales demonstrated higher convergent validity than discriminant validity as compared with the BDI-II, though all correlations were consistent with the hypotheses. The SCS also showed high internal consistency, consistent with findings from previous studies (e.g. Neff, Kirkpatrick, & Rude, 2006; Neff et al., 2008; Raes, 2010; Van

Dam et al., 2010). Overall, the findings of this study and other similar comparisons (Neff, 2003b; Neff et al., 2008) suggest that the SCS seems to have sound psychometrics as it relates to the BDI-II and may be appropriate for further clinical and empirical applications.

This study yielded a significant negative correlation between the SCS and the BDI-II. The correlations between the SCS and the BDI-II total scores evaluated in this study findings may suggest that the BDI-II total score is sufficient to use when comparing depression and self-compassion. The SCS proved to be negatively correlated with the BDI-II and the chosen subscales. The degree of negative correlation between the SCS and the BDI-II in this study may indicate that the SCS has sound psychometric properties. However, further evaluation of the SCS's psychometrics beyond the scope of this study would be beneficial.

The convergent validity of the SCS was demonstrated by comparing the SCS subscales self-judgment, isolation, and over-identified. As expected, all three subscales were found to be positively correlated with BDI-II scores. Although these two inventories are not designed to evaluate the same constructs, the correlation coefficients were relatively strong. These findings show some signs of convergent validity of the above SCS subscales as compared with the BDI-II. This also contributes to the overall validity of the SCS total score, as it is derived by summing the three positive and negative subscale scores of the measure.

The positive correlations between the negative SCS subscales and the BDI-II point to well-established phenomena in psychological theory. For example, self-judgment and over-identification with emotions have traditionally been related to depression in many schools of psychology. For example, the themes of self-judgment and over-identification with emotions is characteristic of rational-emotive (Ellis & Dryden, 1997) and cognitive-behavioral therapy (Beck, 1963) models respectively. Furthermore, treating isolation by increasing social contact with patients is a primary intervention in working with depressed clients (Jongsma et al., 2006). Results suggest that the isolation subscale inversely correlates with depression more strongly than self-judgment or over-identification. This finding may point to the social nature of human beings and the importance of connection between individuals, their families, and their communities.

The discriminant validity of the SCS in relation to the BDI-II was also demonstrated by this study. The SCS subscales self-kindness, common humanity, and mindfulness were all evaluated with regard to the BDI-II scores yielding negative correlations in all three cases. Although all statistically significant, these correlation coefficients were much lower than those

found with the self-judgment, isolation, and over-identified subscales described above. This result may indicate that the self-judgment, isolation, and over-identified are more aligned with depressive symptomatology as evaluated by the BDI-II than the self-kindness, common humanity, and mindfulness subscales. However, other factors may have affected this result as explained below.

The correlations between the BDI-II and the self-kindness, common humanity, and mindfulness subscales may have been affected by sensitivity issues regarding the structure of the both the SCS and BDI-II. More specifically, the possible responses for each measure differ significantly. The range of responses for the BDI-II only allows for one “positive” response - or rather one response that would not indicate depressive symptomatology - as opposed to the SCS which uses a 5-point Likert scale from almost never to almost always. For example, the first item of the BDI-II for Sadness reads, “(0) I do not feel sad”, “(1) I feel sad much of the time”, “(2) I am sad all the time”, and “ (3) I am so sad or unhappy that I can’t stand it”. Therefore, responses in the positive direction on the BDI-II are limited to one item response possibility, thus limiting the range of scores in a positive direction. This may have affected the strength of correlations between the BDI-II and the positive SCS subscales of self-kindness, common humanity, and mindfulness. If both measures allowed for positive and negative responses to each item, more balance between the correlations may have been found. While correlational coefficients were much lower for the self-kindness, common humanity, and mindfulness subscales, results demonstrate some discriminant validity properties of the SCS in relation to the BDI-II. While these findings begin to evaluate the psychometrics of the SCS, further analyses are needed.

Given the correlations between depression and self-compassion found in this study, specific applications of the SCS and considerations of self-compassion may be worthwhile. A general discussion of these potential applications follows a discussion of the limitations of this study.

Limitations

There are a number of limitations in the present study. The first set of limitations are related to the sample used for the study. The current sample was not diverse regarding race, ethnicity, socioeconomic status, or age. This is based on the source of participants, drawn from

undergraduate Taunggyi University students. Thus, the sample is not representative of the greater population or other university populations.

Furthermore, the current study relied heavily on self-reported data and used only the BDI-II in evaluating the SCS. This presents a number of challenges. Self-report data has the potential of being inaccurate as participants may intentionally alter their item responses. Participants may have also unintentionally altered their responses based on the testing environment. For example, proximity to classmates or friends may have also affected participants' answers as complete privacy could not be ensured. In addition, participants may have been inclined to finish the inventories more quickly in their classrooms before or after class than if completed in another location or without time constraints. A thorough psychometric evaluation of the SCS would require using multiple inventories, ideally targeting specific subscales, which is beyond the scope of the present study. Despite these limitations, the results of the study support the hypotheses pointing to some interesting applications and future directions of study.

Future Directions

A number of changes could be applied to future studies concerning selfcompassion and the SCS. Using diverse population samples for future studies could provide more breadth regarding the validity of the SCS with various groups. This could also elucidate cultural, gender, age, and other comparisons. More diversity regarding clinical diagnoses and severity could also yield more clinically oriented results and would test the SCS with those populations. Future self-report based studies could also provide more privacy and time for participants to complete questionnaires such as by taking them home or completing them in a private location.

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REFERENCES

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed. text rev.). Arlington, VA: Author.
- Beck, A. T. (1963). Thinking and depression: Idiosyncratic content and cognitive distortions. *Archives of General Psychiatry*, 9, 324-333.

- Beck, A. T., Steer, R. A., & Brown, G. (1996). *Beck Depression Inventory II manual*. San Antonio, TX: The Psychological Corporation.
- Bennett-Goleman, T. (2001). *Emotional alchemy: How the mind can heal the heart*. New York: Three Rivers Press.
- Brach, T. (2003). *Radical acceptance: Embracing your life with the heart of a Buddha*. New York: Bantam Books.
- Cicchetti, D. V. (1994). Guidelines, criteria, and rules of thumb for evaluating normed and standardized assessment instruments in psychology. *Psychological Assessment*, 6, 284-290.
- Ellis, A., & Dryden, W. (1997). *The practice of rational-emotive behavior therapy*. New York: Springer.
- Goldstein, J., & Kornfield, J. (1987). *Seeking the heart of wisdom: The path of insight meditation*. Boston: Shambala Publications.
- Hanh, T. N. (1997). *Teachings on love*. Berkeley, CA: Parallax Press.
- Jongsma, A. E., Peterson, L. M., & Bruce, T. J. (Eds.). (2006). *The complete adult psychotherapy planner*. Hoboken, NJ: John Wiley & Sons, Inc.
- Leary, M., Tate, E., Adams, C., Allen, A., & Hancock, J. (2007). Self-compassion and reactions to unpleasant self-relevant events: The implications of treating oneself kindly. *Journal of Personality & Social Psychology*, 92(5), 887-904.
- McKay, M., & Fanning, P. (1992). *Self-esteem: A proven program of cognitive techniques for assessing, improving, and maintaining your self-esteem* (2nd ed.). Oakland, CA: New Harbinger.
- Neff, K. (2003a). Self-compassion: An alternative conceptualization of a healthy attitude " toward oneself. *Self and Identity*, 2(2), 85-101.
- Neff, K. (2003b). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2(3), 223-250.
- Neff, K. (2009). The role of self-compassion in development: A healthier way to relate to oneself. *Human Development*, 52(4), 211-214.
- Neff, K. D., Kirkpatrick, K., & Rude, S. S. (2007). Self-compassion and its link to adaptive psychological functioning. *Journal of Research in Personality*, 41, 139-154.
- Neff, K., & McGehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity*, 9, 225-240.
- Neff, K., & Vonk, R. (2009). Self-compassion versus global self-esteem: Two different ways of relating to oneself. *Journal of Personality*, 77(1), 23-50.
- Salzberg, S. (1997). *Lovingkindness: The revolutionary art of happiness*. Boston: Shambala.
- Wei, M., Liao, K., Ku, T., & Shaffer, P. (2011). Attachment, self-compassion, empathy, and subjective well-being among college students and community adults. *Journal of Personality*, 79(1), 191-221.